

NATIONAL AUDIT OF CARE AT THE END OF LIFE (NACEL)

Healthcare Improvement Plan (HIP)

Executive Summary

This Healthcare Improvement Plan (HIP) sets out what the National Audit of Care at the End of Life (NACEL) will do to improve the quality of care for people who die in acute and community hospitals in England, Wales and Jersey, and for those important to them.

NACEL supports improvement against five goals:

- Improving individualised care planning
- Improving how well organisations understand and meet the needs of those important to the dying person
- Improving access to specialist palliative care
- Improving equitable care tailored to local populations
- Increasing system-level oversight of local quality improvement and education plans.

The plan reflects the two national recommendations issued in the [NACEL 2025 State of the Nations Report](#), building on the [NACEL 2024 recommendations](#).

For each goal, this plan sets out why it matters, the latest evidence, the national recommendation it responds to, and what NACEL will do to support improvement. Guidance on using NACEL's tools locally, and information on impact to date, are provided in two companion documents: [Practical Tips for Using NACEL Improvement Tools Locally](#), and the [NACEL Impact Reports](#).

Under the NHS Standard Contract, providers in England are required to participate in NACEL and to implement or respond to its recommendations. Further expectations are required of Welsh Health Boards and the Jersey General Hospital; this plan sets out how NACEL will support them, and their commissioners, to do so.

This plan is reviewed annually and approved by the NACEL Steering Group.



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Introduction

NACEL has been delivered by NHS Benchmarking Network (NHSBN) since 2017, evaluating the care given at the end of life to adults (18+) who died in hospitals. Audit criteria are derived from national guidance, including *One Chance To Get It Right* and the relevant NICE Guidelines and Quality Standards (QS13, NG31, QS144).

NACEL evaluates the quality and outcomes of care experienced by the dying person, and those important to them, during the last admission before death in acute, community and mental health hospitals in England, Wales and Jersey. For full details about the NACEL, please visit www.nacel.nhs.uk.

The overall aim of NACEL is to improve the quality of care when somebody dies in a hospital inpatient setting in England, Wales and Jersey.

This Healthcare Improvement Plan sets out what NACEL will do, at national, system and local level, to drive improvement. It has been updated in 2026 in response to audit baseline and findings from NACEL [2024](#) and [2025](#).

Improvement Goals

NACEL supports improvement in the care of the dying person and those important to them, focused on five improvement goals. These goals are aligned to ten primary drivers describing what good care at the end of life looks like in hospital inpatient settings (Diagram 1).

NACEL identified [5 key recommendations](#) from the 2024 dataset evidence. These are reaffirmed in [NACEL 2025 State of the Nations Report](#), and a recommendation is added about prioritisation of research into inequalities in care at the end of life. The 5 key recommendations, now grouped as one 'system-level accountability' recommendation, are aimed at Integrated Care Boards, Health Boards and Commissioners. Recommendation 2 calls on the National Institute for Health and Care Research (NIHR) to prioritise research into inequalities in care at the end of life.

Diagram 1 — The ten audit indicators/primary drivers

The full NACEL Driver Diagram is available [here](#).



Source: NACEL Driver Diagram, www.nacel.nhs.uk/quality-improvement

Table 1 — The HIP Goals

Table 1 shows the five NACEL improvement goals, how they link to the ten primary drivers, and the recommendations and measures used to track improvement. We recognise the distinction between quality assurance and quality improvement goals; both are considered important, and year-on-year improvement is expected across all the identified quality markers.

Goal 1 — Individualised plan of care

NACEL HIP Goal 1: Improvement in the proportion of people with an individualised plan of care, that identifies and addresses key issues for the dying person and those important to them, to the extent they wish

Quality assurance or improvement

Quality Improvement

Primary driver

Communicate and involve: Communication about dying

Communicate and involve: Personalised care and support planning

Plan & Do: Individualised management of symptoms

Plan & Do: Determine appropriate interventions

Plan & Do: Actions to meet the holistic needs of the dying person

Why this matters

Every person nearing the end of life whose dying is expected or recognised should have a holistic, individualised care plan reflecting their needs and wishes and the views of those important to them (One Chance To Get It Right, 2014).

Evidence

- 2024 baseline: **84%** of people recognised as dying had an individualised plan of care; **55%** of bereavement survey respondents agreed the plan of care took account of the person's wishes and requirements.
- Evidence from NACEL 2025: **86%** of people expected to die during the hospital admission had an individualised plan of care addressing their needs, **69%** of bereaved people strongly agreed or agreed that hospital staff made a care plan that considered the person's needs and wishes. Separately, **47%** of case notes showed evidence of personalised care and support planning conversations, including advance care planning, up from **44%** in 2024. These can help staff know what is important, and can help shape discussions at the stage of an individualised plan of care.

NACEL recommendation

- The NACEL 2024 State of the Nations Report, Recommendation 3: 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, ensuring planning is shared across the system including with inpatient teams.
- The NACEL 2024 State of the Nations Report, Recommendation 5: 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.
- The NACEL 2025 State of the Nations Report reaffirmed Recommendations 3 and 5 as continuing priorities under its own Recommendation 1, which asks commissioners to review provider quality improvement plans annually against them.

What we will do

- Track year-on-year improvement in individualised care plans and their components (symptom and comfort, nutrition and hydration, psychological, spiritual, cultural and communication needs, and advance wishes) through the Data and Improvement Tool.
- Support organisations to use the DIT to target these areas, via the Practical Tips for Using NACEL Improvement Tools Locally document.
- Report progress, including the trend since 2022, in the NACEL State of the Nations Report.
- Use of the individualised plan of care is an outlier metric. Those organisations with particularly low use of individualised plans of care are asked to review their data and practice in keeping with the [NACEL outlier policy](#).
- Review the NACEL 2024-2025 data to show whether the presence of an individualised plan of care makes a difference to aspects of care.

See the NACEL Metrics Mapping document for the full audit metrics used to measure success against this goal.

Goal 2 — Understanding the needs of those important to the dying person

NACEL HIP Goal 2: Improvement within each organisation and nationally in understanding the needs of those important to the dying person

Quality assurance or improvement

Quality Improvement

Primary driver

Plan and do: Actions to meet the needs of those important to the dying person

Why this matters

The needs of families and others important to the dying person should be actively explored, respected and met as far as possible (One Chance To Get It Right, 2014).

Evidence

- 2024 baseline: **41%** of clinical notes had documented evidence of an assessment of the spiritual, religious and cultural needs of those important to the dying person, or a reason recorded why not; **46%** of bereavement survey respondents said they were given enough spiritual, religious and cultural support, where this was required.
- Evidence from NACEL 2025: **49%** of clinical notes had documented evidence of an assessment of the spiritual, religious and cultural needs of those important to the dying person (up from **41%** in 2024); **59%** of bereavement survey respondents said they were given enough spiritual, religious and cultural support, up from **46%** in 2024 (the State of the Nations Report notes this increase should be treated with some caution, due to a small change in question wording between years). Documentation of hydration conversations with those important to the dying person also improved, to **64%** in 2025 from **62%** in 2024.

NACEL recommendation

- The NACEL 2024 State of the Nations Report, Recommendation 4: 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.
- The NACEL 2025 State of the Nations Report reaffirmed Recommendation 4 as a continuing priority under its own Recommendation 1.

What we will do

- Provide organisations with recommendations about how to increase response rates in the bereavement survey.
- Encourage organisations to improve documentation of spiritual, religious and cultural needs assessments, and of hydration conversations with those important to the dying person.
- Report progress, including the trend since 2022, in the NACEL State of the Nations Report.
- Invite bereaved members of the public to feed into QI webinars.
- Share information via the "Patient and Carer voice" page of the website.

See the NACEL Metrics Mapping document for the full audit metrics used to measure success against this goal.

Goal 3 — Access to specialist palliative care

NACEL HIP Goal 3: Improvement in access to specialist palliative care 8 hours a day, 7 days a week, and a 24-hour advice line service

Quality assurance or improvement

Quality Assurance

Primary driver

Plan and do: Timely review of the dying and deceased patient

Why this matters

Access to specialist palliative care in hospitals for holistic assessment, advice and active management is essential to good end-of-life care. NHS England's ICB commissioning specification defines adequate access as specialist medical and nursing cover face-to-face, 8am–5pm, 7 days a week, and a 24-hour telephone advice service (One Chance To Get It Right, 2014).

Evidence

- 2024 baseline: **97%** of hospital providers had access to specialist palliative care services; of those, **61%** had face-to-face access 8 hours a day, 7 days a week, and **90%** had 24-hour telephone advice access.
- Evidence from NACEL 2025: **97%** of hospital providers had access to specialist palliative care services (no change since 2024); of these, **64%** offered face-to-face (nurse and/or doctor) cover 8 hours a day, 7 days a week (up from **61%** in 2024), and **89%** provided 24/7 telephone support (down slightly from **90%** in 2024). Separately, **58%** of patients were reviewed by a member of the specialist palliative/end-of-life care team during their final admission, up from **47%** in 2022 and **55%** in 2024; where referrals were made, the median time from referral to review was **3 hours**.

NACEL recommendation

- The NACEL 2024 State of the Nations Report, Recommendation 2: 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.
- The NACEL 2025 State of the Nations Report reaffirmed access to specialist palliative care as a continuing priority as a component of Recommendation 1.

What we will do

- Track bi-annually access to, and availability of, specialist palliative care services (face-to-face and telephone).
- Publish trends over time, including chart visualisations, in the NACEL State of the Nations Report.
- Publish the availability as part of the NACEL Patient and Carer Tool

See the NACEL Metrics Mapping document for the full audit metrics used to measure success against this goal.

Goal 4 — Equitable care tailored to local populations

NACEL HIP Goal 4: Improvement in equitable care that is tailored to the needs of the local population

Quality assurance or improvement

Quality Assurance and Quality Improvement

Primary driver

Support: Equitable care; Support: Workforce equipped to provide end of life care

Why this matters

NACEL 2024 provided the first analysis of NACEL data with a focus on equitable care, concentrating on ethnicity. NACEL is also undertaking a deep-dive report on wider health inequalities, and has begun collecting postcode data to enable reporting on deprivation alongside ethnicity. Organisations are encouraged to use DIT filters by ethnicity to identify local priority areas, being mindful of sample size for subgroup analysis.

Evidence

- 2024 baseline: **86%** of clinical case notes included documentation of the patient's ethnicity (**14%** not stated or unknown). The 2024 national report identified disparities including lower documentation of hydration discussions, and lower ratings of care by bereaved people, for patients of Asian, Black, Mixed, Other Minority Ethnic and Unknown ethnicity compared with the national average.
- Evidence from NACEL 2025: **89%** of clinical case notes included documentation of the patient's ethnicity in 2025, up from **86%** in 2024 (**11%** not stated or unknown). A chi-square analysis in the 2025 State of the Nations Report found statistically significant differences in care by ethnicity: patients with unknown ethnicity had worse outcomes across several measures; cultural and religious needs appeared to be comparatively well met for Asian, Black, Mixed and Other ethnicity patients and families; and documented evidence of sufficient pain relief, or review of non-pain symptoms such as nausea or breathlessness, appeared to be lacking for Asian patient groups specifically.

NACEL recommendation

- The NACEL 2024 State of the Nations Report, Recommendation 4: 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.
- The NACEL 2024 State of the Nations Report, Recommendation 5: 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.
- The NACEL 2025 State of the Nations Report reaffirmed Recommendation 4 as a continuing priority under its own Recommendation 1 (system-level accountability). Recommendation 2: the National Institute for Health and Care Research (NIHR) should prioritise a coordinated programme of research to reduce inequalities in care at the end of life for adults dying in hospital, building on NACEL findings. Particular attention should be given to variation in care by ethnic group, including where ethnicity is undocumented, making use of the NACEL dataset (2018–2025).

What we will do

- Encourage increased documentation of patient ethnicity and expand analysis to include deprivation once postcode data collection is embedded.
- Share data with external organisations who are interested, to help them understand any variation in care. For example, share data for 75+ with the British Geriatric Society, supporting geriatricians' understanding of care at the end of life, and promoting use of the NACEL dataset by researchers with an interest in equitable care.
- Support organisations to filter DIT results by age, ethnicity and primary language spoken to identify local gaps.
- Publish deep-dive equity findings during 2027 and progress in the NACEL State of the Nations Report.

See the NACEL Metrics Mapping document for the full audit metrics used to measure success against this goal.

Goal 5 — System-level oversight of QI & education plans

NACEL HIP Goal 5: Improvement in the number of organisations that have system level/Health Board oversight of their quality improvement and education plans relating to end of life care

Quality assurance or improvement

Quality Assurance

Primary driver

Support: Workforce equipped to provide end of life care

Why this matters

Local quality improvement and education plans, developed in response to NACEL data and shared beyond the organisation, are key to improving care and supporting a system-wide approach. This goal was refined following NACEL 2024 to focus on sharing organisational QI plans at system level.

Evidence

- 2024 baseline: **81%** of hospitals/sites had a quality improvement plan relating to end-of-life care, **12%** were planning one, and **7%** had no plan and no current plan to develop one. Of the **81%** with a plan, **74%** had shared it with their ICB/Health Board in the past three years.
- Evidence from NACEL 2025: **81%** of hospitals/sites had implemented a quality improvement plan relating to end-of-life care in the past year (**13%** no plan but currently planning one, **6%** no plan); of these, **69%** had shared their plan with their ICB/Health Board in the past year. (Note: the 2024 baseline above measured sharing over a three-year window, so the two figures are not directly comparable.)

NACEL recommendation

- The NACEL 2024 State of the Nations Report, Recommendation 1: Integrated care boards, health boards and commissioners should ensure system level oversight of provider quality improvement plans relating to end of life care.
- The NACEL 2025 State of the Nations Report Recommendation 1: Integrated Care Boards, Health Boards and commissioners must ensure robust system-level accountability and oversight of provider quality improvement plans, in line with the NHS England Strategic Commissioning Framework and the corresponding planning and commissioning expectations in Wales and Jersey. It is advised that commissioners review quality improvement plans annually, ensuring they contain clear, evidenced and deliverable actions, and work collaboratively with providers to support measurable progress against the 2024 recommendations (Goals 1–5 above).

What we will do

- Share examples in the NACEL Good Practice Compendium and State of the Nations reports where QI plans, and sharing of these, have led to improvements in care at the end of life.
- Make system-level reporting easier:
 - Upload reporting templates to the QI pages, so reporting NACEL data to system level (ICB/Health Board) is more straightforward for organisations.
 - Report regional data via the Data and Improvement Tool, so system-level findings are available without organisations having to compile this themselves.
 - Work with developers to build an ICB-level view within the Data and Improvement Tool, giving ICBs direct visibility of provider-level data.
- Strengthen system-level engagement:
 - Attend or contribute to ad hoc palliative care network events, to raise awareness of NACEL data among system-level and palliative care audiences on an opportunistic basis.

See the NACEL Metrics Mapping document for the full audit metrics used to measure success against this goal.

How We Will Support Improvement

This section sets out the actions NACEL will take at national, system and local level to support delivery of the improvement goals. Guidance on how to use the underlying NACEL tools (the [Data and Improvement Tool](#), [Patient and Carer Tool](#) and related resources) is set out in the companion Practical Tips for Using NACEL Improvement Tools Locally document.

National

- We will continue to work with national clinical leadership, the National Clinical Director for End-of-Life Care (England), the Acting Lead for End-of-Life Care (NHS Wales) and the Jersey representative, through the NACEL Steering Group, to embed NACEL recommendations in national practice.
- We will work collaboratively with the NICE Quality Standards team, NHSE, Wales and Jersey to share relevant NACEL evidence to support reviews of national quality standards and to inform the setting of national ambitions/targets.
- Continue to promote NACEL findings at national events, national programme meetings and in publications. The team will actively look for events and meeting opportunities where a cut of the data can be shared, such as the Palliative Care Congress, the International Collaborative for Best Care of the Dying Person, the Community Hospital Association and other annual conferences.
- Continue to contribute to Palliative Care and End of Life Care Ambitions Partnership.
- Continue to set national recommendations and publish a national State of the Nations report showing the current status of care at the end of life. This data is further uploaded to Data.Gov.
- Improve transparency in care at the end of life, supporting bereaved people, signposting linked to [Patient and Carer Tool](#).
- We will continue to submit evidence from NACEL to national policy processes; to date, these have included the 10 Year Health Plan, the Palliative Commission, the Mental Health Strategy and the Palliative and End of Life Care Modern Service Framework, to help shape national strategy. The Steering Group currently includes an Integrated Care Board representative, who helps steer NACEL from a system perspective; within Wales, the National Palliative Care Implementation Board and Welsh Government are key partners for disseminating NACEL messages.
- We will work with providers, Care Quality Commission (CQC), Health Improvement Wales (HIW) and Jersey to ensure outlier findings are acted upon and appropriately notified, supporting system-wide improvement as part of the established outlier process. Positive deviants will also be published to showcase good practice and support shared learning across the system.
- We will maintain links with other national and international end-of-life programmes, to avoid duplicating data requests on participants and bereaved carers, and to strengthen shared recommendations.
- End of life care is an important part of medical care. The findings and recommendations will continue to be shared with medical specialities where this is an important part of their role. The British Geriatric Society and Acute Medicine are important stakeholders for NACEL, with representation on the Steering Group and, where relevant, access to specific data.
- We will actively promote the NACEL dataset as a resource for academic and clinical research into end-of-life care, supporting access requests in line with HQIP and information governance requirements, and will work collaboratively with the National Institute for Health and Care Research (NIHR) in response to the 2025 State of the Nations Report's Recommendation 2, to help identify shared research priorities on reducing inequalities in care at the end of life and make fuller use of the NACEL dataset. We will also publish NACEL-based evidence via academic journals such as the BMJ, with examples signposted from [NACEL publications page](#).

System / Regional

Actions at system level are set out above under National, and below under Local, and apply equally to Integrated Care Boards and Health Boards.

Local

- Every participating organisation has access to the online Data and Improvement Tool, showing results against the ten key indicators (Appendix 1) and the Patient and Carer Tool metrics. This is our suggested starting point for healthcare professionals to identify local priorities; the same key indicator data is shared with Care Quality Commission (CQC), National Clinical Audit Benchmarking (NCAB) and Model Health System (MHS) to further drive improvement.
- Keep the NACEL Quality Improvement pages up to date with resources that help providers make best use of NACEL data to support improvement.
- We will issue each provider a bespoke report summarising their annual data against the national position for the Key Indicators, the Patient and Carer Tool metrics, and Key Findings at a Glance.
- We identify and notify Trusts/Health Boards of NACEL outlier status.
- We will run three improvement workshops/events a year, in April, June and October, co-facilitated with quality improvement and end-of-life care colleagues; recordings will be published on the NACEL website. The October session will share the key findings and recommendations from that year's report. Registration: www.nacel.nhs.uk/events
- We will continue to publish narrative examples of local quality improvement in the Good Practice Compendium, and support frontline staff to engage with NACEL data through the online community of practice hosted by the Q Community. The activity on the community of practice is encouraged to be led by the participants. We will post content following events hosted and attended and in response to matters raised.

Celebrating success

To celebrate success, hospital responses to the Hospital/Site Overview question about quality improvement work will be reviewed for excellence and good practice. Organisations rated as excellent will feature in the NACEL Good Practice Compendium and receive a certificate, with the opportunity to write up a case study for the State of the Nations Report, the HQIP Clinical Audit Heroes Awards and other external awards, such as the Community Hospital Association Awards.

Timely and engaging communications

Progress and updates will be communicated to stakeholders, providers, patients and the public through timely and engaging communications, aligned to the NACEL Communications Strategy, including newsletters, the website and events.

Patient and Public Involvement

See the [PPI Plan](#) for details of planned activity.

Evaluation

The Healthcare Improvement Plan will be reviewed annually, approved initially by the NACEL Steering Group, to ensure the improvement goals, measures and activities remain valid and are having the desired impact. Ongoing evaluation will take place via:

- Analysing data over time against improvement goals and indicators
- NACEL Steering Group and Advisory Group
- HQIP Contract Review Meetings
- Feedback from audit participants
- Bereaved Persons' Focus Group analyses and feedback
- Patient and Carer Tool evaluation
- Google Analytics on the website and Data and Improvement Tool, enquiries, and QI community of practice membership

An evaluation of the impact of NACEL is published in the NACEL Impact Report, available on the [Impact Compendium](#) page, where organisations also report on the impact of NACEL locally.

Appendices

Last updated: August 2026

Appendix 1 — NACEL 10 key indicators

Ten key 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. A comparison of the Key Indicators from 2024 – 2027 is available [here](#). The NACEL Key Indicators for reporting in 2027 are shown below:

- **1.** The number of deaths where it was expected that the person would die during the final admission, as a proportion of the sample of 'all deaths' included in the audit (**Case Note Review**)
- **2.** The proportion of bereaved people that report the dying person was given enough pain relief (**Bereavement Survey**)
- **3.** The proportion of people who died with documented evidence 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 of an assessment of spiritual/religious/cultural needs, or a reason recorded why not (**Case Note Review**)
- **5.** The proportion of bereaved people rating the overall care and support given to themselves and others by the hospital as excellent or good (**Bereavement Survey**)
- **6.** The proportion of hospitals/sites with face-to-face specialist palliative care (doctor and/or nurse) available 8 hours a day, 7 days a week (**Hospital/Site Overview**) — on hiatus in 2026, to be re-included in 2027
- **7.** The proportion of bereaved people who agree or strongly agree they were communicated with sensitively by staff (**Bereavement Survey**)
- **8.** The proportion of people who died with an individualised plan of care addressing their needs, where dying was recognised (**Case Note Review**)
- **9.** The proportion of people who died with ethnicity documented in their clinical records (**Case Note Review**)
- **10.** The proportion of patient clinical notes with documented evidence that the patient participated in personalised care and support planning (advanced care planning) conversations (**Case Note Review**)

Appendix 2 — Governance and oversight of this plan

This plan is owned and approved by the NACEL Steering Group and delivered by the NACEL programme team at NHS Benchmarking Network (NHSBN) under contract to the Healthcare Quality Improvement Partnership (HQIP), as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

Appendix 3 — How NACEL Supports Quality Improvement Poster

This one-page poster summarises the different ways NACEL supports quality improvement, and the resources available to healthcare professionals with an interest in improving care at the end of life in hospitals. Available to download [here](#).

NACEL Quality Improvement

Supporting healthcare providers to improve care at the end of life

National Audit of Care at the End of Life (NACEL) • www.nacel.nhs.uk/qi-about



QUALITY IMPROVEMENT SUPPORT

How NACEL supports Quality Improvement



FOUNDATION

Key frameworks & anchor documents

The Driver Diagram underpins everything NACEL does to support QI – anchoring the audit questions, the Key Indicators and the Data and Improvement Tool.



Scan for documents

● Driver Diagram

The foundation document: Ten primary drivers of quality end-of-life care, used to target and structure all local improvement work.

● Key Indicators

Each year the audit selects ten Key Indicators as the most important data items to support improvement. These are the starting point for local quality improvement work.

● Healthcare QI Plan (HIP)

Sets five national QI goals, each aligned to the 10 primary drivers in the Driver Diagram and the National Recommendations giving local and national QI a shared focus.

● State of the Nations Report

The report sets out national recommendations and key findings, summarising the current annual position on care at the end of life in hospitals. Supporting documents are also available.



Scan for reports



DATA



Scan for DIT guidance

Data and Improvement Tool (DIT)

Benchmarked data that you can explore via charts, dashboards and tables aligned with the Driver Diagram – helping you interrogate local data.



DATA



Scan for tool

Patient and Carer Tool

Five metrics reported annually to the public to support transparency in care at the end of life. Data available at hospital/site level, regional, national and sample level.



LEARNING



Scan for QI hub

QI webinars

Three webinars a year, responsive to themes in the data and aligned with the 10 key indicators, with an expert guest speaker and a certificate for attending. All previous webinars can be watched online.



NETWORK



Scan to join

QI Community of Practice

A discussion forum for anyone interested in care at the end of life in hospitals – sharing good practice, networking and discussion, alongside the QI webinars.



CASE STUDIES

Good Practice Compendium

Real-world case studies of innovation and improvement shared by hospitals through NACEL (68 examples added in 2024, a further 69 in 2025). Searchable by submission type, theme or primary driver to spread learning and inspire local change.



Scan to explore



IMPACT

Impact Compendium

Shows the outcomes and influence of NACEL across the healthcare system, including local examples of impact on end-of-life care and the Impact Report 2025 and QI in Focus report, to encourage shared learning and networking.



Scan to explore



Who can get involved, and when?

Anyone who works at a hospital that partakes in NACEL, with a professional interest in care at the end of life in hospitals, or with an interest in QI can get involved, particularly frontline clinicians at any level. Local QI can start at any time. NACEL refines its QI focus after the first data release each spring.



Scan for NACEL website