



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

Understanding the representativeness of NACEL data

This document explains how data is collected for the National Audit of Care at the End of Life (NACEL) and how well it reflects the experiences of patients, families, friends and carers across England, Wales and Jersey. It is intended to help you understand what the NACEL results mean and how to interpret them.

What is NACEL?

NACEL is a national audit that looks at the quality of care provided to people (adults only) who are dying in hospital and to the families, friends and carers who matter to them.

During 2025, NACEL collected two main types of information:

- Case Note Reviews — clinical staff review a sample of patient records to assess the quality of care provided during a patient's final admission to hospital.
- Bereavement Survey — families, friends and carers of patients who died in hospital are invited to share their experience of care.

Does NACEL include everyone who dies in hospital?

No. NACEL does not collect information about every person who dies in hospital. Instead, it reviews the care provided to a selected sample of patients who died during the audit period.

Each participating hospital or site submits data for up to 240 deaths per year. This is a deliberate and practical approach. Collecting data on every death would place a very significant burden on clinical staff, and a well-designed sample can provide meaningful insight into the quality of care being delivered.

Key figures

During 2025, patients included in the NACEL Case Note Review represent around 10% of eligible deaths occurring in participating acute hospitals, and around 82% of eligible deaths in participating community hospitals. Bereavement Survey responses represent a smaller proportion of national deaths (fewer than 3%).

What does this mean for the results?

Because NACEL looks at a sample rather than every death, the results give us a strong indication of the quality of care being delivered, but not a complete picture of every patient's or family's experience.

The number of cases submitted varies between hospitals and sites, which means results may be more representative in some organisations than others. To help ensure the results are meaningful and reliable, NACEL only publishes findings where there are more than 20 responses per year.

When reviewing NACEL results, it is always worth considering the size of the sample at a particular organisation, for example whether it is likely to reflect the wider experience of patients and those important to them in that setting.

How are patients selected for the Case Note Review?

Further information about how patients are selected for inclusion in NACEL is available in the NACEL sampling methodology, summarised below.



How the sample size was determined

During the NACEL redesign in 2023, specialist statistical support was commissioned to help determine an appropriate sample size for the Case Note Review. The work modelled the margin of uncertainty, that is how confident we can be that a sample result reflects the true picture, across a range of NACEL metrics and for different population and sample sizes.

This process explicitly recognised the balance between two important considerations: the burden placed on clinical staff in collecting and submitting data, and the need for data to be sufficiently representative to draw meaningful conclusions.

Drawing on evidence from previous NACEL audit rounds, and based primarily on data from acute hospital sites, it was determined that a minimum of 20 Case Note Reviews per site provides an acceptable level of confidence in the findings.

Why are participants encouraged to submit more records?

Several of the key measures collected by NACEL involve continuous data, for example, the number of hours between a patient being recognised as dying and their death. For this type of data, a larger sample improves accuracy and reduces uncertainty.

For this reason, participants in NACEL are encouraged to submit additional Case Note Reviews where capacity allows.

What about sites with fewer than 20 deaths?

Some sites, such as community hospitals, have relatively few deaths during the audit period. For these organisations, submitting all available Case Note Reviews was strongly encouraged, as every record contributes to the national picture of care at the end of life.

Where a site has an inherently low number of deaths, the records submitted are likely to represent a higher proportion of all deaths at that site. As a result, the margin of uncertainty is actually smaller for these organisations, and we can place greater confidence in their findings.

How is the Bereavement Survey distributed?

The NACEL Bereavement Survey is shared with as many bereaved families, friends and carers as possible. Each participating hospital decided how to distribute the survey to people with a connection to a patient who died in hospital during the year. Response rates vary considerably between organisations. Some received over 200 completed surveys; others received none. This variation means the Bereavement Survey results should be interpreted with the local context in mind.

Summary: NACEL data collection at a glance

| Data collection | How data is collected | Sampling guidance |
|--------------------|---|--|
| Case Note Review | Clinical staff review a sample of patient records from their organisation | 20–70 deaths per quarter (80–280 per year). Sites with fewer than 20 deaths per quarter were still encouraged to submit all available records. |
| Bereavement Survey | Families, friends and carers of patients who died in hospital are invited to share their experience | No minimum or maximum — organisations are encouraged to |



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| | | invite as many bereaved people as possible. |
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Variation in data submissions across participating sites

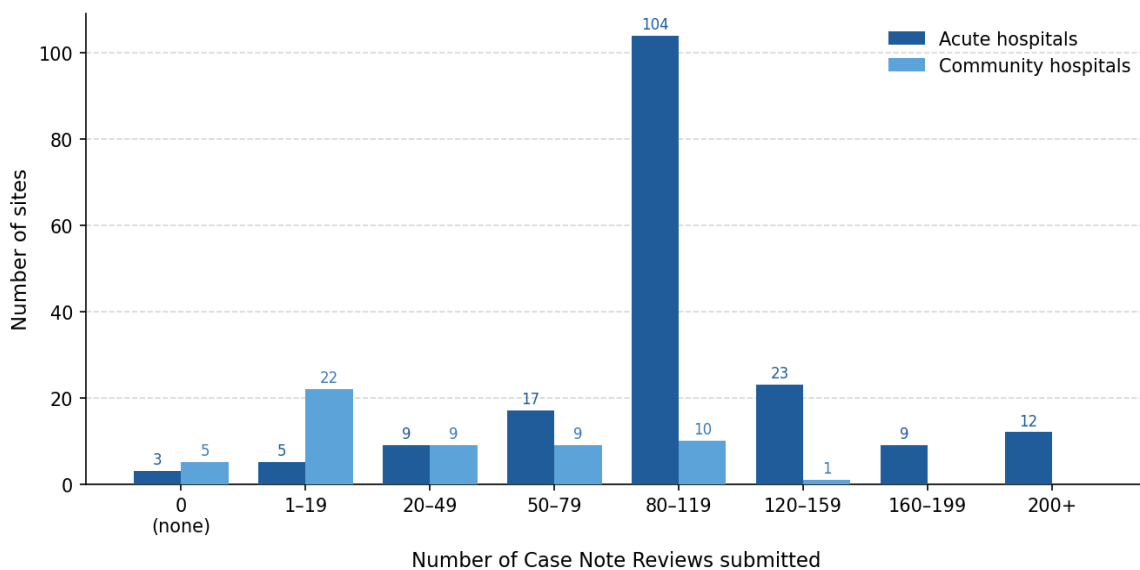
238 sites participated in NACEL 2025, including 182 acute hospitals and 56 community hospitals across England, Wales and Jersey. The charts below show how the volume of data submitted varied between sites, and what this means for interpreting the results.

Chart 1: Case Note Review (CNR) submissions per site

Each bar shows how many sites submitted within that range of case note reviews. Acute hospitals and community hospitals are shown separately, as community sites typically have fewer deaths per year and so are expected to submit fewer records.

| | | | |
|---|---|---|-------------------------------------|
| 238 total participating sites | 114 sites submitted 80–119 CNRs | 35 sites submitted fewer than 20 CNRs | 8 sites submitted no CNRs |
|---|---|---|-------------------------------------|

Chart 1: Case Note Review (CNR) submissions per site
NACEL 2025 — 238 participating sites




 What this tells us: The majority of acute hospitals submitted between 80 and 119 case note reviews, in line with NACEL guidance. Community hospitals show much greater variation, many have fewer than 20 deaths per year, so their submissions naturally fall in lower bands. Sites with fewer deaths but complete submissions still provide valuable data, and their results carry a smaller margin of uncertainty.

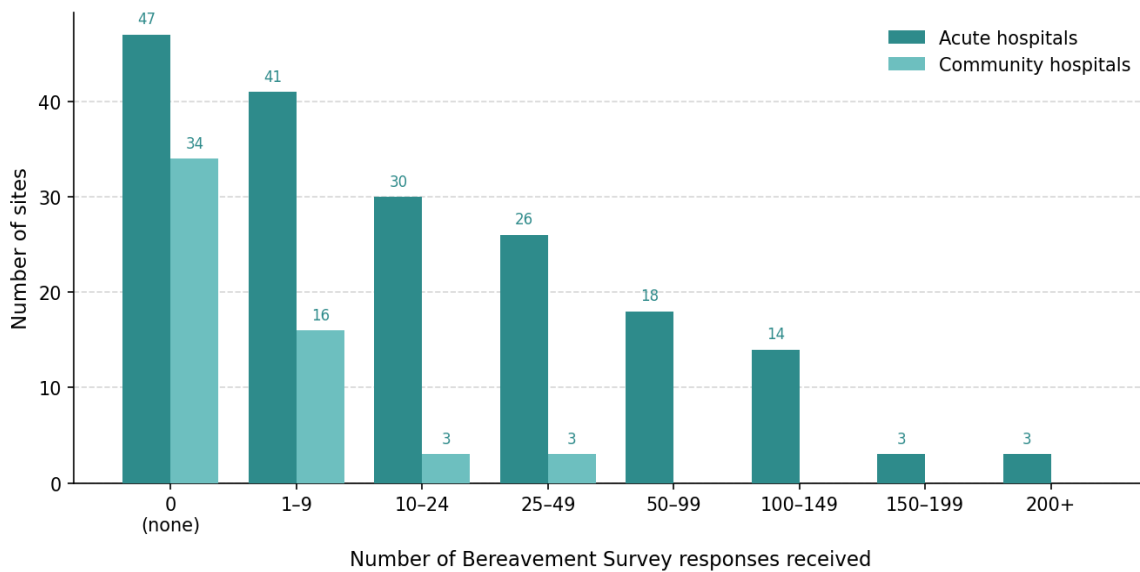



Chart 2: Bereavement Survey responses per site

Each bar shows how many sites received that number of completed bereavement survey responses. Unlike the Case Note Review, there is no set minimum. NHS providers were encouraged to invite as many bereaved families, friends and carers as possible.

| | | | |
|---|--|--|---|
| 238 total participating sites | 157 sites received 1 or more responses | 81 sites received no responses | 3 sites received 200+ responses |
|---|--|--|---|

Chart 2: Bereavement Survey responses per site
NACEL 2025 – 238 participating sites



 What this tells us: Bereavement Survey response rates vary considerably more than Case Note Review submissions. Over a third of sites (81 out of 238) received no responses at all. This reflects differences in participation levels at a hospital and response levels from families, carers and friends. Where response numbers are low, results should be interpreted with care, as they may not fully reflect the range of family and carer experiences at that site.

Source: NACEL 2025 dataset. Figures relate to 238 participating sites across England (222), Wales (14) and Jersey (1). Data shown by site-level submission totals; individual sites are not identified.

For more information about NACEL, please contact the NACEL Support Team: nhsbn.nacelsupport@nhs.net.