



## National Audit of Care at the End of Life

**UPCARE: 1.00** National Audit of Care at the End of Life  
**Programme name -**  
**please do not change**  
**this field.\***

**1.01 Abbreviation** NACEL

**1.1 Contract status** Ongoing

**1.2 Audit or non-audit** Audit

**1.3 HQIP** Yes  
**commissioned\***

**1.40 Programme unique** HQIP102  
**identifier\***

**1.41 HQIP AD** DS

**1.42 HQIP PM** CG

**1.5 Lead organisation\*** NHS Benchmarking Network

**1.6 Programme** <https://www.nacel.nhs.uk/>; <https://data.nacel.nhs.uk/>  
**homepage\***

**1.7 Programme** The National Audit of Care at the End of Life (NACEL) is a national comparative audit  
**summary** of the quality and outcomes of care experienced by the dying person and those  
 important to them during the last admission leading to death in acute hospitals,  
 community hospitals and mental health inpatient providers in England, Wales and  
 Jersey.

NHS Benchmarking Network has been commissioned by Healthcare Quality  
 Improvement Partnership (HQIP) to provide NACEL since 2017. The initial contract  
 ran for four cycles until 2022. NHS Benchmarking Network was then awarded the  
 contract for a further five years, to run the audit from October 2022 to September  
 2027. The aim of the audit is to improve the quality of care at the end of their life.  
 NACEL covers NHS funded inpatient care provided to adults (18+).

Overarching NACEL objectives:

- Improving quality of care by identifying areas for action in relation to delivery and outcomes, and adapting QI priorities in line with evidence and guidance
- Reducing unwarranted variation through benchmarking of outcome measures as well as identifying and managing outliers using the appropriate guidance
- Understanding and reducing health inequalities in relation to impact on the specified measures

- Sharing and adopting best practice including QI examples, and signposting to resources available in the wider End of Life landscape

## 2.1 Organogram

<https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2024/NHSBN%20NACEL%20Organogram%2009.08.23.pdf>; <https://s3.eu-west-2.amazonaws.com/nhsbn-static/Not Project Specific/2025/NHSBN NACEL Organogram 06.02.25.pdf>; <https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2026/NHSBN NACEL Organogram 22.10.25.pdf>

## 2.2 Organisations involved in delivering the programme

NHS Benchmarking Network ("NHSBN" or the "Network"), hosted by [Norfolk Community Health and Care NHS Trust \(NCH&C\)](#), are contracted by HQIP to manage and deliver the NACEL. The Network further provide the technology products and solutions for the audit and the analysis in the annual report and associated outputs. Subcontracts are in place for statistical methodology support to NACEL and for the NACEL Clinical Lead and the NACEL Quality Improvement Clinical Advisor.

End of Life Stakeholders are represented on the NACEL Steering Group.

## 2.3 Governance arrangements

The audit is governed by a steering group (SG) which meets 3 times a year. The steering group is chaired by Professor John Ellershaw, (Professor of Palliative Medicine, Director of the Palliative Care Institute, University of Liverpool. Representing the Association for Palliative Medicine).

The steering group advises on all aspects of the project and are responsible for the following:

- Advise on the audit's scope and related outputs (Bereavement Survey etc.). Reflect on audit methodology and design, inclusion and exclusion criteria and re-assess the scope through the audit's lifetime.
- Review dataset developments. Recommend indicators and metrics that consider equity of care.
- Help to identify and prioritise audit questions.
- Investigate other relevant national clinical datasets to inform the audit's scope.
- Provide expertise on interpretation and reporting of the audit data and findings, including reviewing and feeding back on annual, short and other ad-hoc reports, statistics, analyses and publications.
- Inform the NACEL Project Team about relevant national initiatives and evolving clinical evidence, making recommendations to improve the audit and on how the audit can be used for improving patient care.
- Feed into the audit's Quality Improvement plan.
- Support audit communication with professional and lay groups, including dissemination of the audit findings and publicising the results among patients, professionals and other stakeholders.
- Champion effective and impactful communication with professional and lay groups and represent their views and interests.
- Champion equality, diversity and inclusion agenda to inform equitable care for all.

- Consult and take into account the views of patients and bereaved carers on the audit scope and related outputs.
- Disseminate the audit's findings and publicise its results to patients, professionals and other stakeholders.

A list of SG members can be found here: <https://www.nacel.nhs.uk/governance>

NACEL is further supported by a NACEL Bereaved Persons' Focus Group: The role of the Bereaved Persons' Focus Group is to input into three aspects of the NACEL:

1. The design of the audit and how it can be improved.
2. How we can improve the Quality Survey which is conducted as part of the audit
3. The outputs from the audit, including the reports provided to the public

A group of experts in the field of equitable care were recruited to form a NACEL equitable care task and finish group. Two meetings were held in 2024, to capture feedback and guidance to ensure that NACEL is auditing and reporting equitable care to the best of its ability.

A Mental Health Task and Finish Group was further set up to steer the scope and style of the NACEL Mental Health Spotlight Audit, consisting of clinical audit professionals and clinicians that work within the mental health provider sector.

A Task and Finish Group was further set up to support the development of the Patient and Carer Tool. Each NHS region nominated up to 4 colleagues to support and increase transparency in care performance at the end of life. Meetings were held virtually in 2025/26

## 2.4 Stakeholder engagement

The "[National Palliative and End of Life Care Ambitions Partners](#)" are a list of stakeholders identified as being important to NACEL. Stakeholders have been identified across England, Wales and Jersey They have been involved via representation at both the NACEL Steering Group and the NACEL Advisory Group.

The NACEL Steering Group and Advisory Group have been instrumental in designing the content of all NACEL elements (Organisational Level Audit, Case Note Review, NACEL Quality Survey and Staff Reported Measure).

The National Clinical Director for End of Life Care, NHS England, and the Acting Clinical Lead for End of Life Care for NHS Wales are active members of the NACEL Steering Group. All public facing documents have been translated into Welsh. The NACEL Team have a 6-weekly meeting with the National Clinical Director for End of Life Care at NHS England and the Programme Board on End of Life Care.

The Patients Association, previous key partners in the audit, previously developed the NACEL Quality Survey for 2017 - 2022 with the aid of patients and bereaved carers/families. They previously supported the set up of a focus group of the bereaved, which assisted with what is important to patients and their carers in their experience of the delivery of end of life care.

A select number of bereaved people engage directly with NACEL, as advocates of the audit, via the NACEL Bereaved Persons Focus Group.

Clinicians/non clinicians are involved by representation on the NACEL Steering Group. They further engage with NACEL via their participation in the audit data collection and via events. The audit findings will be presented at various professional conferences across England and Wales.

A range of mediums are used to engage with NACEL stakeholders including the:

- Meetings
- Website: <https://www.nacel.nhs.uk/>
- Social media platforms (Twitter, LinkedIn, etc.)
- Newsletter
- Webinars/education events/communities of practice

## 2.5 Conflict of interest policy

Declaration of Interests (DOI) are collected in advance of Steering Group and Advisory Group meetings. Decisions regarding whether a conflict of interest (COI) exists and appropriate actions are made by the Chair. Any new DOI are to be requested at meeting as a standing agenda item.

## 3.1 Quality improvement goals

The NACEL is designed to support, where needed, improvements in the care of the dying person and those important to them, with a particular focus on five improvement goals, encompassing all audit topics. These goals are aligned to the ten audit indicators (driver diagram primary drivers) that describe what quality end-of life should look like in hospital in patient settings.

The goals of NACEL are:

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.
2. Improvement within each organisation and nationally in understanding the needs of those important to the dying person.
3. Improvement in access to **specialist palliative care** 8 hours a day, 7 days a week and a 24 hour advice line service.
4. Improvement in the organisational measurement of equity of care delivered to a dying person and those important to them.
5. Improvement in the number of organisations that implement quality improvement plans, including relating to education, within their organisation, shared with.

## 3.2 Quality improvement driver diagram

<https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2024/Driver%20diagram%20for%20portal.pdf>; <https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2024/primary%20drivers%20diagram.jpg>; <https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2024/List%20of%20primary%20and%20secondary%20drivers.pdf>

## 3.3a Methods for stimulating quality improvement\*

Sharing good practice repository; Workshops; National Clinical Audit Benchmarking (NCAB) tool (via CQC); Action plan template

**3.3b Quality improvement supplemental information**

NACEL Quality Improvement page available here: <https://www.nacel.nhs.uk/qi-about>

NACEL Data and Improvement Tool available here: <https://data.nacel.nhs.uk>

**4a. Please add the most recent date that you have reviewed and updated an online version of UPCARE Programme section on your project's website (click into the response to see pop-up guidance).**

06/02/2026

**4b. Please add a hyperlink to UPCARE Programme section on your website (click into the response to see pop-up guidance).\***

<https://www.nacel.nhs.uk/nacel-guidance/understanding-practice-in-clinical-audit-and-registries-tool-upcare-tool>

