**Background**  The trust has been committed to the Transforming End of Life Care (EOLC) programme for over a year and is required to collect data for the matrix developed by the programme and for Merseyside and Cheshire clinical network. The matrix is a valuable way to measure the implementation of tools/enablers at the end of life, both nationally and locally. Gathering evidence through audit has demonstrated the need for quality tools/enablers or End of Life Care facilitation at Trust level and supports the sustainability of such tools/facilitation by identifying gaps in knowledge and skills and training requirements of the health care professionals caring for patients.  

**Aim**  The overall aim of the audit supports a process of continuous improvement in the care of persons at the end of life, including their families against the Quality Standards for End of Life Care NICE (2012) and Good Practice Guide towards EOLC (GMC) 2010 in the acute setting. This is achieved through the following measures:  

- The use of recognised EOLC tools and enablers as part of the National End of Life Care Transform Programme guidance for acute trusts.  
- Assessing the quality of documentation as a patient deteriorates and dies.  

**Method**  A hand search of the case notes was undertaken for all patients who had died within the trust during May 2013. Evidence was sought for a written medical plan with escalation decisions, diagnosis of dying, documented conversations with the patient or the family about deterioration and/or dying and use of EOLC tools.

**Results**  There is very limited evidence within the case notes that imminent death was recognised and documented. However the majority of patients who died did have a Do Not Attempt Resuscitation (DNAR) status documented. Low rates of referral to Specialist palliative care teams were noted, and anticipatory medication was prescribed in a limited number of cases.

**Conclusion**  The use of tools or enablers support and guide recognition and documentation of the dying phase.