

Key findings

National Audit for Care at the End of Life
England, Wales and Jersey 2024



Quality improvement plans

Of hospital/sites with quality improvement plans relating to end of life care in place, **74%** had shared these plans with the ICB/Health Board in the past three years.

1



Access to Specialist Palliative Care services

Of hospital providers with access to specialist palliative care services (**97%**), **39%** report that they do not have access to a face-to-face specialist palliative service (nurse and/or doctor) 8 hours a day, 7 days a week.

2



Recognition of dying

Of the patients audited by the Case Note Review, **83%** were expected to die during their final hospital admission. For these patients, the median time between first recognition that the patient might die (within days or hours) and death was **56 hours (2.3 days)**.

3



Hydration options

Less than two thirds (**62%**) of the reviewed clinical case notes had documented evidence that the patient's hydration options had been discussed with those important to the dying person (or where not possible, a reason was recorded).

4



Pain relief

According to the Bereavement Survey, **77%** of friends, families and others strongly agreed or agreed that the dying person received sufficient pain relief during their final hospital admission, while **12%** strongly disagreed or disagreed with this statement.

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Spiritual, religious and cultural needs

The spiritual, religious and cultural needs of those important to the patient are less likely to be assessed than communication, emotional/psychological and social/practical needs. An assessment of those important to the dying person's spiritual/religious/cultural needs were documented in **41%** of the case notes sampled (or where not possible, a reason was recorded).

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Care and support



The care and support provided to the dying person was rated as excellent or good by **75%** of bereaved respondents, whilst **73%** of bereaved respondents rated the care and support given to themselves and others as excellent or good. Bereaved respondents were more likely to rate the care as excellent or good when delivered in a community hospital than an acute hospital.

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Personalised care and support planning



From the Case Note Review, **44%** of patients whose case notes were sampled had evidence that they had participated in personalised care and support planning (advance care planning) conversations. Of the patients who had participated in personalised care and support planning conversations, **41%** participated prior to the admission and **59%** occurred during the final admission.

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Individualised plan of care



Of the people expected to die during the hospital admission, **84%** had an individualised plan of care addressing their needs at the end of life. Of these, **63%** were documented on a standalone template and **37%** within the general clinical notes.

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Equitable care

When reviewing patient ethnicity, **86%** of clinical case notes included documentation of the patient's ethnicity and **14%** reported ethnicity as either not stated or unknown.

Patient ethnicity data has been reviewed to assess whether care is provided equitably:

- Further analysis of key finding 1 shows that people of Asian ethnicity were less likely to be expected to die during their final admission to hospital (**81%**).
- Further analysis of key finding 5 shows that the overall rating of care for patients of Asian (**64%**), Black (**64%**), Mixed (**64%**), other non-white ethnicity (**58%**) and unknown ethnicity (**59%**) was less likely to be reported as excellent or good by bereaved people, compared to patients of white ethnicity (**76%**).
- Further analysis of the bereavement survey feedback shows that respondents reported patients of Asian (**69%**) and Other Ethnic groups (**56%**) as least likely to be communicated to sensitively by hospital staff.
- Further analysis of the bereavement survey feedback shows that respondents were less likely to report that staff behaved with compassion and care where the patient was of Asian (**66%**), Black (**71%**), Mixed (**67%**) and other non-white ethnicity (**64%**), than people of white ethnicity (**83%**).



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End of life care training



Only **62%** of staff respondents had completed training specific to end of life care within the last three years.

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