

National Audit of Care at the End of Life

**First round of the audit (2018/19)
appendices**

England and Wales



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Appendix 1: Hospital score tables

Key theme	National summary score
Recognising the possibility of imminent death (RD)	9.1
Communication with the dying person (CDP)	6.9
Communication with families and others (CFO)	6.6
Involvement in decision making (IDM)	8.4
Needs of families and others (NFO)	6.1
Individual plan of care (IPC)	7.4
Families' and others' experience of care (EOC)	7.1
Governance (G)	9.5
Workforce/specialist palliative care (W)	7.6

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

The number of Case Note Reviews completed and Quality Survey responses received for each submission is included at Appendix 11.

Appendix 1: Acute hospital score tables

Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
Abertawe Bro Morgannwg University Health Board	Abertawe Bro Morgannwg University Health Board	8.3	5.4	6.0	7.2					
Aintree University Hospital NHS Foundation Trust	Aintree University Hospital NHS Foundation Trust	9.7	8.1	7.0	8.8	5.6	7.4	7.6	10.0	10.0
Airedale NHS Foundation Trust	Airedale Hospital NHS Trust	9.0	4.7	4.8	8.5	3.3	6.5		10.0	9.2
Aneurin Bevan University Health Board	Aneurin Bevan University Health Board AP	8.4	4.0	4.5	7.2	2.6	6.0		10.0	
Ashford and St Peter's Hospitals NHS Foundation Trust	Ashford and St Peters NHS Foundation Trust	9.5	6.1	4.6	8.0	4.0	6.9	7.4	10.0	9.2
Barking, Havering and Redbridge University Hospitals NHS Trust	King George Hospital	9.5	8.7	6.0	8.4	3.1	6.3		10.0	10.0
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital	9.4	7.8	6.5	8.2	4.4	6.6		10.0	10.0
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital NHS Foundation Trust	9.2	8.0	8.3	8.7	6.7	7.8		10.0	8.3
Barts Health NHS Trust	Newham University Hospital	7.9	5.0	6.2	7.7	2.8	7.0		10.0	5.0
Barts Health NHS Trust	St Bartholomew's Hospital	9.0	5.8	6.9	6.9	5.3	5.9		10.0	5.0
Barts Health NHS Trust	The Margaret Centre	9.4	4.9	5.2	8.1		5.8		10.0	8.3
Barts Health NHS Trust	The Royal London Hospital	9.1	6.4	6.9	6.8	4.3	7.2		10.0	5.0
Barts Health NHS Trust	Whipps Cross University Hospital	7.9	3.9	5.5	7.1	1.5	5.0		10.0	5.0
Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon Hospital	9.9	9.3	8.7	9.2	8.2	8.9		10.0	10.0
Bedford Hospital NHS Trust	Bedford Hospital NHS Trust	9.9	8.9	8.8	9.3	8.1	9.1	5.1	10.0	10.0
Betsi Cadwaladr University Health Board	Ysbyty Glan Clwyd									8.3
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Teaching Hospitals NHS Foundation Trust	9.0	7.9	5.6	8.6	5.4	7.5		10.0	5.8
Bolton NHS Foundation Trust	Bolton Hospital	8.5	5.2	5.7	7.2	4.1	5.8		10.0	6.7
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	9.1	6.8	5.6	7.9	5.7	5.9		10.0	4.2
Brighton and Sussex University Hospitals NHS Trust	Brighton and Sussex University Hospitals NHS Trust	8.4	4.6	6.2	6.2	6.6	5.5			5.8
Buckinghamshire Healthcare NHS Trust	Buckinghamshire Healthcare NHS Trust	9.2	5.9	7.1	7.3	8.3	8.3		10.0	9.2

Appendix 1: Acute hospital score tables

Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
Burton Hospitals NHS Foundation Trust	Burton Hospitals NHS Foundation Trust	7.5	5.5	6.4	8.7	6.5	6.9		10.0	
Calderdale and Huddersfield NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust	8.2	5.3	5.4	7.1	4.3	5.2	6.7	7.5	5.8
Cambridge University Hospitals NHS Foundation Trust	Cambridge University Hospitals	9.2	5.8	6.8	7.7	6.6	7.1	6.8	10.0	6.7
Cardiff & Vale University Health Board	Cardiff & Vale Health Board	9.5	7.0	8.3	8.2	6.7	7.2	4.3	10.0	10.0
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital NHS Foundation Trust	9.1	7.6	7.2	8.5	6.9	8.6		10.0	10.0
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal Hospital Foundation Trust	9.7	7.0	6.0	8.5	7.5	7.2	6.5	10.0	6.7
City Hospitals Sunderland NHS Foundation Trust	City Hospitals Sunderland	9.6	8.6	8.9	9.2	6.8	8.8		10.0	5.0
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester NHS Foundation Trust	9.5	5.7	8.3	8.3	8.5	7.1	7.9	10.0	6.7
County Durham and Darlington NHS Foundation Trust	Acute Hospitals	9.2	6.1	5.0	8.2	5.0	6.3	6.4	10.0	5.0
Croydon Health Services NHS Trust	Croydon University Hospital	8.8	7.0	7.4	8.8	5.2	7.2	5.7	10.0	9.2
Cwm Taf University Health Board	Cwm Taf UHB - Acute Hospitals	8.8	5.4	5.8	7.6	3.1	4.8	6.2	10.0	
Dartford and Gravesham NHS Trust	Darent Valley Hospital	9.8	8.1	7.3	9.2	6.1	7.7		10.0	9.2
Derby Teaching Hospitals NHS Foundation Trust	Derby Teaching Hospitals Foundation Trust	9.7	5.9	6.9	8.6	7.3	6.7		10.0	10.0
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Bassetlaw District General Hospital	9.1	8.9	8.8	9.0	8.1	8.8		10.0	9.2
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	9.7	8.9	8.9	9.0	8.7	9.3		10.0	9.2
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital NHS Foundation Trust	8.7	5.3	5.5	7.6	3.6	6.2	9.0		6.7
East and North Hertfordshire NHS Trust	East and North Hertfordshire NHS Trust	8.9	4.6	5.2	7.6	5.8	7.7	7.7	10.0	9.2
East Cheshire NHS Trust	East Cheshire NHS Trust	8.7	5.2	6.3	7.1	4.6	4.8	7.8	10.0	6.7
East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	9.8	6.6	4.3	8.7	4.9	5.3		10.0	5.0
East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth Queen Mother Hospital	9.1	7.5	4.2	8.7	5.6	4.8	7.2	10.0	5.0
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	8.6	6.3	4.5	9.2	3.6	6.9	5.0	10.0	5.0

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Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	9.4	6.7	6.0	8.0	5.6	5.5	5.9	10.0	5.0
East Suffolk and North Essex NHS Foundation Trust	Colchester Hospital University Foundation NHS Trust	8.5	7.4	5.9	8.3	4.8	6.3		10.0	10.0
East Suffolk and North Essex NHS Foundation Trust	The Ipswich Hospital NHS Trust	9.6	8.4	5.7	9.6	5.6	8.2		10.0	6.7
East Sussex Healthcare NHS Trust	East Sussex Healthcare NHS Trust	8.7	6.2	4.4	8.3	4.6	5.2	6.9	10.0	5.0
Epsom and St Helier University Hospitals NHS Trust	Epsom and St Helier NHS University Hospitals Trust	9.5	8.1	7.7	9.2	7.3	7.6		10.0	10.0
Frimley Health NHS Foundation Trust	Frimley Health NHS Foundation Trust	9.4	8.3	7.4	9.1	6.8	7.5		10.0	9.2
Gateshead Health NHS Foundation Trust	The Queen Elizabeth Hospital, Gateshead	9.9	9.5	8.8	9.6	8.3	9.0	8.5	10.0	6.7
George Eliot Hospital NHS Trust	George Eliot Hospital NHS Trust	8.5	3.5	3.7	6.5	1.4	5.2		10.0	5.8
Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	9.5	6.9	6.2	8.5	4.9	7.0		7.5	5.0
Great Western Hospitals NHS Foundation Trust	Great Western NHS Foundation Trust	8.9	5.1	5.0	8.1	3.9	7.0		10.0	5.8
Guy's and St Thomas' NHS Foundation Trust	Guy's & St Thomas'	9.7	8.8	7.6	9.4	8.2	8.4	6.8	10.0	9.2
Hampshire Hospitals NHS Foundation Trust	Hampshire Hospitals NHS Foundation Trust	8.3	6.7	6.6	7.9	4.8	6.6	7.8	10.0	9.2
Harrogate and District NHS Foundation Trust	Harrogate Hospital	9.8	8.6	7.7	8.3	7.0	8.7		10.0	5.0
Homerton University Hospital NHS Foundation Trust	Homerton Hospital NHS Foundation Trust	9.1	6.6	6.5	8.8	6.8	7.3		10.0	5.8
Hull and East Yorkshire Hospitals NHS Trust	Hull and East Yorkshire Hospitals NHS Trust	9.5	8.8	6.8	9.4	5.3	7.5		7.5	8.3
Hywel Dda University Health Board	Hywel Dda University Health Board (Acute)	8.4	4.7	5.4	7.7	7.5	6.4		10.0	9.2
Imperial College Healthcare NHS Trust	Imperial College Healthcare NHS Trust	9.4	5.9	6.0	7.5	4.9	6.6		7.5	5.8
Isle of Wight NHS Trust	Isle of Wight Acute Trust	9.3	8.8	6.1	9.4	4.1	8.6		10.0	9.2
James Paget University Hospitals NHS Foundation Trust	James Paget University Hospitals NHS Foundation Trust	8.2	6.9	4.9	7.9	3.8	5.5	9.4	10.0	6.7
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital NHS Foundation Trust	9.0	7.4	6.6	8.9	7.1	6.8		10.0	6.7
King's College Hospital NHS Foundation Trust	King's College Hospital NHS Foundation Trust	9.5	8.2	7.3	8.3	7.0	7.2	6.8	10.0	6.7
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital	9.5	7.7	6.7	8.5	6.3	6.7	7.5	10.0	10.0

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Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
Kingston Hospital NHS Foundation Trust	Kingston Hospital NHS Foundation Trust	8.5	6.1	7.0	8.0	8.5	7.7	8.0	10.0	10.0
Lancashire Teaching Hospitals NHS Foundation Trust	Lancashire Teaching Hospitals	9.3	7.4	5.4	8.9	4.3	7.2		10.0	10.0
Leeds Teaching Hospitals NHS Trust	Leeds Teaching Hospitals	10.0	9.4	8.3	10.0	8.8	8.7	6.7	10.0	10.0
Lewisham and Greenwich NHS Trust	Queen Elizabeth Hospital Woolwich (QEH)	8.6	6.5	7.1	7.4		7.0		5.0	6.7
Lewisham and Greenwich NHS Trust	University Hospital Lewisham (UHL)	7.1	4.3	4.8	7.7		6.7	6.1	5.0	10.0
Liverpool Heart and Chest NHS Foundation Trust	Liverpool Heart and Chest Hospital	8.9	9.1	8.3	9.3	8.3	7.3		10.0	9.2
Liverpool Women's NHS Foundation Trust	Liverpool Women's Hospital NHS Trust								10.0	9.2
London North West University Healthcare NHS Trust	London North West University Healthcare Trust	9.4	5.4	6.9	8.2	7.3	7.6		10.0	5.8
Luton and Dunstable University Hospital NHS Foundation Trust	Luton & Dunstable University NHS Foundation Trust	9.7	8.9	8.1	8.1	5.1	7.8		10.0	9.2
Maidstone and Tunbridge Wells NHS Trust	Maidstone & Tunbridge Wells NHS Trust	9.3	6.6	6.4	7.9	4.5	6.2		10.0	6.7
Manchester University NHS Foundation Trust	MFT - Oxford Road	9.6	8.8	7.8	9.7	8.3	8.6		10.0	10.0
Manchester University NHS Foundation Trust	MFT - Southmoor Road	9.5	7.4	7.6	9.2	6.8	6.8	7.2	10.0	10.0
Medway NHS Foundation Trust	Medway NHS Foundation Trust	9.0	4.9	7.1	7.8	1.5	4.7		10.0	
Mid Cheshire Hospitals NHS Foundation Trust	Mid Cheshire Hospital NHS Foundation Trust	9.9	7.4	7.3	9.0	6.7	7.8	5.6	10.0	5.8
Mid Essex Hospital Services NHS Trust	Mid Essex Hospital Services NHS Trust	9.0	7.7	7.1	8.8	5.3	7.0	8.0	10.0	6.7
Mid Yorkshire Hospitals NHS Trust	Mid Yorkshire Hospitals NHS Trust	9.5	7.4	7.7	9.0	7.0	7.7	4.3	10.0	6.7
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes University Hospital NHS Foundation Trust	8.8	5.9	7.1	7.4	6.3	8.2	7.1	10.0	10.0
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospitals NHS Foundation Trust	9.4	8.4	8.1	8.9	8.0	8.7		10.0	9.2
North Bristol NHS Trust	North Bristol NHS Trust	9.7	7.7	6.8	8.5	5.9	7.6		10.0	6.7
North Cumbria University Hospitals NHS Trust	CIC & WCH	8.1	4.8	5.0	7.2	1.9	5.2		7.5	5.0
North Middlesex University Hospital NHS Trust	North Middlesex University Hospital	9.4	6.9	7.0	7.6	3.5	6.9	6.9	10.0	5.8

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Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
North Tees and Hartlepool NHS Foundation Trust	North Tees and Hartlepool NHS Foundation Trust	8.5	6.0	5.7	8.0	4.6	6.8		10.0	5.8
North West Anglia NHS Foundation Trust	Hinchingbrooke Hospital	9.0	7.0	6.8	7.9	6.8	8.4		7.5	9.2
North West Anglia NHS Foundation Trust	Peterborough City Hospital	8.0	5.2	4.9	8.6	5.9	8.4	5.6	7.5	10.0
Northampton General Hospital NHS Trust	Northampton General Hospital	9.3	7.6	5.5	8.9	4.6	8.8		10.0	8.3
Northern Devon Healthcare NHS Trust	Northern Devon Healthcare Trust	9.6	6.8	7.9	9.0	8.4	8.0	7.6	10.0	5.0
Northern Lincolnshire and Goole NHS Foundation Trust	DPOW	9.5	5.4	4.9	7.2		7.3		10.0	10.0
Northern Lincolnshire and Goole NHS Foundation Trust	SGH	9.2	2.2	5.7	7.1		7.2		10.0	6.7
Northumbria Healthcare NHS Foundation Trust	Acute hospitals	9.1	8.5	8.4	9.1	7.4	8.6		10.0	
Nottingham University Hospitals NHS Trust	Nottingham University Hospitals NHS Trust	9.8	6.5	7.6	8.9	8.3	8.0		10.0	5.8
Oxford University Hospitals NHS Foundation Trust	Oxford University Hospitals NHS Trust	9.3	7.9	8.2	8.6	6.7	7.7		7.5	9.2
Pennine Acute Hospitals NHS Trust	The North East Sector NHS Trust	9.2	7.1	6.2	8.6	4.5	7.0	6.6	10.0	5.0
Poole Hospital NHS Foundation Trust	Poole Hospital NHS Foundation Trust	9.8						6.7	10.0	10.0
Portsmouth Hospitals NHS Trust	Acute Hospital	9.7	8.8	6.5	9.2	6.6	8.0		10.0	6.7
Queen Victoria Hospital NHS Foundation Trust	Queen Victoria NHS Foundation Trust								7.5	
Royal Berkshire NHS Foundation Trust	Royal Berkshire NHS Foundation Trust	8.5	6.5	8.2	8.4	7.6	8.6		10.0	10.0
Royal Brompton and Harefield NHS Foundation Trust	Royal Brompton and Harefield NHS Foundation Trust	10.0	9.5	8.9	9.6	7.7	8.7		10.0	6.7
Royal Cornwall Hospitals NHS Trust	The Royal Cornwall Hospitals NHS Trust	8.9	4.8	5.0	8.0	4.2	6.5	7.6	7.5	6.7
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter NHS Foundation Trust - Acute	9.2	7.7	6.8	9.3	5.6	7.4	7.5	10.0	10.0
Royal Free London NHS Foundation Trust	Royal Free Barnet Hospital site	9.7	8.9	6.7	8.7	3.1	6.4	6.4	10.0	9.2
Royal Free London NHS Foundation Trust	Royal Free Hampstead Hospital site	9.2	8.2	4.7	8.6				10.0	9.2
Royal Liverpool and Broadgreen University Hospitals NHS Trust	The Royal Liverpool and Broadgreen University Hospitals NHS Trust	9.2	6.8	6.5	9.1	6.1	7.6	7.8	10.0	10.0

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Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
Royal Papworth Hospital NHS Foundation Trust	Royal Papworth Hospital	9.7	8.3	7.6	6.9	9.6	7.8	5.4	10.0	5.0
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	9.7	8.0	7.9	8.9	7.5	8.8	8.3	10.0	9.2
Royal United Hospitals Bath NHS Foundation Trust	Royal United Hospitals Bath NHS Foundation Trust	9.7	6.7	7.4	9.2	8.2	9.1		10.0	6.7
Salford Royal NHS Foundation Trust	Salford Royal NHS Foundation Trust	9.4	8.6	7.6	8.9	6.8	7.1		10.0	8.3
Salisbury NHS Foundation Trust	Salisbury NHS Foundation Trust	9.3	6.5	7.0	8.9	6.9	7.7		10.0	9.2
Sandwell and West Birmingham Hospitals NHS Trust	City Hospital (SWBH NHS Trust)	8.7	6.5	5.7	7.9	5.7	6.9		7.5	8.3
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell Hospital (SWBH NHS Trust)	8.7	6.4	5.9	8.2	5.7	6.9	6.6	7.5	8.3
Sheffield Teaching Hospitals NHS Foundation Trust	Sheffield Teaching Hospitals	9.2	6.7	6.1	7.8	3.7	6.8		10.0	8.3
Sherwood Forest Hospitals NHS Foundation Trust	Sherwood Forest Hospitals NHS Foundation Trust	9.7	7.6	8.2	8.8	8.9	9.2		10.0	6.7
Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital	9.3	8.4	6.8	9.0	6.0	7.2		10.0	
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	8.9	7.3	5.8	8.1	5.0	6.5		10.0	
South Tees Hospitals NHS Foundation Trust	The Friarage Hospital Northallerton	9.2	6.4	7.9	7.6		9.3		10.0	5.0
South Tees Hospitals NHS Foundation Trust	The James Cook University Hospital	8.7	5.5	6.9	8.0	5.0	8.3		10.0	4.2
South Tyneside NHS Foundation Trust	South Tyneside Foundation NHS Trust	9.1	7.1	6.7	8.5	4.1	6.5		10.0	5.0
South Warwickshire NHS Foundation Trust	South Warwickshire NHS Foundation Trust	9.2	4.6	5.9	7.8	6.7	7.2			
Southend University Hospital NHS Foundation Trust	Southend University Hospital Foundation Trust	9.6	9.5	8.6	9.5	8.1	8.9	7.4	10.0	9.2
Southport and Ormskirk Hospital NHS Trust	Southport & Ormskirk Hospitals NHS Trust	9.5	7.8	6.7	8.8	7.9	8.3	7.4	10.0	10.0
St George's University Hospitals NHS Foundation Trust	St. George's University Hospitals NHS Foundation Trust	8.5	6.7	6.5	6.8	4.9	6.3	6.7	10.0	9.2
St Helens and Knowsley Hospitals NHS Trust	Whiston Hospital	9.6	7.6	7.7	9.1	7.2	7.6	6.2	10.0	10.0
Stockport NHS Foundation Trust	Stockport NHS FT	7.5	3.6	4.9	6.3	6.1	5.8		10.0	9.2
Surrey and Sussex Healthcare NHS Trust	Surrey and Sussex NHS Trust	9.6	8.4	6.3	9.0	5.1	7.2	8.1	10.0	8.3

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Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
Tameside and Glossop Integrated Care NHS Foundation Trust	Tameside & Glossop Integrated Care NHS Foundation Trust	8.7	4.8	6.6	7.1	6.1	7.2	7.5	10.0	9.2
Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	8.3	5.3	5.9	6.7	5.3	7.7		7.5	
The Christie NHS Foundation Trust	The Christie NHS Foundation Trust	10.0	9.7	9.1	9.7	9.5	9.7		10.0	10.0
The Clatterbridge Cancer Centre NHS Foundation Trust	Haemato-Oncology	9.3	5.6	5.5					10.0	10.0
The Clatterbridge Cancer Centre NHS Foundation Trust	Wirral Site	9.8	9.1	9.0	9.3	9.2	8.7		10.0	10.0
The Dudley Group NHS Foundation Trust	The Dudley Group NHS Foundation Trust	9.2	7.5	6.0	9.1	6.6	8.1		10.0	5.0
The Hillingdon Hospitals NHS Foundation Trust	The Hillingdon Hospitals NHS Foundation Trust	9.6	8.8	8.9	9.0	7.2	7.8	7.9	10.0	5.8
The Newcastle upon Tyne Hospitals NHS Foundation Trust	Newcastle upon Tyne Hospitals NHS Foundation Trust	9.1	7.9	7.1	8.7	6.6	8.2		10.0	10.0
The Princess Alexandra Hospital NHS Trust	Princess Alexandra Hospital	9.1	6.0	6.9	8.3	6.0	6.9	7.5	10.0	5.8
The Queen Elizabeth Hospital, King's Lynn. NHS Foundation Trust	Queen Elizabeth Hospital NHS Foundation Trust	7.9	4.3	5.3	7.8	1.8	5.9			9.2
The Rotherham NHS Foundation Trust	Rotherham Hospital	8.0	2.8	4.2	3.8		5.6		5.0	10.0
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	The Royal Bournemouth Hospital	9.1	6.5	6.4	7.7	6.4	8.3	8.0		9.2
The Royal Marsden NHS Foundation Trust	Royal Marsden Hospital	9.7	7.6	8.5	8.5	8.0	7.8	9.4	10.0	6.7
The Royal Wolverhampton NHS Trust	Whole organisation	9.9	8.0	7.7	9.7	8.5	8.5		10.0	5.8
The Walton Centre NHS Foundation Trust	The Walton Centre	9.5	5.7	3.3	6.2				10.0	8.3
Torbay and South Devon NHS Foundation Trust	Acute Hospital	9.9	8.5	7.9	9.4	8.0	7.9		10.0	
United Lincolnshire Hospitals NHS Trust	Boston Pilgrim Hospital								10.0	
United Lincolnshire Hospitals NHS Trust	Grantham District Hospital	7.3	7.8	4.7	7.9	3.7	5.7		10.0	6.7
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	9.8	9.1	8.3	9.8	6.7	8.4		10.0	6.7

Appendix 1: Acute hospital score tables

Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
University College London Hospitals NHS Foundation Trust	University College London Hospital Trust	9.0	6.3	5.9	8.2	4.4	6.6		10.0	8.3
University Hospital Southampton NHS Foundation Trust	Southampton General Hospital site	9.8	8.7	8.7	9.7	9.1	9.3	7.5	10.0	10.0
University Hospitals Birmingham NHS Foundation Trust	Good Hope Hospitals Site	9.4	7.7	7.1	8.0		5.0		10.0	
University Hospitals Birmingham NHS Foundation Trust	Heartlands Hospital Site	9.7	7.0	5.4	9.3	7.4	7.5		10.0	
University Hospitals Birmingham NHS Foundation Trust	HGS Site								10.0	9.2
University Hospitals Birmingham NHS Foundation Trust	QE Site	9.6	8.4	7.1	9.9	6.9	8.0		10.0	8.3
University Hospitals Birmingham NHS Foundation Trust	Solihull Hospital Site	7.8			8.3				10.0	
University Hospitals Bristol NHS Foundation Trust	University Hospitals Bristol	9.6	8.2	8.1	9.0	7.9	8.3		10.0	5.8
University Hospitals Coventry and Warwickshire NHS Trust	University Hospitals of Coventry and Warwickshire NHS Trust	8.6	6.4	6.0	7.8	5.3	6.1		10.0	5.0
University Hospitals of Leicester NHS Trust	University Hospitals Leicester NHS Trust	9.5	8.0	6.8	8.6	7.0	6.8	6.8	10.0	7.5
University Hospitals of Morecambe Bay NHS Foundation Trust	University Hospitals of Morecambe Bay	9.1	7.3	7.2	7.7	4.7	7.6	6.1	10.0	5.0
University Hospitals of North Midlands NHS Trust	University Hospitals of North Midlands	9.3	8.9	4.8	9.6	6.0	6.5		10.0	10.0
University Hospitals Plymouth NHS Trust	Plymouth Hospitals NHS Trust	9.2	9.2	8.9	8.9	7.9	8.4			9.2
Velindre NHS Trust	Velindre NHS Trust								5.0	10.0
Walsall Healthcare NHS Trust	Walsall Manor Hospital	9.1	6.1	6.4	7.9	4.7	6.1	7.5	10.0	9.2
Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	8.8	7.6	7.2	8.3	5.8	6.8		10.0	9.2
West Hertfordshire Hospitals NHS Trust	West Hertfordshire Hospitals NHS Trust	9.3	8.4	6.8	8.9	7.8	8.4	6.9	10.0	10.0
West Suffolk NHS Foundation Trust	West Suffolk Hospital	9.8	7.6	7.0	9.1	7.0	6.7	6.9	10.0	5.8
Western Sussex Hospitals NHS Foundation Trust	Western Sussex Hospitals NHS Foundation Trust	9.1	5.3	5.9	7.8	4.4	6.7		10.0	9.2

Appendix 1: Acute hospital score tables

Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
Weston Area Health NHS Trust	Weston NHS Trust	9.8	9.3	8.3	9.3	7.1	8.0	8.4	10.0	6.7
Whittington Health NHS Trust	Whittington Hospital	9.1	6.2	7.5	7.8	7.8	7.9		7.5	5.8
Wirral University Teaching Hospital NHS Foundation Trust	Wirral University Teaching Hospital	8.9	5.7	5.7	7.7	6.3	6.4	7.3	10.0	10.0
Worcestershire Acute Hospitals NHS Trust	Worcestershire Acute Hospitals NHS Trust	8.8	6.3	6.8	7.8	6.7	7.9		10.0	9.2
Wrightington, Wigan and Leigh NHS Foundation Trust	Wrightington Wigan and Leigh NHS Foundation Trust	9.0	5.5	6.5	6.7	6.4	6.1	6.4	10.0	9.2
Wye Valley NHS Trust	Hereford County Hospital	9.3	7.7	5.0	8.8	4.8	7.0	6.7	10.0	5.0
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital NHS Foundation Trust	9.4	7.1	6.1	8.6	6.6	6.3	7.4	10.0	5.8
York Teaching Hospital NHS Foundation Trust	Scarborough Hospital	8.6	6.8	5.2	8.4	4.6	5.3		7.5	10.0
York Teaching Hospital NHS Foundation Trust	York Hospital	8.9	4.3	5.6	8.4	4.1	5.7	7.4	7.5	10.0

Appendix 1: Community hospital score tables

Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
Aneurin Bevan University Health Board	Aneurin Bevan University Health Board CP	7.6	3.0	4.0	7.0	1.1			10.0	
Anglian Community Enterprise CIC	Anglian Community Enterprise	10.0	8.3	8.3	9.2	8.1	7.4		7.5	
Barnet, Enfield and Haringey Mental Health NHS Trust	BEH Community Care								2.5	5.0
Berkshire Healthcare NHS Foundation Trust	BHFT Community Hospitals	9.0	7.6	8.0	8.7	6.7	8.8		7.5	8.3
Birmingham Community Healthcare NHS Foundation Trust	Birmingham Community Healthcare NHS Foundation Trust	6.3	4.5	4.5	7.4	2.5	5.3		7.5	
Bradford Teaching Hospitals NHS Foundation Trust	St Luke's Hospital	8.0	6.8	5.3	7.3	5.9	6.0		10.0	3.3
Bradford Teaching Hospitals NHS Foundation Trust	Westbourne Green	9.3	4.4	5.8	6.3	4.3			10.0	3.3
Bradford Teaching Hospitals NHS Foundation Trust	Westwood Park	8.3	4.3	2.8	7.3	5.0	4.8		10.0	3.3
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: Community Hospitals								10.0	
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: End of Life Care Units -Trafford								10.0	
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: End of Life Care Units (Trafford & Welney)								10.0	
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: End of Life Care Units - Welney								10.0	
Central and North West London NHS Foundation Trust	CNWL - Diggory - Windsor Intermediate Care Unit (WICU)								7.5	
Central and North West London NHS Foundation Trust	CNWL - Goodall - St Pancras Hospital, South Wing								7.5	5.0
Central and North West London NHS Foundation Trust	CNWL - Goodall - Woodlands Centre (Community)								7.5	7.5
City Healthcare Partnership	East Riding Community Hospital						9.0		10.0	6.7
Cornwall Partnership NHS Foundation Trust	Cornwall Partnership Foundation NHS Trust - Community	8.3	6.2	6.1	8.8	7.0	8.2		10.0	7.5
County Durham and Darlington NHS Foundation Trust	CDDFT Community Hospitals	8.8	7.5	7.1	9.4		9.0		10.0	5.0
Cumbria Partnership NHS Foundation Trust	Cumbria Partnership Foundation Trust - CH	8.9	5.0	6.0	8.2	5.6	7.3		7.5	5.0

Appendix 1: Community hospital score tables

Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
Cwm Taf University Health Board	Cwm Taf UHB - Community Hospitals	8.7	5.7	6.2	7.5	6.2	6.4	8.6	10.0	8.3
Derbyshire Community Health Services NHS Foundation Trust	DCHS	10.0	9.7	9.2	9.7	8.8	8.6		10.0	
Dorset Healthcare University NHS Foundation Trust	Dorset Healthcare University NHS Foundation Trust	9.7	9.1	8.0	9.3	8.4	9.1		10.0	9.2
East London NHS Foundation Trust	ELFT - East London	8.8	2.0	2.5	3.3	0.6	5.7			5.0
Essex Partnership University NHS Foundation Trust	EPUT - SEECHS								10.0	1.7
Essex Partnership University NHS Foundation Trust	EPUT - WECHS	9.8	8.1	9.6	9.6	9.5	8.5		10.0	9.2
First Community Health and Care	Community hospital ward Care								5.0	8.3
Gloucestershire Care Services NHS Trust	Gloucestershire Care Services NHS Trust	8.1	5.0	5.7	6.1	6.7	6.9	8.7	10.0	5.8
Hertfordshire Community NHS Trust	HCT Community Hospital EoL Submission	6.3	5.7	6.9	7.2				10.0	10.0
Hounslow and Richmond Community Healthcare NHS Trust	Teddington Memorial Hospital Inpatient Unit								10.0	4.2
Humber NHS Foundation Trust	Malton Community Hospital									
Hywel Dda University Health Board	Hywel Dda University Health Board (Community)	10.0	7.7	8.1			9.3		10.0	8.3
Kent Community Health NHS Foundation Trust	Community Hospitals East	8.9	4.2	4.8	7.1	4.0	7.7		10.0	
Kent Community Health NHS Foundation Trust	Community Hospitals West								10.0	
Lancashire Care NHS Foundation Trust	Lancashire Care FT - Longridge						8.8		10.0	9.2
Leicestershire Partnership NHS Trust	Leicestershire - Community Hospitals	8.2	4.8	5.9	8.1	5.0	6.8		10.0	8.3
Lincolnshire Community Health Services NHS Trust	Lincolnshire Community Health Services NHS Trust	8.0	6.8	5.2					10.0	5.8
Livewell Southwest	Livewell Southwest	9.0	7.1	6.4	8.7	6.9	7.6		10.0	7.5
Mersey Care NHS Foundation Trust	Mersey Care Community Health									7.5
Midlands Partnership NHS Foundation Trust	SSOTP (Staffordshire & Stoke on Trent Partnership NHS Trust)	8.8	7.3	7.2	8.9	6.0	6.9			
Norfolk Community Health and Care NHS Trust	Norfolk Community Health & Care NHS Trust	8.7	4.6	5.2	8.9	5.3	8.0		10.0	10.0

Appendix 1: Community hospital score tables

Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
North East London NHS Foundation Trust	NELFT - Community Health								10.0	
Northamptonshire Healthcare NHS Foundation Trust	Northamptonshire - Community Hospitals	9.3	5.9	7.0	7.7	5.8	7.4	9.7	10.0	
Northumbria Healthcare NHS Foundation Trust	Community Hospitals	8.2	7.8	7.9	8.8	7.7	8.2		10.0	
Nottinghamshire Healthcare NHS Foundation Trust	Nottinghamshire Healthcare - LPGHS								10.0	
Oxford Health NHS Foundation Trust	Oxford Health Community wards	7.6	5.2	5.5	8.3	6.5	5.2		10.0	
Oxleas NHS Foundation Trust	Oxleas Community NACEL Submission								10.0	9.2
Pennine Care NHS Foundation Trust	Bury - Bealey Hospital Intermediate Care Facility		4.4						10.0	
Powys Local Health Board	Powys Teaching Health Board	8.8	7.3	7.2	8.5	5.8	7.8		7.5	5.8
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter NHS Foundation Trust - Community	7.9	7.3	5.6	9.1				10.0	6.7
Shropshire Community Health NHS Trust	Shropshire - Community Hospitals	8.5	5.6	5.8	7.6	4.7	7.9		10.0	
Solent NHS Trust	Solent Community	8.1	3.2	5.4	7.1	5.3	7.8		10.0	
Somerset Partnership NHS Foundation Trust	Somerset Partnership NHS Foundation Trust (CH)								5.0	
South Tees Hospitals NHS Foundation Trust	East Cleveland Primary Care Hospital								10.0	4.2
South Tees Hospitals NHS Foundation Trust	Redcar Primary Care Hospital								10.0	4.2
South Tees Hospitals NHS Foundation Trust	The Rutson Unit								10.0	
Southern Health NHS Foundation Trust	Southern Health community sites	8.9	8.7	7.6	9.4	7.3	8.3		10.0	
Sussex Community NHS Foundation Trust	Arundel & District Community Hospital								10.0	
Sussex Community NHS Foundation Trust	Bognor Regis War Memorial Hospital								10.0	
Sussex Community NHS Foundation Trust	Crawley Hospital								10.0	
Sussex Community NHS Foundation Trust	Crowborough Community Hospital								10.0	
Sussex Community NHS Foundation Trust	Horsham Hospital								10.0	4.2
Sussex Community NHS Foundation Trust	Kleinwort Inpatients								10.0	4.2
Sussex Community NHS Foundation Trust	Lewes Victoria Hospital								10.0	

Appendix 1: Community hospital score tables

Organisation	Submission	RD	CDP	CFO	IDM	NFO	IPC	EOC	G	W
		9.1	6.9	6.6	8.4	6.1	7.4	7.1	9.5	7.6
Sussex Community NHS Foundation Trust	Midhurst Community Hospital								10.0	
Sussex Community NHS Foundation Trust	Salvington Lodge								10.0	
Sussex Community NHS Foundation Trust	Uckfield Community Hospital								10.0	
Sussex Community NHS Foundation Trust	Zachary Merton Hospital								10.0	
Torbay and South Devon NHS Foundation Trust	Community Hospitals	10.0	8.7	8.2	9.9	9.3	8.9		10.0	
University Hospitals of Morecambe Bay NHS Foundation Trust	South Cumbria Community Hospitals	8.1	5.7	6.5	6.3	6.7	7.8		10.0	5.0
Wiltshire Health and Care	Wiltshire Health and Care									
Worcestershire Health and Care NHS Trust	Worcestershire Health and Care NHS Trust	9.3	7.9	7.0	8.6	6.6	6.9		5.0	8.3
York Teaching Hospital NHS Foundation Trust	Selby Memorial	7.1	4.6	4.6	7.3	4.8	7.2		7.5	10.0
York Teaching Hospital NHS Foundation Trust	St Monica's	6.0	4.8	5.7	6.3				7.5	10.0
Your Healthcare CIC	Your Healthcare								7.5	

Appendix 2: Method for scoring

A scoring system has been devised to summarise the results of the audit under nine key themes.

This appendix sets out the process undertaken to select the nine key themes and their component indicators, and an explanation of how the scores were calculated.

Selection and content of the nine key themes

The NACEL key themes were developed by the NACEL Steering Group and discussed with the wider Advisory Group. The starting point was the *five priorities for care* from *One Chance To Get It Right* as follows:

1. Recognition of dying
2. Sensitive communication
3. Involvement in decision making
4. Needs of families and others
5. Individual plan of care

Priority 2, concerning sensitive communication, was split into two themes; Communication with the dying person and Communication with families and others, as the Steering Group felt it was important to distinguish these linked, but different, aspects of communication. In addition, a theme on the overall rating of experience by the bereaved from the Quality Survey was included as an overarching measure of the quality of care. Finally, two further themes on Governance and Workforce/specialist palliative care were added to cover key aspects of the infrastructure that trusts/UHBs need to put in place to ensure good end of life care.

The component indicators for the summary scores are drawn from all three elements of the audit, including measures from the Case Note Review, the Organisational Level Audit (trust and hospital level responses) and the Quality Survey, which provides the perspective of bereaved families and others. However, in order to create a summary score, only indicators from one element of the audit were used for each theme. At least three indicators were used for each summary score, to provide granularity in the results. The themes and component indicators are summarised as follows:

Key theme	Source	Component indicators
Recognising the possibility of imminent death	Case Note Review	3 questions on recognition of death and related discussions with dying and nominated person
Communication with the dying person	Case Note Review	5 questions on discussions with the dying person on plan of care, senior clinician, side effects of medications, hydration and nutrition
Communication with families and others	Case Note Review	6 questions on discussions with nominated person on plan of care, notification of imminent death, senior clinician, side effects of medication, hydration and nutrition
Involvement in decision making	Case Note Review	6 questions on decision making including involvement, capacity, stopping life-sustaining treatments and CPR
Needs of families and others	Case Note Review	3 questions on asking about needs, needs assessed and care and support at time of death
Individual plan of care	Case Note Review	7 questions on having a care plan, reviewing the plan, holistic assessment (4 points in total), review of 4 interventions (1 point in total), review of hydration and nutrition status and preferred place of death
Families' and others' experience of care	Quality Survey	5 questions covering care and support, sensitive communication and compassionate treatment
Governance	Organisational Level Audit	4 questions on responsibility for end of life care, policy on learning from deaths, policy for discharge home and care plan to support <i>five priorities for care</i>
Workforce/specialist palliative care	Organisational Level Audit	3 questions on specialist palliative care access, seven day availability and training

Appendix 2: Method for scoring

The basic principle for scoring for each audit element is outlined below.

Audit element	Scoring for each component indicator	Total score for theme
Case Note Review	Yes = 1* No, but reason recorded or N/A = 1 No and no reason recorded = 0 *Please note, a number of metrics are weighted as detailed in the tables below	<ul style="list-style-type: none"> Each component indicator scored for each case note Total score for each case note calculated by summing indicator scores Case note scores averaged (over whole sample or hospital) Shown as score out of 10 (equating to maximum available score)
Organisational Level Audit	Yes = 1 No = 0	<ul style="list-style-type: none"> Each component indicator scored for each hospital Total score for each hospital calculated by summing indicator scores Hospital scores averaged Shown as score out of 10 (equating to maximum available score)
Quality Survey	Outstanding/Yes definitely/Always = 4 Excellent/Most of the time = 3 Good/yes to some extent/Sometimes = 2 Fair/Mixed/Almost never = 1 Poor/No not at all/Never = 0	<ul style="list-style-type: none"> Each component indicator scored for each Quality Survey Total score for each Quality Survey calculated by summing indicators Quality Survey scores averaged (over whole sample or hospital) Shown as score out of 10 (equating to maximum available score)

Worked examples of scoring for each theme

5.1 Recognising the possibility of imminent death (Source: Case Note Review)						
Section	Question	Scoring			Example scoring	
		Yes	No but reason recorded or N/A	No and no reason recorded	Response	Score
Recognition of death	Is there documented evidence within the final episode of care that it was recognised that the patient might die imminently i.e. within a few hours or days?	1	-	0	Yes	1
Recognition of death	Is there documented evidence that the possibility that the patient may die had been discussed with the patient?	1	1	0	Yes	1
Recognition of death	Is there documented evidence that the possibility that the patient may die had been discussed with the nominated person(s)?	1	1	0	No and no reason recorded	0
Total possible		3.00	Total score for patient		2.00	
			Summary score (out of 10)		6.67	

Appendix 2: Method for scoring

5.2 Communication with the dying person (Source: Case Note Review)						
Section	Question	Scoring			Example scoring	
		Yes	No but reason recorded or N/A	No and no reason recorded	Response	Score
Individualised EoL care planning	Is there documented evidence that the patient had the opportunity to be involved in discussing the plan of care?	1	1	0	No and no reason recorded	0
Individualised EoL care planning	Is there documented evidence that the patient had been informed about the senior doctor/nurse in the team who has professional responsibility for their care and treatment?	1	1	0	No and no reason recorded	0
Physical care	Is there documented evidence that the possibility of side effects of medications such as drowsiness were discussed with the patient?	1	1	0	No and no reason recorded	0
Physical care	Is there documented evidence that a discussion about the risks and benefits of hydration options was undertaken with the patient once death was recognised as a possibility?	1	1	0	Yes	1
Physical care	Once it was recognised that the patient may die within the next few days and hours, was there documented evidence that a discussion about the risks and benefits of nutrition options was undertaken with the patient?	1	1	0	Yes	1
Total possible		5.00	Total score for patient			2.00
			Summary score (out of 10)			4.00

5.3 Communication with families and others (Source: Case Note Review)						
Section	Question	Scoring			Example scoring	
		Yes	No but reason recorded or N/A	No and no reason recorded	Response	Score
Individualised EoL care planning	Is there documented evidence that the nominated person(s) had the opportunity to develop and discuss an individualised plan of care for the patient?	1	1	0	No and no reason recorded	0
Individualised EoL care planning	Is there documented evidence that the nominated person(s) had been informed about the senior doctor/nurse in the team who has professional responsibility for care and treatment?	1	1	0	N/A	1
Immediately prior to and after death	Is there documented evidence that the nominated person(s) were notified of the patient's imminent death?	1	1	0	Yes	1
Physical care	Is there documented evidence that the possibility of side effects of medications such as drowsiness were discussed with the nominated person(s)?	0.33	0.33	0	No and no reason recorded	0
Physical care	Is there documented evidence that a discussion about the risks and benefits of hydration options was undertaken with the nominated person(s)?	0.33	0.33	0	No but reason recorded	0.33
Physical care	Is there documented evidence that a discussion about the risks and benefits of nutrition options was undertaken with the nominated person(s)?	0.33	0.33	0	No and no reason recorded	0
Total possible		4.00	Total score for patient			2.33
			Summary score (out of 10)			5.83

Appendix 2: Method for scoring

5.4 Involvement in decision making (Source: Case Note Review)						
Section	Question	Scoring			Example scoring	
		Yes	No but reason recorded or N/A	No and no reason recorded	Response	Score
Individualised EoL care planning	Is there documented evidence about the extent to which the patient wished to be involved in decision about their care?	1	1	0	Yes	1
Treatment decisions	Is there any 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	No and no reason recorded	0
Treatment decisions	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	No but reason recorded	1
Treatment decisions	Is there documented evidence within the final admission of a discussion with the nominated person(s) 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	Yes	1
Treatment decisions	Is there documented evidence that a discussion with the patient Cardiopulmonary Resuscitation (CPR) was undertaken by a clinician?	1	1	0	Yes	1
Treatment decisions	Is there documented evidence that the Cardiopulmonary Resuscitation (CPR) decision was discussed with the nominated person(s) by a senior clinician?	1	1	0	No but reason recorded	1
Total possible		6.00	Total score for patient			5.00
			Summary score (out of 10)			8.33

5.5 Needs of families and others (Source: Case Note Review)						
Section	Question	Scoring			Example scoring	
		Yes	No but reason recorded or N/A	No and no reason recorded	Response	Score
Individualised EoL care planning	Is there documented evidence that the needs of the nominated person(s) were asked about?	1	-	0	Yes	1
Individualised EoL care planning	Of which of the following needs of the nominated person(s) is there documented evidence that they were assessed and addressed?					
	emotional/psychological needs	0.2	-	0	Yes	0.2
	spiritual/religions needs	0.2	-	0	Yes	0.2
	cultural needs	0.2	-	0	No	0
	social needs	0.2	-	0	No	0
	practical needs	0.2	-	0	Yes	0.2
Immediately prior to and after death	Is there documented evidence of the care and support provided to the nominated person(s) at the time of and immediately after death?	1	1	0	No and no reason recorded	0
Total possible		3.00	Total score for patient			1.60
			Summary score (out of 10)			5.33

Appendix 2: Method for scoring

5.6 Individual plan of care (Source: Case Note Review)						
Section	Question	Scoring			Example scoring	
		Yes	No but reason recorded or N/A	No and no reason recorded	Response	Score
Individualised EoL care planning	Is there documented evidence that the patient who was dying had an individualised end of life care plan?	0.5	-	0	Yes	0.5
Individualised EoL care planning	If there was a care plan, was the patient and their plan of care reviewed regularly?	0.5	0.5	0	Yes	0.5
Immediately prior to and after death	Was there documented evidence in the case note of the preferred place of death as indicated by the patient?	1	-	0	Yes	1
Treatment decisions	In the period between the recognition that the patient might die and death, were any of the following interventions documented as being reviewed in the patient's plan of care?					
	routine recording of vital signs	0.25	0.25	0	Yes	0.25
	blood sugar monitoring	0.25	0.25	0	No	0
	the administration of oxygen	0.25	0.25	0	Yes	0.25
	the administration of antibiotics	0.25	0.25	0	No	0
Physical care	Is there a documented assessment of the patient's hydration status in the time between when death was recognised and time of death?	1	-	0	Yes	1
Physical care	Once it was recognised that the patient may die within the next few days and hours, was there documented assessment of the patient's nutrition status?	1	-	0	Yes	1
Individualised EoL care planning	Is there documented evidence within the individualised end of life care plan of a holistic assessment of the patient's needs - if yes, does this include an assessment of the following:					
	agitation/delirium	0.25	0.25	0	No	0
	dyspnoea/breathing difficulty	0.25	0.25	0	Yes	0.25
	nausea/vomiting	0.25	0.25	0	Yes	0.25
	pain	0.25	0.25	0	Yes	0.25
	noisy breathing/death rattle	0.25	0.25	0	Yes	0.25
	anxiety/distress	0.25	0.25	0	No	0
	bladder function	0.25	0.25	0	No	0
	bowel function	0.25	0.25	0	No	0
	pressure areas	0.25	0.25	0	No	0
	hygiene requirements	0.25	0.25	0	No	0
	mouth care	0.25	0.25	0	Yes	0.25
	emotional/psychological needs	0.25	0.25	0	Yes	0.25
	spiritual/religious needs	0.25	0.25	0	Yes	0.25
cultural needs	0.25	0.25	0	No	0	
social needs	0.25	0.25	0	No	0	
practical needs	0.25	0.25	0	No	0	
Total possible		9.00	Total score for patient			6.25
			Summary score (out of 10)			6.94

Appendix 2: Method for scoring

5.7 Families' and others' experience of care (Source: Quality Survey)								
Question	Scoring						Example scoring	
	Outstanding	Excellent	Good	Fair	Poor	Not sure	Response	Score
Overall, how would you rate the care and support given to the person who died by the hospital in the last two to three days of life?	4	3	2	1	0	0	Excellent	3
Overall, how would you rate the care and support given to you and other close relatives or friends by the hospital in the last two to three days of his/her life?	4	3	2	1	0	0	Good	2
	Yes definitely	Yes to some extent	Mixed	No not at all	Not sure	N/A		
Did you feel that members of healthcare staff looking after him/her communicated sensitively during the last two or three days of life?	4	2	1	0	0	0	Yes to some extent	2
	Always	Most of the time	Sometimes	Almost never	Never	Not sure or N/A		
During the last two to three days of the patient's life, did you feel that they were treated with compassion?	4	3	2	1	0	0	Most of the time	3
During the last two to three days of his/her life, did you feel that you were communicated to by staff in a sensitive and compassionate way?	4	3	2	1	0	0	Sometimes	2
Total possible	20.00	Total score for quality survey						12.00
		Summary score (out of 10)						6.00

5.8 Governance (Source: Organisational level)					
Section	Question	Scoring		Example scoring	
		Yes	No	Response	Score
Trust/UHB overview	Does your trust/UHB have an identified member of the trust/UHB board with a responsibility/role for end of life care?	1	0	Yes	1
Trust/UHB overview	Does your trust/UHB have policies in place which include how it responds to and learns from, deaths of patients who die under its management and care?	1	0	Yes	1
Trust/UHB overview	Which of the following are used within your trust/UHB: Specific care arrangements to enable rapid discharge home to die, if this is the person's preference?	1	0	No	0
Trust/UHB overview	Which of the following are used within your trust/UHB: A care plan to support the <i>five priorities for care for the dying person</i> ?	1	0	Yes	1
Total possible		4.00	Total score for hospital		3.00
			Summary score (out of 10)		7.50

Appendix 2: Method for scoring

5.9 Workforce/specialist palliative care (Source: Organisational level)					
Section	Question	Scoring		Example scoring	
		Yes	No	Response	Score
Hospital/site overview	Is there a Specialist Palliative Care service provided by the hospital, or does your hospital have access to a Specialist Palliative Care service funded and/or based outside of the hospital/site?	1	0	Yes	1
Hospital/site overview	Is the Specialist Palliative Care team commissioned to provide: Nurses available 9am-5pm, 7 days a week, face-to-face (or better/equivalent)	1	0	No	0
Hospital/site overview	In the period between 1st April 2017 and 31st March 2018 what continuing end of life education and training was available:				
	induction programme	0.25	0	Yes	0.25
	mandatory/priority training	0.25	0	Yes	0.25
	other training in relation to end of life care	0.25	0	No	0
Hospital/site overview	Does your hospital provide training to help improve the culture, behaviours, attitudes around communication skills?	0.25	0	No	0
Total possible		3.00	Total score for hospital		1.50
			Summary score (out of 10)		5.00

Appendix 3: Patient demographic information

Age range (national sample)	National %	n=
18-64	12% (n=1308)	10873
65-74	17% (n=1827)	
75-84	31% (n=3339)	
85-94	34% (n=3733)	
95+	6% (n=666)	

Age	National %	n=
Range	18 - 110	10873
Mean	79	
Median	82	

Gender	National %	n=
Male	49.3% (n=5391)	10935
Female	50.6% (n=5535)	
Other	0.1% (n=9)	

Ethnicity profile	National %	n=
White	81.39% (n=8649)	10627
Mixed	0.47% (n=50)	
Asian or Asian British	2.20% (n=234)	
Black or Black British	1.27% (n=135)	
Other Ethnic Groups	0.77% (n=82)	
Not stated	13.90% (n=1477)	

Religious affiliation	National %	n=
Baha'i	0.01% (n=1)	10609
Buddhist	0.10% (n=11)	
Christian	50.26% (n=5332)	
Hindu	0.42% (n=45)	
Jain	0.02% (n=2)	
Jewish	0.37% (n=39)	
Muslim	1.23% (n=131)	
Pagan	0.00% (n=0)	
Sikh	0.37% (n=39)	
Zoroastrian	0.00% (n=0)	
Other	2.82% (n=299)	
None	7.94% (n=842)	
Declined to disclose	0.56% (n=59)	
Unknown	35.90% (n=3809)	

Appendix 3: Patient demographic information

Primary cause of death	National %	n=
Cancer	17.7% (n=1922)	10833
Chronic respiratory disease	5.0% (n=541)	
Dementia	2.2% (n=240)	
Heart failure	7.6% (n=822)	
Neurological conditions	0.9% (n=101)	
Pneumonia	26.8% (n=2905)	
Renal failure	1.8% (n=198)	
Stroke	4.8% (n=516)	
Other	23.8% (n=2575)	
No access to death certificate	9.4% (n=1013)	

Documented co-morbidities	National %	n=
Cardiovascular	25% (n=3720)	14942
Central nervous system	5% (n=782)	
Dementia	8% (n=1128)	
Endocrine	8% (n=1253)	
Frailty	10% (n=1469)	
Genitourinary	6% (n=921)	
Malignancy	7% (n=1066)	
Musculoskeletal	3% (n=487)	
Respiratory	14% (n=2044)	
Other	14% (n=2072)	

Appendix 4: Characteristics of deaths in hospitals

Day of death	National %	n=
Monday	15.66% (n=1703)	10877
Tuesday	14.48% (n=1575)	
Wednesday	13.96% (n=1518)	
Thursday	13.77% (n=1498)	
Friday	13.77% (n=1498)	
Saturday	12.70% (n=1381)	
Sunday	15.67% (n=1704)	

Time of death	National %	n=
00:00 - 06:00	24% (n=2552)	10750
06:01 - 12:00	25% (n=2738)	
12:01 - 18:00	27% (n=2917)	
18:01 - 23:59	24% (n=2543)	

Hospital department	National %	n=
Care of the Elderly	21.92% (n=2378)	10849
Cardiology	3.12% (n=339)	
Respiratory	10.36% (n=1124)	
Oncology	4.02% (n=436)	
Medical	19.01% (n=2062)	
Neurology	0.47% (n=51)	
Stroke	4.77% (n=518)	
Surgical	5.12% (n=556)	
Trauma	0.26% (n=28)	
Orthopaedics	1.65% (n=179)	
Urology	0.41% (n=45)	
Renal	1.00% (n=109)	
Critical Care Level 2 (HDU)	1.54% (n=167)	
Critical Care Level 3 (ICU)	7.12% (n=772)	
Acute assessment/admissions unit (medical or surgical)	7.82% (n=848)	
Specialist palliative care unit	1.99% (n=216)	
Rehabilitation unit	1.70% (n=184)	
Other	7.71% (n=837)	

Appendix 4: Characteristics of deaths in hospitals

Length of stay profile	National %	n=
0-1 days	7.0% (n=741)	10549
2-10 days	46.9% (n=4946)	
11-20 days	22.9% (n=2419)	
21-30 days	10.6% (n=1114)	
31-40 days	5.6% (n=593)	
41-50 days	2.9% (n=309)	
51-60 days	1.5% (n=160)	
61-70 days	0.9% (n=91)	
71-80 days	0.7% (n=69)	
81-90 days	0.3% (n=28)	
90 + days	0.7% (n=79)	

Appendix 5: Use of interventions

DNACPR in place	National %	n=
Yes	97% (n=10349)	10696
No	3% (n=347)	
Medication prescribed	National %	n=
Pain		10384
Yes	80% (n=8322)	
No	20% (n=2062)	
Agitation		10418
Yes	79% (n=8182)	
No	21% (n=2236)	
Dyspnoea		10377
Yes	73% (n=7598)	
No	27% (n=2779)	
Nausea		10378
Yes	74% (n=7722)	
No	26% (n=2656)	
Noisy breathing		10373
Yes	75% (n=7791)	
No	25% (n=2582)	
Nil by Mouth order in place	National %	n=
Yes	10% (n=981)	9614
No	90% (n=8633)	
Use of clinically assisted hydration	National %	n=
Yes	31% (n=3073)	9818
No	69% (n=6745)	
Route of clinically assisted hydration	National %	n=
SC	9% (n=269)	3050
NG	4% (n=120)	
PEG	1% (n=39)	
IV	82% (n=2505)	
N/A	4% (n=117)	
Use of clinically assisted nutrition	National %	n=
Yes	7% (n=689)	9699
No	93% (n=9010)	
Route of clinically assisted nutrition	National %	n=
NG	64% (n=469)	736
PEG	8% (n=60)	
IV	15% (n=112)	
N/A	13% (n=95)	

Appendix 6: Nominated person relationship to patient

Nominated person relationship to patient	National %	n=
Wife/Husband/Partner	36.0% (n=280)	777
Son/Daughter	40.7% (n=316)	
Son-in-law/Daughter-in-law	1.2% (n=9)	
Brother/Sister	3.2% (n=25)	
Parent	13.1% (N =102)	
Other relative	4.4% (n=34)	
Friend/neighbour	1.0% (n=8)	
Staff looking after him/her (e.g. in care home, sheltered accommodation, at home etc)	0.0% (n=0)	
Someone else	0.4% (n=3)	

Appendix 7: Number of hospital admissions within the last 12 months

Number of times patient spent in hospital within the last 12 months	National %	n=
None	32% (n=252)	779
One	19% (n=145)	
Two	15% (n=121)	
Three or more	31% (n=240)	
Not sure	3% (n=21)	

Appendix 8: Indicators included in the report

5.1 Recognising the possibility of imminent death

Chart figures						
Page	Figure	Data collection element	Chart Title	Response	Percentage	n=
28	2	Case Note Review - Recognition of death	Is there documented evidence within the final episode of care that it was recognised that the patient might die imminently i.e. within a few hours or days?	Yes	89% (n=9538)	10744
				No	11% (n=1206)	
28	3	Case Note Review - Recognition of death	Is there documented evidence that the possibility that the patient may die had been discussed with the patient?	Yes	22.59% (n=2284)	10110
				No but reason recorded	62.55% (n=6324)	
				No and no reason recorded	14.86% (n=1502)	
28	4	Case Note Review - Recognition of death	Is there documented evidence that the possibility that the patient may die had been discussed with the nominated person(s)?	Yes	90% (n=9038)	10081
				No but reason recorded	5% (n=492)	
				No and no reason recorded	5% (n=551)	
28	5	Quality Survey	Did a member of healthcare staff at the hospital explain to the person that he/she was likely to die in the next few days?	Yes	28% (n=215)	769
				No could have been told	10% (n=79)	
				No not possible	40% (n=308)	
				No person did not want to know	2% (n=15)	
				No other	8% (n=63)	
				Don't know	12% (n=89)	
28	6	Quality Survey	Did a member of healthcare staff at the hospital explain to you that the person was likely to die in the next few days?	Yes	62.08% (n=465)	749
				Yes but not clearly	7.21% (n=54)	
				Yes but only when asked	5.47% (n=41)	
				No but could have been told	13.62% (n=102)	
				No died suddenly	9.35% (n=70)	
				Not sure	2.27% (n=17)	
29	7	Case Note Review - Recognition of death	Date and time of first recognition of dying & Date and time of death		74	8866
Additional indicators quoted in narrative						
Page	Note	Data collection element	Question	Response	Percentage	n=
28	1	Case Note Review - Recognition of dying	Staff groups involved in discussion about recognition of death - Medical	Yes	99% (n=9174)	9283
				No	1% (n=109)	
28	2	Case Note Review - Recognition of dying	Staff groups involved in discussion about recognition of death - Specialist Palliative Care Team	Yes	41% (n=2688)	6556
				No	59% (n=3868)	
28	3	Case Note Review - Recognition of dying	Staff groups involved in discussion about recognition of death - Nursing	Yes	67% (n=4760)	7079
				No	33% (n=2319)	
29	4	Case Note Review - Recognition of death	Date and time of first recognition of dying & Date and time of death (median)	-	36	8866
29	5	Case Note Review - Recognition of death	Date and time of first recognition of dying & Date and time of death (median) England acute only	-	34	7860
29	6	Case Note Review - Recognition of death	Date and time of first recognition of dying & Date and time of death (within 8 hours)	Within 8 hours	20% (n=1732)	8866
				Over 8 hours	80% (n=7134)	

Appendix 8: Indicators included in the report

5.2 Communication with the dying person

Chart figures						
Page	Figure	Data collection element	Question	Response	Percentage	n=
32	9	Case Note Review - Individualised EoL care planning	Is there documented evidence that the patient had the opportunity to be involved in discussing the plan of care?	Yes	20% (n=2002)	10029
				No	32% (n=3211)	
				N/A	48% (n=4816)	
32	10	Case Note Review - Individualised EoL care planning	Is there documented evidence that the patient had been informed about the senior doctor/nurse in the team who has professional responsibility for their care and treatment?	Yes	33% (n=3271)	10011
				No	31% (n=3087)	
				N/A	36% (n=3653)	
32	11	Case Note Review - Physical care	Is there documented evidence that the possibility of side effect of medications such as drowsiness were discussed with the patient?	Yes	8% (n=789)	9984
				No but reason recorded	60% (n=6035)	
				No and no reason recorded	32% (n=3160)	
32	12	Case Note Review - Physical care	Is there documented evidence that a discussion about the risks and benefits of hydration options was undertaken with the patient once death was recognised as a possibility?	Yes	9% (n=919)	9803
				No but reason recorded	59% (n=5792)	
				No and no reason recorded	32% (n=3092)	
32	13	Case Note Review - Physical care	Once it was recognised that the patient may die within the next few days and hours, was there documented evidence that a discussion about the risks and benefits of nutrition options was undertaken with the patient?	Yes	7% (n=661)	9664
				No but reason recorded	62% (n=5967)	
				No and no reason recorded	31% (n=3036)	

Additional indicators quoted in narrative						
Page	Note	Data collection element	Question	Response	Percentage	n=
32	7	Trust/UHB overview	Does your trust/UHB have policies in place which include - guidelines to promote dignity?	Yes	90% (n=162)	181
				No	10% (n=19)	

Appendix 8: Indicators included in the report

5.5 Communication with families and others

Chart figures						
Page	Figure	Data collection element	Question	Response	Percentage	n=
35	15	Case Note Review - Individualised EoL care planning	Is there documented evidence that the nominated person(s) had the opportunity to be develop and discuss an individualised plan of care for the patient?	Yes	62% (n=6205)	9993
				No	26% (n=2626)	
				N/A	12% (n=1162)	
35	16	Case Note Review - Individualised EoL care planning	Is there documented evidence that the nominated person(s) had been informed about the senior doctor/nurse in the team who had responsibility for care and treatment?	Yes	65.48% (n=6552)	10006
				No but reason recorded	30.33% (n=3035)	
				No and no reason recorded	4.19% (n=419)	
35	17	Case Note Review – Immediately prior to and after death	Is there documented evidence that the nominated person(s) were notified of the patient's imminent death?	Yes	79% (n=8446)	10650
				No but reason recorded	7% (n=698)	
				No and no reason recorded	14% (n=1506)	
35	18	Case Note Review - Physical care	Is there documented evidence that the possibility of side effects of medications such as drowsiness were discussed with the nominated person(s)?	Yes	15.7% (n=1538)	9792
				No but reason recorded	10.8% (n=1055)	
				No and no reason recorded	73.5% (n=7199)	
35	19	Case Note Review - Physical care	Is there documented evidence that a discussion about the risks and benefits of hydration options was undertaken with the nominated person(s)?	Yes	30% (n=2918)	9791
				No but reason recorded	9% (n=890)	
				No and no reason recorded	61% (n=5983)	
35	20	Case Note Review - Physical care	Is there documented evidence that a discussion about the risks and benefits of nutrition options was undertaken with the nominated person(s)?	Yes	23.4% (n=2264)	9655
				No but reason recorded	10.2% (n=981)	
				No and no reason recorded	66.4% (n=6410)	
36	21	Quality Survey	Did you and/or others close to the patient receive clear communication about the patient's imminent death soon enough to be with the person when he/she died?	Yes	53.48% (n=400)	748
				No	21.39% (n=160)	
				Already there	18.85% (n=141)	
				The hospital did not know the death was imminent	6.28% (n=47)	
36	22	Quality Survey	Were given the name of the doctor and nurse responsible for his/her care?	Always	44.73% (n=335)	749
				Most of the time	18.16% (n=136)	
				Sometimes	12.82% (n=96)	
				Almost never	5.47% (n=41)	
				Never	13.48% (n=101)	
				N/A	1.47% (n=11)	
				Not sure	3.87% (n=29)	

Appendix 8: Indicators included in the report

5.3 Communication with families and others

Chart figures						
Page	Figure	Data collection element	Question	Response	Percentage	n=
36	23	Quality Survey	During the last two to three days of his/her life, did you feel that you were given enough opportunity to ask questions and discuss his/her condition and care with staff?	Always	45.35% (n=346)	763
				Most of the time	24.12% (n=184)	
				Sometimes	14.55% (n=111)	
				Almost never	7.60% (n=58)	
				Never	5.64% (n=43)	
				N/A	2.23% (n=17)	
				Not sure	0.52% (n=4)	
36	24	Quality Survey	During the last two to three days of his/her life, did you feel that you were kept informed by healthcare staff about his/her condition and treatment in a way which was easy to understand?	Always	48.75% (n=371)	761
				Most of the time	23.92% (n=182)	
				Sometimes	11.96% (n=91)	
				Almost never	6.70% (n=51)	
				Never	6.96% (n=53)	
				N/A	1.18% (n=9)	
				Not sure	0.53% (n=4)	

Additional indicators quoted in narrative						
Page	Note	Data collection element	Question	Response	Percentage	n=
35	8	Case Note Review - Immediately prior to and after death	Is there documented evidence that the nominated person(s) were notified of the patient's imminent death? - Category 1 deaths only	Yes	84% (n=7857)	9344
				No but reason recorded	3% (n=284)	
				No and no reason recorded	13% (n=1203)	
35	9	Case Note Review - Immediately prior to and after death	Is there documented evidence that the nominated person(s) were recorded as being present at time of patient's death?	Yes recorded in notes and present at time of death	49% (n=5183)	10478
				Yes recorded in notes but requested not to be present at time of death	6% (n=658)	
				Yes recorded in notes but not present at time of death	22% (n=2313)	
				No not recorded	21% (n=2166)	
				There was no nominated person(s)	2% (n=158)	
35	10	Trust/UHB overview	Does your trust/UHB have policies in place which include: guidelines for meaningful and compassionate engagement with bereaved families and carers?	Yes	70% (n=125)	178
				No	30% (n=53)	
35	11	Hospital/Site overview - Quality and outcomes	Did your hospital/site seek bereaved relatives' or friends' views during the last two financial years? (i.e. from 1st April 2016 and 31st March 2018)	Yes	76.47% (n=169)	221
				No	23.52% (n=52)	

Appendix 8: Indicators included in the report

5.4 Involvement in decision making

Chart figures						
Page	Figure	Data collection element	Question	Response	Percentage	n=
39	26	Case Note Review - Individualised EoL care planning	Is there documented evidence about the extent to which the patient wished to be involved in decisions about their care?	Yes	18% (n=1795)	9855
				No	38% (n=3772)	
				N/A	44% (n=4288)	
39	27	Case Note Review - Treatment decisions	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?	Yes	43% (n=4584)	10673
				No	23% (n=2492)	
				N/A	34% (n=3597)	
39	28	Case Note Review - Treatment decisions	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?	Yes	15.36% (n=1631)	10616
				No but reason recorded	76.37% (n=8107)	
				No and no reason recorded	8.27% (n=878)	
39	29	Case Note Review - Treatment decisions	Is there documented evidence within the final admission of a discussion with the nominated person(s) by a senior clinician regarding whether to continue or stop life-sustaining treatment offering organ support such as assisted ventilation, implanted defibrillator, renal dialysis?	Yes	35.3% (n=3702)	10487
				No but reason recorded	57.3% (n=6009)	
				No and no reason recorded	7.4% (n=776)	
39	30	Case Note Review - Treatment decisions	Is there documented evidence that a discussion with the patient regarding Cardiopulmonary Resuscitation (CPR) was undertaken by a clinician?	Yes	42% (n=4408)	10608
				No but reason recorded	50% (n=5332)	
				No and no reason recorded	8% (n=868)	
39	31	Case Note Review - Treatment decisions	Is there documented evidence that the Cardiopulmonary Resuscitation (CPR) decision was discussed with the nominated person(s) by a senior clinician?	Yes	80% (n=8239)	10293
				No but reason recorded	8% (n=830)	
				No and no reason recorded	12% (n=1224)	
40	32	Quality Survey	Did staff at the hospital involve the person in decisions about care and treatment as much as he/she would have wanted in the last two to three days of life?	He/she was involved as much as he/she wanted to be	38.0% (n=294)	773
				He/she would have liked to be more involved	7.4% (n=57)	
				He/she would have liked to be less involved	0.4% (n=3)	
				He/she was not able to be involved	42.8% (n=331)	
				Not sure	11.4% (n=88)	
40	33	Quality Survey	Did staff at the hospital involve you in decisions about his/her care and treatment as much as you wanted in the last two to three days of life?	I was involved as much as I wanted to be	70.3% (n=526)	748
				I would have liked to be more involved	22.1% (n=165)	
				I would have liked to be less involved	0.1% (n=1)	
				I was not able to be involved	4.4% (n=33)	
				Not sure	3.1% (n=23)	

Appendix 8: Indicators included in the report

5.4 Involvement in decision making

Additional indicators quoted in narrative						
Page	Note	Data collection element	Question	Response	Percentage	n=
39	12	Case Note Review - Treatment decisions	Is there documented evidence in the notes that the dying person lacked capacity to be involved in their end of life care planning?	Yes	49% (n=4845)	9959
				No	51% (n=5114)	
39	13	Case Note Review - Treatment decisions	If yes, is there documented evidence that this discussion with the patient regarding cardiopulmonary resuscitation (CPR) was either undertaken by, or discussed with, a senior clinician?	Yes	73% (n=4910)	6717
				No	27% (n=1807)	
39	14	Case Note Review - Treatment decisions	Was a DNACPR in place at time of death?	Yes	97% (n=10349)	10696
				No	3% (n=347)	
40	15	Case Note Review - Advance Care Planning	Is there documented evidence that the patient had made an advance care plan prior to admission? - All	Yes	7% (n=778)	10651
				No	93% (n=9873)	
40	16	Case Note Review - Advance Care Planning	Is there documented evidence that the patient had made an advance care plan prior to admission? - England acute only	Yes	6.4% (n=601)	9349
				No	93.6% (n=8748)	
40	17	Case Note Review - Advance Care Planning	Was the advance care plan reviewed?	Yes	19% (n=625)	3284
				No	7% (n=235)	
				N/A	74% (n=2424)	
40	18	Case Note Review - Advance Care Planning	Is there documented evidence that the team took into account the contents of the advance care plan when making decisions?	Yes	59% (n=658)	1111
				No	41% (n=453)	

Appendix 8: Indicators included in the report

5.5 Needs of families and others

Chart figures							
Page	Figure	Data collection element	Question	Response	Percentage	n=	
43	35	Case Note Review - Individualised EoL care planning	Is there documented evidence that the needs of the nominated person(s) were asked about?	Yes	56% (n=5534)	9901	
				No	44% (n=4367)		
43	36	Case Note Review - Immediately prior to and after death	Is there documented evidence of the care and support provided to the nominated person(s) at the time of and immediately after death?	Yes	61.3% (n=6425)	10478	
				No	36.3% (n=3801)		
				No but there was no nominated person(s)	2.4% (n=252)		
43	37	Case Note Review - Individualised EoL care planning	Of which of the following needs of the nominated person(s) is there documented evidence that they were assessed and addressed?				
				emotional/psychological needs	Yes	67% (n=4951)	7337
					No	33% (n=2386)	
				spiritual/religious needs	Yes	34% (n=2309)	6759
					No	66% (n=4450)	
				cultural needs	Yes	25% (n=1622)	6476
					No	75% (n=4854)	
				social needs	Yes	46% (n=3160)	6823
No	54% (n=3663)						
practical needs	Yes	61% (n=4356)	7110				
	No	39% (n=2754)					
44	38	Hospital/site - Quality and outcomes	Support process available in the hospital/site for people important to the dying person :-				
				Ability to facilitate overnight stays for family members/friends of the patient	Yes	95% (n=213)	225
					No	5% (n=12)	
				Multi-faith spiritual/religious support	Yes	94% (n=214)	227
					No	6% (n=13)	
				Use of 'Last Days of Life care plan'	Yes	93% (n=213)	228
					No	7% (n=15)	
				Specialist Palliative Care Team	Yes	93% (n=213)	228
					No	7% (n=15)	
				Macmillan/Marie Curie Palliative Care Clinical Nurse Specialist or information	Yes	92% (n=207)	226
					No	8% (n=19)	
				Specialist or lead nurse - EoL and other specialities	Yes	88% (n=198)	224
					No	12% (n=26)	
				Designated prayer room, chapel	Yes	86% (n=195)	227
No	14% (n=32)						
Achieving Priorities of Care planning guidance for last days & hours of life	Yes	85% (n=187)	221				
	No	15% (n=34)					
Bereavement cards/leaflets	Yes	82% (n=186)	227				
	No	18% (n=41)					

Appendix 8: Indicators included in the report

5.5 Needs of families and others

Chart figures							
Page	Figure	Data collection element	Question	Response	Percentage	n=	
44	38	Hospital/site - Quality and outcomes	Support process available in the hospital/site for people important to the dying person :-				
				Designated 'quiet spaces' available for relatives or carers	Yes	79% (n=180)	227
					No	21% (n=47)	
				Car parking permit	Yes	79% (n=168)	212
					No	21% (n=44)	
				Access to bereavement services/bereavement team	Yes	75% (n=170)	227
					No	25% (n=57)	
				Hospice services support	Yes	73% (n=161)	222
					No	27% (n=61)	
				Volunteer support schemes	Yes	60% (n=131)	218
					No	40% (n=87)	
				Comfort care packs	Yes	53% (n=118)	223
					No	47% (n=105)	
				Access to counselling services	Yes	50% (n=113)	226
No	50% (n=113)						
Psychologist for adult and/or child	Yes	46% (n=102)	222				
	No	54% (n=120)					
44	39	Quality Survey	Did you feel supported by hospital staff after he/she had died?	Yes, definitely	53.03% (n=402)	758	
				Yes, to some extent	29.16% (n=221)		
				No, not at all	13.32% (n=101)		
				Not sure	1.45% (n=11)		
				N/A	3.03% (n=23)		
44	40	Quality Survey	During the last two to three days of his/her life, did you feel that you were given enough emotional help and support by staff?	Always	44.4% (n=338)	762	
				Most of the time	16.7% (n=127)		
				Sometimes	13.0% (n=99)		
				Almost never	6.3% (n=48)		
				Never	12.3% (n=94)		
				N/A	5.9% (n=45)		
				Not sure	1.4% (n=11)		
44	41	Quality Survey	During the last two to three days of his/her life, did you feel that you were given enough practical support (e.g. finding refreshments and parking arrangements)?	Always	44% (n=333)	757	
				Most of the time	14% (n=104)		
				Sometimes	8% (n=59)		
				Almost never	5% (n=36)		
				Never	14% (n=109)		
				N/A	14% (n=108)		
				Not sure	1% (n=8)		
44	42	Quality Survey	Were there any unexplained delays in the hospital providing you with certification of death?	Yes	15.4% (n=117)	760	
				No	82.4% (n=626)		
				Don't know	2.2% (n=17)		

Appendix 8: Indicators included in the report

5.5 Needs of families and others

Additional indicators quoted in narrative						
Page	Note	Data collection element	Question	Response	Percentage	n=
43	19	Trust/UHB overview	Does your trust/UHB have policies in place which include: a care after death and bereavement policy?	Yes	90% (n=164)	182
				No	10% (n=18)	
43	20	Trust/UHB overview	Does your trust/UHB have policies in place which include: guidelines for providing relatives/carers with verification and certification of the death?	Yes	97% (n=176)	182
				No	3% (n=6)	
43	21	Trust/UHB overview	Does your trust/UHB have policies in place which include: guidelines for referral to Pastoral care/Chaplaincy team?	Yes	85% (n=155)	182
				No	15% (n=27)	
43	22	Trust/UHB overview	Does your trust/UHB have policies in place which include: guidelines for viewing the body in the immediate time after the death of a patient?	Yes	90% (n=162)	181
				No	10% (n=19)	
43	23	Hospital/site overview - Quality and Outcomes	Does your hospital/site give the following written information to families and those people that are important to the patient during the patients admission and when the patient has died: DWP leaflet 1027, 'What to do after death in England and Wales' or equivalent ?	Yes	87% (n=188)	217
				No	13% (n=29)	
43	24	Hospital/site overview - Quality and Outcomes	Does your hospital/site give the following written information to families and those people that are important to the patient during the patients admission and when the patient has died: A leaflet explaining local procedures to be undertaken after the death of a patient?	Yes	96% (n=215)	225
				No	4% (n=10)	

Appendix 8: Indicators included in the report

5.6 Individual plan of care

Chart figures							
Page	Figure	Data collection element	Question	Response	Percentage	n=	
47	44	Case Note Review - Individualised EoL care planning	Is there documented evidence that the patient who was dying had an individualised end of life care plan?	Yes	62% (n=6527)	10569	
				No	38% (n=4042)		
47	45	Case Note Review - Individualised EoL care planning	If there was a care plan, was the patient and their plan of care reviewed regularly?	Yes	64% (n=4760)	7488	
				No	5% (n=406)		
				Patient died soon after recognition	31% (n=2322)		
47	46	Case Note Review - Immediately prior to and after death	Was there documented evidence in the case notes of the preferred place of death as indicated by the patient?	Yes	28% (n=2880)	10289	
				No	72% (n=7409)		
48	47	Case Note Review - Treatment decisions	In the period between the recognition that the patient might die and death, was routine recording of vital signs documented as being reviewed in the patient's plan of care?	Yes	70% (n=7088)	10189	
				No	25% (n=2562)		
				N/A	5% (n=539)		
48	48	Case Note Review - Treatment decisions	In the period between the recognition that the patient might die and death, was blood sugar monitoring documented as being reviewed in the patient's plan of care?	Yes	32% (n=3163)	9931	
				No	33% (n=3279)		
				N/A	35% (n=3489)		
48	49	Case Note Review - Treatment decisions	In the period between the recognition that the patient might die and death, was administration of oxygen documented as being reviewed in the patient's plan of care?	Yes	52% (n=5185)	10041	
				No	30% (n=3031)		
				N/A	18% (n=1825)		
48	50	Case Note Review - Treatment decisions	In the period between the recognition that the patient might die and death, was administration of antibiotics documented as being reviewed in the patient's plan of care?	Yes	58% (n=5856)	10087	
				No	26% (n=2605)		
				N/A	16% (n=1626)		
48	51	Case Note Review - Physical care	Is there a documented assessment of the patient's hydration status in the time between when death was recognised and time of death?	Yes	75% (n=7493)	10011	
				No	25% (n=2518)		
48	52	Case Note Review - Physical care	Once it was recognised that the patient may die within the next few days and hours, was there documented assessment of the patient's nutrition status?	Yes	61% (n=6007)	9820	
				No	39% (n=3813)		
49	53	Case Note Review - Individualised EoL care planning	Is there documented evidence within the individualised end of life care plan of a holistic assessment of the patient's needs? - If yes, does this include an assessment of the following				
				agitation/delirium	Yes	79% (n=6191)	7819
					No	13% (n=1019)	
					N/A	8% (n=609)	
				dyspnoea/breathing difficulty	Yes	80% (n=6284)	7811
					No	12% (n=932)	
					N/A	8% (n=595)	
				nausea/vomiting	Yes	69.49% (n=5382)	7745
					No	18.13% (n=1404)	
N/A	12.38% (n=959)						

Appendix 8: Indicators included in the report

5.6 Individual plan of care

Chart figures							
Page	Figure	Data collection element	Question	Response	Percentage	n=	
49	53	Case Note Review - Individualised EoL care planning	Is there documented evidence within the individualised end of life care plan of an holistic assessment of the patient's needs? - If yes, does this include an assessment of the following:-	pain	Yes	85.7% (n=6719)	7841
					No	7.7% (n=603)	
					N/A	6.6% (n=519)	
			noisy breathing/death rattle	Yes	72.42% (n=5625)	7767	
				No	18.12% (n=1407)		
				N/A	9.46% (n=735)		
			anxiety/distress	Yes	76.46% (n=5949)	7781	
				No	14.06% (n=1094)		
				N/A	9.48% (n=738)		
			bladder function	Yes	83.4% (n=6487)	7777	
				No	10.2% (n=794)		
				N/A	6.4% (n=496)		
			bowel function	Yes	78% (n=6013)	7744	
				No	15% (n=1158)		
				N/A	7% (n=573)		
			pressure areas	Yes	86% (n=6729)	7795	
				No	8% (n=619)		
				N/A	6% (n=447)		
			hygiene requirements	Yes	84% (n=6567)	7772	
				No	10% (n=751)		
				N/A	6% (n=454)		
			mouth care	Yes	80% (n=6223)	7765	
				No	14% (n=1101)		
				N/A	6% (n=441)		
			emotional/psychological needs	Yes	52% (n=4026)	7680	
				No	26% (n=1998)		
				N/A	22% (n=1656)		
			spiritual/religious needs	Yes	47% (n=3606)	7653	
				No	37% (n=2804)		
				N/A	16% (n=1243)		
			cultural needs	Yes	30% (n=2238)	7561	
				No	45% (n=3406)		
				N/A	25% (n=1917)		

Appendix 8: Indicators included in the report

5.6 Individual plan of care

Chart figures							
Page	Figure	Data collection element	Question	Response	Percentage	n=	
49	53	Case Note Review - Individualised EoL care planning	Is there documented evidence within the individualised end of life care plan of an holistic assessment of the patient's needs? - If yes, does this include an assessment of the following:-				
				Social needs	Yes	46% (n=3508)	7590
					No	32% (n=2421)	
					N/A	22% (n=1661)	
				Practical needs	Yes	53% (n=4008)	7524
					No	26% (n=1942)	
N/A	21% (n=1574)						
50	54	Quality Survey	Do you feel that staff at the hospital took time to explore what was important to him/her in terms of individual requirements and care in the last few days of life?	Yes, definitely	43% (n=336)	776	
				Yes, to some extent	18% (n=142)		
				No	19% (n=145)		
				Not sure	9% (n=70)		
				N/A	11% (n=83)		
50	55	Quality Survey	Do you feel that staff at the hospital made a plan for the person's care which took account of his/her individual requirements and wishes?	Yes, definitely	44.0% (n=341)	775	
				Yes, to some extent	23.0% (n=178)		
				No	16.4% (n=127)		
				Not sure	9.4% (n=73)		
				N/A	7.2% (n=56)		
50	56	Quality Survey	During the last two to three days of his/her life, did you feel that he/she had care for emotional needs (e.g. feeling low, feeling worried, feeling anxious) met by staff?	Always	25.30% (n=191)	755	
				Most of the time	10.46% (n=79)		
				Sometimes	7.28% (n=55)		
				Almost never	5.17% (n=39)		
				Never	7.02% (n=53)		
				N/A	31.52% (n=238)		
				Not sure	13.25% (n=100)		
50	57	Quality Survey	During the last two to three days of his/her life, did you feel that staff took into account his/her beliefs, hopes, traditions, religion and spirituality?	Always	34.14% (n=254)	744	
				Most of the time	6.05% (n=45)		
				Sometimes	2.69% (n=20)		
				Almost never	1.21% (n=9)		
				Never	8.47% (n=63)		
				N/A	33.06% (n=246)		
				Not sure	14.38% (n=107)		
51	58	Quality Survey	During the last two to three days of his/her life, did you feel that he/she was given sufficient pain relief?	Always	53% (n=401)	760	
				Most of the time	19% (n=142)		
				Sometimes	7% (n=55)		
				Almost never	3% (n=23)		
				Never	1% (n=11)		
				N/A	9% (n=67)		
				Not sure	8% (n=61)		

Appendix 8: Indicators included in the report

5.6 Individual plan of care

Chart figures						
Page	Figure	Data collection element	Question	Response	Percentage	n=
51	59	Quality Survey	During the last two to three days of his/her life, did you feel that he/she had sufficient relief of symptoms other than pain (such as nausea or restlessness)?	Always	42% (n=315)	755
				Most of the time	20% (n=151)	
				Sometimes	10% (n=76)	
				Almost never	3% (n=22)	
				Never	3% (n=24)	
				N/A	13% (n=99)	
				Not sure	9% (n=68)	
51	60	Quality Survey	During the last two to three days of his/her life, did you feel that he/she had support to drink or receive fluid if he/she wished?	Always	36.47% (n=275)	754
				Most of the time	13.66% (n=103)	
				Sometimes	10.88% (n=82)	
				Almost never	4.64% (n=35)	
				Never	4.51% (n=34)	
				N/A	24.14% (n=182)	
				Not sure	5.70% (n=43)	
51	61	Quality Survey	During the last two to three days of his/her life, did you feel that he/she had support to eat or receive nutrition if he/she wished?	Always	30% (n=227)	759
				Most of the time	13% (n=95)	
				Sometimes	9% (n=70)	
				Almost never	5% (n=37)	
				Never	5% (n=38)	
				N/A	32% (n=244)	
				Not sure	6% (n=48)	
53	62	Case Note Review – Immediately prior to and after death	Was any attempt made to move the patient home/to a hospice if that was their preferred place of death?	Yes	11% (n=923)	8446
				No	29% (n=2473)	
				Patient didn't want to be moved	9% (n=757)	
				N/A	51% (n=4293)	
53	63	Case Note Review - Other	Is there documented evidence that if a side room had been requested for this patient, that it wasn't available?	Yes	5% (n=431)	9286
				No	43% (n=3987)	
				N/A	52% (n=4868)	
53	64	Quality Survey	On balance, do you think that hospital was the right place for him/her to die?	Yes	75% (n=583)	773
				No	15% (n=116)	
				Not sure	10% (n=74)	
53	65	Quality Survey	In the last two to three days of life were efforts made to transfer the person from hospital if that was his/her wish?	Yes, definitely	9% (n=70)	775
				Yes, to some extent	6% (n=48)	
				No, not at all	16% (n=122)	
				Not sure	3% (n=21)	
				N/A/not possible	57% (n=442)	
				Not a priority/not wanted	9% (n=72)	

Appendix 8: Indicators included in the report

5.6 Individual plan of care

Chart figures						
Page	Figure	Data collection element	Question	Response	Percentage	n=
54	66	Quality Survey	Within the hospital where did the person die?	In a bay shared with other patients	32.07% (n=246)	767
				In a side room	55.67% (n=427)	
				In Intensive Care or the HDU	7.69% (n=59)	
				Other	4.56% (n=35)	
54	67	Quality Survey	Were you satisfied that this location within the hospital was appropriate?	Yes	75% (n=580)	774
				No	18% (n=142)	
				Not sure	7% (n=52)	
54	68	Quality Survey	During the last two to three days of his/her life, did you feel that he/she had adequate privacy?	Always	51.02% (n=376)	737
				Most of the time	23.34% (n=172)	
				Sometimes	10.04% (n=74)	
				Almost never	5.43% (n=40)	
				Never	6.24% (n=46)	
				N/A	1.49% (n=11)	
				Not sure	2.44% (n=18)	
54	69	Quality Survey	During the last two to three days of his/her life, did you feel that he/she had a suitable environment with sufficient peace and quiet?	Always	46% (n=341)	739
				Most of the time	22% (n=160)	
				Sometimes	12% (n=88)	
				Almost never	7% (n=52)	
				Never	9% (n=67)	
				N/A	2% (n=17)	
				Not sure	2% (n=14)	

Appendix 8: Indicators included in the report

5.6 Individual plan of care

Additional indicators quoted in narrative						
Page	Note	Data collection element	Question	Response	Percentage	n=
48	25	Case Note Review – Physical Care	If the patient had a syringe pump, was there evidence that the reason for this had been discussed with the patient? + If no, were any of the following reasons documented as to why this discussion did not take place with the patient?	Yes	34% (n=1234)	3678
				No but reason recorded	54% (n=1998)	
				No and no reason recorded	12% (n=446)	
48	26	Case Note Review - Physical Care	If the patient had a syringe pump, was there evidence that the reason for this had been discussed with the nominated person(s)? + If no, it was recorded that:	Yes	72% (n=2572)	3594
				No but reason recorded	4% (n=143)	
				No and no reason recorded	24% (n=879)	
51	27	Case Note Review - Physical Care	Is there documented evidence that the patient was supported to drink once death was recognised as a possibility?	Yes	39.3% (n=3831)	9745
				No	20.4% (n=1984)	
				Assessed not able or not wanting to eat	40.3% (n=3930)	
51	28	Case Note Review - Physical Care	Is there documented evidence that the patient was supported to eat once death was recognised as a possibility?	Yes	27.3% (n=2630)	9640
				No	23.4% (n=2260)	
				Assessed not able or not wanting to eat	49.3% (n=4750)	
54	29	Quality Survey	Within the hospital where did the person die?/ Were you satisfied that this location within the hospital was appropriate?	In a bay shared with other patients/ Yes	44% (n=107)	244
				In a bay shared with other patients/ No	41% (n=101)	
				In a bay shared with other patients/ Not sure	15% (n=36)	
				In a side room/Yes	91% (n=387)	427
				In a side room/No	7% (n=32)	
				In a side room/Not sure	2% (n=8)	

Appendix 8: Indicators included in the report

5.7 Families' and others' experience of care

Chart figures						
Page	Figure	Data collection element	Question	Response	Percentage	n=
58	71	Quality Survey	Overall, how would you rate the care and support given to the person who died by the hospital in the last two to three days of life?	Outstanding	31.5% (n=237)	752
				Excellent	29.5% (n=222)	
				Good	17.8% (n=134)	
				Fair	8.1% (n=61)	
				Poor	10.8% (n=81)	
				Not sure	2.3% (n=17)	
58	72	Quality Survey	Overall, how was the care and support given to you and other close relatives or friends by the hospital in the last two to three days of his/her life rated?	Outstanding	29.15% (n=209)	717
				Excellent	27.62% (n=198)	
				Good	18.83% (n=135)	
				Fair	9.76% (n=70)	
				Poor	13.11% (n=94)	
				Not sure	1.53% (n=11)	
58	73	Quality Survey	Did you feel that member of healthcare staff looking after him/her communicated sensitively during the last two to three days of life?	Yes, definitely	55.47% (n=431)	777
				Yes, to some extent	12.23% (n=95)	
				Mixed, some did, others did not	15.83% (n=123)	
				No, not at all	6.05% (n=47)	
				Not sure	4.12% (n=32)	
				N/A	6.31% (n=49)	
58	74	Quality Survey	During the last two to three days of the his/her life, did you feel that they were treated with compassion?	Always	63.6% (n=475)	747
				Most of the time	18.1% (n=135)	
				Sometimes	8.7% (n=65)	
				Almost never	2.9% (n=22)	
				Never	3.3% (n=25)	
				N/A	0.7% (n=5)	
				Not sure	2.7% (n=20)	
58	75	Quality Survey	During the last two to three days of his/her life, did you feel that you were communicated to by staff in a sensitive and compassionate way?	Always	60.5% (n=460)	760
				Most of the time	17.2% (n=131)	
				Sometimes	13.4% (n=102)	
				Almost never	2.4% (n=18)	
				Never	4.9% (n=37)	
				N/A	1.1% (n=8)	
				Not sure	0.5% (n=4)	

Appendix 8: Indicators included in the report

5.8 Governance

Chart figures						
Page	Figure	Data collection element	Question	Response	Percentage	n=
61	77	Trust/UHB overview	Does your trust/UHB have an identified member of the trust/UHB board with a responsibility/role for end of life care?	Yes	94% (n=172)	183
				No	6% (n=11)	
61	78	Trust/UHB overview	Does your trust/UHB have policies in place which include how it responds to and learns from, deaths of patients who die under its management and care?	Yes	98% (n=175)	179
				No	2% (n=4)	
61	79	Trust/UHB overview	Which of the following are used within your trust/UHB: Specific care arrangements to enable rapid discharge home to die, if this is the person's preference?	Yes	92% (n=165)	180
				No	8% (n=15)	
61	80	Trust/UHB overview	Which of the following are used within your trust/UHB: A care plan to support the <i>five priorities for care</i> of the dying person?	Yes	97% (n=176)	182
				No	3% (n=6)	
61	81	Hospital/Site - Quality and outcomes	Within your trust/UHB quality governance structure was there a formal process for discussing and reporting on the <i>five priorities for care</i> , between 1st April 2017 and 31st March 2018?	Yes	71% (n=154)	218
				No	29% (n=64)	
61	82	Hospital/Site - Quality and outcomes	Was an action plan produced in the financial year (i.e. between 1st April 2017 and 31st March 2018) to promote improvement in end of life care in your trust/UHB?	Yes	90% (n=205)	227
				No	10% (n=22)	
61	83	Trust/UHB overview	Does your trust/UHB have a non-executive director responsible for the oversight of the national guidance on learning from deaths agenda progress?	Yes	84% (n=146)	173
				No	16% (n=27)	
61	84	Hospital/Site - Quality and outcomes	Does your hospital/site have a mechanism for flagging complaints that relate to end of life care?	Yes	90% (n=203)	225
				No	10% (n=22)	

Appendix 8: Indicators included in the report

5.9 Workforce/specialist palliative care

Chart figures						
Page	Figure	Data collection element	Question	Response	Percentage	n=
64	86	Hospital/site - Specialist palliative care workforce	Is there a Specialist Palliative Care service provided by the hospital, if not, does your hospital have access to a Specialist Palliative Care service funded and/or based outside of the hospital/site?	Yes	97% (n=225)	231
				No	3% (n=6)	
64	87	Hospital/site - Specialist palliative care workforce	Is the Specialist Palliative Care team commissioned to provide: Nurses available 9am-5pm, 7 days a week, face-to-face (or better/equivalent)	Yes	52% (n=109)	208
				No	48% (n=99)	
64	88	Hospital/site - Staff training	In the period between 1st April 2017 and 31st March 2018 what continuing end of life education and training was available: induction programme	Yes	61% (n=136)	224
				No	39% (n=88)	
64	89	Hospital/site - Staff training	In the period between 1st April 2017 and 31st March 2018 what continuing end of life education and training was available: mandatory/priority training	Yes	47% (n=103)	219
				No	53% (n=116)	
64	90	Hospital/site - Staff training	In the period between 1st April 2017 and 31st March 2018 what continuing end of life education and training was available: training to improve the culture, behaviours, attitudes around communication skills	Yes	86% (n=192)	223
				No	14% (n=31)	
64	91	Hospital/site - Staff training	In the period between 1st April 2017 and 31st March 2018 what continuing end of life education and training was available: other training in relation to end of life care	Yes	95% (n=208)	218
				No	5% (n=10)	
64	92	Case Note Review - Contextual information	Was the patient reviewed by a member of the specialist palliative care team during their final admission ?	Yes	38% (n=4068)	10662
				No	62% (n=6594)	
65	93	Hospital/ Site - Staff training	Percentage of staff who have received mandatory/ priority EoL care training between 1st April 2017 and 31st March 2018			
			Medical	%	57%	53
			Nursing - registered	%	69%	67
			Nursing - non registered	%	62%	52
			Allied Health Professionals	%	65%	44
			Other	%	65%	27
Additional indicators quoted in narrative						
Page	Note	Data collection element	Question	Response	Percentage	n=
64	30	Hospital/site - Specialist palliative care workforce	Is there a Specialist Palliative Care service provided by the hospital? If not, does your hospital have access to a Specialist Palliative Care service funded and/or based outside of the hospital/site? - acute only	Yes	99% (n=166)	167
				No	1% (n=1)	

Appendix 8: Indicators included in the report

6. Mental Health Providers

Page	Note	Data collection element	Question	Response	National	n=
67	31	Trust/UHB overview	Does your trust/UHB have a lay member on the trust/UHB board with a responsibility/role for End of Life Care?	Yes	10% (n=4)	42
				No	90% (n=38)	
67	32	Trust/UHB overview	Does your trust/UHB have a non-executive director with responsibility for End of Life Care?	Yes	43% (n=18)	42
				No	57% (n=24)	
67	33	Trust/UHB overview	Does your trust/UHB have a policy in place which includes how it responds to and learns from, deaths of patients who die under its management and care	Yes	98% (n=42)	43
				No	2% (n=1)	
67	34	Trust/UHB overview	Does your trust/UHB have a policy in place which includes guidelines to promote dignity	Yes	91% (n=39)	43
				No	9% (n=4)	
67	35	Trust/UHB overview	Does your trust/UHB have a policy in place which includes guidelines for meaningful and compassionate engagement with bereaved families and carers	Yes	76% (n=32)	42
				No	24% (n=10)	
67	36	Trust/UHB overview	Does your trust/UHB have a policy in place which includes the transfer of patients who are at the end of life into a local acute/ community trust	Yes	67.5% (n=27)	40
				No	32.5% (n=13)	
67	37	Trust/UHB overview	Which of the following are used within your trust/UHB: Advance Care Planning (ACP) process, specifically a framework to record a patient's wishes and preferences for care at the end of life	Yes	90.48% (n=38)	42
				No	9.52% (n=4)	
67	38	Trust/UHB overview	Which of the following are used within your trust/ UHB: a care plan to support the five priorities for care for the dying person	Yes	75% (n=30)	40
				No	25% (n=10)	
67	39	Trust/UHB overview	Which of the following are used within your trust/UHB: A care plan to support the five priorities for care for the dying person - acute and community only	Yes	97% (n=176)	182
				No	3% (n=6)	
67	40	Hospital/site overview	Adult single beds available as a proportion of total beds	-	91%	51
67	41	Hospital/site overview	% of deaths - Mental health adult acute ward	-	18.8% (n=87)	462
			% of deaths - Mental health older persons acute ward	-	55.2% (n=255)	
			% of deaths - Mental health rehabilitation ward	-	2.6% (n=12)	
			% of deaths - Psychiatric intensive care ward	-	1.7% (n=8)	
			% of deaths - Mental health forensic ward (any level)	-	4.5% (n=21)	
			% of deaths - Mental Health continuing care/long-term complex needs ward	-	6.5% (n=30)	
			% of deaths - Eating disorder ward	-	0.4% (n=2)	
			% of deaths - Other Mental Health hospital location	-	9.5% (n=44)	
			% of deaths - LD Forensic – all categories	-	0.0% (n=0)	
			% of deaths - LD acute admission	-	0.4% (n=2)	
			% of deaths - LD Complex continuing care and rehabilitation	-	0.2% (n=1)	
			% of deaths - Other LD service location	-	0.0% (n=0)	
67	42	Hospital/site overview	Total number of deaths per 100 beds	-	4	45
68	43	Hospital/site overview	Is there a Specialist Palliative Care service provided by the hospital?	Yes	10% (n=7)	69
				No	90% (n=62)	

Appendix 8: Indicators included in the report

6. Mental Health Providers

Page	Note	Data collection element	Question	Response	National	n=
68	44	Hospital/site overview	Is there a Specialist Palliative Care service provided by the hospital? - acute only	Yes	95% (n=158)	167
				No	5% (n=9)	
68	45	Hospital/site overview	Does your hospital have one or more End of Life Care Facilitators?	Yes	16% (n=11)	67
				No	84% (n=56)	
68	46	Hospital/site overview	If yes, does the End of Life Care Facilitator role sit within the Specialist Palliative Care team?	Yes	40% (n=6)	15
				No	60% (n=9)	
68	47	Hospital/site overview	Is the Specialist Palliative Care team commissioned to provide: Doctor, face-to-face availability?	9am-5pm, Monday to Friday only	17% (n=7)	41
				9am-5pm, Monday to Saturday only	0% (n=0)	
				9am-5pm, 7 days a week	49% (n=20)	
				Other	34% (n=14)	
68	48	Hospital/site overview	Is the Specialist Palliative Care team commissioned to provide: Nurse, face-to-face availability?	9am-5pm, Monday to Friday only	5% (n=2)	43
				9am-5pm, Monday to Saturday only	0% (n=0)	
				9am-5pm, 7 days a week	60% (n=26)	
				Other	35% (n=15)	
68	49	Hospital/site overview	Is the Specialist Palliative Care team commissioned to provide: Doctor, telephone availability?	9am-5pm, Monday to Friday only	5% (n=1)	21
				9am-5pm, Monday to Saturday only	0% (n=0)	
				9am-5pm, 7 days a week	0% (n=0)	
				24 hours per day, 7 days per week	57% (n=12)	
				Other	38% (n=8)	
68	50	Hospital/site overview	Is the Specialist Palliative Care team commissioned to provide: Nurse, telephone availability?	9am-5pm, Monday to Friday only	4.2% (n=1)	24
				9am-5pm, Monday to Saturday only	0.0% (n=0)	
				9am-5pm, 7 days a week	16.7% (n=4)	
				24 hours per day, 7 days per week	41.7% (n=10)	
				Other	37.5% (n=9)	
68	51	Hospital/site overview	Specialist palliative care skill mix	Medical (WTE)	5% (n=6)	112
				Nursing (WTE)	84% (n=94)	
				AHP (WTE)	9% (n=10)	
				Other (WTE)	2% (n=2)	
68	52	Hospital/site overview	In the period between 1st April 2017 and 31st March 2018 what continuing end of life education and training was available: Induction programme	Yes	6% (n=4)	65
				No	94% (n=61)	
68	53	Hospital/site overview	In the period between 1st April 2017 and 31st March 2018 what continuing end of life education and training was available: Mandatory/priority training	Yes	12.5% (n=8)	64
				No	87.5% (n=56)	
68	54	Hospital/site overview	In the period between 1st April 2017 and 31st March 2018 what continuing end of life education and training was available: Mandatory/priority training - acute and community only	Yes	47% (n=103)	219
				No	53% (n=116)	

Appendix 8: Indicators included in the report

6. Mental Health Providers

Page	Note	Data collection element	Question	Response	National	n=
68	55	Hospital/site overview	In the period between 1st April 2017 and 31st March 2018 what continuing end of life education and training was available: Communication training	Yes	91% (n=60)	66
				No	9% (n=6)	
68	56	Hospital/site overview	Was an action plan produced in the financial year (i.e. between 1st April 2017 and 31st March 2018) to promote improvement in end of life Care in your trust/UHB?	Yes	62% (n=43)	69
				No	38% (n=26)	
68	57	Hospital/site overview	Was this action plan fed back to clinical teams?	Yes	91.5% (n=43)	47
				No	8.5% (n=4)	
68	58	Hospital/site overview	Was this action plan fed back to the trust/UHB board?	Yes	74.5% (n=35)	47
				No	25.5% (n=12)	
68	59	Hospital/site overview	Within your trust/UHB quality governance structure was there a formal process for discussing and reporting on the five priorities for care, between 1st April 2017 and 31st March 2018?	Yes	29% (n=18)	62
				No	71% (n=44)	
68	60	Hospital/site overview	Mortality reviews completed per 100 deaths compliance	-	Mean = 80% Median = 100%	21
68	61	Hospital/site overview	Does your hospital/site have a mechanism for flagging complaints that relate to end of life Care?	Yes	54% (n=38)	70
				No	46% (n=32)	
68	62	Hospital/site overview	Please state what support processes are available in the hospital/site for people important to the dying patient: Access to bereavement services	Yes	66% (n=42)	64
				No	34% (n=22)	
68	63	Hospital/site overview	Please state what support processes are available in the hospital/site for people important to the dying patient: Comfort care packs	Yes	13% (n=8)	61
				No	87% (n=53)	
68	64	Hospital/site overview	Please state what support processes are available in the hospital/site for people important to the dying patient: Multi-faith/religious support	Yes	89% (n=59)	66
				No	11% (n=7)	
68	65	Hospital/site overview	Please state what support processes are available in the hospital/site for people important to the dying patient: Designated quiet spaces	Yes	90% (n=60)	67
				No	10% (n=7)	
68	66	Hospital/site overview	Please state what support processes are available in the hospital/site for people important to the dying patient: Use of a "last days of life care plan"	Yes	51% (n=32)	63
				No	49% (n=31)	
68	67	Hospital/site overview	Please state what support processes are available in the hospital/site for people important to the dying patient: Achieving Priorities of Care planning guidance for last days & hours of life	Yes	77% (n=50)	65
				No	23% (n=15)	
68	68	Hospital/site overview	Please state what support processes are available in the hospital/site for people important to the dying patient: Volunteer support schemes	Yes	21% (n=13)	62
				No	79% (n=49)	

Appendix 9: Data reliability summary statistics

Rating	Kappa value
Agreement equivalent to chance	0
Slight agreement	0.1 – 0.20
Fair agreement	0.21 – 0.40
Moderate agreement	0.41 – 0.60
Substantial agreement	0.61 – 0.80
Near perfect agreement	0.81 – 0.99
Perfect agreement	1

Recognising the possibility of imminent death		Kappa value	Rating
Recognition of death	Is there documented evidence within the final episode of care that it was recognised that the patient might die imminently i.e. within a few hours or days?	0.71	Substantial agreement
Recognition of death	Is there documented evidence that the possibility that the patient may die had been discussed with the patient?	0.78	Substantial agreement
Recognition of death	If no, were any of the following reasons documented as to why discussion did not take place? (Patient was semi-conscious or unconscious, Patient lacked capacity to understand, Patient had asked not to be involved in this discussion, No reason recorded, Other)	0.57	Moderate agreement
Recognition of death	Is there documented evidence that the possibility that the patient may die had been discussed with the nominated person(s)?	0.68	Substantial agreement
Recognition of death	If no, were any of the following reasons documented as to why the discussion did not take place? (There was no nominated person(s), Attempts were made to contact the nominated person(s) but were unsuccessful, Patient had not consented for these discussions to take place with the nominated person(s), IMCA unavailable, Other, No reasons recorded)	0.67	Substantial agreement

Communication with the dying person		Kappa value	Rating
Individualised EoL care planning	Is there documented evidence that the patient had the opportunity to be involved in discussing the plan of care?	0.56	Moderate agreement
Individualised EoL care planning	Is there documented evidence that the patient had been informed about the senior doctor/nurse in the team who has professional responsibility for their care and treatment?	0.55	Moderate agreement
Physical care	Is there documented evidence that the possibility of side effects of medications such as drowsiness were discussed with the patient?	0.72	Substantial agreement
Physical care	If no, were any of the following reasons documented as to why this discussion did not take place with the patient? (Patient was semi-conscious or unconscious, Patient lacked capacity to understand, Patient had asked not to be involved in this discussion, No reason recorded, Other)	0.51	Moderate agreement
Physical care	Is there documented evidence that a discussion about the risks and benefits of hydration options was undertaken with the patient once death was recognised as a possibility?	0.70	Substantial agreement
Physical care	If no, were any of the following reasons documented as to why this discussion did not take place with the patient? (Patient was semi-conscious or unconscious, Patient lacked capacity to understand, Patient had asked not to be involved in this discussion, No reason recorded, Other)	0.54	Moderate agreement
Physical care	Once it was recognised that the patient may die within the next few days and hours, was there documented evidence that a discussion about the risks and benefits of nutrition options was undertaken with the patient?	0.67	Substantial agreement
Physical care	If no, were any of the following reasons documented as to why this discussion did not take place with the patient? (Patient was semi-conscious or unconscious, Patient lacked capacity to understand, Patient had asked not to be involved in this discussion, No reason recorded, Other)	0.53	Moderate agreement

Appendix 9: Data reliability summary statistics

Communication with the nominated person		Kappa value	Rating
Individualised EoL care planning	Is there documented evidence that the nominated person(s) had the opportunity to develop and discuss an individualised plan of care for the patient?	0.62	Substantial agreement
Individualised EoL care planning	Is there documented evidence that the nominated person(s) had been informed about the senior doctor/nurse in the team who has professional responsibility for care and treatment?	0.59	Moderate agreement
Immediately prior to and after death	Is there documented evidence that the nominated person(s) were notified of the patient's imminent death?	0.59	Moderate agreement
Physical care	Is there documented evidence that the possibility of side effects of medications such as drowsiness were discussed with the nominated person(s)?	0.64	Substantial agreement
Physical care	If no, it was recorded that: (Patient was semi-conscious or unconscious, Patient lacked capacity to understand, Patient had asked not to be involved in this discussion, No reason recorded, Other)	0.46	Moderate agreement
Physical care	Is there documented evidence that a discussion about the risks and benefits of hydration options was undertaken with the nominated person(s)?	0.66	Substantial agreement
Physical care	If no, it was recorded that: (Patient was semi-conscious or unconscious, Patient lacked capacity to understand, Patient had asked not to be involved in this discussion, No reason recorded, Other)	0.49	Moderate agreement
Physical care	Is there documented evidence that a discussion about the risks and benefits of nutrition options was undertaken with the nominated person(s)?	0.71	Substantial agreement
Physical care	If no, it was recorded that: (Patient was semi-conscious or unconscious, Patient lacked capacity to understand, Patient had asked not to be involved in this discussion, No reason recorded, Other)	0.59	Moderate agreement

Involvement in decision making		Kappa value	Rating
Individualised EoL care planning	Is there documented evidence about the extent to which the patient wished to be involved in decisions about their care?	0.56	Moderate agreement
Treatment decisions	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?	0.57	Moderate agreement
Treatment decisions	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?	0.56	Moderate agreement
Treatment decisions	If no, were any of the following reasons documented as to why discussion did not take place? (Patient was semi-conscious or unconscious, Patient lacked capacity to understand, Patient had asked not to be involved in this discussion, No reason recorded, Other)	0.76	Substantial agreement
Treatment decisions	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?	0.57	Moderate agreement
Treatment decisions	If no, it was recorded that? (There was no nominated person(s), Attempts were made to contact the nominated person(s) but were unsuccessful, Patient had not consented for these discussions to take place with the nominated person(s), IMCA unavailable, Other, No reasons recorded)	0.70	Substantial agreement
Treatment decisions	Is there documented evidence that a discussion with the patient regarding Cardiopulmonary Resuscitation (CPR) was undertaken by a clinician?	0.71	Substantial agreement
Treatment decisions	If no, were any of the following reasons documented as to why discussion did not take place? (Patient was semi-conscious or unconscious, Patient lacked capacity to understand, Patient had asked not to be involved in this discussion, No reason recorded, Other)	0.62	Substantial agreement
Treatment decisions	Is there documented evidence that the Cardiopulmonary Resuscitation (CPR) decision was discussed with the nominated person(s) by a senior clinician?	0.69	Substantial agreement
Treatment decisions	If no, it was recorded that? (There was no nominated person(s), Attempts were made to contact the nominated person(s) but were unsuccessful, Patient had not consented for these discussions to take place with the nominated person(s), IMCA unavailable, Other, No reasons recorded)	0.52	Moderate agreement

Appendix 9: Data reliability summary statistics

Needs of families and others		Kappa value	Rating
Individualised EoL care planning	Is there documented evidence that the needs of the nominated person(s) were asked about?	0.64	Substantial agreement
Individualised EoL care planning	Of which of the following needs of the nominated person(s) is there documented evidence that they were assessed and addressed?		
	emotional/psychological needs	0.68	Substantial agreement
	spiritual/religious needs	0.68	Substantial agreement
	cultural needs	0.71	Substantial agreement
	social needs	0.67	Substantial agreement
	practical needs	0.68	Substantial agreement
Immediately prior to and after death	Is there documented evidence of the care and support provided to the nominated person(s) at the time of and immediately after death?	0.65	Substantial agreement

Individual plan of care		Kappa value	Rating
Individualised EoL care planning	Is there documented evidence that the patient who was dying had an individualised end of life care plan?	0.77	Substantial agreement
Individualised EoL care planning	If there was a care plan, was the patient and their plan of care reviewed regularly?	0.65	Substantial agreement
Immediately prior to and after death	Was there documented evidence in the case notes of the preferred place of death as indicated by the patient?	0.78	Substantial agreement
Treatment decisions	In the period between the recognition that the patient might die and death, were any of the following interventions documented as being in the patient's plan of care?		
	routine recording of vital signs	0.64	Substantial agreement
	blood sugar monitoring	0.60	Substantial agreement
	the administration of oxygen	0.61	Substantial agreement
	the administration of antibiotics	0.61	Substantial agreement
Physical care	Is there a documented assessment of the patient's hydration status in the time between when death was recognised and time of death?	0.61	Substantial agreement
Physical care	Once it was recognised that the patient may die within the next few days and hours, was there documented assessment of the patient's nutrition status?	0.58	Moderate agreement
Individualised EoL care planning	Is there documented evidence within the individualised end of life care plan of a holistic assessment of the patient's needs? - if yes, does this include an assessment of the following:		
Individualised EoL care planning	agitation/delirium	0.62	Substantial agreement
	dyspnoea/breathing difficulty	0.60	Moderate agreement
	nausea/vomiting	0.64	Substantial agreement
	pain	0.62	Substantial agreement
	noisy breathing/death rattle	0.62	Substantial agreement
	anxiety/distress	0.61	Substantial agreement
	bladder function	0.56	Moderate agreement
	bowel function	0.56	Moderate agreement
	pressure areas	0.51	Moderate agreement
	hygiene requirements	0.56	Moderate agreement
	mouth care	0.54	Moderate agreement
	emotional/psychological needs	0.54	Moderate agreement
	spiritual/religious needs	0.61	Substantial agreement
	cultural needs	0.54	Moderate agreement
	social needs	0.55	Moderate agreement
	practical needs	0.55	Moderate agreement

Appendix 10: Steering Group and Advisory Group

The National Audit of Care at the End of Life Steering Group		
Name	Title	Representing
Dr Suzanne Kite	Co-Clinical Lead – National Audit for Care at the End of Life	National Audit for Care at the End of Life
Elizabeth Rees	Co-Clinical Lead – National Audit for Care at the End of Life	National Audit for Care at the End of Life
Claire Holditch	Director	NHS Benchmarking Network
Debbie Hibbert	Programme Manager	NHS Benchmarking Network
Ellen Armistead	End of Life Lead	Care Quality Commission
Professor Mike Bennett	St Gemma’s Professor of Palliative Medicine, Academic Unit of Palliative Care	University of Leeds
Sara Bernstein	Pharmacist	Peace Hospice Care
Tony Brookes	Chaplain	College of Healthcare Chaplain
Meg Burton	Chaplain	College of Healthcare Chaplain
Amanda Cheesley	Professional Lead for End of Life Care	Royal College of Nursing
Gloria Clark	Project Manager	The Patients Association
Dr Sarah Cox	Consultant in Palliative Care	Royal College of Physicians
Dr Andrew Davies	President	Association for Palliative Medicine
Dr Premila Fade	Consultant Geriatrician	British Geriatrics Society
Sherree Fagge	End of Life Care Lead	NHS Improvement
Annette Furley	End of Life Doula/Member of NICE guideline committee	NACEL lay representative
Corrina Grimes	Regional Palliative Care Clinical Lead	Public Health Agency, Northern Ireland
Professor Mike Grocott	Consultant Anaesthetist	Royal College of Anaesthetists/Faculty of Intensive Care Medicine
Dr Melanie Jefferson	Acting Clinical Lead for End of Life Care	NHS Wales
Dr Di Laverty	Chair	National Nurses Group (Palliative Care)
Giselle Martin-Dominguez	Professional Lead for End of Life Care	Royal College of Nursing
Dr Catherine Millington-Sanders	General Practitioner	Royal College of General Practitioners
Caroline Nicholson	Senior Clinical Lecturer: Supportive and End of Life Care (Nursing)	British Geriatrics Society
Eleanor Sherwen	Professional Lead for End of Life Care	Royal College of Nursing
Tina Strack	Associate Director, Quality & Improvement	Healthcare Quality Improvement Partnership (HQIP)
Kevin Tromans	Chaplain	College of Healthcare Chaplains
Professor Bee Wee	National Clinical Director for End of Life Care	NHS England

Appendix 10: Steering Group and Advisory Group

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 NHS Trust
Jennifer Beveridge	Analyst – Uptake and Impact	The National Institute for Health and Care Excellence (NICE)
Professor Adrian Blundell	Consultant and Honorary Associate Professor in the Medicine of Older People	University of Nottingham
Dr John Chambers	Consultant in Palliative Medicine	Northampton General Hospital NHS Trust
Leighton Coombes	Senior Programme Analyst – Adoption & Impact	The National Institute for Health and Care Excellence (NICE)
Becky Cooper	Assistant Director, Palliative Care	Norfolk Community Health and Care NHS Trust
Dr Thomas Cowling	Assistant Professor in Clinical Epidemiology	Royal College of Surgeons
Susan Dewar	District Nurse	Sussex Community NHS Foundation Trust
Mark Dexter	Policy Lead	General Medical Council
Ray Elder	Strategic Lead Palliative Care	South Eastern Health and Social Care Trust
Carol Gray	Nurse Consultant Palliative and End of Life Care	Royal Berkshire NHS Foundation Trust
Claire Henry	Director of Improvement and Transformation	Hospice UK
Dr Paul Hopper	Consultant Psychogeriatrician	Central and North West London NHS Foundation Trust
Johanna Kuila	Policy Analyst	General Medical Council
Dr Helen Livingstone	Consultant Palliative Medicine	Sue Ryder
Ryan Lord	Senior Audit Facilitator	Oxleas NHS Foundation Trust
Jean Maguire	Macmillan Nurse Team Leader	Belfast Health and Social Care Trust
Bernie Michaelides	Head of Intermediate Care/Lead Nurse	Western Health and Social Care Trust
Dr Ollie Minton	Macmillan Consultant and Honorary Senior Lecturer in Palliative Medicine	St George's University Hospitals NHS Foundation Trust
Dr Bill Noble	Chief Medical Director	Marie Curie
John Powell	End of Life Lead	Association of Directors of Adult Social Services (ADASS)
Dr Amy Proffitt	Executive Secretary	Association of Palliative Medicine
Charlotte Rock	Macmillan Lead Nurse for Palliative & End of Life Care Yorkshire & Humber Joint Clinical Lead, Palliative & End of Life	Harrogate and District NHS Foundation Trust
Simon Roer	Policy Lead	General Medical Council
Dr Joy Ross	Consultant in Palliative Medicine	St Christopher's Hospice

Appendix 10: Steering Group and Advisory Group

The National Audit of Care at the End of Life Advisory Group		
Name	Title	Representing
Lucie Rudd	End of Life Specialist Advisor	Macmillan Cancer Support
Dr Rebekah Schiff	Consultant Geriatrician and General Medicine, Service Lead Ageing and Health	Guys and St Thomas' NHS Foundation Trust
Vivien Seagrove	Project Manager	Healthcare Quality Improvement Partnership (HQIP)
Lucy Sutton	End of Life Care Lead	Health Education England
Dr Elizabeth Teale	Clinical Senior Lecturer and Consultant in Elderly Care Medicine, Academic Unit of Elderly Care and Rehabilitation, University of Leeds	Bradford Institute for Health Research
Martina Thompson	Head of Primary Care Services	Southern Health and Social Care Trust
Dr Grahame Tosh	Executive Medical Director	Marie Curie
Julia Verne	Clinical Lead National End of Life Care Intelligence Network	Public Health England
Gail Warnes	EoL Commissioner	Wiltshire Clinical Commissioning Group

The NHS Benchmarking Network Audit Team		
Name	Title	Representing
Claire Holditch	Director	NHS Benchmarking Network
Debbie Hibbert	Programme Manager	NHS Benchmarking Network
Jessica Grantham	Project Manager	NHS Benchmarking Network
Jessica Walsh	Project Manager	NHS Benchmarking Network
Joylin Brockett	Project Coordinator	NHS Benchmarking Network

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
2gether NHS Foundation Trust	2gether NHS Foundation Trust	Mental Health	✓	✓		
Abertawe Bro Morgannwg University Health Board	Abertawe Bro Morgannwg University Health Board	Acute			54	0
Aintree University Hospital NHS Foundation Trust	Aintree University Hospital NHS Foundation Trust	Acute	✓	✓	80	11
Airedale NHS Foundation Trust	Airedale Hospital NHS Trust	Acute			56	4
Aneurin Bevan University Health Board	Aneurin Bevan University Health Board AP	Acute	✓	✓	80	0
Aneurin Bevan University Health Board	Aneurin Bevan University Health Board CP	Community	✓	✓	20	0
Anglian Community Enterprise CIC	Anglian Communiy Enterprise	Community	✓		25	0
Ashford and St Peter's Hospitals NHS Foundation Trust	Ashford and St Peters NHS Foundation Trust	Acute	✓		64	8
Avon and Wiltshire Mental Health Partnership NHS Trust	Avon and Wiltshire Mental Health Partnership NHS Trust	Mental Health	✓	✓		
Barking, Havering and Redbridge University Hospitals NHS Trust	King George Hospital	Acute	✓	✓	20	1
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital	Acute	✓	✓	59	3
Barnet, Enfield and Haringey Mental Health NHS Trust	BEH Community Care	Community	✓	✓	0	0
Barnet, Enfield and Haringey Mental Health NHS Trust	BEH Mental Health	Mental Health	✓	✓		
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital NHS Foundation Trust	Acute	✓	✓	62	1
Barts Health NHS Trust	Newham University Hospital	Acute	✓	✓	22	0
Barts Health NHS Trust	St Bartholomews hospital	Acute	✓	✓	20	0
Barts Health NHS Trust	The Margaret Centre	Acute	✓	✓	18	0
Barts Health NHS Trust	The Royal London Hospital	Acute	✓	✓	45	0
Barts Health NHS Trust	Whipps Cross University Hospital	Acute	✓	✓	32	0
Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon Hospital	Acute	✓	✓	80	0
Bedford Hospital NHS Trust	Bedford Hospital NHS Trust	Acute	✓	✓	60	6
Berkshire Healthcare NHS Foundation Trust	BHFT Community Hospitals	Community	✓	✓	33	3
Berkshire Healthcare NHS Foundation Trust	BHFT Mental Health Inpatients	Mental Health	✓	✓		
Betsi Cadwaladr University Health Board	Ysbyty Glan Clwyd	Acute	✓	✓	0	0

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Birmingham and Solihull Mental Health NHS Foundation Trust	Birmingham and Solihull Mental Health Foundation Trust	Mental Health	✓	✓		
Birmingham Community Healthcare NHS Foundation Trust	Birmingham Community Healthcare NHS Foundation Trust	Community	✓	✓	36	6
Black Country Partnership NHS Foundation Trust	Black Country Partnership NHS Foundation Trust	Mental Health	✓	✓		
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Teaching Hospitals NHS Foundation Trust	Acute	✓	✓	80	0
Bolton NHS Foundation Trust	Bolton Hospital	Acute	✓	✓	66	0
Bradford District NHS Foundation Trust	Bradford District Care NHS Foundation Trust	Mental Health	✓	✓		
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	Acute	✓	✓	82	0
Bradford Teaching Hospitals NHS Foundation Trust	St Luke's Hospital	Community	✓	✓	21	1
Bradford Teaching Hospitals NHS Foundation Trust	Westbourne Green	Community	✓	✓	5	0
Bradford Teaching Hospitals NHS Foundation Trust	Westwood Park	Community	✓	✓	8	0
Brighton and Sussex University Hospitals NHS Trust	Brighton and Sussex University Hospitals NHS Trust	Acute		✓	60	0
Buckinghamshire Healthcare NHS Trust	Buckinghamshire Healthcare NHS Trust	Acute	✓	✓	69	3
Burton Hospitals NHS Foundation Trust	Burton Hospitals NHS Foundation Trust	Acute	✓	✓	30	0
Calderdale and Huddersfield NHS Foundation Trust	Calderdale and Huddersfield NHS Foundation Trust	Acute	✓	✓	80	15
Cambridge University Hospitals NHS Foundation Trust	Cambridge University Hospitals	Acute	✓	✓	82	13
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: Community Hospitals	Community	✓	✓	0	0
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: End of Life Care Units -Trafford	Community	✓	✓	3	0
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: End of Life Care Units (Trafford & Welney)	Community	✓		0	0
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: End of Life Care Units - Welney	Community	✓	✓	3	0
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: Adult & Specialist Mental Health Wards	Mental Health	✓	✓		
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: OPAC Mental Health Wards - Denbigh	Mental Health	✓	✓		

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: OPAC Mental Health Wards - Maples	Mental Health	✓	✓		
Cambridgeshire and Peterborough NHS Foundation Trust	CPFT: OPAC Mental Health Wards -Willow	Mental Health	✓	✓		
Camden and Islington NHS Foundation Trust	Camden and Islington NHS Foundation Trust	Mental Health	✓	✓		
Cardiff & Vale University Health Board	Cardiff & Vale Health Board	Acute	✓	✓	80	5
Central and North West London NHS Foundation Trust	CNWL - Diggory - Windsor Intermediate Care Unit (WICU)	Community	✓	✓	0	0
Central and North West London NHS Foundation Trust	CNWL - Goodall - St Pancras Hospital, South Wing	Community	✓	✓	0	0
Central and North West London NHS Foundation Trust	CNWL - Goodall - Woodlands Centre (Community)	Community	✓	✓	0	0
Central and North West London NHS Foundation Trust	CNWL - Diggory - Campbell Centre	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Diggory - Cherrywood	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Diggory - Topas	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Goodall - Bluebell Lodge MH Rehab	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Goodall - Colham Green MH Rehab	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Goodall - Fairlight Avenue MH Rehab	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Goodall - Horton MH Rehab	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Goodall - Kenton/ Kingwood MH Rehab	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Goodall - Riverside MHU	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Goodall - Rosedale MH Rehab	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Goodall - Roxbourne MH Rehab	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Goodall - Vincent Square Eating Disorders Clinic	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Goodall - Woodlands Centre MHU	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Jameson - 3 Beatrice Place	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Jameson - Gordon Hospital	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Jameson - Kingswood Centre	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Jameson - Northwick Park	Mental Health	✓	✓		

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Central and North West London NHS Foundation Trust	CNWL - Jameson - Park Royal	Mental Health	✓	✓		
Central and North West London NHS Foundation Trust	CNWL - Jameson - St Charles Hospital	Mental Health	✓	✓		
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster NHS Trust Foundation	Acute	✓	✓	53	1
Cheshire and Wirral Partnership NHS Foundation Trust	Cheshire & Wirral Partnership Trust (MH)	Mental Health	✓	✓		
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal Hospital Foundation Trust	Acute	✓	✓	80	6
City Healthcare Partnership	East Riding Community Hospital	Community	✓	✓	7	0
City Hospitals Sunderland NHS Foundation Trust	City Hospitals Sunderland	Acute	✓	✓	80	0
Cornwall Partnership NHS Foundation Trust	Cornwall Partnership NHS Foundation Trust - Community	Community	✓	✓	66	0
Cornwall Partnership NHS Foundation Trust	Cornwall Partnership NHS Foundation Trust - Mental Health	Mental Health	✓	✓		
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester NHS Foundation Trust	Acute	✓	✓	62	8
County Durham and Darlington NHS Foundation Trust	Acute Hospitals	Acute	✓	✓	86	15
County Durham and Darlington NHS Foundation Trust	CDDFT Community Hospitals	Community	✓	✓	19	0
Croydon Health Services NHS Trust	Croydon University Hospital	Acute	✓	✓	53	10
Cumbria Partnership NHS Foundation Trust	Cumbria Partnership Foundation Trust - CH	Community	✓	✓	71	2
Cumbria Partnership NHS Foundation Trust	Cumbria Partnership Foundation Trust - MH	Mental Health	✓	✓		
Cwm Taf University Health Board	Cwm Taf UHB - Acute Hospitals	Acute	✓	✓	83	7
Cwm Taf University Health Board	Cwm Taf UHB - Community Hospitals	Community	✓	✓	57	15
Cwm Taf University Health Board	Cwm Taf UHB - Mental Health Services	Mental Health	✓	✓		
Dartford and Gravesham NHS Trust	Darent Valley Hospital	Acute	✓	✓	76	0
Derby Teaching Hospitals NHS Foundation Trust	Derby Teaching Hospitals Foundation Trust	Acute	✓	✓	74	4
Derbyshire Community Health Services NHS Foundation Trust	DCHS	Community	✓	✓	7	0
Devon Partnership NHS Trust	Devon Partnership Trust	Mental Health	✓	✓		
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Bassetlaw District General Hospital	Acute	✓	✓	23	1

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	Acute	✓	✓	76	3
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital NHS Foundation Trust	Acute		✓	52	6
Dorset HealthCare University NHS Foundation Trust	Dorset HealthCare University NHS Foundation Trust	Community	✓	✓	58	0
Dudley and Walsall Mental Health Partnership NHS Trust	Dudley and Walsall Mental Health Trust	Mental Health	✓	✓		
East and North Hertfordshire NHS Trust	East and North Hertfordshire NHS Trust	Acute	✓	✓	78	8
East Cheshire NHS Trust	East Cheshire NHS Trust	Acute	✓	✓	50	6
East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	Acute	✓	✓	22	2
East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth Queen Mother Hospital	Acute	✓	✓	78	7
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	Acute	✓	✓	80	12
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	Acute	✓	✓	81	14
East London NHS Foundation Trust	ELFT - East London	Community	✓	✓	10	0
East Suffolk and North Essex NHS Foundation Trust	Colchester Hospital University Foundation NHS Trust	Acute	✓	✓	79	4
East Suffolk and North Essex NHS Foundation Trust	The Ipswich Hospital NHS Trust	Acute	✓	✓	73	4
East Sussex Healthcare NHS Trust	East Sussex Healthcare NHS Trust	Acute	✓	✓	80	11
Epsom and St Helier University Hospitals NHS Trust	Epsom and St Helier NHS University Hospitals Trust	Acute	✓	✓	48	0
Essex Partnership University NHS Foundation Trust	EPUT - SEECHS	Community	✓	✓	0	0
Essex Partnership University NHS Foundation Trust	EPUT - WECHS	Community	✓	✓	15	0
Essex Partnership University NHS Foundation Trust	EPUT - Mental Health	Mental Health	✓	✓		
First Community Health and Care	Community Hospital Ward	Community	✓	✓	0	0
Frimley Health NHS Foundation Trust	Frimley Health NHS Foundation Trust	Acute	✓	✓	80	0
Gateshead Health NHS Foundation Trust	The Queen Elizabeth Hospital, Gateshead	Acute	✓	✓	71	12
George Eliot Hospital NHS Trust	George Eliot Hospital NHS Trust	Acute	✓	✓	46	3
Gloucestershire Care Services NHS Trust	Gloucestershire Care Services NHS Trust	Community	✓	✓	36	6
Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust	Acute	✓	✓	60	0

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Great Western Hospitals NHS Foundation Trust	Great Western NHS Foundation Trust	Acute	✓	✓	80	2
Greater Manchester Mental Health NHS Foundation Trust	Greater Manchester Mental Health NHS Foundation Trust	Mental Health		✓		
Guy's and St Thomas' NHS Foundation Trust	Guy's & St Thomas'	Acute	✓	✓	61	6
Hampshire Hospitals NHS Foundation Trust	Hampshire Hospitals NHS Foundation Trust	Acute	✓	✓	73	9
Harrogate and District NHS Foundation Trust	Harrogate Hospital	Acute	✓	✓	44	5
Hertfordshire Community NHS Trust	HCT Community Hospital EoL Submission	Community	✓	✓	9	0
Hertfordshire Partnership University NHS Foundation Trust	Hertfordshire Partnership University NHS Foundation Trust	Mental Health	✓	✓		
Homerton University Hospital NHS Foundation Trust	Homerton Hospital NHS Foundation Trust	Acute	✓	✓	28	0
Hounslow and Richmond Community Healthcare NHS Trust	Teddington Memorial Hospital Inpatient Unit	Community	✓	✓	0	0
Hull and East Yorkshire Hospitals NHS Trust	Hull and East Yorkshire Hospitals NHS Trust	Acute	✓	✓	81	4
Humber NHS Foundation Trust	Malton Community Hospital	Community		✓	0	0
Hywel Dda University Health Board	Hywel Dda University Health Board (Acute)	Acute	✓	✓	80	4
Hywel Dda University Health Board	Hywel Dda University Health Board (Community)	Community	✓	✓	6	0
Hywel Dda University Health Board	Hywel Dda University Health Board (Mental Health)	Mental Health	✓	✓		
Imperial College Healthcare NHS Trust	Imperial College Healthcare NHS Trust	Acute	✓	✓	80	0
Isle of Wight NHS Trust	Isle of Wight Acute Trust	Acute	✓	✓	39	2
James Paget University Hospitals NHS Foundation Trust	James Paget University Hospitals NHS Foundation Trust	Acute	✓	✓	81	8
Kent and Medway NHS and Social Care Partnership Trust	Trust wide submission	Mental Health	✓	✓		
Kent Community Health NHS Foundation Trust	Community Hospitals East	Community	✓	✓	9	1
Kent Community Health NHS Foundation Trust	Community Hospitals West	Community	✓	✓	2	0
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital NHS Foundation Trust	Acute	✓	✓	67	0
King's College Hospital NHS Foundation Trust	King's College Hospital NHS Foundation Trust	Acute	✓	✓	63	13
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital	Acute	✓	✓	75	6
Kingston Hospital NHS Foundation Trust	Kingston Hospital NHS Foundation Trust	Acute	✓	✓	45	7

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Lancashire Care NHS Foundation Trust	Lancashire Care FT - Longridge	Community	✓	✓	7	3
Lancashire Care NHS Foundation Trust	Lancashire Care FT - Mental Health	Mental Health	✓	✓		
Lancashire Teaching Hospitals NHS Foundation Trust	Lancashire Teaching Hospitals	Acute	✓	✓	80	0
Leeds and York Partnership NHS Foundation Trust	Leeds and York Partnership NHS Foundation Trust	Mental Health	✓	✓		
Leeds Teaching Hospitals NHS Trust	Leeds Teaching Hospitals	Acute	✓	✓	80	16
Leicestershire Partnership NHS Trust	Leicestershire - Community Hospitals	Community	✓	✓	74	4
Lewisham and Greenwich NHS Trust	Queen Elizabeth Hospital Woolwich (QEH)	Acute	✓	✓	37	4
Lewisham and Greenwich NHS Trust	University Hospital Lewisham (UHL)	Acute	✓	✓	32	5
Lincolnshire Community Health Services NHS Trust	Lincolnshire Community Health Services NHS Trust	Community	✓	✓	5	0
Liverpool Heart and Chest NHS Foundation Trust	Liverpool Heart and Chest Hospital	Acute	✓	✓	11	0
Liverpool Women's NHS Foundation Trust	Liverpool Women's Hospital NHS Trust	Acute	✓	✓	0	0
Livewell Southwest	Livewell Southwest	Community	✓	✓	14	0
London North West University Healthcare NHS Trust	London North West University Healthcare Trust	Acute	✓	✓	80	0
Luton and Dunstable University Hospital NHS Foundation Trust	Luton & Dunstable University NHS Foundation Trust	Acute	✓	✓	55	0
Maidstone and Tunbridge Wells NHS Trust	Maidstone & Tunbridge Wells NHS Trust	Acute	✓	✓	61	0
Manchester University NHS Foundation Trust	MFT - Oxford Road	Acute	✓	✓	47	0
Manchester University NHS Foundation Trust	MFT - Southmoor Road	Acute	✓	✓	37	7
Medway NHS Foundation Trust	Medway NHS Foundation Trust	Acute	✓	✓	23	0
Mersey Care NHS Foundation Trust	Mersey Care Community Health	Community	✓	✓	2	0
Mersey Care NHS Foundation Trust	Mersey Care Mental Health services	Mental Health	✓	✓		
Mid Cheshire Hospitals NHS Foundation Trust	Mid Cheshire Hospital NHS Foundation Trust	Acute	✓	✓	66	7
Mid Essex Hospital Services NHS Trust	Mid Essex Hospital Services NHS Trust	Acute	✓	✓	83	10
Mid Yorkshire Hospitals NHS Trust	Mid Yorkshire Hospitals NHS Trust	Acute	✓	✓	80	6
Midlands Partnership NHS Foundation Trust	SSOTP (Staffordshire & Stoke on Trent Partnership NHS Trust)	Community	✓	✓	12	0

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Midlands Partnership NHS Foundation Trust	South Staffordshire & Shropshire Healthcare NHS Foundation Trust	Mental Health	✓	✓		
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes University Hospital NHS Foundation Trust	Acute	✓	✓	72	9
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospitals NHS Foundation Trust	Acute	✓	✓	86	0
Norfolk Community Health and Care NHS Trust	Norfolk Community Health & Care NHS Trust	Community	✓	✓	12	0
North Bristol NHS Trust	North Bristol NHS Trust	Acute	✓	✓	78	0
North Cumbria University Hospitals NHS Trust	CIC & WCH	Acute	✓	✓	77	0
North East London NHS Foundation Trust	NELFT - Community Health	Community	✓	✓	0	0
North East London NHS Foundation Trust	NELFT - Adult Mental Health	Mental Health	✓	✓		
North Middlesex University Hospital NHS Trust	North Middlesex University Hospital	Acute	✓	✓	47	6
North Staffordshire Combined Healthcare NHS Trust	North Staffordshire Combined Healthcare NHS Trust	Mental Health	✓	✓		
North Tees and Hartlepool NHS Foundation Trust	North Tees and Hartlepool NHS Foundation Trust	Acute	✓	✓	80	5
North West Anglia NHS Foundation Trust	Hinchingbrooke Hospital	Acute	✓	✓	45	3
North West Anglia NHS Foundation Trust	Peterborough City Hospital	Acute	✓	✓	80	16
North West Boroughs Healthcare NHS Foundation Trust	Mental Health Inpatient	Mental Health	✓	✓		
Northampton General Hospital NHS Trust	Northampton General Hospital	Acute	✓	✓	81	0
Northamptonshire Healthcare NHS Foundation Trust	Northamptonshire - Community Hospitals	Community	✓	✓	25	6
Northern Devon Healthcare NHS Trust	Northern Devon Healthcare Trust	Acute	✓	✓	45	6
Northern Lincolnshire and Goole NHS Foundation Trust	DPOW	Acute	✓	✓	43	0
Northern Lincolnshire and Goole NHS Foundation Trust	SGH	Acute	✓	✓	39	0
Northumberland, Tyne and Wear NHS Foundation Trust	NTW NHS Trust	Mental Health	✓	✓		
Northumbria Healthcare NHS Foundation Trust	Acute Hospitals	Acute	✓		75	0
Northumbria Healthcare NHS Foundation Trust	Community Hospitals	Community	✓		45	0
Nottingham University Hospitals NHS Trust	Nottingham University Hospitals NHS Trust	Acute	✓	✓	81	0

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Nottinghamshire Healthcare NHS Foundation Trust	Nottinghamshire Healthcare - LPGHS	Community	✓	✓	0	0
Nottinghamshire Healthcare NHS Foundation Trust	Nottinghamshire Healthcare - LPMHS	Mental Health	✓	✓		
Oxford Health NHS Foundation Trust	Oxford Health Community wards	Community	✓	✓	19	0
Oxford University Hospitals NHS Foundation Trust	Oxford University Hospitals NHS Trust	Acute	✓	✓	72	0
Oxleas NHS Foundation Trust	Oxleas Community NACEL Submission	Community	✓	✓	0	0
Oxleas NHS Foundation Trust	Oxleas Mental Health NACEL Submission	Mental Health	✓	✓		
Pennine Acute Hospitals NHS Trust	The North East Sector NHS Trust	Acute	✓	✓	80	6
Pennine Care NHS Foundation Trust	Bury - Bealey Hospital Intermediate Care Facility	Community	✓	✓	5	0
Pennine Care NHS Foundation Trust	Pennine Care NHS FT - Mental Health Wards	Mental Health	✓	✓		
Poole Hospital NHS Foundation Trust	Poole Hospital NHS Foundation Trust	Acute	✓	✓	87	13
Portsmouth Hospitals NHS Trust	Acute Hospital	Acute	✓	✓	79	0
Powys Local Health Board	Powys Teaching Health Board	Community	✓	✓	52	0
Queen Victoria Hospital NHS Foundation Trust	Queen Victoria NHS Foundation Trust	Acute	✓	✓	1	0
Rotherham Doncaster and South Humber NHS Foundation Trust	RDaSH Trust	Mental Health	✓	✓		
Royal Berkshire NHS Foundation Trust	Royal Berkshire NHS Foundation Trust	Acute	✓	✓	81	7
Royal Brompton and Harefield NHS Foundation Trust	Royal Brompton and Harefield NHS Foundation Trust	Acute	✓	✓	24	0
Royal Cornwall Hospitals NHS Trust	The Royal Cornwall Hospitals NHS Trust	Acute	✓	✓	90	8
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter NHS Foundation Trust - Acute	Acute	✓	✓	103	13
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter NHS Foundation Trust - Community	Community	✓	✓	14	0
Royal Free London NHS Foundation Trust	Royal Free Barnet Hospital site	Acute	✓	✓	25	5
Royal Free London NHS Foundation Trust	Royal Free Hampstead Hospital site	Acute	✓	✓	48	4
Royal Liverpool and Broadgreen University Hospitals NHS Trust	The Royal Liverpool and Broadgreen University Hospitals NHS Trust	Acute	✓	✓	77	8
Royal Papworth Hospital NHS Foundation Trust	Royal Papworth Hospital	Acute	✓	✓	17	8
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	Acute	✓	✓	66	8
Royal United Hospitals Bath NHS Foundation Trust	Royal United Hospitals Bath NHS Foundation Trust	Acute	✓	✓	60	5

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Salford Royal NHS Foundation Trust	Salford Royal NHS Foundation Trust	Acute	✓	✓	80	4
Salisbury NHS Foundation Trust	Salisbury NHS Foundation Trust	Acute	✓	✓	53	3
Sandwell and West Birmingham Hospitals NHS Trust	City Hospital (SWBH NHS Trust)	Acute	✓	✓	31	4
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell Hospital (SWBH NHS Trust)	Acute	✓	✓	68	11
Sheffield Health and Social Care NHS Foundation Trust	Sheffield Health and Social Care NHS Foundation Trust	Mental Health	✓	✓		
Sheffield Teaching Hospitals NHS Foundation Trust	Sheffield Teaching Hospitals	Acute	✓	✓	46	0
Sherwood Forest Hospitals NHS Foundation Trust	Sherwood Forest Hospitals NHS Foundation Trust	Acute	✓	✓	50	0
Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital	Acute	✓	✓	50	0
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	Acute	✓	✓	71	4
Shropshire Community Health NHS Trust	Shropshire - community hospitals	Community	✓	✓	19	1
Solent NHS Trust	Solent Community	Community	✓	✓	24	0
Solent NHS Trust	Solent Mental Health	Mental Health	✓	✓		
Somerset Partnership NHS Foundation Trust	Somerset Partnership NHS Foundation Trust (CH)	Community	✓	✓	0	0
Somerset Partnership NHS Foundation Trust	Somerset Partnership NHS Foundation Trust (MH)	Mental Health	✓	✓		
South London and Maudsley NHS Foundation Trust	South London and Maudsley NHS Foundation Trust	Mental Health	✓	✓		
South Tees Hospitals NHS Foundation Trust	The Friarage Hospital Northallerton	Acute	✓	✓	12	0
South Tees Hospitals NHS Foundation Trust	The James Cook University Hospital	Acute	✓	✓	80	0
South Tees Hospitals NHS Foundation Trust	East Cleveland Primary Care Hospital	Community	✓	✓	1	0
South Tees Hospitals NHS Foundation Trust	Redcar Primary Care Hospital	Community	✓	✓	2	0
South Tees Hospitals NHS Foundation Trust	The Rutson Unit	Community	✓	✓	3	0
South Tyneside NHS Foundation Trust	South Tyneside Foundation NHS Trust	Acute	✓	✓	40	0
South Warwickshire NHS Foundation Trust	South Warwickshire NHS Foundation Trust	Acute			44	0
South West London and St George's Mental Health NHS Trust	South West London and St George's Mental Health NHS Trust	Mental Health	✓	✓		
South West Yorkshire Partnership NHS Foundation Trust	SWYPFT - Barnsley	Mental Health	✓	✓		

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
South West Yorkshire Partnership NHS Foundation Trust	SWYPFT - Dewsbury	Mental Health	✓	✓		
South West Yorkshire Partnership NHS Foundation Trust	SWYPFT - Halifax	Mental Health	✓	✓		
South West Yorkshire Partnership NHS Foundation Trust	SWYPFT - Wakefield	Mental Health	✓	✓		
Southend University Hospital NHS Foundation Trust	Southend University Hospital Foundation Trust	Acute	✓	✓	83	11
Southern Health NHS Foundation Trust	Southern Health community sites	Community	✓	✓	54	0
Southern Health NHS Foundation Trust	Southern Health Mental Health	Mental Health	✓	✓		
Southport and Ormskirk Hospital NHS Trust	Southport & Ormskirk Hospitals NHS Trust	Acute	✓	✓	62	7
St George's University Hospitals NHS Foundation Trust	St. George's University Hospitals NHS Foundation Trust	Acute	✓	✓	33	9
St Helens and Knowsley Hospitals NHS Trust	Whiston Hospital	Acute	✓	✓	81	9
Stockport NHS Foundation Trust	Stockport NHS FT	Acute	✓	✓	81	2
Surrey and Borders Partnership NHS Foundation Trust	Surrey and Borders Partnership NHS Foundation Trust	Mental Health	✓	✓		
Surrey and Sussex Healthcare NHS Trust	Surrey and Sussex NHS Trust	Acute	✓	✓	82	8
Sussex Community NHS Foundation Trust	Arundel & District Community Hospital	Community	✓	✓	1	0
Sussex Community NHS Foundation Trust	Bognor Regis War Memorial Hospital	Community	✓	✓	2	0
Sussex Community NHS Foundation Trust	Crawley Hospital	Community	✓	✓	0	0
Sussex Community NHS Foundation Trust	Crowborough Community Hospital	Community	✓		0	0
Sussex Community NHS Foundation Trust	Horsham Hospital	Community	✓	✓	0	0
Sussex Community NHS Foundation Trust	Kleinwort Inpatients	Community	✓	✓	0	0
Sussex Community NHS Foundation Trust	Lewes Victoria Hospital	Community	✓		0	0
Sussex Community NHS Foundation Trust	Midhurst Community Hospital	Community	✓		1	0
Sussex Community NHS Foundation Trust	Salvington Lodge	Community	✓		0	0
Sussex Community NHS Foundation Trust	Uckfield Community Hospital	Community	✓		0	0
Sussex Community NHS Foundation Trust	Zachary Merton Hospital	Community	✓		0	0

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Sussex Partnership NHS Foundation Trust	Amberstone	Mental Health	✓	✓		
Sussex Partnership NHS Foundation Trust	Millview Hospital	Mental Health	✓	✓		
Sussex Partnership NHS Foundation Trust	St Annes Centre	Mental Health	✓	✓		
Tameside and Glossop Integrated Care NHS Foundation Trust	Tameside & Glossop Integrated Care NHS Foundation Trust	Acute	✓	✓	47	6
Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	Acute	✓	✓	83	0
Tees, Esk and Wear Valleys NHS Foundation Trust	Tees, Esk and Wear Valleys NHS Foundation Trust	Mental Health	✓	✓		
The Christie NHS Foundation Trust	The Christie NHS Foundation Trust	Acute	✓	✓	24	5
The Clatterbridge Cancer Centre NHS Foundation Trust	Haemato-Oncology	Acute	✓	✓	6	0
The Clatterbridge Cancer Centre NHS Foundation Trust	Wirral Site	Acute	✓	✓	24	5
The Dudley Group NHS Foundation Trust	The Dudley Group NHS Foundation Trust	Acute	✓	✓	80	0
The Hillingdon Hospitals NHS Foundation Trust	The Hillingdon Hospitals NHS Foundation Trust	Acute	✓	✓	55	8
The Newcastle upon Tyne Hospitals NHS Foundation Trust	Newcastle upon Tyne Hospitals NHS Foundation Trust	Acute	✓	✓	42	5
The Princess Alexandra Hospital NHS Trust	Princess Alexandra Hospital	Acute	✓	✓	65	12
The Queen Elizabeth Hospital, King's Lynn. NHS Foundation Trust	Queen Elizabeth Hospital NHS Foundation Trust	Acute	✓	✓	74	0
The Rotherham NHS Foundation Trust	Rotherham Hospital	Acute	✓	✓	30	0
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	The Royal Bournemouth Hospital	Acute		✓	82	16
The Royal Marsden NHS Foundation Trust	Royal Marsden Hospital	Acute	✓	✓	20	5
The Royal Wolverhampton NHS Trust	Whole organisation	Acute	✓	✓	80	0
The Walton Centre NHS Foundation Trust	The Walton Centre	Acute	✓	✓	7	0
Torbay and South Devon NHS Foundation Trust	Acute Hospital	Acute	✓	✓	49	2
Torbay and South Devon NHS Foundation Trust	Community Hospitals	Community	✓	✓	23	0
United Lincolnshire Hospitals NHS Trust	Boston Pilgrim Hospital	Acute	✓	✓	7	0
United Lincolnshire Hospitals NHS Trust	Grantham District Hospital	Acute	✓	✓	13	0

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	Acute	✓	✓	36	0
University College London Hospitals NHS Foundation Trust	University College London Hospital Trust	Acute	✓	✓	54	4
University Hospital Southampton NHS Foundation Trust	Southampton General Hospital Site	Acute	✓	✓	85	12
University Hospitals Birmingham NHS Foundation Trust	Good Hope Hospitals Site	Acute	✓		19	0
University Hospitals Birmingham NHS Foundation Trust	Heartlands Hospital Site	Acute	✓		21	0
University Hospitals Birmingham NHS Foundation Trust	HGS Site	Acute	✓	✓	0	0
University Hospitals Birmingham NHS Foundation Trust	QE Site	Acute	✓	✓	30	0
University Hospitals Birmingham NHS Foundation Trust	Solihull Hospital Site	Acute	✓		11	0
University Hospitals Bristol NHS Foundation Trust	University Hospitals Bristol	Acute	✓	✓	41	2
University Hospitals Coventry and Warwickshire NHS Trust	University Hospitals of Coventry and Warwickshire NHS Trust	Acute	✓	✓	81	5
University Hospitals of Leicester NHS Trust	University Hospitals Leicester NHS Trust	Acute	✓	✓	55	9
University Hospitals of Morecambe Bay NHS Foundation Trust	University Hospitals of Morecambe Bay	Acute	✓	✓	85	12
University Hospitals of Morecambe Bay NHS Foundation Trust	South Cumbria Community Hospitals	Community	✓	✓	21	1
University Hospitals of North Midlands NHS Trust	University Hospitals of North Midlands	Acute	✓	✓	85	4
University Hospitals Plymouth NHS Trust	Plymouth Hospitals NHS Trust	Acute	✓	✓	80	0
Velindre NHS Trust	Velindre NHS Trust	Acute	✓	✓	0	0
Walsall Healthcare NHS Trust	Walsall Manor Hospital	Acute	✓	✓	65	7
Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	Acute	✓	✓	80	0
West Hertfordshire Hospitals NHS Trust	West Hertfordshire Hospitals NHS Trust	Acute	✓	✓	82	5
West London Mental Health NHS Trust	West London Mental Health NHS Trust	Mental Health	✓	✓	0	0
West Suffolk NHS Foundation Trust	West Suffolk Hospital	Acute	✓	✓	72	15

Appendix 11: Trust/UHB participation

Organisation Name	Submission Name	Peer Group	Trust/ UHB	Hospital/ Site	Case Note Reviews	Quality Surveys
Western Sussex Hospitals NHS Foundation Trust	Western Sussex Hospitals NHS Foundation Trust	Acute	✓	✓	83	0
Weston Area Health NHS Trust	Weston NHS Trust	Acute	✓	✓	34	11
Whittington Health NHS Trust	Whittington Hospital	Acute	✓	✓	22	1
Wiltshire Health and Care	Wiltshire Health and Care	Community	✓	✓	3	0
Wirral University Teaching Hospital NHS Foundation Trust	Wirral University Teaching Hospital	Acute	✓	✓	80	7
Worcestershire Acute Hospitals NHS Trust	Worcestershire Acute Hospitals NHS Trust	Acute	✓	✓	80	1
Worcestershire Health and Care NHS Trust	Worcestershire Health and Care NHS Trust	Community	✓	✓	25	0
Wrightington, Wigan and Leigh NHS Foundation Trust	Wrightington Wigan and Leigh NHS Foundation Trust	Acute	✓	✓	79	10
Wye Valley NHS Trust	Hereford County Hospital	Acute	✓	✓	56	13
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital NHS Foundation Trust	Acute	✓	✓	55	6
York Teaching Hospital NHS Foundation Trust	Scarborough Hospital	Acute	✓	✓	40	5
York Teaching Hospital NHS Foundation Trust	York Hospital	Acute	✓	✓	70	11
York Teaching Hospital NHS Foundation Trust	Selby Memorial	Community	✓	✓	14	0
York Teaching Hospital NHS Foundation Trust	St Monica's	Community	✓	✓	5	0
Your Healthcare CIC	Your Healthcare	Community	✓	✓	0	0

