

National Audit of Care at the End of Life (NACEL) Patient and Carer Tool

Phase 2 Information Pack

February 2026



National Audit of Care
at the End of Life

Auditing last days of life in hospitals



About NACEL

- 🌐 NACEL is a national audit of the quality and outcomes of care experienced by the adult dying person (18+) and those important to them.
- 🌐 NACEL looks at the last hospital admission leading to death in a hospital setting in England, Wales and Jersey.
- 🌐 Data is collected from patient notes, bereavement survey, staff survey and a hospital survey.
- 🌐 There are over 100 metrics that NACEL collects.
- 🌐 NHS Benchmarking Network have delivered the audit since 2017.
- 🌐 The audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Government of Wales and Jersey.



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Llywodraeth Cymru
Welsh Government



The importance of publicly available data

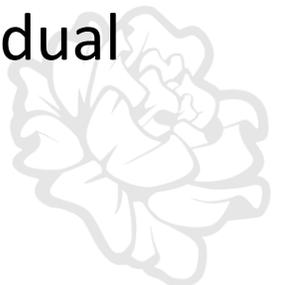
- 🌱 To allow for transparency of care – so the public can see what care is like in hospitals close to them.
- 🌱 To grow the momentum in improving end of life care
- 🌱 To hold NHS organisations to account – this may not just be a hospital but perhaps its commissioning body.
- 🌱 Reducing public misinformation
- 🌱 Supporting research in the field of end-of-life care
- 🌱 Empowering patients/public
- 🌱 Increasing engagement broadly



About the Patient and Carer Tool

The task: Develop an interactive, publicly-available platform displaying the NACEL 2024 data.

- 🌐 Phase 1 of the tool was launched in August 2025 following consultation with 10 bereaved relatives
 - It can be found on the NACEL website here: www.nacel.nhs.uk/patients-and-carers-data
- 🌐 The key decisions made in phase 1 were:
 - To include data about the following 5 areas:
 1. Hospitals with face-to-face specialist palliative care (8 hours a day, 7 days),
 2. The dying person was given enough pain relief,
 3. Hospital care and support rated as excellent or good,
 4. The dying person had discussed personalised care and support planning,
 5. Spiritual/religious/cultural needs of families and others were assessed.
- 🌐 To make regional and country level data available (rather than hospital level data)
- 🌐 Phase 2 of the tool will launch in August 2026, showing the data at individual hospital level, as well as regional and country level.



Relevance and timing – England only

- 🌍 The UK Government prioritised Palliative Care and End of Life Care for rapid transformation as part of its 10 Year Plan.
- 🌍 The Palliative Care and End of Life Care Modern Systems Framework (MSF) is led by NHSE and is specific to England.

Modern Service Frameworks (MSFs) are [NHS England](#)'s key mechanism under the 10-Year Health Plan to modernize care, reduce inequality, and improve productivity

- 🌍 The NACEL team have been involved in the MSF work and continue to work closely with NHSE ensuring alignment (where possible) of the Patient and Carer Tool and the MSF.



Steps taken to scope NACEL Patient and Carer Tool

Phase 1

- 10 bereaved people were invited to participate. They were recruited in a variety of ways.
- They received an example website with a survey asking for feedback on usability and content
- Their feedback was reviewed and five participants were invited to attend a focus group
- The focus group was run to discuss content and usability
- A test site was created
- The NACEL Steering Group signed off the tool on the 18th June 2025
- Phase 1 of the tool was launched in August 2025
 - www.nacel.nhs.uk/patients-and-carers-data



Steps taken to scope NACEL Patient and Carer Tool

Phase 2

- NHS England, NHS Wales and Jersey nominated a range of professionals from clinical, non-clinical and leadership roles. From the 35 nominated, 22 professionals were selected to attend 2 task and finish groups.
- Task and Finish groups were held in November and December 2025. The main outputs from these meetings were:
 - Top 4 risks and mitigations associated with tool identified
 - Proposed communications plan
 - Stakeholders considered and a list of key contacts drawn up
 - Recommendation that a further meeting take place with the participants from phase 1 and professionals from the task and finish groups – a ‘co-production group’
 - A co-production group meeting was held in February 2026. Five colleagues from the Task and Finish group and five bereaved relatives who were involved in the development of phase 1 were invited.
- The communications plan was disseminated to NHS England, Wales and Jersey.
- The co-production group achieved 3 aims:
 - Review content and design of tool
 - Formulate feedback mechanisms
 - Resources and supporting information embedded on the website
- Phase 2 re-designed and due for sign off by NACEL Steering Group in February 2026.



Patient and Carer Tool - Phase 1 (current)



What is the data showing?

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

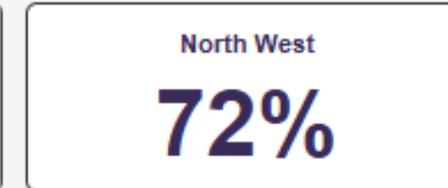
What does this mean? ▾

Select your country or region:

England ▾

Select a comparison:

North West ▾



Data source: Hospital/Site Overview ▾

National guidance:

NICE NG142 (2019)

NICE QS13 (2021)

Ambitions for Palliative and End of Life Care, Palliative and end of life care delivery plan 2017 (Wales)

One chance to get it right

This is an image of the current tool (Phase 1).

Available [here](#)

In August 2026, the public will be able to select individual hospitals



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Patient and Carer Tool – Phase 2 (August 2026)

This is an example of the updated tool that will be launched in August 2026.

The updated tool will include:

- Data from 2024 and 2025
- Results shown at hospital/site level, as well as regional and national levels
- Performance displayed in quintiles to show variation
- Links to additional resources and support

The screenshot displays the Patient and Carer Tool interface. At the top, there are three navigation tabs: "Select your hospital" (with a dropdown menu for "[Hospital Name]"), "Accessibility" (with a text description and a "Send your Feedback" button), and "Feedback" (with a text description and a "Send your Feedback" button). Below the navigation is a row of five icons representing different data categories: "Dying person had discussed personalised care and support planning", "Spiritual/religious/cultural needs of families and others were assessed", "Dying person was given enough pain relief to treat symptoms", "Hospital care and support rated as excellent or good", and "Hospitals with face-to-face specialist palliative care (8 hours a day, 7 days)".

The main content area is titled "What does this data tell me?". It features a sub-heading: "Proportion of patient clinical notes with documented evidence that the patient participated in personalised care and support planning (advance care planning) conversations". Below this, there is a paragraph explaining that personalised care means talking to someone about what matters most to them about their health and care. It notes that these conversations can happen in hospital or elsewhere like at home. It also states that if someone is dying in hospital, it's really important that the hospital team knows what the person said in these talks. This helps the team try to give care that respects their wishes and supports them in the best way possible. The report looks at care between 1st January and 31st December 2025. There is a link to "See the source for this information".

The "My Hospital's Result" section shows three data points for "[Hospital Name]": "Latest Result (2025)" is 78%, "Previous Result (2024)" is 75%, and "Year-on-Year Change" is +3%. Below this, a paragraph explains that in 2025, the hospital result is 3 percentage points higher than in 2024. This change may reflect differences in performance, year-on-year variation, or changes in the patient sample.

The "Regional and National Comparison" section shows two horizontal bar charts. The "Regional Comparison" chart shows a range from 67% to 81% with "My Hospital: 78%" marked. A paragraph below states: "In 2025, the hospital is in the second-highest quintile compared with other hospitals in the region, suggesting above average performance." The "National Comparison" chart shows a range from 62% to 89% with "My Hospital: 78%" marked. A paragraph below states: "In 2025, the hospital is in the highest quintile compared with other hospitals across England, Wales and Jersey, suggesting above average performance."

The "Resources and Support" section contains three boxes, each with a "Title of Resource", a description ("More detailed information about the resource of support."), and a "Download or link" button.

Further information

 Want to know more? Register for the upcoming drop-in sessions which will take place in June and July 2026:

- www.nacel.nhs.uk/events

 Contact the NACEL Support Team:

- Email – nhsbn.nacelsupport@nhs.net
- Phone – 0161 521 0866

