Recommendations arising from the National Audit of Care at the End of Life 2025

The National Audit of Care at the End of Life 2025 focuses on practice in acute and community hospitals in England, Wales and Jersey. This document outlines the NACEL 2025 recommendations, supplementary information, linked national standards and supporting data.

Content:

National Audit of Care at the End of Life 2025
Auditing last days of life in hospitals

HQIP
Healthcare Quality Improvement Partnership

Recommendation 1: System-level accountability for care at the end of life quality improvement and equity

Recommendation:
Integrated Care Boards, Health Boards and commissioners must ensure robust system-level accountability and oversight of provider quality improvement plans relating to care at the end of life, in line with the NHS England Strategic Commissioning Framework and corresponding planning, quality improvement and commissioning expectations relating to end of life care within Wales and Jersey. It is advised that commissioners undertake a review of the quality improvement plans on an annual basis ensuring that they contain clear, evidenced, and deliverable actions. Commissioners should work collaboratively with providers and system partners to support measurable progress against national priorities, including the NACEL 2024 recommendations; • Ensuring equitable access to specialist palliative care, including face-to-face specialist medical and nursing cover 8 hours a day, 7 days a week and 24/7 telephone advice services • Increasing the number and quality of personalised care and support planning conversations • Addressing health inequalities in care at the end of life • Improving the delivery, uptake, and quality of end of life care training
National recommendation responsibility:
Integrated care boards, health boards, commissioners and system providers
Guidance available
• Strategic Commissioning Framework. NHS England. Published: 4 November 2025 • Palliative and end of life care: Statutory guidance for integrated care boards (ICBs). NHS England. Published: 20 July 2022 • Review of patient safety across the health and care landscape. Department of Health & Social Care. Published: 7 July 2025 • Quality statement for palliative and end of life care for Wales. Welsh Government. Published: 7 October 2022 • National Service Specification for Wales: Palliative and End of Life Care Services. NHS Wales. Published: August 2025 • A Palliative and End of Life Care Strategy for Adults in Jersey 2023 -2026. Government of Jersey. Published October 2023.
NACEL 2025 evidence
• **81%** of hospital/sites report having implemented quality improvement plans relating to end of life care in the past year • **13%** of hospital/sites report that they are currently planning quality improvement plans relating to end of life care • **6%** do not have a quality improvement plan relating to end of life care

- Of the hospital/sites that implemented quality improvement plans relating to end of life care in the past year:
    - **69%** had shared these with the ICB/Health Board
    - **31%** had not shared these with the ICB/Health Board
- **97% (97% in 2024)** of hospital/sites have access to a specialist palliative care service
- Of hospitals/sites with access to specialist palliative care:
    - **64% (61% in 2024)** of hospitals/sites have face-to-face specialist palliative care availability, 8hr a day, 7 days a week (Nurse and/or Doctor)
    - **89% (90% in 2024)** of hospital/sites have 24/7 telephone specialist palliative care availability (Nurse and/or Doctor)
- **19% (18% in 2024)** of case notes had evidence that the person had participated in personalised care and support planning conversations prior to admission.
- **33% (31% in 2024)** of case notes had personalised care and support planning conversations during the admission but **53% (56% in 2024)** of case notes had no conversation recorded.
- **51% (50% in 2024)** of bereaved people said the person did not have an advance care plan in place before they died.
- Of the people expected to die during the hospital admission, **86% (84% in 2024)** had an individualised plan of care addressing their needs at the end of life.
- **11% (14% in 2024)** of case notes had unknown/not stated ethnicity of the patient recorded
- The overall rating of care for patients of Asian (**60%**), Black (**61%**), Mixed (**65%**), Other Minority Ethnic Groups (**75%**), and Unknown ethnicity (**52%**) were less likely to be recorded as excellent or good by bereaved people, compared to patients of White ethnicity (**78%**).
- Bereaved respondents were less likely to report that staff behaved with compassion and care where the patient was of Asian (**62%**), Black (**63%**), Mixed (**73%**), Other Minority Ethnic Groups (**82%**) and Undisclosed ethnicity (**55%**) than people of White ethnicity (**84%**).
- **65% (66% in 2024)** hospital/sites with end of life care training included in induction programme during 24/25
- **52% (51% in 2024)** hospital/sites with end of life care training included in mandatory/priority training during 24/25
- **78% (75% in 2024)** hospital/sites with end of life care training included in communication skills training during 24/25
- **98% (96% in 2024)** hospital/sites offered some other form of end of life care training during 24/25

Recommendation 2: Strengthening the evidence base and identifying solutions to reduce inequalities in care at the end of life

Recommendation:
The National Institute for Health and Care Research (NIHR) should prioritise a coordinated programme of research focused on reducing inequalities in care at the end of life for adults dying in hospital. This programme should build on findings from the NACEL programme and support the development, evaluation, and implementation of effective interventions to address identified inequalities. Particular attention should be given to variations in the quality of care experienced by patients from different ethnic groups, including patients whose ethnicity is undocumented. NIHR should work collaboratively with the NACEL programme and other relevant partners to identify shared research priorities and maximise the use of existing national datasets, including the NACEL dataset (2018–2025), to better understand inequities in care and inform targeted quality improvement initiatives.
National recommendation responsibility:
National Institute for Health and Care Research (NIHR)
Guidance available
• Core20PLUS5 (adults) - an approach to reducing healthcare inequalities. NHS England. Published: November 2021 • Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026. National Palliative and End of Life Care Partnership. Published: May 2021 • Quality statement for palliative and end of life care for Wales. Welsh Government. Published: 7 October 2022 • National Service Specification for Wales: Palliative and End of Life Care Services. NHS Wales. Published: August 2025 • A Palliative and End of Life Care Strategy for Adults in Jersey 2023 -2026. Government of Jersey. Published October 2023.
NACEL 2025 evidence

• A chi-square test of independence was performed to examine the relationship between care delivered at the end of life and patient ethnicity. The relationship between these variables was significant for several areas of care, including the below:
  ○ Findings from the Case Note Review show that patients with unknown ethnicity have worse outcomes. This strengthens the need for inpatient staff to record patient ethnicity, to ensure that inequities in end of life care can be identified and addressed in order to support high quality care.
  ○ Cultural and religious needs seem to be being met, especially for Asian patients and their families, as well as for Black, Mixed, and Other ethnicity patients and their families.

- Documented evidence of sufficient pain relief or reviews of other non-pain related symptoms such as nausea or breathlessness seems to be lacking in Asian patient groups.

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