

NACEL Steering Group Meeting

9th July 2026

2-Page Summary



National Audit of Care
at the End of Life
Auditing last days of life in hospitals

Welcome and introductions

Amy Jordan joins the Steering Group as the Wales representative, taking over from Lisa Wooler — thank you to Lisa for her contribution to NACEL. Kaitlyn Biggs joins the NACEL project team as Delivery Manager. Victoria Wheatley (Wales) and Lynette Glass (ICB) have stepped down from the Steering Group, and were thanked for their contributions.

NACEL 2026

Data collection

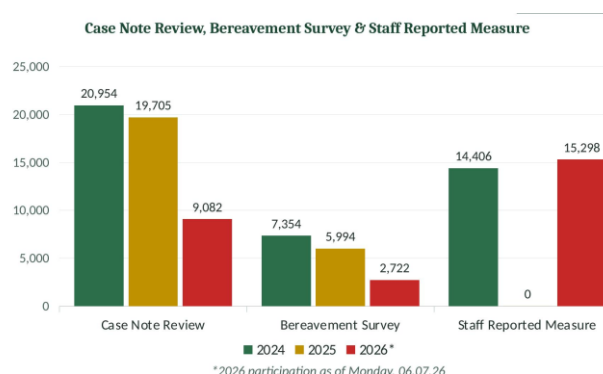
The Case Note Review and Bereavement Survey remain open. The Staff Reported Measure, part of the NACEL 2026 cycle, closed on 30th June and reached its highest ever number of submissions. The Hospital/Site Overview is not being collected in 2026, and the Annual Death Data Collection reopens January 2027.

Participation figures (England, Wales and Jersey):

Audit element	2026 Participation Rate*
Case Note Review	92%
Bereavement Survey	57%
Staff Reported Measure (closed)	99%
Hospital/Site Overview	Not collected in 2026
Annual Death Data Collection	Opens January 2027

*2026 participation as of Monday, 06/07/26. The Case Note Review and Bereavement Survey windows remain open, so these figures will continue to rise.

Submissions received, by year:



The Staff Reported Measure reached 15,298 submissions in 2026, ahead of the 14,406 collected across the whole of 2024 — the highest level of staff-reported feedback received on NACEL to date.

Dissemination, engagement and improvement

- NACEL won **Best Poster** at the International Collaborative for Best Care for the Dying Person Summer School 2026, and presented at the Community Hospitals Association and the Palliative Care Congress, where five abstracts were also accepted for publication via BMJ Supportive & Palliative Care showcasing audit findings on the quality of care at the end of life in a hospital setting.
- Congratulations to **East Lancashire Hospitals NHS Trust** (winner, National Clinical Audit Commendation, Excellence in Clinical Audit Awards 2026) and **Whipps Cross University Hospital** (runner-up, Innovation Award), both featured as [NACEL case studies](#).
- The [Data and Improvement Tool](#) has been updated with 2026 data (Q1 and Q2), and a navigation fix now takes users directly to their own submission.
- The [Good Practice Compendium](#) now includes all 2025 examples alongside 2024, with more detailed case studies aligned to State of the Nations key measures.
- The Healthcare Improvement Plan's five goals (individualised care planning; needs of those important to the dying person; specialist palliative care access; equitable care; QI plans & system oversight) remain aligned to the 2024 recommendations, with new 2027 additions on policy support (MSF), research collaboration (NIHR) and the Patient and Carer Tool as an improvement method. All members are encouraged to join the [NACEL community of practice](#).
- Publications in progress include ethnicity's intersection with other care metrics, individualised plan of care analysis, a completed Patient and Carer Tool paper, and a review of care at the end of life delivered in community hospitals (working with the Community Hospital Association).



NACEL 2025 State of the Nations Report and other outputs — August 2026

Three outputs are on track for release on **13th August 2026** (pending approval): the **Patient and Carer Tool (Phase 2)** (hospital and site-level data); the **NACEL 2025 State of the Nations Report** (annual findings, recommendations and key performance data); and a **NEW bespoke dashboard report** (a downloadable, trust-specific data tables for boards). Communications build up from 6th August, with a rotating spotlight campaign through to a wrap-up post on 10th September — please help disseminate these with your networks.

Scoping NACEL 2027

Proposed dataset changes

Following a review of participant feedback, helpline themes and data analysis over time, the NACEL team has proposed changes to the 2027 dataset to reduce clinical burden while retaining the data needed for national improvement, benchmarking and equity reporting:

- **Case Note Review:** 37 questions reducing to around 29–31. The Steering Group discussed retaining certain data items to support local QI and national reviews, where such data is otherwise limited. Two new questions were proposed: patient postcode (to enable deprivation linkage) and diagnosis (to support analysis of equitable care).
- **Bereavement Survey:** no changes to the 18 questions proposed, but participation has declined (71% in 2024, 66% in 2025, 57% in 2026). The Steering Group discussed the approach to collecting bereaved person feedback for NACEL, and agreed further input is required to review the methodology.
- **Hospital/Site Overview:** proposed to return in 2027 following the 2026 hiatus, with the question set reduced from 32 to around 19–22. Proposed removals cover areas where the data is not used for further analysis and sufficient data exists from previous years to provide a firm benchmark. New areas proposed for review include care after death.
- **Staff Reported Measure:** proposed pause in 2027, alternating with the Hospital/Site Overview to manage overall data burden.

A further discussion was held on whether NACEL should set explicit standards or targets for areas of end of life care, rather than only tracking trends over time. It was noted that setting standards falls outside the remit of the audit provider; however, NACEL can support this work, for example by providing the benchmarked data and evidence base on which standards could be developed.

Marked-up data specifications and a summary of proposed changes will be circulated to the Steering Group.

Outliers and key indicators

The team is reviewing the [outlier policy](#) for 2027. Outliers are currently identified on two metrics — the proportion of expected deaths and the proportion of individualised care plans — using alert (below 2.5th percentile) and alarm (below 0.15th percentile) thresholds, with non-participation also treated as an alarm-level outlier. For 2027, the team is developing a positive outlier recognition proposal.

The NACEL team proposes aligning the [10 key indicators](#) with the Patient and Carer Tool metrics. Steering Group approval will be sought on both changes.

Feedback timeline

- **July 2026** — initial Steering Group feedback due on the outlier process, key indicators and 2027 dataset.
- **August 2026** — NACEL team to update specifications following feedback.
- **September 2026** — Steering Group to return comments on the 2027 methodology and data specifications.
- **September 2026** — NACEL team to finalise data specifications and submit to HQIP for approval.

NACEL re-tender

The current NACEL contract ends 30th September 2027. Funding for a re-tender has been agreed with NHS England, and the procurement process is underway, including patient engagement and a pre-market specification development meeting on **16th September 2026 (12.00–2.00pm)**. Steering Group members wishing to attend and help shape the specification for the next contract should contact catherine.gallagher@hqip.org.uk. The invitation to tender is expected to publish in December 2026, ahead of the new contract starting 1st October 2027.

Upcoming meetings

The next Steering Group meeting will take place on **Thursday, 26th November 2026 (10:00–14:30)**, where the NACEL team will present preliminary 2026 findings, emerging themes and draft recommendations.