National Audit for Care at the End of Life (NACEL) Webinar

NACEL 2024 State of the Nations Report and National Recommendations

18th September 2025

National Audit of Care at the End of Life 2025

Auditing last days of life in hospitals

Agenda

12:00 – 12:10	**The National Audit for Care at the End of Life - Power, Potential and the Big Picture**	**Sarah Mitchell, National Clinical Director, NHS England**
12:10 – 12:20	**Reflecting on NACEL 2024**	**Jessica Moss, NACEL Quality Improvement Lead**
12:20 – 12:50	**NACEL 2024 State of The Nations Report & National Recommendations**	**Dr Rosie Bronnert, NACEL Quality Improvement Clinical Advisor**
12:50 – 13:05	**Supporting resources for QI**	**Jessica Moss, NACEL Quality Improvement Lead**
13:05 – 13:25	**Open forum & questions**	**Jessica Moss, NACEL Quality Improvement Lead**
13:25 – 13:30	**Next steps & close**	**Jessica Moss, NACEL Quality Improvement Lead**

Evaluation

Please share your feedback on the session:

https://forms.office.com/e/5y2KtyhQ1E

NACEL Quality Improvement Webinar Feedback - September 2025

The National Audit for Care at the End of Life

Power, Potential and the Big Picture

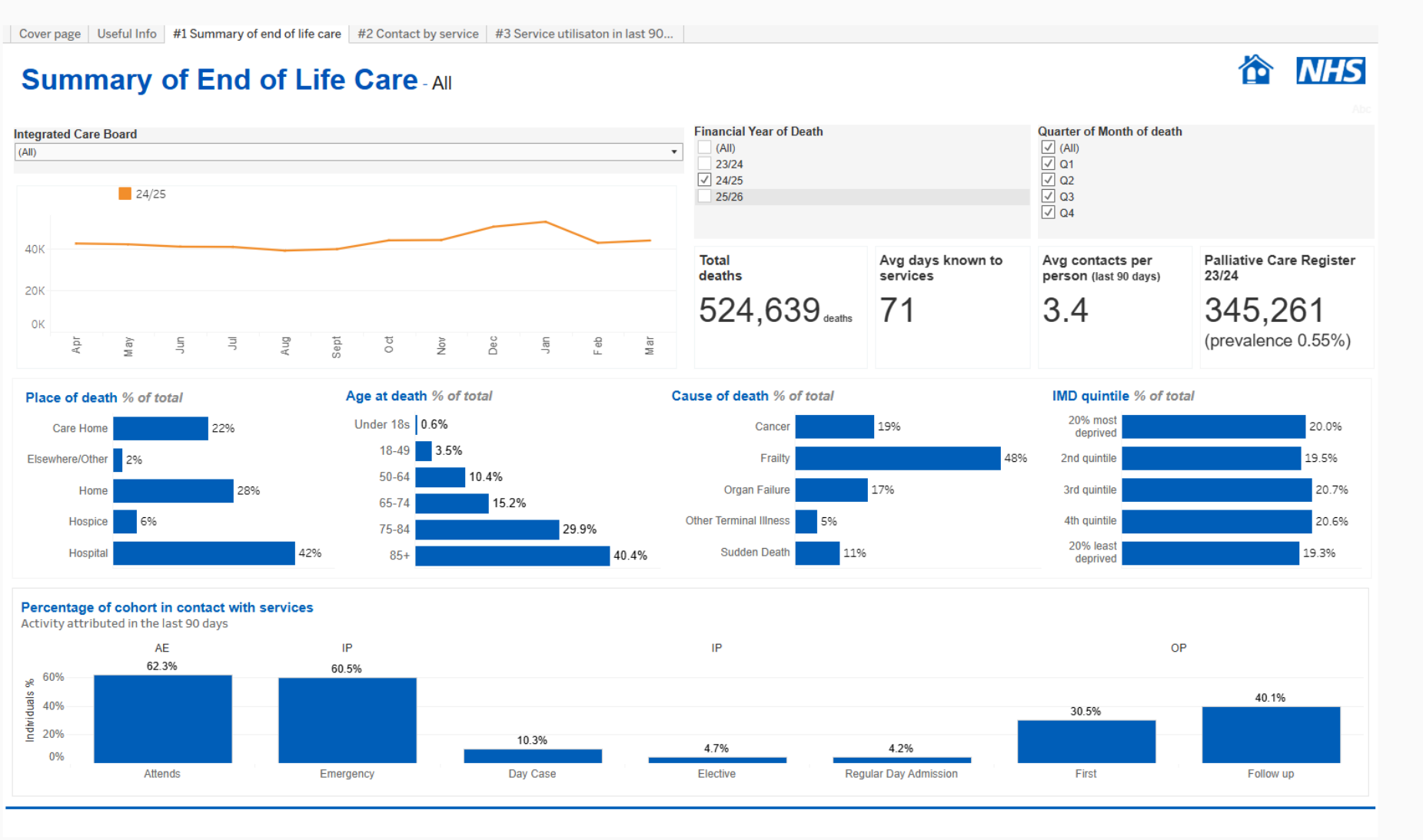
Presented by:
Sarah Mitchell
National Clinical Director for Palliative Care and End-of-Life Care, NHS England

The Big Picture: Patient and Population Need

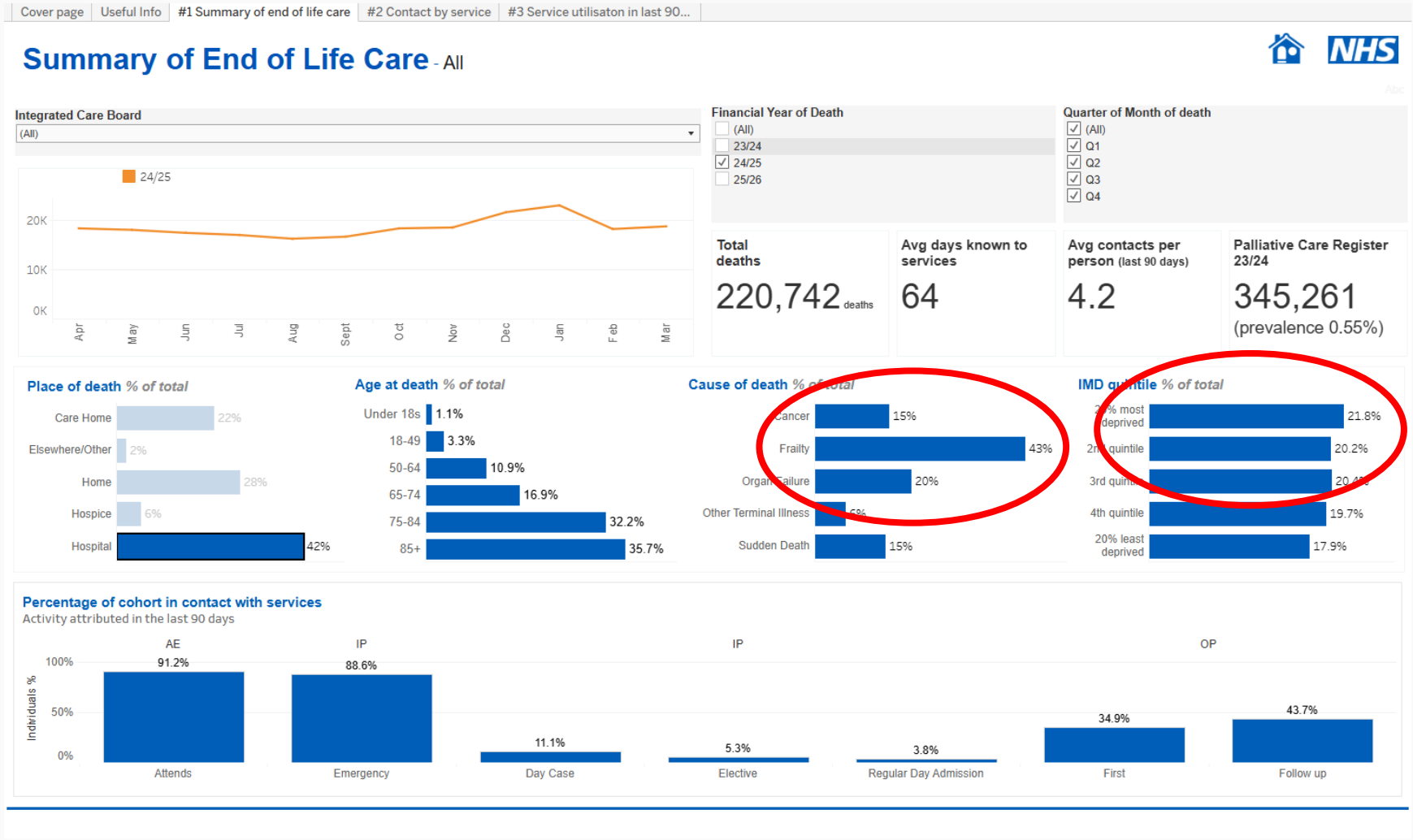
- Over 500,000 people die every year in England (1% of the population). This will increase to > 650,000 by 2040
    - **Complexity:** More people living longer with multiple complex conditions
    - **Aging and frailty:**
        - Over half of people in England are >80 years old when they die
        - In 2020, 85% of all deaths occurred in people aged 65 years and over. This is projected to increase to 90.9% by 2040.

- Of the 500,000 people who die each year, 70-90% have palliative care needs.
- Currently **56% of people in the last year of life, or who have palliative care needs,** are identified in primary care.
- Referrals to Specialist Palliative Care services often occur too late for real benefit.
- People in the most deprived communities have increased use of acute care services in the last 3 months of life, are less likely to receive Specialist Palliative Care services, and are more likely to die in hospital.

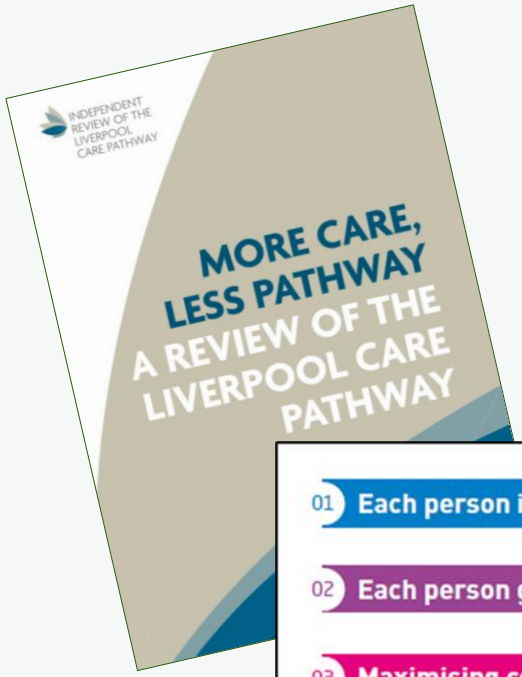
The Big Picture: Place of Death

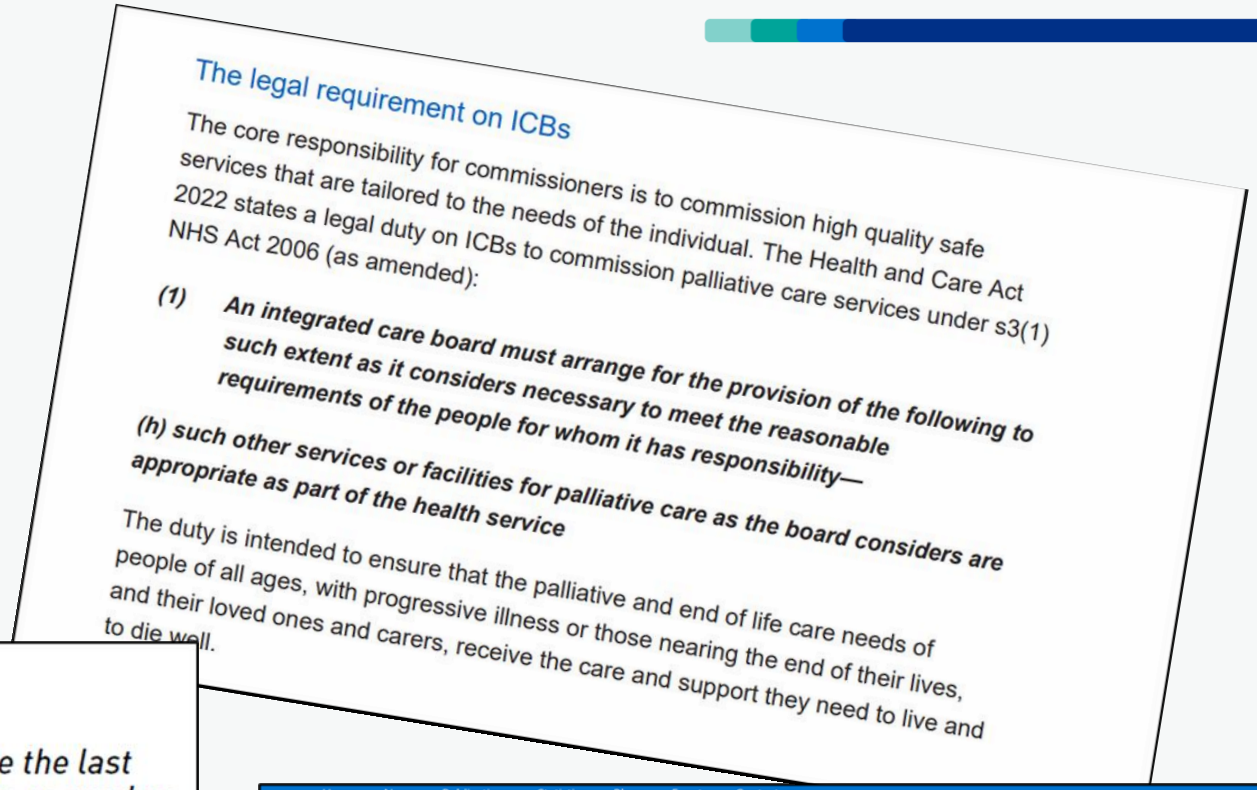


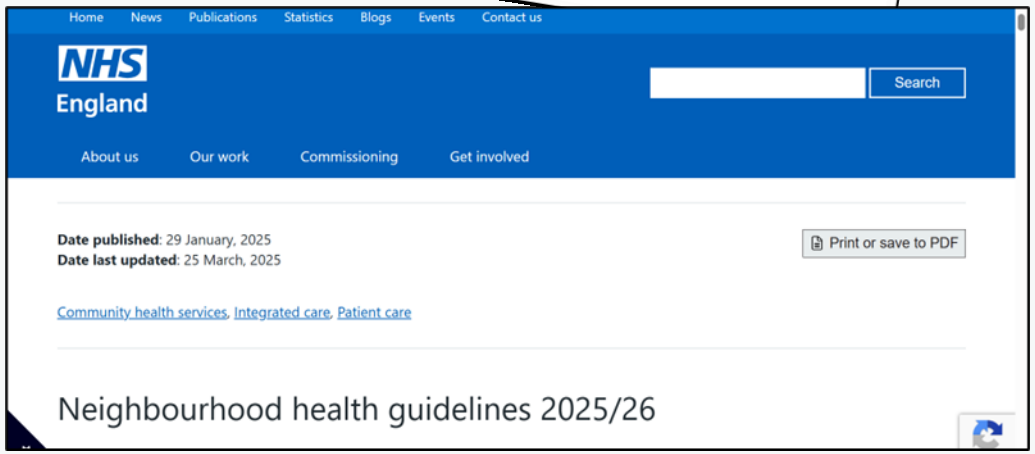
Place of Death: Hospital



The Big Policy Picture





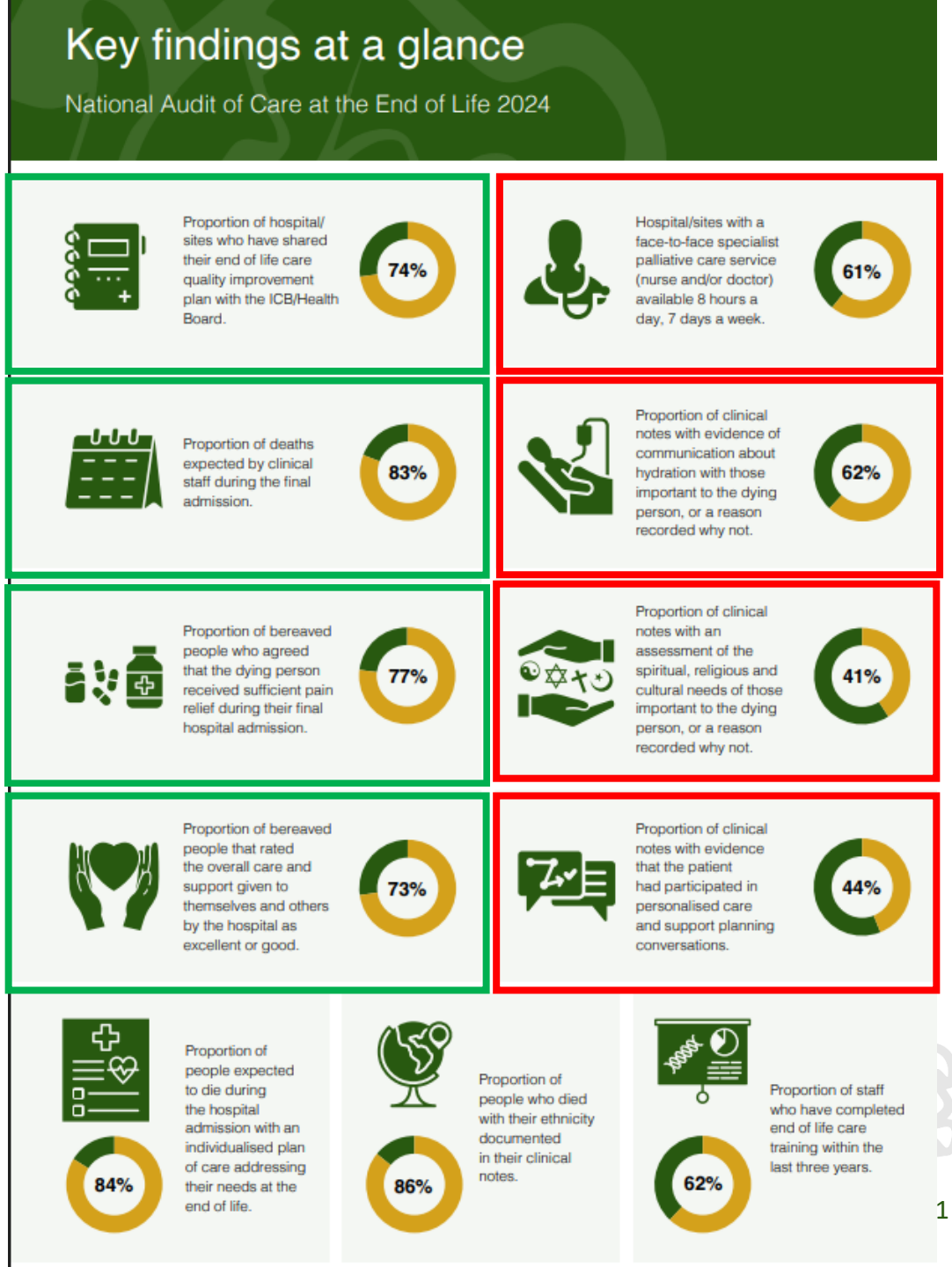



UK Government
NHS
FIT FOR THE FUTURE
10 Year Health Plan for England
CP 1350
July 2025

Politics


UK Parliament
Parliamentary Bills
HOUSE OF LORDS
Bill feed
UK Parliament > Business > Legislation > Parliamentary Bills > Terminally Ill Adults (End of Life) Bill
Terminally Ill Adults (End of Life) Bill
Private Members' Bill (Ballot Bill)
Originated in the House of Commons, Session 2024-26
Last updated: 15 September 2025 at 14:08
Commons
Lords
Final stages
See full passage
Details
News
Stages
Publications
Long title
A Bill to allow adults who are terminally ill, subject to safeguards and protections, to request and be provided with assistance to end their own life;
Terminally Ill Adults (End of Life) Bill
[AS INTRODUCED]
A
BILL
TO
Allow adults who are terminally ill, subject to safeguards and protections, to request and be provided with assistance to end their own life; and for connected purposes.
Presented by Kim Leadbeater
supported by Kit Malthouse, Christine Jardine, Jake Richards, Siân Berry, Rachel Hopkins, Mr Peter Bedford, Tonia Antoniazzi, Sarah Green, Dr Jeevun Sandher, Ruth Cadbury and Paula Barker.
Ordered, by The
ALFRED INCITING THE SAXONS TO PREVENT THE LANDING OF THE DANES
Palliative and End-of-Life Care Commission

Power: Key Findings



Potential for Impact

Leadership: provider and commissioner

Every system level

Access to Specialist Palliative Care

24/7

Improvement initiatives in personalised care and support planning

Continuity of care

More equitable care

Understanding the communities we serve and working in partnership

Increasing uptake of training

Systems, processes and existing resources to improve care

NACEL 2024

Jessica Moss,

NACEL QI Lead

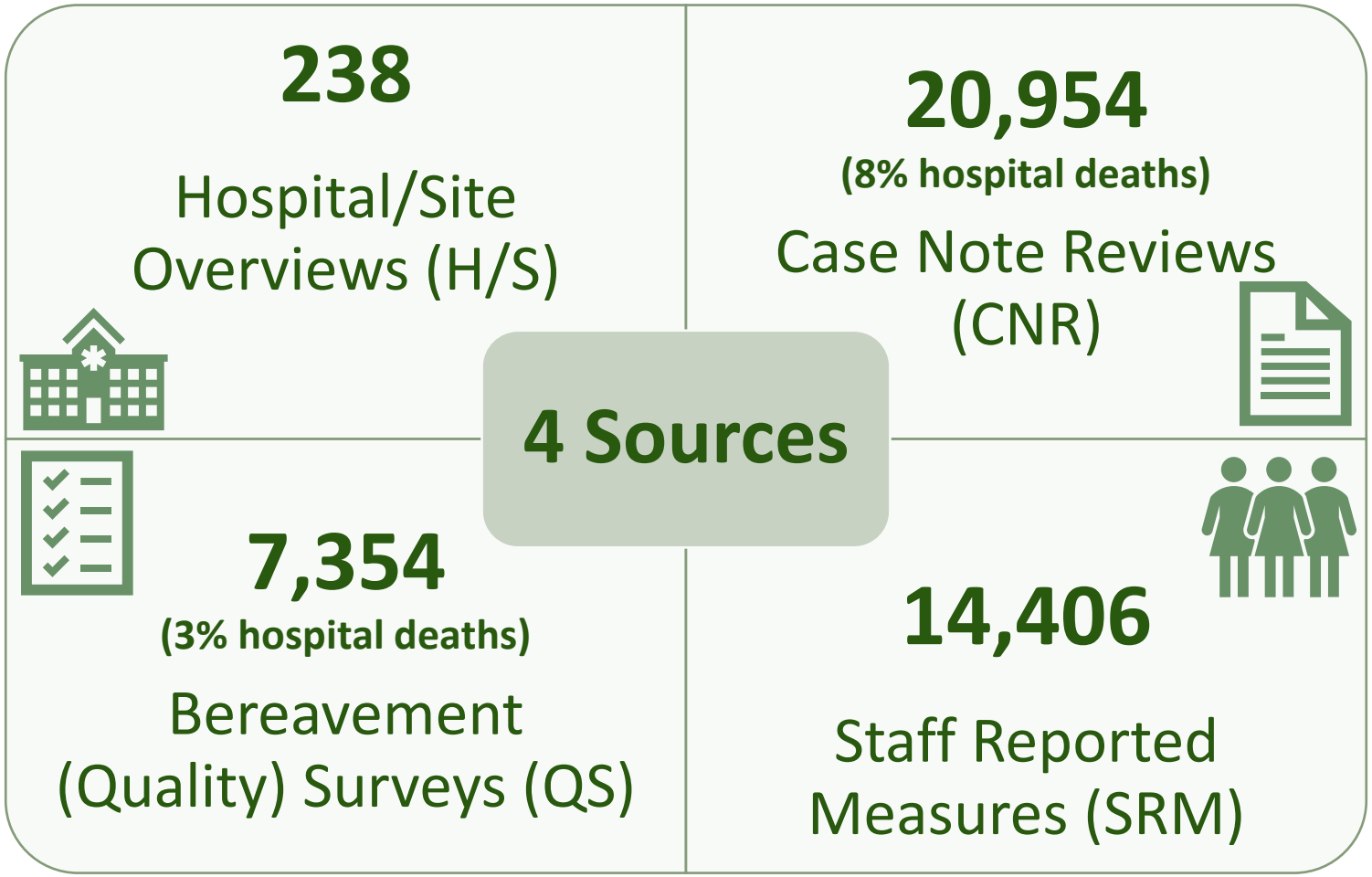
About NACEL

National comparative audit of the quality and outcomes of care experienced by the dying person and those important to them. The overall goal is to improve the quality of care of the dying person and those important to them during the last admission leading to death.

Audit aims:

1. To improve quality of end-of-life care by **identifying areas for action** in relation to delivery and outcomes, and adapting quality improvement priorities in line with evidence and guidance,
2. **Reduce unwarranted variation** through the benchmarking of outcome measures as well as identifying and managing outliers using the appropriate guidance,
3. **Understand and reduce health inequalities** in relation to impact on the specified measures, and
4. **Share and adopt best practice**, including QI examples and signposting to resources (Data and Improvement Tool).

NACEL 2024 Sample Size

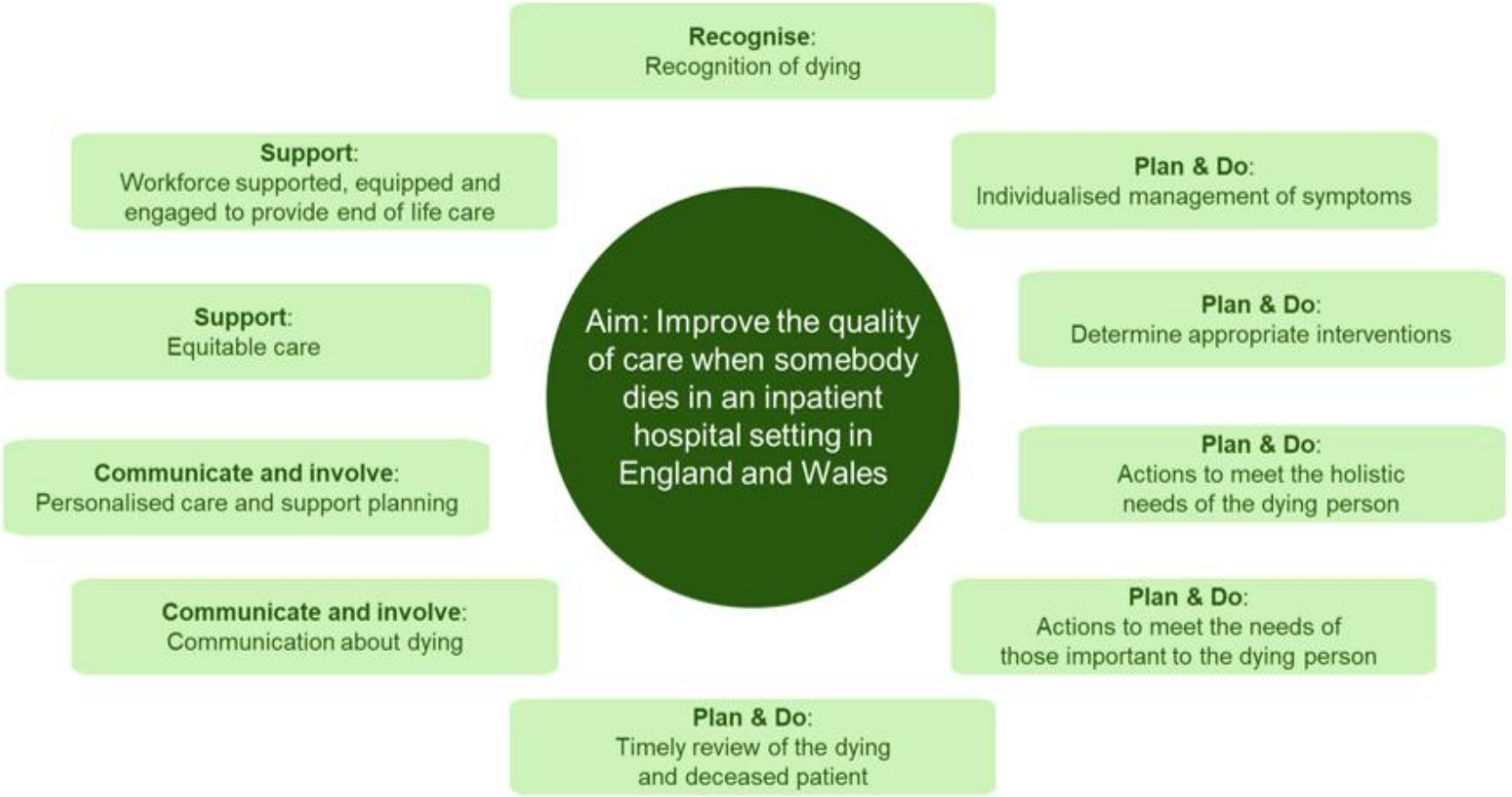


Key Findings

Dr Rosie Bronnert,

NACEL QI Clinical Advisor

NACEL Primary Drivers



NACEL 2024 driver diagram can be found here: www.nacel.nhs.uk/qi-documents

State of the Nations Report and Outputs

NACEL Outputs

2024: Round 5

England, Wales and Jersey

- State of the Nations Report
- Recommendations
- Annual data sheet
- Infographic
- Key findings summary
- Patients and Carers Tool

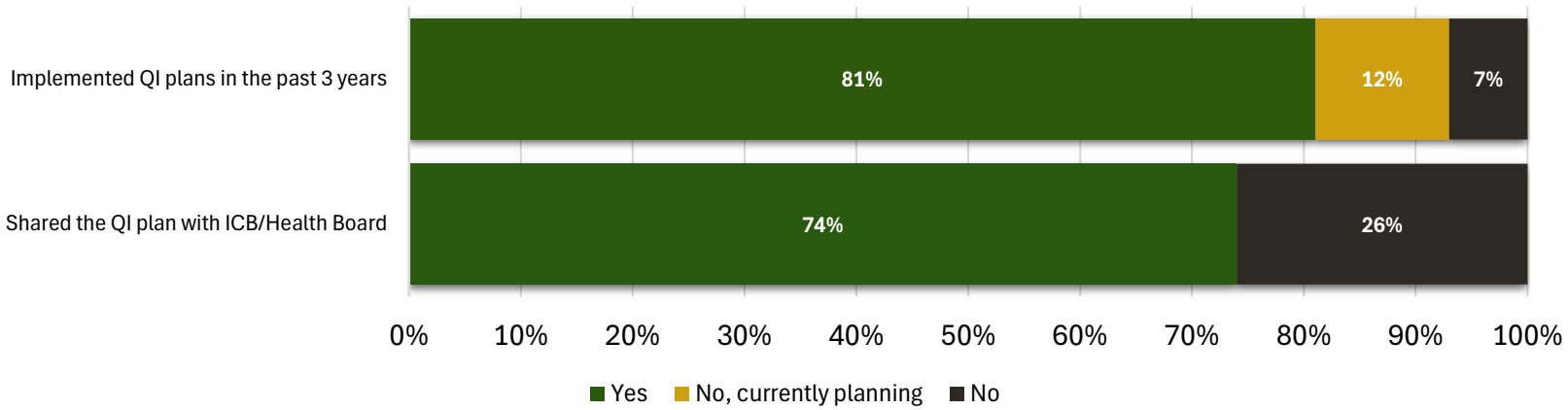
www.nacel.nhs.uk/outputs

NACEL 2024 Key Findings

- Quality Improvement Plans
- Access to Specialist Palliative Care Services
- Recognition of Dying
- Hydration Options
- Pain Relief
- Spiritual, Religious and Cultural Needs
- Care and Support
- Personalised Care and Support Planning
- Individualised Plan of Care
- Equitable Care
- End of Life Care Training

Key Finding 1: Quality Improvement Plans

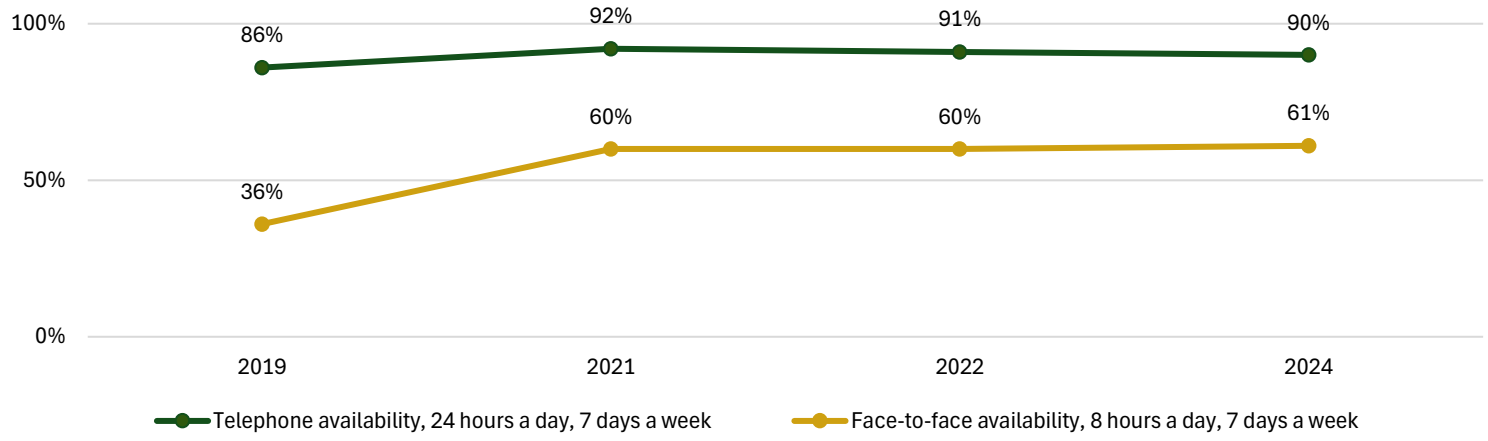
Of hospital/sites with quality improvement plans[2] relating to end of life care in place, 74% had shared these plans with the ICB/Health Board in the past three years.



[2]A quality improvement plan refers to a detailed proposal for improving the service quality for those who use it e.g. patients and those important to them (safe, effective & caring service) and/or for those providing services (well-led, sustainable and equitable service).

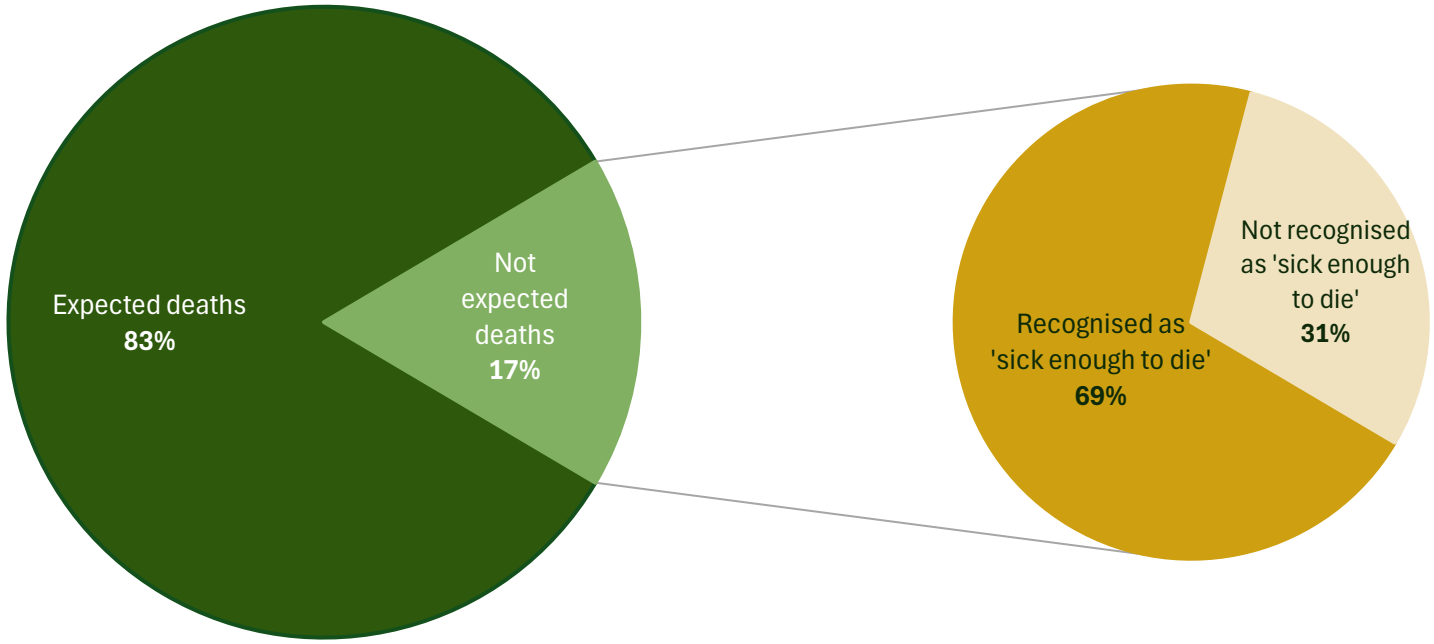
Key Finding 2: Access to Specialist Palliative Care Services

97% of hospital providers have access to specialist palliative care services. Yet of those providers, **61%** have access to a face-to-face specialist palliative care service (nurse and/or doctor) 8 hours a day, 7 days a week.



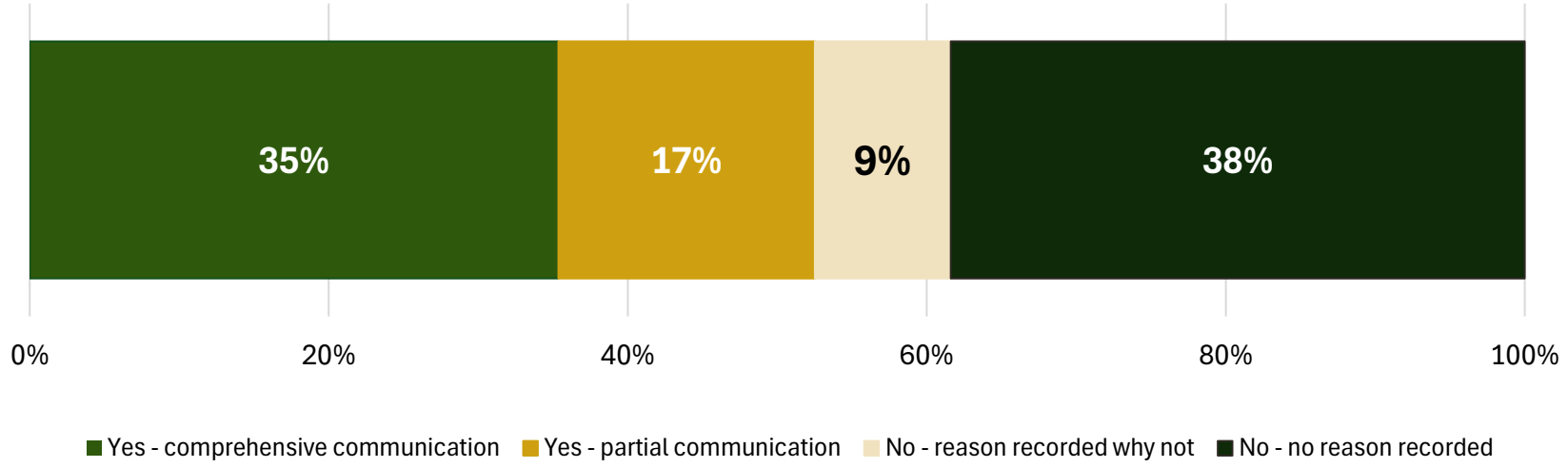
Key Finding 3: Recognition of Dying

Of the patients audited by the Case Note Review, 83% were expected to die during their final hospital admission. For these patients, the median time between first recognition that the patient might die (within days or hours) and death was 56 hours (2.3 days).



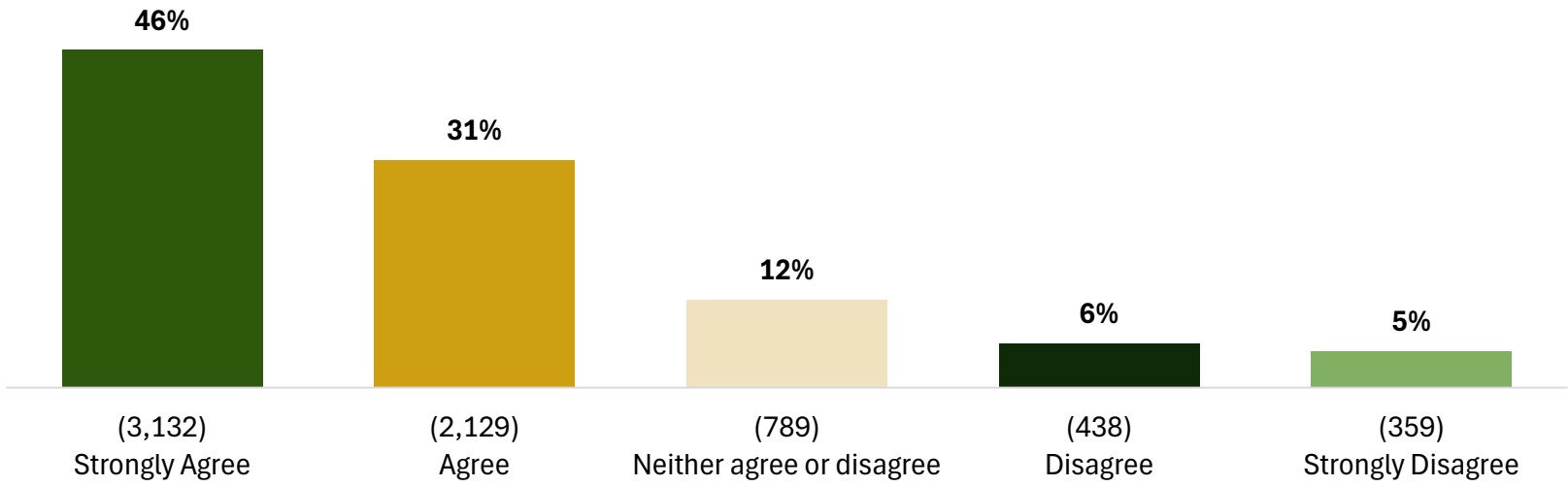
Key Finding 4: Hydration Options

Less than two thirds (62%) of the clinical case notes sampled had documented evidence that the patient's hydration options had been discussed with those important to the dying person (or where not possible, a reason was recorded).



Key Finding 5: Pain Relief

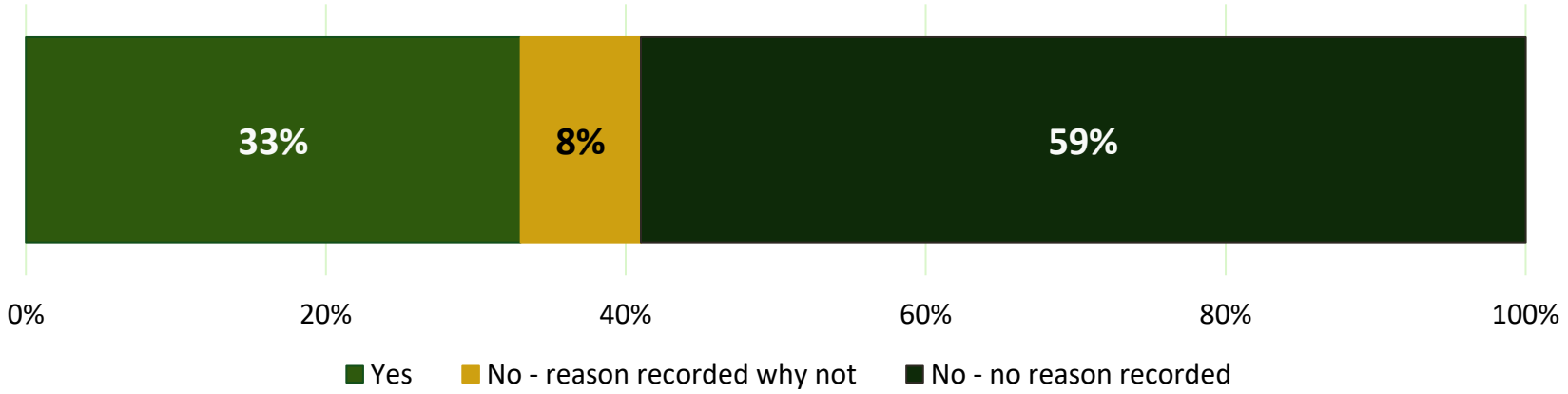
77% of bereaved respondents agreed that the dying person received sufficient pain relief during their final hospital admission, while **12%*** disagreed with this statement.



*The combined percentage for “Strongly Disagree” and “Disagree” equates to 12% due to rounding.

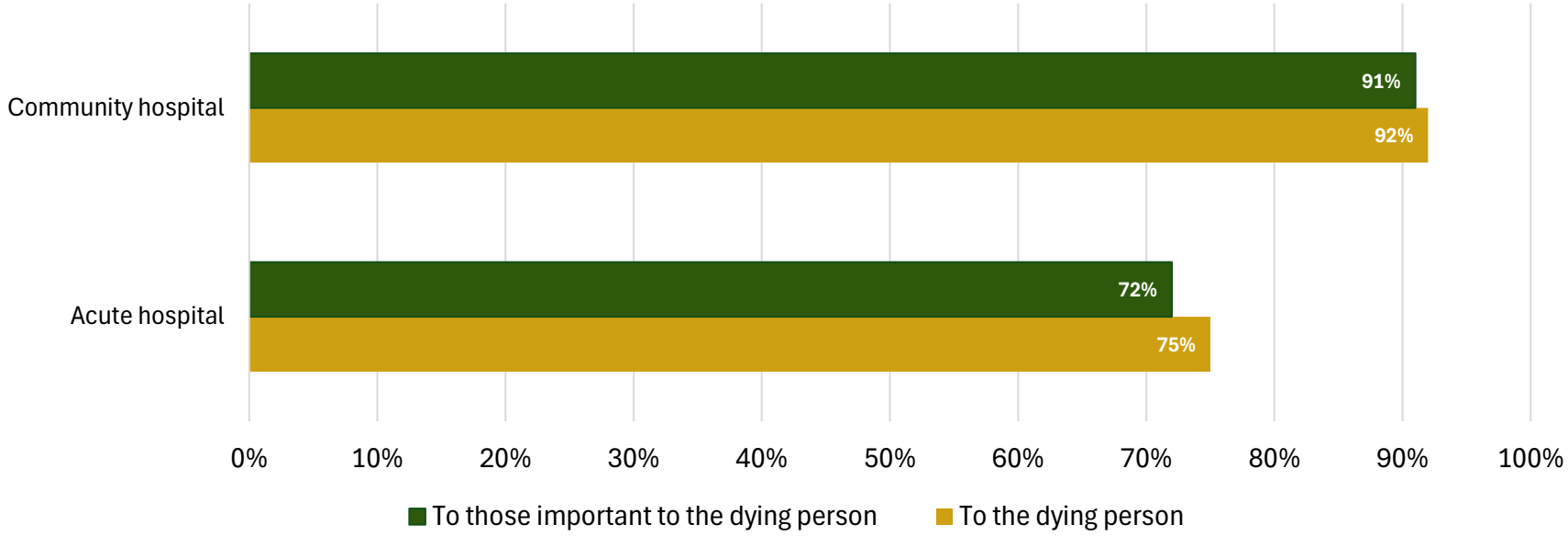
Key Finding 6: Spiritual, Religious and Cultural Needs

Spiritual, religious and cultural needs were least assessed and addressed when compared to other needs (communication, emotional/psychological and social/practical needs). An assessment of those important to the dying person's spiritual, religious and cultural needs was documented in 41% of cases (or where not possible, a reason was recorded).



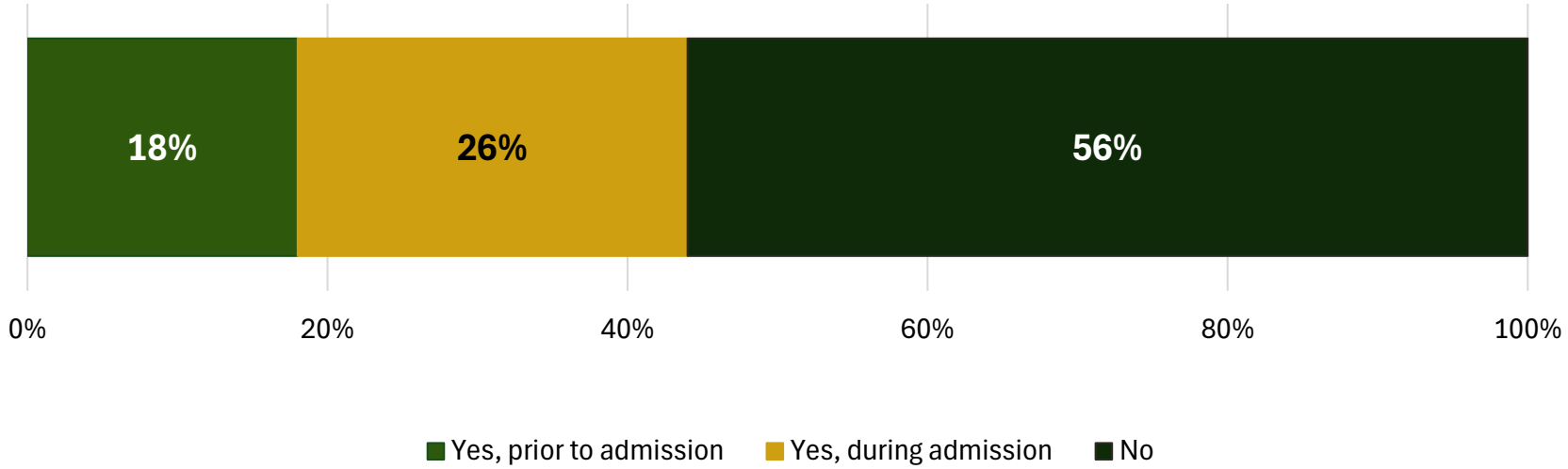
Key Finding 7: Care and Support

The care and support provided to the dying person was rated as excellent or good by 75% of bereaved respondents, whilst 73% of bereaved respondents rated the care and support given to themselves and others as excellent or good. Bereaved respondents were more likely to rate the care as excellent or good when delivered in a community hospital.



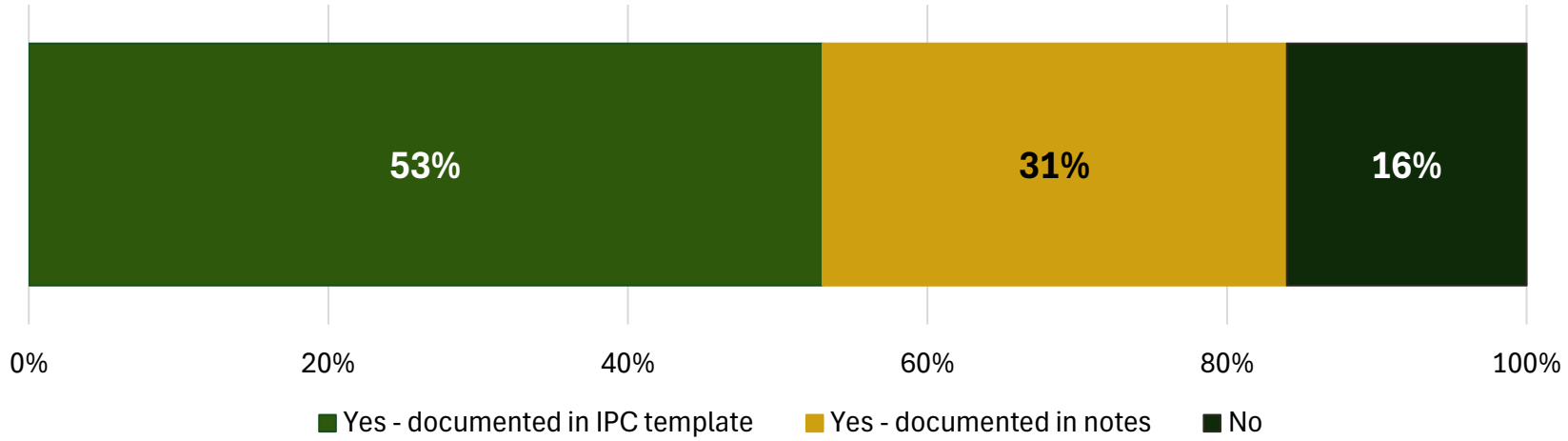
Key Finding 8: Personalised Care and Support Planning

From the Case Note Review, 44% of patients whose clinical notes were sampled had evidence that they had participated in personalised care and support planning, including advance care planning, conversations.



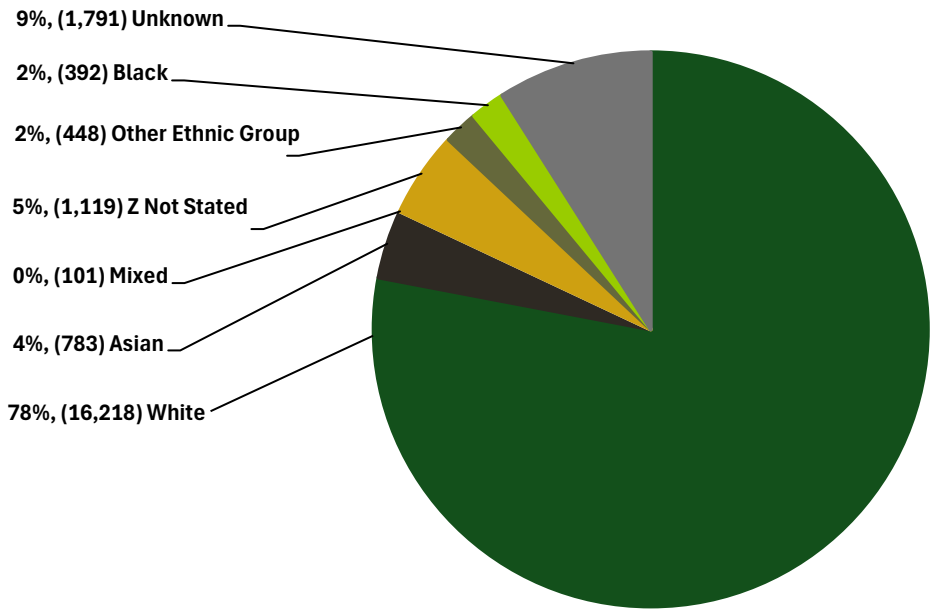
Key Finding 9: Individualised Plan of Care

Of the people expected to die during the hospital admission, 84% had an individualised plan of care addressing their needs at the end of life. Of these, 63% were documented on a standalone template and 37% within the general clinical notes.



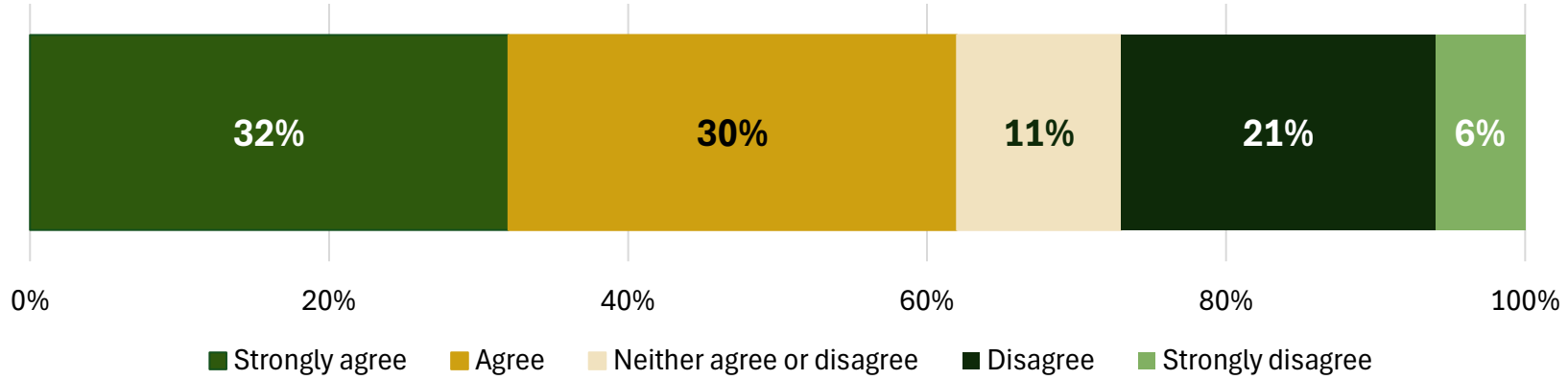
Key Finding 10: Equitable Care

When reviewing patient ethnicity, 86% of the clinical case notes included documentation of the patient's ethnicity and 14% reported ethnicity as either not stated or unknown.



Key Finding 11: End of Life Care Training

Only 62% of staff respondents had completed training specific to end of life care within the last three years.



Recommendations

Dr Rosie Bronnert,

NACEL QI Clinical Advisor

NACEL 2024 Recommendations

Leadership: provider and commissioner

Every system level

Access to Specialist Palliative Care

24/7

Improvement initiatives in personalised care and support planning

Continuity of care

More equitable care

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Increasing uptake of training

Systems, processes and existing resources to improve care

Recommendation 1

Oversight of hospital improvement plans

Integrated care boards, health boards and commissioners should ensure system level oversight of provider quality improvement plans relating to end of life care. For example:

- Having named clinical and executive leadership with responsibility for care at the end of life in both provider and commissioner organisations. This may include a system collaborative quality improvement group with oversight assurance of delivery
- Signing up to NACEL Data and Improvement Tool to understand provider performance of the 10 NACEL Key Indicators
- Requesting receipt of the annual NACEL report and recommendations from the provider within 4 weeks of publication
- Requesting sight of the end of life care quality improvement plan and subsequent activity updates from providers at least once a year

Recommendation 2

Access to specialist palliative care services

Integrated care boards, health boards and commissioners should ensure that services provide specialist palliative medical and nursing cover face-to-face, 8 hours a day, 7 days a week and a 24-hour, 7 days a week, telephone advice service. For example:

- Understanding existing provision of specialist palliative care in hospital including a gap analysis against NICE Standard QS13
- Working collaboratively with providers to develop and implement time-bound action plans to mitigate gaps in access to palliative care services
- Taking account of the population need to match service provision to ensure high quality end of life care, including specialist palliative care where indicated, is delivered for all dying patients
- Publishing strategic plans about system-wide access to specialist palliative care

Recommendation 3

Improve personalised care and support planning

Integrated care boards, health boards and commissioners should lead on collaborative improvement initiatives to increase the number of personalised care and support planning conversations, including advance care planning conversations, offered to patients. Further ensuring planning is shared across the system, including with the inpatient teams. For example:

- Actively seeking and learning from examples of governance and quality improvement initiatives to address unwarranted variation, including reviewing the NACEL Good Practice Compendium
- Monitoring the implementation of improvement work, considering its sustainability along with reviewing the trends in the metrics published by NACEL

Recommendation 4

Equitable care being delivered for all dying people

Integrated care boards, health boards and commissioners should ensure that high quality end of life care is equitable and tailored to the needs of the local population by recognising and actively addressing current inequities across the local system. For example:

- Having a comprehensive understanding of the population living in the local area including the palliative care and end of life care needs of those with intersectional disadvantage e.g. from a local needs analysis, and/or through the use of existing data such as Fingertips
- Understanding the provision of hospital services that can support the local population's end of life care needs e.g. services to support an urgent release of the body
- Identifying gaps in provision and implement action plans to an agreed timescale
- Publishing strategic plans for the delivery of equitable palliative care and end of life care for all dying people

Recommendation 5

Training and support

Integrated care boards, health boards and commissioners should consider system level initiatives aimed at increasing the uptake and quality of end of life care training. For example:

- Setting standards and establishing guidance, reflective of the local population need, for palliative care and end of life care training
- NACEL data highlights that training should include, but is not limited to, recognition of dying, pain management, discussions about drinking at the end of life and hydration, and assessment of spiritual, religious and cultural needs
- Seeking annual assurance from providers regarding numbers of staff who are undertaking training e.g. e-ELCA
- Developing strategic plans for staff training in palliative care and end of life care to support the delivery of end of life care

Supporting Resources and outputs for QI

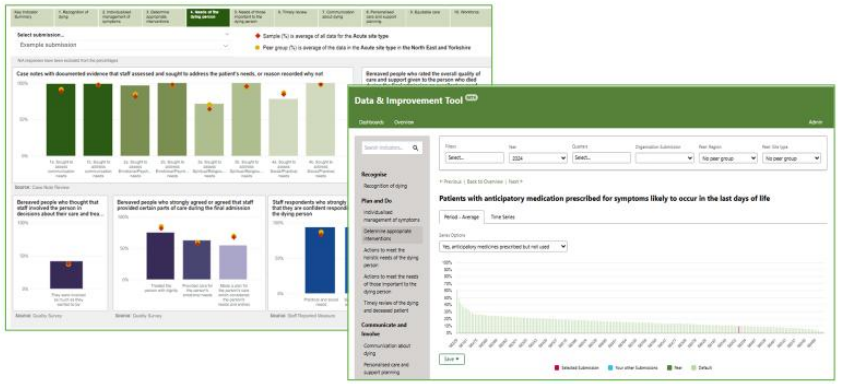
Jessica Moss,

QI Lead

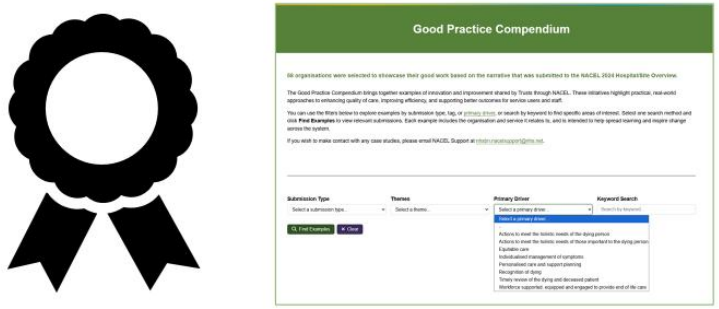
Where to start with QI

- **National recommendations**
  - NHS England, Wales & Jersey, DHSC & ICB involvement
- **System/Regional/local priorities**
- **Local Data**
  - Local data including audit, NACEL
- **Feedback sources**
  - Patient and family engagement, complaints, compliments

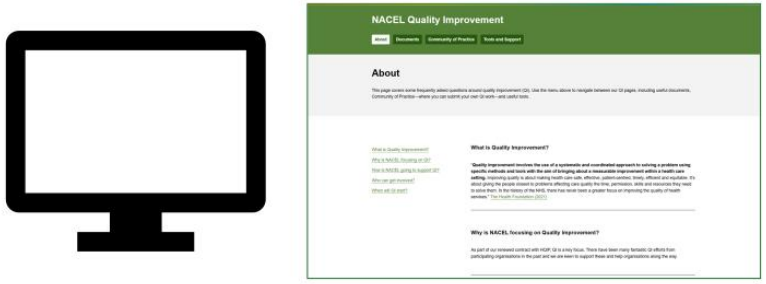
Featured NACEL QI Related Outputs



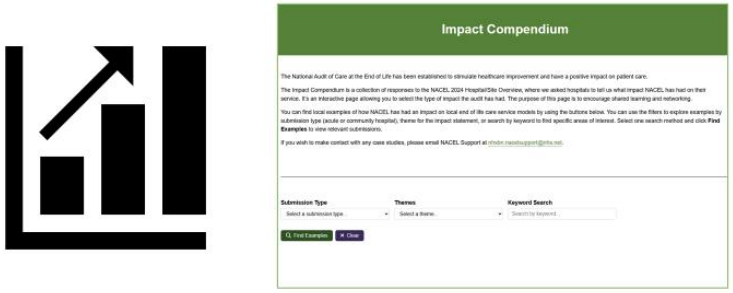
Data and Improvement Tool



Good Practice Compendium



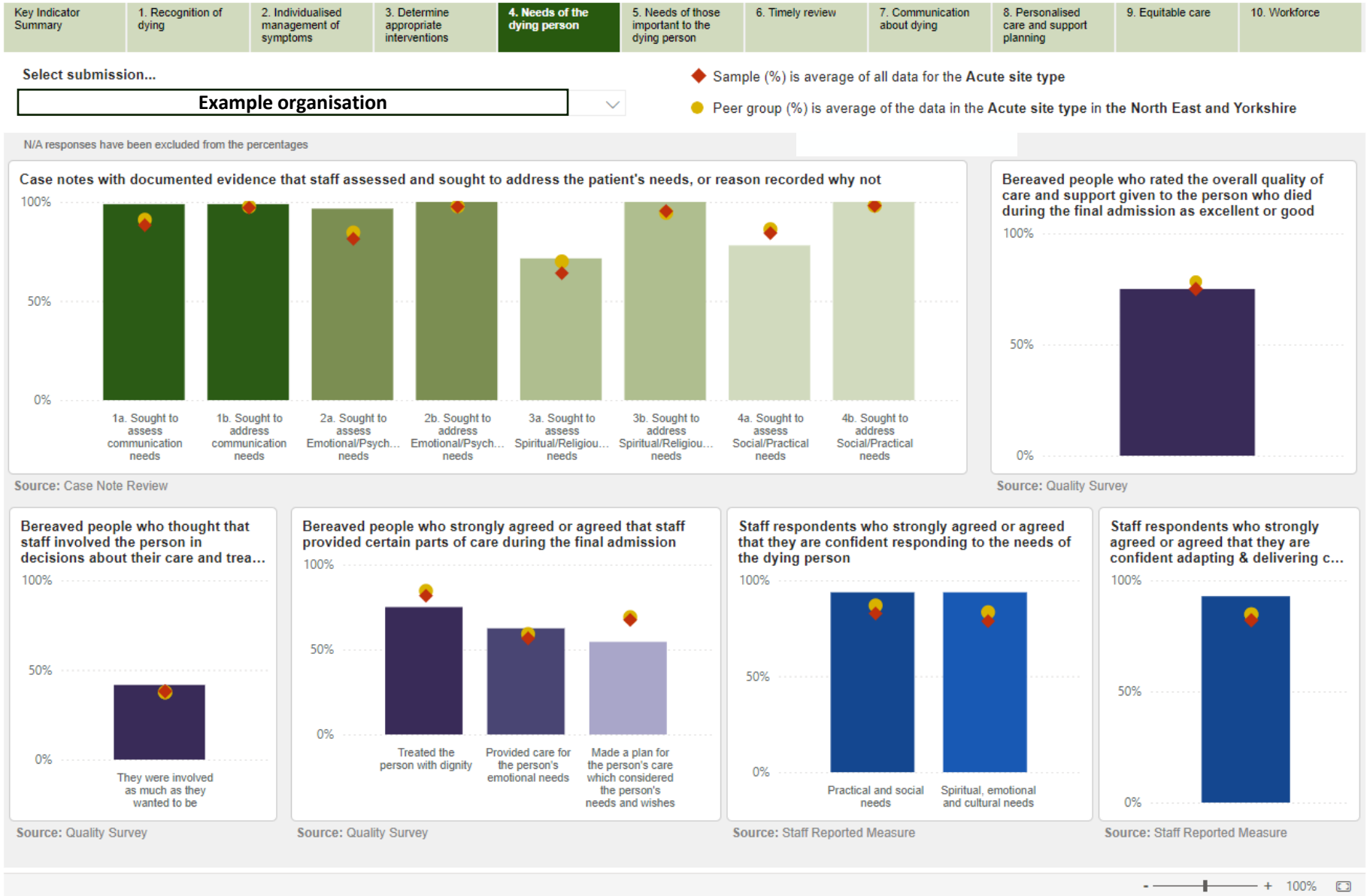
NACEL Portal QI pages



Impact Compendium

Data and Improvement Tool

Data and Improvement Tool



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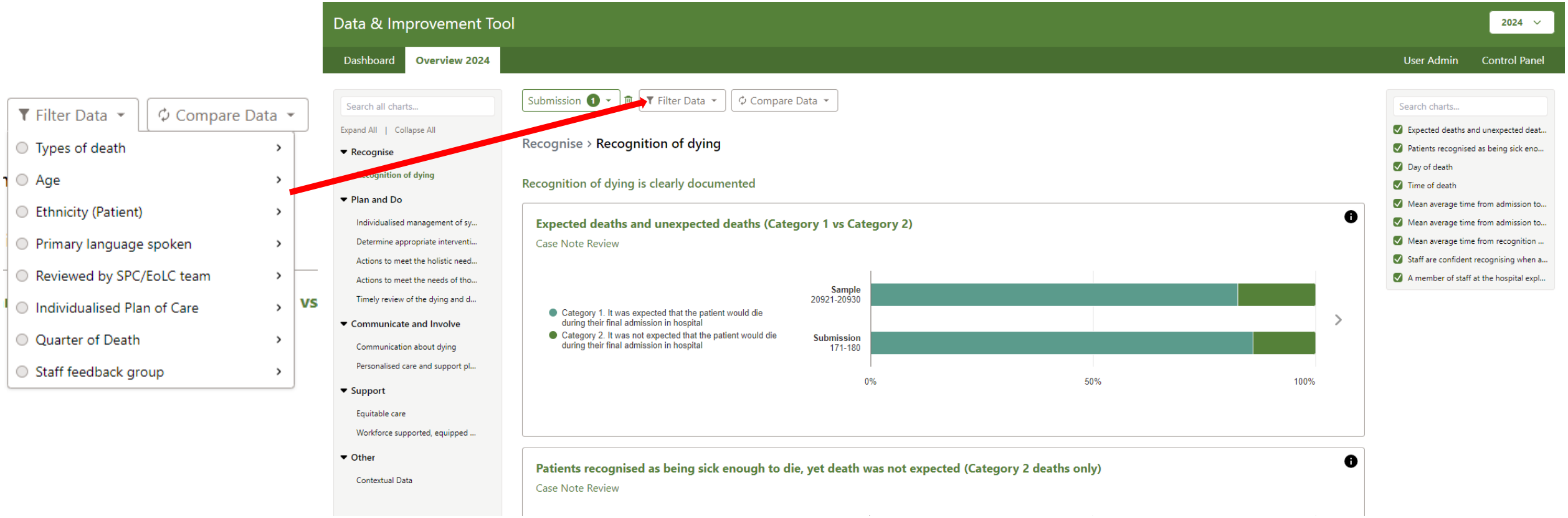

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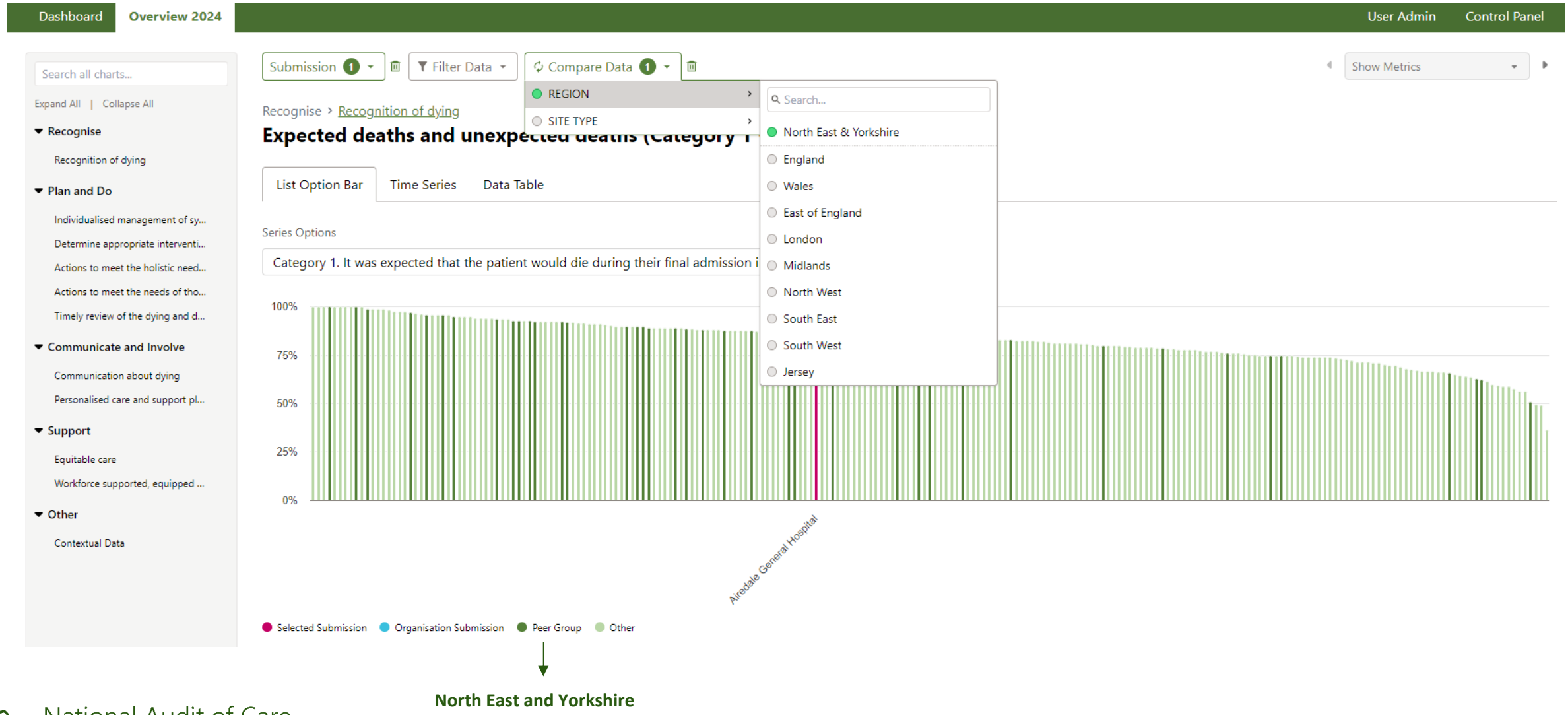
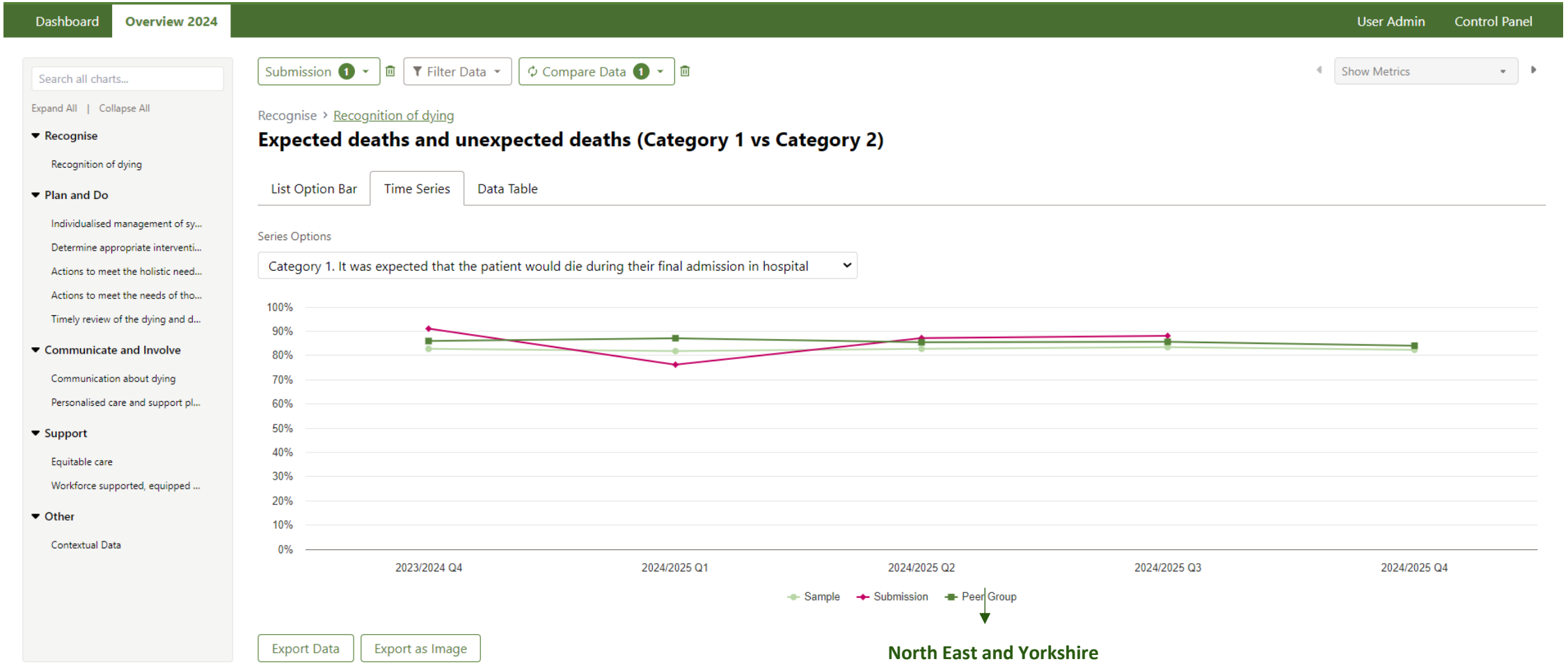


National Audit of Care at the End of Life 2025

Auditing last days of life in hospitals

Data and Improvement Tool

Timeseries



Patient and Carer Tool

Patient and Carer Data Tool

This tool has been created to help patients, families, and carers understand how care at the end of life is delivered in hospitals across different parts of the UK. You can use the icons to explore key information in five important areas, such as whether specialist services are available, whether pain is effectively managed, and whether needs are assessed.

You can look at results for different parts of the country, or for England, Wales or Jersey.

How-to Video

Watch our short video on how to use the tool below.

Watch the video

FAQs

Find answers to the most commonly asked questions about the tool here.

Go to FAQs

Measures Guidance

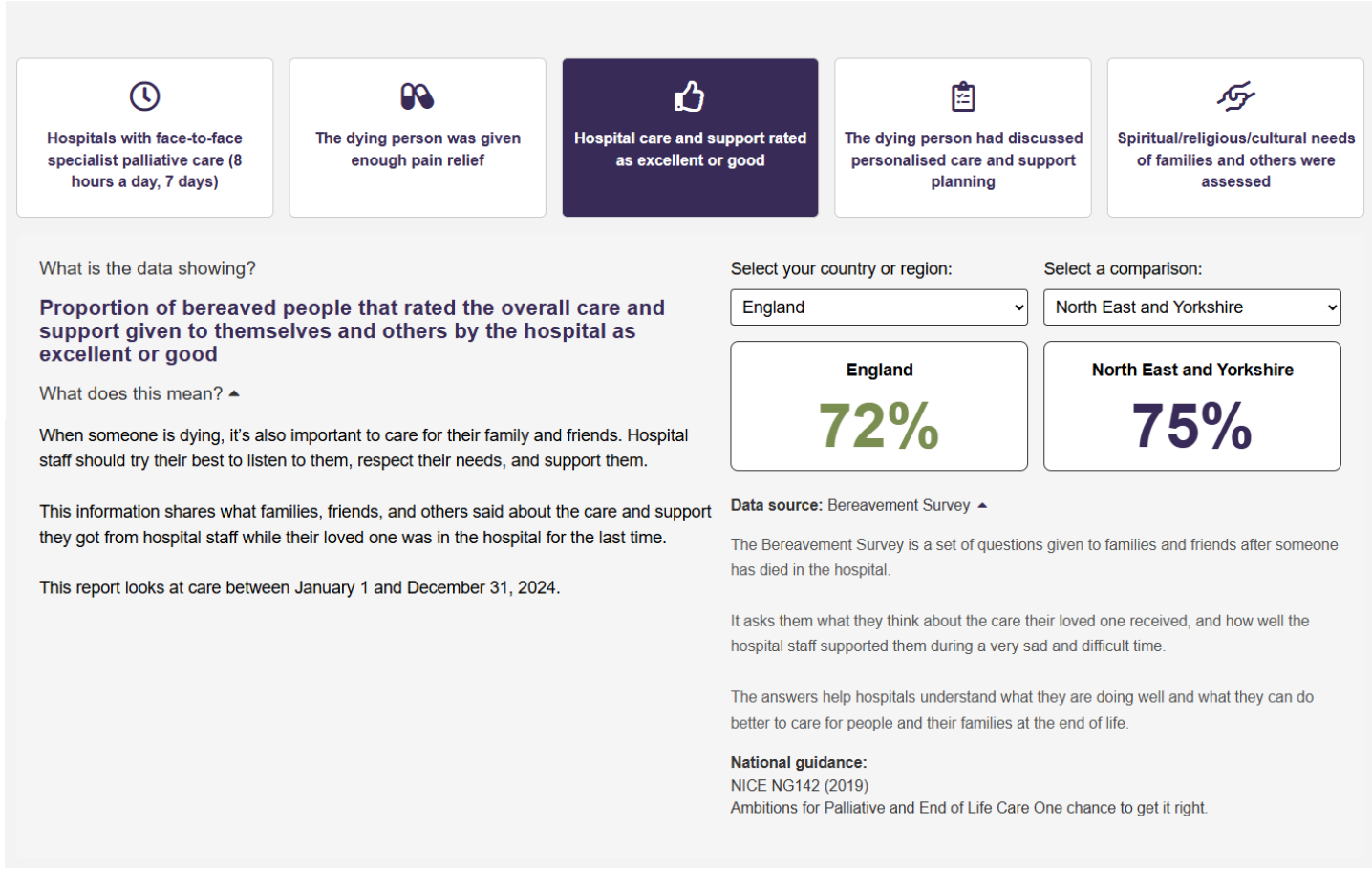
Read more detail about each of the performance metrics in the tool.

Read the guidance

Tell us what you think

This is a new tool. We would love to hear what you think so we can make it better.

Send your feedback



National Audit of Care at the End of Life 2025

Auditing last days of life in hospitals

Resources

Visit the NACEL Portal QI pages to access:

- NACEL driver diagram
- Healthcare Improvement Plan
- “Mapping document”
- QI tools
- Reporting templates

Stage 1: Identification of a quality issue

Tools:

Stakeholder mapping & analysis (Source: ELFT)

NHS Sustainability model, PDF guide and Excel file (Source: Kent CT)

Alternative sustainability model - MUSIQ Excel file (Source: ELFT)

Stage 2: Understanding the current situation/problem

Tools:

Stakeholder mapping & analysis (Source: ELFT)

Fishbone diagram (Source: ELFT)

Driver Diagrams (Source: ELFT)

Process mapping (Source: ELFT)

Stage 3: Understanding the current situation/problem

Tools:

Run Charts (Source: ELFT)

SPC Charts (Source: ELFT)

Pareto Charts (Source: ELFT)

www.nacel.nhs.uk/qi-tools

Good Practice Compendium

- The Good Practice Compendium brings together examples of 68 selected organisations demonstrating innovation and improvement through NACEL.
- These initiatives highlight practical, real-world approaches to enhancing quality of care, improving efficiency, and supporting better outcomes for service users and staff.

Good Practice Compendium

Norfolk and Norwich University Hospitals NHS Foundation Trust

"NACEL's focus on coordination and communication within multidisciplinary teams has prompted us to enhance how we share information across care settings. Our work on shared care records and the new EPR system stems directly from these findings…"

Bradford Teaching Hospitals NHS Foundation Trust

"…following 2022 NACEL results a CNS in palliative care with a special interest in South Asian populations and religious needs has been appointed…identifying and meeting the needs of this group, which make up a significant proportion of the demographic the team see."

Manchester University NHS Foundation Trust

"NACEL has given us the opportunity to capture the experience of families and carers more clearly leading to us to expand and develop workstreams to improve their experience."

Essex Partnership University NHS Foundation Trust

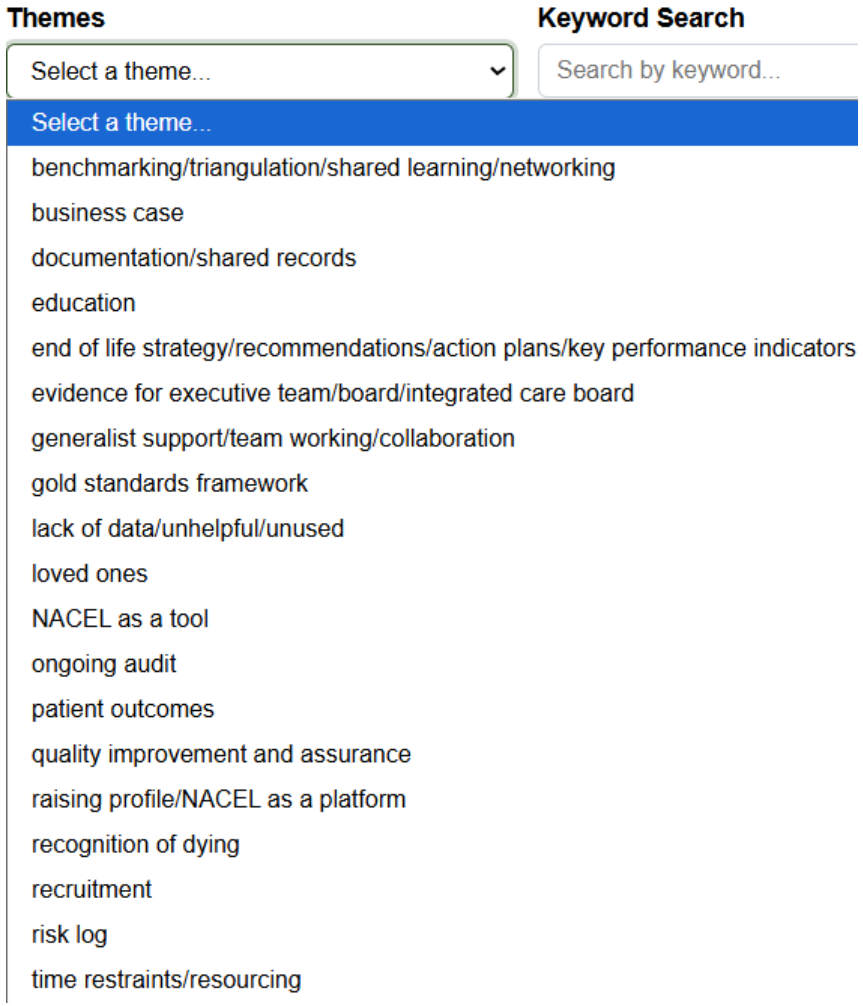
"…Staff confidence increased, more accessible training opportunities."

Leeds Teaching Hospitals NHS Trust

"Development of action plans in response to NACEL results has led to board level support of changes in service delivery and processes."

Impact compendium

- The Impact Compendium is a collection of responses to the NACEL 2024 Hospital/Site Overview, where we asked hospitals to tell us what impact NACEL has had on their service.
- It’s an interactive page allowing you to select the type of impact the audit has had. The purpose of this page is to encourage shared learning and networking.



Impact

How has NACEL had an impact on the local service models?

Barnsley Hospital NHS Foundation Trust
"The work around the NACEL findings will always influence and impact the changes we make for end of life care in the Trust. The findings are used as a guide for ongoing improvement around education, communication and improving the outcomes of care experienced by our patients and their families."

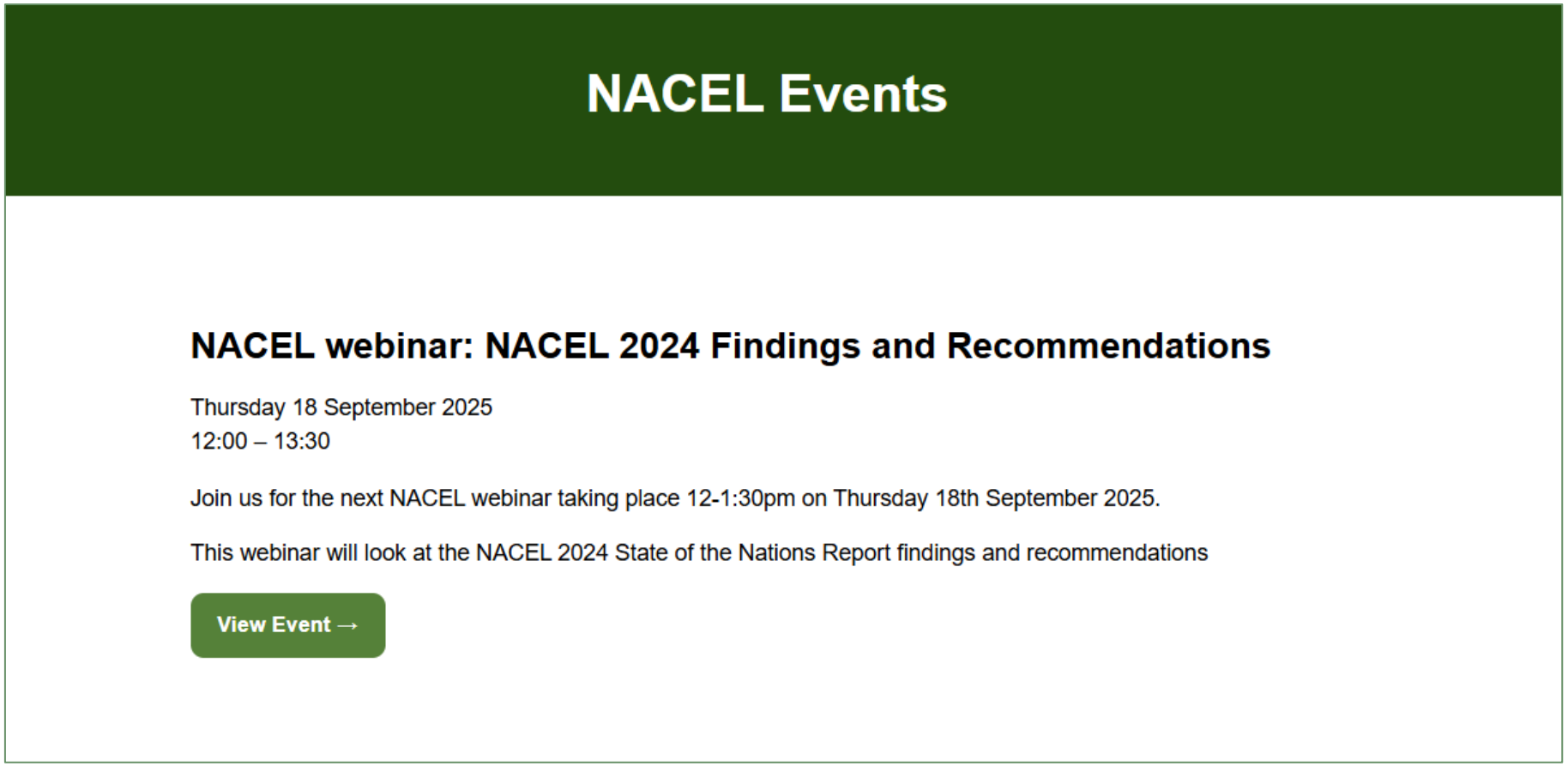
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
"It has made us focus on the communication that we have with patients and loved ones, along with the quality of the documentation of care. It certainly makes you more mindful of the care that you provide when you participate in NACEL and you are aware of all of the aspects that may be audited e.g. daily checking of someone's social needs and documenting this…"

Leeds Teaching Hospitals NHS Trust
"20 years of participating in national audits has led to the development of a robust end of life care programme across all relevant clinical areas supported by a clear assurance and governance mechanism to report to the Trust board. Development of action plans in response to NACEL results has led to board level support of changes in service delivery and processes.."

Bradford Teaching Hospitals NHS Foundation Trust
"Development of a business case and lack of face to face specialist palliative care advice placed on risk register."

Events

www.nacel.nhs.uk/events



Next steps

Jessica Moss,

NACEL Quality Improvement Lead

Next steps…

- Access the DIT to review your results
- Visit the NACEL Portal QI pages to access documents, tools and templates: www.nacel.nhs.uk/qi-tools
- Visit Good Practice Compendium www.nacel.nhs.uk/good-practice-compendium
- Visit Impact Compendium www.nacel.nhs.uk/impact-compendium
- Watch out for the Healthcare Improvement Plan
- Sign up for the next events:

Open forum and questions (Recording finished)

All

Evaluation

Please share your feedback on the session:

https://forms.office.com/e/5y2KtyhQ1E

NACEL Quality Improvement Webinar Feedback - September 2025