

Practical Tips for Using NACEL Improvement Tools Locally

This document accompanies the NACEL Healthcare Improvement Plan (HIP) 2027. It explains the tools available to support local quality improvement and how to use them; it does not set out the improvement goals or actions themselves — see the HIP for those.

Ten Key Indicators

[Ten key indicators](#), identified by the NACEL Team and Steering Group as the audit headline metrics, are summarised in an accessible way in the DIT so that local and national improvement work can be targeted (see Appendix 1 of the HIP for the full list). This is the suggested starting point for healthcare professionals reviewing their organisation's results.

The Data and Improvement Tool (DIT)

[The Data and Improvement Tool](#) is a quality improvement tool providing information about how well areas of care are assessed and addressed. Applying filters, such as whether dying was expected or recognised, or whether an individualised plan of care was used, can help organisations understand whether these factors affect care in key areas:

- Assessment of symptoms and comfort levels
- Hydration
- Communication
- Cultural and spiritual needs
- Personalised care and support

The use of quarterly data enables the impact of improvements to be measured locally through trajectories on the tool. The DIT includes all available NACEL metrics from 2024 to present, and is updated continuously.

Characteristics of the tool include:

- Results name the individual hospital/site to support shared learning; the tool is accessible to participants, ICBs and others with third-party access.
- Ability to peer-group data by type of provider, country and region.
- Ability to filter by type of death, age, ethnicity, primary language spoken, whether reviewed by the specialist palliative/end-of-life care team, individualised plan of care, and staff feedback group.
- Ability to review your organisation's data against regional and national averages, extract data and charts, and view results in a timeseries format to identify trends.
- Compliant results are summarised in Power BI dashboards mapped to the primary drivers, updated quarterly. Unlike the DIT Overview, 'not applicable' responses are excluded from these findings.

Guidance on using the DIT: <https://www.nacel.nhs.uk/dit-guidance>

Purpose and use of the primary driver framework

This framework helps Trusts and services interpret their NACEL results by grouping findings under the ten drivers of end-of-life care. Rather than reviewing data as a single list of results, teams can see which drivers are supported by strong evidence and which may need further attention. The [NACEL Metrics Mapping document](#) shows which metrics align to each driver.

To use this framework:

- Locate your results under each of the 10 drivers in the DIT or PowerBI dashboard.
- Identify drivers where performance is lower or data is limited.

- Use this grouping to prioritise improvement actions, focusing first on drivers with the clearest gaps rather than attempting to address all findings at once.

This framework supports local improvement planning. It does not replace clinical judgement or local context; it provides a structure to help target effort where it is likely to have the most impact.

The Patient and Carer Tool

A publicly accessible data platform: [NACEL Patient and Carer Tool](#), requiring no user authentication, enabling any member of the public, including patients, families and carers, to explore how hospitals perform in caring for people at the end of life. The tool is interactive, covering five key areas at national, regional and hospital level, including metrics such as "The dying person was given enough pain relief" and "The dying person had discussed personalised care and support planning". An FAQ document explaining how colleagues should use the tool can be found [here](#).

Signposting, resources and support

- QI resources, tools and training to support organisations in addressing improvement opportunities identified by the tool: <https://www.nacel.nhs.uk/qi-about>
- Narrative examples of local quality improvement plans are collected and published in the [Good Practice Compendium](#). You can use the filters below to explore examples by submission type, theme, or [primary driver](#), or search by keyword to find specific areas of interest. Each example includes the organisation and service it relates to, and is intended to help spread learning and inspire change across the system.
- An online [community of practice](#), "End of Life Care in hospitals", is hosted by the Q Community and managed by the NACEL team, for signposting QI resources, tools and training.
- Workshops and events are co-facilitated with quality improvement and end-of-life care colleagues, responsive to need and the NACEL results. Registration: <http://www.nacel.nhs.uk/events>

Support for outlier organisations

Organisations identified as outliers are supported to define an action plan, in line with the [NACEL Management of Outliers Policy](#), including templates available on the NACEL portal. Direct contact and meetings are offered to organisations struggling to improve.