

 National Audit of Care at the End of Life

UPCARE: 0.01 Programme name - please do not change this field.*	National Audit of Care at the End of Life
0.02 Workstream name (if applicable) - please do not change this field.*	Not applicable
0.1 Contract status	Ongoing
0.2 Audit or non-audit	Audit
0.3 HQIP commissioned*	Yes
0.41 HQIP AD	DS
0.42 HQIP PM	CG
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales; Jersey
1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*	Other (please describe in next question)
1.2b If you selected 'Other' above,	Care at the end of life

please provide details.*

1.3a Healthcare setting* NHS secondary or tertiary care; NHS mental healthcare

1.4a Does your patient cohort include the following?* Adults (18 and older)

1.4b Inclusion and exclusion criteria* **NACEL is open to all Trusts/ Health Boards providing care to adults (18+) within acute hospitals, community hospitals, or mental health inpatient facilities in England, Wales and Jersey.**

NACEL 2026 is open to acute and community hospital providers.

Inclusion criteria:

- Adult (18+) only deaths

The Case Note Review will only audit inpatient deaths which fall into the following two categories:

- **Category 1:** It was expected that the patient would die in the final admission. Life sustaining treatments may still be being offered in parallel to end of life care.
- **Category 2:** It was not expected that the patient would die during the final admission - imminent death was not recognised or expected by the hospital staff. However, the patient may have had a life limiting condition or, for example, be frail, so that whilst death wasn't recognised as being imminent, hospital staff were "not surprised" that the patient died.

Exclusion criteria:

Deaths which are classed as "sudden deaths" are excluded from the Case Note Review. For NACEL, this includes, but is not limited to, deaths which are sudden and unexpected and/or occur within 4 hours of admission. This includes, but is not limited to, the following:

- deaths within an Emergency Department (ED)
- deaths which occurred within 4 hours of admission
- deaths due to an acute condition caused by a sudden catastrophic event, with a full escalation of treatment plan in place.
- suicides
- maternal deaths

1.5 Methods of data submission* Bespoke data submission by healthcare provider

1.6b 2024/25 data submission **NACEL 2024 Acute/Community**

Case Note Review data submission (bi-annual collection): 1st January 2024 - 30th June 2024 and 1st July 2024 - 31st December 2024

Quality Survey data submission (continuous collection): 1st January 2024 - 31st December 2024

Staff Reported Measure data submission (one-off collection): 1st April 2024 - 30th June 2024

Hospital/Site overview collection (one-off collection): 1st July 2024 - 30th September 2024

1.6c 2025/26 data submission **NACEL 2025 Acute/Community**

Case Note Review data submission (bi-annual collection): 20th January 2025 - 12th July 2025 and 1st July 2025 - 16th January 2026

Bereavement Survey data submission (continuous collection): 20th January 2025 - 31st December 2025

series of dates or frequency.* Hospital/Site overview collection (one-off collection): 1st July 2025 - 30th September 2025
Annual death data collection: 1st January 2026 - 28th February 2026

NACEL 2025 Mental Health Spotlight Audit

Case Note Review data submission : 20th January 2025 - 16th January 2026

Staff Reported Measure (continuous collection): 20th January 2025 - 31st December 2025

Hospital/Site overview collection (one-off collection): 1st July 2025 - 30th September 2025

Annual death data collection: 1st January 2026 - 28th February 2026

1.6d 2026/27 data submission closes - please indicate date, series of dates or frequency.*

NACEL 2026 Acute/Community

Case Note Review data submission (bi-annual collection): 20th January 2026 - 11th July 2026 and 1st July 2026 - 15th January 2027

Bereavement Survey data submission (continuous collection): 20th January 2026 - onwards (continuous survey)

Staff Survey (one-off collection): 1st April 2026 - 30th June 2026

Annual death data collection: 1st January 2027- 28th February 2027

1.7 Data flow diagram

<https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2025/NACEL%202025%20Acute%20%20Community%20Hospitals.%20Data%20Flow%20Chart%20v1.0.pdf>

[https://s3.eu-west-2.amazonaws.com/nhsbn-static/Not Project Specific/2025/NACEL 2025 Mental Health Spotlight Audit. Data Flow Chart v1.0.pdf](https://s3.eu-west-2.amazonaws.com/nhsbn-static/Not%20Project%20Specific/2025/NACEL%202025%20Mental%20Health%20Spotlight%20Audit.%20Data%20Flow%20Chart%20v1.0.pdf)

[https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2026/NACEL 2026 Acute & Community Hospitals. Data Flow Chart v1.0.pdf](https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2026/NACEL%202026%20Acute%20%20Community%20Hospitals.%20Data%20Flow%20Chart%20v1.0.pdf)

1.8 Data quality & analysis plan

Piloting

- The datasets for NACEL 2024 have been revised following the 2022 audit. The NACEL 2024 Case Note Review was piloted by a selected group of users, before they were made live in the NHS Benchmarking Network system.
- Analysis of sample sizes was undertaken during 2023 to assess the amount of uncertainty associated with the number of case notes submitted per hospital site. The subsequent analysis informed the required amount of case notes to be submitted each quarter (20 – 70).

Validation

- Data validation controls are built on several levels within the online data collection tool. Information buttons next to each metric contain definitional guidance of the data required to ensure consistency of the data collected. In addition, system validation is implemented to protect the integrity of the data collected, including allowable ranges, expected magnitude of data fields, numerical versus text completion, appropriate decimal point placing and text formatting.
- As part of the analysis process, the data is reviewed and cleansed. Unusual data is queried with NACEL participants, and participants are given the opportunity to update their submission whilst data collection is open.
- In 2026, the The Palliative Care Unit (PCU) at the University of Liverpool are undertaking a psychometrical evaluation of the NACEL 2024 Staff Survey to comment on the validity and reliability of the tool to measure staff experiences in delivering care at the end of life.

Analysis

- Peer group profiling is made available in the Data and Improvement Tool (by type of provider, by country & by region).
- Filter group profiling is made available in the Data and Improvement Tool (by types of deaths, age, ethnicity, primary language spoken, reviewed by SPC/EoLC team, Individualised plan of care, staff feedback group)
- Analysis between multiple data points submitted to NACEL, reporting the average length of time between hospital admission, date/time that patient was recognised as dying and death.
- Time series analysis is made available based on date of death. The data is reported based on the financial quarter e.g. Q1 2024/25 (April – June). This allows NACEL to report seasonal variation in care delivery

- Compliant data results summarised and presented in 10 PowerBI dashboard view, mapped to the primary drivers for improving care at the end of life - "Not applicable" responses are excluded from this reporting.
- Data from the audit is analysed and presented thematically according to the [ten primary drivers](#) for improving care at the end of life. The metrics have been carefully mapped against each primary and sub driver to support quality improvement work. The data has further been mapped against the 5 healthcare improvement goals.
- The Management of Outliers analysis follows a percentile method to identify alarm and alert level outliers
- Data reported in the State of the Nations Report will exclude "Not applicable" responses from the data analysis, to match the 10 PowerBI dashboards. Data will be reported separately for nation/crown dependency, hospital type and based on the patient's ethnicity profile.
- A chi-squared test has been run on all metrics featured within the NACEL 2024 State of the Nations Report to test the statistical significance of the delivery of care at the end of life by patient ethnicity. Further exploratory analysis is being conducted to test the representativeness of deaths submitted to the NACEL Case Note Review against the ethnicity profile of the local population (ONS data).

1.9a Link to the outlier policy*

https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2024/NACEL%20Management%20of%20outliers%20policy%202024_Final.pdf

<https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2025/NACEL%20Management%20of%20outliers%20policy%202025%20v.03.pdf>

<https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2026/NACEL%20Management%20of%20outliers%20policy%202026%20v.1.pdf>

2.1 Outcome measures

NACEL collect various process, experience, structural and outcomes measures about eligible NHS Trust/Health Boards in England, Wales and Jersey.

The audit measures were scoped and developed with Clinical Leads, methodological expert, Steering Group, Advisory Group and Patient Panel. A driver diagram driven was created to shape the outcome measures and ensure key areas of care were identified and monitored in the audit.

The driver diagram identifies 10 key areas of care,

1. Recognition of dying
2. Individualised management of symptoms
3. Determine appropriate interventions.
4. Actions to meet the holistic needs of the dying person.
5. Actions to meet the holistic needs of those important to the dying person.
6. Timely review of the dying and deceased patient
7. Communication about dying.
8. Personalised care and support planning
9. Equitable care
10. Workforce supported, equipped and engaged to provide end of life care

All metrics included in the audit can be mapped to one of the primary drivers, with representation of the drivers across the four elements of the audit. Following consultation with the NACEL steering group, advisory group and the bereaved persons focus groups, there are the following quality measures embedded in the four audit elements.

Type of measure

Number of these measures used throughout audit

Elements where these measures are used

Organisational (structural)

21

Hospital/site overview

Process

49

Case Note Review, Quality survey, Staff reported Measure

Outcome

4

Case Note Review

Experience

47

Quality survey, Staff reported measure,

10 key indicators have been selected from the audit, which provide a summary of performance across the audit. Each metrics relates to a primary driver, and these will be the focus of the state of the nation report.

The 10 NACEL Key indicators can be found here: <https://www.nacel.nhs.uk/qi-documents>. The measures are further available via the Online Data and Improvement Tool <https://data.nacel.nhs.uk/>

Acute/Community

Please find the NACEL data specifications for acute and community hospitals at this link:<https://www.nacel.nhs.uk/nacel-guidance> . Data collection consists of an organisational level audit, case note review, quality survey of bereaved persons and annual death data collection.

Mental Health Spotlight Audit

Please find the NACEL data specifications for the mental health spotlight audit at this link: <https://www.nacel.nhs.uk/mental-health-spotlight> . Data collection consists of an organisational level audit, case note review, staff reported measure and annual death data collection.

2.2 Process measures	see 2.1 above
2.3 Organisational measures	See 2.1 above
2.4 Patient reported outcome measures	None recorded.
2.5 Patient reported experience measures	None recorded.
2.6a Do measures align with any of the following sources of evidence (select all that apply)	NICE clinical guideline; NICE quality standard; Professional society; Other (please describe in next question)
2.6b Evidence supplemental information	One Chance to Get It Right - the Five Priorities for Care - The Leadership Alliance for the Care of Dying People, June 2014
3.1 Results visualisation	Annual report; Other; Interactive online portal (run charts available); Interactive online portal (run charts not available); Static data files

3.2a Levels of reporting*	National; Trust or health board; Hospital or specialist unit; NHS region or other geographic area
3.3 Timeliness of results feedback	Within 1 year; Within 1 week; Within 3 months
3.4 Link to dynamic reporting*	https://data.nacel.nhs.uk/ ; https://www.nacel.nhs.uk/patients-and-carers-data
4.02 2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2024 - 31/12/2024
4.03 2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2025 - 31/12/2025
4.04 2026/27 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2026 - 31/12/2026
4.10 Dataset #1 name	Case Note Review - acute/community audit
4.11 Dataset #1 type	Clinical audit; Case note review
4.12 Dataset #1 population coverage*	Sample of eligible patients
4.13 Dataset #1 items collected (n)	40
4.15 Dataset #1 use of existing national datasets	N/A
4.16 Dataset #1 specification	see section 2.4/ 2.5
4.20 Dataset #2 name	Staff Survey

4.21 Dataset #2 type	Survey (carer and/or staff)
4.22 Dataset #2 population coverage*	Sample of eligible patients
4.23 Dataset #2 items collected (n)	24
4.25 Dataset #2 use of existing national datasets	N/A
4.30 Dataset #3 name	Bereavement Survey - acute/community audit
4.31 Dataset #3 type	Survey (carer and/or staff)
4.32 Dataset #3 population coverage*	Sample of eligible patients
4.33 Dataset #3 items collected (n)	18
4.34 Dataset #3 items from existing national datasets (n)	see section 2.4/ 2.5
4.35 Dataset #3 use of existing national datasets	N/A
4.40 Dataset #4 name	Annual death data collection - acute/community audit
4.41 Dataset #4 type	Organisational audit
4.42 Dataset #4 population coverage*	Sample of eligible patients
4.43 Dataset #4 items collected (n)	3
4.45 Dataset #4 use of existing national datasets	N/A

4.46 Dataset #4 specification see section 2.4/2.5

5.00 When was your healthcare quality improvement plan (referred to as a QI Plan) last reviewed? 07/10/2025
Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).

5.10 When were your clinical performance indicators (referred to as metrics) signed off by funders? 01/10/2025
Please upload under 'Files' below using the HQIP template and naming convention (click on response to see pop-up help text).

5.11 Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.* <https://www.nacel.nhs.uk/qi-documents>

<p>5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*</p>	14/08/2025
<p>5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*</p>	13/08/2026
<p>5.24 Planned national report publication date (within calendar year 01/01 - 31/12/2027)*</p>	08/2027 (TBC)
<p>6.0 Please add the most recent date that you have reviewed and updated an online version of UPCARE Workstream section(s) on your project's website (click into the response to see pop-up guidance).</p>	07/02/2025
<p>6.1 Please add a hyperlink to UPCARE Workstream section(s) on your website (click in response to see pop-up guidance).</p>	https://www.nacel.nhs.uk/nacel-guidance/understanding-practice-in-clinical-audit-and-registries-tool-upcare-tool

