

# National Audit of Care at the End of Life

*Auditing last days of life in hospitals*



NACEL Northern Ireland 2024/25  
Good Practice Compendium



National Audit of Care  
at the End of Life

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**Palliative Care**  
in partnership

# Introduction

The National Audit of Care at the End of Life (NACEL) is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute hospitals and community hospital facilities in England, Wales, Jersey and Northern Ireland.

NACEL Northern Ireland was commissioned by the Northern Ireland Public Health Agency, on behalf of the Regional Palliative Care in Partnership Programme, in 2024. The audit is delivered by the NHS Benchmarking Network.

All acute and community hospitals with inpatient facilities in Northern Ireland were eligible to take part in the 2024/25 audit. Data collection took place between July 2024 and June 2025, reporting on the care delivered during this time.

All 5 Health and Social Care Trusts in Northern Ireland participated, contributing:

- 17 Hospital/Site Overviews,
- 1,517 Case Note Reviews,
- 450 Bereavement Surveys and
- 687 Staff Reported Measures.

The core outputs from the project are the online interactive [Data and Improvement Tool](#), the [NACEL NI 2024/25 Summary Report](#), and this Good Practice Compendium. The outputs are available on [NACEL Portal](#).

The Hospital/Site Overview included narrative questions on innovative and good practice within the service, which have helped to deliver improvements for patients or staff. Further comments were made regarding how participation in NACEL has influenced the hospital/site. The responses have been collated and presented here by each organisation and submission, with themes included underneath the responses, based on what the quality improvement plan relates to.

The purpose of this document is to share examples of quality improvement activity amongst providers to encourage shared learning and networking.

Amendments have been made to correct spelling mistakes, add/correct punctuation and grammar and amend for typographical errors. A glossary page is included to clarify any abbreviations used within the text. The document contains a range of examples and we hope all participants find something relevant within.

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# 1. Quality Improvement in End-of-Life Care

## 1.1 Northern Health and Social Care Trust

### 1.1.1 Northern Health and Social Care Trust – Antrim Area Hospital

**Aim:**

The "Front Door Palliative Care" project was implemented to provide Palliative Medical Consultant support within an acute hospital. Building relationships within Emergency Department (ED)/Acute Medicine. Aiming to identify patients earlier. Timely management of complex symptoms and sensitive discussion with patients/loved ones, enabling patients to be cared in their preferred place.

**Target audience:**

Patients, loved ones, Doctors, Nurses, Allied Health Professionals (AHPs), Social Workers, Pharmacists, any professionals involved in the patient’s care, Senior Management Team, Finance

**Top 5 implementation results:**

- 1. 77% patients seen did not re-attend ED before death;
- 2. 76% of patients seen achieved preferred place of death;
- 3. Estimated 200 acute bed days saved per year;
- 4. Early, senior assessment and decision making allowed direct transfer from ED to Hospice Inpatient Unit without being admitted to hospital first;
- 5. Improved support and confidence for non-specialist colleagues

**Theme(s):**

Emergency Department

# 1. Quality Improvement in End-of-Life Care

## 1.1 Northern Health and Social Care Trust

### 1.1.2 Northern Health and Social Care Trust – Causeway Hospital

**Aim:**

The hospital specialist palliative care team (SPCT) are involved in a variety of education and training. They deliver multidisciplinary team (MDT) training, as part of induction or through a bespoke rolling programme. The team are also engaged with the local universities and deliver training to undergraduate general/mental health nursing and district nursing students.

**Target audience:**

Under/postgraduate nursing students, Doctors, Nurses, AHPs, Social Workers, Pharmacists, any other professionals involved in the patient’s care

**Top 5 implementation results:**

Successful collaboration between senior community nursing professionals and the Palliative Care Service Improvement Team to develop and implement a palliative care keyworker programme for District Nurses. This training is delivered regularly to new District Nurses to ensure they have appropriate training to assist them in their role as palliative care keyworker in the community, a regional priority. Available to band 6 and 7 community Nurses  
Generalists across the Trust have increased access to a range of palliative care teaching provided by specialists in palliative care.

**Theme(s):**  
Education and Training

# 1. Quality Improvement in End-of-Life Care

## 1.1 Northern Health and Social Care Trust

### 1.1.3 Northern Health and Social Care Trust - Mid Ulster, Dalriada, Robinson & Inver Community Hospitals

**Aim:**

The quality improvement (QI) project relating to frailty, sarcopenia and malnutrition in community hospitals during 2022 to current, aimed to ensure that appropriate nutritional interventions were understood for all phases of illness.

**Target audience:**

The target audience was older service users admitted to community hospitals. This included a range of reasons for admission including rehab, palliative care and end of life care

**Top 5 implementation results:**

Staff knowledge and confidence were assessed pre and post training with a 70% increase noted. Staff were enabled to provide appropriate end of life nutrition and hydration information and support to families and service users.

**Theme(s):**

Education and Training  
Hydration and Nutrition

# 1. Quality Improvement in End-of-Life Care

## 1.2 Western Health and Social Care Trust

### 1.2.1 Western Health and Social Care Trust - Altnagelvin Area, Omagh, and South West Acute Hospitals

**Aim:**

The Western Trust has initiated a working group for End of Life Care (EoLC) in the hospital setting chaired by our Director of Nursing with 4 workstreams

1. Communication and identification
2. Raising awareness and education
3. Quality/Service initiatives
4. Patient pathways and flow to build on quality initiatives already in place. This is ongoing work in progress and will take forward any learning from NACEL.

**Target audience:**

Multi professional staff

External service providers

Those who use our services - patients and their loved ones

**Top 5 implementation results:**

1. Ongoing MDT education raising awareness and provision of resources such as palliative/end of life share point site, link Nurses on wards, resource/guidance folders to improve patient comfort and symptom management, timely anticipatory planning, prescribing and administration for symptoms at EOL. The Western Trust is now a member of the recently formed Regional Palliative and End of life education Steering Group currently at scoping phase and agreeing key areas for education across levels of staff and public facing.
2. Raising awareness of timely identification using validated tools of those requiring palliative and end of life care to promote open communication and coordination, patient/carer involvement in care, setting goals and promoting opportunity for advance care planning and anticipatory planning. Altnagelvin Clinical Nurse Specialists (CNS) in partnership with the hepatobiliary team are working on a quality initiative to improve earlier identification and referral to SPCT services for those patients with decompensating liver disease (DLD). Ongoing education. Aim to improve earlier support, intervention and symptom management for those with DLD.
3. Building on workforce - appointment of 2 SPC Pharmacists (Trust wide) June 2024. Consideration for improving access to 24/7 SPC advice - currently we are in contract with Supportive Care UK to provide an out of hours Consultant telephone advice line but this is only until midnight on weekdays and 9 - midnight on weekends and public holidays. Altnagelvin SPCT has recently appointed 2 (1.8 WTE) Specialty Doctors for SPC in response to inability to recruit to 1 WTE Consultant vacancy. To grow our own CNS's and future planning Altnagelvin SPCT has developed a band 6 palliative care Nurse post to support development educationally and through placement to progress into a band 7 CNS post - 1 Nurse successfully progressed to band 7 in the team and another band 6 has been appointed as a trainee. Ongoing placement opportunity for Foundation Year 1 and Junior Doctors and undergraduates led by Consultant in SPCT to embed palliative care experience pre-registration. Ongoing placement opportunity for Nurses e.g. those undertaking non-medical prescribing.

# 1. Quality Improvement in End-of-Life Care

## 1.2 Western Health and Social Care Trust

### 1.2.1 Western Health and Social Care Trust - Altnagelvin Area, Omagh, and South West Acute Hospitals

**Top 5 implementation results (continued):**

4. Supporting food and fluids at end of life embedding taste for pleasure food for comfort initiatives. Our SPC Speech and Language Therapist has implemented and embedded the taste for pleasure initiative for those unable to eat/drink towards end of life with supporting educational resource for staff/patients and carers. Our SPC Dietitian has led regionally on the development of guidance for Oral Nutritional Supplement (ONS). This guidance is currently being implemented and embedded. Ward 24 Altnagelvin Area Hospital is currently trialling a mouth care bundle awaiting feedback and results with aim to spread and scale with supporting education and to be included in revised evidence based mouthcare guidance which will be rolled out Trust wide.
5. Supporting effective communication - from recommendation 53 of the NI Cancer strategy we are working as part of a regional group to implement the coordination and the framework for Advanced Communication Skills Training (ACST) in Northern Ireland - this group will also input into the development of Level 2/Intermediate communication skills training. The Western Trust has been delivering ACST since 2010 in house and also delivers Final Journeys 2-part programme Level 1 for all staff 1. raising awareness of EOLC and 2. communication.

**Theme(s):**

- Education and Training
- Identification
- Workforce



# 1. Quality Improvement in End-of-Life Care

## 1.3 Southern Health and Social Care Trust

### 1.3.1 Southern Health and Social Care Trust - Craigavon Area, Daisy Hill, Lurgan General and Southern Tyrone Hospitals

**Aim:**

Medic to Medic Telephone access to Palliative Medicine Consultant in the Out of Hours period

**Target audience:**

Medics in hospital that are managing patients receiving end of life care

**Top 5 implementation results:**

- Improved end of life symptom management;
- Increased access to specialist advice;
- Better patient and family experience;
- Increased support for ward staff;
- Highlights the benefits from out of hours support

**Theme(s):**

Access to Specialist Palliative Care

## 2. Impact of NACEL to end of life care service models

The below examples were submitted to NACEL 2024/25 outlining how participation in the audit has had an impact on the local end of life care service model within the hospital/site. 4/5 Health and Social Care Trusts submitted a response.

### 2.1 Belfast Health and Social Care Trust – Belfast City, Mater, Musgrave Park, NI Cancer Centre, and Royal Hospitals

NACEL standards have supported the development of the 24/7/365 specialist palliative care advice line, initially using trust funds, and now funded regionally.

We are using peer staffing data to support business case development for more specialist palliative care staffing. As a result of the scoping of staff educational needs - we are planning to work more collaboratively with community staff in the provision of education.

We will review 2023/2024 data to determine if there is a case for use of templates to support clinical staff in the creation of individualised end of life care plans.

We hope to learn from the quality surveys regarding the needs of patients and those important to them.

We also hope to learn from the staff reported measure regarding education and support needs for staff in relation to best end of life care.

### 2.2 Northern Health and Social Care Trust – Antrim Area, Causeway, and Mid Ulster, Dalriada, Robinson & Inver Community Hospitals

Participating in NACEL makes you more aware of where there are needs and gaps in services. We have addressed certain aspects, such as education and training or delivering on service improvements. However, in the economic climate it is difficult to secure additional funding to grow the SPC service to meet the increasing needs in palliative and end of life care.

### 2.3 Southern Health and Social Care Trust - Craigavon Area, Daisy Hill, Lurgan General and Southern Tyrone Hospitals

- Supporting quality improvement initiatives, business case development
- Helped identify areas for further development

### 2.4 Western Health and Social Care Trust - Altnagelvin Area, Omagh, and South West Acute Hospitals

Many quality initiatives have been developed and embedded to date. Participation in NACEL has and will provide us a benchmark of what we are doing well but also areas where there is room for improvement.

### 3. Glossary

Abbreviation	Clarification
ED	Emergency Department
AHP	Allied Health Professionals
SPC/SPCT	Specialist Palliative Care/Specialist Palliative Care Team
MDT	Multi-Disciplinary Team
QI	Quality Improvement
EOL/EOLC	End of Life/End of Life Care
CNS	Clinical Nurse Specialists
DLD	Decompensating Liver Disease
WTE	Whole Time Equivalent
F1	Foundation year 1
ONS	Oral Nutritional Supplement
ACST	Advanced Communication Skills Training



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