National Audit for Care at the End of Life (NACEL) Webinar

NACEL 2025 State of the Nations Report and National Recommendations

15th October 2026



National Audit of Care at the End of Life 2025

Auditing last days of life in hospitals

Agenda

12:00 – 12:05	Introduction and welcome	Jessica Moss, NACEL Quality Improvement Lead
12:10 – 12:20	Guest speaker, Dr Libby Sallnow Systems change in palliative and end-of-life care	Dr Libby Sallnow Associate Professor and Head of Department Marie Curie Palliative Care Research Dept, UCL Honorary Consultant in Palliative Medicine, CNWL & UCLH Guest Professor, Vrije Universiteit Brussel, Belgium Honorary Consultant, WHO Collaborating Centre, Kerala India
1220-1230	Reflecting on NACEL 2025	Dr Mary Miller, NACEL Clinical Lead
12:30 – 12:50	NACEL 2025 State of The Nations Report & National Recommendations	Dr Rosie Bronnert, NACEL Quality Improvement Clinical Advisor
12:50 – 13:00	Supporting resources for QI	Jessica Moss, NACEL Quality Improvement Lead
13:00 – 13:25	Open forum & questions	Jessica Moss, NACEL Quality Improvement Lead
13:25 – 13:30	Next steps & close	Jessica Moss, NACEL Quality Improvement Lead

Introduction and Welcome

Jessica Moss

Evaluation

Please share your feedback on the session:

NACEL Quality Improvement Webinar Feedback - October 2026 – Fill in form

NACEL Quality Improvement Webinar Feedback - October 2026

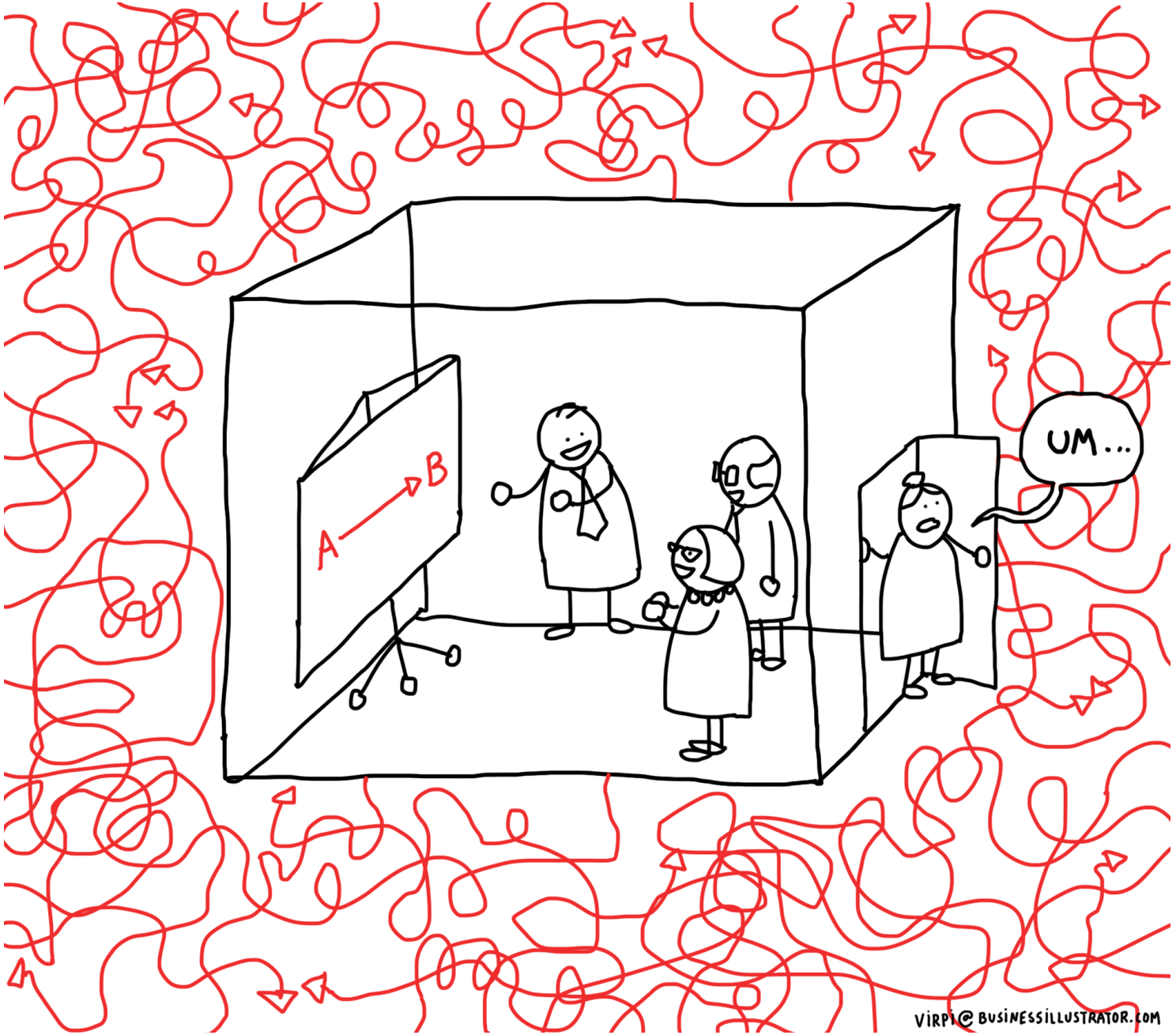
Guest Speaker
Dr Libby Sallnow

Associate Professor and Head of Department Marie Curie Palliative Care Research Dept
UCL Honorary Consultant in Palliative Medicine, CNWL & UCLH
Guest Professor, Vrije Universiteit Brussel, Belgium
Honorary Consultant, WHO Collaborating Centre, Kerala India

Systems change in palliative and end-of-life care

Dr Libby Sallnow

Associate Professor and Head of Department
Marie Curie Palliative Care Research Dept, UCL
Honorary Consultant in Palliative Medicine, CNWL & UCLH
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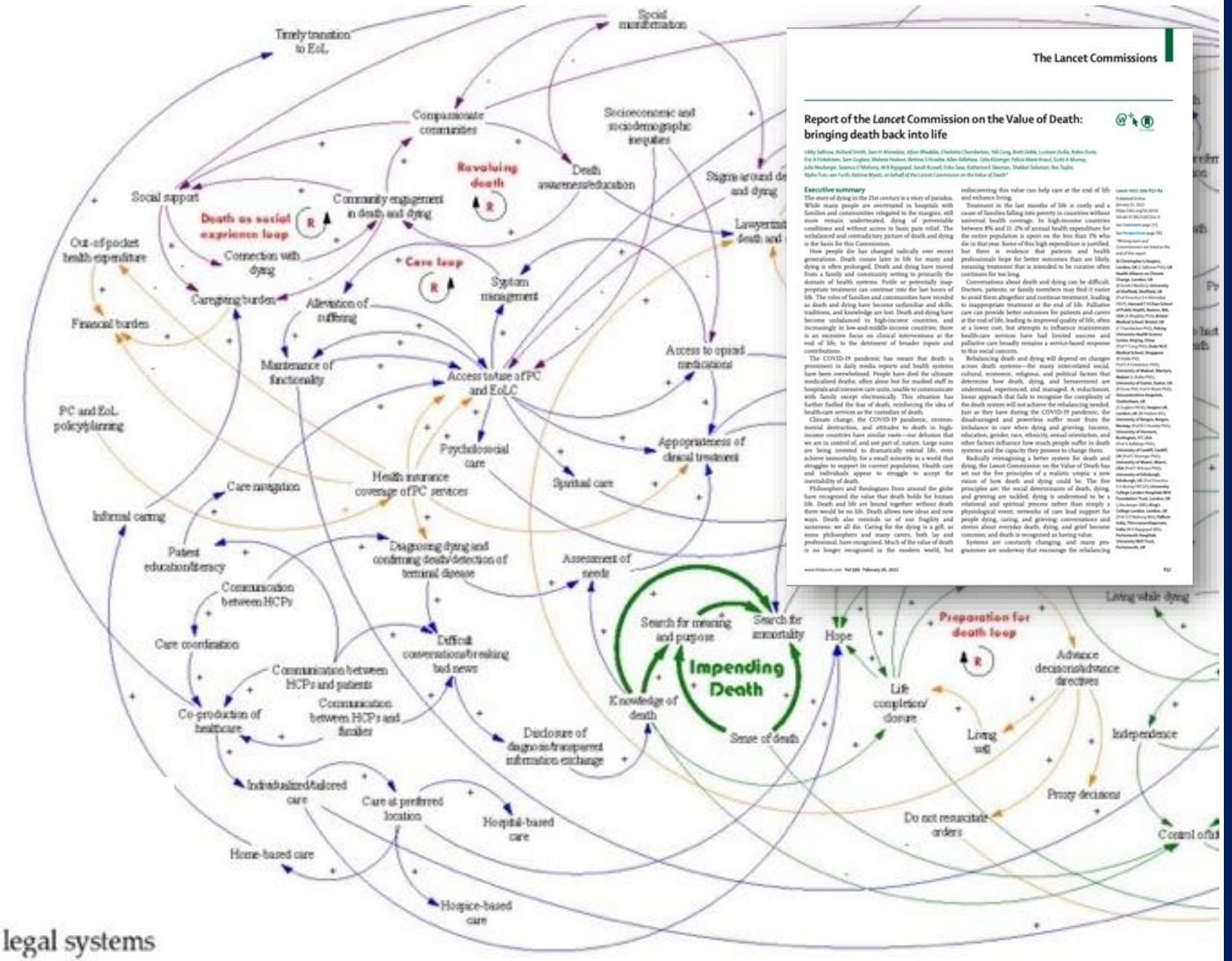


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Death, dying and grieving systems:

"the many inter-related social, cultural, economic, religious, and political factors that determine how death, dying, and bereavement are understood, experienced, and managed."

The Lancet Commission on the Value of Death (2022)

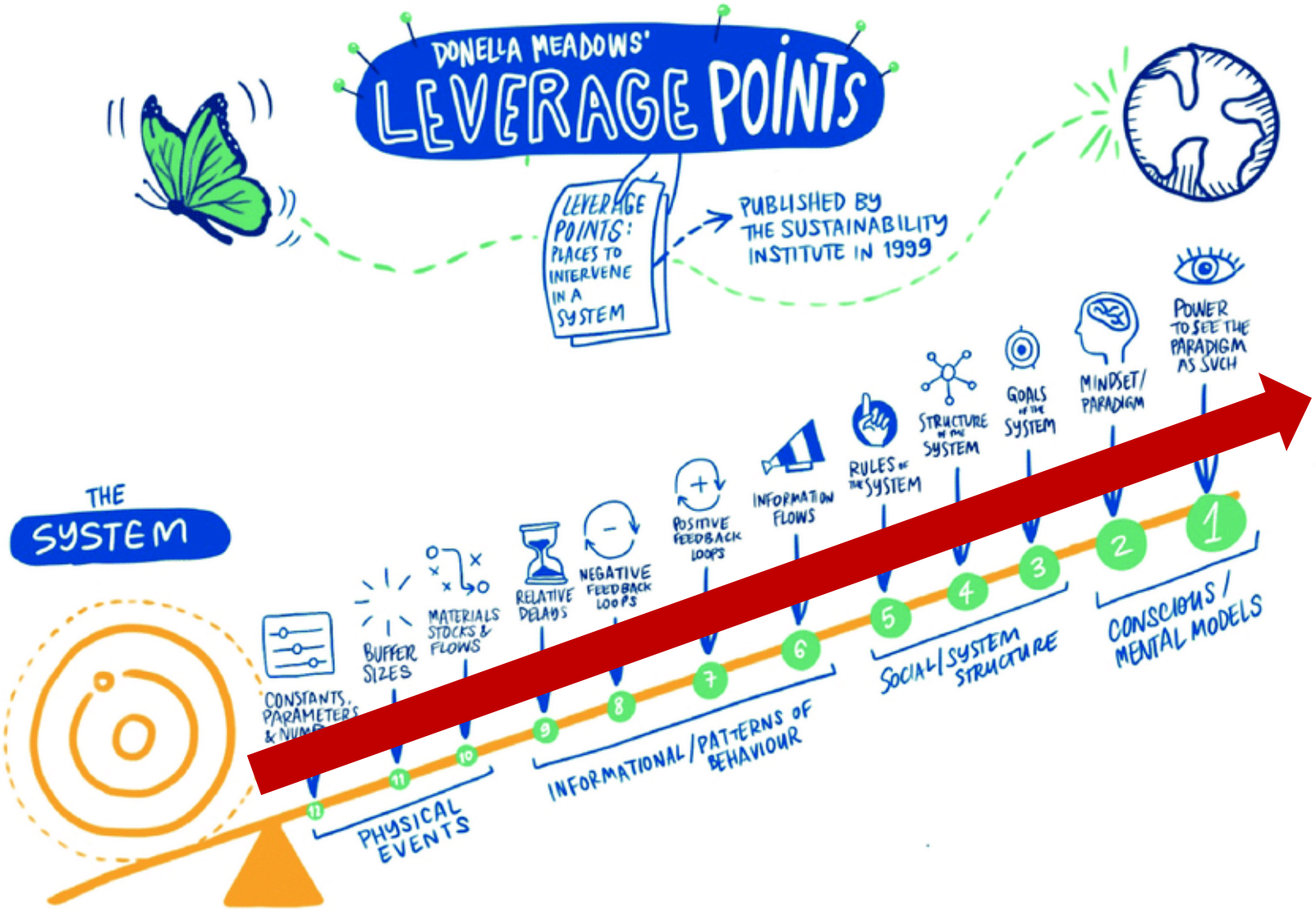


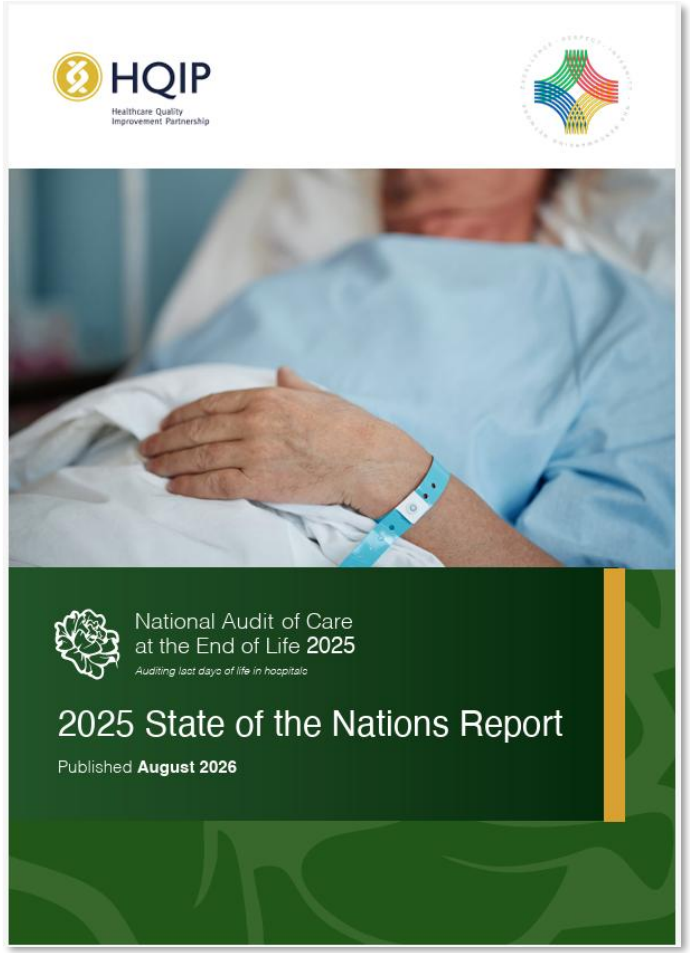
The Lancet Commissions

Report of the *Lancet* Commission on the Value of Death: bringing death back into life

Legend

- Human system
- Health system
- Sociocultural system
- Political, economic, and legal systems

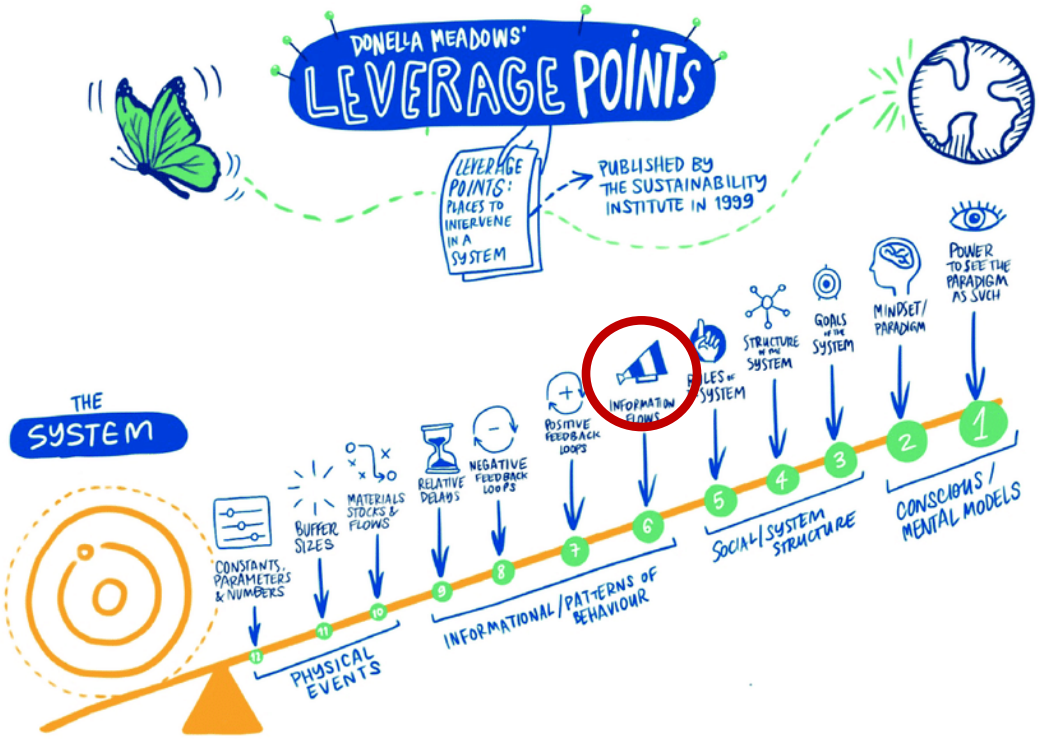




(Source: based on Meadows, 1999; credit: UNDP/Carlotta Cataldi)

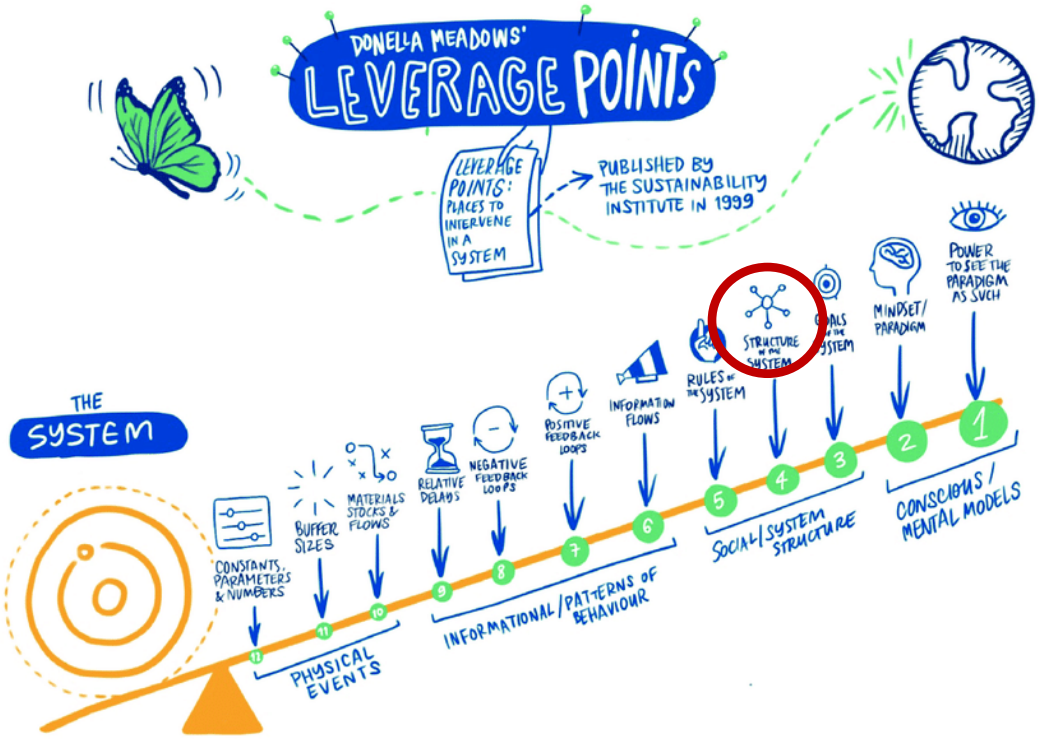
6. Information flows: *Changing what information is visible and who has access to it*

- National benchmarking
- Patient and carer tool
- Public visibility, accountability
- Choice in what is made visible
- Inequalities by ethnicity and setting – mental health units



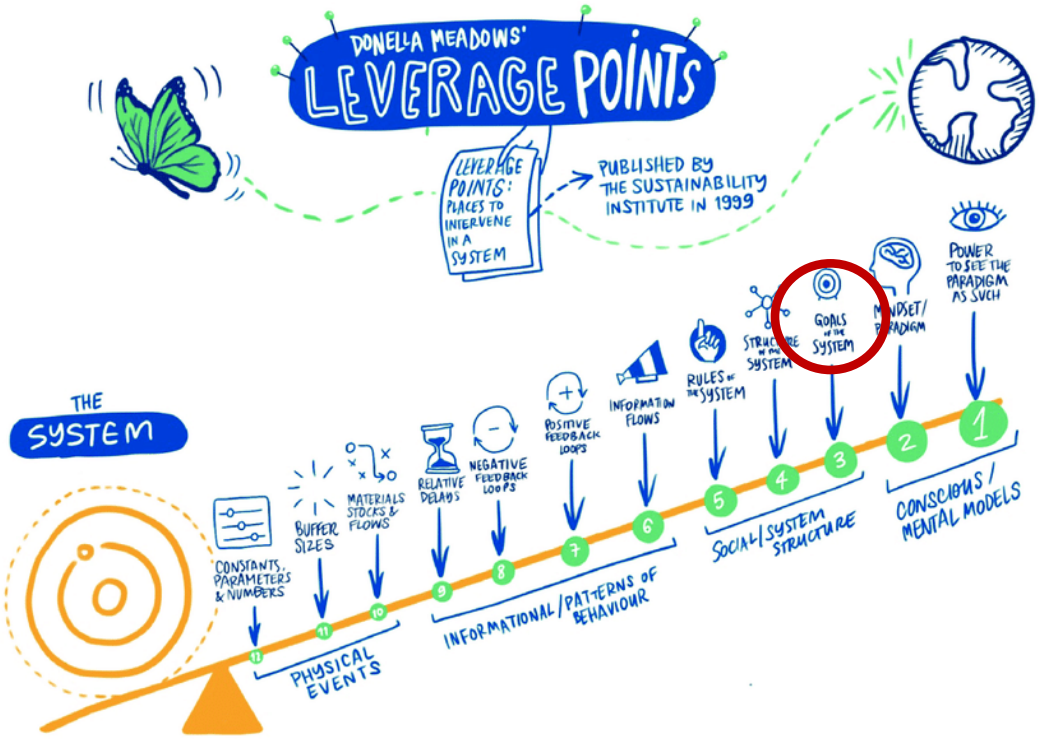
4. The power to self-organise

- Quality improvement plans
- Best practice examples
- Mandatory PEOLC training



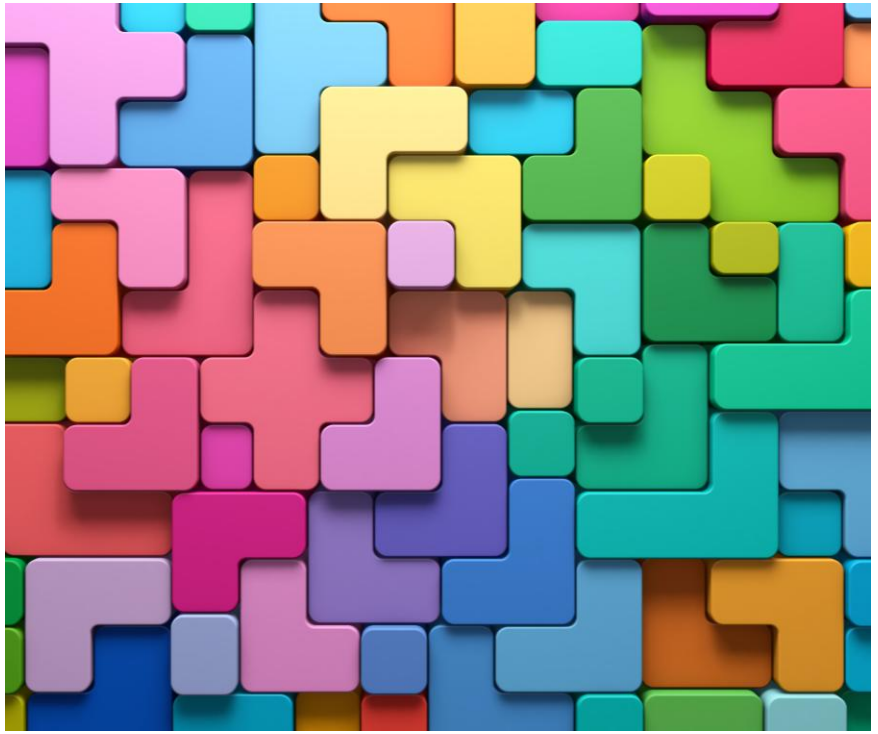
3. Changing the goals of the system

- Measures beyond survival and mortality
- Make dying and suffering visible
- Changes what the system can see and values
- Helps convey that EoLC and dying are a part of hospital care, and of health

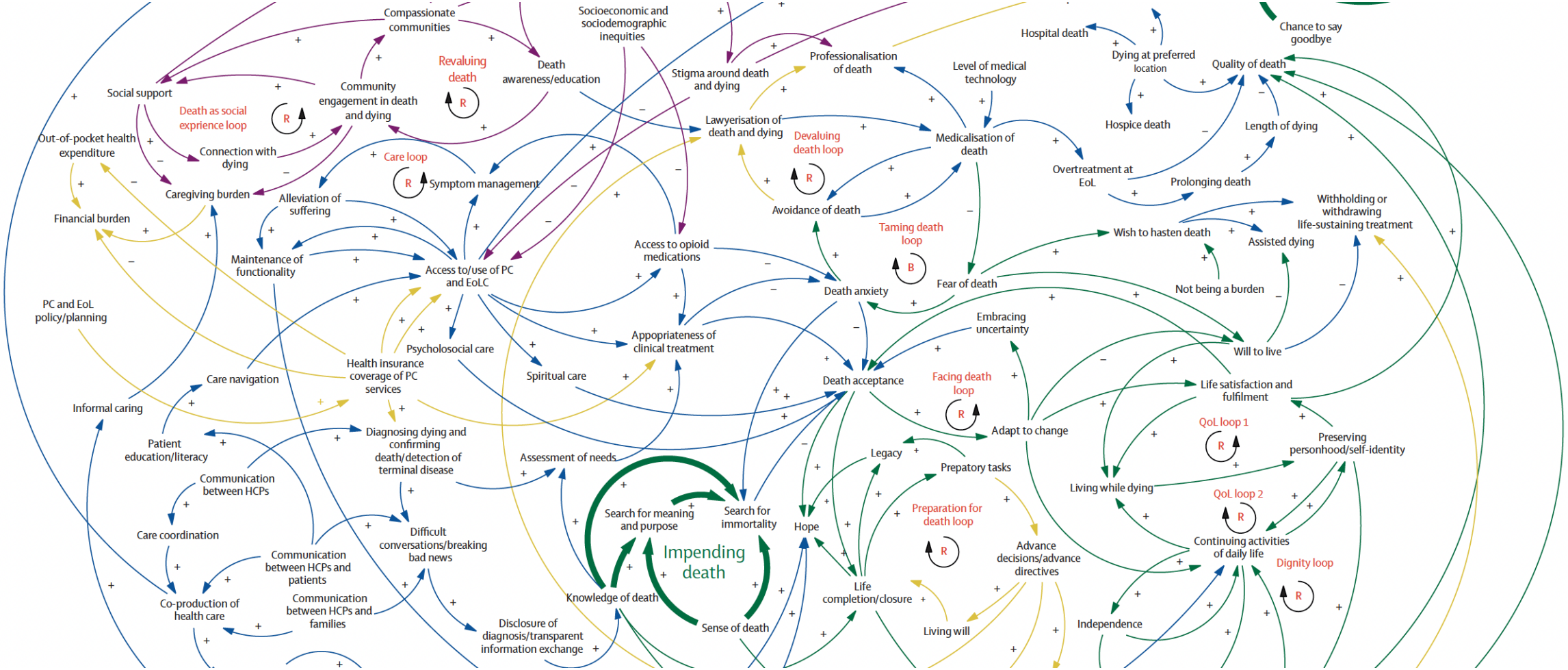


Where next?

- Partial view of the health system
  - *Community care, emergency department, ambulance calls*
- How this fits into the wider ecosystem
  - *Neighbourhood models of care*
- Dialogue with patients carers beyond individual comparisons
- Continue and extend the spotlight approach – highlighting specific inequalities
- Distinguish between inequities and inequalities, intersectional aspects



Returning to the system



Reflecting on NACEL 2025

Dr Mary Miller

NACEL Clinical Lead

About NACEL

National comparative audit of the quality and outcomes of care experienced by the dying person and those important to them. The overall goal is to improve the quality of care of the dying person and those important to them during the last admission leading to death.

Audit aims:

1. To improve quality of end-of-life care by **identifying areas for action** in relation to delivery and outcomes, and adapting quality improvement priorities in line with evidence and guidance,
2. **Reduce unwarranted variation** through the benchmarking of outcome measures as well as identifying and managing outliers using the appropriate guidance,
3. **Understand and reduce health inequalities** in relation to impact on the specified measures, and
4. **Share and adopt best practice**, including QI examples and signposting to resources (Data and Improvement Tool).

NACEL 2025 Sample Size

232

Hospital/Site Overviews (HSO)

19,705
(8% hospital deaths)

Case Note Reviews (CNR)

4 Sources

5,994
(2% hospital deaths)

Bereavement (Quality) Surveys (BQS)

214

Annual Death Data Collections (ADDC)

Reflections on NACEL 2025

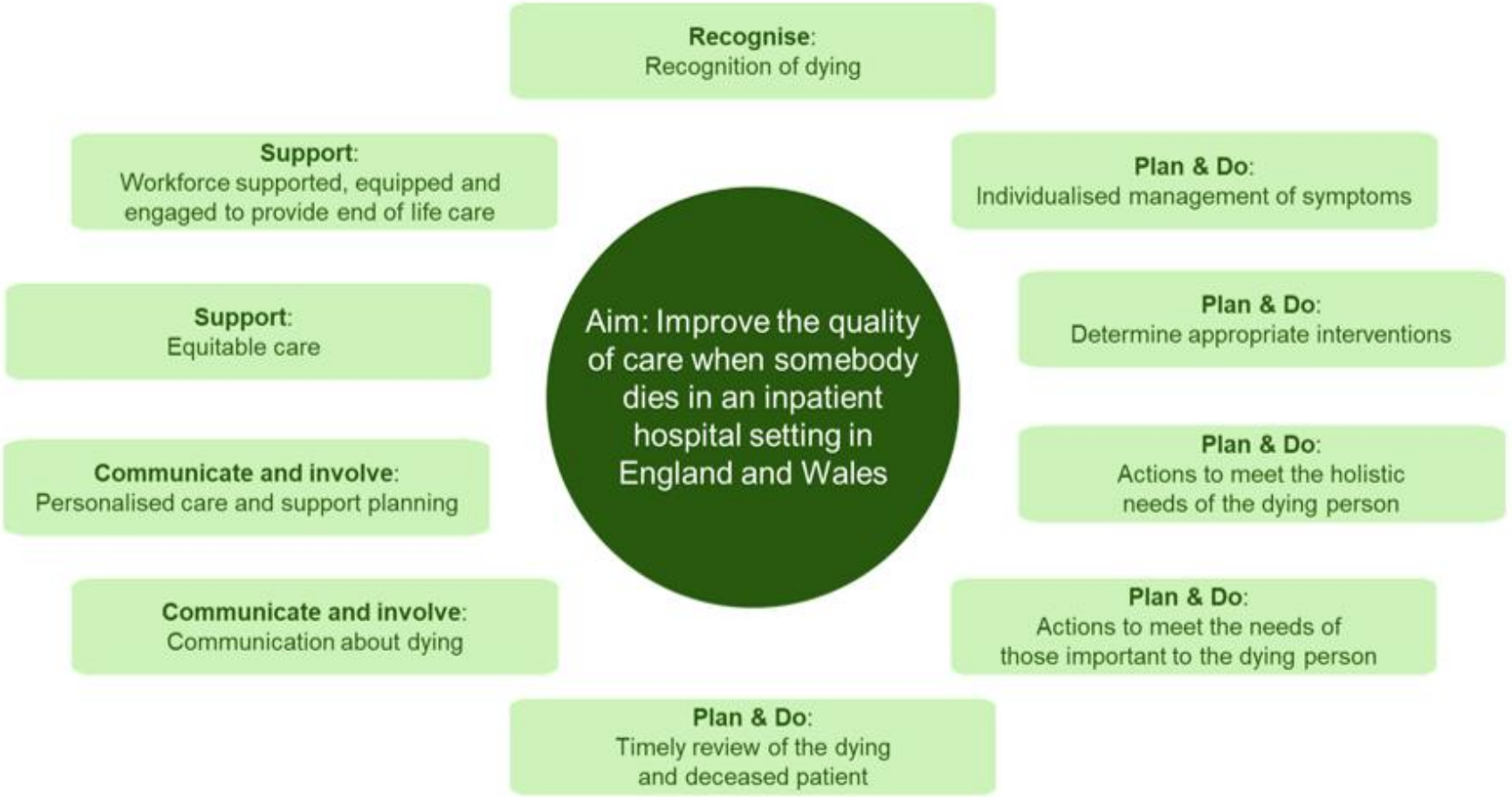
- Patient care - look out for the improvement in assessment of religious and spiritual needs
- Patient and carer tool
- London ensuring ethnicity is captured
- Using the data - quality improvement projects and research

NACEL 2025 State of The Nations Report & National Recommendations

Dr Rosie Bronnert,

NACEL QI Clinical Advisor

NACEL Primary Drivers



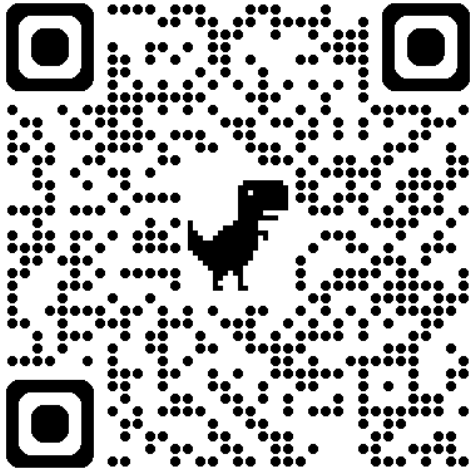
NACEL 2025 driver diagram can be found here: www.nacel.nhs.uk/qi-documents

State of the Nations Report and Outputs

The following outputs can all be found on the Results and Outputs page of the NACEL Portal:

- **2025 State of the Nations Report**
- **National recommendations**
- **Annual Report data sheet**

www.nacel.nhs.uk/outputs

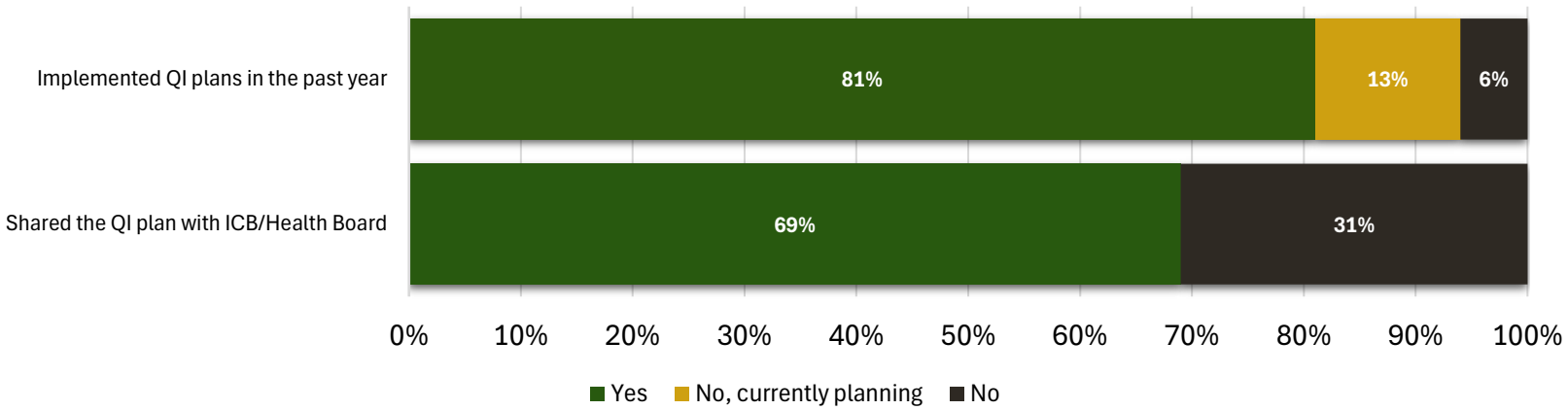


NACEL 2025 Key Findings

Quality Improvement Plans	Access to Specialist Palliative Care Services	Timeliness of Specialist Palliative Care Services	Recognition of Dying
Hydration Options	Pain Relief / Symptom Management	Spiritual, Religious and Cultural Needs	Care and Support
Personalised Care and Support Planning	Individualised Plan of Care	Equitable Care	End of Life Care Training

Key Finding 1: Quality Improvement Plans

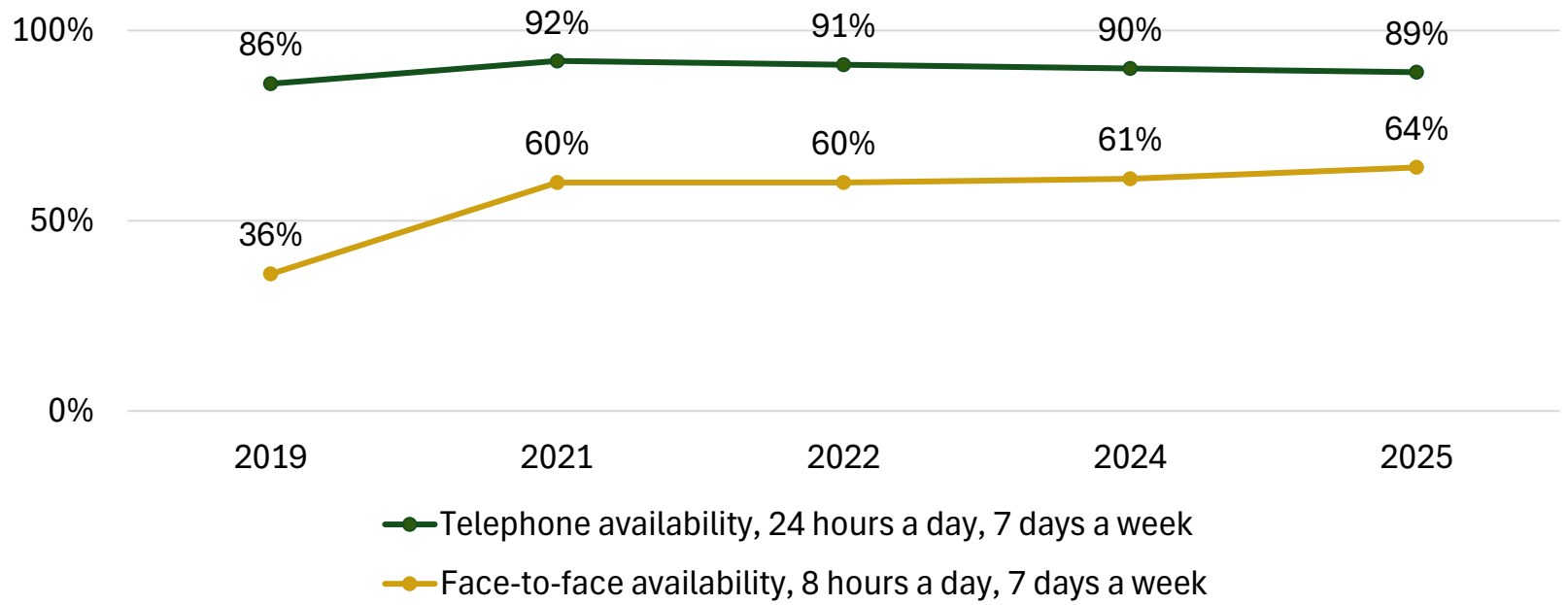
Of hospital/sites with quality improvement plans[2] relating to end of life care in place, 69% had shared these plans with the Integrated Care Board (ICB)/Health Board in the past year.



[2]A quality improvement plan refers to a detailed proposal for improving the service quality for those who use it e.g. patients and those important to them (safe, effective & caring service) and/or for those providing services (well-led, sustainable and equitable service).

Key Finding 2: Access to Specialist Palliative Care Services

97% of hospital providers have specialist palliative care services. Of these, **64%** offer face-to-face (nurse and/or doctor) care 8 hours a day, 7 days a week, and **89%** provide 24/7 telephone (nurse and/or doctor) support.



Key Finding 3: Timeliness of Specialist Palliative Care Services



3 hours

median time from referral to specialist review (2025)

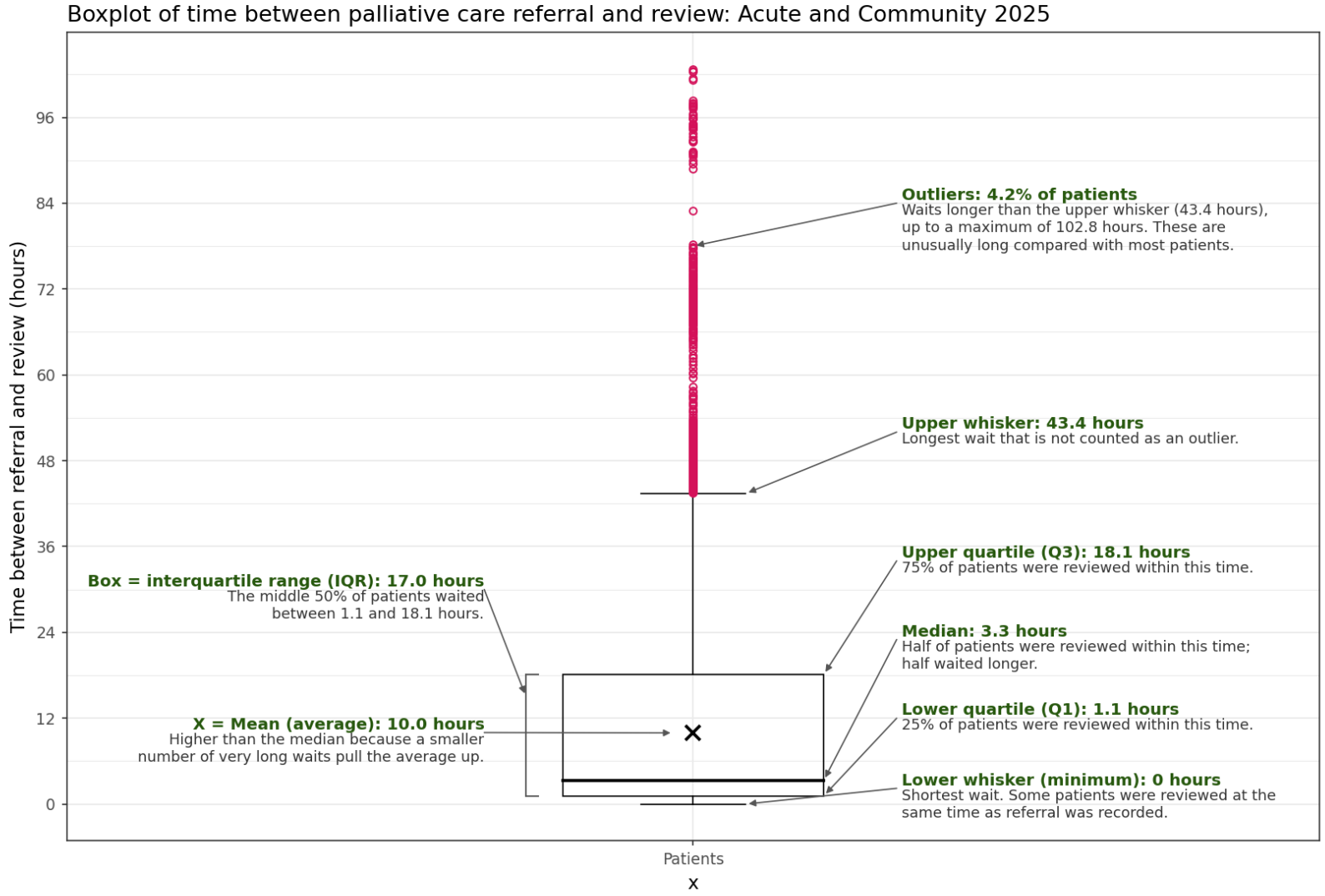
The timeliness of specialist palliative and end of life care team input during the final presentation to hospital was reviewed during 2025, showing a median time of **3 hours** from referral to specialist review.

While no national standard exists, the findings indicate that when referrals are made, specialist teams generally respond promptly to meet patient needs.

Services with average response times exceeding 3 hours should review their processes to ensure timely and effective care.

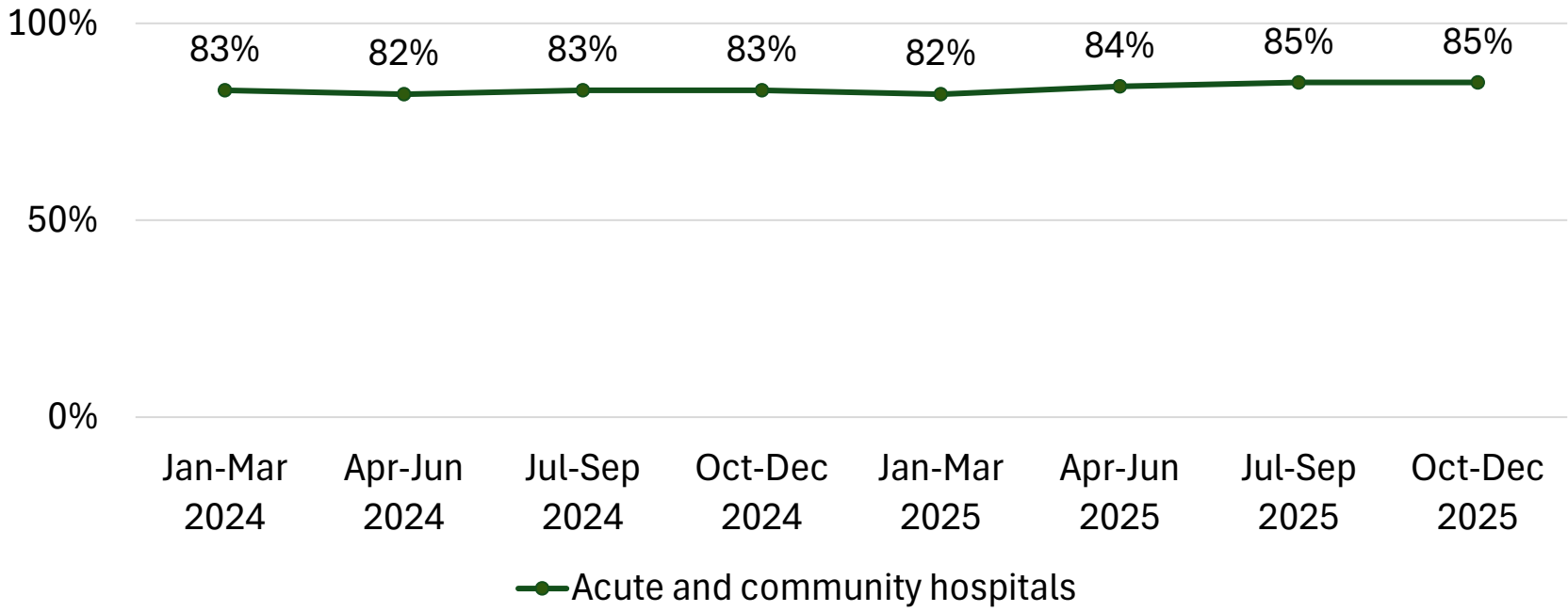
There is substantial variation in the time between referral and review across acute and community hospital providers.

Key Finding 3: Timeliness of Specialist Palliative Care Services



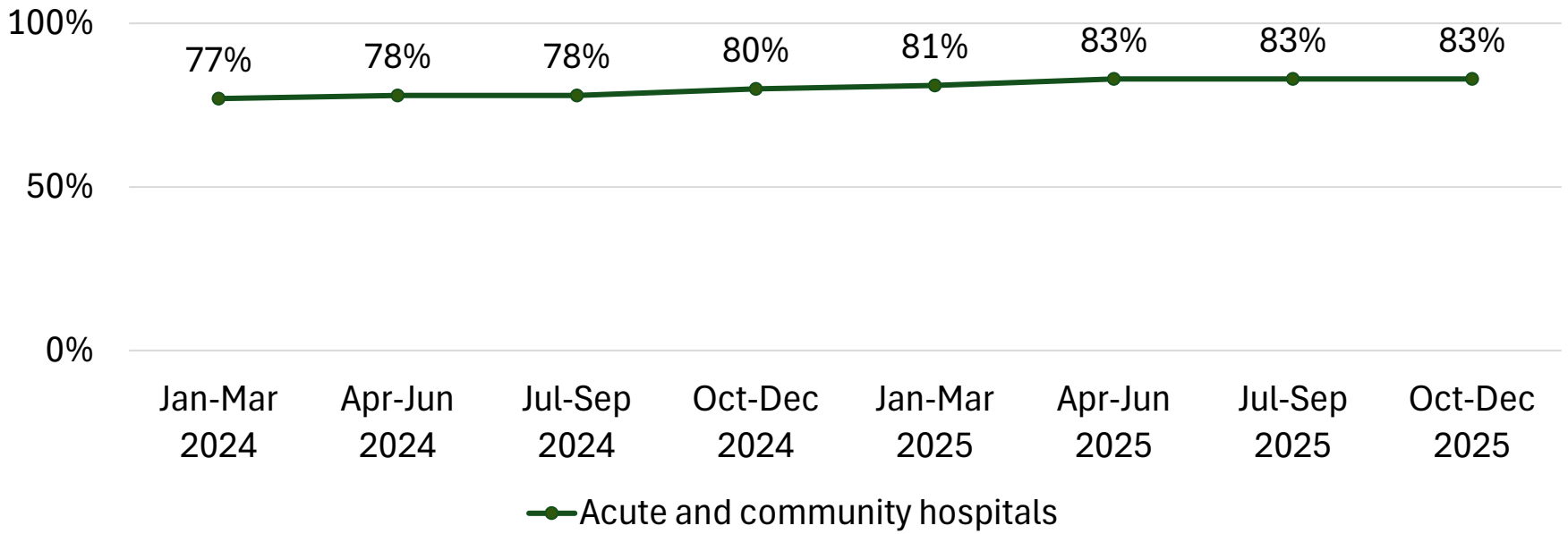
Key Finding 4: Recognition of Dying

Of the patients audited by the Case Note Review, 84% were expected to die during their final hospital admission. For these patients, the median time between first recognition that the patient might die (within days or hours) and death was 52 hours (2.2 days).



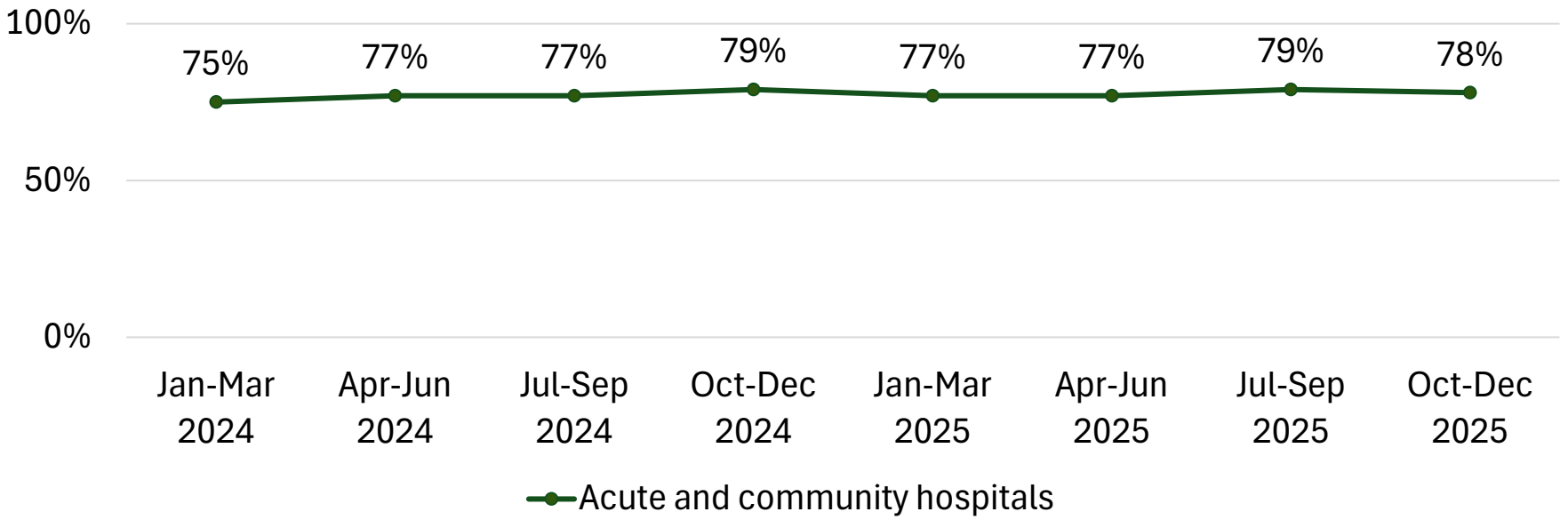
Key Finding 5: Hydration Options

82% **of the clinical case notes sampled had documented evidence of assessment of hydration options in the last days of life, including drinking if able, an improvement from 78% in 2024.**



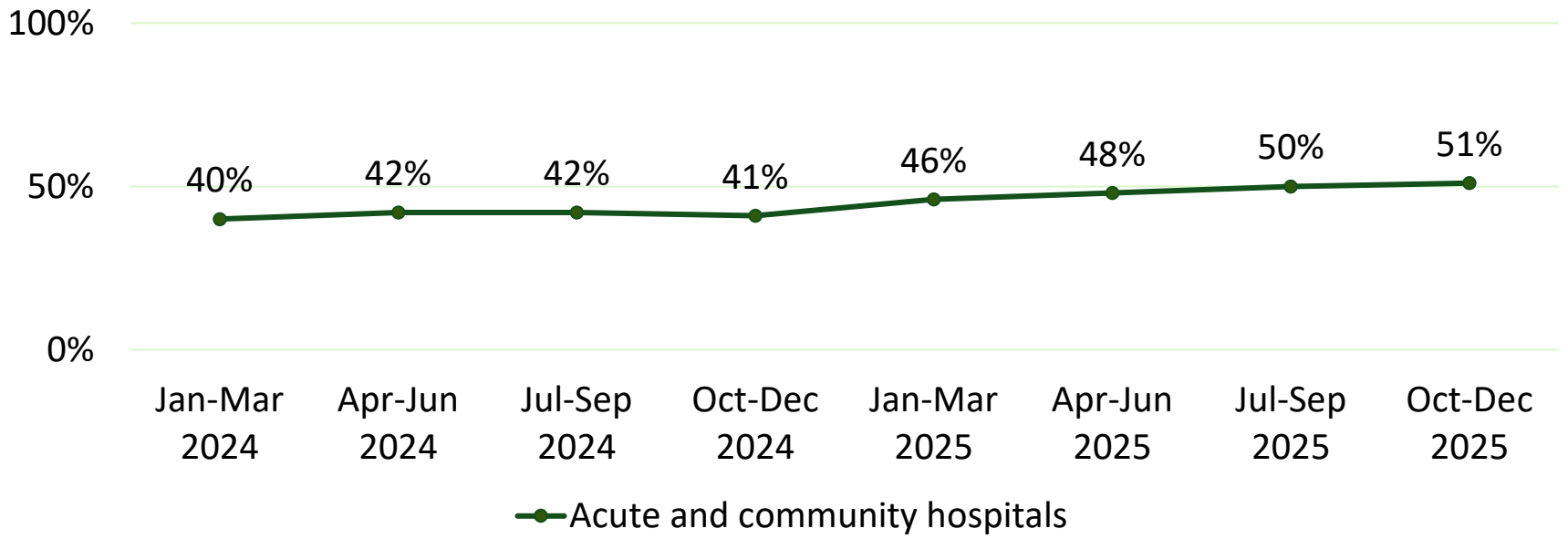
Key Finding 6: Pain Relief / Symptom Management

78% **of bereaved respondents agreed that the dying person received sufficient pain relief during their final hospital admission.**



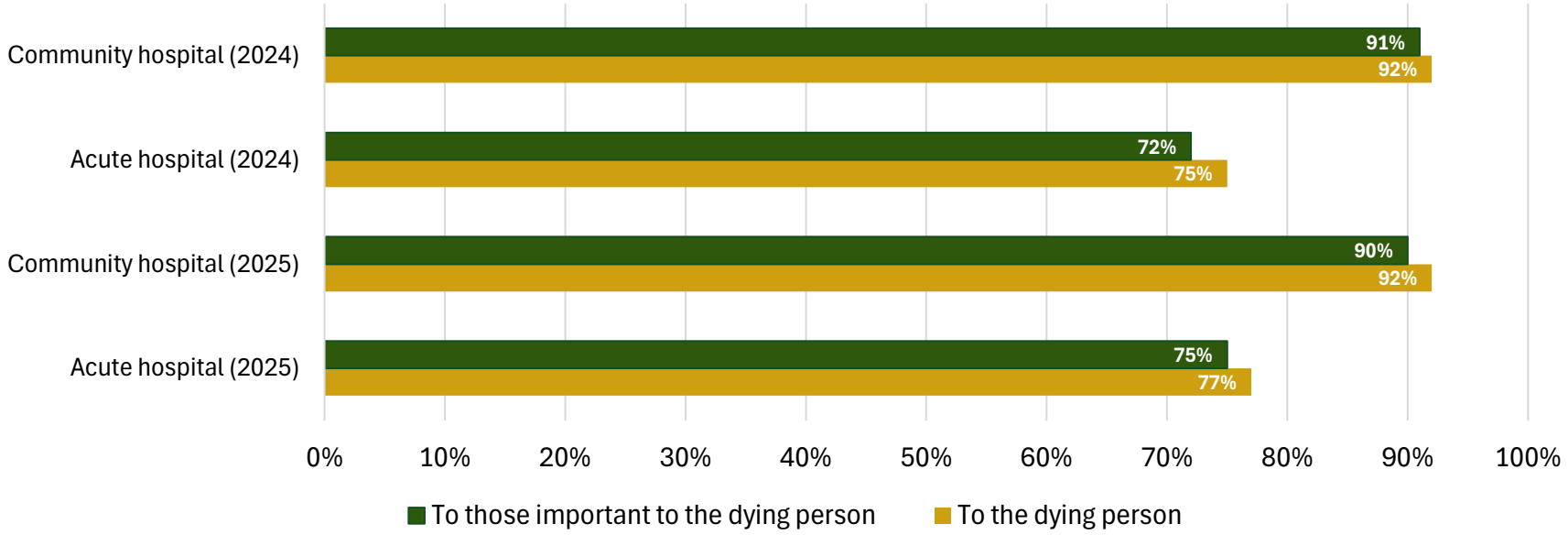
Key Finding 7: Spiritual, Religious and Cultural Needs

An assessment of the spiritual, religious and cultural needs of those important to the dying person (or a recorded reason if this wasn't possible) was documented in 49% of cases, an improvement from 41% in 2024.



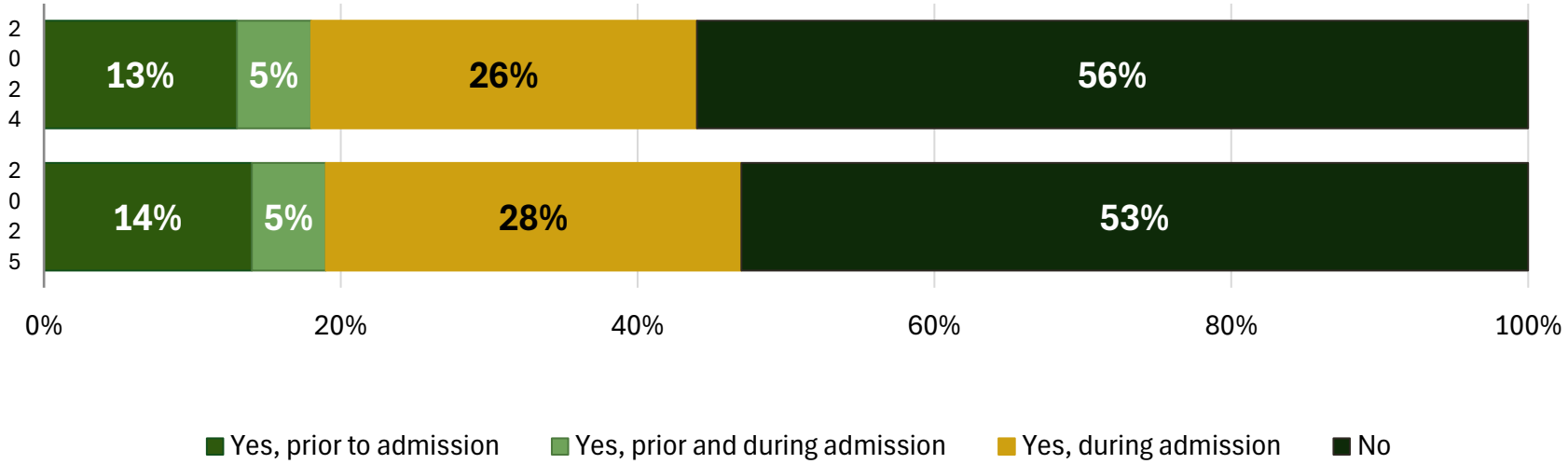
Key Finding 8: Care and Support

The care and support provided to the dying person was rated as excellent or good by 77% of bereaved respondents, whilst 75% of bereaved respondents rated the care and support given to themselves and others as excellent or good. Bereaved respondents were more likely to rate the care as excellent or good when delivered in a community hospital.



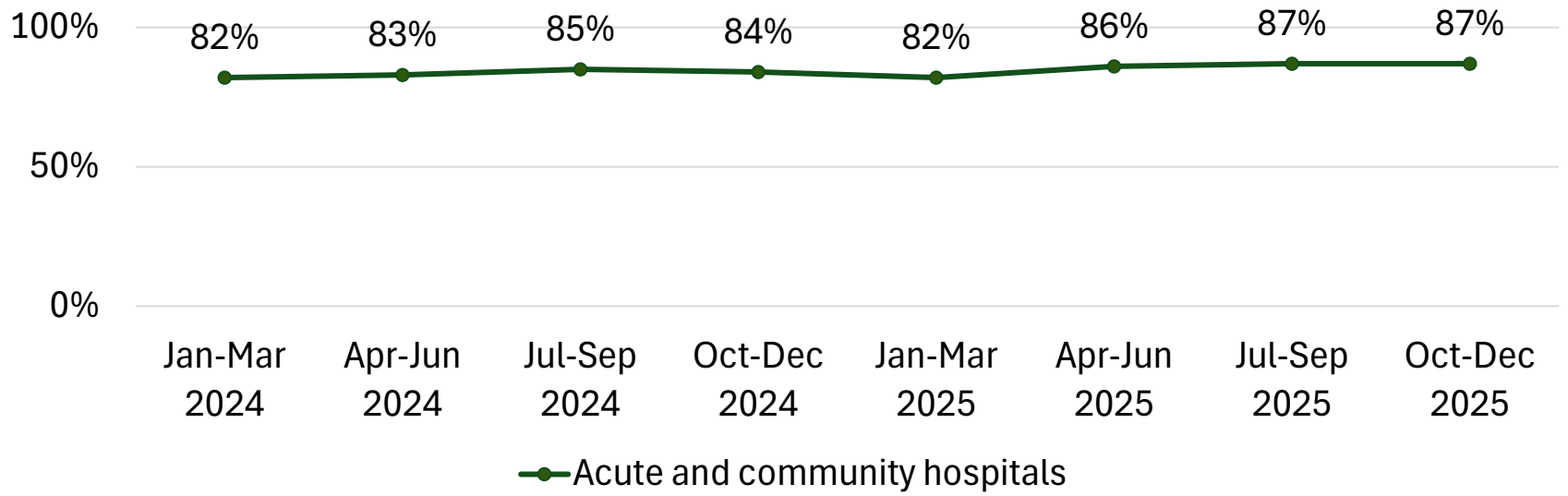
Key Finding 9: Personalised Care and Support Planning

From the Case Note Review, 47% of patients whose clinical notes were sampled had evidence that they had taken part in personalised care and support planning, including advance care planning conversations.



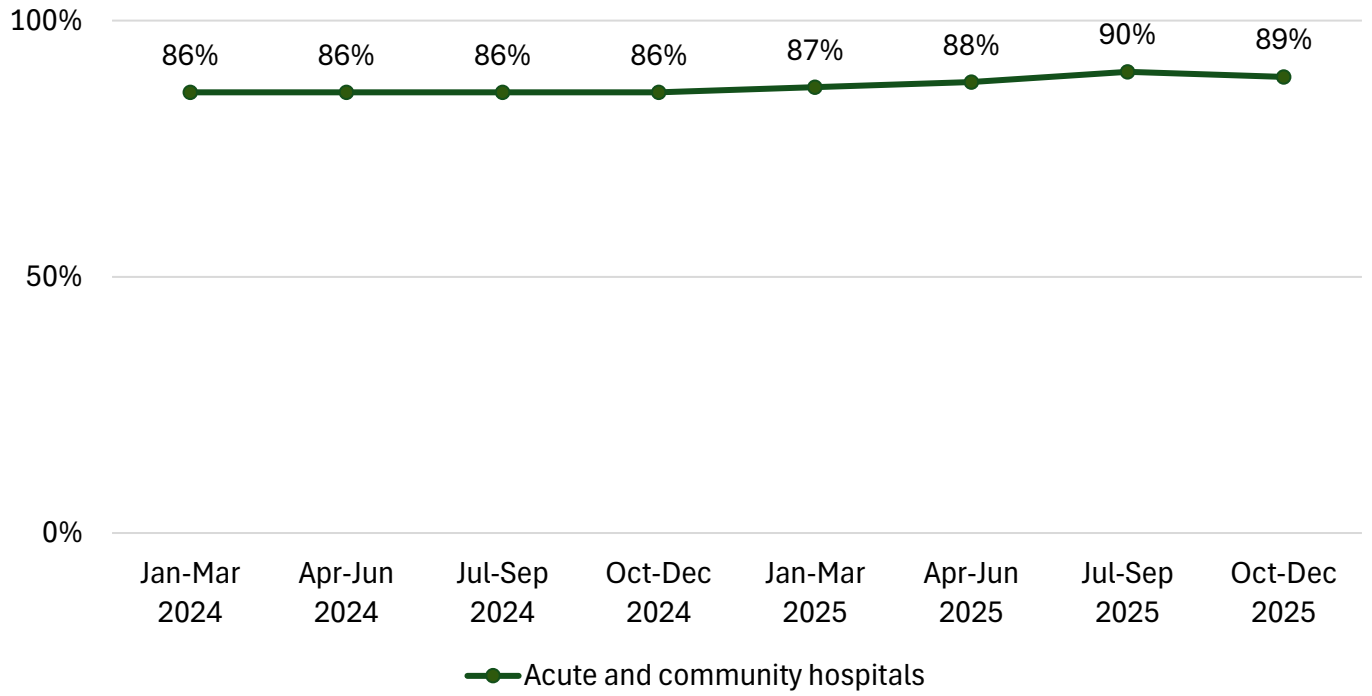
Key Finding 10: Individualised Plan of Care

Of the people expected to die during the hospital admission, 86% had an individualised plan of care addressing their needs at the end of life. Of these, 56% were documented on a standalone template and 29% within the general clinical notes.



Key Finding 11: Equitable Care

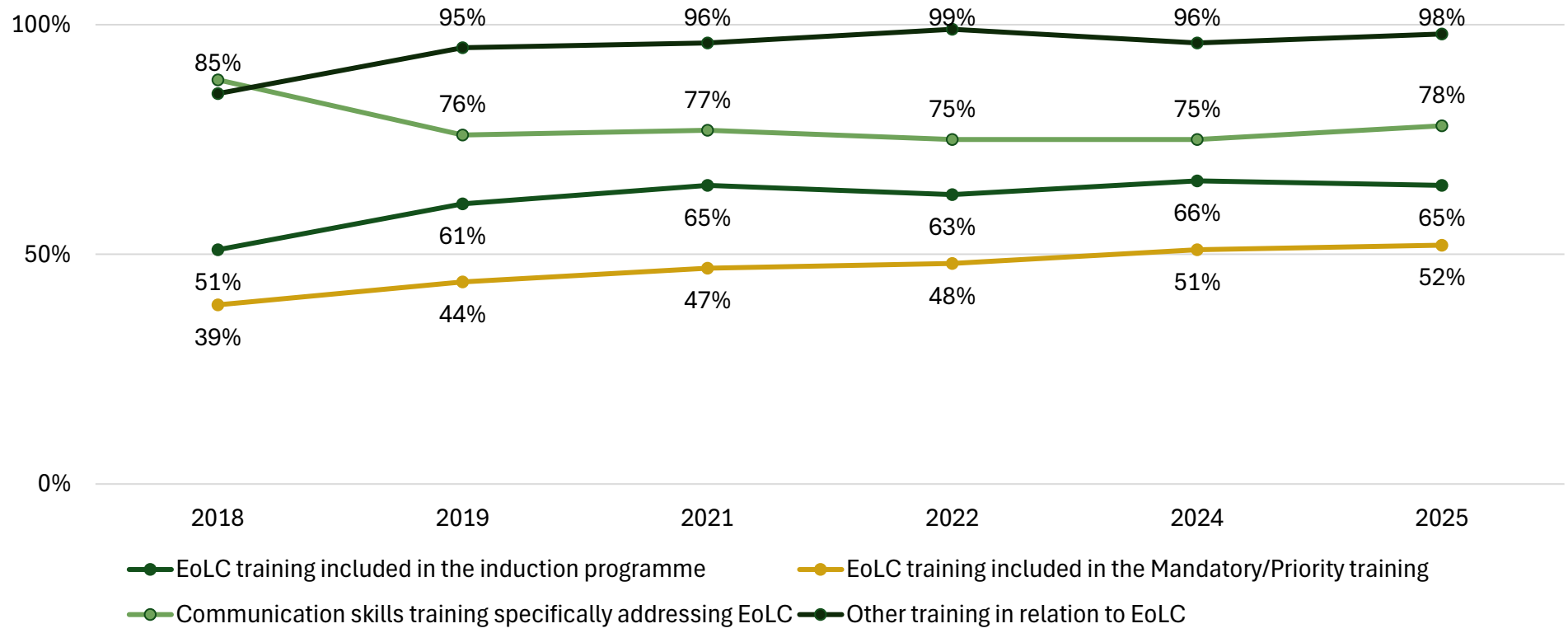
When reviewing patient ethnicity, 89% of the clinical case notes included documentation of the patient's ethnicity and 11% reported ethnicity as either not stated or unknown.



- Patients with unknown ethnicity have worse outcomes across several measures.
- Cultural and religious needs are being met well for Asian, Black, Mixed and Other ethnicity patients.
- Documentation of sufficient pain relief and non-pain symptom reviews is lacking for Asian patient groups.

Key Finding 12: End of Life Care Training

Only 52% of hospital/sites provided mandatory care at the end of life training during 2024/25.



Recommendations

Dr Rosie Bronnert

NACEL QI Clinical Advisor

NACEL 2025 Recommendations

- Recommendation 1
  - **System-level accountability for care at the end of life quality improvement and equity**
- Recommendation 2
  - **Strengthening the evidence base and identifying solutions to reduce inequalities in care at the end of life**

Recommendation 1

System-level accountability for care at the end of life quality improvement and equity

System-level oversight

ICBs, Health Boards and commissioners must ensure robust system-level accountability and oversight of provider QI plans for care at the end of life, in line with the NHS England Strategic Commissioning Framework and equivalent expectations in Wales and Jersey.

Annual review and collaboration

Commissioners should review QI plans annually, ensuring they contain clear, evidenced and deliverable actions, and work with providers and system partners to support measurable progress.

Including progress against the NACEL 2024 recommendations:

- **Equitable access to specialist palliative care: face-to-face 8 hours a day, 7 days a week, and 24/7 telephone advice**
- **More and better personalised care and support planning conversations**
- **Addressing health inequalities in care at the end of life**
- **Better delivery, uptake and quality of end of life care training**

How Recommendation 2 was developed

What the 2025 data showed

- Significant relationships between patient ethnicity and several areas of care at the end of life
- Patients with unknown ethnicity had worse outcomes in the Case Note Review
- Inequalities may extend beyond ethnicity, so further research is needed to understand the drivers
- An opportunity to make greater use of NACEL data collected between 2018 and 2025

Who we engaged

- Aim was to drive improvement and reduce inequity; consultation with the NACEL Steering Group, NHS England and NIHR on what would be most helpful.
- NIHR has a large portfolio of research in palliative and end of life care, those with inequity focus mainly look at socioeconomic inequality domain particularly around inequalities in access to care and services.

How the recommendation can be used

- Supporting research funding applications; continuing to raise the profile of inequalities in care at the end of life

Recommendation 2

Strengthening the evidence base and identifying solutions to reduce inequalities in care at the end of life

A coordinated NIHR research programme

The National Institute for Health and Care Research (NIHR) should prioritise research on reducing inequalities in care at the end of life for adults dying in hospital, building on NACEL findings to develop, evaluate and implement effective interventions.

Key areas of focus:

- **Variation in care between ethnic groups, including patients whose ethnicity is undocumented**
- **Working with NACEL and other partners to identify shared research priorities**
- **Making greater use of national datasets, including NACEL data from 2018-2025**
- **Informing targeted quality improvement at local and national levels**

Sharing Good Practice

Examples from the NACEL Good Practice Compendium that support the 2024 recommendations.

Of those submitted in 2025, five were identified as exemplary. Case studies have been developed for each to support shared learning and networking.

Category	Case Study
Supporting greater transparency in quality improvement plans	*System working and collaborative transparency on improvement needs* University Hospital of Derby and Burton NHS Foundation Trust
Greater provision of specialist palliative care services	*Palliative Care 24/7 out of hours consultant support: A pilot* The Newcastle upon Tyne Hospitals NHS Foundation Trust
Improving personalised care and support planning	*Improving end of life care and bereavement services* East Lancashire Hospitals NHS Trust
Supporting equitable care being delivered for all dying people	*Implementing a joint strategy to provide equitable care at the end of life* University College London Hospitals NHS Foundation Trust
Upskilling staff to deliver care at the end of life	*Staff training for improved care at the end of life outcomes* Barts Health NHS Trust

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

Supporting Resources and outputs for QI

Jessica Moss

QI Lead

Where to start with QI



National recommendations

e.g. NHS England/DHSC – Modern Service Framework



System, regional and local priorities

e.g. ICB involvement/ strategy/ priorities



Local data

Local data including audit, evaluation and NACEL



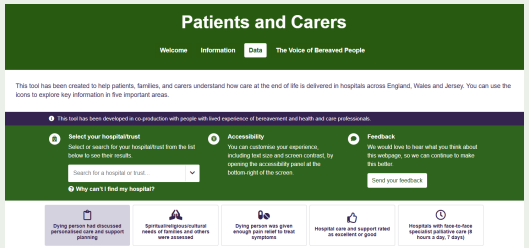
Feedback sources

Patient and family engagement, complaints, compliments

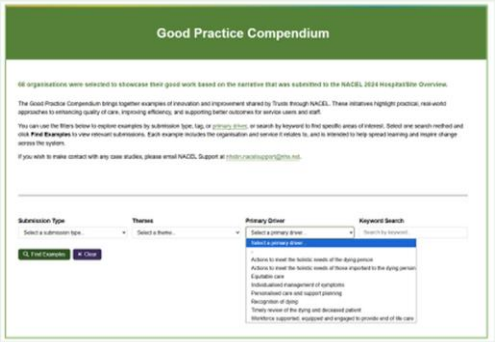
Featured NACEL QI Related Outputs



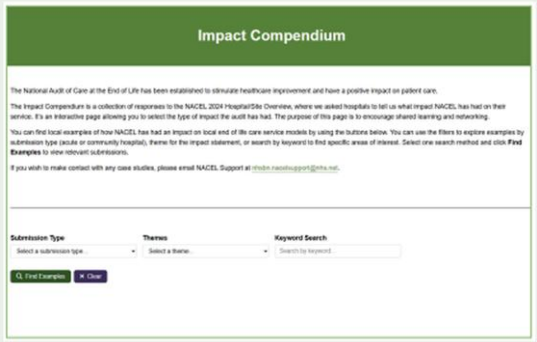
Data and Improvement Tool



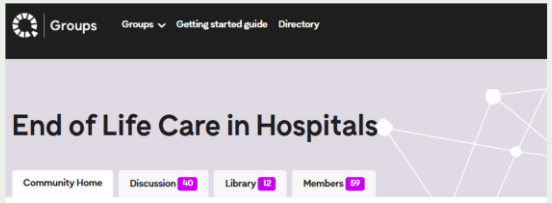
Patient and Carer Tool



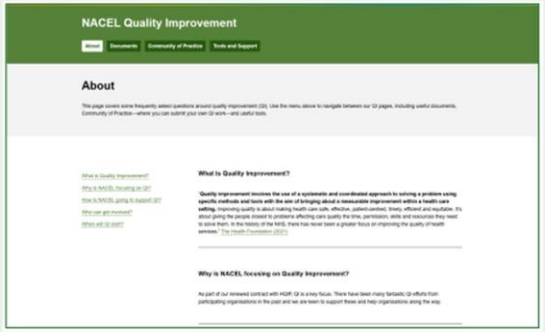
Good Practice Compendium



Impact Compendium



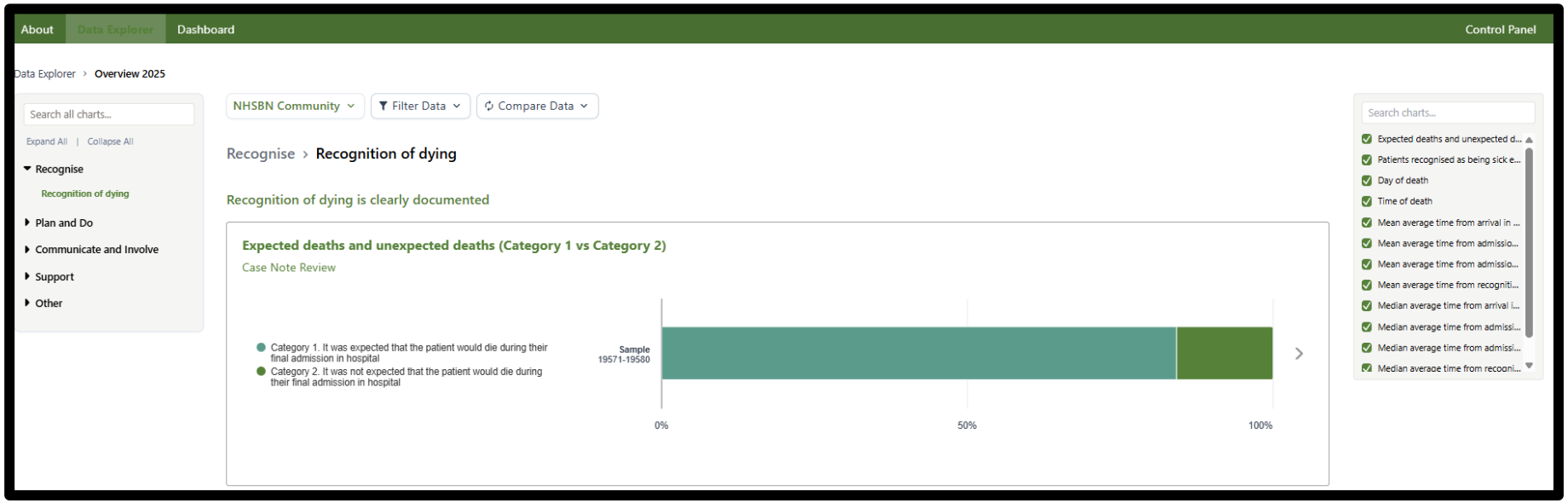
Community of Practice



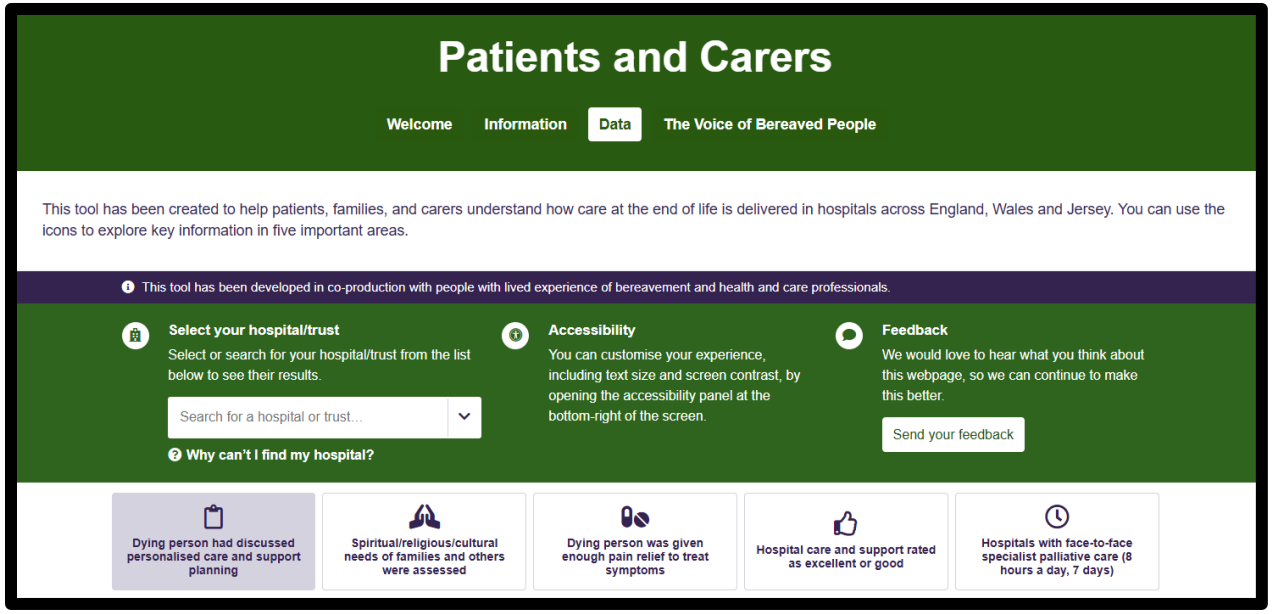
NACEL Portal QI pages

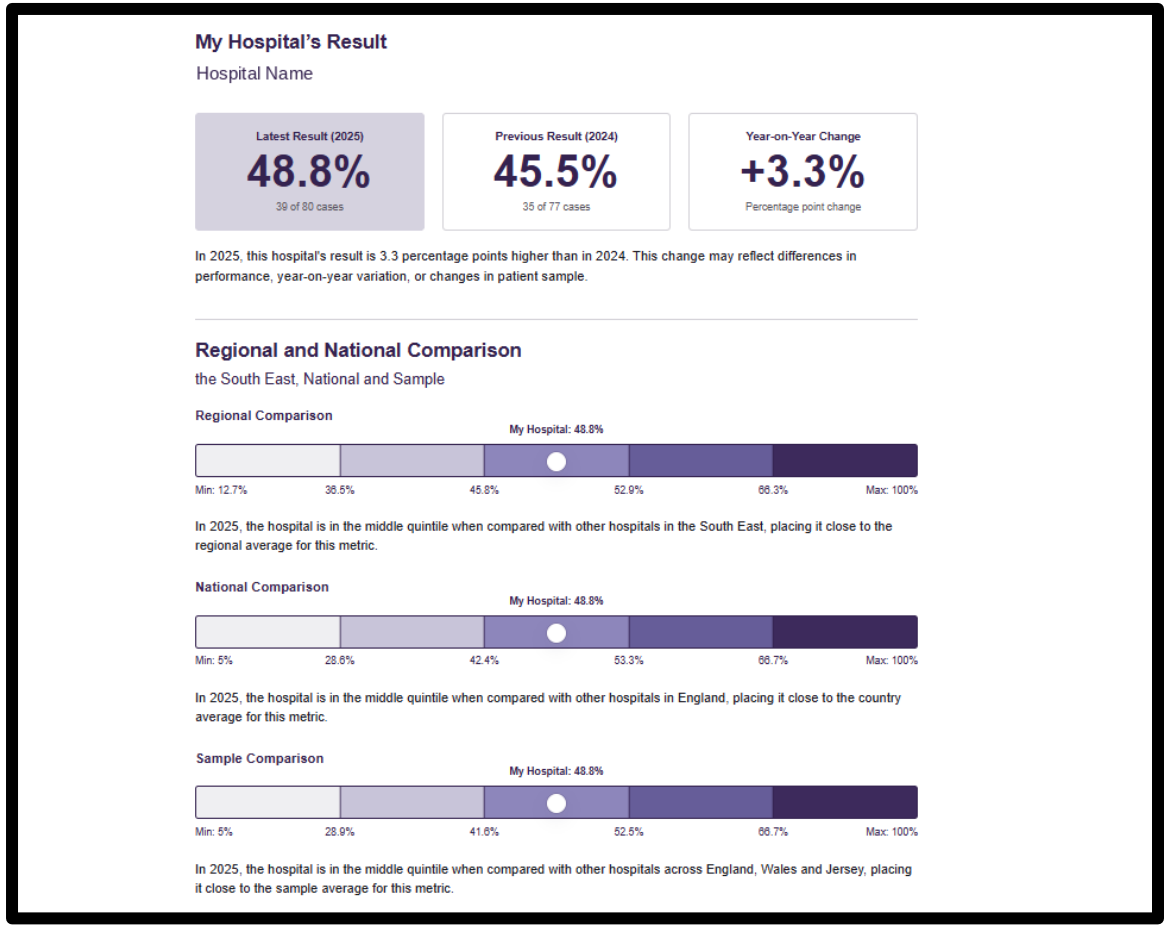
Data and Improvement Tool

- Online interactive tool hosting the latest NACEL audit findings, with data published frequently
- Use the Filter Data and Compare Data options to explore your organisation's results
- Charts are grouped into themes, including Recognise, Plan and Do, Communicate and Involve, and Support



Patient and Carer Tool





Patients, families and carers can select a hospital or trust to see its results in five areas of care, alongside regional and national comparisons.

Good Practice Compendium

- The Good Practice Compendium brings together examples of selected organisations demonstrating innovation and improvement through NACEL.
- In 2025, a further **69 case studies** were selected to be added to this compendium.
- These initiatives highlight practical, real-world approaches to enhancing quality of care, improving efficiency, and supporting better outcomes for service users and staff.



Good Practice Compendium

Norfolk and Norwich University Hospitals NHS Foundation Trust

"NACEL's focus on coordination and communication within multidisciplinary teams has prompted us to enhance how we share information across care settings. Our work on shared care records and the new EPR system stems directly from these findings…"

Bradford Teaching Hospitals NHS Foundation Trust

"…following 2022 NACEL results a CNS in palliative care with a special interest in South Asian populations and religious needs has been appointed…identifying and meeting the needs of this group, which make up a significant proportion of the demographic the team see."

Manchester University NHS Foundation Trust

"NACEL has given us the opportunity to capture the experience of families and carers more clearly leading to us to expand and develop workstreams to improve their experience."

Essex Partnership University NHS Foundation Trust

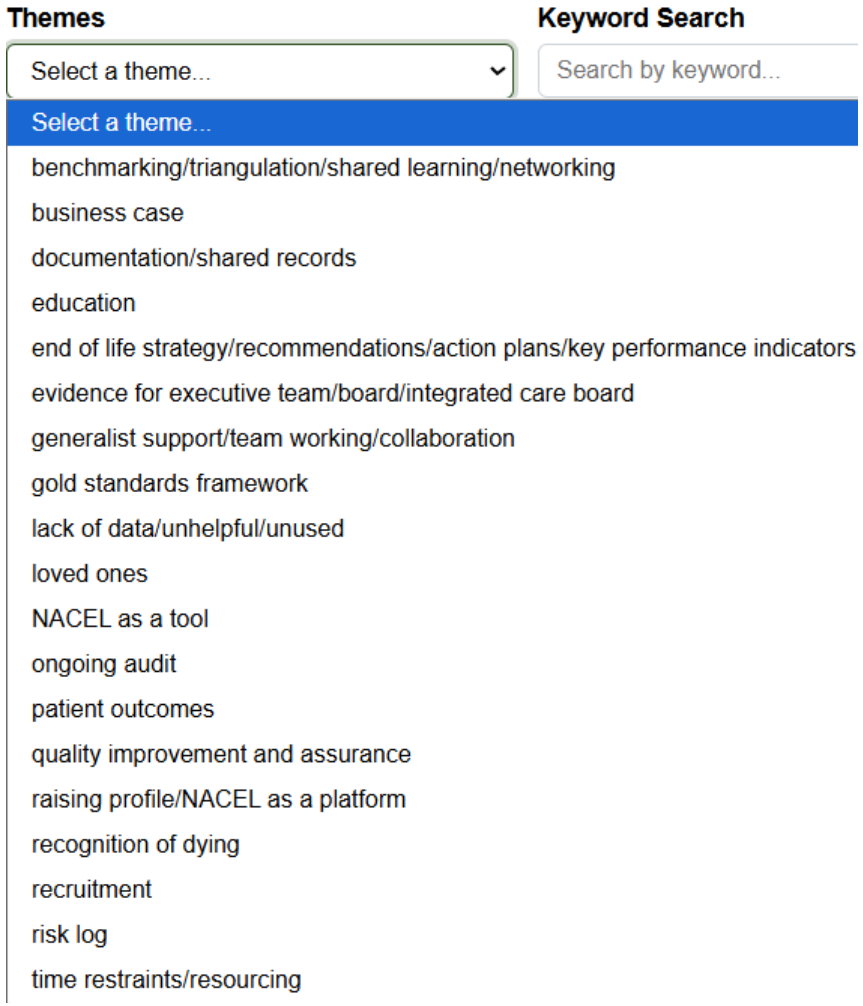
"…Staff confidence increased, more accessible training opportunities."

Leeds Teaching Hospitals NHS Trust

"Development of action plans in response to NACEL results has led to board level support of changes in service delivery and processes."

Impact compendium

- The Impact Compendium is a collection of responses to the NACEL 2025 Hospital/Site Overview, where we asked hospitals to tell us what impact NACEL has had on their service.
- It’s an interactive page allowing you to select the type of impact the audit has had. The purpose of this page is to encourage shared learning and networking.



Impact

How has NACEL had an impact on the local service models?

Barnsley Hospital NHS Foundation Trust
"The work around the NACEL findings will always influence and impact the changes we make for end of life care in the Trust. The findings are used as a guide for ongoing improvement around education, communication and improving the outcomes of care experienced by our patients and their families."

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
"It has made us focus on the communication that we have with patients and loved ones, along with the quality of the documentation of care. It certainly makes you more mindful of the care that you provide when you participate in NACEL and you are aware of all of the aspects that may be audited e.g. daily checking of someone's social needs and documenting this…"

Leeds Teaching Hospitals NHS Trust
"20 years of participating in national audits has led to the development of a robust end of life care programme across all relevant clinical areas supported by a clear assurance and governance mechanism to report to the Trust board. Development of action plans in response to NACEL results has led to board level support of changes in service delivery and processes.."

Bradford Teaching Hospitals NHS Foundation Trust
"Development of a business case and lack of face to face specialist palliative care advice placed on risk register."

How to join the Community of Practice

1. **Go to the Community of Practice page**
   Visit **www.nacel.nhs.uk/qi-community-of-practice**

2. **Select “Join our Community of Practice”**
   Under “How to access our Community of Practice Page”

3. **Register and join the group**
   Follow the sign-up steps to create your account and join

4. **Get involved**
   Join discussions, and share resources and your own QI work

Scan to join the Community of Practice

Resources

Visit the NACEL Portal QI pages to access:

- NACEL driver diagram
- Healthcare Improvement Plan
- “Mapping document”
- QI tools
- Reporting templates



Stage 1: Identification of a quality issue

Tools:

Stakeholder mapping & analysis (Source: ELFT)

NHS Sustainability model, PDF guide and Excel file (Source: Kent CT)

Alternative sustainability model - MUSIQ Excel file (Source: ELFT)

Stage 2: Understanding the current situation/problem

Tools:

Stakeholder mapping & analysis (Source: ELFT)

Fishbone diagram (Source: ELFT)

Driver Diagrams (Source: ELFT)

Process mapping (Source: ELFT)

Stage 3: Understanding the current situation/problem

Tools:

Run Charts (Source: ELFT)

SPC Charts (Source: ELFT)

Pareto Charts (Source: ELFT)

www.nacel.nhs.uk/qi-tools

Next steps

Jessica Moss,

NACEL Quality Improvement Lead

Next steps…

- Access the DIT to review your results
- Ensure your Trust is aware of the Patient and Carer Tool
- Visit Good Practice Compendium www.nacel.nhs.uk/good-practice-compendium
- Visit Impact Compendium www.nacel.nhs.uk/impact-compendium
- Join the Community of Practice
- Visit the NACEL Portal QI pages to access documents, tools and templates: www.nacel.nhs.uk/qi-tools
- Sign up for the next events:

Scan to join the Community of Practice

Events

www.nacel.nhs.uk/events

Scan to sign up for upcoming events

Future QI Webinars

Date	Time	Proposed topic
Thursday, 29 October 2026	13:00-14:00	NACEL 2027 Warm-Up Event
Thursday, 18 March 2027	12:00-13:30	NACEL data over time (TBC)
Thursday, 17 June 2027	12:00-13:30	Individualised Care Plan (ICP) (TBC)
Thursday, 14 October 2027	12:00-13:30	State of the Nations Report

The Warm-Up event registration is open. Registration for the 2027 events will open on the NACEL events page (link and QR code above) closer to each date.

Open forum and questions (Recording finished)

All

Evaluation

Please share your feedback on the session:

NACEL Quality Improvement Webinar Feedback - October 2026

NACEL Quality Improvement Webinar Feedback - October 2026 – Fill in form