Recommendations arising from the National Audit of Care at the End of Life Mental Health Spotlight Audit 2025

The National Audit of Care at the End of Life 2025 focuses on practice in NHS-funded hospital inpatient settings in England, Wales and publicly funded care in Jersey. This document outlines the NACEL Mental Health Spotlight Audit 2025 recommendations, data, supplementary information, linked national standards and supporting resources.

Content:

National Audit of Care at the End of Life 2025
Auditing last days of life in hospitals

HQIP
Healthcare Quality Improvement Partnership

Recommendation 1: Improved recognition of dying

Recommendation:
Integrated Care Boards (ICBs), Health Boards and commissioners should ensure that mental health providers have effective arrangements in place to support the timely recognition of dying in inpatient settings, particularly on wards where death and dying are most common (including Older Adult Organic/Dementia and other Older Adult wards). • Implement mandatory training for inpatient staff on wards where death and dying are most common including recognition of last days of life and aligning with national guidance, including NICE Clinical Guideline NG31 (2015). Training should increase awareness that some deaths are expected within mental health inpatient settings, helping to reduce staff anxiety in recognising and addressing deaths in this setting. It should also explicitly address the risk of diagnostic overshadowing in people with severe mental illness. • Establish formal clinical advice and escalation pathways that enable inpatient staff to access timely support from clinicians with expertise in palliative and end of life care where there is uncertainty about whether the patient is dying and where staff or family are concerned about management of the holistic needs of the patient and their family.
National recommendation responsibility:
Integrated care boards, health boards and commissioners
Guidance available
• Care of dying adults in the last days of life. NICE Clinical Guideline [NG31]. Published: 16 December 2015 • Care of dying adults in the last days of life. NICE Quality standard [QS144].Published: 02 March 2017 • End of life care for adults. NICE Quality standard [QS13]. Quality statement 1: Identification. Published: 28 November 2011 • One Chance To Get It Right. Improving people's experience of care in the last few days and hours of life. Leadership Alliance for the Care of Dying People. Published: June 2014 The following local guidance may support implementation discussions regarding patients with dementia. This is an example only: • Palliative Care Guidelines in Dementia. North West Coast Clinical Networks. Published: July 2024 The following programmes may support with training and education: • Health Education England's e-End of Life Care for All (e-ELCA) eLearning programme provides free multidisciplinary education modules on recognising dying, communication, advance care planning and end of life care across settings. • The Gold Standards Framework identifies proactive approaches for recognising deterioration, advance care planning and enabling people to remain in their preferred place of care where clinically appropriate
NACEL 2025 evidence
• Of the patients audited by the Case Note Review that died of natural causes, **66%** were expected to die during their final hospital admission. • The median time between first recognition that the patient might die (within days or hours) and death was **170 hours (7 days).**

- The average time between the first documented evidence of a person's final admission and their death was **94 days.**
- The most commonly recorded wards at the time of death were Mental Health Older Adult Organic/Dementia (**72%**) and Mental Health Other Older Adult (**13%**).
- **68%** of staff strongly agreed or agreed that they were confident in recognising when a patient might be dying imminently (within hours to days).
- **36%** of mental health inpatient staff have completed training specific to end of life care within the last 3 years.

Recommendation 2: Improved national guidance on discharge for dying patients in mental health inpatient settings

Recommendation:
The National Institute for Health and Care Excellence (NICE) should update NICE guideline NG53 (2016) and Clinical Guideline CG136 (2011)to consider guidance on the discharge of dying patients from mental health inpatient settings, and to ensure the needs of those important to the dying patient are recognised and supported. • Ensuring decisions are person centred, considerate to mental health complexity, and follow compassionate frameworks supporting preferred place of death. • Setting clear expectations for coordinated discharge planning that includes multidisciplinary assessment, timely liaison with palliative and community services, and meaningful involvement of those important to the dying patient.
National recommendation responsibility:
The National Institute for Health and Care Excellence (NICE)
Guidance available
• Transition between inpatient mental health settings and community or care home settings. NICE Clinical Guideline [NG53]. Published: 30 August 2016 • Transition between inpatient hospital settings and community or care home settings for adults with social care needs. NICE Clinical Guideline [NG27]. Published: 01 December 2015 • Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services. NICE Clinical Guideline [CG136]. Published: 14 December 2011
NACEL 2025 evidence
• **75%** of mental health trusts/health boards operate under a model whereby if a patient's physical health significantly deteriorates and are potentially at the end of life, they will be transferred to an Acute Trust. This comprises: ○ **52%** across all mental health inpatient facilities

- **10%** across most mental health inpatient facilities
- **13%** across some mental health inpatient facilities

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- The median time between first recognition that the patient might die (within days or hours) and death was **170 hours (7 days).**
- **68%** of staff strongly agreed or agreed that they were confident in recognising when a patient might be dying imminently (within hours to days).

Recommendation 3: Reduce unnecessary transfers of dying patients to acute hospitals

Recommendation:
Integrated Care Boards (ICBs), Health Boards and Commissioners should work with mental health trusts, specialist palliative care providers and acute partners to reduce default transfers to acute hospitals for people at the end of life. Transfer decisions should be person-centred and based on clinical need, individual preferences, best interests, and expressed wishes. Implementation should include: • Training staff to record and use end of life preferences (for example, through EPaCCS), which should be used to guide person-centred decision-making throughout care, and to recognise when transfer is clinically necessary or in the person's best interests. • Establishing clear local escalation and decision-making pathways to support the continuity of care within mental health inpatient settings once a patient is identified as being at the end of life, where this reflects their preferences, and those of their families and supporters. • Strengthening access and awareness of services that support the delivery of high-quality care at the end of life, including timely availability of equipment, medications, specialist palliative care advice, and 24/7 support.
National recommendation responsibility:
Integrated care boards, health boards and commissioners
Guidance available
• Transition between inpatient mental health settings and community or care home settings. NICE Clinical Guideline [NG53]. Published: 30 August 2016 • Transition between inpatient hospital settings and community or care home settings for adults with social care needs. NICE Clinical Guideline [NG27]. Published: 01 December 2015 • Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services. NICE Clinical Guideline [CG136]. Published: 14 December 2011 • Personalised care and support planning guidance. NHS England. Published: June 2017, updated August 2023 **Guidance for caring for patients with dementia**

- Dementia: assessment, management and support for people living with dementia and their carers. NICE guideline [NG97]. Published 20 June 2018

The following local guidance may support implementation discussions regarding patients with dementia. This is an example only:

- Palliative Care Guidelines in Dementia. North West Coast Clinical Networks. Published: July 2024
- National guidance on Advance Care Planning (ACP) for people living with dementia. NHS England. Published: April 2018

NACEL 2025 evidence

- **75%** of mental health trusts/health boards operate under a model whereby if a patient's physical health significantly deteriorates and are potentially at the end of life, they will be transferred to an Acute Trust. This comprises:
  - **52%** across all mental health inpatient facilities
  - **10%** across most mental health inpatient facilities
  - **13%** across some mental health inpatient facilities

Recommendation 4: Equitable access to end of life care support

Recommendation:

Integrated Care Boards (ICBs), Health Boards and commissioners should commission and require equitable access to specialist palliative and end of life care for people in mental health inpatient settings, comparable to access in other parts of the health system.

- Mandating clear referral and advice pathways for specialist palliative and end of life care contracts, ensuring these are communicated across the Trust/Health Board so that mental health inpatient staff know how to access timely support.

- Requiring minimum service availability standards for specialist palliative care for at least face-to-face cover 8 hours a day, 7 days a week and a 24-hour, 7 days a week, telephone advice service, in accordance with NICE Standards QS13 (2011)

National recommendation responsibility:

Integrated care boards, health boards and commissioners

Guidance available

- End of life care for adults. NICE Quality standard [QS13]. Quality statement 4: Out-of-hours care. Published: 28 November 2011
- End of life care for adults: service delivery. NICE guideline [NG142]. 1.12 Providing out-of-hours care. Published: 16 October 2019
- Palliative and end of life care: Statutory guidance for integrated care boards (ICBs). NHS England. Published: 20 July 2022
- National Service Specification for Wales: Palliative and End of Life Care Services. NHS Wales. Published: August 2025

• A Palliative and End of Life Care Strategy for Adults in Jersey 2023 -2026. Government of Jersey. Published October 2023.
NACEL 2025 evidence
• **100% (89% in 2021)** of trusts reported to have access to a specialist palliative care service, with availability across all facilities at **85%**, most facilities at **6%**, and some facilities at **9%**. • Face-to-face specialist palliative care services (doctor and/or nurse) available 8 hours a day, 7 days a week were reported by **66%** of trusts, up from **44%** in 2021. • Telephone specialist palliative care services (doctor and/or nurse) available 24 hours a day, 7 days a week were reported by **90%** of trusts. • In organisations where the specialist palliative care service is funded and/or based outside of the hospital, the service is provided by a local acute trust in **60%** of cases, a local community trust in **33%**, a local hospice in **76%**, and other providers in **26%**. • **66%** of patients had documented evidence of a review by a member of the specialist palliative care team during their final admission. • The average time between referral to the specialist palliative care team and review was **21 hours,** compared to 3 hours in acute and community settings. • **57%** of staff strongly agreed or agreed that they know how to access specialist palliative care services/end of life care advice, if required, when addressing specific end of life care needs for dying patients. • **49%** of staff strongly agreed or agreed that they feel supported by the specialist palliative care/end of life care team that the inpatient unit has access to, when addressing specific end of life care needs for dying patients.

Recommendation 5: Named lead responsible for care at the end of life

Recommendation:
Integrated Care Boards (ICBs), commissioners and health boards should ensure that every mental health trust has a named lead responsible for care at the end of life. This role should support the operational and strategic prioritisation of palliative and end of life care across the organisation, including oversight of quality improvement, workforce development, coordination of care, and implementation of national guidance and local recommendations.
National recommendation responsibility:
Integrated care boards, health boards and commissioners
Guidance available
• Strategic Commissioning Framework. NHS England. Published: 4 November 2025 • Palliative and end of life care: Statutory guidance for integrated care boards (ICBs). NHS England. Published: 20 July 2022

• Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026. National Palliative and End of Life Care Partnership. Published: May 2021 • National Service Specification for Wales: Palliative and End of Life Care Services. NHS Wales. Published: August 2025
NACEL 2025 evidence
• **79%** of mental health trusts/health boards have an identified member of staff with a responsibility/role for end of life care, while **21%** do not.