

NACEL

Quality Improvement Webinar

Hydration
6th March 2025



National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals



Agenda

12:00 – 12:10	Welcome and NACEL updates	Jessica Moss, NACEL Quality Improvement Lead
12:10 – 12:20	Understanding your NACEL data hydration and the impact on care	Dr Rosie Bronnert, NACEL Quality Improvement Clinical Advisor
12:20 – 12:30	Quality Improvement in hydration at North Middlesex University Hospital NHS Trust	Dr Antke Hagena Consultant in Palliative Medicine
12:30 – 12:40	Quality Improvement in hydration at Manchester University NHS Foundation Trust	Paula Parr Head of Nursing, PEOLC
12:40 – 12:55	Open forum & questions	Jessica Moss, NACEL Quality Improvement Lead
12:55 – 13:00	Next steps	Jessica Moss, NACEL Quality Improvement Lead



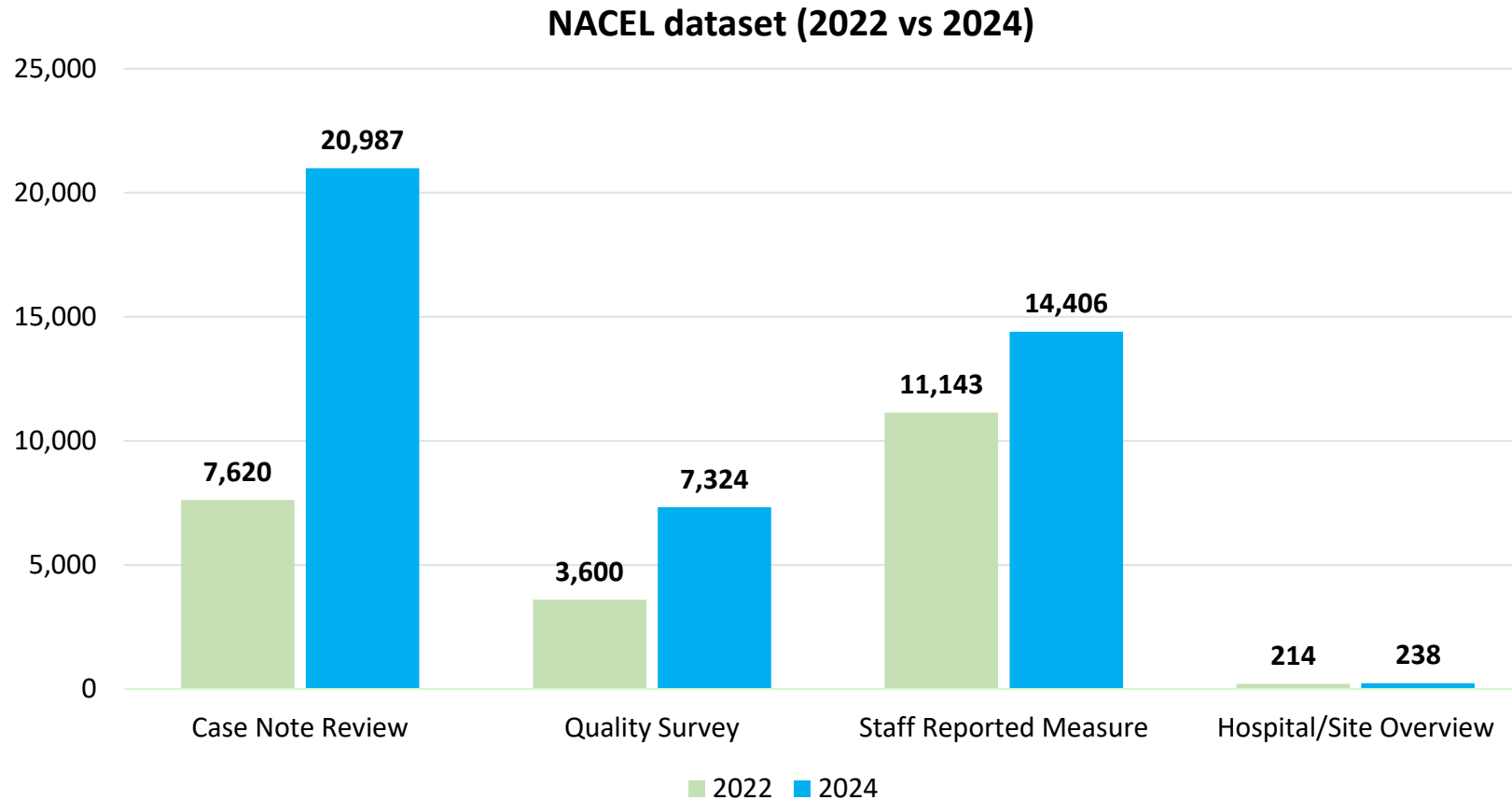
NACEL updates



National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals

NACEL 2024 participation



High participation rates for NACEL 2024:

- 168 Trust/Health Boards registered
- 20,987 Case Note Reviews (around 8% of national deaths in hospital)
- 7,324 Quality Surveys
- 14,406 Staff Surveys
- 238 Hospital Site/Overviews



Participation update

Thank you for your engagement!!

- 🌿 250+ attendees at the QI webinars
- 🌿 641 users of the DIT
- 🌿 149 attendees at the DIT drop in sessions
- 🌿 65% of orgs are engaging with QI webinars (110 orgs attended at least 1 webinar)
- 🌿 Please share your feedback on the session:
 - <https://forms.office.com/e/4NSuvDU3pV>



National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals

Help with QI

www.nacel.nhs.uk/qi-documents

Healthcare Quality Improvement Plan

The NACEL Healthcare Quality Improvement Plan identifies 5 areas of focused improvement, outlining the rationale for each area and how performance against each area will be measured.

The plan also sets out how the NACEL team will support quality improvement, from national to local levels. [Click here for more information.](#)

[Download NACEL 5 Improvement Goals \(.pdf\)](#)

[Download Healthcare Improvement Plan \(.pdf\)](#)

Key Indicators

Ten key indicators have been identified by the NACEL Team and NACEL Steering Group as the audit headline metrics to support quality improvement in care at the end of life.

Download 10 Key Indicators

[2024 \(.pdf\)](#)

[2025 \(.pdf\)](#)

[MH 2025 \(.pdf\)](#)

Download 10 Key Indicators rationale

[2024 \(.pdf\)](#)

[2025 \(.pdf\)](#)

Driver Diagram

The NACEL Driver Diagram was developed to help focus all aspects of NACEL 2024, including quality improvement.

It acts as a framework, articulating 10 indicators of good quality end of life care and identifying areas that may need improvement to achieve these. [Click here for more information.](#)

[Download NACEL Driver Diagram \(.pptx\)](#)

[Download NACEL Driver Diagram \(.jpg\)](#)

[Download List of Primary and Secondary Drivers \(.pdf\)](#)

Reporting

To help organisations report their findings, we've created 4 reporting templates and a mapping document, which outlines how each metric aligns with the NACEL drivers and highlights Key Indicator and Management of Outlier metrics.

Download the reporting templates

[Template 1 \(.docx\)](#)

[Template 2 \(.docx\)](#)

[Template 3 \(.docx\)](#)

[Template 4 \(.pptx\)](#)

Download the mapping document

[2024 \(.xlsx\)](#)



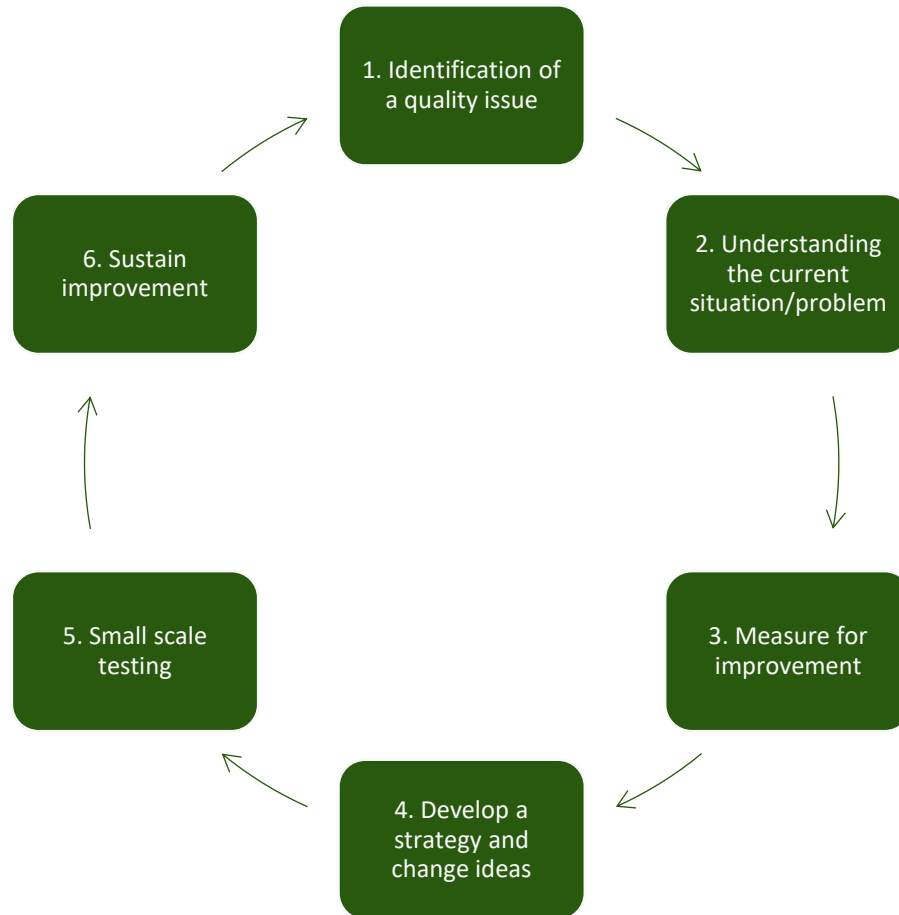
National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals



A reminder of how to use NACEL data for QI

6 Stages of QI (IHI)



Go to the following page:

www.nacel.nhs.uk/qi-tools



A reminder of how to use NACEL data for QI

NACEL Portal QI Tools



Stage 1: Identification of a quality issue

Tools:

[Stakeholder mapping & analysis](#) (Source: ELFT)

[NHS Sustainability model, PDF guide and Excel file](#) (Source: Kent CT)

[Alternative sustainability model - MUSIQ Excel file](#) (Source: ELFT)

Stage 2: Understanding the current situation/problem

Tools:

[Stakeholder mapping & analysis](#) (Source: ELFT)

[Fishbone diagram](#) (Source: ELFT)

[Driver Diagrams](#) (Source: ELFT)

[Process mapping](#) (Source: ELFT)

Stage 3: Understanding the current situation/problem

Tools:

[Run Charts](#) (Source: ELFT)

[SPC Charts](#) (Source: ELFT)

[Pareto Charts](#) (Source: ELFT)

The QI Tools page on the NACEL Portal can help you know how to get started with each stage (still evolving!)

www.nacel.nhs.uk/qi-tools



National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals

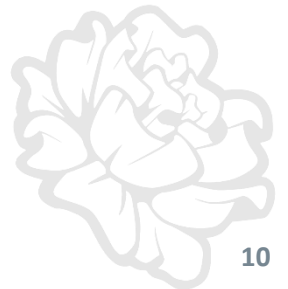


NICE Quality Standard 144

- NICE QS 144 (March 2017) Adults in the last days of life have their hydration status assessed daily, and have a discussion about the risks and benefits of hydration options.



NACEL Primary Drivers



NACEL Mapping Document

This spreadsheet sets out how all of the questions/metrics align to primary and secondary drivers, for all 4 elements of the audit. It should help you identify what questions could be used as measures to track improvement efforts.

2. Plan & Do: Individualised management of symptoms	There is evidence of an ongoing review, and of actions to address symptoms and comfort levels, in line with the person's wishes, once it is recognised that someone is dying. Where dying is not recognised, evidence is sought for	Case Note Review	20	Is there documented evidence that the patient's symptoms were reviewed?
		Case Note Review	21	If the patient had physical symptoms, is there documented evidence that possible actions were discussed?
		Case Note Review	22	If actions were agreed, is there documented evidence that they were implemented?
		Staff Reported Measures	12	I am confident in assessing and managing patient pain and physical symptoms at the end of life
		Quality Survey	8	The person was given enough pain relief
	Evidence of individualised management planning, including regard to food and fluids, once someone is recognised as dying. Where dying is not recognised, evidence is sought of individualised management planning, including nutrition and hydration in the last days of life	Quality Survey	9	The person had enough relief of symptoms other than pain (such as nausea, breathlessness)
		Case Note Review	23	Is there documented evidence of the review of food/nutrition options in the last days of life?
		Case Note Review	24	Is there documented evidence of review of hydration options in the last days of life?
		Case Note Review	25	Is there documented evidence of communication about hydration with the patient?
		Case Note Review	26	Is there documented evidence of communication about hydration with those important to the patient?
		Quality Survey	11	The person had support to eat or receive nutrition if they wished
		Quality Survey	12	The person had support to drink or receive fluid if they wished
		Staff Reported Measures	11	I am confident in my ability to discuss hydration options with dying patients and those important to them



Understanding your NACEL data about hydration

**Dr Rosie Bronnert,
NACEL Quality Improvement Clinical Advisor**



National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals

Understanding your NACEL data about hydration



Bronnert Rosie - Consultant in Palliative Medicine



National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals



Quality Improvement in hydration at North Middlesex University Hospital NHS Trust

Dr Antke Hagena, Consultant in Palliative Medicine



National Audit of Care
at the End of Life 2025

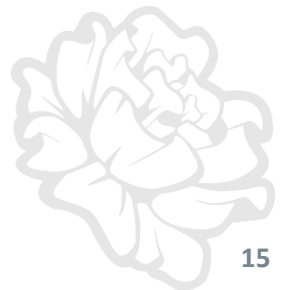
Auditing last days of life in hospitals

Quality Improvement - Hydration

NMUH NHS Trust

QIP No. 1 (2020)

- In response to NACEL 2019 results NACEL outcome 11: Ensure the dying person is supported to eat and drink if they are able and wish to do so
- Staff questionnaire about H&N in last days of life:
 - Showed detailed knowledge in all staff groups but low confidence, resulting in no culture of supporting E&D at EoL
- Action plan:
 - Workshops with palliative care, dietitians and SLT
 - Training for all staff groups
 - Referral options to SLT / Dietitians for E&D at EOL, “H&N for comfort” bedside sign
 - Re-audit to assess improvements in hydration and nutrition



Quality Improvement – Hydration NMUH NHS Trust

QIP No. 1

Eating and Drinking Advice for Comfort

Name:

Date:

- Offer food and drink **as requested/enjoyed by patient**
- Ensure patient is **alert**
- Ensure patient is **as upright as is comfortable**
- **Softer foods** e.g. yoghurt/custard may be easier to manage
- **Small amounts at a time**
- **STOP** offering food/drink **if patient appears uncomfortable or is declining**
- **Excellent, hourly mouth care**
- Medical team to consider prescribing **BioXtra saliva gel** for comfort if mouth is dry

Please note that food and drink is for **comfort and pleasure** only.

Speech and Language Therapy/Dietetics

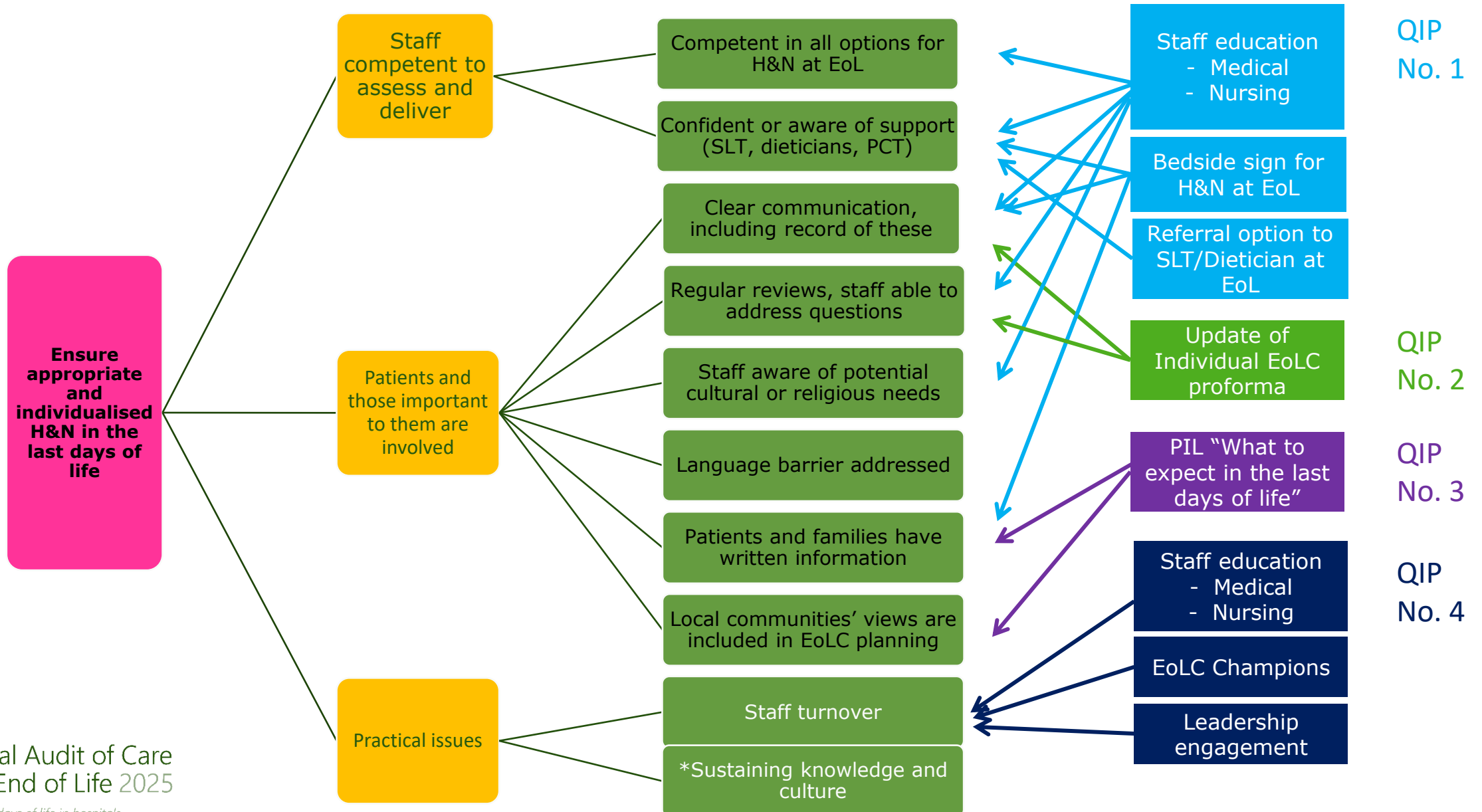


National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals

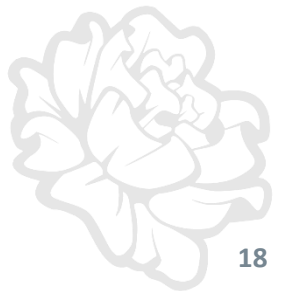


Improving hydration and nutrition at EoL



Quality Improvement – Hydration NNUH NHS Trust

- Stakeholder mapping: set up working group including SLT, dietician, consultant, resident; since 2022 also nurse consultant for EoLC
- **QIP No. 1 (2019/20)**
Aim: Improve staff knowledge + establish support model
Change ideas: Education suite, referral option SLT/dietician, bedside sign
- **QIP No. 2 (2021/22)**
Aim: Improve involvement of patients and those important to them
Change idea: Edit of EoLC plan proforma with clearer guidance to discuss H&N
- **QIP No. 3 (2023)**
Aim: Staff education, “carer education”
Change idea: Repeat staff education, re-design PIL “Last Days of Life”
- **QIP No. 4 (2024)**



Quality Improvement - Hydration

NMUH NHS Trust

QIP No. 2

NHS
North Middlesex
University Hospital
NHS Trust

Individualised Priorities for End of Life Care (iPELC)

- forward planning for the last hours and days of life -
This document should be used to enable provision of compassionate care to those at the end of life, and to promote clear, thorough communication with patients and family/friends

Patient Name: Date started:
DOB: Hospital/NHS no: Ward:

PLEASE FILE CONTEMPORANEOUSLY IN MEDICAL NOTES

STEP 1 - DISCUSSION

Present: patient:
family / friends:
professionals:

If patient not involved, why not? (e.g. unconscious, formal capacity assessment?):

DISCUSSION WITH PATIENT / FAMILY:

- Reason for likelihood of dying:
- Prognosis (hours/days/not discussed):
- Nature of the dying process (increasing drowsiness, loss of mobility, decreasing or no oral intake):
- Which interventions/treatments will continue (i.e. which might still help):

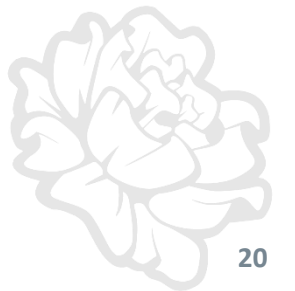
- Explanation of plan for nutrition / hydration (e.g. risks/benefits of artificial nutrition/hydration, how to support natural oral intake):

NM1139NS



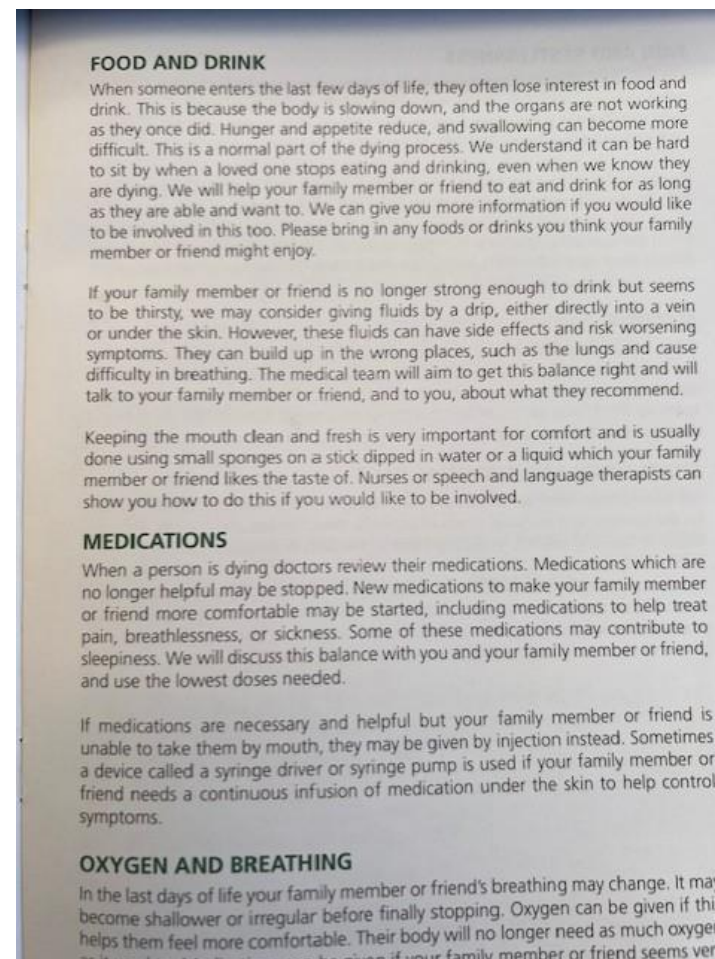
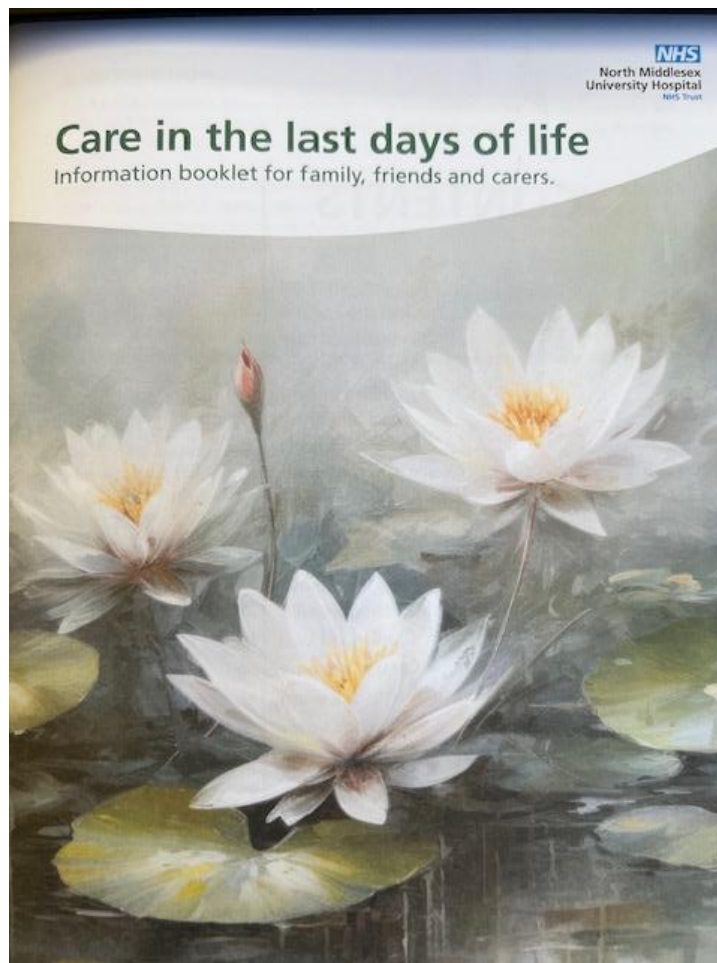
Quality Improvement in hydration at North Middlesex University Hospital NHS Trust

- Stakeholder mapping: set up working group including SLT, dietician, consultant, resident; since 2022 also nurse consultant for EoLC
- **QIP No. 1 (2019/20)**
Aim: Improve staff knowledge + establish support model
Change ideas: Education suite, referral option SLT/dietician, bedside sign
- **QIP No. 2 (2021/22)**
Aim: Improve involvement of patients and those important to them
Change idea: Edit of EoLC plan proforma with clearer guidance to discuss H&N
- **QIP No. 3 (2023)**
Aim: Staff education, “carer education”
Change idea: Repeat staff education, re-design PIL “Last Days of Life”
- **QIP No. 4 (2024)**



Quality Improvement - Hydration NMUH NHS Trust

QIP No. 3



Food and drink

When someone enters the last few days of life, they often lose interest in food and drink. This is because the body is slowing down and the organs are not working as they once did. Hunger and appetite reduce and swallowing can become more difficult. This is a normal part of the dying process. We understand it can be hard to sit by when a loved one stops eating and drinking, even when we know they are dying. We will help your family member or friend to eat and drink for as long as they are able and want to. We can give you more information if you would like to be involved in this too. Please bring in any foods or drinks you think your family member or friend might enjoy.

If your family member or friend is no longer strong enough to drink but seems to be thirsty, we may consider giving fluids by a drip, either directly into a vein or under the skin. However, these fluids can have side effects and risk worsening symptoms. They can build up in the wrong places, such as the lungs and cause difficulty in breathing. The medical team will aim to get

QIP – Hydration NMUH

QIP No. 3

this balance right and will talk to your family member or friend, and to you, about what they recommend.

Keeping the mouth clean and fresh is very important for comfort and is usually done using small sponges on a stick dipped in water or a liquid which your family member or friend likes the taste of. Nurses or speech and language therapists can show you how to do this if you would like to be involved.

Quality Improvement in hydration at North Middlesex University Hospital NHS Trust

- Stakeholder mapping: set up working group including SLT, dietician, consultant, resident; since 2022 also nurse consultant for EoLC
- **QIP No. 1 (2019/20)**
Aim: Improve staff knowledge + establish support model
Change ideas: Education suite, referral option SLT/dietician, bedside sign
- **QIP No. 2 (2021/22)**
Aim: Improve involvement of patients and those important to them
Change idea: Edit of EoLC plan proforma with clearer guidance to discuss H&N
- **QIP No. 3 (2023)**
Aim: Staff education, “carer education”
Change idea: Repeat staff education, re-design PIL “Last Days of Life”
- **QIP No. 4 (2024)**



Quality Improvement – Hydration

NMUH
NHS Trust

QIP No. 4

Nutrition and hydration at end-of-life – are we discussing it enough?

L. Misquita, C. Williams, V. Shard, J. Mantio, H. Petra, A. Hagena

If you would like more information please contact: lauren.misquita@nhs.net

Aim or Problem

Nutrition and hydration at end-of-life is a highly emotive topic requiring clear and sensitive discussions with patients and/or those important to them.

We aimed to improve the communication, decision-making, and documentation about nutrition and hydration at end-of-life in the Trust, first starting with the Care of the Elderly wards.

Food for thought...

What does food and drink mean to you?

What factors have influenced this?

Can you think of food and drink items that you associate with your loved ones?

Background

Food and drink is central to social, cultural, and religious practices. It can provide pleasure and comfort, can play a role in people's identity, and providing food and drink for others is often seen as a way of showing you care. Towards the end of life people's ability to eat and drink declines due to reduced appetite, drowsiness, and muscle weakness. This can cause distress for both patients and their family due to the reasons above. Relatives may worry that their loved one is hungry or thirsty and it can leave them feeling helpless.

Various bodies, including Royal College of Physicians and General Medical Council, have provided guidance regarding nutrition and hydration at end-of-life, which we have summarised^{1, 2}:

- Support the dying person to eat and drink for comfort/pleasure where able to do so, if they wish to do so, including small amounts via teaspoon or mouthcare sponges
- Discuss the benefits and risks of all nutrition and hydration (N&H) options, including clinically-assisted nutrition and hydration, clearly and sensitively with the dying person and/or those important to them
- Make decisions regarding N&H on an individual basis taking into account not only clinical factors but also psychological, social, cultural, and religious beliefs of the dying person and those important to them
- Document discussions clearly in the patient's care records
- Reassess the nutrition and hydration status of the dying person and the psychological/emotional impact on the family daily

The National Audit for Care at End-of-Life (NACEL) has found this area still requires significant improvement with "only just over half of cases having documented evidence of discussions about hydration (55%) and nutrition (51%)" in their 2022-2023 national audit³. This is especially important as a high proportion of complaints about end-of-life care refer to nutrition and hydration⁴. As it is such an emotive topic, lack of clear and sensitive discussion can have a significant effect on patients and families psychologically and emotionally and can affect the way they grieve once the person has died.

Methods

Data collection:

Over a 2-month period, we attended the five Care of the Elderly wards twice a week and identified all patients on iPELC (individualised end-of-life care plan). Once patients were identified, we assessed and recorded the following:

- Is the nutrition and hydration part of the iPELC document completed?
- Is the nutrition and hydration (N&H) part of the iPELC document completed adequately (including discussing N&H needs at end-of-life, benefits and risks of clinically-assisted N&H, comfort eating and drinking if appropriate)?
- Is the patient's nurse aware of the nutrition and hydration plan?
- If for comfort eating and drinking, is the relevant bedside sign up?

Intervention:

We provided a teaching session at Care of the Elderly Teaching. It was attended by 20 doctors (mixture of Consultant and Resident) and covered:

- Current guidance from RCP, GMC, and NICE
- Lack of good quality evidence for clinically-assisted hydration at end-of-life⁵
- Outcomes of the data collected from Care of the Elderly wards and how this compared to national outcomes⁴
- Advice on how to discuss the topic clearly but sensitively, including signposting to the 'Care in Last Days of Life' booklet

We also distributed 'comfort eating and drinking' bedside signs to all the wards and asked the Nurses-in-Charge to brief all the nurses on their use at nursing handovers.

Data collection: same method for data collection post-intervention

Data

Nutrition and hydration part of iPELC document completed?

Timepoint	Yes (%)	No (%)
Pre	25%	75%
Post	93%	7%

Adequate discussion and documentation?

Timepoint	Yes (%)	No (%)
Pre	25%	75%
Post	36%	64%

Nursing staff aware of plan for comfort eating and drinking?

Timepoint	Yes (%)	No (%)
Pre	3%	97%
Post	79%	21%

Eating and drinking for comfort sign up by bedside?

Timepoint	Yes (%)	No (%)
Pre	10%	90%
Post	45%	55%

No of cases identified on iPELC: 12 pre-intervention, 14 post-intervention
An improvement was observed in all the above 4 questions post-intervention

Learning

- While there was improvement in discussion and documentation about N&H at end-of-life, further improvement is needed, particularly discussing the benefits vs risks of clinically-assisted hydration. This may have been because not all CoE doctors had attended the teaching session. We therefore plan to run 20-min sessions on each CoE ward over the next weeks to capture as many Resident Doctors as possible.
- The use of bedside signs helps to remind staff and families that patients can eat and drink for comfort and how to support them to do this safely
- **Plans for future PDSA cycles include:** teaching sessions for nurses and healthcare care assistants as per guidance from the LADCDP⁴, extending the project to other wards with high numbers of end-of-life care patients, e.g. Oncology ward, developing a Standard Operating Procedure (SOP) for nutrition and hydration at end of life.

Broader Impact

As nutrition and hydration at end-of-life is such an emotive topic, the way in which it is discussed and managed can significantly impact the patient and the family's experience of end-of-life care and the grieving process. We only get one chance to get it right so ongoing improvement work in this area is crucial.⁴

References

- [1] RCP working party (2021). Supporting people who have eating and drinking difficulties. A guide to practical care and clinical assistance, particularly towards the end of life. Royal College of Physicians.
- [2] General Medical Council (2010, updated 2022). Treatment and care towards the end of life: good practice in decision making. London: GMC.
- [3] Health Quality Improvement Partnership (2023). Fourth Round of Audit 2022/23 Report. National Audit for Care at End of Life.
- [4] Leadership Alliance for the Care of Dying People (2014). One Chance to Get it Right: Improving People's Experience of Care in the Last Few Days and Hours of Life. London: LACDP.
- [5] Davies, A. et al. (2023). What is the role of clinically assisted hydration in the last days of life? British Medical Journal; 380:e072116



National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals



Quality Improvement – Hydration NMOH NHS Trust

QIP No. 4

- Audit aim: Improve quality of H&N at EoL
- Audit design: 2-month data collection, review of nutrition and hydration (N&H) for all patients on an individualised Plan for End of Life Care (iPELC) on 5 Care of the Elderly wards
- Data collection:
 - Is the N&H part of the iPELC document completed?
 - Is the N&H part of the iPELC document completed adequately (including discussing N&H needs at end-of-life, benefits and risks of clinically-assisted N&H, comfort eating and drinking if appropriate)?
 - Is the patient's nurse aware of the N&H plan?
 - If for comfort eating and drinking, is the relevant bedside sign up?

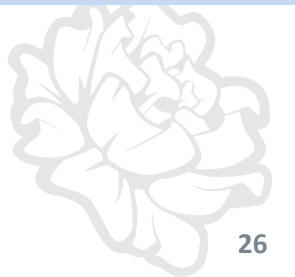
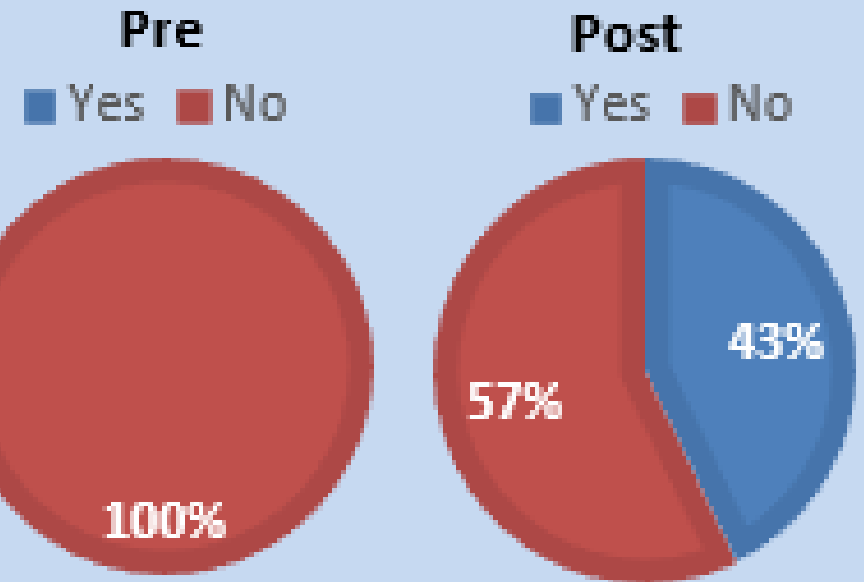


Quality Improvement – Hydration NMUH NHS Trust

QIP No. 4

- 🌿 Intervention:
- a) Teaching session Medics
 - b) Short teaching for ward managers, and distributed H&N bedside sign

Eating and drinking for comfort sign up by bedside?



Quality Improvement – Hydration at NMUH NHS Trust

What factors have enabled your work?

- NACEL data, local data collection, a committed workforce

What challenges have you faced?

- Sustainability!!

What can we do different?

- Sustainability score 😊
- Involve ward champions and Trust leaders to affect a culture change

Thank you to

Nicole Gayle, IMT3

Carla Williams, SLT

Victoria Shard, dietician

Julia Bichard, consultant Pall Med

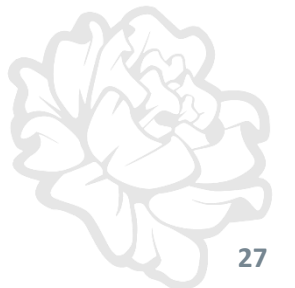
Hannah Petra, ST4 Pall Med

Monica Deckon, matron

Kumar Ramasamy, nurse consultant

Lauren Misquita, ST4 Pall Med

Jonathan Dowman, nurse consultant



Quality Improvement in hydration

Manchester University NHS Foundation Trust

Paula Parr, Head of Nursing, PEOLC



National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals

Criteria	National	Regional	MRI	NMGH	Wythenshawe	TGH
Case notes with documented evidence relating to hydration assessment and discussions: 1. Hydration options were reviewed (%)	77	76	65	62	79	69
Case notes with documented evidence relating to hydration assessment and discussions: 2. Hydration discussed with patient, or reason recorded why not (%)	73	73	56	51	69	54
Case notes with documented evidence relating to hydration assessment and discussions: 3. Hydration discussed with those important to dying person, or reason recorded why not (%)	60	60	43	39	50	54

Interim data by end of Q2

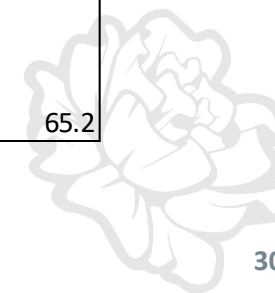
Year end data

Hydration discussed with those important to the dying person			
Site	Yes	No – valid reason	No
National	53%	9%	38%
NMG	34%	7%	59%
ORC	40%	2%	58%
TGH	28%	3%	69%
WYT	36%	5%	59%



Understanding the data

Criteria	National	Regional	MRI	NMGH	Wythenshawe	TGH	
Bereaved people who strongly agreed or agreed that the person who died had these aspects of care undertaken: 1. Support to drink or receive fluid if they wished (%)	68	65	48	62	70	n/a	x
Bereaved people who strongly agreed or agreed that the person who died had these aspects of care undertaken: 2. Support to eat or receive nutrition if they wished (%)	65	62	48	67	71	n/a	x
Bereaved people who strongly agreed or agreed that the person who died had these aspects of care undertaken: 3. Enough pain relief (%)	76	74	56	65	79	n/a	x
Bereaved people who strongly agreed or agreed that the person who died had these aspects of care undertaken: 4. Enough relief of symptoms other than pain (%)	75	73	53	72	76	n/a	x
Staff respondents who strongly agreed or agreed that they are confident providing certain parts of care in the last days of life: Discussing hydration options with dying patient and those important to them (%)	78	81	83	78	80	80	67.4
Staff respondents who strongly agreed or agreed that they are confident providing certain parts of care in the last days of life: Assessing and managing patient pain and physical symptoms at the end of life (%)	84	84	86	83	83	80	65.2



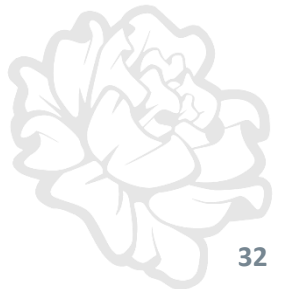
Where to start...

- Interim results presented to each clinical group Quality, Safety and Effectiveness Committee
- End of Life Oversight Committee engagement
- Multi-professional group established, acute/community membership (nurses/SLT/Dietician/OT)



What are we doing?

- The group met to agree 4 priorities:
 - Resources – guidance for staff, literature for patients and those important to them
 - Education – scoping the gaps, levels of knowledge and skills Trust wide TNA
 - Documentation – individualised plan of care in EPR
 - Multi-professional working – how are we making decisions regarding hydration
- NBM guidance revised with EOL guidance
- Directory of resources developed – who/when/why to refer
- Personalised plan of care in EPR revised to link to guidance
- Comfort obs IQP – led by Palliative Care Team



Open forum and questions

All



National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals

Next steps

**Jessica Moss,
NACEL Quality Improvement Lead**

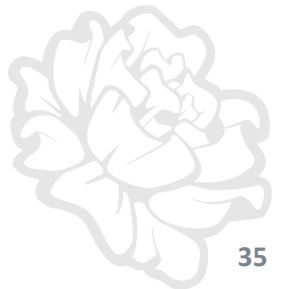


National Audit of Care
at the End of Life 2025

Auditing last days of life in hospitals

Next steps...

- Access the DIT to review your results
- Visit the NACEL Portal QI pages to access documents, tools and templates: www.nacel.nhs.uk/qi-tools
- Sign up for the next events:
 - NACEL ICB DIT drop-in session taking place on 24th and 27th March 12-1 & 1-2pm: www.nacel.nhs.uk/events
 - Launch of the first NACEL Improvement huddle taking place on Thursday 1st May 2025, 12-1pm: www.nacel.nhs.uk/events
- Keep in touch!



Evaluation

Please share your feedback on the session:

forms.office.com/e/4NSuvDU3pV

