Key findings at a glance

National Audit of Care at the End of Life 2024



Proportion of hospital/ sites who have shared their end of life care quality improvement plan with the ICB/Health Board.





Hospital/sites with a face-to-face specialist palliative care service (nurse and/or doctor) available 8 hours a day, 7 days a week.





Proportion of deaths expected by clinical staff during the final admission.





Proportion of clinical notes with evidence of communication about hydration with those important to the dying person, or a reason recorded why not.





Proportion of bereaved people who agreed that the dying person received sufficient pain relief during their final hospital admission.





Proportion of clinical notes with an assessment of the spiritual, religious and cultural needs of those important to the dying person, or a reason recorded why not.





Proportion of bereaved people that rated the overall care and support given to themselves and others by the hospital as excellent or good.





Proportion of clinical notes with evidence that the patient had participated in personalised care and support planning conversations.

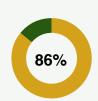






Proportion of people expected to die during the hospital admission with an individualised plan of care addressing their needs at the end of life.





Proportion of people who died with their ethnicity documented in their clinical notes.





Proportion of staff who have completed end of life care training within the last three years.