National Clinical Audit and Patient Outcomes Programme (NCAPOP) Infographics compendium

Q3 (October – December 2020), updated 10/12/2020

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
11/11/2020	Acute	Audit	FFFAP - Falls and Fragility Fracture Audit Programme	RCP: Royal College of Physicians	Falls and Fragility Fracture Audit Programme – State of the Nation Wales report 2020	https://www.hqip.org.uk/resource/falls-and-fragility-fracture-audit-programme-state-of-the-nation-wales-report-2020/#.X60nhsj7RPY	0.001
12/11/2020	Women and children	Audit	NPDA - National Paediatric Diabetes Audit	RCPCH: Royal College of Paediatrics and Child Health	National Paediatric Diabetes Audit Patient Reported Experience Measures (PREM) data national summary	https://www.hqip.org.uk/resource/national-paediatric-diabetes-audit-parent-and-patient-reported-experience-measures-prems-2019/#.X60nZsj7RPY	0.002
12/11/2020	Cardiovascular	Audit	NVR - National Vascular Registry	RCS: Royal College of Surgeons	National Vascular Registry Annual Report	https://www.hqip.org.uk/resource/national-vascular-registry-2020-annual-report/#.X60nfcj7RPY	0.003
12/11/2020	Acute	Audit	NELA - National Emergency Laparotomy Audit	RCoA: Royal College of Anaesthetists	Sixth Patient Report of the National Emergency Laparotomy Audit December 2018 to November 2019	https://www.hqip.org.uk/resource/national-emergency-laparotomy-audit-sixth-patient-report/#.X60necj7RPY	0.004
10/12/2020	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts Health NHS Trust	National Cardiac Audit Programme Annual Report	https://www.hqip.org.uk/resource/national-cardiac-audit-programme-annual-report-2020/#.X9I7otj7TyQ	0.005
10/12/2020	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts Health NHS Trust	Heart failure 2020 summary report	https://www.hqip.org.uk/resource/heart-failure-2020-summary-report/#.X9JP19j7TyQ	0.005a
10/12/2020	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts Health NHS Trust	Cardiac rhythm management 2020 summary report	https://www.hqip.org.uk/resource/cardiac-rhythm-management-2020-summary-report/#.X9JP19j7TyQ	0.005b
10/12/2020	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts Health NHS Trust	Congenital heart disease 2020 summary report	https://www.hqip.org.uk/resource/congenital-heart-disease-2020-summary-report/	0.005c
10/12/2020	Cancer	Audit	NBoCA - National Bowel Cancer Audit	RCS: Royal College of Surgeons	National Bowel Cancer Audit Annual Report	https://www.hqip.org.uk/resource/national-bowel-cancer-audit-annual-report-2020/#.X9ijjtj7S70	0.006
10/12/2020	Cancer	Audit	NOGCA - National Oesophago-Gastric Cancer Audit	RCS: Royal College of Surgeons	National Oesophago-Gastric Cancer Audit An audit of the care received by people with Oesophago-Gastric Cancer in England and Wales	https://www.hqip.org.uk/resource/national-oesophago-gastric-cancer-audit-2020/#.X9Ididj7S70	0.007
10/12/2020	Long term conditions	Audit	NACAP - National Asthma and COPD Audit Programme	RCP: Royal College of Physicians	National Asthma and COPD Audit Programme- Pulmonary Rehab Full Report	https://www.hqip.org.uk/resource/pulmonary-rehabilitation-clinical-and-organisational-audits-2019/#.X9IdjNj7S70	0.008
10/12/2020	Women and children	Audit	PMRT - Perinatal Mortality Review Tool	MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK, University of Oxford	PMRT – Perinatal Mortality Review Tool Annual Report	https://www.hqip.org.uk/resource/perinatal-mortality-review-tool-second-annual-report/#.X9IdiNj7S70	0.009

Royal College of Physicians

Falls and Fragility Fracture Audit Programme (FFFAP)

State of the nation Wales report 2020

Using national clinical audit to improve the care that patients with fragility fractures and inpatient falls receive in Wales

In association with

British Geriatrics Society
Improving healthcare for older people

British Orthopaedic Association

Royal Osteoporosis Society
Better bone health for everybody

Public Health England

Commissioned by

HQIP
Healthcare Quality Improvement Partnership

Care of people with a broken hip in Wales – a life-changing impact on independence

The National Hip Fracture Database (NHFD)

Hip fracture is an ideal marker with which to examine the hospital care offered to frail and older people by the NHS in Wales. Hip fractures are the most common serious injury in older people, and nearly all require urgent anaesthesia and surgery. These fractures can have life-changing impacts such as loss of independence, immobility and quality of life.

People need coordinated multidisciplinary assessment if they are to receive prompt surgery and effective rehabilitation. The NHFD collates data on every patient presenting with hip fracture and uses this to examine the quality of assessment, anaesthesia, surgery and rehabilitation, and to set this against patient outcomes (mobilisation, return home and length of stay) as well as providing mortality data to local health boards (LHBs) and the Welsh Government.

Improving the quality of hip fracture care in Wales

Selecting the location markers on the interactive map allows you to examine performance in individual units (in bold text). These and other data are freely available to patients and the general public on the NHFD website.

During 2019 Welsh Government and the Delivery Unit used these data for a programme of performance management that supported health boards; focusing local QI work on the three KPIs which each identified as priorities for improvement.

As a result, outcomes have improved markedly and in March 2020 mortality within 30 days of hip fracture was just 6.3% compared with the figure of 7.2% last year. (See mortality run-chart appendix)

Improving care quality

These and other data are freely available to patients and the general public on the NHFD website – designed to provide clinical teams and health board managers with a platform for local audit and quality improvement.

KPI overview Wales

Annualised values based on 4,191 cases averaged over 12 months to the end of March 2020.

Prompt orthogeriatric review
53% March 2019
61% March 2020

Prompt surgery
63% March 2019
65% March 2020

NICE compliant surgery
74% March 2019
72% March 2020

Prompt mobilisation
73% March 2019
74% March 2020

Not delirious post-operation
36% March 2019
50% March 2020

Return to original residence
74% March 2019
74% March 2020

Casemix adjusted mortality
% (annualised)
7.2% March 2019
6.3% March 2020

Preventing falls among hospital inpatients

The National Audit of Inpatient Falls (NAIF)

NAIF aims to improve inpatient falls prevention practice and post-fall management through audit and quality improvement.

In January 2019, NAIF became a continuous audit, focusing on inpatient hip and femoral fractures. Inpatient hip fractures are identified on the National Hip Fracture Database and local health board (LHB) falls leads are prompted to answer questions about post-fall management. This allows NAIF to provide LHBs with feedback on their performance in managing fall-related injuries which can then be used within quality improvement initiatives to enhance patient safety and experience. From 2020, NAIF has been collecting information about falls prevention actions in inpatients who go on to sustain a hip fracture.

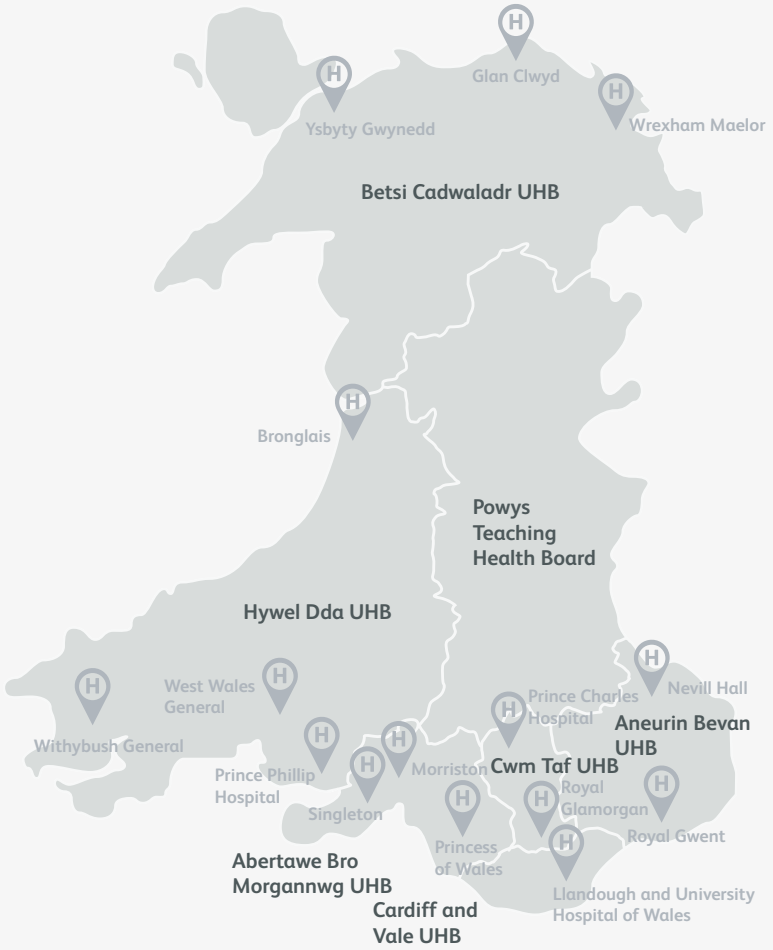
The first report of the continuous National Audit of Inpatient Falls was published in March 2020. The key performance indicator for the report was participation – all of the Welsh health boards are participating in NAIF and were included in the data from 2019 that were reported. Data on compliance with NICE QS86 standards 4, 5 and 6 were also collected. These standards will be key performance indicators for the audit going forward. An overview of the Welsh results for these data is given below.

Falls in hospital

There are approximately 12,500 inpatient falls in Wales each year.
These lead to:

- over 162 hip fractures (2019 NAIF data)
- loss of confidence and slower recovery
- distress to families and staff
- litigation against hospital trusts
- overall costs to hospitals of £1.5 million per year.

All of the Welsh health boards are participating in the NAIF



KPI overview Wales

Based on average figures from January to August 2019.

Nationally: 45% of patients were checked for signs of injury before movement from the floor

45%

Wales: 46% of patients were checked for signs of injury before movement from the floor

46%

Nationally: 20% of hospitals used flat lifting manual handling methods to move the patient from the floor

20%

Wales: 24% of hospitals used flat lifting manual handling methods to move the patient from the floor

24%

Nationally: 54% of patients had a medical assessment within 30 minutes of the fall

54%

Wales: 58% of patients had a medical assessment within 30 minutes of the fall

58%

Offering effective treatment to prevent future fragility fractures

The Fracture Liaison Service Database (FLS-DB)

The Fracture Liaison Service Database (FLS-DB) is a clinically-led web-based national audit of secondary fracture prevention in England and Wales.

The audit demonstrates that there are areas for improvement for fracture liaison services (FLSs), including developing greater effectiveness and efficiency which will lead to sustainable funding. National coverage of secondary fracture prevention using fracture liaison services is still variable. Of the 13 hospitals registered with the NHFD in Wales, three are covered by an FLS submitting data to the FLS-DB.

Since the last State of Wales report Aneurin Bevan UHB have registered and participated in the FLS-DB.

The impact of fracture in Wales

Most patients who suffer a fracture do not receive appropriate assessment and treatment to prevent future fractures. Having a fragility fracture approximately doubles the risk of another fracture, and these fractures are most likely to occur in the following 2 years. There are over 300,000 fragility fractures in England and Wales every year in people aged 50 years and over.

Care quality in different local health boards

Selecting the locations (in bold text) on this interactive map allows you to examine performance in individual units. Please click on the health boards to see their figures, if they are participating in the FLS-DB.

These and other data are freely available to patients and the general public on the FLS-DB website – designed to provide clinical teams and health board managers with a platform for local quality improvement.

Key messages – report at a glance

A fracture liaison service (FLS) aims to reduce the risk of subsequent fractures by systematically identifying, assessing, treating and referring to appropriate services all eligible patients aged 50 and over who have suffered a fragility fracture. Based on average figures from January to December 2018

Demographics and data completeness

We congratulate the achievement of the three FLSs across Wales that submitted data which contributed towards this report (available at: https://www.rcplondon.ac.uk/projects/outputs/fls-database-annual-report-2020).

There has been an improvement in most key performance indicators (KPIs) but further work is needed for effective and efficient service delivery.

No FLSs had good levels of data completeness, defined as greater than 80% of data completion for the remaining key performance indicators (KPIs), 2–11.

2,789 patient records were included in 2018.

Of the 2,789 records, the index fracture site was:

7% spine

19% hip

74% other fragility fractures

Key findings

20% **Monitoring contact** – Only 20% of patients recommended anti-osteoporosis medication were contacted at 12–16 weeks post fracture.

80% **Identification** – 10 out of 61 FLSs are now submitting over 80% of their expected caseload and for all fragility fractures. Spine fracture identification has improved to 36% in 2018 from 29% in 2017.

Assessment – Despite the increased volume of patients seen, the proportion assessed by FLSs or receiving a dual energy X-ray absorptiometry scan (DXA) within 90 days has remained relatively stable.

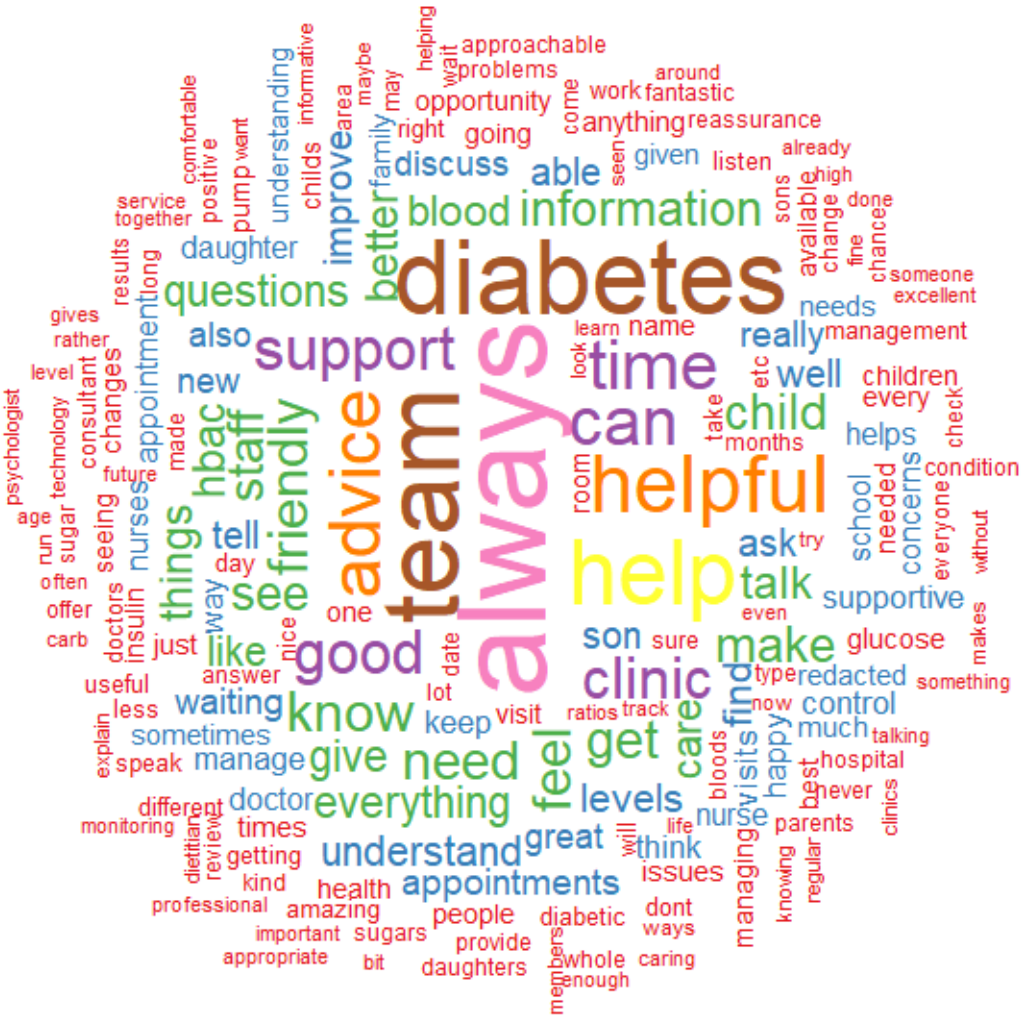
Quality improvement – Quality improvement was the focus of the latest FLS-DB report where you can review overall improvement and worsening of KPIs.

NPDA
National Paediatric Diabetes Audit

RCPCH Audits

Parent and Patient Reported Experience Measures (PREMs)

2019



HQIP
Healthcare Quality Improvement Partnership

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

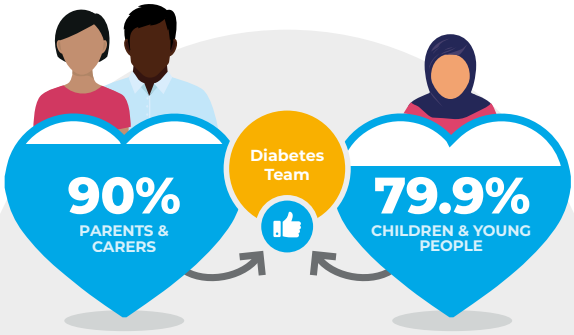
5 Key findings

5.1. Key findings: Quantitative analysis

Analysis of responses from children and young people with diabetes and their parents showed that:

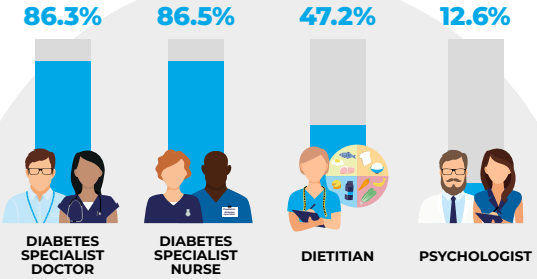
PREM survey completion

6,165 children and young people and **7,013 parents and carers** attending paediatric diabetes services in England and Wales completed a Patient Reported Experience Measure (PREM) survey. This equates to **1 in 5 children** receiving care completing a survey.



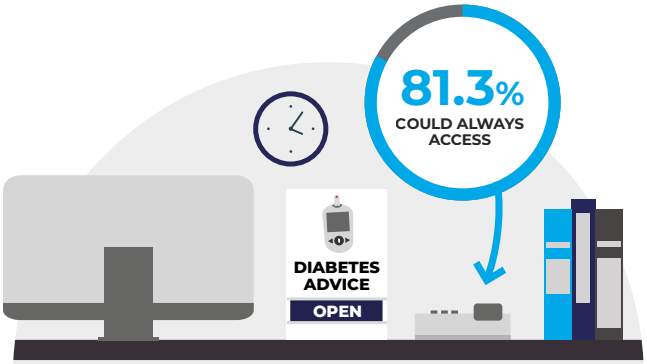
Relationship with diabetes teams

90.0% of parents and carers and **79.9%** children and young people agreed that they always had a **positive relationship** with their diabetes team.



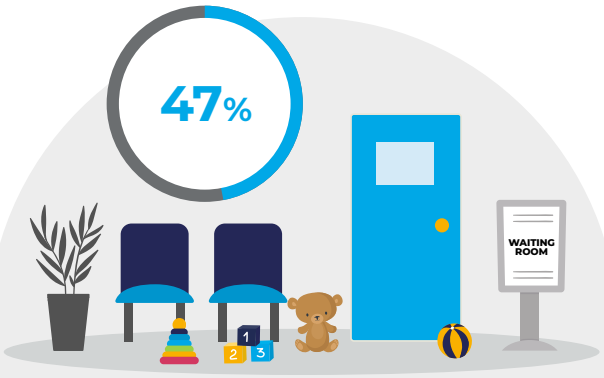
Availability of specialists

Amongst parents and carers, **86.3%** reported that they could see a diabetes specialist doctor at each visit, **86.5%** could see a paediatric diabetes specialist nurse at each visit, **47.2%** could see a dietitian at each visit, and **12.6%** could see a psychologist at each visit.



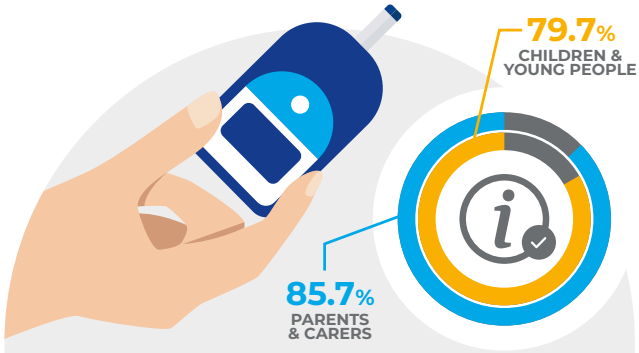
Access to specialist diabetes advice

81.3% of parents and carers said they could always access specialist diabetes advice during core hours. However, only **68.8%** said they could always receive advice 24 hours a day.



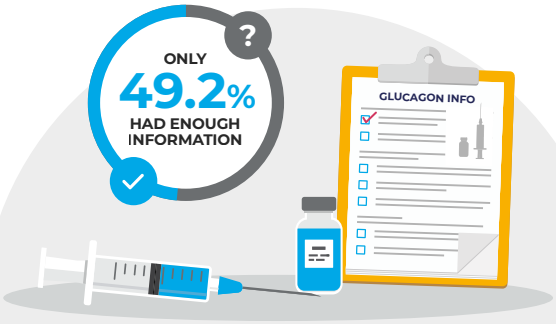
Appropriate waiting rooms

Less than half (47.0%) of all young people aged 12+ felt that the waiting area was appropriate for their age group.



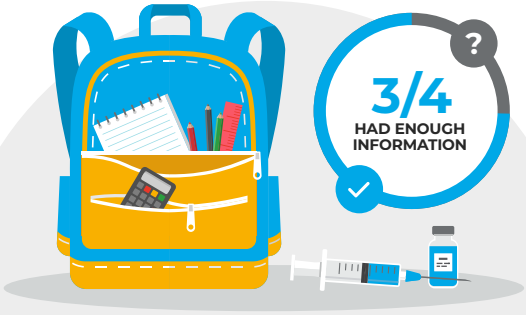
Managing blood glucose

85.7% of parents and carers and **79.7%** of children and young people agreed they always received enough information to be able to manage high and low blood glucose.



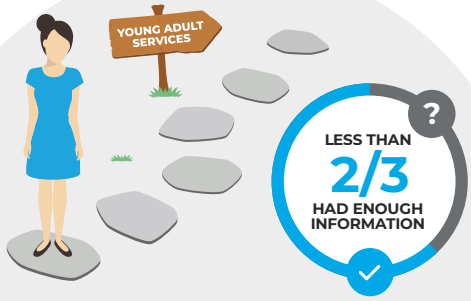
Glucagon preparation and administration

Only half (49.2%) of parents and carers felt they had received enough information on glucagon preparation and administration.



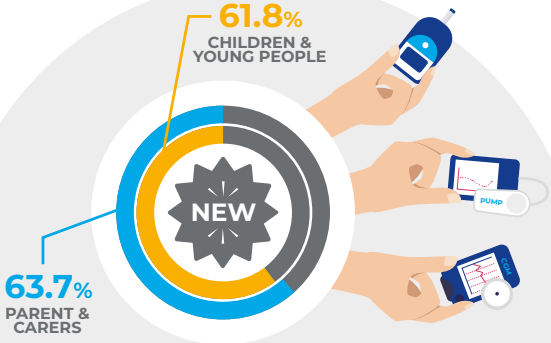
Managing diabetes at school

Three quarters of children & young people (**74.1%**) and parents & carers (**75.2%**) agreed that their diabetes team always gave them enough information to effectively manage their/child's diabetes at school/college.



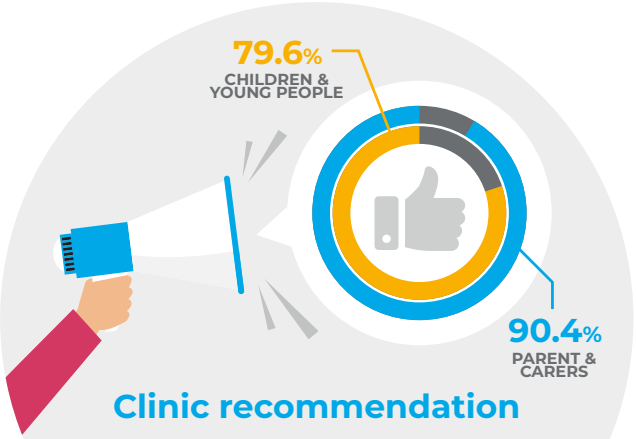
Transfer to adult care

Less than two thirds of parents and carers (**64.0%**) and children and young people (**58.2%**) agreed that their diabetes team were providing them with the information, resources and support needed to prepare for transfer to adult care.



Diabetes-related technologies

Less than **2/3** of parents and carers (**63.7%**) and CYP (**61.8%**) agreed that their diabetes team always kept them up to date with new diabetes-related technologies.



Clinic recommendation

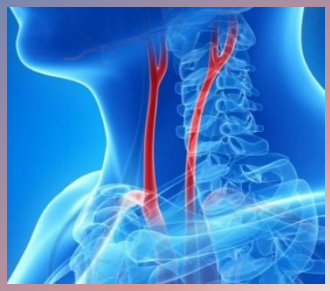
Most (**90.4%** of parent and carers and **79.6%** of children and young people) would recommend their clinic to friends and family if they had diabetes.

Contact with other parents and carers

Less than two thirds (**59.1%**) of children and young people and parents/carers (**62.8%**) reported that their clinic made it possible to contact/spend time with other (parents and carers of) children and young people with diabetes.

Information about exercise

59.7% of children and young people and **67.4%** of parents/carers reported that they had received enough information about managing exercise.



NATIONAL VASCULAR REGISTRY

2020 Annual Report

November 2020

Royal College of Surgeons of England
ADVANCING SURGICAL CARE

VASCULAR SOCIETY
OF GREAT BRITAIN AND IRELAND

British Society of Interventional Radiology
Registered Charity No: 1084852

HQIP
Healthcare Quality Improvement Partnership

Repair of abdominal aortic aneurysm (AAA) to prevent rupture

AAA is an abnormal expansion of the aorta (the largest vessel taking blood away from the heart). If left untreated, it may enlarge and rupture causing fatal internal bleeding. An infra-renal aneurysm occurs below the level of the renal (kidney) arteries within the aorta.

There were 3,445 elective infra-renal AAA repairs submitted to the NVR in 2019, which is approximately 94% of all procedures carried out in the UK.

Of these

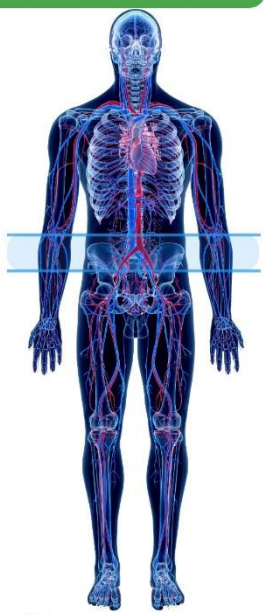
3,445

1,355 (39%) were open repair

- 90% were male
- 78% were older than 65 years
- 67% had hypertension
- 86% were a current or ex-smoker

2,090 (61%) were endovascular repair (EVAR)

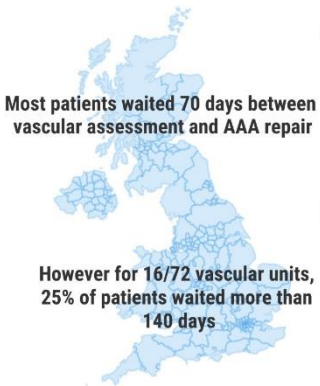
- 90% were male
- 92% were older than 65 years
- 70% had hypertension
- 85% were a current or ex-smoker



Glossary

The average is the median; "typical range" is the interquartile range.

Waiting Times



Most patients waited 70 days between vascular assessment and AAA repair

However for 16/72 vascular units, 25% of patients waited more than 140 days

The National AAA Screening Programme recommends that patients have their procedure within 8 weeks of referral.

In 2019, only 42% of patient met this target (50% in screened patients and 37% in non-screened patients).

How were patients assessed?

- 85% discussed at multi-disciplinary team meeting
- 83% had fitness measured
- 91% had pre-operative angiography assessment
- 95% had formal anaesthetic review
- 91% of these had review by consultant vascular anaesthetist

Patient outcomes after surgery

Open

- 2.3% died in hospital
- 4.7% were readmitted within 30 days
- 7 days (6-10 days) average length of stay (typical range)

EVAR

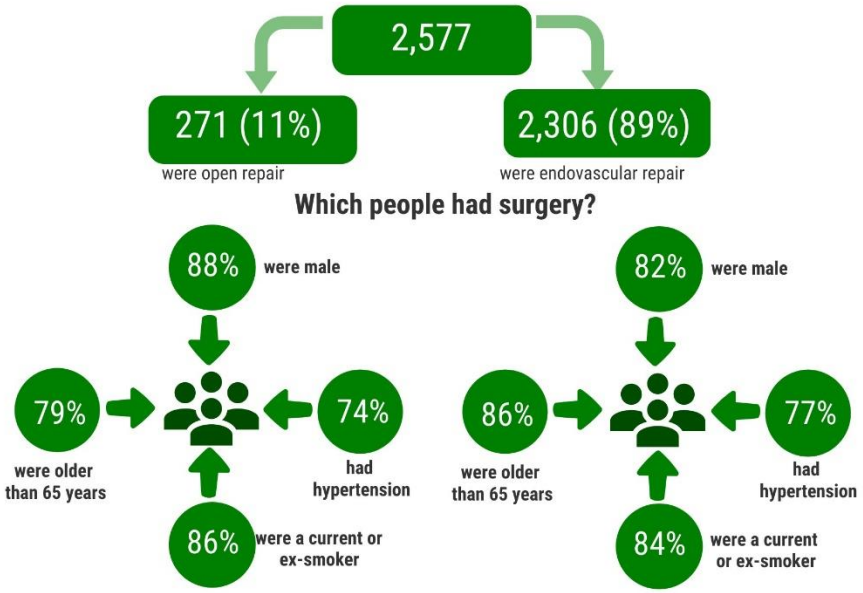
- 0.4% died in hospital
- 5.7% were readmitted within 30 days
- 2 days (1-3 days) average length of stay (typical range)

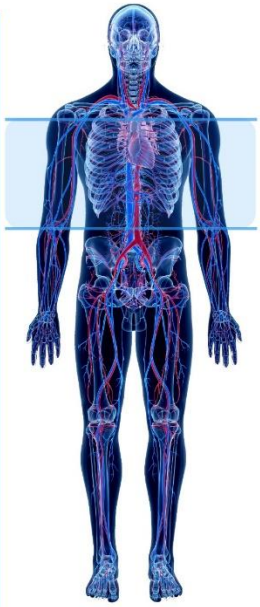
Repair of elective complex aortic aneurysms to prevent rupture

The term complex is used to describe those aneurysms that occur above the level of the renal (kidney) arteries. These are more complicated that the standard infra-renal repairs and require specialist teams, often within a specialist hospital.

There were 2,577 repairs of elective complex AAAs carried out in 2017-2019.

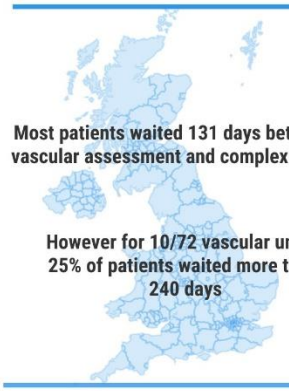
Of these





Glossary

The average is the median; "typical range" is the interquartile range.



The most common complex endovascular procedures were:

Fenestrated EVARs (FEVAR), which involves a graft containing holes (fenestrations) to allow the passage of blood vessels from the aorta.
Branched EVAR (BEVAR), which involves separate grafts being deployed on each blood vessel from the aorta after the main graft has been fitted.
Thoracic endovascular aortic/aneurysm repair (TEVAR), which involves a repair of the aorta within the chest region of the body.

Patient outcomes after surgery

Lower limb bypass for peripheral arterial disease to prevent limb loss

Peripheral arterial disease (PAD) is a restriction of the blood flow in the lower limb arteries that can severely affect a patient's quality of life, and risk their limb.

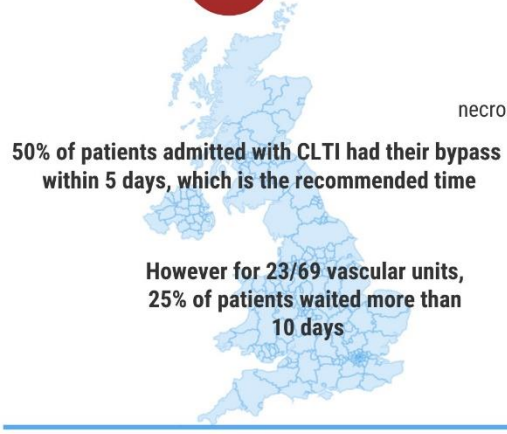
Open surgical (bypass) interventions become options when conservative therapies have proved to be ineffective.

18,090 lower limb bypass procedures carried out in 2017-2019

- **11,283** were admitted electively
- **6,807** were admitted in an emergency

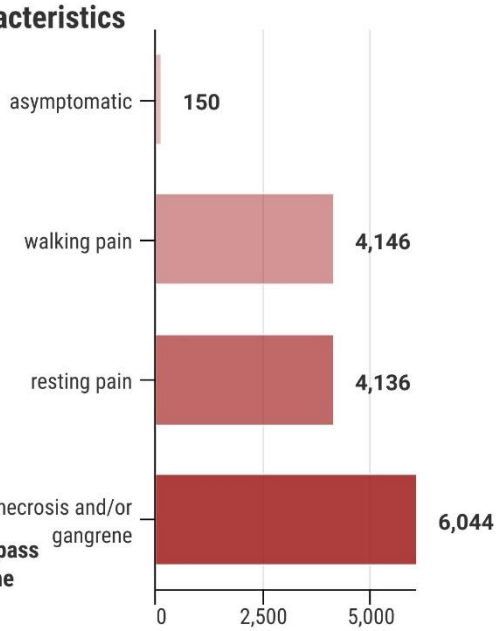
Patient characteristics

- **74%** were male
- **66%** were older than 65 years
- **35%** were diabetic
- **89%** were current or ex-smokers

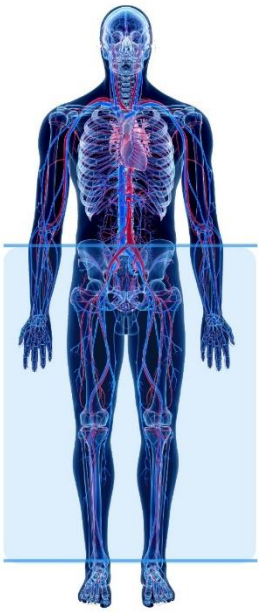


50% of patients admitted with CLTI had their bypass within 5 days, which is the recommended time

However for 23/69 vascular units, 25% of patients waited more than 10 days



In the NVR data, CLTI is defined as patients admitted in an emergency with either resting pain or necrosis and/or gangrene.



Glossary

The average is the median; "typical range" is the interquartile range.

Chronic limb-threatening ischaemia (CLTI) is the most severe form of PAD, where the blood flow to the legs becomes severely restricted.

Patient outcomes post bypass

Elective

- **1.0%** died in hospital
- **10.2%** were readmitted within 30 days
- **5 days (3-8 days)** average length of stay (typical range)

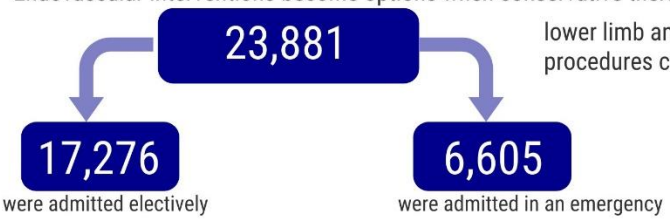
Emergency

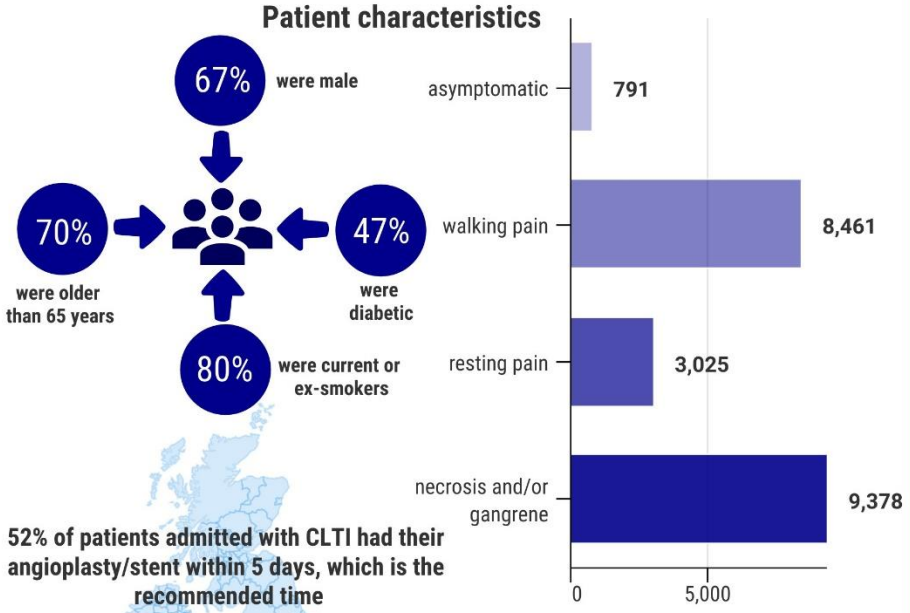
- **4.8%** died in hospital
- **15.1%** were readmitted within 30 days
- **14 days (9-25 days)** average length of stay (typical range)

Lower limb angioplasty/stenting for peripheral arterial disease

Peripheral arterial disease (PAD) is a restriction of the blood flow in the lower limb arteries that can severely affect a patient's quality of life, and risk their limb.

Endovascular interventions become options when conservative therapies have proved to be ineffective.

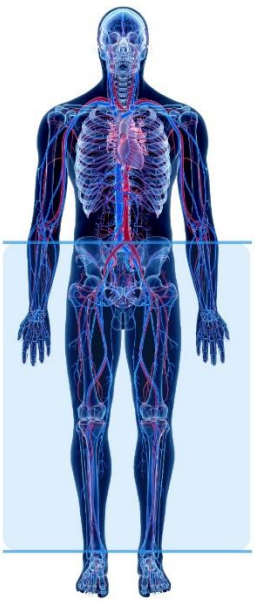




52% of patients admitted with CLTI had their angioplasty/stent within 5 days, which is the recommended time

However for 30/58 vascular units, 25% of patients waited more than 10 days

In the NVR data, CLTI is defined as patients admitted in an emergency with either resting pain or necrosis and/or gangrene.



Glossary

The average is the median; "typical range" is the interquartile range.

Chronic limb-threatening ischaemia (CLTI) is the most severe form of PAD, where the blood flow to the legs becomes severely restricted.

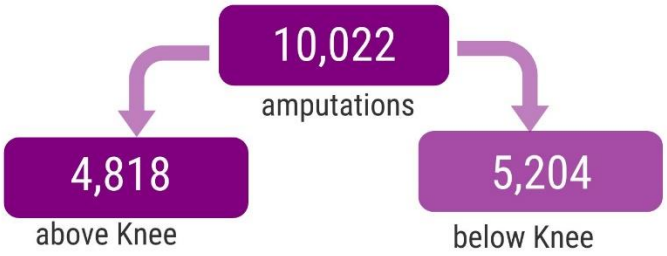
Patient outcomes post procedure

Lower limb major amputation for peripheral arterial disease

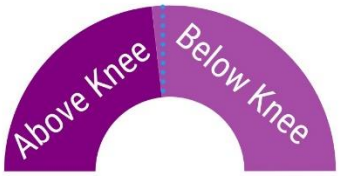
Peripheral arterial disease (PAD) is a restriction of the blood flow in the lower limb arteries that can severely affect a patient's quality of life, and risk their limb.

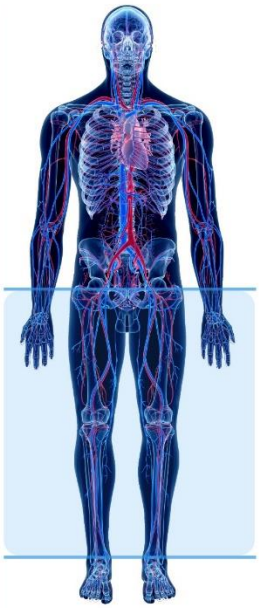
PAD can gradually progress in some patients and an operation to improve blood flow may no longer be possible. In these situations, people will require amputation of the lower limb.

In 2017-2019 there were 10,022 major lower limb amputations submitted to the NVR.



Hospitals should aim to have an above knee amputation to below knee amputation ratio below 1. In 2017-2019, the national ratio was 0.93, but it varied greatly across the country. 27 hospitals had a ratio above 1, and of these, 10 were above 1.5.

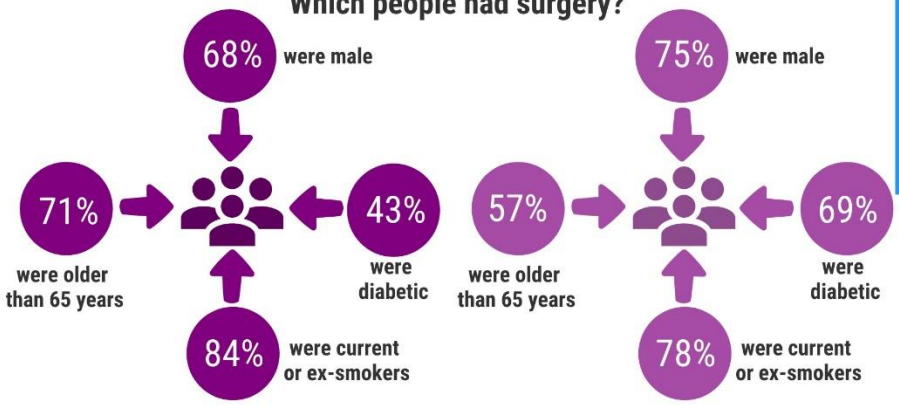




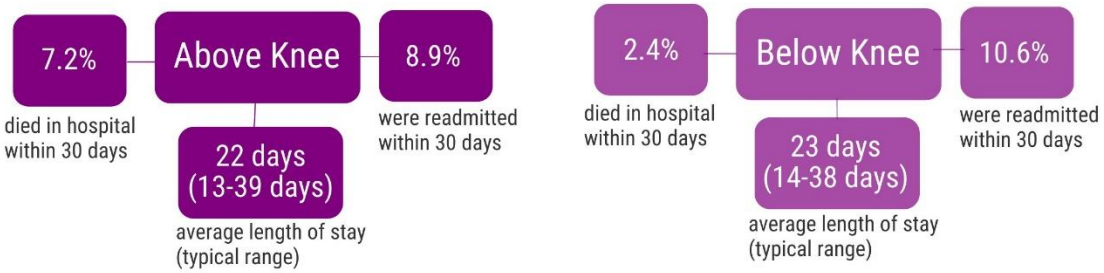
Glossary

The average is the median; "typical range" is the interquartile range.

Which people had surgery?



Patient outcomes after surgery

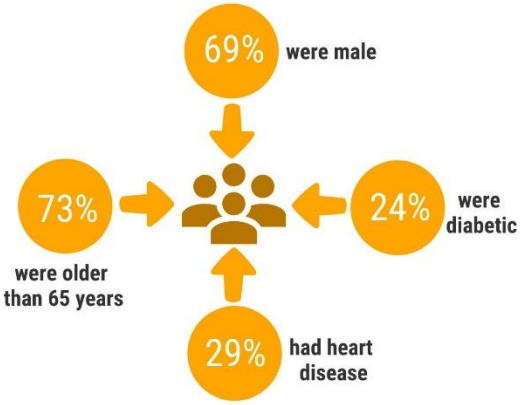


Carotid artery surgery to prevent stroke

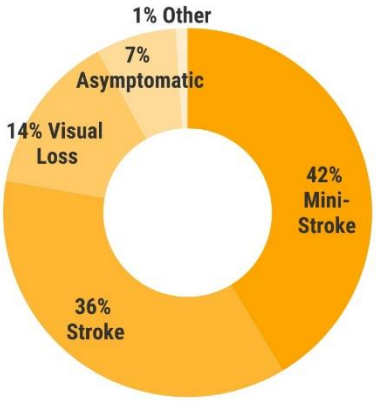
A procedure in which build-up of plaque is removed from the carotid artery in the neck is called a carotid endarterectomy (CEA).

There were 4,141 CEAs submitted to the NVR in 2019, which is approximately 97% of all procedures in the UK.

Which people had surgery?

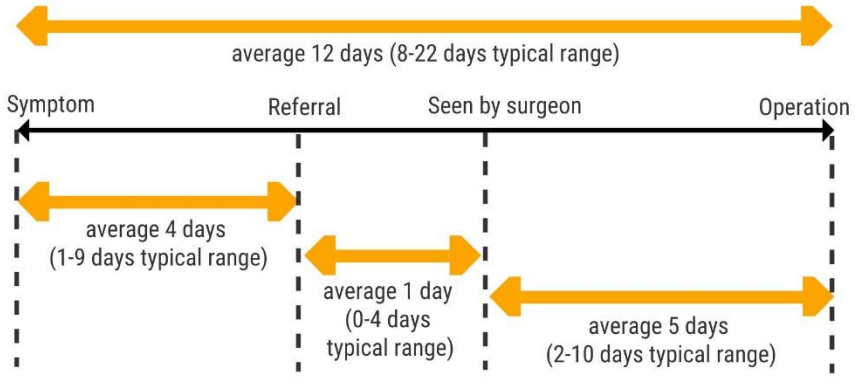


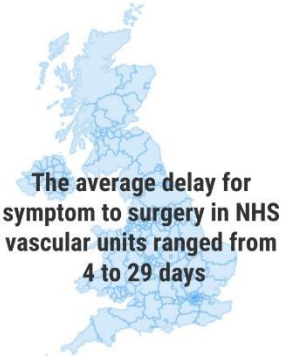
Reasons for surgery



Treatment times for symptomatic patients

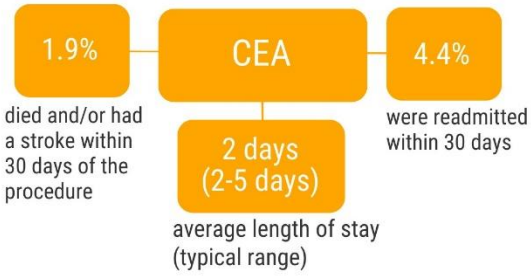
Recommended time from symptom to surgery is within 14 days





The average delay for symptom to surgery in NHS vascular units ranged from 4 to 29 days

Outcomes of surgery



Glossary

A mini stroke, also known as a transient ischaemic attack (TIA), resolves completely within 24 hours.

Visual loss, also know as amaurosis fugax, is the loss of vision in one eye due to an interruption of blood flow to the retina.

The average is the median; "typical range" is the interquartile range.

A patient showing symptoms is known to be symptomatic.

NELA
National Emergency Laparotomy Audit

Sixth Patient Report of the National Emergency Laparotomy Audit

December 2018 to November 2019

RCOA Royal College of Anaesthetists | NIAA National Institute of Academic Anaesthesia HSRC Health Services Research Centre | Royal College of Surgeons ADVANCING SURGICAL CARE | HQIP Healthcare Quality Improvement Partnership

November 2020

NELA
National Emergency Laparotomy Audit

An emergency laparotomy (emergency bowel surgery) is a surgical operation for patients, often with severe abdominal pain, to find the cause of the problem and treat it. General anaesthetic is used and usually an incision made to gain access to the abdomen. Emergency bowel surgery can be carried out to clear a bowel obstruction, close a bowel perforation and stop bleeding in the abdomen, or to treat complications of previous surgery. These conditions could be life-threatening. The National Emergency Laparotomy Audit was started in 2013 because studies showed this is one of the most risky types of emergency operation and lives could be saved and quality of life for survivors enhanced by measuring and improving the care delivered.

Executive Summary

Results from 2018–2019, the sixth year of the National Emergency Laparotomy Audit

Principal performance statistics are available here

1. **24,823** patients had emergency laparotomies in England and Wales

National **30-day mortality rate** has fallen to **9.3%** (11.8% in Year 1)

2. Improvements in care have reduced patients' average hospital stay from **19.2 days** in **2013** to **15.4 days** in **2019**

19.2 days
15.4 days

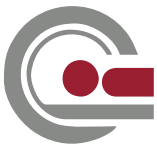
3. **84% of patients** now receive **a preoperative assessment of risk** (up from 77% last year, and 56% in Year 1)

4. **97% of high-risk patients** had **consultant surgeon** input before surgery (95% in Year 4)

94% of high-risk patients had **consultant anaesthetist** input before surgery (88% in Year 4)

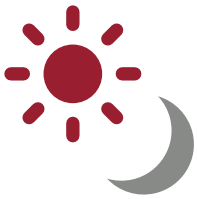
5. **85%** of high-risk patients admitted to critical care (80% in Year 4)

6. **90.5% of patients** received a preoperative CT scan

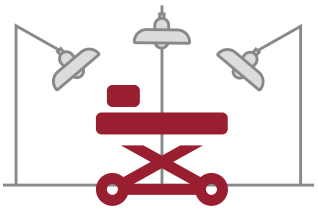


62% of these patients had their scan reported by a consultant radiologist

7. Both **anaesthetic and surgeon consultant presence** intraoperatively is at 88.5%, but only **77.4% out of hours**



8. **Over 1/4 of patients** needing the most **urgent of surgery** did not get to the operating theatre in the **recommended time frame**



9. **85% of patients** **with sepsis** reached theatres in the appropriate **timeframe**

10. **Time to antibiotics in patients with sepsis** remains poor with **79.7%** not receiving antibiotics **within one hour**

11. **56% of patients** are over the age of 65

Only 28.8% of frail patients over 65 had geriatrician input

Churchill House, 35 Red Lion Square, London WC1R 4SG | 020 7092 1676 info@nela.org.uk nela.org.uk @NELANews

RCoA Royal College of Anaesthetists | NIAA HSRC Health Services Research Centre | Royal College of Surgeons ADVANCING SURGICAL CARE | HQIP Healthcare Quality Improvement Partnership

The Emergency Laparotomy patient perioperative journey

1 Arrival

Most patients are admitted to hospital after initially being seen and assessed in the Emergency Department.

2 Sepsis management

If you have signs of sepsis you should receive antibiotics within one hour of arrival to hospital.

3 Radiology

Most patients will receive a CT scan as part of the initial assessment before surgery. This helps to establish the nature of your illness and guide what operation you will need.

4 Consultant review

Most patients will be seen by a consultant surgeon and anaesthetist prior to their operation. Any questions or concerns can be discussed. In the most unwell patients who need immediate surgery this discussion may take place with another member of the surgical or anaesthetic team in order to avoid a delay.

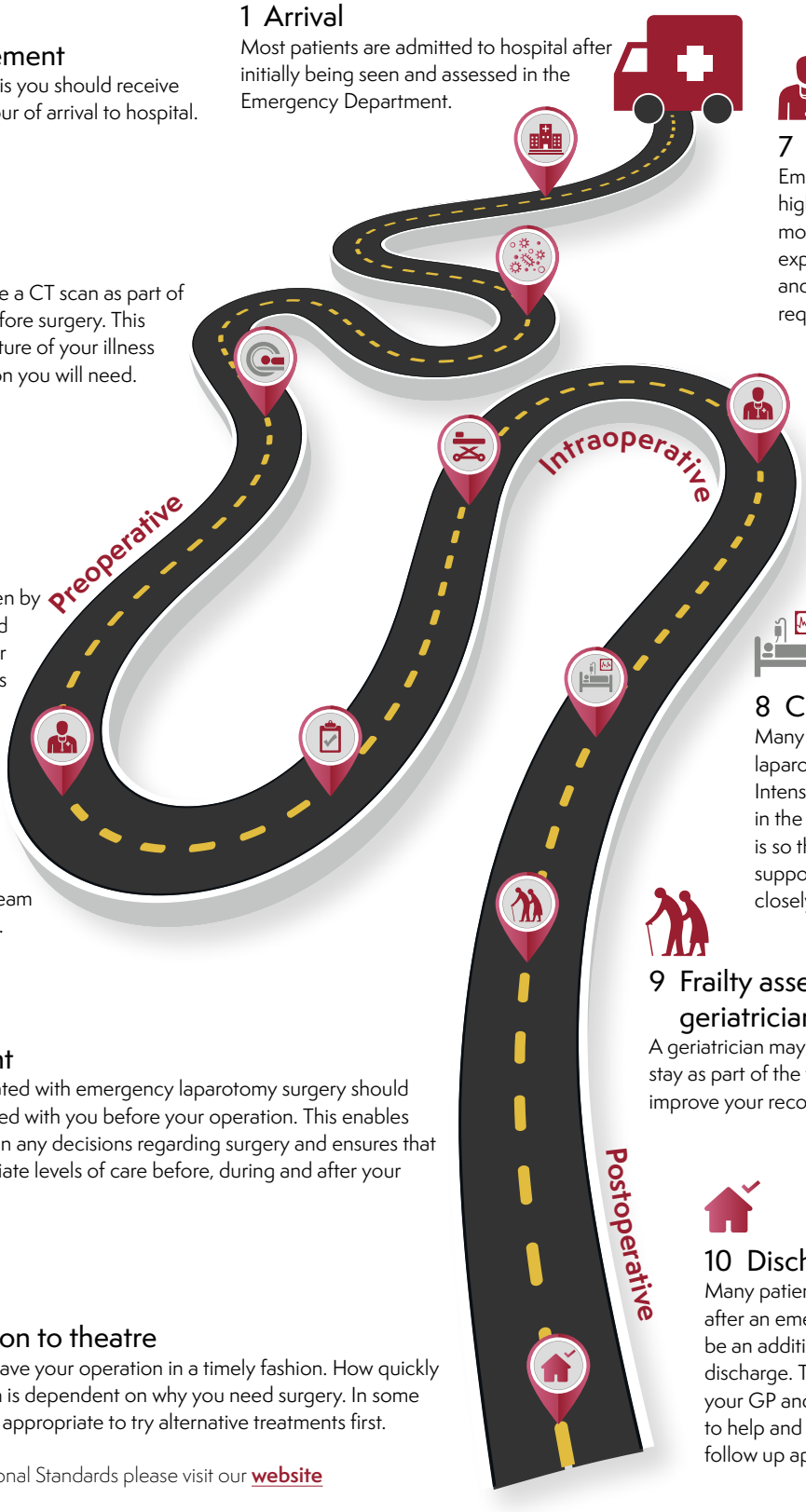
5 Risk assessment

The risk of death associated with emergency laparotomy surgery should be assessed and discussed with you before your operation. This enables you to be fully involved in any decisions regarding surgery and ensures that you receive the appropriate levels of care before, during and after your operation.

6 Timely admission to theatre

It is important that you have your operation in a timely fashion. How quickly you have your operation is dependent on why you need surgery. In some circumstances it may be appropriate to try alternative treatments first.

For more details on National Standards please visit our **website**



7 Consultant presence

Emergency laparotomy is often high-risk surgery. This means, that in most cases you will benefit from the expertise of a consultant anaesthetist and a consultant surgeon will be required during your operation.

8 Critical care

Many patients who have an emergency laparotomy will be cared for in the Intensive Care or High Dependency Unit in the initial period after their surgery. This is so they can receive specialist organ support if necessary and be monitored closely for any possible complications.

9 Frailty assessment + geriatrician review

A geriatrician may review you during your hospital stay as part of the team looking after you to help improve your recovery after surgery.

10 Discharge and future recovery

Many patients will have had a long stay in hospital after an emergency laparotomy. There will often be an additional period of recovery required after discharge. The hospital medical and nursing teams, your GP and community nursing teams will be able to help and provide support. You should receive a follow up appointment with the surgical team.

NATIONAL CARDIAC AUDIT PROGRAMME

ANNUAL REPORT 2020

THE ACID TEST

IMPROVING CARDIOVASCULAR CARE THROUGH AGGREGATION, COLLABORATION, INFORMATION AND DELEGATION

NICOR

EXECUTIVE SUMMARY

The NHS England Long Term Plan calls for improvements in:

- Early detection of cardiovascular disease (CVD)
- Preventative treatment
- Early and effective treatment out of hospital for emergencies
- Hospital treatments
- Referral to cardiac rehabilitation

As services recover from the COVID-19 pandemic first wave, national audit data can feed quality improvement programmes and service redesign through four main processes:

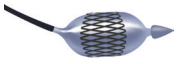
Aggregation: clinical pathways should be reviewed

- In 2018/19 (compared with the previous financial year), prior to COVID-19, there was a 2.4% reduction in heart attack admissions (to 87,091), a 2.5% reduction in PCIs (to 100,294) and 7.8% reduction in first time CABG (to 14,098, partly explained by non-participation of two Scottish hospitals).

- More PCI and pacemaker implant centres conform to national minimum numbers of procedures (but 16 NHS PCI centres and 28 NHS pacing services still do not; 38 NHS centres do not conform to standards for complex device implantation).

- There are challenges to delivering cardiac surgical procedures for acute aortic dissection (hospitals perform between 3 and 32 procedures per year).

Collaboration: working together to achieve better results



- Primary PCI is now the default treatment for patients with STEMI across the participating nations (it is now offered throughout Wales); more patients with STEMI now receive reperfusion therapy (from 74% in 2010/11 to 82% in 2018/19).

- However, Call-To-Door times are worsening (median 110 minutes in 2010/11 to 123 minutes in 2018/19).
- An increased number of patients with NSTEMI receive in-house angiography (from 64% in 2010/11 to 85% in 2018/19), but still only 57% receive it within the recommended 72 hours from admission.

- The previous fall in referral to cardiac rehabilitation after a heart attack has been reversed – now 80% overall (target 85%) but in-patient referral after admission with heart failure remains low (13%).

- Double scrubbing in congenital procedures is now performed in 1 in 10 surgical procedures (1 in 5 neonatal operations) and 1 in 5 interventional procedures (1 in 3 neonatal procedures).

Information: enables decision-making

- There is considerable age-specific variation between centres in the proportion of patients receiving tissue (vs

mechanical) aortic valve replacements (63-94% overall).

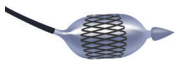
- More patients are now offered intervention for aortic valve disease (2,333 [22%] increase from 10,694 in 2014/15 to 13,027 in 2018/19); the proportion receiving TAVI has increased from 17.5% to 40%.
- The 1-year repeat intervention rate after AF/AT ablation varies between centres (0-24%, median 9.1%).

- Radial access rates for PCI have improved further – now 89% of all procedures.

Delegation: Nurse Specialists and Physician Associates can improve services

- Only 61% of patients with a heart attack are admitted to a cardiac ward, but 96.7% are seen by a member of a specialist cardiac team; 45% of patients with heart failure are admitted to a cardiac ward, but 82% are seen by a member of a specialist team.

- Over 90% of patients with a heart attack were discharged on all the secondary preventive drugs they were eligible to receive but only 67% with left ventricular dysfunction receive an MRA. Only 48% of patients admitted with heart failure with reduced ejection fraction are discharged on all three disease-modifying drugs, mainly because of a low prescription rate of MRAs (55%).



- Day-case services for elective PCI remains at 64% (variance <10-100%); implementation of this service requires specialist nurse input.

Future plans include the roll-out of on-line data tools to all hospitals for all specialty domains to allow:

- data quality checks
- immediate views of how a hospital fares against the national average and the best centres for the designated QI metrics
- local queries from the live database.

These tools are already available for the NAPCI and NACSA domains. The utility of these tools is dependent on rapid data submission from all participating hospitals.

Legend:
AF = atrial fibrillation; AT = atrial tachycardia; CABG = coronary artery bypass grafting; CVD = cardiovascular disease; HFrEF = heart failure with reduced ejection fraction; MRA = mineralocorticoid receptor antagonist; NACSA = National Adult Cardiac Surgery Audit; NAPCI = National Audit of Percutaneous Coronary Intervention; NSTEMI = non-ST-elevation myocardial infarction; PCI = percutaneous coronary intervention; QI = quality improvement; STEMI = ST-elevation myocardial infarction; TAVI = transcatheter aortic valve implantation.

NATIONAL HEART FAILURE AUDIT (NHFA)

2020 SUMMARY REPORT (2018/19 DATA)

NICOR

Hospitalisation for Heart Failure 2018/19

Access to specialist HF care (by Cardiologists and Specialist HF nurses) is associated with improved in-hospital and out-of-hospital survival, and better treatment on discharge for HFrEF.

74,696
total admissions

	All patients hospitalised for heart failure	Patients managed on a cardiology ward	Those who saw a specialist
Patients diagnosed with echocardiography	87%	94%	91%
Patients receiving specialist care	82%	99%	100%
Patients with HFrEF discharged on all three disease-modifying drugs	48%	55%	56%
Patients who received a cardiology follow up	45%	64%	51%
Patients who received a Heart Failure nurse follow up	55%	66%	63%
Patients referred to cardiac rehabilitation	13.3%	21%	16%
Mortality in hospital	9.3%	6.7%	8.0%

Place of care is a key quality indicator for HF as care in cardiology wards is associated with improved in-hospital and out-of-hospital survival, better treatment on discharge for HFrEF, and more access to specialist care

NATIONAL AUDIT OF CARDIAC RHYTHM MANAGEMENT (NACRM)

CRM DEVICES AND ABLATION

2020 SUMMARY REPORT
(2017/18 & 2018/19 DATA)

NICOR

BHRS
British Heart Rhythm Society

REPORT AT A GLANCE

The NACRM report details activity in cardiac rhythm management device and ablation procedures for England and Wales, and where possible in Scotland and Northern Ireland. Analysis has been performed for 2017/18 and 2018/19.

Procedures

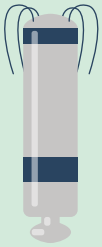
Following a number of years of increased activity, overall levels for CRM device and ablation procedures have not changed significantly since 2016, although there has been an increase in Wales.

New Technology

There is a small increase in the use of leadless pacemakers, but a larger take-up of subcutaneous ICD devices. 'Single shot' pulmonary vein ablation devices are increasingly used for patients with AF, especially the cryoballoon.

Device Procedures

The number of NHS centres reporting low volume device implants has fallen, but 28 NHS and 38 hospitals fail to reach the minimum recommended level for pacemaker and complex device implants, respectively.

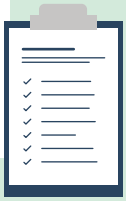


Consultants

There appears to be a large number of consultants who perform low volumes (below recommended minimum levels) of device implants and ablation procedures. This is partly due to poor submissions of GMC numbers by some centres.

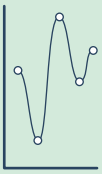
NICE Guidelines

Compliance with NICE guidelines remains good for pacemakers and is now good for ICDs.



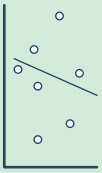
Data Submission

Data submission in some key fields is improving but remains inadequate.



Re-Intervention

The UK has acceptably low re-intervention rates for devices and ablation but there is considerable variability between hospitals.



For a summary of the key findings in the report, click here

NATIONAL CONGENITAL HEART DISEASE AUDIT (NCHDA)

2020 SUMMARY REPORT (2018/19 DATA)

NICOR

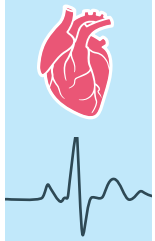
REPORT AT A GLANCE

Diagnosis

Congenital heart disease is diagnosed in 1:150 births (13 babies per day in the UK)*; about a third will require an intervention during infancy, often urgently.

Procedures

Most interventions are surgical but there has been a growth over the years of interventional and electrophysiology procedures, however with considerable variation in the ratio of these between congenital heart centres.



Procedure reporting

12064 procedures reported to the NCHDA in 2018/19, 8513 in children under 16.

Antenatal diagnosis

Antenatal diagnosis of conditions requiring intervention in infancy is at 50% overall, with high rates for patients with hypoplastic left heart syndrome and transposition of the great arteries with intact ventricular septum. For the first time we have analysed patients with tetralogy of Fallot & complete AVSD with encouraging results.

50%

Surgical procedures

Excellent outcomes with 98.6% survival rate for children under 16 undergoing surgical procedures.

98.6%

Data quality

There has been a gradual improvement in data quality in the audit over the years but 2 hospitals did not meet the desired standard for 2018/19.

x2

Consultants

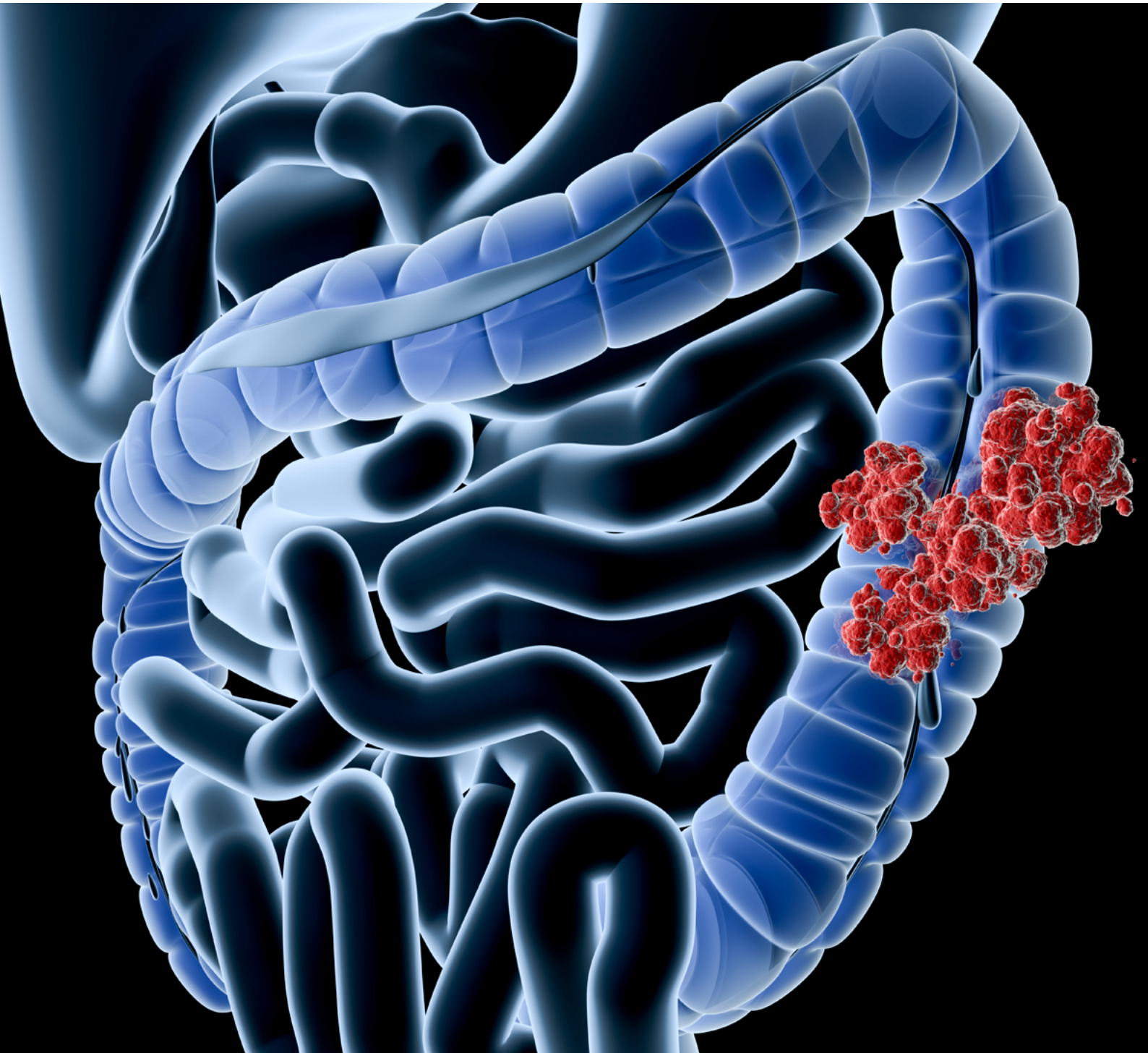
1 in 10 surgical procedures overall (1 in 5 neonatal procedures) and approximately 1 in 3 transcatheter / electrophysiology procedures are now done with two consultants working together.

* https://www.bhf.org.uk/informationsupport/conditions/congenital-heart-disease

National Bowel Cancer Audit

Annual Report 2020

An audit of the care received by people with bowel cancer in England and Wales



3. Care pathways

Chapter 3 – Key Findings

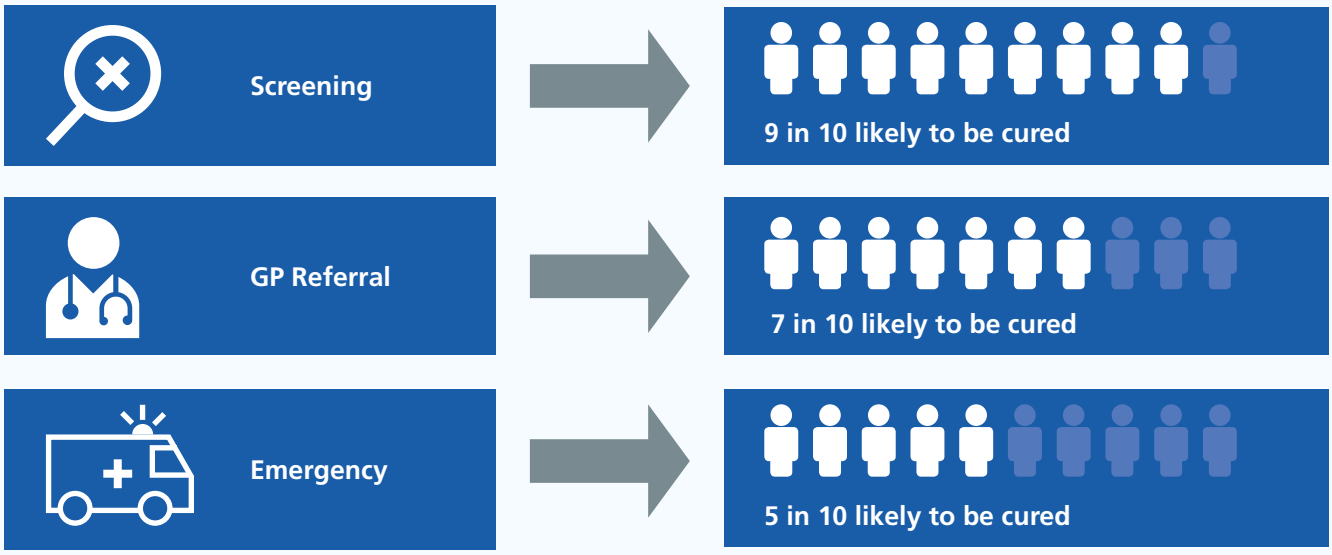
- One fifth of patients with colorectal cancer presented as an emergency; emergency patients had more advanced disease and were less likely to go undergo major resection.
- 61% of patients with stage III colon cancer in England and Wales received adjuvant chemotherapy, with considerable variation at trust/hospital/MDT level.
- 4% of patients diagnosed with colorectal cancer had an additional diagnosis of dementia. These patients had poor prognostic factors (older age, poor fitness and emergency presentation) and were less likely to have favourable outcomes compared to those without dementia.

3.1 Where were patients diagnosed with bowel cancer presenting?

Referral source

Infographic 1
How were patient diagnosed with bowel cancer?

The diagram shows how the proportion of patients that were likely to be cured, stratified by the source of referral.



The proportion of patients presenting via each modality between 01 April 2018 and 31 March 2019 was similar to in previous years (Table 3.1). The majority of patients were referred via GP (54%), followed by emergency presentation (19%) and then screening (10%). There remained a significant proportion of patients for whom the referral pathway is not known (18%) which limits further analyses.

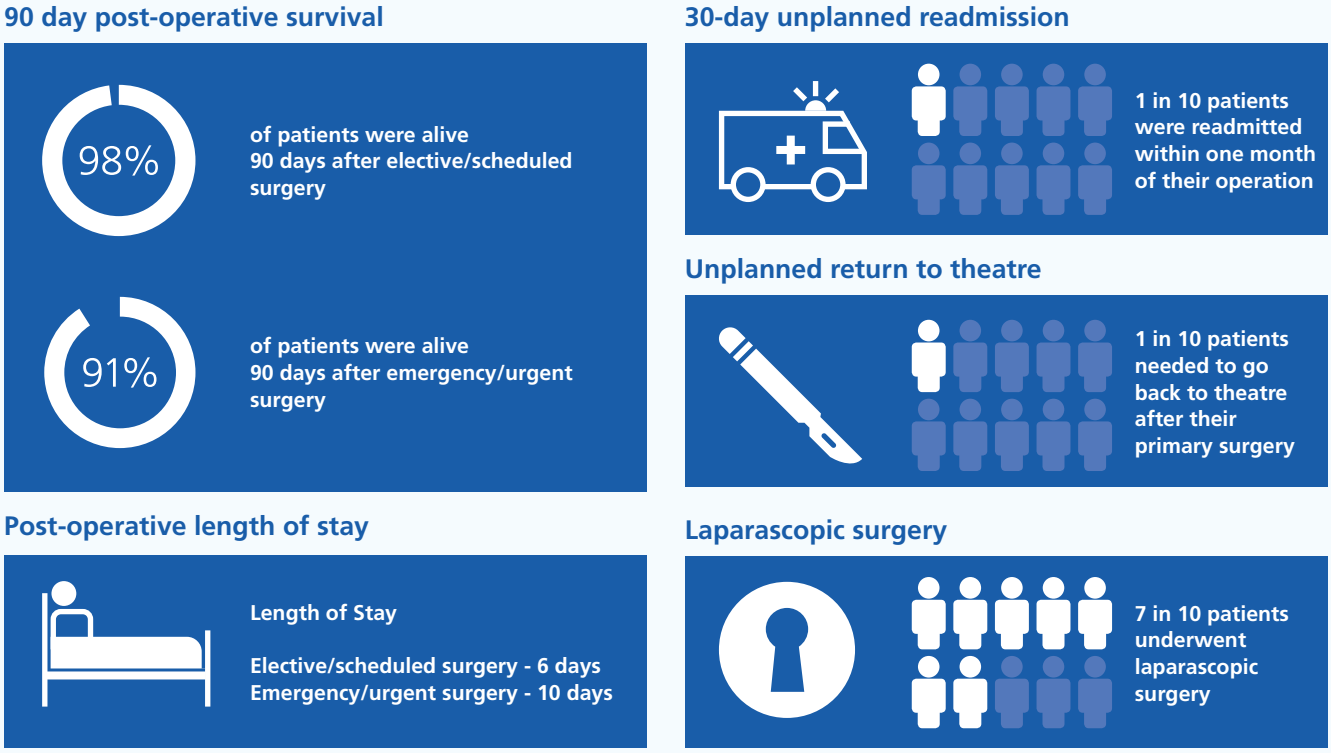
Patients presenting as an emergency were more likely to be at the extremes of age, with 10% under the age of 50, and 18% aged 85 and over. Across referral groups, there was little difference in ethnicity, although there is a considerable proportion of missing data. Emergency referrals had a higher proportion of right-sided disease.

With regards to staging, emergency patients were considerably less likely to have early-stage disease. Of emergency patients, 66% presented with nodal disease, in comparison to 59% via GP and 44% via screening. Similarly, 36% of emergency patients presented with metastatic disease in comparison to 22% via GP and 11% via screening.

In keeping with the differences in staging between modes of referral, patients who presented as an emergency were less likely to have major resection or local excision compared to GP and screening referrals. Subsequently, 50% of patients that presented as an emergency underwent curative treatment compared to 69% of those referred via GP and 86% of those referred via screening.

Infographic 2
Surgical care for bowel cancer

The diagram below summarises some of the key points from Chapter 4 regarding the surgical care of patients with bowel cancer.



Chapter Recommendations – Surgical care

- Trusts/hospitals/MDTs should review their unplanned return to theatre rates against their own data and provide NBOCA with any feedback on this new performance measure prior to outlier reporting next audit period.

- Robotic resection of colorectal cancer is now an option within the 'surgical access' dataset item, rather than having its own separate data item. Trusts/hospitals/MDTs should ensure that robotic procedures are recorded correctly using this option. NBOCA shall update the list of trusts/hospitals/MDTs performing regular robotic colorectal resections in the 2021 organisational survey.

- Trusts/hospitals/MDTs should review their data completeness for the 'mismatch repair' dataset item. Mismatch repair information should be completed for all patients within the tumour file to facilitate reporting of this measure.

5. Survival

Chapter 5 – Key Findings

- Two-year all-cause mortality rates remained stable at 33% overall compared to 34% in the 2014/15 audit period, as well as stratified across different treatment modalities.
- For two-year all-cause mortality, fourteen trusts/hospitals/MDTs lay above the inner funnel limits and four of these were potential outliers above the outer limits.
- For two-year cancer-specific mortality, there were six trusts/hospitals/MDTs lying above the inner funnel limits and two of these were above the outer limits.
- There was good agreement for outlier status between all-cause and cancer-specific mortality.

5.1 Two-year all-cause mortality

For two-year all-cause mortality after major resection the observed rate is the number of patients who died within two years (of any cause) divided by the sum of the amount of time each patient is followed up. Taking into account the amount of follow-up time means that the estimate compares not just the proportion of patients who died within two years but also how quickly they died.

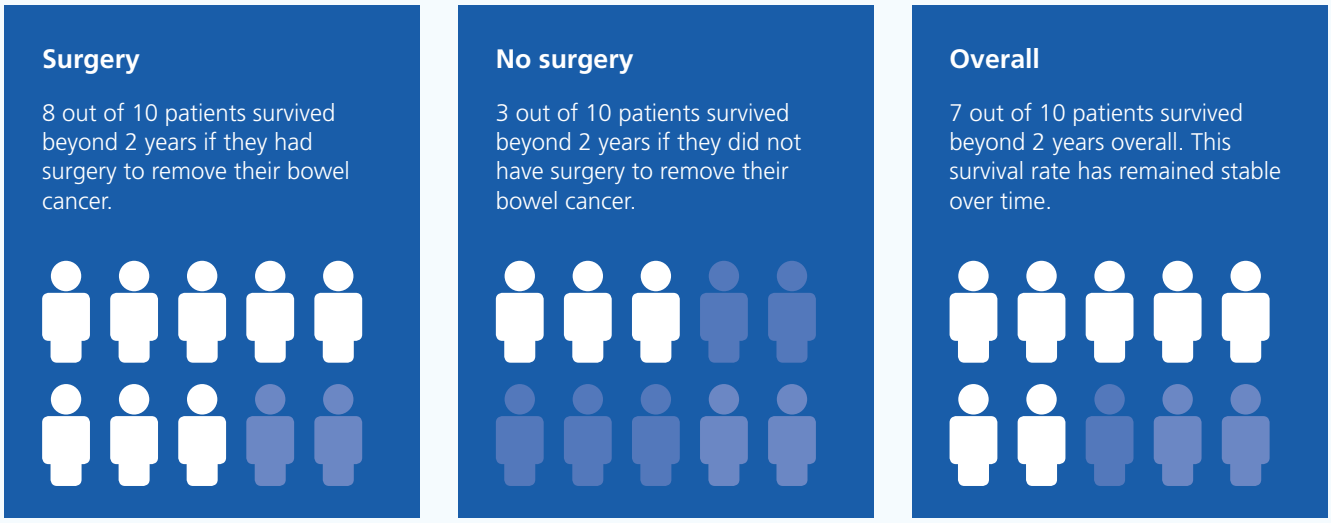
Trends in two-year overall survival over time

Although conventionally five years of follow-up is used to determine when an individual with colorectal cancer is cured, the vast majority of patients who develop recurrent disease do so within two years. For this audit period, we report on patients diagnosed between 01 April 2014 and 31 March 2017.

Two-year all-cause mortality rates remained stable. Approximately one third of all patients died within two years of diagnosis (Table 5.1). For those who did not undergo any treatment, just over two thirds died within two years of diagnosis. Mortality rates also remained stable when stratified by different treatment modalities including major resection, local excision and no treatment.

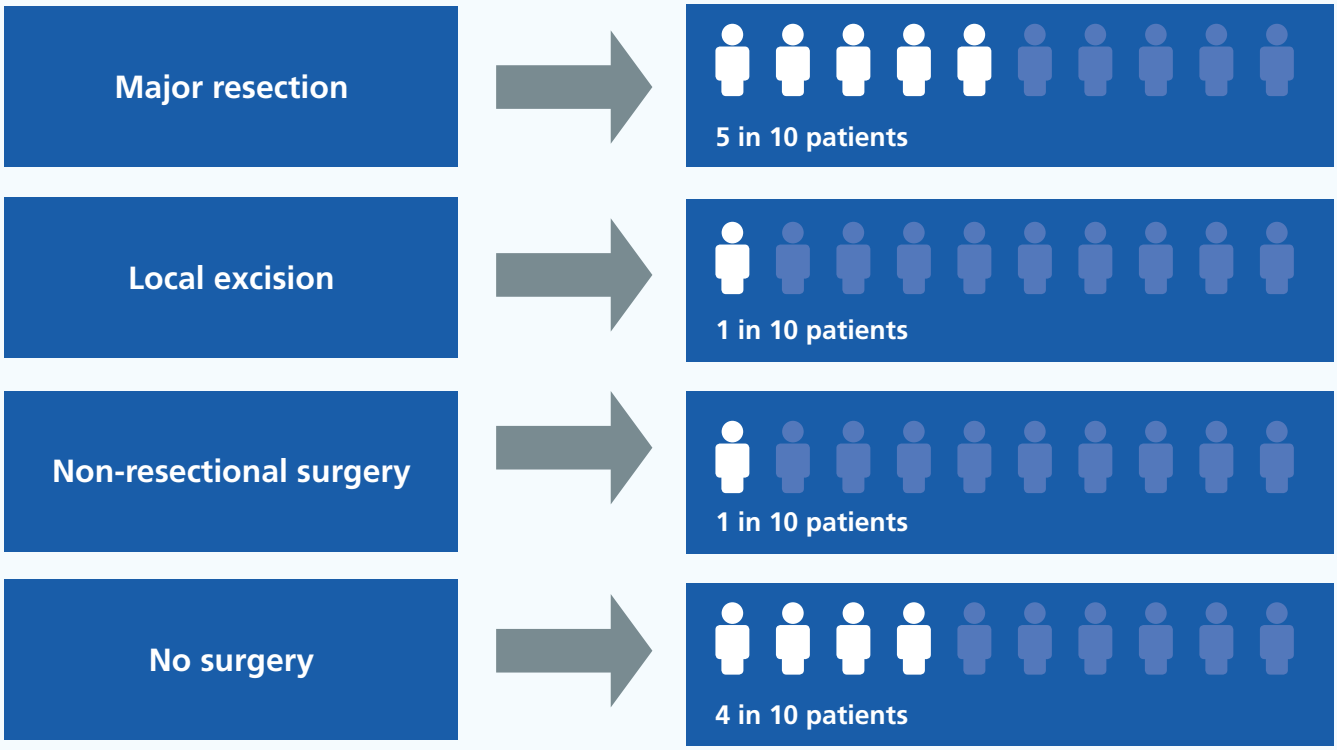
Infographic 3
What was the 2-year survival for bowel cancer?

The diagram below demonstrates the proportion of patients who survived 2 years beyond their diagnosis of bowel cancer. This is provided for all patients, as well as stratified by whether or not the patient underwent surgery to remove their bowel cancer.



Infographic 4
How were patients with rectal cancer treated?

The diagram below shows the proportion of patients with rectal cancer that received different treatments.*



*Due to rounding to whole numbers, these numbers do not add up to 10

Use of Radiotherapy

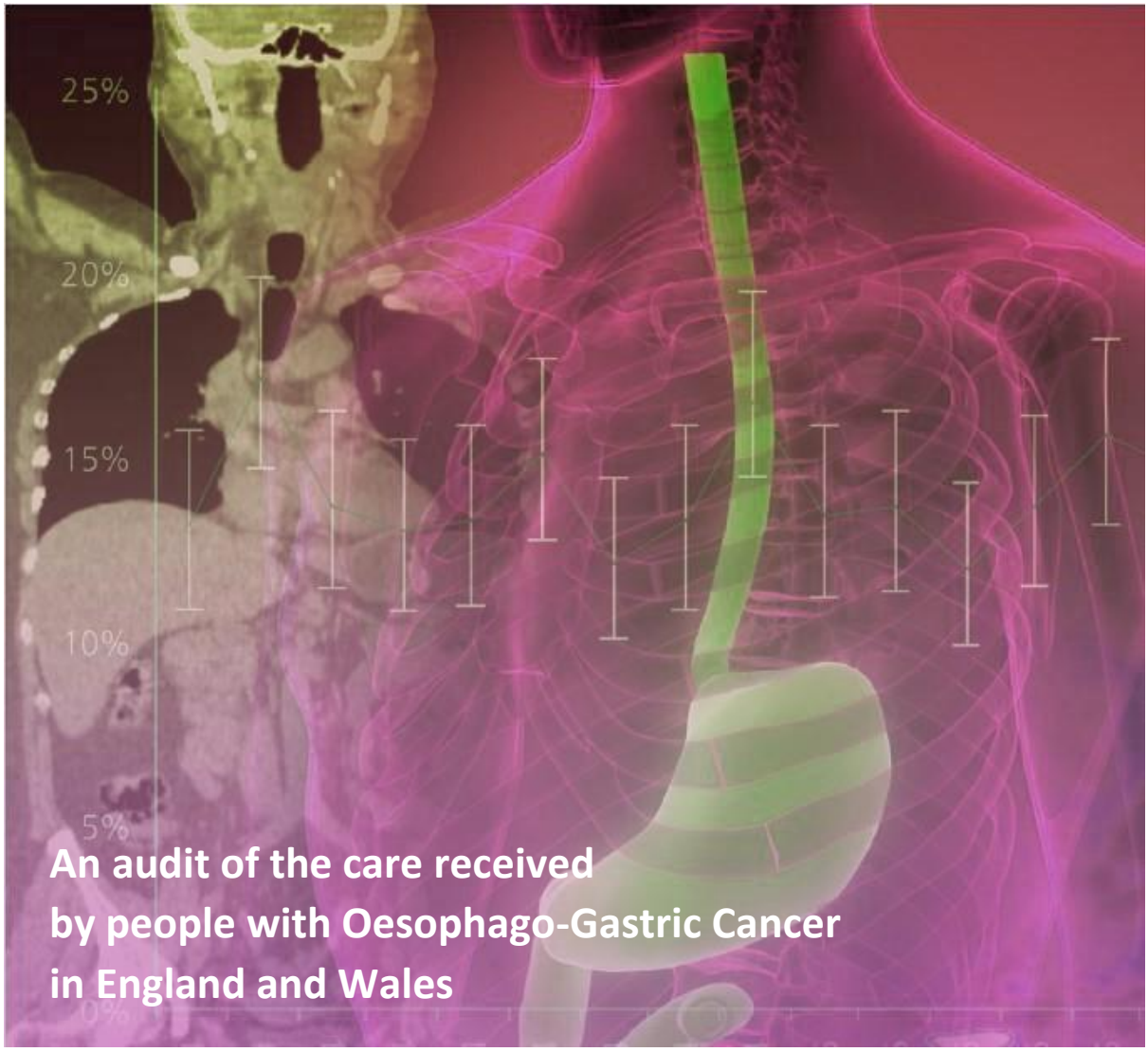
Of the 3,816 patients diagnosed between 01 January 2018 and 31 December 2018 who underwent a major resection, 1,287 (34%) received neo-adjuvant treatment (Table 6.2). This proportion reduced slightly from 36% in the previous reporting period.

Of these 1,287 patients, 74% received long-course chemoradiotherapy, 20% short-course radiotherapy and 6% unclassified regimens. The proportion of patients receiving each type of radiotherapy remains stable, although a smaller proportion of patients fell in to the unclassified category.

Patients who received radiotherapy were generally younger with more advanced pre-treatment T- and N-stage disease. Patients with tumours <5cm from the anal verge were more likely to receive radiotherapy and this was more likely to be long-course. Patients receiving short-course radiotherapy were generally older and more co-morbid, with less-advanced pre-treatment T- and N-stage disease than those receiving long-course radiotherapy.

National Oesophago-Gastric Cancer Audit

2020



December 2020

HQIP
Healthcare Quality Improvement Partnership

NOGCA | National Oesophago-Gastric Cancer Audit

2020 Annual Report: High-grade dysplasia of the oesophagus

The Audit received information about

700

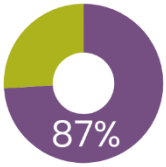
patients in England

diagnosed with high-grade dysplasia of the oesophagus between April 2017 and March 2019.

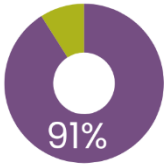
Patient characteristics

- Median age: 71 years
- 75% male
- 84% had a segment of Barrett's oesophagus
- 59% were diagnosed while on surveillance programmes and 41% via referral

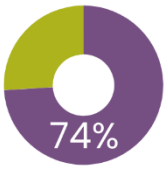
Recommended process of care



of patients had their diagnosis confirmed by a second pathologist



of patients were discussed at a multidisciplinary team meeting

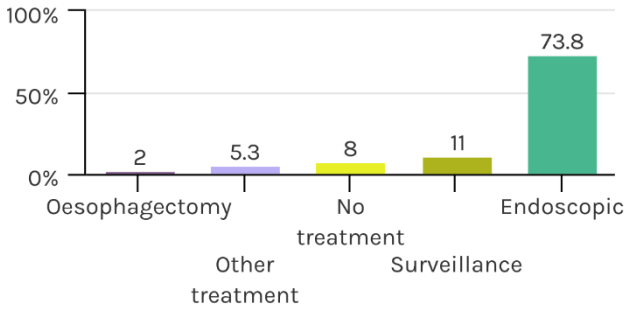


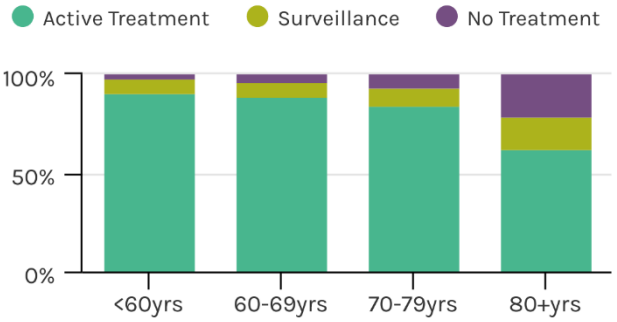
of patients had a plan for endoscopic therapy

About 1 in 2 patients placed under surveillance were unfit for active treatment

Primary treatment modality

Primary treatment among patients diagnosed between 2015 and 2019





The choice of an active treatment compared to surveillance or no treatment varied significantly by age at diagnosis.

Outcomes of endoscopic treatment

Outcomes after endoscopic mucosal resection / endoscopic submucosal dissection in 2017/19

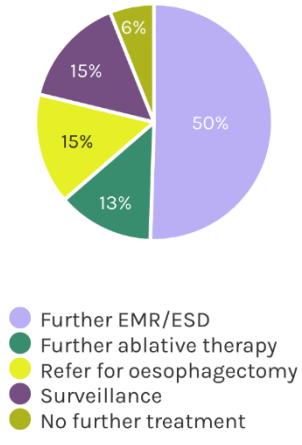
76% patients had a complete excision.

Complete excision rate was higher among HGD lesions that were flat or depressed.

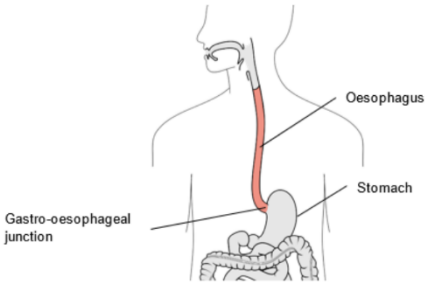
31% of removed tissue was found to contain cancer cells.

The proportion of patients referred for further EMR / ESD after incomplete excision doubled, compared to 2015/17.

Plan after incomplete excision



Glossary



High-grade dysplasia of the oesophagus - The presence of severely abnormal cells (precancerous cells) in the lining of the oesophagus. It can turn into cancer if it is left untreated.

Barrett's oesophagus - Changes in the cells on the inner lining of the lower part of the oesophagus.

NOGCA | National Oesophago-Gastric Cancer Audit

2020 Annual Report: Oesophago-gastric cancer

The Audit received information about

20,528

patients in England and Wales

diagnosed with oesophago-gastric (OG) cancer between April 2017 and March 2019, including 14,556 patients with oesophageal cancer and 5,972 patients with gastric cancer.

Patient characteristics

Oesophageal cancer

- Median age: 71 years
- 71% male
- 37% stage 4 cancer

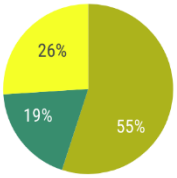
Stomach cancer

- Median age: 74 years
- 66% male
- 44% stage 4 cancer

Routes to diagnosis

Oesophageal cancer

Stomach cancer



Patients with stomach cancer are more likely to be diagnosed following an emergency admission than patients with oesophageal cancer.

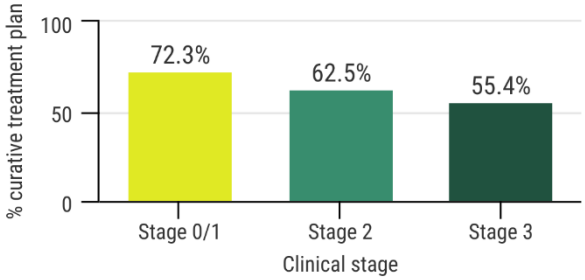
Adjusted rates of emergency diagnosis are higher in Wales than in England.

Time taken to move along the care pathway

Cancer waiting time targets set by NHS England and NHS Wales aim for patients to start treatment within 62 days of an urgent referral for suspected cancer.

Among patients diagnosed with OG cancer in 2017-2019:

Treatment planning



Among patients with stage 0-3 disease, 60% had a curative treatment plan.

Outcomes of curative surgery

Oesophagectomy

Median length of stay	90-day survival	Positive longitudinal margins
11 days	96.3%	4.2%

Gastrectomy

Median length of stay	90-day survival	Positive longitudinal margins
9 days	97.5%	8.1%

Glossary

Stage 4 cancer - This describes advanced cancers which have spread beyond the site of the original tumour to other organs/parts of the body. Treatment options are limited to therapies that might extend life or control symptoms but are unlikely to result in remission.

Oesophagectomy - The surgical removal of all or part of the oesophagus.

Gastrectomy - A surgical procedure to remove either a section or all of the stomach.

Margins - The edge of the tissue that is removed during surgery. A positive margin means that there are cancer cells at the edge of the removed tissue and more surgery may be needed.

Royal College of Physicians | NACAP

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)

Pulmonary rehabilitation clinical and organisational audits 2019

Clinical (patients assessed for PR between June and November 2019) and organisational audits of pulmonary rehabilitation services in England, Scotland and Wales 2019.

Pulmonary rehabilitation 2019 audit report

Published December 2020

In association with:

asthma UK and British Lung Foundation Partnership
ARNS Association of Respiratory Nurse Specialists
British Thoracic Society
Imperial College London
Primary Care Respiratory Society UK PCRS
RCGP Royal College of General Practitioners

Commissioned by:

HQIP Healthcare Quality Improvement Partnership

Report at a glance

Access to pulmonary rehabilitation (PR)

Start date of PR

90 days

54%

of patients with stable COPD referred for pulmonary rehabilitation (PR) started PR within 90 days of referral.

National QI priority*

Ensure

85%

of patients with stable COPD referred for PR start it within 90 days of receipt of referral.

Quality of pulmonary rehabilitation (PR) services

Practice walk tests

Of those completing an incremental shuttle walk test (ISWT) or 6-minute walk test (6MWT) at initial assessment:

47% of patients **performed** a practice walk test.

National QI priority*

Ensure all walk tests are performed to accepted technical standards and all patients undertake a practice walk test at their initial PR assessment.

Technical standards

Only **13%** of PR services are meeting the technical standards for conducting the 6MWT along a 30-metre course.

Standard Operating Procedure (SOP)

National QI priority*

Ensure all PR services have an agreed SOP.

84% of PR services have an SOP.

* All national QI priorities align with the **quality standards for PR**

Discharge assessment and outcomes

Discharge assessment

of **patients assessed** between 1 June and 30 November 2019 had a discharge assessment.

National QI priority*

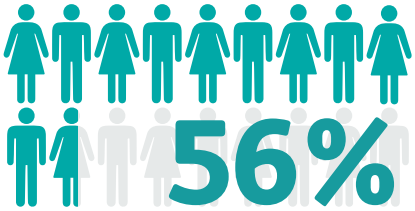
Ensure

70%

of patients enrolled for PR go on to have a discharge assessment.

Outcomes of PR

of patients experienced an **improvement in exercise capacity**.†



of patients experienced an **improvement in health status**.‡

* All national QI priorities align with the **quality standards for PR**

† As measured using the minimal clinically important difference (MCID) for **incremental shuttle walk test (ISWT)** or **6-minute walk test (6MWT)**

‡ As measured using the MCID for **COPD assessment test (CAT)**

National Perinatal Mortality Review Tool

PMRT
Supporting high quality local perinatal reviews

Learning from Standardised Reviews When Babies Die

National Perinatal Mortality Review Tool

Second Annual Report

December 2020

Royal College of Obstetricians & Gynaecologists
each baby COUNTS
University of BRISTOL
THE ROYAL COLLEGE OF MIDWIVES
NHS Birmingham Women's and Children's NHS Foundation Trust
British Association of Perinatal Medicine
MANCHESTER 1824 The University of Manchester
PARENTS
NHS The Newcastle upon Tyne Hospitals NHS Foundation Trust
UNIVERSITY OF BIRMINGHAM
NHS Bradford Teaching Hospitals NHS Foundation Trust
Sands Stillbirth & neonatal death charity
HQIP Healthcare Quality Improvement Partnership
UNIVERSITY OF LEICESTER
TIMMS
UCL
NPEU
UNIVERSITY OF OXFORD

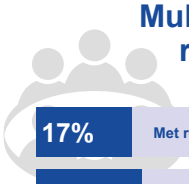
Learning from Standardised Reviews
When Babies Die – 2019 Annual Report

Key Messages – December 2020

PMRT
Supporting high quality local perinatal reviews

Since the launch of the Perinatal Mortality Review Tool (PMRT) in early 2018 over 11,000 reviews have been started. Following implementation in 2018, this annual report presents the findings from reviews completed during the embedding phase from March 2019 to February 2020. Here are the key messages from the 3,693 reviews carried in this period.

Multi-disciplinary group review is essential



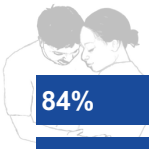
- 17% Met recommended minimum review group composition
- 19% Only 1 or 2 individuals carried out the review
- 29% Neonatologist/neonatal nurse not present for neonatal death reviews
- 18% Had administrative support
- 92% Risk manager/governance team member present

Issues with care and areas for improvement identified

19/20 reviews identified areas for improvement

3/20 issues identified may have made a difference to the outcome

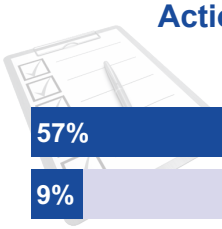
Parent engagement improves the quality of review



- 84% Told about the review
- 84% Parent's perspective sought
- 78% No concerns with care raised
- 9% Received good care
- 13% Questions and concerns raised

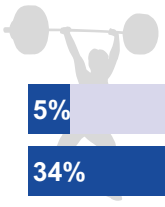
Comments, questions and concerns raised by parents

Action plans need to be SMART



- 57% Specific
- 9% Measureable
- 97% Achievable
- 87% Realistic
- 31% Timebound

Action plans need to be strong*



- 5% Strong
- 34% Intermediate
- 61% Weak
- 0% Nil

*Strong actions are system changes which remove the reliance on individuals to choose the correct action. They use standardisation and permanent physical or digital designs to eliminate human error and are sometimes referred to as 'forcing actions'.