

Impact of National Audit of Care at the End of Life (NACEL)



Aim: To improve the quality of care of adults (18+) at the end of life in NHS-funded hospital inpatient settings in England, Wales and Jersey.

NATIONAL

How the project provides evidence of quality and outcomes of care nationally

Over 40,000 case reviews and family surveys have created the UK’s strongest evidence base, giving a clear picture of what good end-of-life care looks like, and where improvement is urgently needed

NACEL’s evidence is recognised nationally, being invited to contribute to national inspections and reviews of end-of-life care, including the [Commission on Palliative and End-of-Life Care](#) ensuring that the experiences of patients and families shape the future of care in England.

Audit findings inform NICE Quality Standards, Care Quality Commission inspections and national strategies – ensuring change reaches every hospital ward.
Citation of NACEL in NICE Quality Standards [QS13](#) & [Q144](#).

Academic citations of NACEL results included in the BMJ , providing evidence of the quality of care at the end of life in hospitals: [2025;15:266-269](#), [2024; 14:A18](#), [2024;14:A32-A33](#)

NACEL is raising the visibility of UK end-of-life care, with findings shared at leading conferences and cited in academic research. Presentations at the [International Collaborative for Best Care for The Dying conferences Palliative Care Congress](#) 500 delegates) and the [Community Hospital Association Conference](#)) have positioned NACEL as a benchmark for quality.

NACEL’s partnership with [The Ambitions Partnership for PEOLC](#) ensures that audit evidence directly informs national priorities, accelerating transformation in end-of-life care.

NACEL won the [Communicating for Impact Commendation Award](#) (Joint Winner) as part of the 2025 Clinical Audit Heroes Awards.

NACEL reporting tool benchmarks the results at a local, regional and national level allowing for comparisons across England, Wales & Jersey. NACEL helps viewers monitor hospital performance in delivering care at the end of life over time (yearly & quarterly), e.g. see the chart below.

The proportion of people who had an individualised plan of care addressing their needs at the end of life, where it was recognised that the person may die during the final admission (2018 - 2025)

Year	Proportion (%)
2018	65
2019	70
2021	72
2022	75
2023/24	72
2024/25 Q4	75
2024/25 Q1	75
2024/25 Q2	78
2024/25 Q3	75
2024/25 Q4	80

*Sample of deaths audited has changed throughout

SYSTEM

How the project supports policy development & system management

Over two-thirds of ICBs access the NACEL [Data and Improvement Tool](#), using the data to shape strategy and commissioning decisions that directly affect how people are cared for in their final days

[NACEL’s 2024 recommendations](#) are driving system-wide change, guiding ICBs, health boards and commissioners to work collaboratively with providers to improve care.

NACEL’s unique analysis of inequalities, as featured in the [2024 State of the Nation Report](#), highlights where patients from minority ethnic backgrounds receive poorer care, driving national action to ensure equity at the end of life

NACEL are collaborating with electronic patient record suppliers to support improvements in PEoLC clinical coding, making data entry and sharing faster, easier, and more accurate.

NACEL dataset used to identify system variation in the quality of care at the end of life by region and provider site type (acute hospitals, community hospitals and mental health inpatient settings). . NACEL identified as a key source of evidence that acknowledges the contribution of community hospitals in the provision of palliative care and end of life care in the submission by the [Community Hospitals Association \(CHA\)](#) to the Health and Social Care Committee’s Expert panel

NACEL identifies [outliers](#) and informs national regulatory bodies, including Care Quality Commission (CQC), NHS England, Healthcare Quality Improvement Partnership (HQIP) and Health Inspectorate Wales (HIW). NACEL supports organisations to prevent further performance decline, driving measurable improvements in care quality

LOCAL

How the project stimulates quality improvement

Feedback from NHS providers report that the audit findings and outputs have supported business cases, learning & education, service development and workforce development to improve end of life care service. More than 200 local examples of NACEL’s impact is available in the [NACEL Impact Compendium](#) e.g.,
“Increased awareness throughout clinical teams of the importance of having shared conversations and increasing the awareness of where to ask for help if required.”

NACEL gives clinicians and managers insights to improve care in an inpatient setting, via the [Data and Improvement Tool](#), from recognising when someone is dying to ensuring hydration, comfort and dignity.

NACEL Case Note Review process requires clinicians to assess patient records retrospectively, serving as a learning opportunity, helping healthcare professionals identify both effective and suboptimal practices to support continuous improvement in care delivery.

NACEL drives improvement in end-of-life care by facilitating shared learning and collaboration through the [Good Practice Compendium](#), an online tool highlighting innovative practices from 68 participating organisations.

Hospitals use NACEL data to report to Boards via the Quality Account and drive improvement plans.

PUBLIC

How the project is used by the public and the demand for it


[NACEL Patient and Carer Tool](#) makes results transparent, helping patients and carers understand what good care looks like and giving them confidence that their loved ones’ voices are heard.

The [NACEL Helpline](#) receives thousands of queries, demonstrating its vital role in supporting healthcare professionals and organisations to understand audit findings and drive improvements in end-of-life care


Over 10,000 bereaved families have shared their experience with NACEL, ensuring the voices of the public shape how hospitals deliver end-of-life care.

Non-NHS providers are adopting the NACEL materials as a template to shape their own research and improvements in end-of-life care.

The growing demand to expand NACEL into emergency care and community settings highlights the audit’s value and impact as a trusted standard for improving care at the end of life.



National Audit of Care at the End of Life
Auditing last days of life in hospitals



HQIP
Healthcare Quality Improvement Partnership

Impact report September 2025.