

NACEL

Quality Improvement Webinar

Equitable Care

23rd April 2026



National Audit of Care
at the End of Life

Auditing last days of life in hospitals



Agenda

12:00 – 12:05	Welcome and NACEL updates	Jessica Moss, NACEL Quality Improvement Lead
12:05 – 12:20	Equitable Care Findings	Dr Rosie Bronnert, NACEL Quality Improvement Clinical Advisor
12:20 – 12:30	Understanding your NACEL data	Dr Rosie Bronnert, NACEL Quality Improvement Clinical Advisor
12:30 – 12:45	Implementing a Joint Strategy to provide Equitable End of Life Care	Dr Emily Collis, Consultant in Palliative Medicine, UCLH Transforming End of Life Care Team, University College London Hospitals NHS Trust
12:45 – 13:00	How to make these changes in practice?	Dr Sabrina Bajwah, Equality, Diversity & Inclusion Executive Lead, Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation, Honorary Consultant Palliative Medicine
13:00 – 13:05	Next steps	Jessica Moss, NACEL Quality Improvement Lead
13:05 – 13:30	Open forum, reflections & questions	Jessica Moss, NACEL Quality Improvement Lead



NACEL Updates



National Audit of Care
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Auditing last days of life in hospitals

NACEL updates

NACEL 2025 dataset is
final

<https://data.nacel.nhs.uk>

Good Practice
Compendium 2025

www.nacel.nhs.uk/good-practice-compendium

Community of Practice

www.nacel.nhs.uk/qi-community-of-practice

Impact Compendium 2025

www.nacel.nhs.uk/impact-compendium

Patient and Carer Tool developments

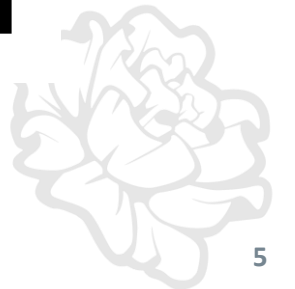
<https://www.nacel.nhs.uk/news/patient-and-carer-tool-information>



Evaluation

Please share your feedback on the session:

<https://forms.office.com/e/XhDYNrcQgX>



Equitable Care Findings

Dr Rosie Bronnert,

NACEL Quality Improvement Clinical Advisor



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NACEL Primary Drivers



Equity markers within NACEL

- Main focus has been on ethnicity – it's now possible to check this for the person who die (Case Note Review and Bereavement Survey) and for the respondent to the Bereavement Survey
- Other areas relevant to equitable care include looking at the impact of age and spoken language

Filter Data ▾ Compare Data ↻

- Age >
- Ethnicity (Patient) >
- Ethnicity (Bereaved Person) >
- Primary language spoken >
- Reviewed by SPC/EoLC team >
- Individualised Plan of Care >
- Quarter of Death >
- Staff feedback group >
- Access to SPCT services >
- Access to F2F SPCT services, 8 hours a day, 7 days a week >
- Access to telephone SPCT services, >

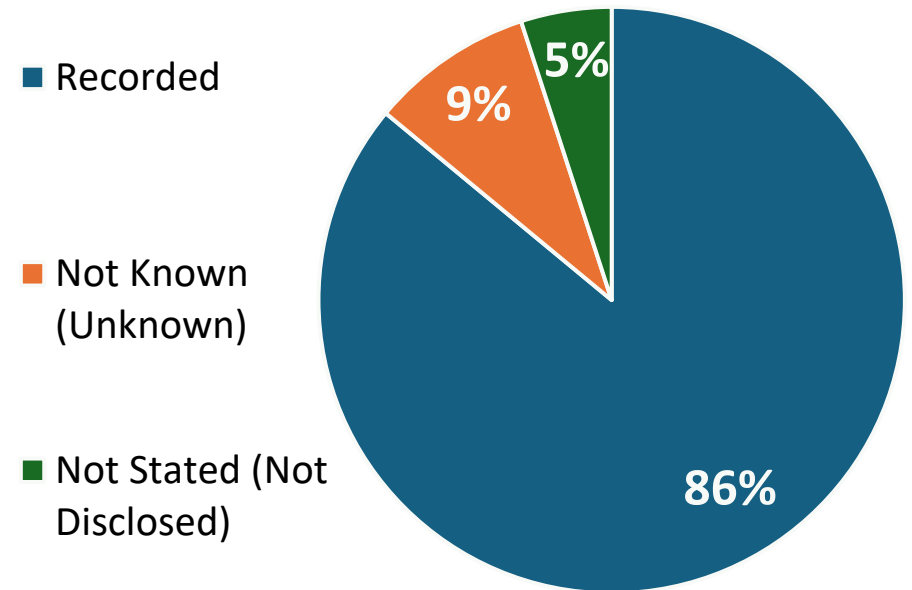


Equitable care – ethnicity recorded:

Responses where ethnicity is not known

- 🌐 **Not Known (Unknown) - Code 99:** This default code is used when a patient's ethnicity is not recorded because they were not asked, or they were unable to answer (e.g., in an emergency). It indicates a limitation in the data collection process.
- 🌐 **Not Stated (Not Disclosed) - Code Z:** This code is used when a patient has been given the opportunity to state their ethnicity but has actively chosen not to disclose it.

Ethnicity recorded in clinical notes



Equitable Care Findings –2024

State of the Nations Report

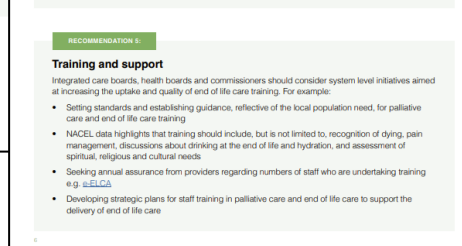
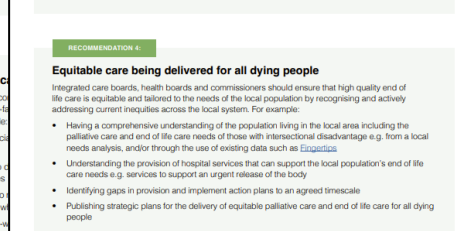
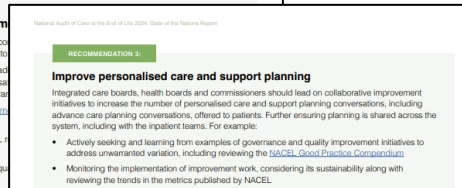
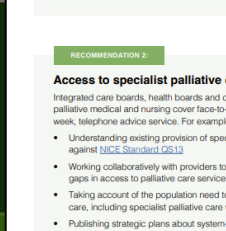
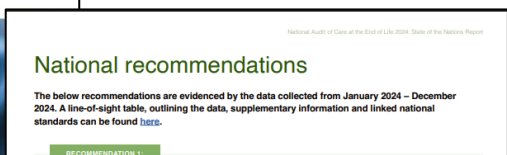
The NACEL 2024 State of the Nation Report

Care delivered in acute and community hospitals from:

1 January 2024 – 31 December 2024

Includes

- Key findings
- Recommendation to improve equitable care



www.nacel.nhs.uk/outputs



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Equitable Care recommendation – 2024

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

From the NACEL 2024 State of the Nations Report



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2024 findings:

Recorded patient ethnicity

Rating of care by bereaved people

Sensitive communication

Compassion and care

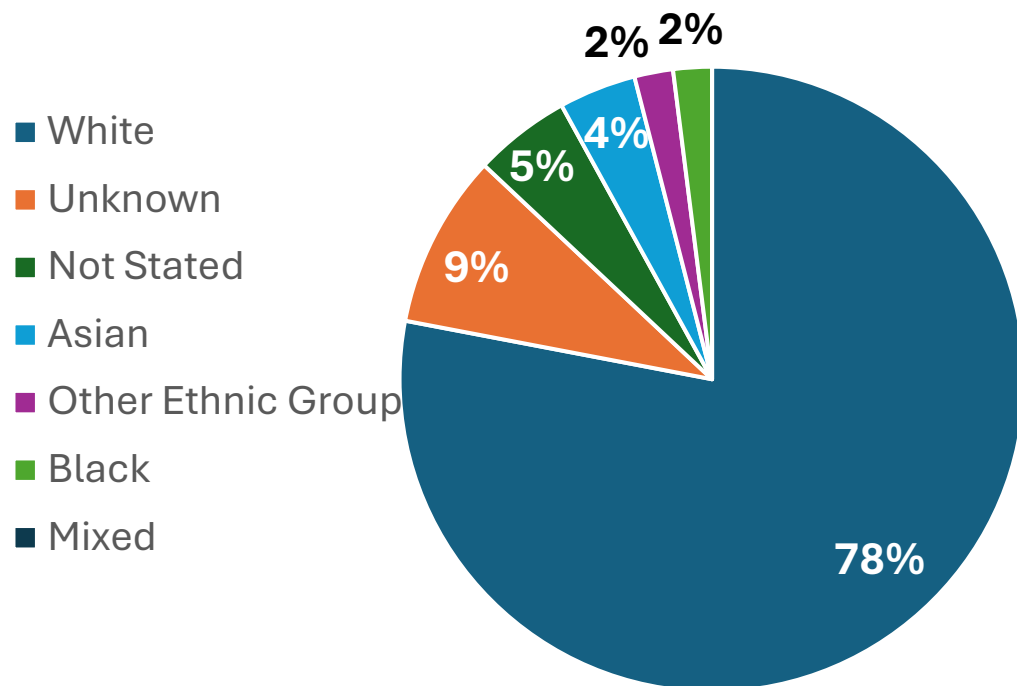
Anticipatory medication



Patient Ethnicity

When reviewing patient ethnicity, **86%** of the clinical case notes included documentation of the patient's ethnicity

14% reported ethnicity as either not stated or unknown.



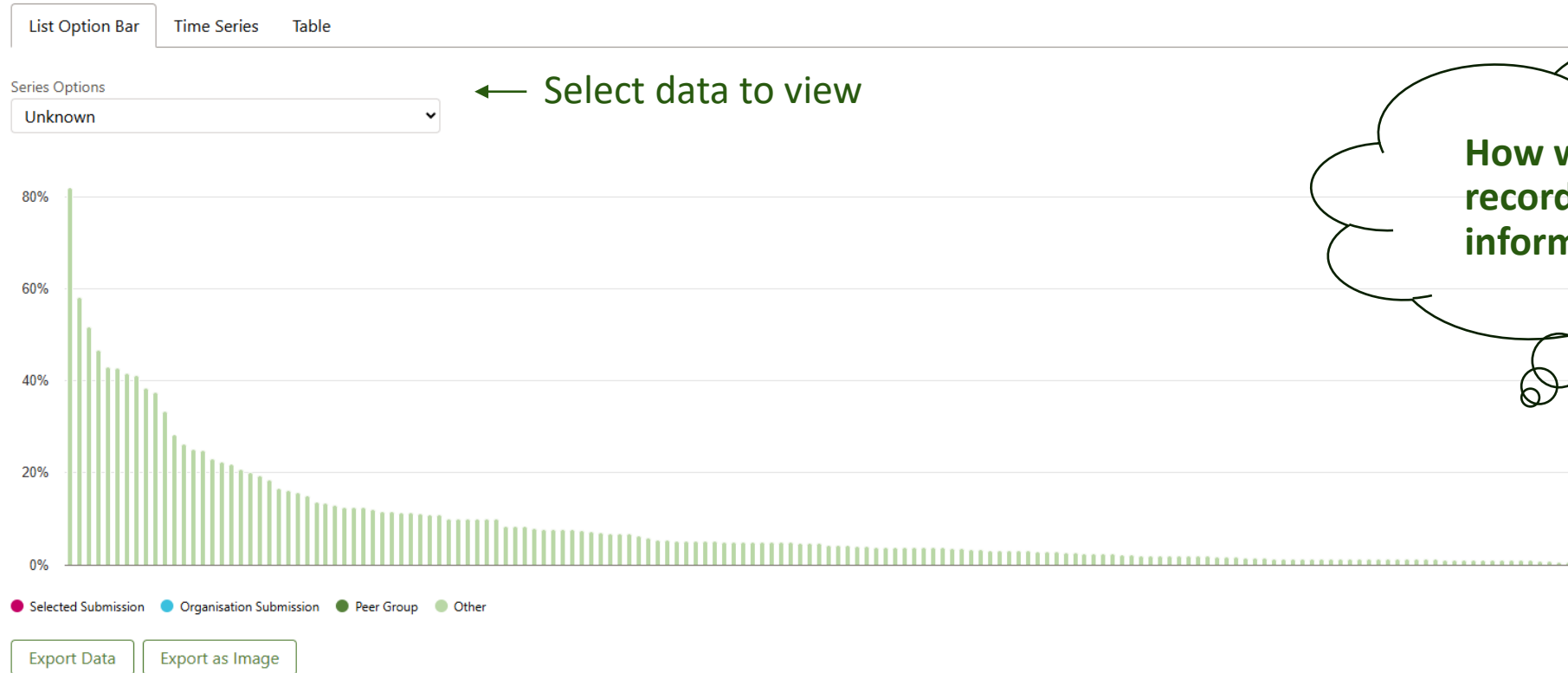
Patient Ethnicity Profile	Percentage	Count
White	78%	16,218
Unknown	9%	1,791
Not Stated	5%	1,119
Asian	4%	783
Other Ethnic Group	2%	448
Black	2%	392
Mixed	0%	101



Patient Ethnicity

Support > [Equitable care](#)

Documented ethnicity of the person who died



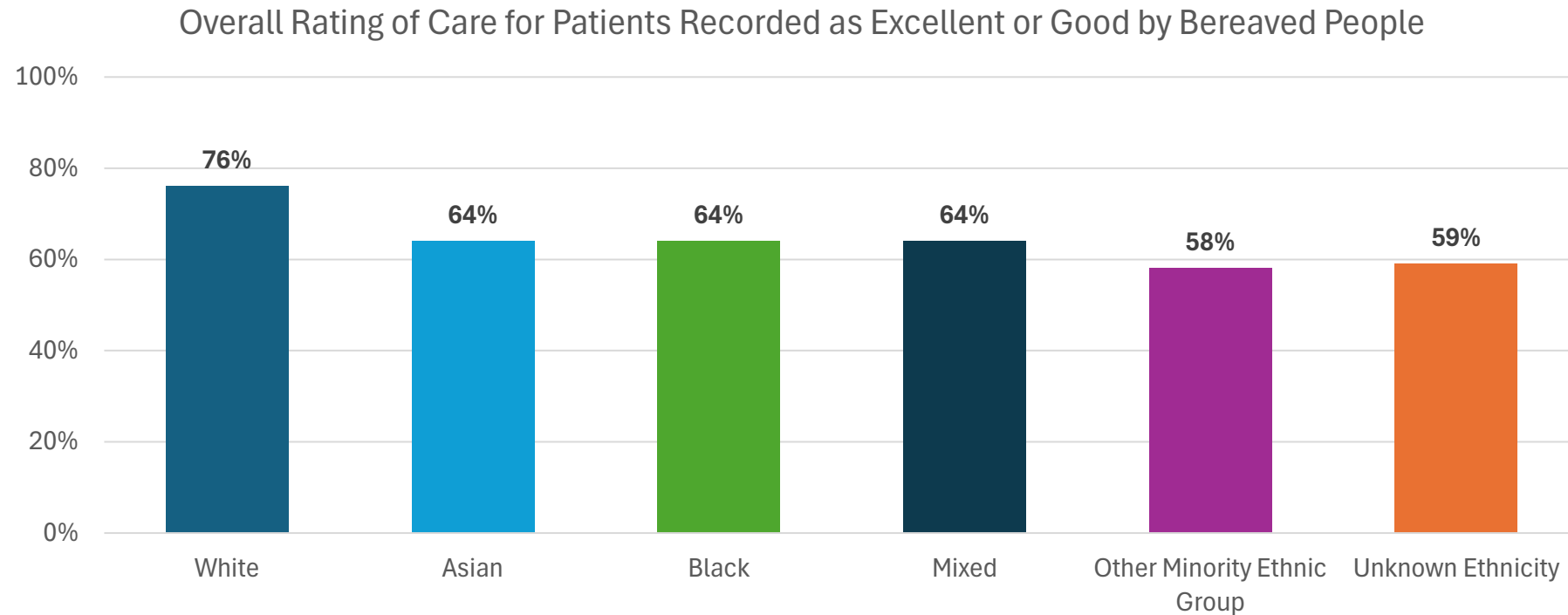
How well does your Trust record ethnicity information?

←—————→

This chart shows the variation in the documenting ethnicity. Range of unknown ethnicity: <1% - 82%

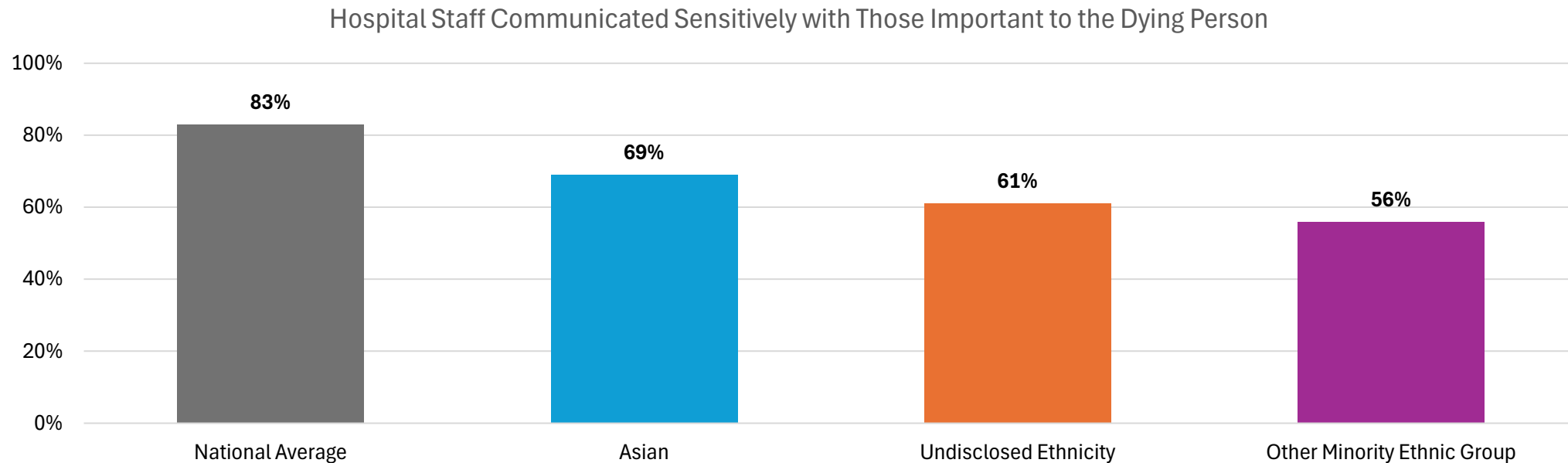
Rating of care by bereaved people

Bereaved families were less likely to rate care as excellent or good when the person who died was from any ethnic group other than White. The relationship between the rating of care and patient ethnicity is statistically significant $p < 0.01$



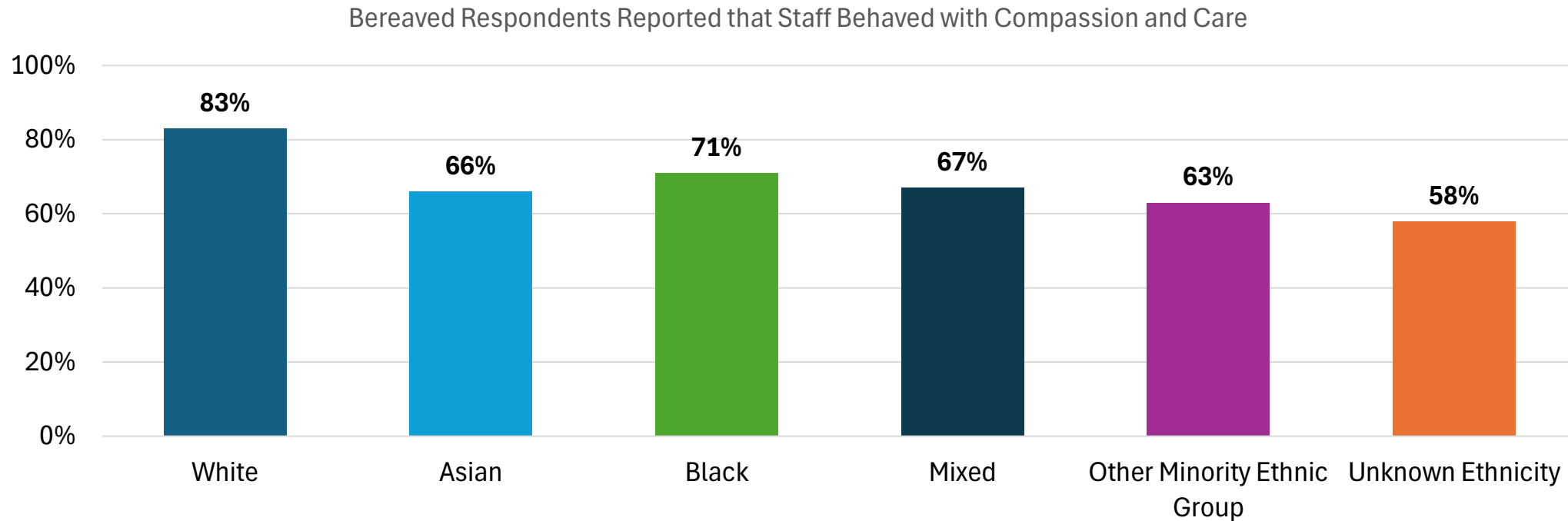
Sensitive communication

The bereavement survey feedback showed that hospital staff were least likely to communicate sensitively with those important to the dying person, when the dying person was of Asian ethnicity (**69%**), Undisclosed ethnicity (**61%**) or Other Minority Ethnic Groups (**56%**), compared to the national average of **83%** ($p < 0.01$)



Compassion and care

Bereaved respondents were less likely to report that staff behaved with compassion and care where the patient was of Asian (**66%**), Black (**71%**), Mixed (**67%**), Other Minority Ethnic Groups (**63%**) and Undisclosed ethnicity (**58%**) than people of White ethnicity (**83%**) ($p < 0.01$).

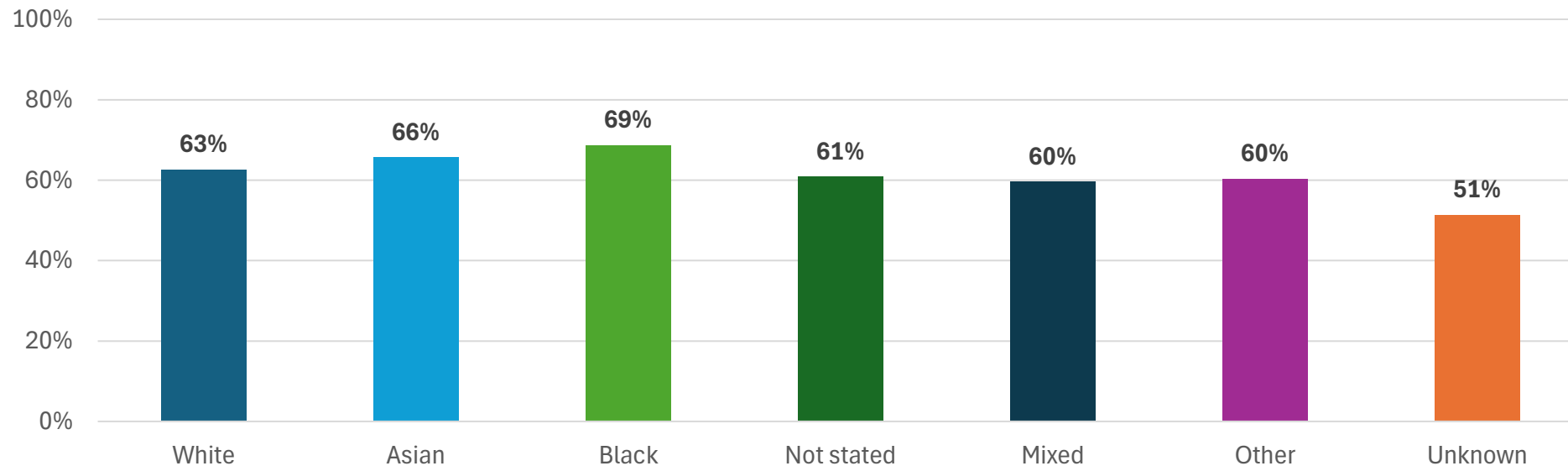


Discussing hydration options

The clinical case notes sampled often showed the largest difference in care for patients whose ethnicity was reported as **'Unknown'**.

For example, discussions about hydration options were documented less often for patients of Unknown ethnicity (**51%**) compared to the national average (**62%**), or where not possible a reason was recorded ($p < 0.01$).

Proportion of patient clinical notes with documented evidence of communication about hydration with those important to the dying person, or where not possible a reason was recorded

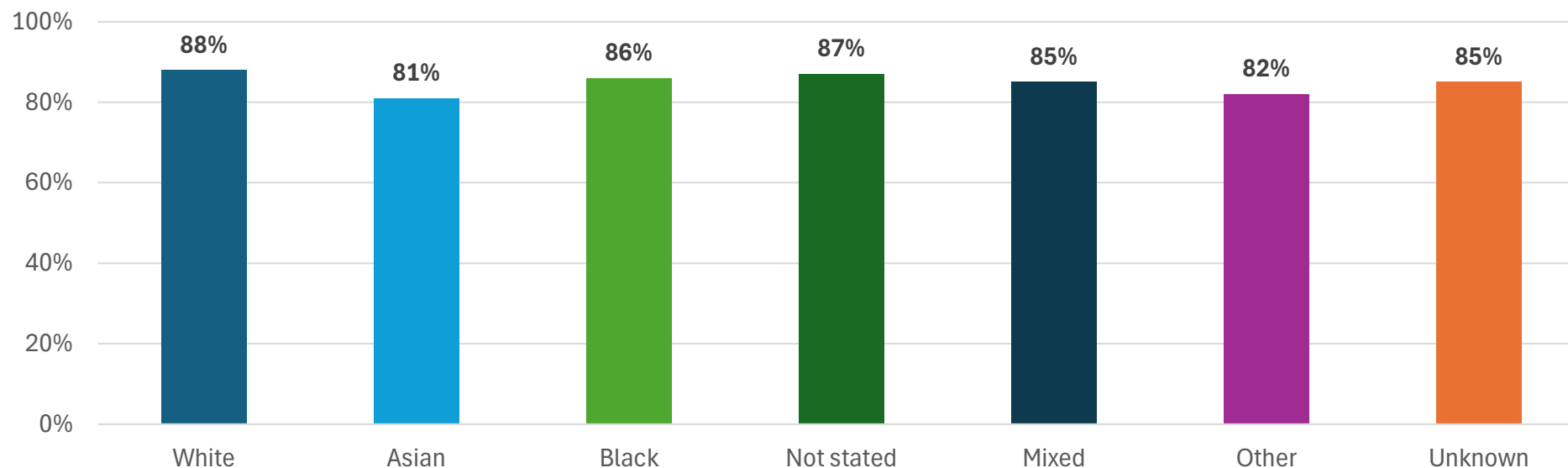


Anticipatory Medication

Significant difference in the prescription of anticipatory medication based on patient ethnicity ($p < 0.05$)

The clinical case notes sampled showed that patients of Asian ethnicity (**81%**) were least likely to have had anticipatory medication prescribed for symptoms likely to occur in the last days of life, compared to patients of other ethnicities.

Proportion of patient clinical notes with documented evidence that anticipatory medication was prescribed for symptoms likely to occur in the last days of life



NACEL 2024 data by ethnicity

Results & Reports

Use the Annual data sheet to look at other NACEL 2024 findings split by ethnicity

Results and Reports — National Audit of Care at the End of Life



2024: Round 5

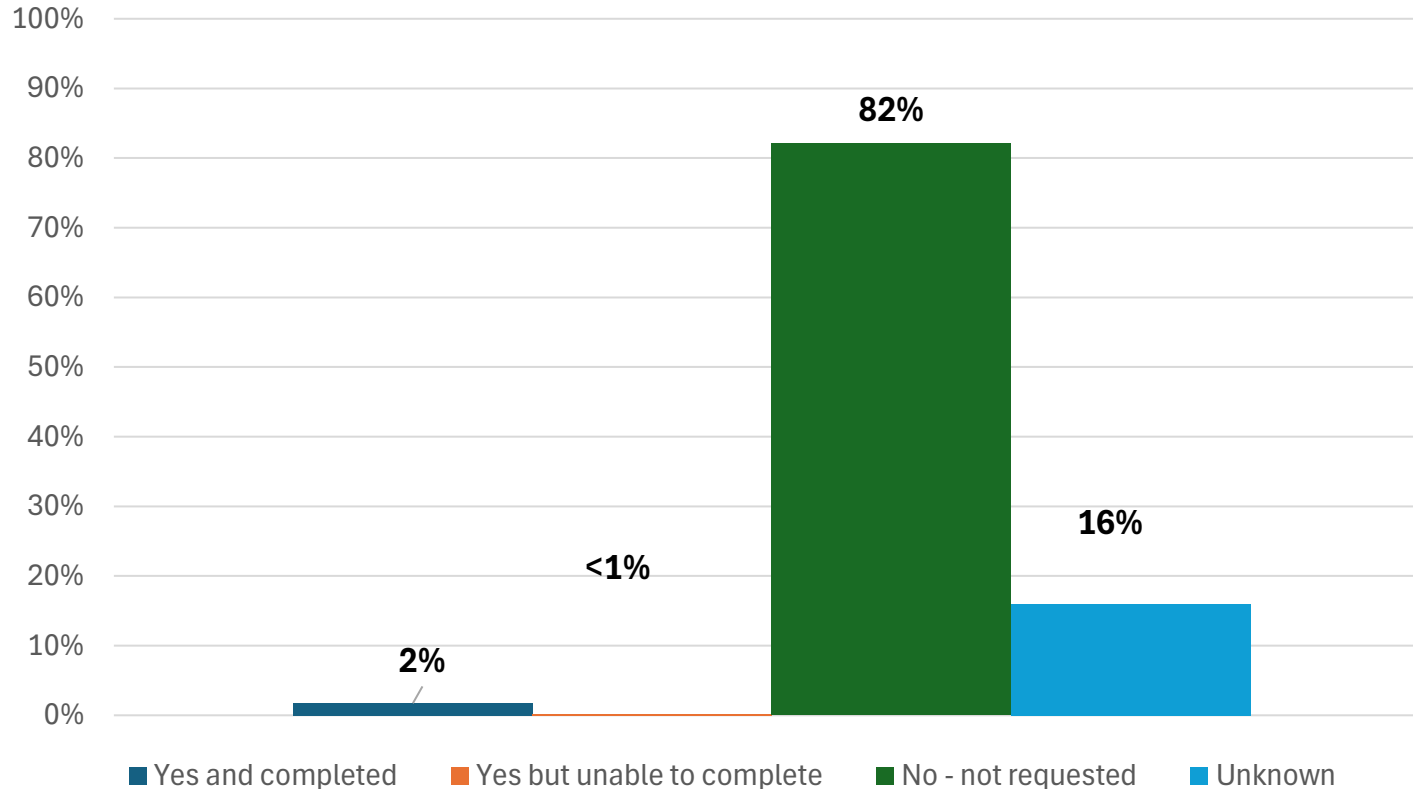
England, Wales and Jersey

- State of the Nations Report
- Recommendations
- Annual data sheet
- Infographic
- Key findings summary
- Patients and Carers Tool
- The Impact Report 2025
- QI in Focus: The Impact Report 2025



Other finding: Urgent certification and release

Proportion of patient clinical notes with documented evidence of a request for urgent release of the body following the patient's death



Other key findings:

- 2% of case notes had evidence that there was urgent release of the body (In 16% of cases, it was unknown if there had been a request).
- Where there had been a request, 89% were completed and 11% were unable to be completed



Understanding your NACEL Data

Use of the NACEL Data and Improvement Tool (DIT)



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DIT: Dashboard view

For high level results only (no option to filter)



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DIT Dashboard: Equitable care results

January 2025 - December 2025

January 2025 - September 2025

January 2025 - June 2025

January 2025 - March 2025

January 2024 - December 2024

January 2024 - September 2024

January 2024 - June 2024

Patient and Carer Tool	Key Indicator Summary	1. Recognition of dying	2. Individualised management of symptoms	3. Determine appropriate interventions	4. Needs of the dying person	5. Needs of those important to the dying person	6. Timely review	7. Communication about dying	8. Personalised care and support planning	9. Equitable care	10. Workforce
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Select submission...

Example submission

◆ Sample (%) is average of all data for the **Acute site type**

● Peer group (%) is average of the data in the **Acute site type in the Midlands**

N/A responses have been excluded from the percentages

Case notes with documented evidence the team had accessed an interpreter, or suitable alternative to communicate, if needed



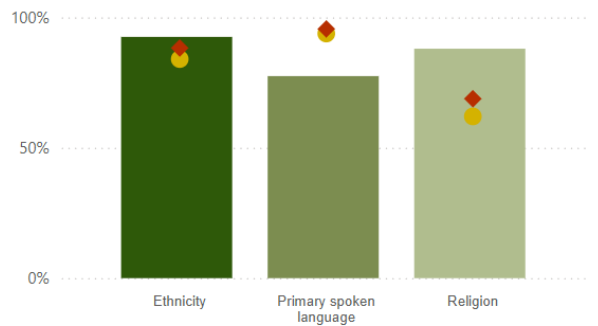
Source: Case Note Review

Bereaved people who reported that a translator other language support was offered, if needed



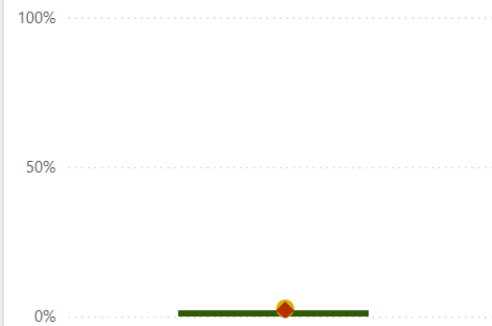
Source: Bereavement Survey

Cases with documented evidence of patient demographic information



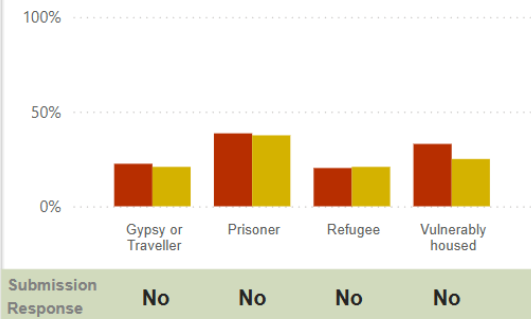
Source: Case Note Review

Case notes where there was a request for urgent release of the body following the patient's death



Source: Case Note Review

Hospital/sites that routinely record whether the patient is from certain communities



Submission Response: **No No No No**

Source: Hospital/Site Overview

DIT: Overview

Option to filter data



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DIT: Overview

Option to use the Overview or Dashboard view

Year

Navigation bar for NACEL. It includes a back arrow, the text 'NACEL', and a dropdown menu for 'NHS Benchmarking Network'. To the right, there is a dropdown menu for the year, currently set to '2025'. Below the main bar, there are tabs for 'About', 'Overview 2025', and 'NACEL Dashboard'.

All the results are grouped under headings

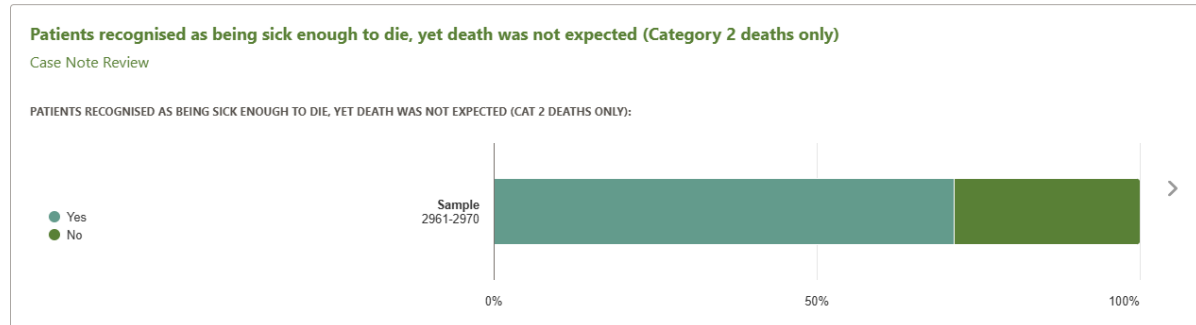
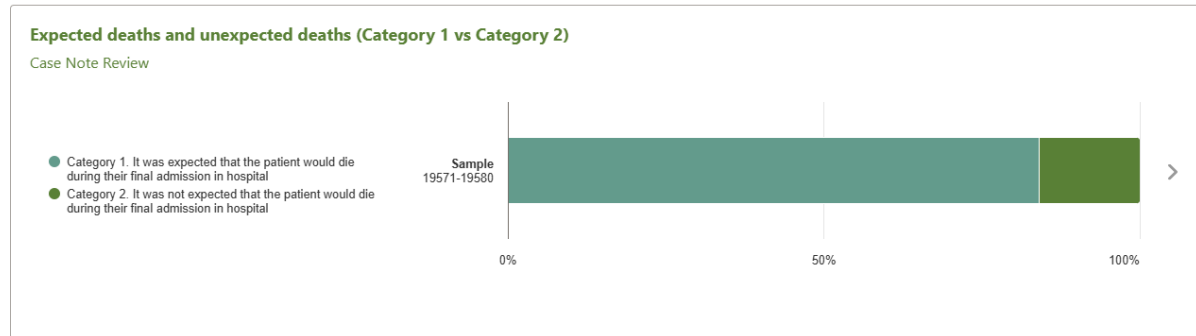
Search all charts...
Expand All | Collapse All

- ▼ Recognise
 - Recognition of dying
- ▼ Plan and Do
 - Individualised management of sy...
 - Determine appropriate interventi...
 - Actions to meet the holistic need...
 - Actions to meet the needs of tho...
 - Timely review of the dying and d...
- ▼ Communicate and Involve
 - Communication about dying
 - Personalised care and support pl...
- ▼ Support
 - Equitable care
 - Workforce supported, equipped ...
- ▼ Other
 - Contextual data

NHS Benchmarking Network | Filter Data | Compare Data

Recognise > Recognition of dying

Recognition of dying is clearly documented



Search charts...

- ✓ Expected deaths and unexpected d...
- ✓ Patients recognised as being sick e...
- ✓ Day of death
- ✓ Time of death
- ✓ Mean average time from arrival in E...
- ✓ Mean average time from admission...
- ✓ Mean average time from admission...
- ✓ Mean average time from recognitio...
- ✓ Median average time from arrival i...
- ✓ Median average time from admissi...
- ✓ Median average time from admissi...
- ✓ Median average time from recognit...



DIT: Overview

← NACEL NHS Benchmarking Network 2025 ▾

About **Overview 2025** NACEL Dashboard

Search all charts...

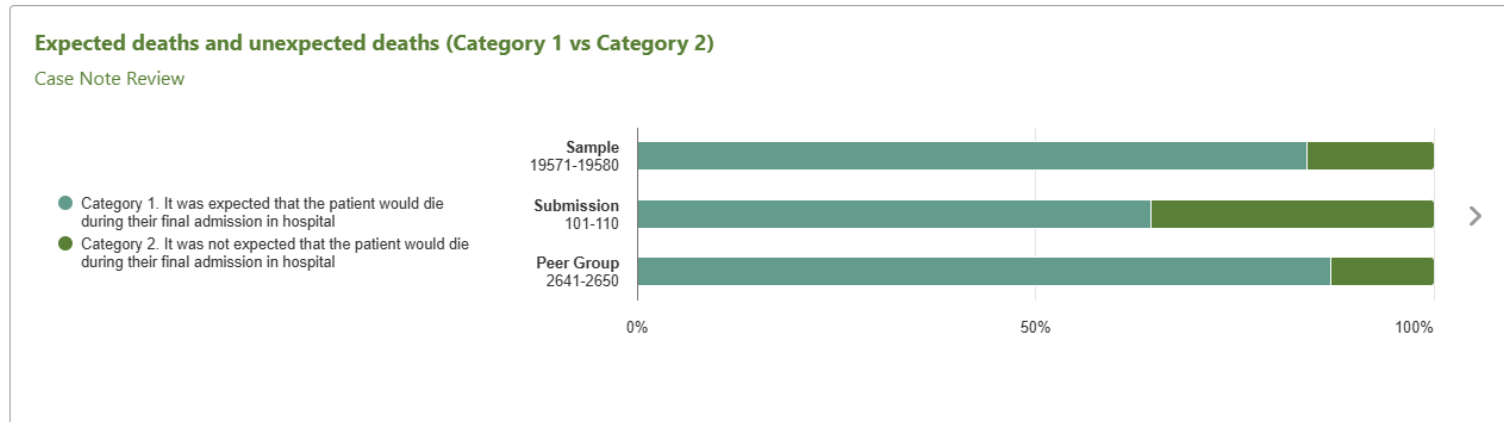
Expand All | Collapse All

- ▼ **Recognise**
 - Recognition of dying
- ▼ **Plan and Do**
 - Individualised management of sy...
 - Determine appropriate interventi...
 - Actions to meet the holistic need...
 - Actions to meet the needs of tho...
 - Timely review of the dying and d...
- ▼ **Communicate and Involve**
 - Communication about dying
 - Personalised care and support pl...
- ▼ **Support**
 - Equitable care
 - Workforce supported, equipped ...

Example submission Filter Data ▾ Compare Data 1 ▾

↑ Select submission ↑ Select filter ↑ Select a peer group

Recognition of dying is clearly documented



Sample - The sample bar will show the national mean average across England, Wales and Jersey.

Submission - The submission bar will show the result for the submission selected.

Peer - This bar will show the mean average result for the peer(s) selected: country/region and/or site type (acute/community).



DIT Overview: Finding relevant data

Options:

1. Use the [mapping document](#) to find relevant charts
2. Use the search function
3. Review the findings under the headings “Equitable care” or “Contextual data”

The screenshot shows the NACEL Dashboard interface. At the top, there is a navigation bar with three tabs: 'About', 'Overview 2025', and 'NACEL Dashboard'. Below the navigation bar, there is a search bar containing the text 'ethnicity'. To the right of the search bar, there are links for 'Expand All' and 'Collapse All'. The search results are displayed in a list format, with each result having a heading, a sub-heading, and two buttons: 'Open Group' and 'Explore'. The results are categorized into four main sections: 'Recognise', 'Plan and Do', 'Communicate and Involve', and 'Support'. The 'Support' section includes the result 'Equitable care'. The 'Other' section includes the result 'Contextual data'.

About Overview 2025 NACEL Dashboard

ethnicity

Expand All | Collapse All

▼ Recognise

Recognition of dying

▼ Plan and Do

Individualised management of sy...

Determine appropriate interventi...

Actions to meet the holistic need...

Actions to meet the needs of tho...

Timely review of the dying and d...

▼ Communicate and Involve

Communication about dying

Personalised care and support pl...

▼ Support

Equitable care

Workforce supported, equipped ...

▼ Other

Contextual data

◀ Search: ethnicity

Support > Equitable care

Documented ethnicity of the person who died

Open Group Explore

Other > Contextual data

Ethnicity of person who died

Open Group Explore

Other > Contextual data

Ethnicity of Bereavement Survey respondent

Open Group Explore

DIT Overview: Using Filters

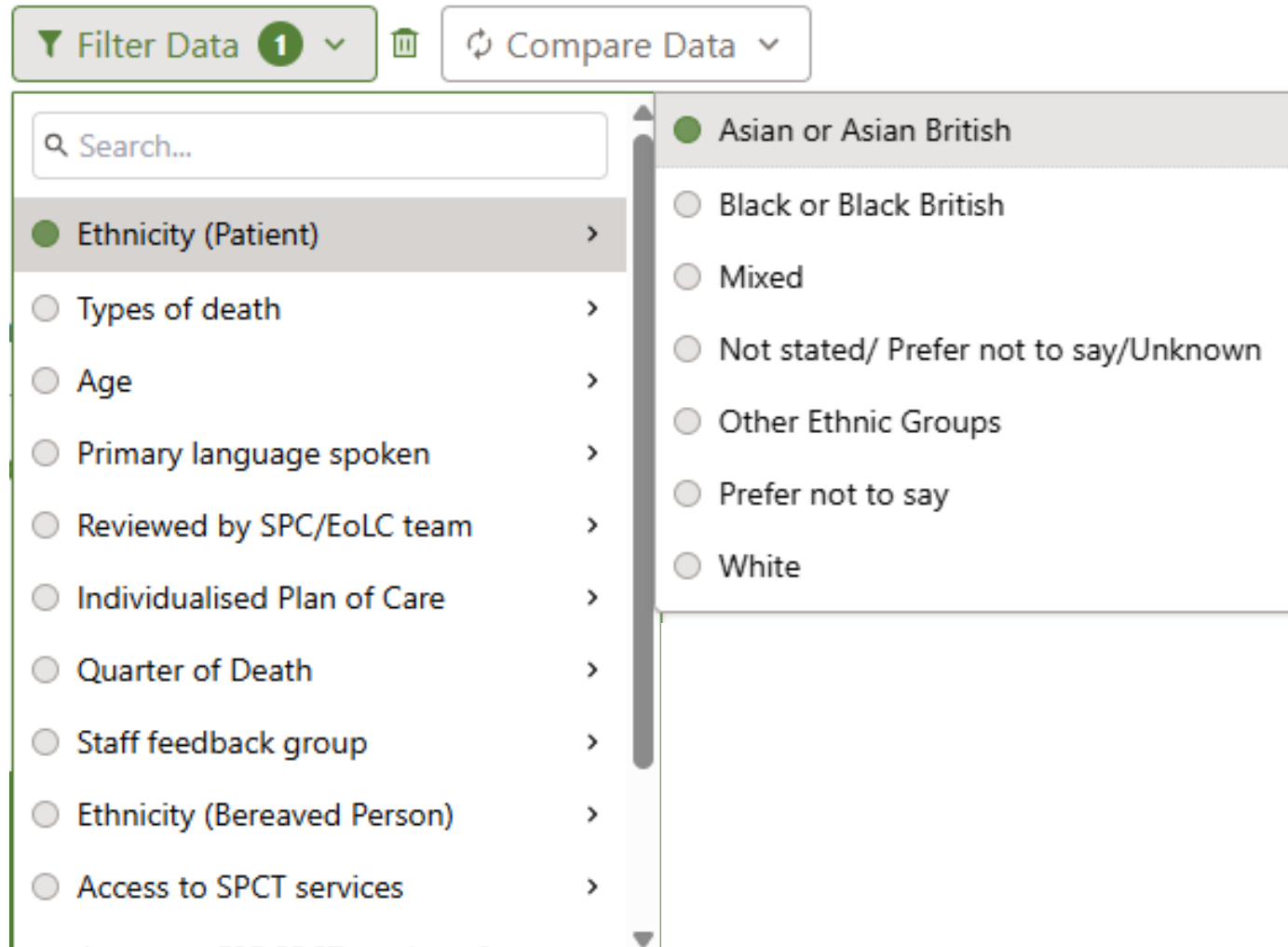


Chart findings will update to show results for patients of the selected ethnicity.

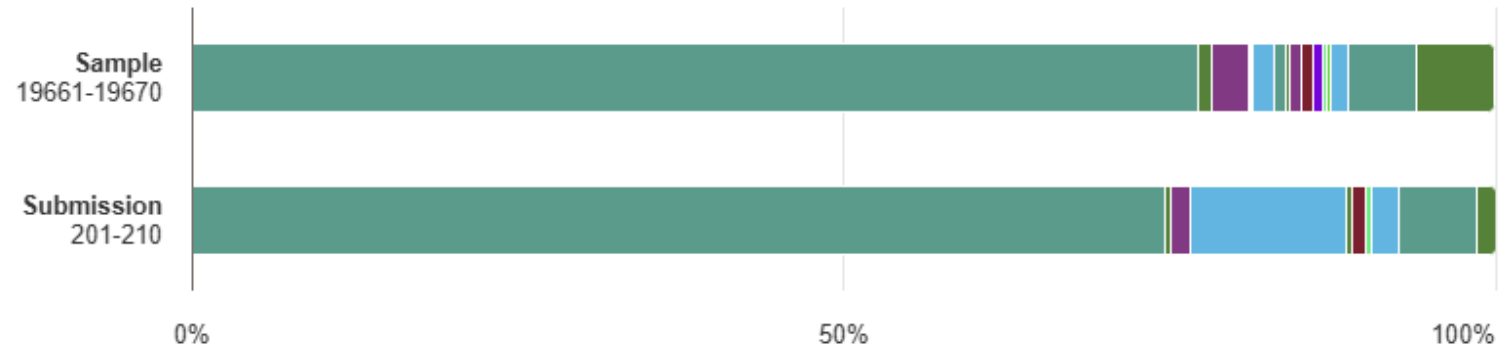
Open a separate tab to compare results for patients of different ethnicities.

DIT Overview: Patient ethnicity findings

Documented ethnicity of the person who died

Case Note Review

- A White: British
 - B White: Irish
 - C White: Any other White background
 - D Mixed: White and Black Caribbean
 - E Mixed: White and Black African
 - F Mixed: White and Asian
 - G Mixed: Any other mixed background
- ▲ 1/3 ▼



Explore

Export Data Export as Image

Look to see how the ethnicity profile of audited deaths in your *submission* compares to *national/regional* results.

You can also look to compare the ethnicity profile of the bereavement survey feedback

DIT Overview: Patient ethnicity findings

Support > [Equitable care](#)

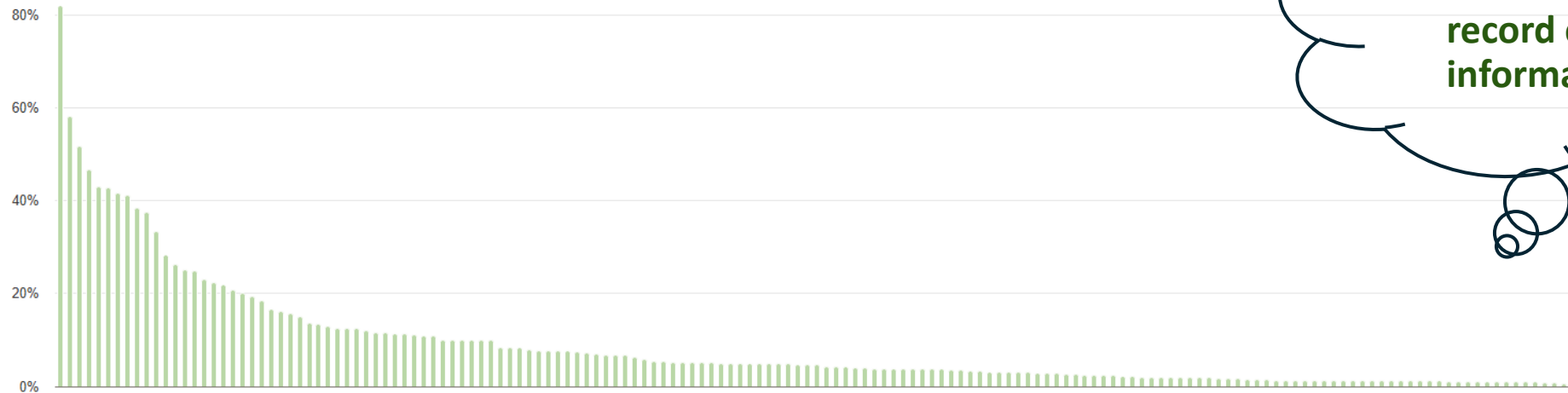
Documented ethnicity of the person who died

List Option Bar Time Series Table

Series Options

Unknown

← Select data to view



Selected Submission Organisation Submission Peer Group Other

Export Data Export as Image

How well does your Trust record ethnicity information?

← This chart shows the variation in the documenting ethnicity. Range of unknown ethnicity: <1% - 82%

An example of using the DIT to review care for patients of Asian ethnicity



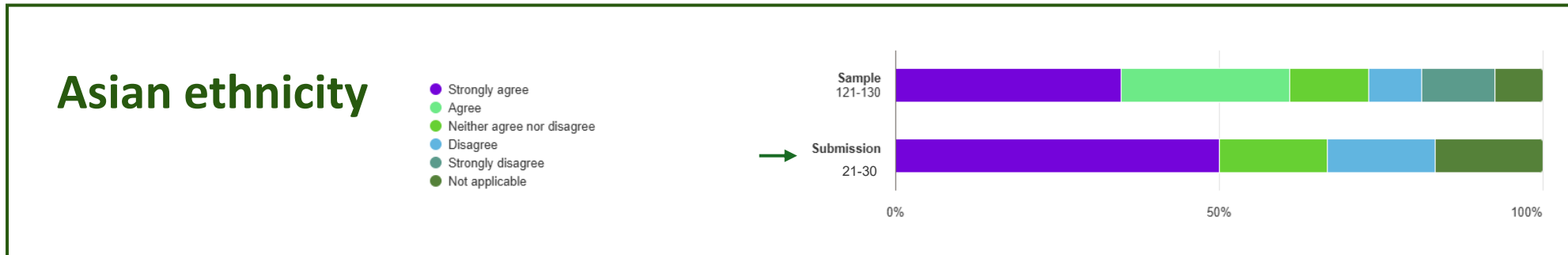
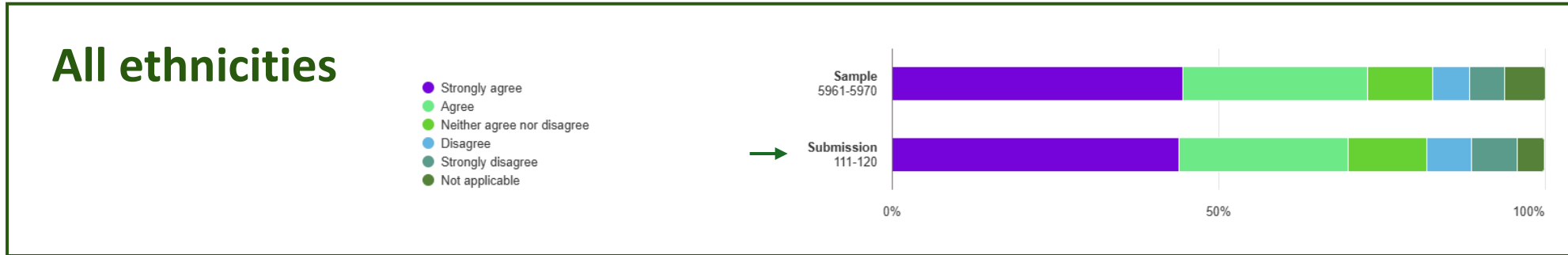
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Pain relief

Bereavement Survey results: 'The person was given enough pain relief'



Example local insight:
Bereaved respondents report a lower proportion of pain relief for patients of Asian ethnicity.

Advice:

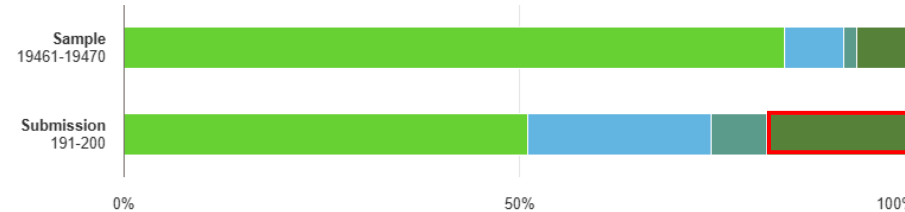
- Think widely before you're assured or decide on action.
- Take notice of the sample size
- If the findings are relatively positive – does it tell the whole story?

Pain relief

Case Note Review results: 'Documented evidence that the patient's pain was reviewed'

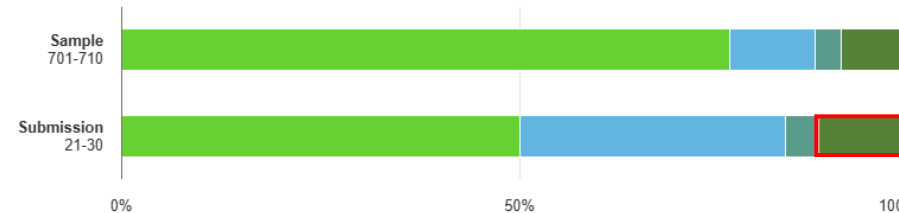
All ethnicities

- Yes - daily
- Yes - every 2-3 days
- Yes - weekly or less frequent
- No



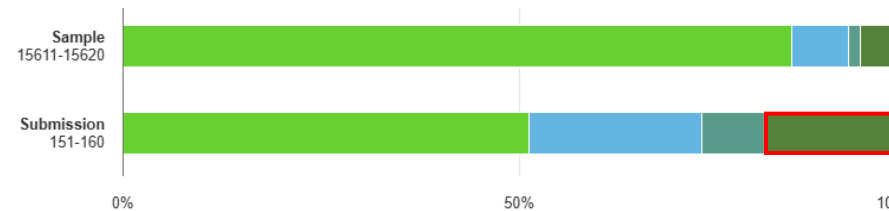
Asian ethnicity

- Yes - daily
- Yes - every 2-3 days
- Yes - weekly or less frequent
- No



White British ethnicity

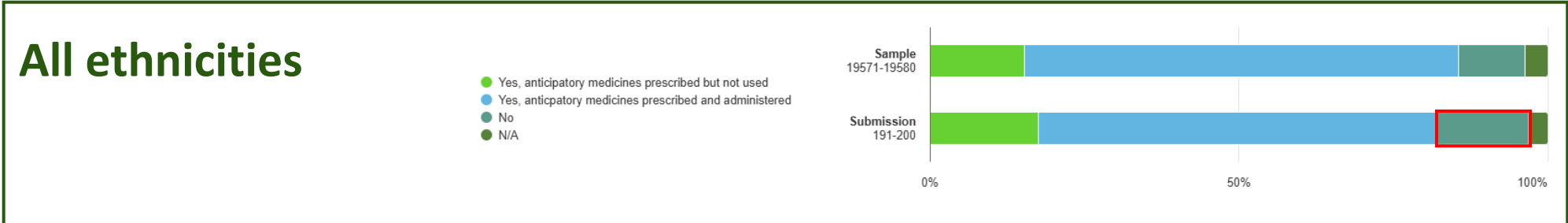
- Yes - daily
- Yes - every 2-3 days
- Yes - weekly or less frequent
- No



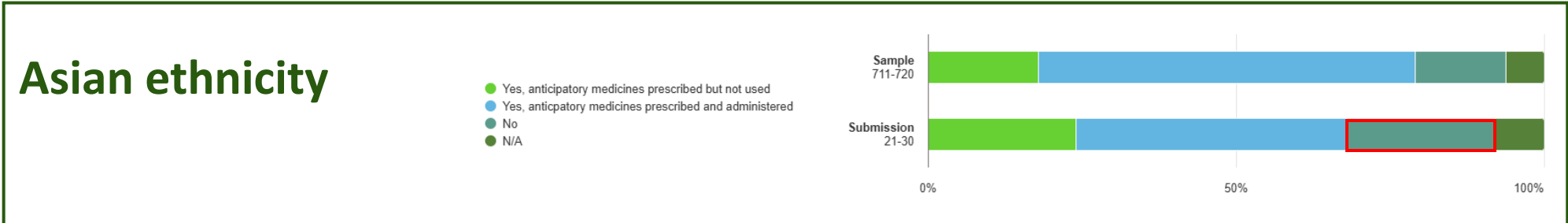
Example local insight:
Patients of Asian ethnicity had a lower proportion of 'No' results.

Anticipatory Medication

Case Note Review results: 'Patients with anticipatory medication prescribed for symptoms likely to occur in the last days of life'

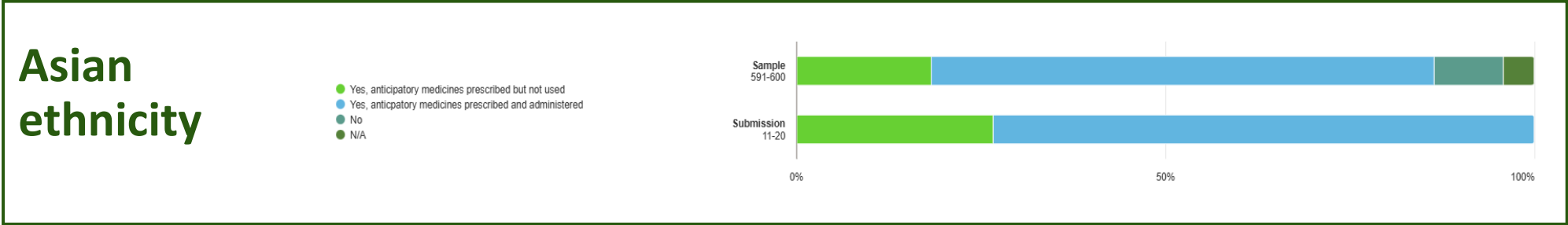
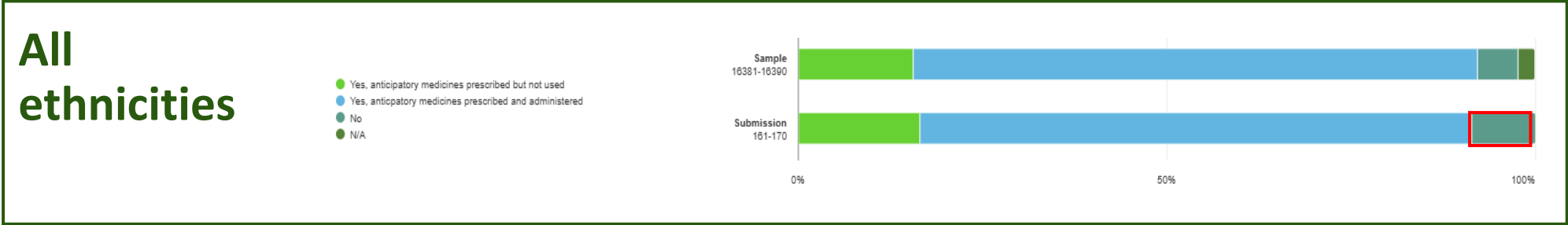


Example local insight:
Patients of Asian ethnicity had less evidence of anticipatory medication being prescribed



Anticipatory Medication

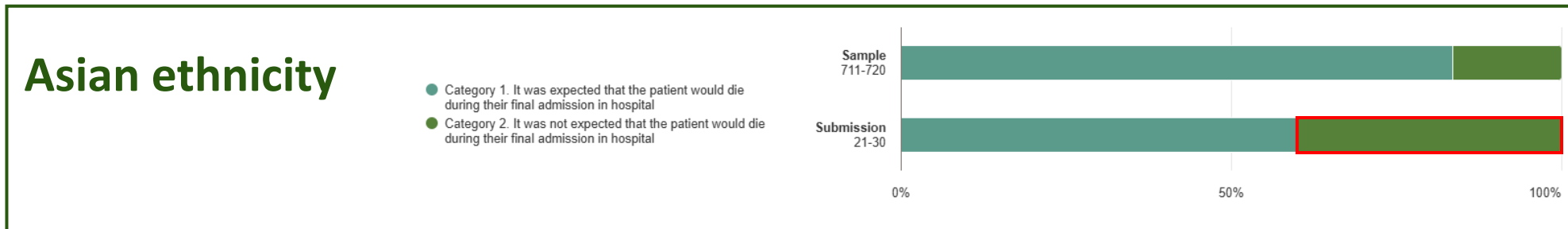
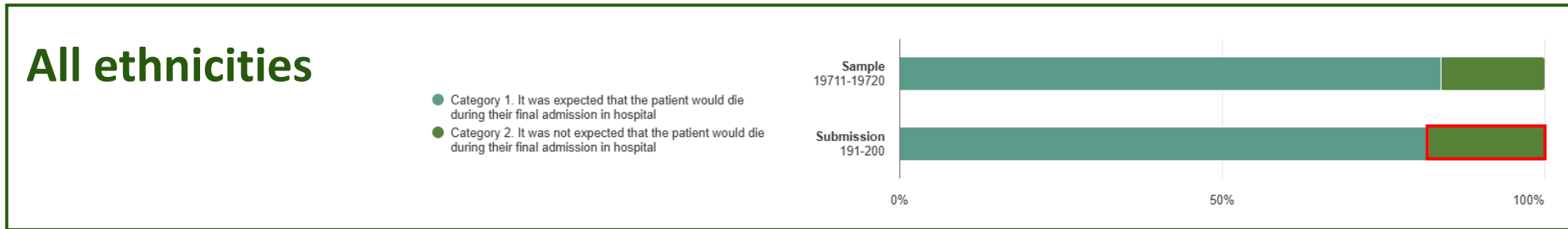
Case Note Review results (Category 1 deaths only): 'Patients with anticipatory medication prescribed for symptoms likely to occur in the last days of life'



Example local insight:
Of the patients recognised to be dying (Cat 1), all patients of Asian ethnicity had anticipatory medication prescribed

Recognition of Dying

Case Note Review results: 'Patients expected to die during the final admission (Category 1 vs Category 2 deaths'



Example local insight:

Patients of Asian ethnicity were less likely to be recognised as dying imminently /expected to die during the final admission.

Would want to look into this – idea for a potential QI project – local audit

Points to take away



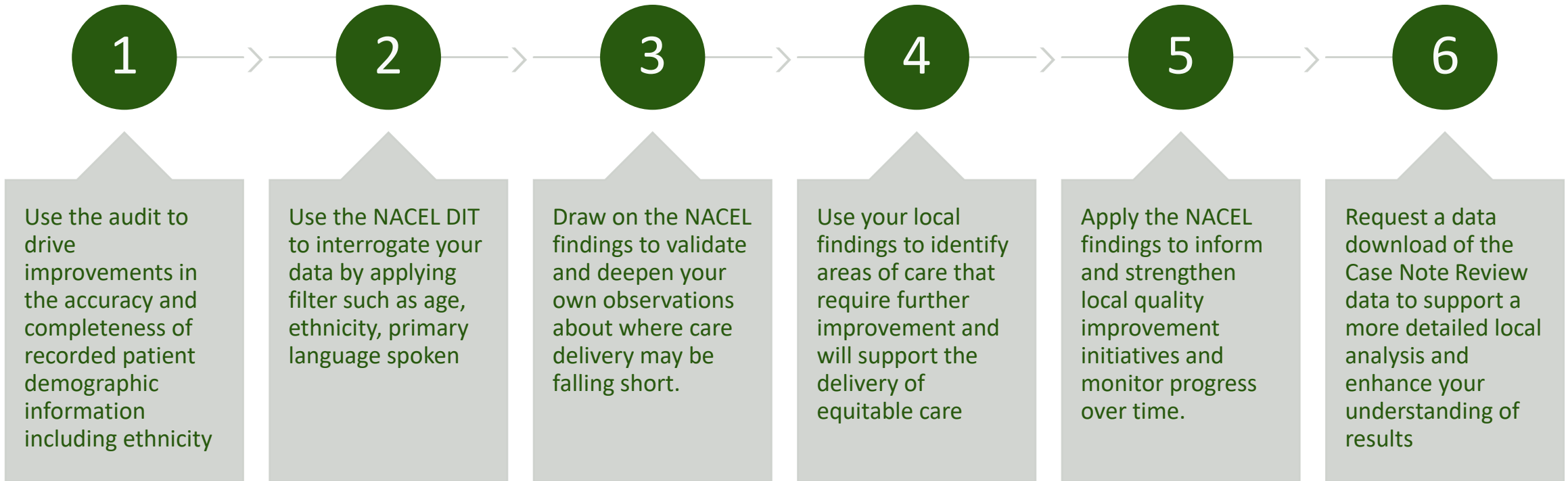
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Understanding your NACEL Data

Points to take away



Implementing a Joint Strategy to provide Equitable End of Life Care

UCLH Transforming End of Life Care Team
Emily Collis, Consultant in Palliative Medicine

Background

- Joint Strategy between UCLH Transforming End of Life Care (TEOLC), Specialist Palliative Care (SPC) and Enhanced Supportive Care (ESC) Teams at UCLH
- NACEL data highlighted opportunities for improvement in religion and ethnicity recording, and spiritual assessments
- Aim to address disparities in care by strengthening how we recognise and respond to individual patient needs
- Focus on improving equitable end-of-life and bereavement care across inpatient wards

Methodology

SPC & TEOLC staff trained in:

- cultural competence
- recording ethnicity & faith
- ELSA spiritual assessment
- deafness
- LGBTQ+ awareness/inclusive practice

- EDI steering group formed SPC, TEOLC & CPCT and TEOLC joined trust wide EDI steering group

- Ethnicity & faith discussed for every patient in MDTs & ward rounds

- Spiritual needs assessment (ELSA) framework incorporated into patient review templates

Methodology (cont'd)

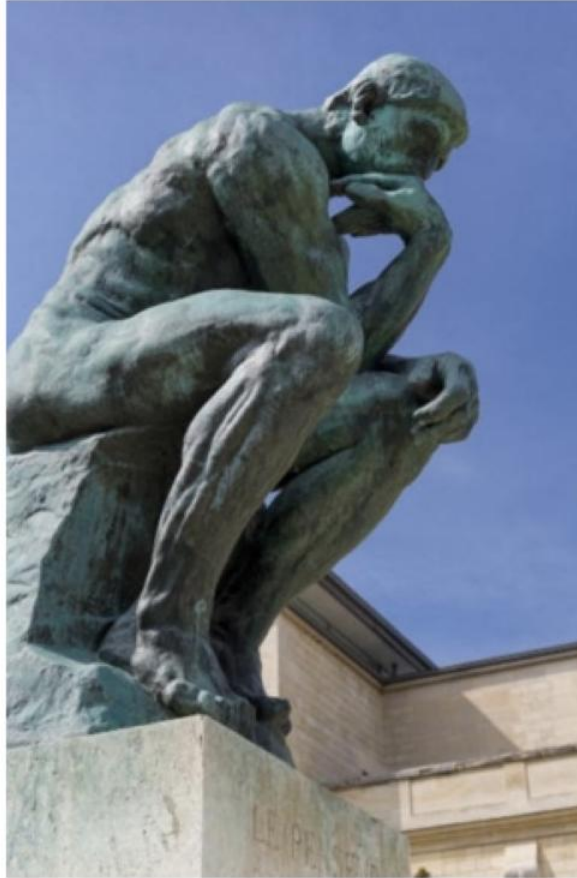
- Annual snapshot audit of all inpatients with a DNACPR – assessing whether TEP in place and the quality of these discussions
- DNACPR/TEP audit in teenage and young adult patients – assessing the timing of these discussions and whether the patient was involved
- Joint work with ICU including staff cultural competence training and new multifaith booklet
- New bereavement policy launched with bereavement risk assessment template for EOLC patients and weekly MDT review of all deaths, monitoring % deaths with this template completed

Evidence of Improvement

- For all patient deaths across the trust, having ethnicity recorded at the time of death has improved from 73% in April 2025 to 87% in February 2026
- 100% of TEOLC and SPC staff completed cultural competence training
- Face to face cultural competence training workshop delivered to all ICU nursing staff
- *TEP talks* advanced communications skills course launched to improve DNACPR, TEP and wider complex medical decision making, including training on medicolegal, ethical, cultural and faith considerations. Delivered for consultants, specialty trainees and senior nursing staff. 11 courses to date, with a further 4 scheduled and plan to continue bimonthly. Tailored *TEP Talks* course delivered to ICU consultants
- New advanced communication skills course launched for DNACPR, TEP and complex medical decision making with teenage, young adult patients and their families. First course delivered April 2026, with plan to continue monthly
- For patients known to SPC/TEOLC, the percentage of patients with a bereavement risk assessment completed at the time of death has improved from 11% in May 2025 to 50% in February 2026

Learning

- A joint working strategy to coordinate EDI approach across SPC and TEOLC has proved effective, with further alignment to wider trust strategies increasing impact (in ethnicity reporting etc)
- TEP talks course highly evaluated, trainees support this becoming mandatory prior to CCT. Significant improvements in staff confidence and knowledge around medicolegal, ethical and cultural considerations around decision making. ICU & TYA courses also highly evaluated.
?To expand this further to specific patient groups, including haematology.
- Routine use of bereavement risk assessment tool helps ensure bereavement support is equitable/proportionate to need.
- Embedding specific spiritual assessment tool improves staff confidence & competence in addressing these needs, data to follow...



Thoughts & reflections?

How to make these changes in practice?

Dr Sabrina Bajwah

Equality, Diversity & Inclusion Executive Lead NACEL

Clinical Reader, Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation,

Honorary Consultant Palliative Medicine, King's College Hospital & Guys and St Thomas' Hospital



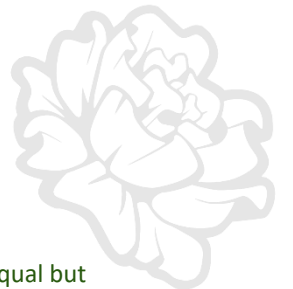
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Equal access, inequitable services, unequal outcomes

The palliative care response is equal — but inequitable. Same access; different and worse experience. (Bajwah et al., 2021)



Cultural competence vs cultural safety

Cultural Competence

Clinician acquires knowledge about different cultures and applies it

Focus: the individual practitioner

Risk: stereotyping and tick-box training

Defined by: the clinician

Cultural Safety

Care is safe when the patient feels respected, valued and able to express their needs without fear

Focus: the experience of the patient

Acknowledges racism and injustice as causes of harm and loss of trust

Requires systemic change: policies, environments, leadership — not just individual training

Defined by: the patient

“Having an open mind to learning and being genuinely curious — if you’re interested in helping the person, you need to be interested in what’s important to them” **Counsellor, Children’s Hospice (Dunleavy et al., 2026)**



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Curtis et al. (2019) Why cultural safety rather than cultural competency is required to achieve health equity. *Int J Equity Health*. | Dunleavy L et al. (2026) How can palliative and end-of-life care be better provided for people from ethnically diverse communities? NIHR Policy Research Unit.



1. Create culturally safe environments

NACEL 2024: Bereaved respondents were less likely to report that staff behaved with compassion and care where the patient was ethnically diverse than people of White ethnicity.

- Flexible visiting to accommodate larger and diverse families
- Faith-specific resources: prayer boxes, Quranic audio, multi-faith spaces
- Fast-track processes for faith-specific needs (e.g. burial within 24 hours) — these are not extras
- Cultural safety means redesigning services — not just accommodating diversity within existing structures

“The visiting restrictions have hit Asian and travelling communities harder than other groups.”

Palliative care service lead (Bajwah et al., 2021)



2. Get communication right

NACEL 2024: Staff communicated sensitively with ethnically diverse families in only 56–69% of cases — vs 83% ($p < 0.01$)

- **Identify language needs at the point of referral** — make it standard
- **Use professional interpreters**, not family members, for complex conversations
- **Co-produce multilingual materials** — translation alone is not enough
- **Ask what matters to the patient** — curiosity, not assumption

What the evidence tells us:

- Palliative care services are not reaching Asian and Black, Caribbean or African communities equitably — awareness rates of 45% and 32% respectively vs 77% among White British people
- Misconceptions about palliative care persist — a failure of public communication, not communities
- Trust in end-of-life care has been eroded by systemic racism and poor care experiences — not an inherent characteristic of communities



3. Build trust

NACEL 2024: Inequities in care experience

- **Asset-based:** build on what communities already have — strengths, networks, expertise
- **Do not superimpose a White British model:** different relationships with death and dying are equally valid
- **Go out to communities** — on their terms, using trusted voices
- **Co-design:** what a good death looks like should be defined by communities — not services. 66% of services in COVID-19 reported no difference in approach (Bajwah et al., 2021)

“It's not taking away the care inside — it's just adding something.”

Hospice Director, Children's Hospice (Dunleavy et al., 2026)



4. Diversify your workforce

NACEL 2024: Systemic inequities across all outcome measures

- **Recruit, retain and promote staff** from ethnically diverse communities at all levels
- **Representation at leadership level** — not just frontline
- **Diverse volunteers from local communities** build trust and reduce fear
- Diversity ≠ cultural knowledge: do not make assumptions
- Diversity works as cultural brokerage — not symbolism

“It's good for people to see people like them at senior levels.”

Occupational Therapist, Hospital (Dunleavy et al., 2026)



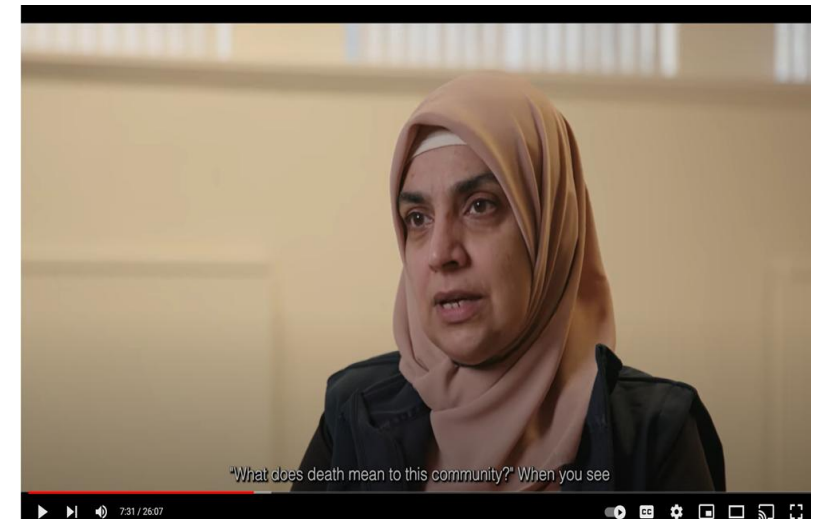
Six things you can do

1. Check your ethnicity recording rate in the NACEL Data and Improvement Tool
2. Ask every patient their preferred language at referral — make it a standard field
3. Make cultural safety everyone's responsibility — embed it in mandatory training, not one-off sessions
4. Review your visiting policy: does it accommodate larger or diverse families?
5. Identify a trusted community voice to partner within your local area
6. Use your NACEL data to set year-on-year improvement targets and report to your Board



Resource

Educational film for health professionals



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Next Steps

**Jessica Moss,
NACEL Quality Improvement Lead**



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NACEL updates



Good Practice Compendium

The **Good Practice Compendium** brings together examples of innovation and improvement shared by hospitals 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.

In 2024, 68 case studies were selected to showcase good work based on the narrative that was submitted from hospitals to the NACEL Hospital/Site Overview. In 2025, a further 66 case studies were selected to be added to this compendium.

You can use the filters below to explore examples by submission type, theme, or primary driver, or search by keyword to find specific areas of interest. Select one search method and click **Find Examples** to view relevant submissions. Each example includes the organisation and service it relates to, and is intended to help spread learning and inspire change across the system.

If you wish to make contact with any case studies, please email NACEL Support at nhsbn.nacelsupport@nhs.net.

Submission Type

Select a submission type... ▾

Themes


Select a theme... ▾

Primary Driver

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Keyword Search

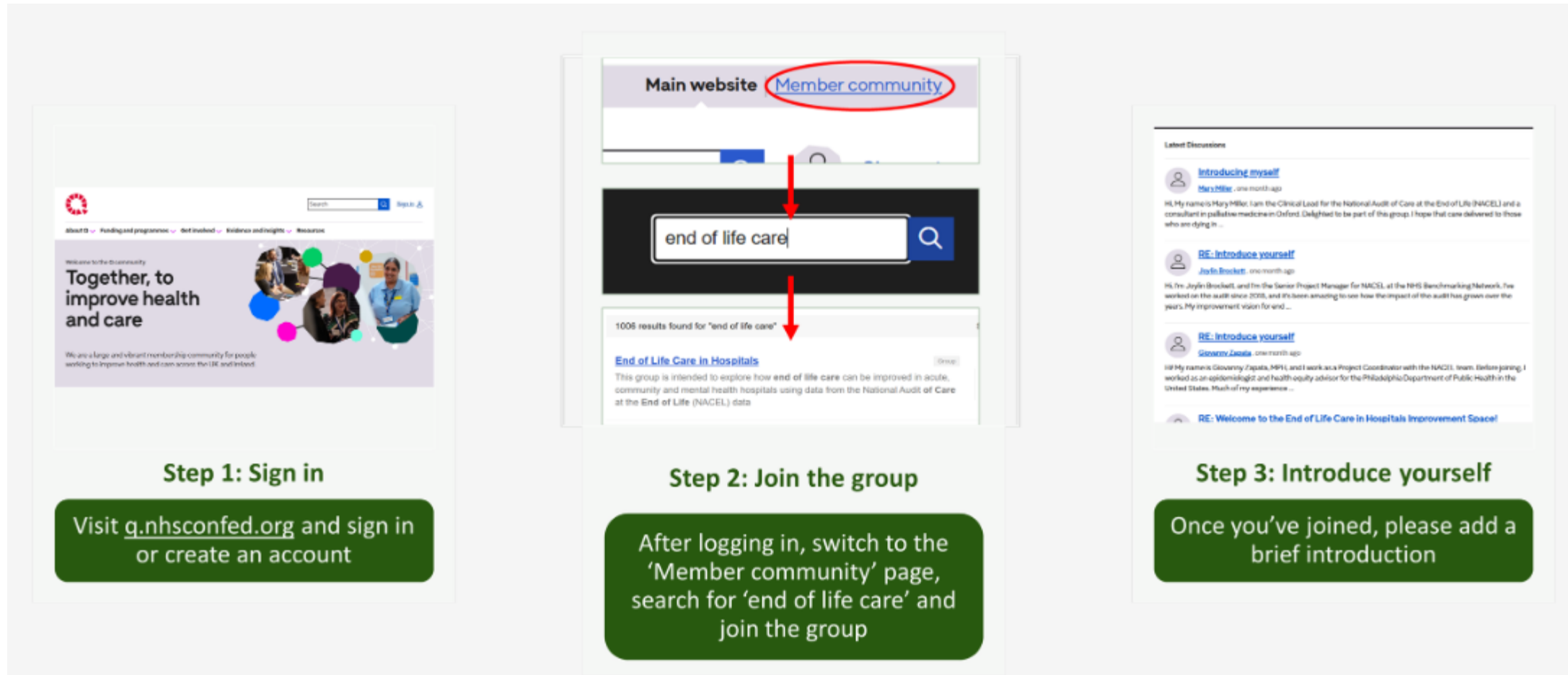
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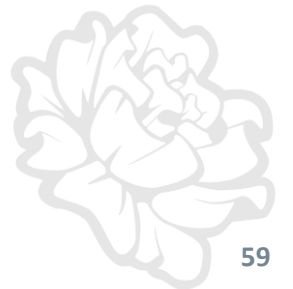
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Next Steps...

- 🌐 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
- 🌐 NACEL portal pages will undergo update in near future to help users navigate resources
- 🌐 Sign up to the community of practice...and interact!
- 🌐 Ensure the conversation is live and plans are being discussed in your hospital about the upcoming NACEL Patient and Carer Tool – releasing hospital data to the public <https://www.nacel.nhs.uk/news/patient-and-carer-tool-information>. Full report on methodology coming soon.
- 🌐 Sign up for the next events:
 - Patient and Carer Tool drop in sessions – 2nd June & 21st July
 - QI Webinar – Improving Patient and Carer Experience – 18th June
- 🌐 Keep in touch!



Open Forum, Reflections and Questions

All



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Evaluation

Please share your feedback on the session:

<https://forms.office.com/e/XhDYNrcQgX>

