Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 15 January 2025

TB2025.06

Title:	**End of Life Care Annual Report**

Status:	**For Information**
History:	**Annual report**

Board Lead:	**Chief Medical Officer**
Presenter:	**Dr Mary Miller, Consultant in Palliative Medicine**
Author:	**Dr Mary Miller, Consultant in Palliative Medicine**
Confidential:	**No**
Key Purpose:	**Strategy, Performance**

Executive Summary

1. This paper describes the draft results from the National Audit of Care at the End of Life, 2024. Results to note are as follows:
    - 84% of OUH families, who offered feedback, reported that care was good or excellent. The national average is 75%.
    - 88.5% of OUH families, who offered feedback, reported that staff treated the patient with dignity. The national average is 81.5%.
    - Training for staff who provide care at the end of life is needed, with a particular focus on recognising dying and discussing the management of hydration and nutrition in dying patients.
    - Work with the patient experience team to use ‘interpreters on wheels’, to support discussions with patients and those important to the patient at the bedside where English is not their primary spoken language.
2. The EOLC workplan for Q4 2024 and 2025 includes:
    - Focussed training on the topics of recognising dying and discussing hydration.
    - With the patient experience team, use of ‘interpreters on wheels’. These mobile devices would support discussions with patients, and those important to the patient at the bedside, where English is not their primary spoken language.

Recommendations

3. The Trust Board is asked to:
    - Note the draft results of the 2024 National Audit of Care at the End of Life (NACEL) and the actions being taken to further improve end of life care.

End of Life Care Annual Report

1. Purpose

This paper:

1.1. Reports on draft results from the National Audit of Care at the end of Life (NACEL) 2024.

1.2. Outlines goals to improve care at the end of life in Q4 2024 and 2025.

2. Background

2.1. The palliative care department has provided an advisory liaison service across OUH for 30 years. The service continues to grow and evolve and is working across all four hospital sites. In 2023/24, the liaison service saw approximately 50% of all adult patients who died in OUH. Advice regarding the care of dying patients and those important to the patient makes up just over 50% of the workload of the liaison team.

2.2. From 2014/15, with the support of the CEO, CMO and the Chair of the Board, the palliative care department acquired charitable funding for a large QI project, 'Improving Care of the Dying in OUH', undertaken between 2016 and 2020.

2.3. Following the pandemic, an EOLC lead role was re-established in April 2022. Dr Victoria Hedges currently holds the role of EOLC lead (commenced September 2024). The role is funded by Sobell House Hospice Charity.

3. National Audit of Care at the End of Life (NACEL) 2024

3.1. 7 audits of care at the end of life (inpatient deaths) have taken place in England and Wales (2014, 2016, 2018, 2019, 2021, 2022).

3.2. NACEL is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government. NACEL is listed on NHSE quality accounts.

3.3. The national team reviewed the audit in 2023, redesigning and piloting the audit to its current specification. The audit opened on 1 April 2024.

3.4. The audit monitors progress against the five priorities for care set out in One Chance to Get It Right, NICE Guideline (NG31) and NICE Quality Standards (QS13 and QS144). National guidance informs the aims and

driver diagram for the national audit of care at the end of life (Appendix 1).

3.5 The audit collects four streams of data:

- Data on patient care: Data is collected by staff from the electronic patient record (Case note review) and data is provided by bereaved families (Quality survey).
- Data on support offered to bereaved families (Quality survey).
- Staff views via a staff reported measure.
- Organisational level data via Hospital site overview.

3.6. Final results with national recommendations are expected to be published in August 2025.

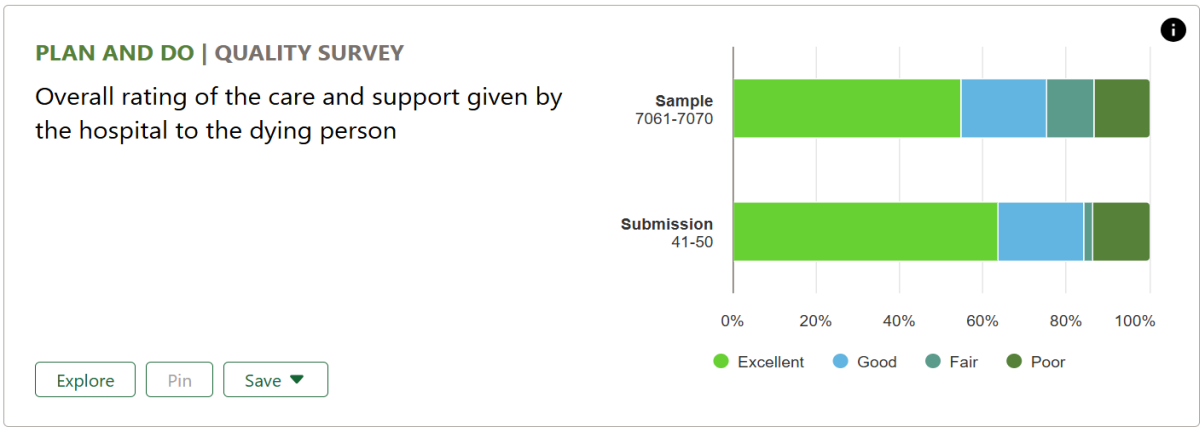
3.7. This paper reports interim results for January 2024 to December 2024.

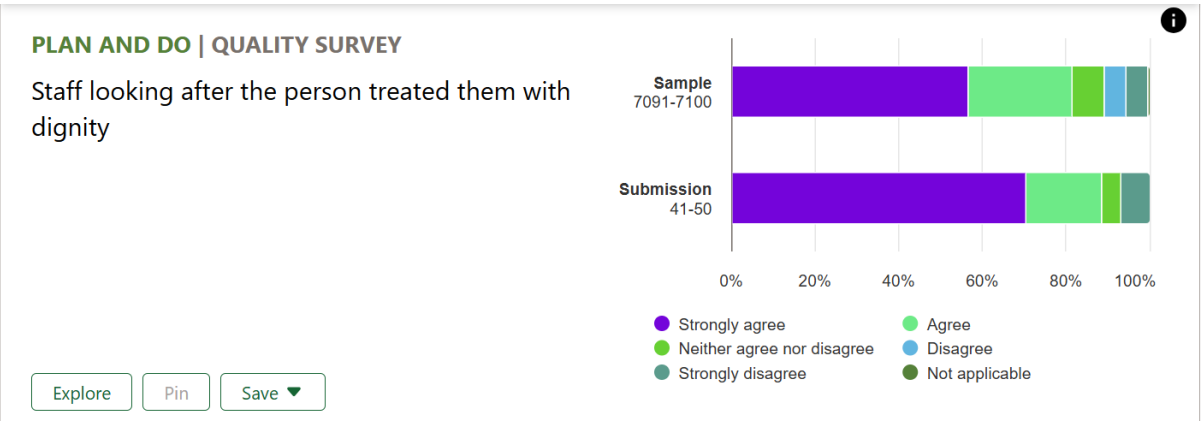
3.8. Results presented are drawn from the data reporting tool and Power BI dashboards. The dashboards are still in development (Appendix 2).

3.9. OUH performance will be reported alongside other acute and community hospitals in England, Wales and Jersey). Some results will be available to the public (detail still under discussion).

OUH results

3.10 There is much to celebrate. 84% of OUH families who offered feedback reported that care was good or excellent. The national average is 75%. Families agreed or strongly agreed that staff looking after the person who died treated then with dignity in 88.5% of cases. The national average is 81.5%.

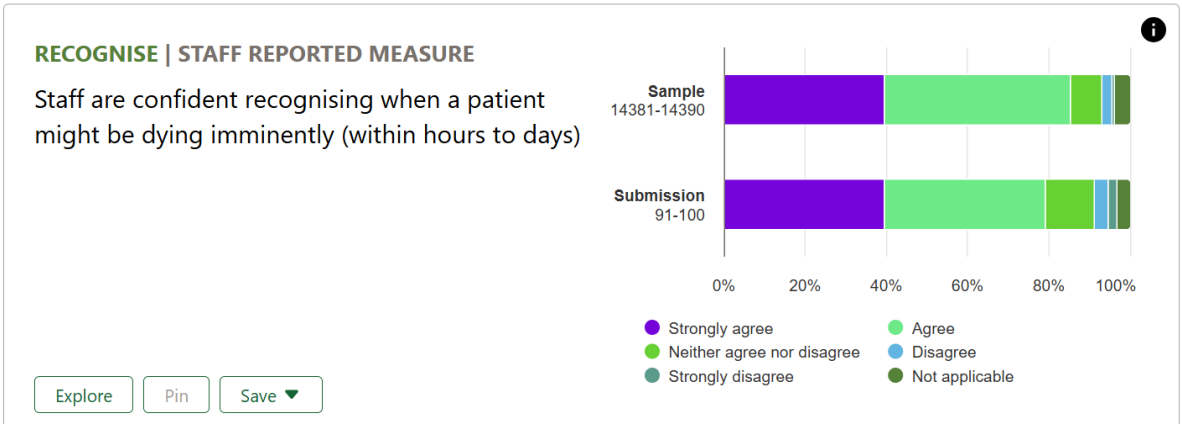




3.11 Points to monitor:

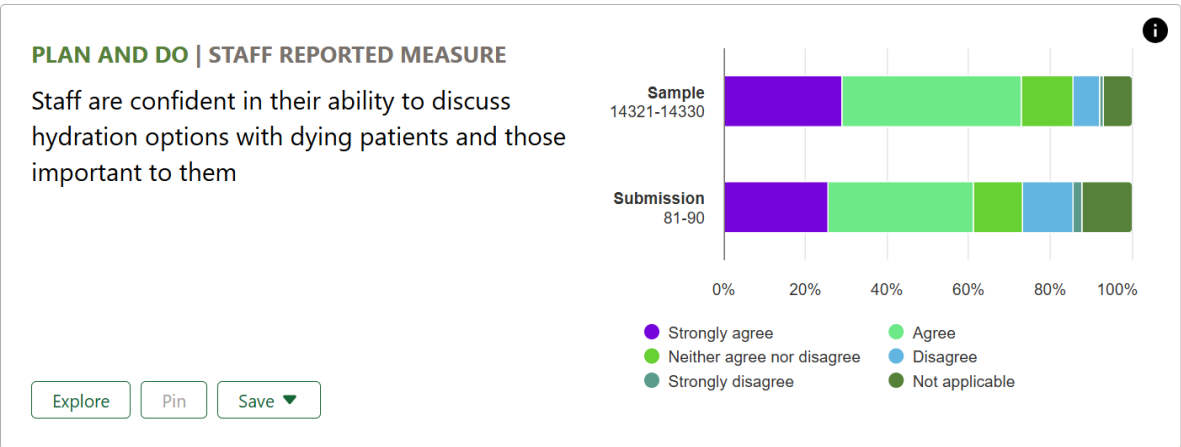
- **Driver 1: Recognition of dying (see Appendix 1 and 2).**
- In the OUH sample, 97.5% of patients who died during their inpatient admission were expected to die by their clinical team on admission to hospital. The national average is 81.3%.
- Patients in the OUH sample were a sicker cohort, spending an average of 6 days less in hospital before they died than the national sample.
- Only 79% of OUH staff (n = 91) responding to the survey agreed / strongly agreed that they are confident in recognising a patient may be imminently dying, compared to the national average of 85% of staff.

Staff have the knowledge, skills and experience to recognise dying

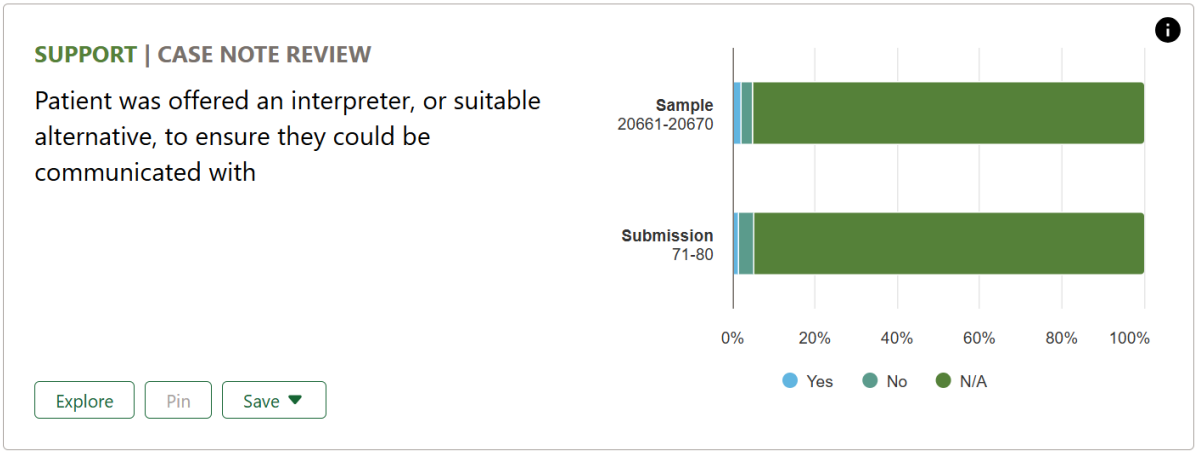


- **Driver 2: Individualised management of symptoms (see Appendix 1 and 2).**

- 61% of OUH staff agree / strongly agree that they are confident in in their ability to discuss hydration options compared to 73% of staff nationally.



- **Driver 9: Equitable care (see Appendix 1 and 2).**
- Of 80 patient records audited and 44 families respondents, 3 patients and 2 families were not offered an interpreter.



4. Goals for Q4 and 2025

4.1. Induct the charitably funded (Sobell House Hospice Charity) EOLC nurse and administrator to support delivery of training later in Q4 and 2025.

4.2. Focus training on the topics of recognising dying and discussing hydration.

4.3. With the patient experience team, use ‘interpreters on wheels’ service in palliative care department inpatient beds in Sobell House and Katharine House inpatient beds (20% of deaths in OUH annually). These mobile

devices will support discussions with patients, and those important to the patient at the bedside, where English is not their primary spoken language.

4.4. Continue to collect data for 2025, increasing feedback from bereaved families from the current rate of 2% of all deaths.

4 Recommendations

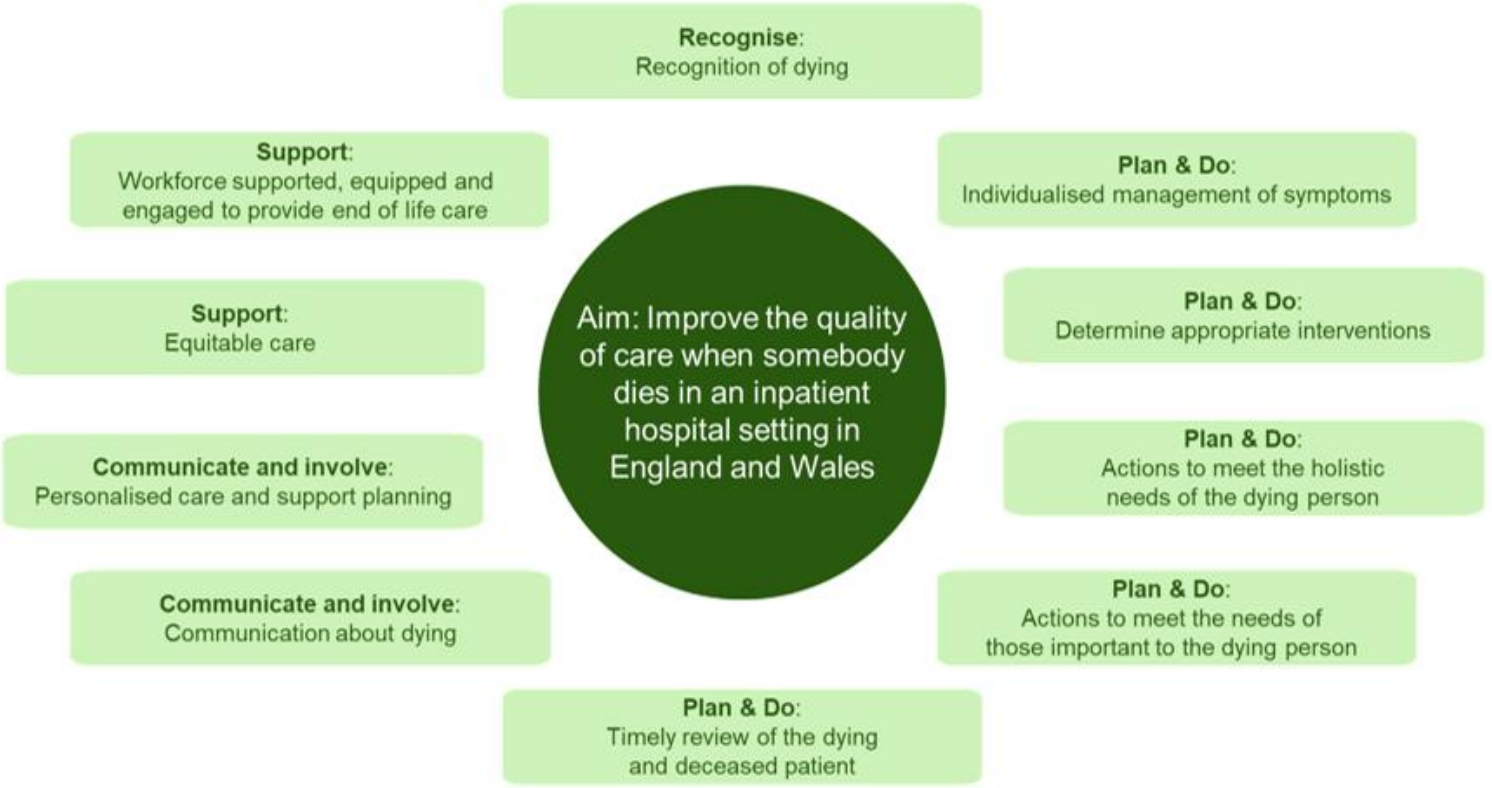
4.5. The Trust Board is asked to:

- Note the draft results of the 2024 National Audit of Care at the End of Life (NACEL) and the actions being taken to further improve end of life care.

Appendix 1

Link between data and quality improvement:

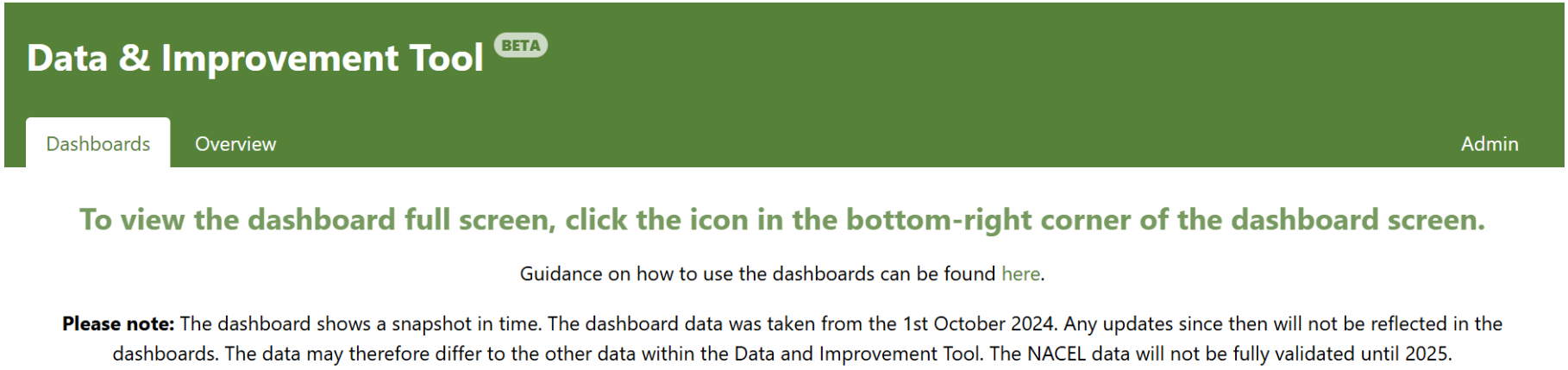
- NACEL's aim is to improve the quality of care delivered to people during the last admission leading to death in hospital and to improve support of those important to the patient by measuring and reporting current care.
- NACEL reports data against 10 primary drivers:
    - Recognise: Recognition of dying
    - Plan and do: Individualised management of symptoms
    - Plan and do: Determine appropriate interventions
    - Plan and do: Actions to meet the holistic needs of the dying person
    - Plan and do: Actions to meet the needs of those important to the dying person
    - Plan and do: Timely review of the dying and deceased patient
    - Communicate and involve: Communication about dying
    - Communicate and involve: Personalised care and support planning
    - Support: Equitable care
    - Support: Workforce equipped to provide end of life care

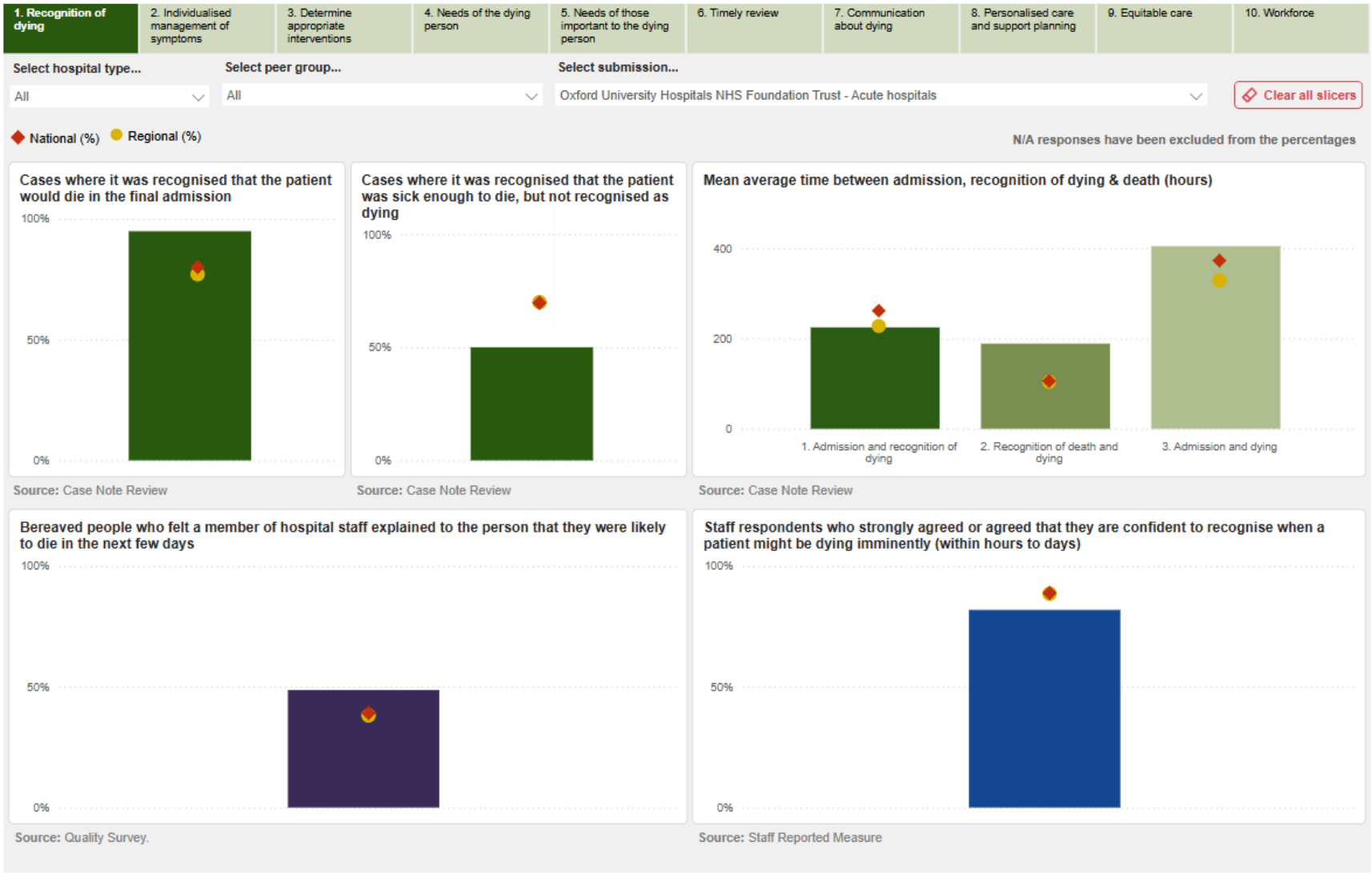


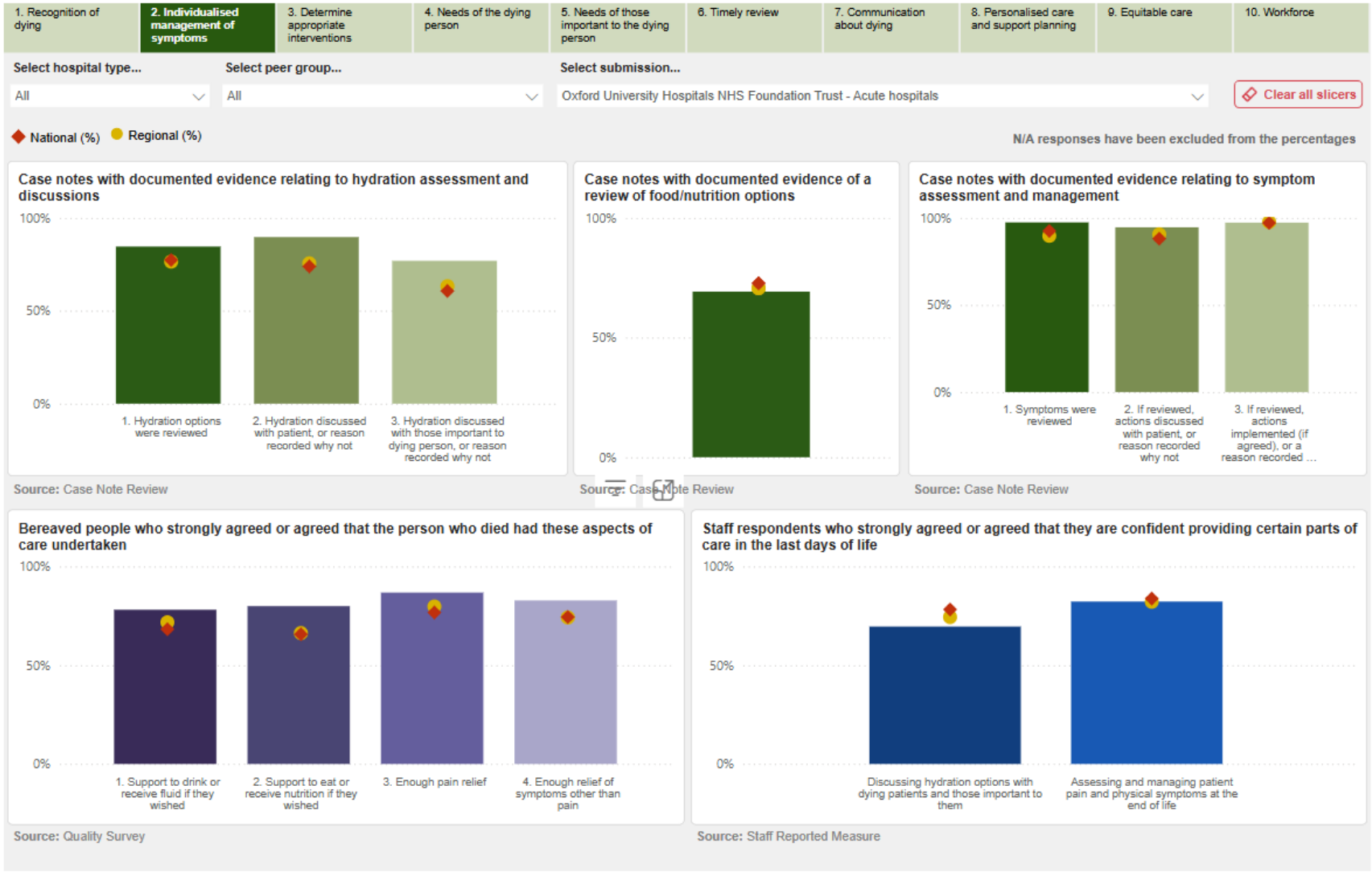
NACEL will identify national quality improvement aims which will sit alongside local OUH aims.

Appendix 2

Captured 06.01.2025
Please note that the dashboards are in a testing phase and are currently in Power BI format.
They report OUH data to 1ST October 2025.




1. Recognition of dying
2. Individualised management of symptoms
3. Determine appropriate interventions
4. Needs of the dying person
5. Needs of those important to the dying person
6. Timely review
7. Communication about dying
8. Personalised care and support planning
9. Equitable care
10. Workforce
Select hospital type...
All
Select peer group...
All
Select submission...
Oxford University Hospitals NHS Foundation Trust - Acute hospitals
Clear all slicers
National (%)
Regional (%)
N/A responses have been excluded from the percentages
Cases where it was recognised that the patient would die in the final admission
100%
50%
0%
Source: Case Note Review
Cases where it was recognised that the patient was sick enough to die, but not recognised as dying
100%
50%
0%
Source: Case Note Review
Mean average time between admission, recognition of dying & death (hours)
400
200
0
1. Admission and recognition of dying
2. Recognition of death and dying
3. Admission and dying
Source: Case Note Review
Bereaved people who felt a member of hospital staff explained to the person that they were likely to die in the next few days
100%
50%
0%
Source: Quality Survey.
Staff respondents who strongly agreed or agreed that they are confident to recognise when a patient might be dying imminently (within hours to days)
100%
50%
0%
Source: Staff Reported Measure


1. Recognition of dying
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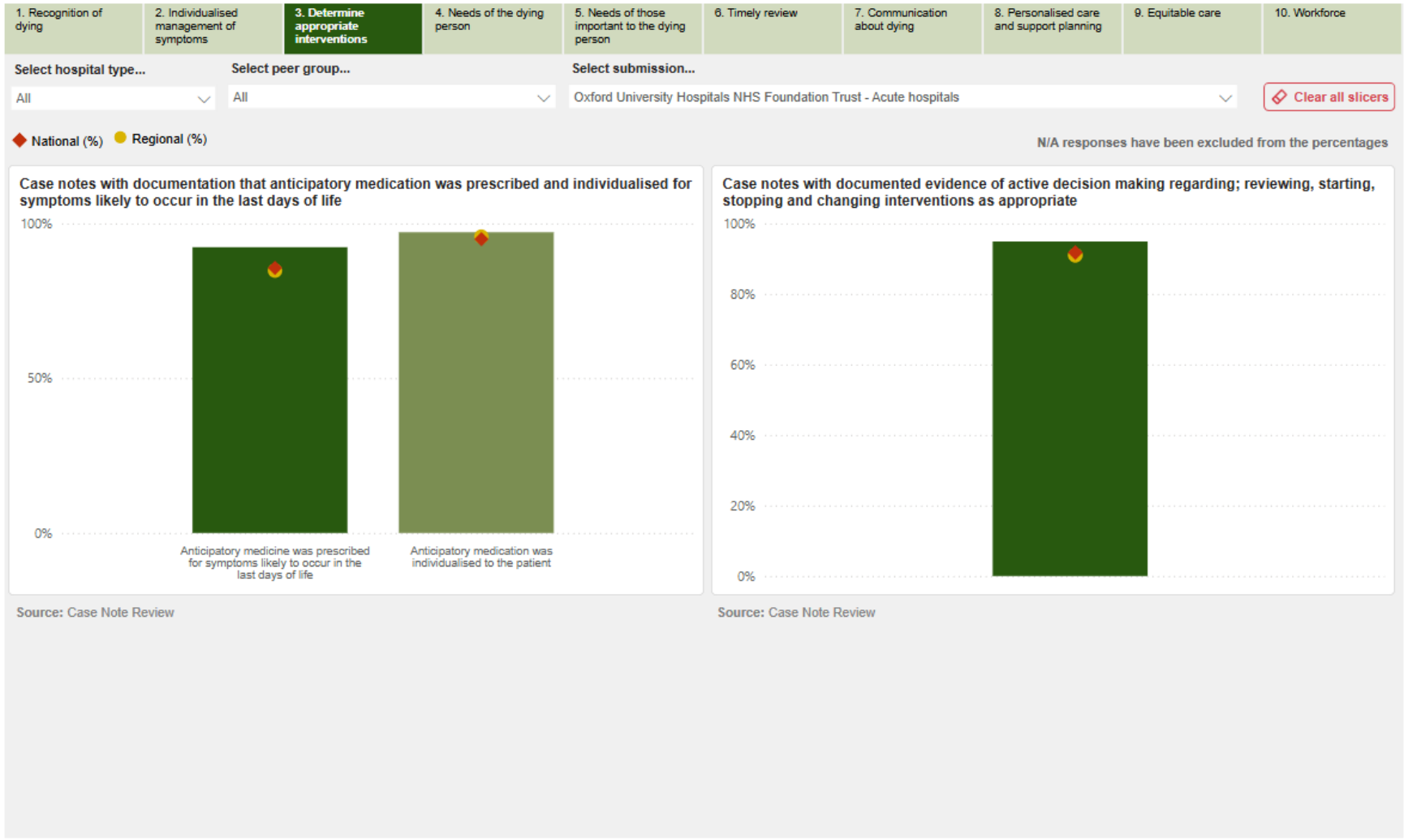
8. Personalised care and support planning
9. Equitable care
10. Workforce
Select hospital type...
All
Select peer group...
All
Select submission...
Oxford University Hospitals NHS Foundation Trust - Acute hospitals
Clear all slicers
National (%)
Regional (%)
N/A responses have been excluded from the percentages
Case notes with documented evidence relating to hydration assessment and discussions
100%
50%
0%
1. Hydration options were reviewed
2. Hydration discussed with patient, or reason recorded why not
3. Hydration discussed with those important to dying person, or reason recorded why not
Source: Case Note Review
Case notes with documented evidence of a review of food/nutrition options
100%
50%
0%
Source: Case Note Review
Case notes with documented evidence relating to symptom assessment and management
100%
50%
0%
1. Symptoms were reviewed
2. If reviewed, actions discussed with patient, or reason recorded why not
3. If reviewed, actions implemented (if agreed), or a reason recorded ...
Source: Case Note Review
Bereaved people who strongly agreed or agreed that the person who died had these aspects of care undertaken
100%
50%
0%
1. Support to drink or receive fluid if they wished
2. Support to eat or receive nutrition if they wished
3. Enough pain relief
4. Enough relief of symptoms other than pain
Source: Quality Survey
Staff respondents who strongly agreed or agreed that they are confident providing certain parts of care in the last days of life
100%
50%
0%
Discussing hydration options with dying patients and those important to them
Assessing and managing patient pain and physical symptoms at the end of life
Source: Staff Reported Measure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9. Equitable care
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Select hospital type...
All
Select peer group...
All
Select submission...
Oxford University Hospitals NHS Foundation Trust - Acute hospitals
Clear all slicers
National (%)
Regional (%)
N/A responses have been excluded from the percentages
Case notes with documentation that anticipatory medication was prescribed and individualised for symptoms likely to occur in the last days of life
100%
50%
0%
Anticipatory medicine was prescribed for symptoms likely to occur in the last days of life
Anticipatory medication was individualised to the patient
Source: Case Note Review
Case notes with documented evidence of active decision making regarding; reviewing, starting, stopping and changing interventions as appropriate
100%
80%
60%
40%
20%
0%
Source: Case Note Review


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All
Select peer group...
All
Select submission...
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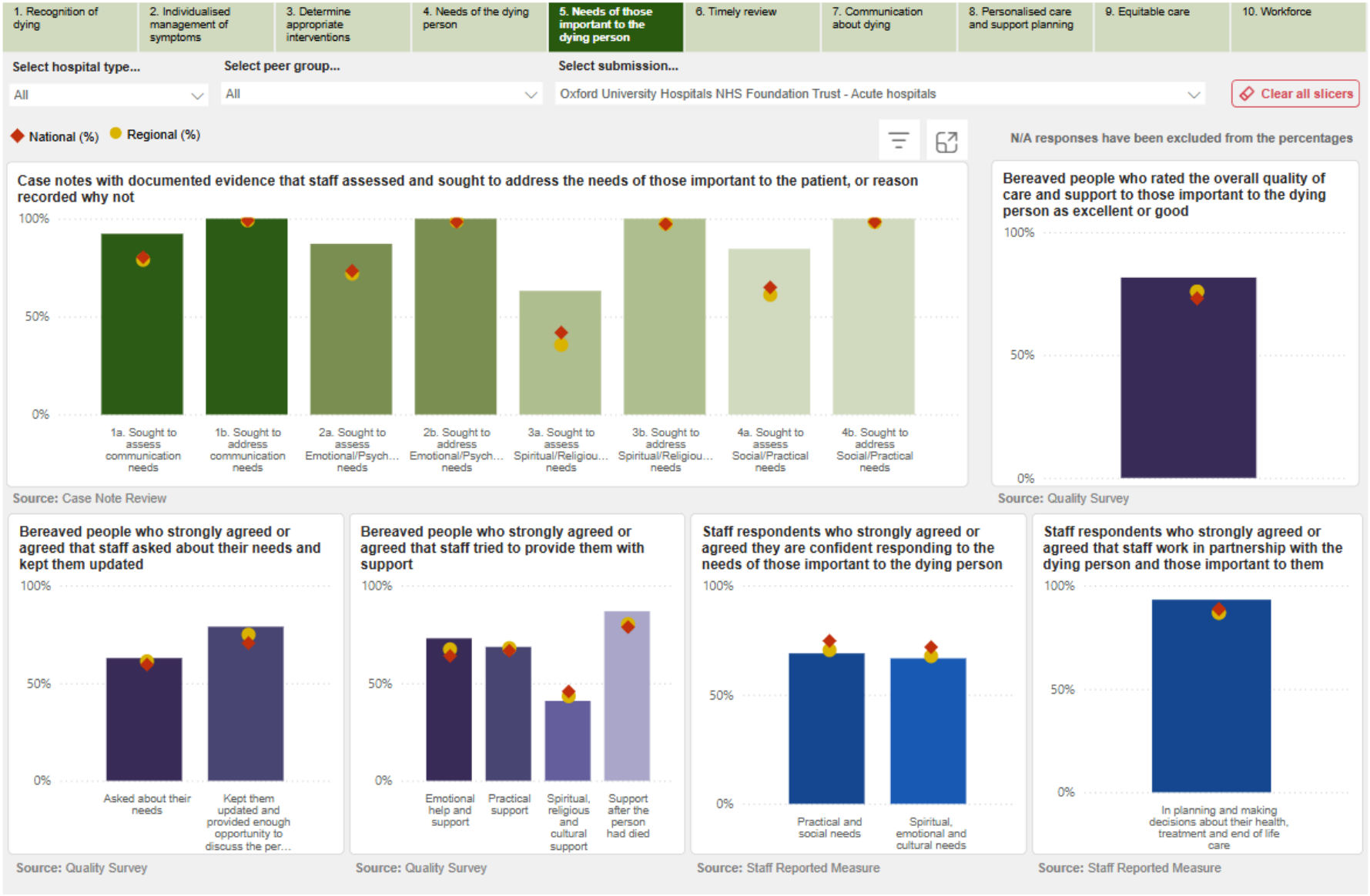
Clear all slicers
National (%)
Regional (%)
N/A responses have been excluded from the percentages
Case notes with documented evidence that staff assessed and sought to address the patient's needs, or reason recorded why not
100%
50%
0%
1a. Sought to assess communication needs
1b. Sought to address communication needs
2a. Sought to assess Emotional/Psych... needs
2b. Sought to address Emotional/Psych... needs
3a. Sought to assess Spiritual/Religiou... needs
3b. Sought to address Spiritual/Religiou... needs
4a. Sought to assess Social/Practical needs
4b. Sought to address Social/Practical needs
Source: Case Note Review
Bereaved people who rated the overall quality of care and support given to the person who died during the final admission as excellent or good
100%
50%
0%
Source: Quality Survey
Bereaved people who thought that staff involved the person in decisions about their care and trea...
100%
50%
0%
They were involved as much as they wanted to be
Source: Quality Survey
Bereaved people who strongly agreed or agreed that staff provided certain parts of care during the final admission
100%
50%
0%
Treated the person with dignity
Provided care for the person's emotional needs
Made a plan for the person's care which considered the person's needs and wishes
Source: Quality Survey
Staff respondents who strongly agreed or agreed that they are confident responding to the needs of the dying person
100%
50%
0%
Practical and social needs
Spiritual, emotional and cultural needs
Source: Staff Reported Measure
Staff respondents who strongly agreed or agreed that they are confident adapting & delivering c...
100%
50%
0%
Source: Staff Reported Measure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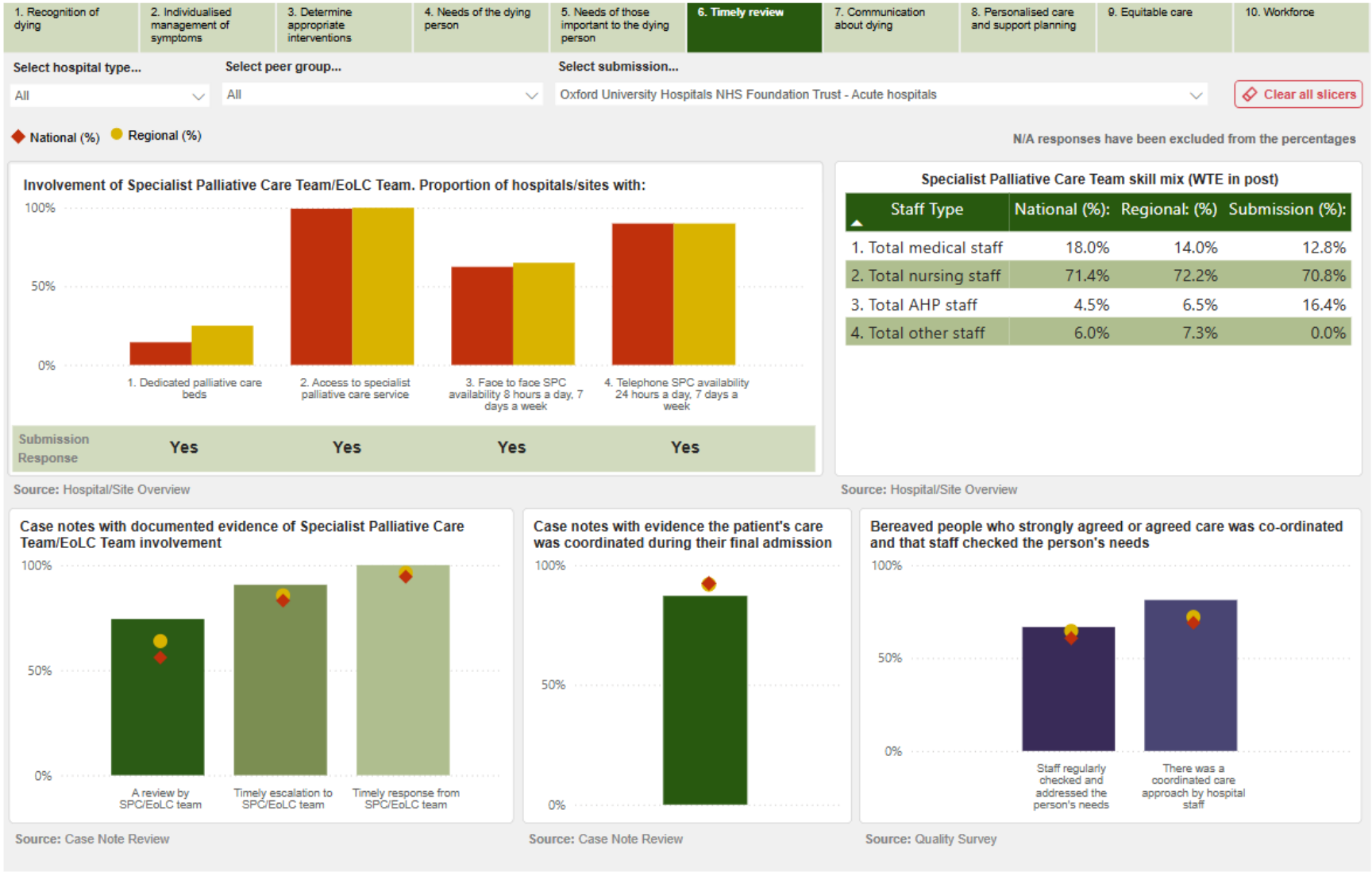
All
Select peer group...
All
Select submission...
Oxford University Hospitals NHS Foundation Trust - Acute hospitals
Clear all slicers
National (%)
Regional (%)
N/A responses have been excluded from the percentages
Case notes with documented evidence that staff assessed and sought to address the needs of those important to the patient, or reason recorded why not
100%
50%
0%
1a. Sought to assess communication needs
1b. Sought to address communication needs
2a. Sought to assess Emotional/Psych... needs
2b. Sought to address Emotional/Psych... needs
3a. Sought to assess Spiritual/Religiou... needs
3b. Sought to address Spiritual/Religiou... needs
4a. Sought to assess Social/Practical needs
4b. Sought to address Social/Practical needs
Source: Case Note Review
Bereaved people who rated the overall quality of care and support to those important to the dying person as excellent or good
100%
50%
0%
Source: Quality Survey
Bereaved people who strongly agreed or agreed that staff asked about their needs and kept them updated
100%
50%
0%
Asked about their needs
Kept them updated and provided enough opportunity to discuss the per...
Source: Quality Survey
Bereaved people who strongly agreed or agreed that staff tried to provide them with support
100%
50%
0%
Emotional help and support
Practical support
Spiritual, religious and cultural support
Support after the person had died
Source: Quality Survey
Staff respondents who strongly agreed or agreed they are confident responding to the needs of those important to the dying person
100%
50%
0%
Practical and social needs
Spiritual, emotional and cultural needs
Source: Staff Reported Measure
Staff respondents who strongly agreed or agreed that staff work in partnership with the dying person and those important to them
100%
50%
0%
In planning and making decisions about their health, treatment and end of life care
Source: Staff Reported Measure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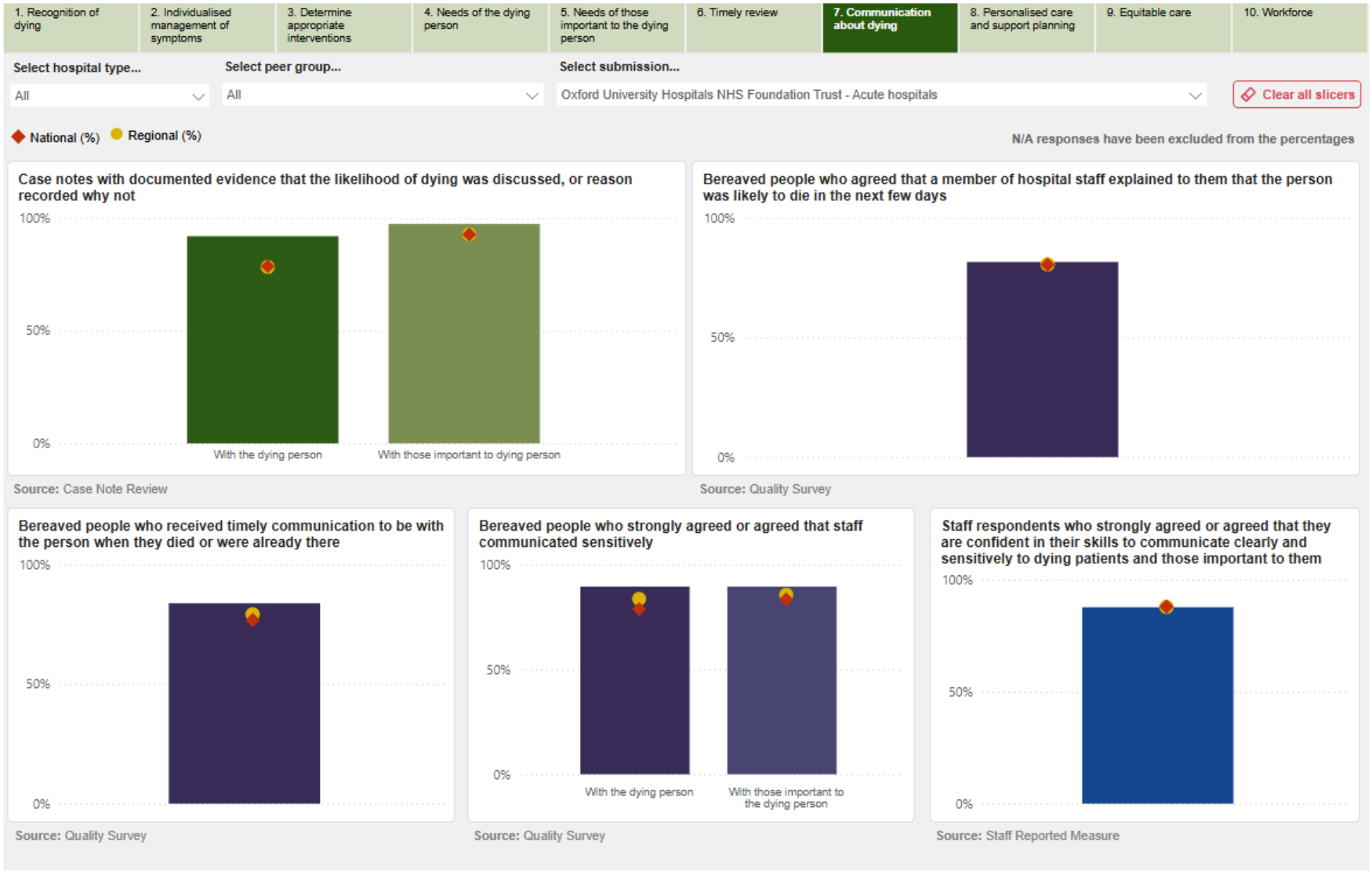
Select hospital type...
All
Select peer group...
All
Select submission...
Oxford University Hospitals NHS Foundation Trust - Acute hospitals
Clear all slicers
National (%)
Regional (%)
N/A responses have been excluded from the percentages
Involvement of Specialist Palliative Care Team/EoLC Team. Proportion of hospitals/sites with:
100%
50%
0%
1. Dedicated palliative care beds
2. Access to specialist palliative care service
3. Face to face SPC availability 8 hours a day, 7 days a week
4. Telephone SPC availability 24 hours a day, 7 days a week
Submission Response
Yes
Yes
Yes
Yes
Source: Hospital/Site Overview
Specialist Palliative Care Team skill mix (WTE in post)
Staff Type
National (%):
Regional: (%)
Submission (%):
1. Total medical staff 18.0% 14.0% 12.8%
2. Total nursing staff 71.4% 72.2% 70.8%
3. Total AHP staff 4.5% 6.5% 16.4%
4. Total other staff 6.0% 7.3% 0.0%
Source: Hospital/Site Overview
Case notes with documented evidence of Specialist Palliative Care Team/EoLC Team involvement
100%
50%
0%
A review by SPC/EoLC team
Timely escalation to SPC/EoLC team
Timely response from SPC/EoLC team
Source: Case Note Review
Case notes with evidence the patient's care was coordinated during their final admission
100%
50%
0%
Source: Case Note Review
Bereaved people who strongly agreed or agreed care was co-ordinated and that staff checked the person's needs
100%
50%
0%
Staff regularly checked and addressed the person's needs
There was a coordinated care approach by hospital staff
Source: Quality Survey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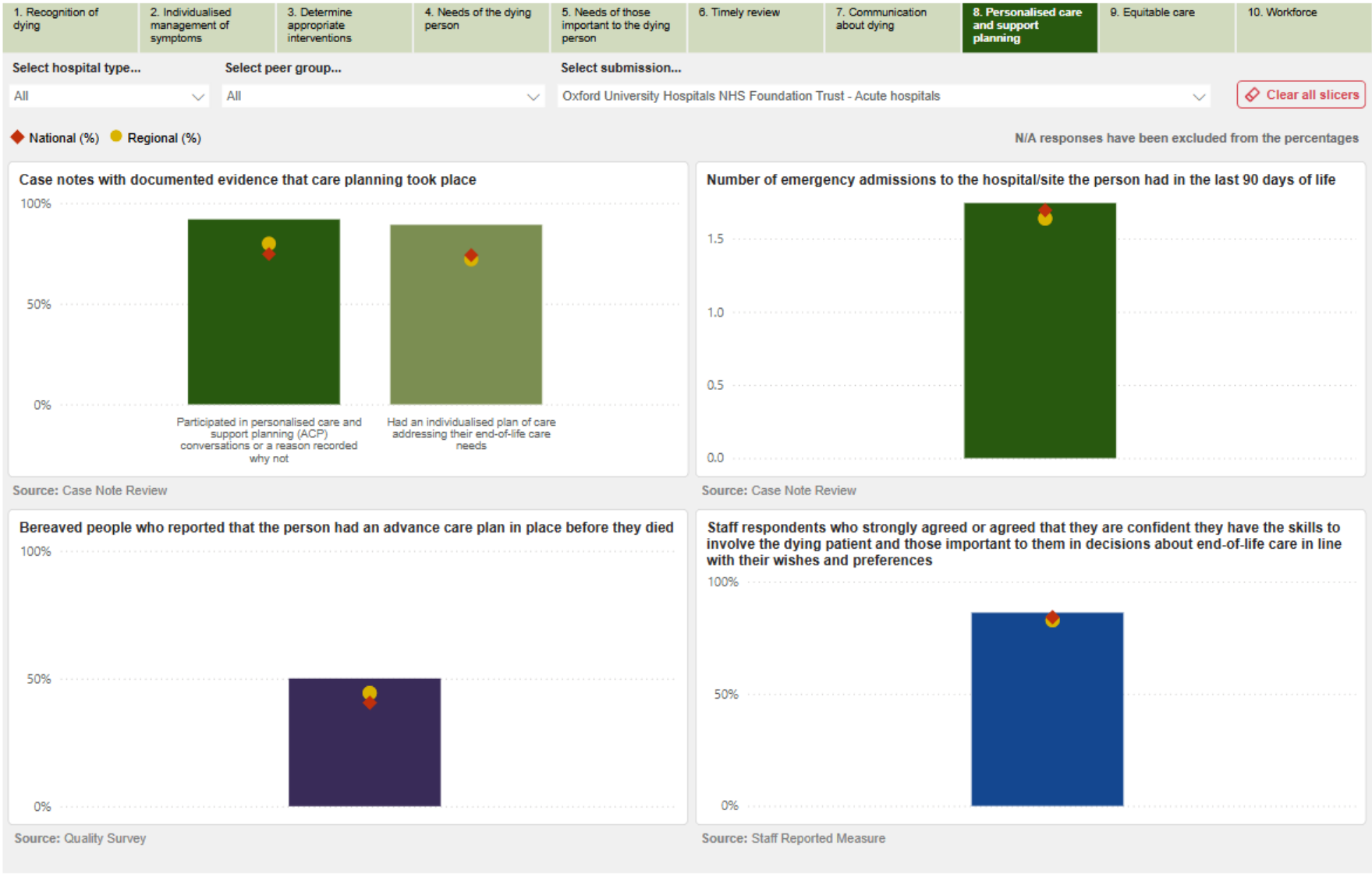
Select hospital type...
All
Select peer group...
All
Select submission...
Oxford University Hospitals NHS Foundation Trust - Acute hospitals
Clear all slicers
National (%)
Regional (%)
N/A responses have been excluded from the percentages
Case notes with documented evidence that the likelihood of dying was discussed, or reason recorded why not
100%
50%
0%
With the dying person
With those important to dying person
Source: Case Note Review
Bereaved people who agreed that a member of hospital staff explained to them that the person was likely to die in the next few days
100%
50%
0%
Source: Quality Survey
Bereaved people who received timely communication to be with the person when they died or were already there
100%
50%
0%
Source: Quality Survey
Bereaved people who strongly agreed or agreed that staff communicated sensitively
100%
50%
0%
With the dying person
With those important to the dying person
Source: Quality Survey
Staff respondents who strongly agreed or agreed that they are confident in their skills to communicate clearly and sensitively to dying patients and those important to them
100%
50%
0%
Source: Staff Reported Measure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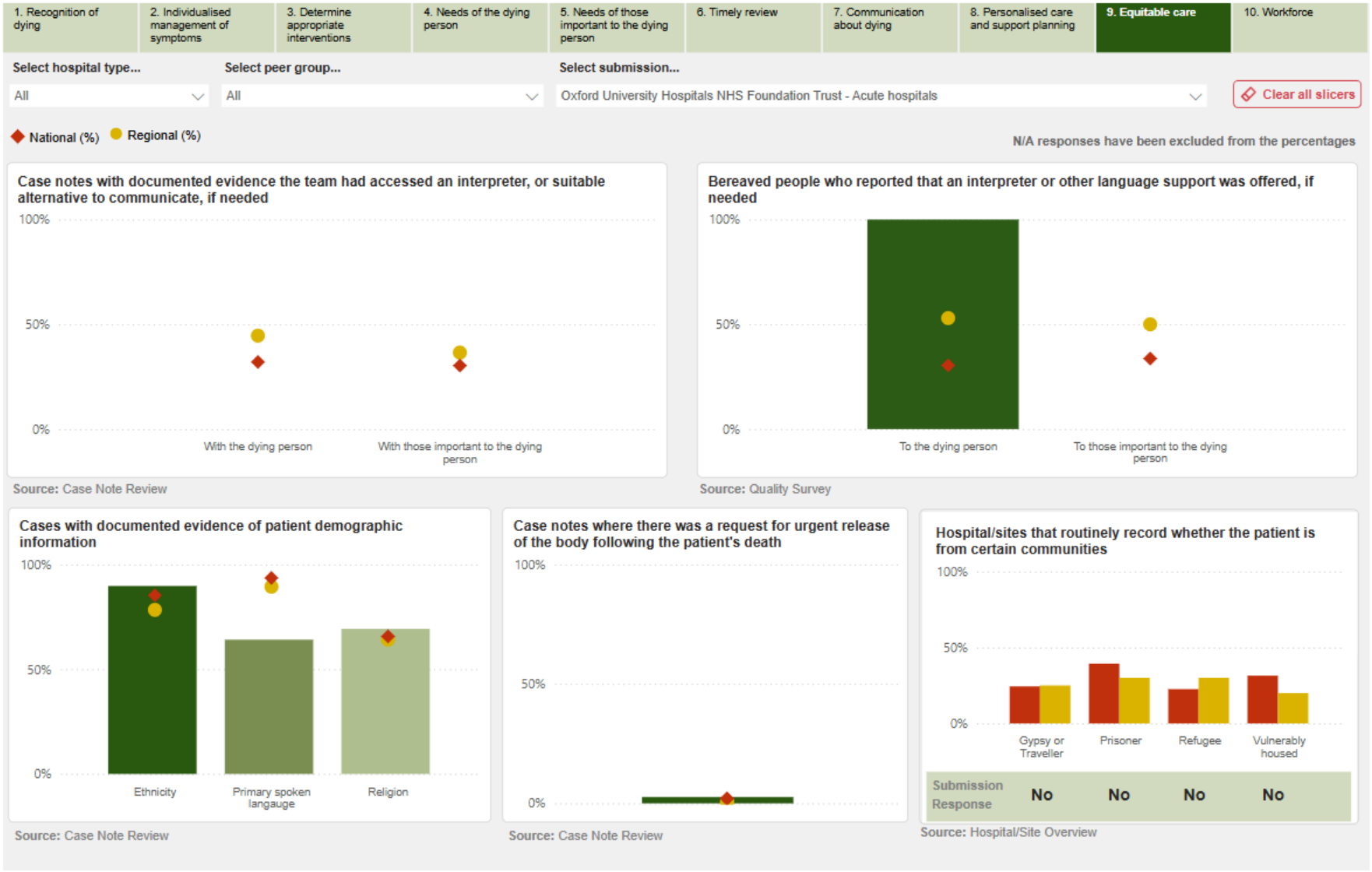
Select hospital type...
All
Select peer group...
All
Select submission...
Oxford University Hospitals NHS Foundation Trust - Acute hospitals
Clear all slicers
National (%)
Regional (%)
N/A responses have been excluded from the percentages
Case notes with documented evidence that care planning took place
100%
50%
0%
Participated in personalised care and support planning (ACP) conversations or a reason recorded why not
Had an individualised plan of care addressing their end-of-life care needs
Source: Case Note Review
Number of emergency admissions to the hospital/site the person had in the last 90 days of life
1.5
1.0
0.5
0.0
Source: Case Note Review
Bereaved people who reported that the person had an advance care plan in place before they died
100%
50%
0%
Source: Quality Survey
Staff respondents who strongly agreed or agreed that they are confident they have the skills to involve the dying patient and those important to them in decisions about end-of-life care in line with their wishes and preferences
100%
50%
0%
Source: Staff Reported Measure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Select hospital type...
All
Select peer group...
All
Select submission...
Oxford University Hospitals NHS Foundation Trust - Acute hospitals
Clear all slicers
National (%)
Regional (%)
N/A responses have been excluded from the percentages
Case notes with documented evidence the team had accessed an interpreter, or suitable alternative to communicate, if needed
100%
50%
0%
With the dying person
With those important to the dying person
Source: Case Note Review
Bereaved people who reported that an interpreter or other language support was offered, if needed
100%
50%
0%
To the dying person
To those important to the dying person
Source: Quality Survey
Cases with documented evidence of patient demographic information
100%
50%
0%
Ethnicity
Primary spoken langauge
Religion
Source: Case Note Review
Case notes where there was a request for urgent release of the body following the patient's death
100%
50%
0%
Source: Case Note Review
Hospital/sites that routinely record whether the patient is from certain communities
100%
50%
0%
Gypsy or Traveller
Prisoner
Refugee
Vulnerably housed
Submission Response
No
No
No
No
Source: Hospital/Site Overview


1. Recognition of dying
2. Individualised management of symptoms
3. Determine appropriate interventions
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Select hospital type...
All
Select peer group...
All
Select submission...
Oxford University Hospitals NHS Foundation Trust - Acute hospitals
Clear all slicers
Organisational
Staff and Family
National (%)
Regional (%)
N/A responses have been excluded from the percentages
Hospital/sites that have conducted quality improvement of care at the end of life
100%
50%
0%
Implemented QI plans relating to end of life care in the past 3 years
Shared QI plans relating to end of life care with ICB/Health Board
Submission Response
Yes
No
Source: Hospital/site overview
Hospitals/sites that had end of life care training available between 1st April 2023 and 31st March 2024:
100%
50%
0%
Communication skills training specifically addressing end of life care
End of life care training included in induction programme
Mandatory/Priority Training
Other training in relation to end of life care
Submission Response
No
Yes
No
Yes
Source: Hospital/site overview
Hospitals/sites with an end of life care volunteer programme
100%
50%
0%
Submission Response
No
Source: Hospital/site overview
Type of support to promote wellbeing available for staff involved in end of life care
100%
50%
0%
Specific input for end of life care
Generic support for end of life care
Both specific input and generic support
Submission Response
No
Yes
No
Source: Hospital/site overview
Hospitals/sites where there is time for quality improvement work for following staff group
100%
50%
0%
1. Medical staff
2. Nursing staff
3. AHP staff
4. Other staff
Submission Response
Yes
No
No
No
Source: Hospital/site overview