

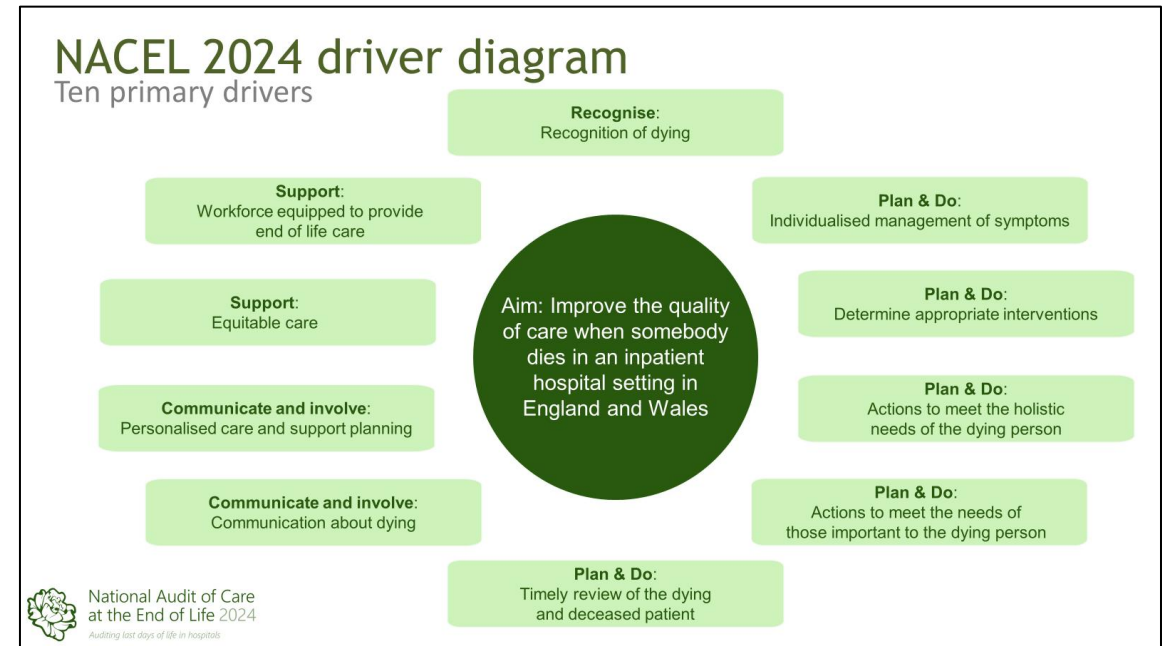
NACEL 2026 key indicators

Last updated 31.03.2026



Key indicators

- Ten indicators have been identified by the NACEL Team and NACEL Steering Group as the audit headline metrics to support quality improvement in care at the end of life.
- The indicators have been selected as they map to the ten drivers to improve the quality of care when somebody dies in an inpatient hospital setting in England and Wales. They can also be located, digested quickly and translated into action.
- The purpose of the key indicators is to improve accessibility of the audit findings for busy national and local audiences.
- The aim is for the audit to track the indicator performance over time.
- The key indicators will be reported back to participants via the NACEL Data and Improvement Tool, State of the Nation Report/Appendices and in an Excel document.
- This data will be shared and used by NHS England, CQC and National Collaborative (NCAB), supporting a more aligned approach to quality improvement.



NACEL key indicators

No.	NACEL key indicator	Data source
1.	The number of deaths where it was expected that the person would die during the final admission as a proportion of the sample 'all deaths' included in the audit	Case Note Review
2.	The proportion of people who died with documented evidence in their clinical records of communication about hydration with those important to the dying person, or a reason recorded why not	Case Note Review
3.	The proportion of people who died with documented evidence in their clinical records that anticipatory medication was prescribed for symptoms likely to occur in the last days of life	Case Note Review
4.	The proportion of people who died with documented evidence in their clinical records of an assessment of the emotional/psychological needs of the person, or a reason recorded why not	Case Note Review
5.	The proportion of bereaved people that rated the overall care and support given to themselves and others by the hospital as excellent or good	Quality Survey
6.	The 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 <i>(Hiatus on reporting indicator in 2026)</i>	Hospital/Site overview
7.	The proportion of bereaved people that strongly agree or agree that they were communicated to by staff in a sensitive way	Quality Survey
8.	The proportion of people who died 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	Case Note Review
9.	The proportion of people who died with ethnicity documented in their clinical records	Case Note Review
10.	The proportion of staff respondents that strongly agree or agree that within the area they work there is a culture that prioritises compassion and support as fundamental in all interactions with dying patients and those important to them	Staff Reported Measure



Key indicator 1:

The number of deaths where it was expected that the patient would die during the final admission as a proportion of the sample 'all deaths' included in the audit

Rationale for indicator:

National and international end of life care policy supports the importance of recognition to improve the care of dying people in the last hours and days of life. This is an outlier metric for the [NACEL Management of Outliers Policy](#), which will be reported to CQC/HQIP/NHS England/Welsh Government. The selection of this indicator supports continuity in the audit reporting.

Priority 1 of the Priorities for Care of the Dying Person, One Chance To Get It Right, 2014 : This possibility [that a person may die within the next few days or hours] is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.

Additional information	
Maps to NACEL Healthcare Improvement goals	No
Outlier metric	Yes
Linked to NACEL driver	1. Recognise: Recognition of dying
Data source	Case Note Review
Question	There are two categories of deaths for patients included in the audit. Indicate the category for this patient:
Answers	Category 1. It was expected that the patient would die in the final admission/ Category 2. It was not expected that the patient would die during the final admission
Reporting	Numerator: Category 1 deaths Denominator: Category 1 deaths + Category 2 deaths



Key indicator 2:

The proportion of people who died with documented evidence in their clinical records of communication about hydration with those important to the dying person, or a reason recorded why not

Rationale for indicator:

NACEL has consistently reported that improvement is required on documenting discussions about the risks and benefits of hydration options with families and others, where this informed recommendation 7 of NACEL 2022.

This indicator is supported by Statement 4 of NICE QS144: “Adults in the last days of life have their hydration status assessed daily, and have a discussion about the risks and benefits of hydration options.” The metric further maps to the NACEL goal for monitoring improvement in the proportion of people with an individualised plan of care, that identifies and addresses key issues for the dying person.

Additional information	
Maps to NACEL Healthcare Improvement goals	Yes
Outlier metric	No
Linked to NACEL driver	2. Plan & Do: Individualised management of symptoms
Data source	Case Note Review
Question	Is there documented evidence of communication about hydration with those important to the dying person?
Answers	Yes - comprehensive communication/Yes - partial communication/No - reason recorded why not/No - no reason recorded Not
Reporting	Numerator: Yes – comprehensive communication + Yes – partial communication + No – reason recorded why. Denominator: Yes – comprehensive communication + Yes – partial communication + No – reason recorded why + No - no reason recorded All deaths



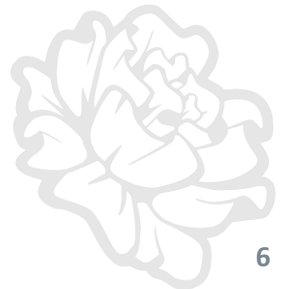
Key indicator 3:

The proportion of people who died with documented evidence in their clinical records that anticipatory medication was prescribed for symptoms likely to occur in the last days of life

Rationale for indicator:

A high-level metric to capture the spirit of determining appropriate interventions. This indicator is supported by Statement 3 of NICE Quality Standard 144, “Adults in the last days of life who are likely to need symptom control are prescribed anticipatory medicines with individualised indications for use, dosage and route of administration”.

Additional information	
Maps to NACEL Healthcare Improvement goals	No
Outlier metric	No
Linked to NACEL driver	3. Plan & Do: Determine appropriate interventions
Data source	Case Note Review
Question	Is there documented evidence that anticipatory medication was prescribed for symptoms likely to occur in the last days of life?
Answers	Yes, anticipatory medicines prescribed but not used/ Yes, anticipatory medicines prescribed and administered/ No/ N/At
Reporting	Numerator: Yes, anticipatory medicines prescribed but not used +Yes, anticipatory medicines prescribed and administered Denominator: Yes, anticipatory medicines prescribed but not used +Yes, anticipatory medicines prescribed and administered +No All deaths Exclude: N/A



Key indicator 4:

The proportion of people who died with documented evidence in their clinical records of an assessment of the spiritual/religious/cultural needs of the patient, or a reason recorded why not

Rationale for indicator:

A metric to identify assessment of partial-holistic needs of the dying person. The varying holistic needs that may present within individuals who are dying should be assessed by healthcare professionals, and actions should be taken to try and address these. The priorities for care outlined in One Chance to Get it Right, provided a focus of assessing and responding to the holistic needs of individuals, rather than demonstrating delivery of particular protocols or tools. This metric evidences whether the spiritual/religious/cultural needs of the patient were assessed.

This metric replaces the previous metric used in NACEL 2024/25 on emotional/psychological needs assessments.

Additional information	
Maps to NACEL Healthcare Improvement goals	Yes
Outlier metric	No
Linked to NACEL driver	4. Plan & Do: Actions to meet the holistic needs of the dying person
Data source	Case Note Review
Question	'Question: Is there documented evidence of an assessment of the spiritual/religious/cultural needs of the patient?
Answers	Yes – daily/ Yes - every 2-3 days/ Yes - weekly or less frequent/ No - reason recorded why not/ No - no reason recorded
Reporting	Numerator: Yes – daily, Yes - every 2-3 days, Yes - weekly or less frequent & No - reason recorded why not Denominator: Yes – daily, Yes - every 2-3 days, Yes - weekly or less frequent & No - reason recorded why not & No - no reason recorded All deaths



Key indicator 5:

The proportion of bereaved people that rated the overall care and support given to themselves and others by the hospital as excellent or good

Rationale for indicator:

A metric to identify assessment of needs of loved ones that maps to one of the HQIP aims and goal 2 in the HIP goals. The data is taken from the Bereavement Survey to reflect the bereaved person's perception of support provided to them, opposed to what was documented in the Case Note Review. This indicator is supported by Priority 4 of the Priorities for Care of the Dying Person, One Chance To Get It Right, 2014 "The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible".

Additional information	
Maps to NACEL Healthcare Improvement goals	Yes
Outlier metric	No
Linked to NACEL driver	5. Plan & Do: Actions to meet the needs of those important to the dying person
Data source	Quality Survey
Question	Overall, how would you rate the care and support given by the hospital to YOU and other close relatives or friends during the person's final admission in hospital?
Answers	Excellent/ Good/ Fair/Poor
Reporting	Numerator: Excellent/ Good Denominator: Excellent/ Good/ Fair /Poor



Key indicator 6:

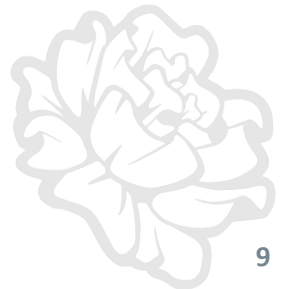
The proportion of hospital/sites with a face to face specialist palliative care service (doctor and/or nurse) available 8 hours a day, 7 days a week

Reporting hiatus during 2026.

Rationale for indicator:

An important structural metric to assist the wider system. This aligns with one of HQIP's aims and HIP goal no. 3. National guidance states the need for prompt referral to, and input from, specialist palliative care for any patient and situation that requires this, where 'adequate' refers to medical and nursing cover from 9am – 5pm seven days a week (One Change To Get It Right, 2014).

Additional information	
Maps to NACEL Healthcare Improvement goals	Yes
Outlier metric	No
Linked to NACEL driver	6. Plan & Do: Timely review of the dying and deceased patient
Data source	Hospital/Site overview
Question	Is the face to face specialist palliative care service (doctor and/or nurse) available 8 hours a day, 7 days a week?
Answers	Yes/No
Reporting	Numerator: Yes Denominator: Yes + No



Key indicator 7:

The proportion of bereaved people that strongly agree or agree that they were communicated to by staff in a sensitive way

Rationale for indicator:

National guidance emphasises the need for open, honest and sensitive communication between staff, the dying person, and those important to them, where communication must be regular and proactive. This closely links to individualised care planning, delivering person centred communication and giving an opportunity to be involved in conversations about care.

This indicator from the Bereavement Survey has been chosen to capture communication with loved ones. The decision was made to capture communication with loved ones as opposed to the dying person to avoid getting a proxy measure. This indicator is supported by national guidance for high quality care at the end of life, such as Priority 2 of the Priorities for Care of the Dying Person “Sensitive communication takes place between staff and the dying person, and those identified as important to them” (One Chance To Get It Right, 2014).

Additional information	
Maps to NACEL Healthcare Improvement goals	No
Outlier metric	No
Linked to NACEL driver	7. Communicate and involve: Communication about dying
Data source	Quality Survey
Question	I was communicated to by staff in a sensitive way
Answers	Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree/ Not applicable
Reporting	Numerator: Strongly agree + agree Denominator: Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree Exclude: Not applicable



Key indicator 8:

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

Rationale for indicator:

Every person nearing the end of their life where dying was recognised should have a holistic individualised end of life care plan that captures the needs and wishes of the dying person, further taking into account the views of those important to them. This metric reflects the presence of an individualised plan of care (IPC) for those people who were expected to die.

This indicator shows whether the clinical auditor thought that the patient had an individualised plan of care in place. This is an outlier metric for the [NACEL Management of Outliers Policy](#), which will be reported to CQC/HQIP/NHS England/Welsh Government. The selection of this indicator supports continuity in the audit reporting.

Additional information	
Maps to NACEL Healthcare Improvement goals	Yes
Outlier metric	Yes
Linked to NACEL driver	8. Communicate and involve: Personalised care and support planning
Data source	Case Note Review
Question	Is there documented evidence that the patient who was dying had an individualised plan of care addressing their end of life care needs?
Answers	Yes - documented in IPC template/ Yes - documented in notes/ No
Reporting	Numerator: Yes - documented in IPC template + Yes - documented in notes (Category 1 deaths only) Denominator: Yes - documented in IPC template + Yes - documented in notes + No (Category 1 deaths only)



Key indicator 9:

The proportion of people who died with ethnicity documented in their clinical records

Rationale for indicator:

NACEL will focus on identifying the gaps in recording equitable data & improved recording of measures of equity. NACEL will aim to drive an annual improvement in the measurement of markers which would need to be evaluated when considering equity of care. NACEL seeks to understand variation and evaluate if this is warranted or unwarranted, including working to ensure equitable care.

NACEL are aware of the inconsistent methods to record ethnicity across the country, which will impact the accuracy and reliability of the ethnicity data. NACEL will use the findings to encourage greater consistency of ethnicity recording which reflects the patient’s/families’ views, rather than the healthcare professional’s interpretation.

Additional information	
Maps to NACEL Healthcare Improvement goals	Yes
Outlier metric	No
Linked to NACEL driver	9. Support: Equitable care
Data source	Case Note Review
Question	Ethnicity
Answers	White/ Mixed/ Asian/ Black/ Other Ethnic Group/ Z Not stated/ Unknown
Reporting	Numerator: White/Mixed/Asian/Black/Other Ethnic Group Denominator: White/Mixed/Asian/Black/Other Ethnic Group/Not stated/Unknown All deaths



Key indicator 10:

The proportion of staff respondents that strongly agree or agree that within the area they work there is a culture that prioritises compassion and support as fundamental in all interactions with dying patients and those important to them

Rationale for indicator:

A staff survey indicator that highlights whether the workforce is supported, equipped and engaged to provide end of life care. As highlighted by NHS England, *“the culture of an organisation or a system shapes the behaviors of everyone in it, the quality of care it provides and its overall performance”*. This indicator is selected as understanding the culture surrounding care at the end of life within hospitals will indicate how well the system framework is being led and areas where staff may be less motivated to deliver high quality care.

Additional information	
Maps to NACEL Healthcare Improvement goals	No
Outlier metric	No
Linked to NACEL driver	10. Support: Workforce supported, equipped and engaged to provide end of life care
Data source	Staff Reported Measure
Question	We have a culture that prioritises compassion and support as fundamental in all interactions with dying patients and those important to them
Answers	Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree/ Not applicable
Reporting	Numerator: Strongly agree + agree Denominator: Strongly agree/ Agree/ Neither agree nor disagree/ Disagree/ Strongly disagree Exclude: Not applicable

