



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

### NACEL STEERING GROUP – TERMS OF REFERENCE

Version: 1.6

Date: April 2026

<b>Purpose</b>	The role of the NACEL Steering Group is to advise the NACEL Project Team around specific aspects of the audit project and to provide assurance of their decisions and outputs. The steering group will consider clinical issues in detail and provide valuable insight into related regional and national activity in order that the project team can consider and align (where possible) with other health initiatives.
<b>Responsibilities</b>	<ul style="list-style-type: none"> <li>• Advise on the audit’s scope and related outputs (Bereavement Survey etc.).</li> <li>• Reflect on audit methodology and design, inclusion and exclusion criteria and re-assess the scope through the audit’s lifetime.</li> <li>• Review dataset developments. Recommend indicators and metrics that consider equity of care.</li> <li>• Help to identify and prioritise audit questions.</li> <li>• Investigate other relevant national clinical datasets to inform the audit’s scope.</li> <li>• 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.</li> <li>• 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.</li> <li>• Feed into the audit’s Quality Improvement plan.</li> <li>• Support audit communication with professional and lay groups, including dissemination of the audit findings and publicising the results among patients, professionals and other stakeholders.</li> <li>• Champion effective and impactful communication with professional and lay groups and represent their views and interests.</li> <li>• Champion equality, diversity and inclusion agenda to inform equitable care for all.</li> <li>• Consult and take into account the views of patients and bereaved carers on the audit scope and related outputs.</li> <li>• Disseminate the audit’s findings and publicise its results to patients, professionals and other stakeholders.</li> </ul>
<b>Membership</b>	<p><b>Ashford and St Peter’s NHS Foundation Trust</b></p> <ol style="list-style-type: none"> <li>1. Dr Joseph Hawkins, Consultant in Palliative Medicine &amp; Ashford and St Peter’s Clinical End of Life Lead</li> </ol> <p><b>Association for Palliative Medicine</b></p> <ol style="list-style-type: none"> <li>2. Professor John Ellershaw, Professor of Palliative Medicine/Director of the Palliative Care Institute, University of Liverpool <b>(Chair)</b></li> </ol> <p><b>Association of Supportive and Palliative Care Pharmacy</b></p> <ol style="list-style-type: none"> <li>3. Dr Andrew Dickman, Consultant Pharmacist – Palliative Care</li> </ol> <p><b>British Geriatrics Society</b></p> <ol style="list-style-type: none"> <li>4. Dr Helen Milbourn, Consultant Geriatrician/BGS End of Life Care SIG, British Geriatrics Society</li> </ol>



**Care Quality Commission**

5. Carolyn Jenkinson, Deputy Director, Secondary and Specialist Healthcare
6. Amanda Williams, Deputy Director, Primary and Community Care

**College of Healthcare Chaplains**

7. Gary Windon, Pastoral Care Chaplain – Wrexham Maelor Hospital

**Community Hospitals Association**

8. Susan Greenwood, Modern Matron – Cornwall Partnership NHS Foundation Trust & Chair - Community Hospitals Association

**East Lancashire Hospitals NHS Trust**

9. Dr Alison Thorpe, Palliative Medicine Consultant & Clinical Lead for End of Life

**Equitable Care**

10. Dr Sabrina Bajwah, Consultant in Palliative Medicine - King's College Hospital NHS Foundation Trust

**Health and Community Services Jersey**

11. Dr James Grose, Palliative Care Consultant and Chair of the End-of-Life Care Partnership - Jersey

**Healthcare Quality Improvement Partnership**

12. Drew Smith, Associate Director, Quality & Improvement
13. Catherine Gallagher, Project Manager

**Hospice UK**

14. Julia Russell, Senior Clinical and Quality Improvement Manager

**Integrated Care Boards**

15. Zoe Woods, NHS Buckinghamshire - Oxfordshire and Berkshire West ICB

**Large, Acute Hospitals**

16. Dr Sarah Cox, Consultant in Palliative Medicine

**LGBTQ+ Diversity and Inclusion**

17. Kristy Clayton, Senior Programme Manager of the NHS England Midlands Palliative and End of Life Care Strategic Clinical Network

**Macmillan Cancer Support**

18. Adrienne Betteley, Strategic Adviser for Cancer Care

**Marie Curie Cancer Care**

19. Dr Sarah Holmes, Medical Director, Marie Curie - UK

**London North West University Healthcare NHS Trust and Central London Community Healthcare NHS Trust**

20. Dr Charles Daniels, Macmillan Consultant in Palliative Medicine & Medical Director



**NACEL Clinical Leadership Team**

21. Dr Mary Miller, Clinical Lead/Consultant in Palliative Medicine and End of Life Care Lead - Oxford University Hospitals
22. Dr Rosie Bronnert, Quality Improvement Clinical Advisor/Consultant in Palliative Medicine - University Hospitals of Leicester NHS Trust
23. Jessica Moss, Quality Improvement Lead, NHS Benchmarking Network

**National Nurse Consultants Group (Palliative Care)**

24. Sally Convery, Nurse Consultant for Palliative and End of Life Care - Public Health Agency
25. Lucie Rudd, Consultant Nurse Palliative Care and Joint End of Life Care Clinical Lead - East Kent Hospitals University NHS Foundation Trust

**NHS Benchmarking Network**

26. Heather Murray, Assistant Project Manager
27. Jessica Walsh, Head of Clinical Audit Programme
28. Joylin Brockett, NACEL Senior Project Manager
29. Giovanni Zapata, MPH, Project Coordinator
30. Lillie Phillips, Project Manager

**NHS England**

31. Dr Sarah Mitchell, National Clinical Director - Palliative and End of Life Care

**NHS Wales**

32. Dr Victoria Wheatley, Consultant in Palliative Care
33. Lisa Wooler, National Clinical Programme for EoLC- Project Manager within in the Programme Team

**NICE**

34. Louisa Regan, Implementation Support Manager

**Northern Ireland Public Health Agency**

35. Sally Convery, Nurse Consultant for Palliative and End of Life Care - Public Health Agency

**Research/Academic Interest**

36. Dr Catriona Mayland, Consultant in Palliative Medicine and Senior Clinical Research Fellow - University of Sheffield

**Royal College of Anaesthetists/Faculty of Intensive Care Medicine**

37. Dr Alison Ingham, Regional Clinical Lead for Organ Donation (North West)/Consultant in Anaesthesia and Intensive Care Medicine

**Royal College of General Practitioners**

38. Dr Catherine Millington-Sanders, General Practitioner

**Royal College of Nursing**

39. TBD

**Royal College of Physicians**

40. TBD



	<p><b>Society for Acute Medicine (SAM)</b> 41. Dr John Donaghy, Consultant in Acute Medicine</p> <p><b>St Christopher's Hospice</b> 42. Dr Joy Ross, Consultant in Palliative Medicine</p> <p><b>Sue Ryder</b> 43. Dr Annabel Borthwick, Consultant in Palliative Medicine</p> <p><b>Welsh Government</b> 44. Gareth Hewitt, Head of Clinical Conditions and Pathways</p> <p>Members have the ability to co-opt into the NACEL Steering Group, to encourage expertise and experience within the group membership. Membership is to be approved by the NHS Benchmarking Network delivery team, prior to an invitation being extended.</p>
<b>Attendance</b>	<ul style="list-style-type: none"><li>• It is expected that members will attend a minimum of 75% of virtual meetings per year. A schedule of attendance will be maintained by the NACEL Project Manager.</li><li>• Membership will be reviewed every two years.</li><li>• Change in representation will be notified to the chair.</li><li>• A quorum of half of the members will be required to hold the meeting.</li></ul>
<b>Frequency of meetings</b>	<p>The NACEL Steering Group shall decide the frequency of meetings beyond the initial planning stages, when the requirement to meet may be less. There will be an average of 3 virtual meetings a year, roughly 2 hours long.</p> <p>The frequency and timing of meetings will vary depending upon clinical topic and stage of the project, and advice may be sought from members virtually between meetings.</p>
<b>Reporting</b>	<p>The minutes shall be formally recorded. Reports on the progress of the audit will be provided as requested to HQIP. It will be the responsibility of each member of this group to report back to their host organisation as appropriate.</p>