



National Audit of Care  
at the End of Life

*Auditing last days of life in hospitals*

# **NACEL 2026**

## **Guidance Notes**

For all acute and community  
hospitals in England, Wales and  
Jersey

Last updated on 19.03.2026



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The audit guidance document provides operational guidance for all organisations participating in the National Audit of Care at the End of Life (NACEL) 2026. It has been written to support Project Leads, Clinical Audit teams, and staff responsible for data collection, analysis, and improvement. It includes detailed step-by-step guidance, best practice examples, and visual placeholders to help you plan and deliver NACEL successfully.



NACEL 2026 GUIDANCE NOTES FOR ALL ACUTE AND COMMUNITY ORGANISATIONS IN ENGLAND, WALES AND JERSEY

1. What’s New in 2026

NACEL 2026 introduces a range of updates and improvements designed to simplify participation and increase data quality. Key updates include:

- Further flexibility with the Bereavement Survey, including an option to incorporate NACEL questions into a local survey and upload feedback via an excel spreadsheet
• Continuous data entry of the Bereavement Survey data
• The Hospital/Site Overview element is paused for 2026 (resumes 2027).
• Streamlined Case Note Review process and improved definitional guidance.
• Piloting the use of SNOMED codes for Case Note Review guidance
• Reduced the number of questions asked in the Bereavement Survey and Case Note Review

2. About NACEL

The National Audit of Care at the End of Life (NACEL) is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them. NACEL aims to drive measurable improvements in the quality and equity of end-of-life care across NHS providers in England, Wales, and Jersey.

The audit is delivered by NHS Benchmarking Network (NHSBN) and commissioned by the Healthcare Quality Improvement Partnership (HQIP), on behalf of NHS England and the Governments of Wales and Jersey.

Participation is open to all NHS providers delivering adult inpatient care in acute and community hospitals. Exclusions: NACEL does not include deaths of patients aged under 18, deaths occurring in A&E, deaths within 4 hours of admission, sudden deaths, suicides, or maternal deaths.

You can find out more about NACEL here: www.nacel.nhs.uk. The NACEL 2026 data specifications can be downloaded from the NACEL guidance webpage.

For queries, please contact the NACEL Support Team by phone on 0161 521 0866 or via email: nhsbn.nacelsupport@nhs.net

NACEL scope

NACEL 2026 is open to all NHS providers of acute and community hospitals in England, Wales and Jersey that deliver care to adults (18+). The period of review is 1st January – 31st December 2026.

Table with 2 columns: Criteria and Description. Rows include Services (NHS acute and community hospital providers), Service users (The audit covers all adult deaths (aged 18 and above at the time of death) focused on the last admission to hospital), and Geographical coverage (England, Wales and Bailiwick of Jersey).



<b>Population exclusion criteria</b>	<p>Deaths of people in the following categories are not included in the audit:</p> <ul style="list-style-type: none"> <li>• Children and young people (&lt;18 years at the time of death)</li> <li>• Deaths occurring in A&amp;E</li> <li>• Deaths occurring in under 4 hours after admission</li> <li>• Sudden deaths</li> </ul>
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The [NACEL Driver Diagram](#) outlines the framework to audit care and drive quality improvement at the end of life, whereby all metrics are reported against the primary drivers.

### 3. Key dates

Data collection will run throughout the year. The data will be reported back to providers via the Data and Improvement Tool in real time from April 2026. An overview of the timescales is shown below, with more detailed information available on the [Key Dates](#) section of the [NACEL Portal](#).

Audit element	Data collection timescales	Period of deaths audited
Case Note Review	20 <sup>th</sup> January 2026 – 11 <sup>th</sup> July 2026	1 <sup>st</sup> January 2026 – 31 <sup>st</sup> June 2026
	1 <sup>st</sup> July 2026 – 15 <sup>th</sup> January 2027	1 <sup>st</sup> July 2026 – 31 <sup>st</sup> December 2026
Bereavement Survey	20 <sup>th</sup> January 2026 – onwards (continuous survey)	1 <sup>st</sup> January 2026 – 31 <sup>st</sup> December 2026
Staff Reported Measure	1 <sup>st</sup> April 2026 – 30 <sup>th</sup> June 2026	N/A
Annual death data collection	1 <sup>st</sup> January 2027 – 28 <sup>th</sup> February 2027	1 <sup>st</sup> January 2026 – 31 <sup>st</sup> December 2026

Audit element	Reporting timescales within the DIT
Case Note Review	1 <sup>st</sup> April 2026 (live fed into tool after this date)
Bereavement Survey	1 <sup>st</sup> April 2026 (live fed into tool after this date)
ff Reported Measure	1 <sup>st</sup> July 2026
Annual death data collection	February 2027

### 4. Registration

Registration for NACEL 2026 determines who will be involved in the audit from the participating organisation, as well as what data will be collected, submitted and reported on. The registration process will differ based on whether your organisation has previously participated in NACEL, or is new to the audit.

If your organisation previously took part in NACEL 2025, your organisation’s NACEL 2025 registration details will be carried forward to 2026 automatically and there is no need to re-register. This is to ensure the submissions data can be compared year-on-year.

**Project Leads are encouraged to check the NACEL 2025 registration details before the 14<sup>th</sup> November 2025.**



The registration details can be found by logging into the [NHSBN Members' Area](#), and selecting the text next to the NACEL project name: "Registered for 2025/26".

If any updates to these registration details are required for NACEL 2026, please contact the NACEL Support Team at [nhsbn.nacelsupport@nhs.net](mailto:nhsbn.nacelsupport@nhs.net).

If your organisation did not participate in NACEL 2025, you will need to register for NACEL 2026 by logging into the [NHSBN Members' Area](#), and selecting the 'Registration' tab next to NACEL. If you do not have login details, please contact the NACEL Support Team and they will set this up.

## Key Roles

Those involved in the audit can be assigned the following roles:

- Project Lead – Main contact; oversees audit participation and quality assurance.
- Deputy Project Lead – Supports coordination; same data access as the Lead.
- Submission Lead – Manages data entry for a hospital/site.
- Data Entry Users – Add/edit Case Note and survey data (optional access).

**Tip:** Include your Clinical Audit and Quality Improvement leads among the registered team.

Roles can be updated at any time via the registration page or by contacting the NACEL Support Team.

- **Leavers:** Notify NACEL Support promptly when a member leaves so their access can be removed.
- **New users:** The Project Lead can edit Deputy and Submission Lead details. For other user accounts, contact NACEL Support for setup assistance.

## Submissions

Each submission defines what data is collected and how results are reported. All submissions must include the four NACEL data elements.

- Create separate submissions for acute and community hospitals so results can be reported independently.
- Use clear submission names that identify the hospital or site(s) included.
- Keep submissions consistent each year to support trend analysis — contact the NACEL Support Team if updates are needed.
- Select the correct submission type (acute or community) before completing registration.

Name	Type *	Submission Lead
Hospital A <a href="#">Edit</a>	Acute <a href="#">Edit</a>	- <a href="#">Edit</a>

**Submission Name \***

The submission name should clearly identify the area covered by the submission. For example: ABC Trust - North Locality or ABC Trust - Hospital 1. If you only have one submission, we recommend you use your organization's name.

**Submission Type \***

Choose a submission type

- Choose a submission type
- Acute
- Community



## 5. Data collection

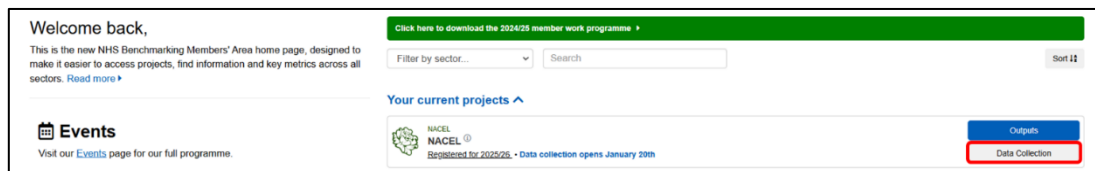
NACEL 2026 includes four audit elements:

1. Case Note Review – Structured review of patient records.
2. Bereavement Survey – Feedback from carers or relatives.
3. Staff Reported Measure – Staff perspectives on end-of-life care.
4. Annual Death Data – Summary of total deaths and case ascertainment.

All data entry takes place online in the NACEL Portal. We recommend using Google Chrome for best performance. To access, log in to the NHSBN Members’ Area and select the NACEL ‘Data Collection’ tab.

### Accessing the NACEL Data Collection Pages

1. Log in to the [NHS Benchmarking Network Members’ Area](#).
2. Click the ‘Data Collection’ tab next to NACEL on the home page.



3. If your organisation has multiple submissions, choose the correct one using the submission drop-down menu on the Data Collection Overview page.



4. The NACEL 2026 data specifications (questions, answers, and definitions) are available in Excel and PDF at [www.nacel.nhs.uk/audit-guidance](http://www.nacel.nhs.uk/audit-guidance).
  - These can be used for reference and record keeping.
  - All data must be submitted online via the data collection pages.

### Case Note Review

The Case Note Review is a patient-level data collection focusing on 10 primary drivers for improving care, including recognition of dying, timely review of the dying and deceased patient, etc.

- Data submitted to the Case Note Review is pseudonymised - no patient-identifiable information is submitted
- Each patient must be assigned a ‘case code’ to submit their data under; this is to ensure no patient-identifiable data is submitted.
- Download the data specification from the [NACEL Portal](#) to prepare data offline before entry into the online pages

There are two data collection periods within the year:

- January – July 2026
- July – January 2027.



### Sample size

Each submission should review **20 – 70** deaths each quarter

- Acute and community hospital submissions should audit 20 consecutive deaths occurring in each quarter (up to 70).
- If a death cannot be reviewed (e.g. patient opted out or case under review), select the next eligible death.
- If fewer than 20 deaths are available, review as many as possible (note: smaller samples may reduce accuracy).

### Data collection schedule

Data collection timescales	Period audited (date of death)	Sample size	Reporting timescales
20 <sup>th</sup> January – 11 <sup>th</sup> July 2026	<b>Q4:</b> 1 <sup>st</sup> Jan – 31 <sup>st</sup> March 2026	20-70 consecutive deaths within the audit period	Live from 1 <sup>st</sup> April 2026
	<b>Q1:</b> 1 <sup>st</sup> April – 30 <sup>th</sup> June 2026	20-70 consecutive deaths within the audit period	
1 <sup>st</sup> July 2026 – 15 <sup>th</sup> January 2027	<b>Q2:</b> 1 <sup>st</sup> July – 30 <sup>th</sup> September 2026	20-70 consecutive deaths within the audit period	
	<b>Q3:</b> 1 <sup>st</sup> October – 31 <sup>st</sup> December 2026	20-70 consecutive deaths within the audit period	

### Guidance on the margin of error

A larger sample size increases how representative the sample is of the population overall. As a larger sample is more likely to be closer to the true population, the margin of error is reduced. A smaller margin of error is preferred as it means the survey’s results are more precise and accurate. Therefore, the results are more robust and actionable to inform quality improvement efforts.

A smaller, less representative sample size increases the margin of error.

Hospital/sites with a higher volume of deaths per annum should consider auditing and submitting a higher number of Case Note Reviews.

### Eligibility

Please use the following criteria to identify eligible deaths:

#### Inclusion criteria:

Adult (18+) inpatient deaths in either category:

- **Category 1.** It was expected that the patient would die during their final admission in hospital. Life sustaining treatments may still be being offered in parallel to end of life care.
- **Category 2:** It was not expected that the patient would die during their final admission in hospital - imminent death was not recognised or expected by the hospital staff. However, the patient may have had a life limiting condition or, for example, be frail, so that whilst death wasn't recognised as being imminent, hospital staff were "not surprised" that the patient died.



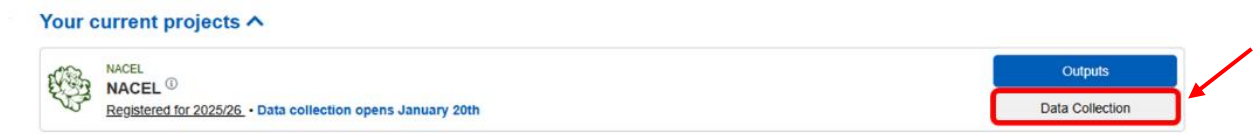
## Exclusion criteria:

Deaths which are classed as "sudden deaths" are excluded from the Case Note Review. For NACEL, this includes deaths which are sudden and unexpected and/or occur within 4 hours of admission. This includes, but is not limited to, the following:

- deaths within an Emergency Department (ED).
- deaths which occurred within 4 hours of admission.
- deaths due to an acute condition caused by a sudden catastrophic event, with a full escalation of treatment plan in place.
- Suicides.
- maternal deaths, as these deaths will be reviewed as part of MBRRACE.

## Steps to complete the Case Note Review:

**Step 1)** Log in to the [NHSBN Members' Area](#) → NACEL → Data Collection.



**Step 2)** Add case codes:

- Click 'Add Case Note' (or 'Add 10 Case Notes').
- Enter reviewer initials.

To complete the Case Note Review, each patient must be assigned a 'case code' to submit their data under. This is to ensure no patient identifiable data is submitted. To generate a case code, select 'Add Case Note', or alternatively add 10 by selecting 'Add 10 Case Notes'. You can add case notes as

**Case Note Review**

The case note review will collect patient level data on the deaths within the audit criteria period and will need to be completed for each patient meeting the criteria within each submission.

To mark a case note as "Complete", select the green tick to right of the status. To access the Case Note Review questions for each case note, select "Open" to the right of the selected case code. You can add the initials of the reviewer for each case note. **Please do not include patient-confidential information.**

Filter codes by status... Jan - Jun

Status	Case Code	Reviewer's Initials	Actions
Completed	32337-001	Add	Open
In progress	32337-002	Add	Open
Not started	32337-003	Add	Open
Not started	32337-004	Add	Open
Not started	32337-005	Add	Open
Not started	32337-006	Add	Open
Not started	32337-007	Add	Open
Not started	32337-008	Add	Open
Not started	32337-009	Add	Open
Not started	32337-010	Add	Open

1-10 of 20 case codes

Add Case Note Add 10 Case Notes



required. Once each case code has been added, you can assign a reviewer by including their initials in the 'Reviewer Initials' column.

### Step 3) 'Open' a case to enter data.

Once the case notes are added, click on the 'Open' button to start entering data (see image below). This will direct you to the NACEL data collection pages, where the questions will appear.

#### Case Note Review

The case note review will collect patient level data on the deaths within the audit criteria period and will need to be completed for each patient meeting the criteria within each submission.

To mark a case note as "Complete", select the green tick to right of the status. To access the Case Note Review questions for each case note, select "Open" to the right of the selected case code. You can add the initials of the reviewer for each case note. **Please do not include patient-confidential information.**

Filter codes by status... Jan - Jun

Status	Case Code	Reviewer's Initials	Actions
Completed	32337-001	Add	Open
In progress	32337-002	Add	Open
Not started	32337-003	Add	Open

### Step 4) Enter data and 'save'

- Navigate using section headings on the left.
- Use the question mark icon for guidance.
- Click 'Save' before moving between sections.
- Unsaved data will be lost.

**Please note:** If you navigate away from the page without saving, the data will be lost and will need to be resubmitted.

#### Coordinating the submission

##### National data opt-out:

It is the responsibility of each organisation to ensure that a review is not carried out on the case notes of individuals who opted out of their data being used for research and planning.

- Do not review cases where patients opted out of data use for research or planning (this opt-out remains after death).
- The opt-out does **not** apply to the Bereavement Survey.



### Tracking case codes:

All project leads/submission leads must keep an internal log of the case code assigned to each patient. This will enable project leads/submission leads to keep track of the patients and their Case Note Review data, allowing for reidentification if required.

- Keep an **internal log** linking case codes to patients for internal tracking only.
- Download the list of case codes via **'Download Case Codes as .CSV'**.
- **Do not share** this information outside your organisation, including with the NACEL team.

#### Tracking Case Codes

For your internal use only, we ask that you keep a log of the Case Note Review codes assigned to each patient. This will be useful for instances when the Case Note details need to be followed up.

[Download Case Codes as .csv](#)

### Monitoring progress:

The status of each Case Note Review is shown in the 'Status' column of the Data Collection Page, allowing teams to track progress.

- Statuses: Not started, In progress, Complete.
- Mark reviews as **'Complete'** (green tick) once finished. Case notes that are not marked as 'Complete' will still be included in the NACEL dataset.
- Filter by status using the dropdown.
- To delete a case, select the bin icon and type **'DELETE'** to confirm.

### Management of Outliers:

To facilitate the NACEL Management of Outliers process, we ask that all submissions ensure that the case notes reviewed for NACEL 2026 are easily accessible until **January 2027**. This may require holding back the case notes or requesting access to them in advance of January 2027. This is to ensure case notes are available within the timescales laid out in the Management of Outliers policy. To find out more about the Management of Outliers process, please see [section 10](#). The policy is available on the [NACEL Portal](#).

### Data quality:

We recommend that the staff who complete the Case Note Review are clinicians with experience of delivering palliative or end of life care. To assure the data quality, we recommend that auditors complete an internal validation exercise to establish that responses are consistent across the submission. Furthermore, we encourage you to actively review the results shown in the Data and Improvement Tool to ensure the findings reflect the service provided by your organisation.



## Bereavement Survey

The Bereavement Survey (formerly Quality Survey) is an online or paper questionnaire for the bereaved person(s) of patients who died in hospital between **1 Jan 2026 – 31 Dec 2026**. Participation is expected from all submissions.

- Bereaved person(s) refers to the patient’s carer, relative, next of kin, or someone close.
- Participation is voluntary; bereaved people decide whether to respond.
- It is advised that you review the [NACEL Information Governance guidance for Trusts/UHBs](#) and check your organisation’s Fair Processing Notices cover the potential use of carer data to send clinical surveys.

## Exclusions

Do not include bereaved people for deaths in the following categories:

- Patients under 18
- Deaths in A&E or within 4 hours of admission
- Suicides
- Maternal deaths

Organisations should try to follow these exclusions and avoid advertising the survey in Emergency or Paediatric areas, though NACEL understands complete control is not always possible.

## How to participate in the survey

Organisations should invite bereaved person(s) to take part in the NACEL Bereavement Survey.

### a) Online survey:

- Invite bereaved person(s) using the submission-specific URL or QR code.
  - Ensure the correct link is used if multiple submissions exist. They survey must align to the NACEL submission.
- Availability: Links from NACEL 2024/2025 redirect to the 2026 survey and can be reused.
  - The links/QR code can also be found from the NACEL data collection pages.
- Monitor responses via the NACEL data collection page.


**Bereavement Survey**

Please share the following link with the bereaved person(s).

<https://surveys.nhsbenchmarking.nhs.uk/xyz>

Click on the link above to select it, then copy it (CTRL+C). You can then paste it into an email or communication to share it with the bereaved person(s). Alternatively, download the QR code to share the link on notice boards or posters.

So far Quality Surveys have been completed for your submission.



[Download QR Code](#)



## b) Paper Survey:

- To increase equity for those with limited digital access, surveys may be printed and distributed.
- Hospitals/sites must manage distribution, collection, and entry of responses into the online survey or onto the NACEL Bereavement Survey Spreadsheet to submit to NACEL for upload.
- Ensure feedback is linked to the correct submission. It needs to be clear which NACEL submission (i.e., hospital/site) the bereaved person's feedback relates to. The feedback should be uploaded to the correct NACEL submission Bereavement Survey link. **Print the hospital/site name at the top of the paper Bereavement Survey.**
- Surveys remain anonymous; no identifiable data is collected.
- Resource considerations: Staff time and capacity are required for printing, distribution, collection, and data entry. Cost implications of printing the surveys and using pre-paid envelopes.

**Timing:** NACEL does not specify how much time should pass following a patient's death before the Bereavement Survey is shared. Instead, we encourage Trusts to make a decision locally, considering the route of dissemination and sensitivity. If there is a policy for local bereavement surveys, NACEL recommends following this policy.

### Alternative Local Collection (New for 2026)

If the standard Bereavement Survey methods are not feasible in your organisation, NACEL now offers an alternative approach. Organisations may collect a selection of NACEL Bereavement Survey questions through a local survey and submit the responses in a spreadsheet for upload.

- Eight core metrics have been identified and must be collected and submitted as a minimum requirement- available [here](#).
- Additional NACEL metrics may also be included and are strongly encouraged to enhance the dataset.
- This approach allows organisations to gather additional local questions or qualitative feedback alongside the NACEL metrics.

### Upload functionality (New for 2026)

- An excel document will be made available to organisations to collate their offline responses. This will become available via the NACEL data collection pages.
- Only 1 excel document should be used per NACEL submission
- Once populated, the excel document can be shared with the NACEL Support Team to upload the bereavement feedback into the NACEL database.
- The NACEL Support Team will upload responses into the database quarterly



## Tips and suggestions for distributing the Bereavement Survey

As each Trust/Health Board is different, the approach to distributing the Bereavement Survey will vary by organisation. We encourage you to share the survey using methods that suit your organisation.

A collection of approaches taken by organisations with a high number of survey responses to NACEL 2024 is outlined in [this document](#), and the individual organisation examples can be found [here](#).

### Suggested methods include:

- Email, letter, or leaflet in bereavement packs
  - Engage bereavement services to promote participation
- Involve Medical Examiners and Chaplains in the process. Reminding carers of the importance of the survey in improving end of life care for future families.
- Posters, leaflets, or letters on hospital wards (NACEL provides examples)
- Organisation electronic messaging systems
- Support of the bereavement services
- Collaborate with local groups to ensure feedback reflects diverse populations, including minority communities as LGBTQ+ centres, Faith organisations and Ethnic community associations

Example Bereavement Survey promotional resources are available: [poster](#), [leaflet](#) and [letter](#).

## Staff Reported Measure

The Staff Reported Measure is a survey aimed at members of staff who are most likely to come into contact with dying patients and those important to them. The survey asks questions pertaining to staff confidence and experience specifically in delivering care at the end of life. This is not a staff satisfaction survey such as the NHS staff survey. Participating organisations should disseminate the Staff Reported Measure for each of their submissions. Data collection will be open from 1<sup>st</sup> April until 30<sup>th</sup> June 2026.

Staff participation in the Staff Reported Measure is voluntary, meaning they have the right to decide whether they want to participate in the survey or not.

### Target sample size

The target sample size for the Staff Reported Measure is:

- **Acute sites – 100** surveys completed by staff
  - To receive 100 staff responses, we recommend you send the link to approximately **500** staff.
- **Community sites – 50** surveys completed by staff
  - To receive 50 staff responses, we recommend you send this link to approximately **250** staff.



We ask that you monitor participation rates throughout the data collection period to gauge whether further communications are required to increase your number of responses. If your organisation has a staff survey champion or similar, it may be worth engaging them in this task.

### Distributing the staff survey

The NACEL project lead should circulate the survey link with members of staff who are most likely to come into contact with dying patients and those important to them. This could include, but is not limited to, the following staff groups:

- Nursing staff – all bands
- Doctors – all grades
- Allied Healthcare Professionals
- Social Workers
- Therapy Assistants
- Pharmacists
- Ward-based admin staff
- Domestic staff
- Any other staff you feel may fulfil the brief

The main areas to cover are:

- Acute assessment wards (medical and/or surgical)
- Acute medical admissions wards
- Rehabilitation wards
- Oncology wards
- Cardiology wards
- Respiratory wards
- Renal wards
- Older persons unit
- Trauma wards
- Neurological wards
- Orthopaedic wards
- Intensive care/High Dependency Unity/Coronary care units

Please do not send the Staff Reported Measure to any Maternity staff, Paediatric staff or staff on any wards that will not have adults dying on them. Maternity deaths and deaths of people under 18 years of age are not included in the NACEL audit, therefore staff who primarily care for these people and their families should not complete this questionnaire.

To help publicise the Staff Reported Measure, here is a [template poster](#) that can be hung up in staff rooms, etc., or attached to payslips. The unique URL survey link will need to be copy and pasted into the template poster. There are various ways to disseminate the link i.e., email, posters, or newsletters, etc.

### Dissemination examples from NACEL 2022:

*“We used an iPad and captured staff around the hospital during lunchtimes.”*

*“We sent the staff survey URL link to Ward Team leaders of appropriate wards and asked them to share with staff.”*

*“We sent the link via professional WhatsApp groups, and they forwarded the link to other groups. It worked well.”*

## How to access the Staff Reported Measure link?

Staff complete an online questionnaire using the URL link, or by scanning a QR code, in the blue box. The URL link and QR code will become available shortly before data collection opens. Example shown below.

**Staff Reported Measure**

Please send the following link to your staff.

<https://surveys.nhsbenchmarking.nhs.uk/abc>

Click on the link above to select it, then copy it (CTRL+C). You can then paste it into an email or company communication to share it with your staff. Alternatively, download the QR code to share the link on notice boards or posters.

So far 0 staff surveys have been completed for your submission.

## Hospital/Site Overview

The Hospital/Site Overview will not be collected in NACEL 2026 and will resume in 2027.

## Annual Death Data Collection

This audit element is intended to gather information on the number of deaths in each Trust/Health Board and report case ascertainment. This audit element will be completed in January 2027 – February 2027. It will not be possible to enter data for this element before the end of 2026.

## 6. Finalising data collection

- When the data collection period ends, all data collection pages will be locked.
- The submitted data will be securely stored in the NHSBN database for analysis and reporting in the Data and Improvement Tool.
- After the deadline, you cannot add, edit, or delete any data.
- There will be no extensions to the data collection period.

## Data accuracy of the Case Note Review and Hospital/Site Overview

Organisations should actively manage data quality throughout the year to ensure timely and accurate reporting.

- The NACEL project lead should provide clinical sign-off before each data deadline to confirm the data is correct.
- If you believe there is an error in your data, please contact the NACEL Support Team as soon as possible to amend to your submitted data.
- Once the Case Note Review data collection closes in January 2027 no amendments can be made.

The Case Note Review findings will be published in April 2026 and updated live thereafter. Teams are encouraged to regularly review their data in the Data and Improvement Tool, identify any issues early, and correct them before the final deadline.



Throughout the year, the NACEL team may contact organisations to review or verify responses. This helps improve data quality and minimise last-minute changes.

After the final submission, the NACEL team will review the dataset for data errors and conduct the outlier analysis

## 7. Data and Improvement Tool

The NACEL Data and Improvement Tool (DIT) is a user-friendly, interactive reporting tool which allows organisations participating in NACEL to view and interrogate their results from each audit element. Available here: <https://data.nacel.nhs.uk/>

- Features of the tool, including filters, viewing results by quarters, and benchmarked charts, provide a more detailed understanding of results and make it possible to track changes over time.
- Access to the DIT is available to users from organisations participating in NACEL, including NACEL Northern Ireland, as well as users from ICBs in England.
- For more information on how to access and use the Data and Improvement Tool, please visit the [DIT Guidance page](#).

## 8. Engagement

The NACEL Project Lead should ensure the right colleagues are involved to support data collection and drive improvement from NACEL findings. This includes:

- Informing your Clinical Audit Team about NACEL participation.
- Working with Information/Business Intelligence teams to generate lists of eligible patients for the Case Note Review.
- Sharing results with the Medical Director and Chief Nurse to support quality improvement activities.
- Engaging a range of colleagues ensures maximum benefit from NACEL participation and supports improvement in end of life care at both organisation and system levels. An example stakeholder map with guidance on engaging system and regional stakeholders is available [here](#).

### Data Entry Support

We recommend assigning NACEL project roles to both clinicians and non-clinicians to ensure smooth participation:

- Case Note Review: Completed by clinicians with palliative or end of life care experience.
- Bereavement Survey: Supported by your local bereavement service to help with survey dissemination.

Monthly newsletters and key updates will be sent to the project team. Guidance on assigning project roles is available in the registration section [here](#)



## 9. Quality Improvement support

The NACEL is designed to support, where needed, improvements in the care of the dying person and those important to them. NACEL has QI resource to support organisations in using NACEL data to improve care. To find out more about how NACEL is supporting QI, please visit our [dedicated QI pages](#) and register to be part of the [QI Community of Practice](#).

## 10. Management of Outliers

- The NACEL Management of Outliers Policy outlines the process for identifying and managing outliers for two key metrics in the NACEL 2026 dataset in England, Wales and Jersey. Statistical analysis of headline indicators, reflecting overall quality of care, will take place in January 2027
- Healthcare providers must review and respond appropriately to any identified outliers. These results can support local quality improvement and help monitor progress over time. To support this process, organisations must ensure that case notes reviewed for NACEL 2026 remain accessible until January 2027.
- Any organisation eligible for NACEL 2026 that does not participate will be listed as an alarm-level outlier.
- Non-participation in the Case Note Review or Hospital/Site Overview will also result in alarm-level outlier status.
- The Management of Outliers Policy for 2026 is in development and will be published in the coming months via the NACEL Portal, [Policies page](#).

## 11. NACEL helpline support

Should you have any queries about completing any element of NACEL, please contact the NACEL Support Team by phone on 0161 521 0866 or via email: [nhsbn.nacelsupport@nhs.net](mailto:nhsbn.nacelsupport@nhs.net)  
The helpline is available from Monday – Friday from 9.00 am – 5.00 pm.

Thank you for your participation in NACEL 2026.