



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

Q3 (October – December 2021), updated 14/12/2021

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
14/10/2021	Women and children	Audit	PMRT - Perinatal Mortality Review Tool	MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and	Learning from Standardised Reviews When Babies Die	https://www.hqip.org.uk/resource/perinatal-mortality-review-tool-third-annual-report/#.YWINFhrMKUk	0.01
14/10/2021	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts	Annual report 2021 - The way we were: A pre-pandemic stocktake to help the recovery	https://www.hqip.org.uk/resource/national-cardiac-audit-programme-report-a-pre-pandemic-stock-take-to-help-the-recovery/	0.02
14/10/2021	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts	Myocardial Ischaemia National Audit Project (MINAP) 2021 summary report	https://www.hqip.org.uk/resource/myocardial-ischaemia-national-audit-project-2021-summary-report/#.YaUD09DP2Uk	0.02a
14/10/2021	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts	National Audit of Cardiac Rhythm Management (NACRM) 2021 summary report	https://www.hqip.org.uk/resource/national-audit-of-cardiac-rhythm-management-2021-summary-report/#.YaUD0dDP2Uk	0.02b
14/10/2021	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts	National Adult Cardiac Surgery Audit (NACSA) 2021 summary report	https://www.hqip.org.uk/resource/national-adult-cardiac-surgery-audit-2021-summary-report/#.YaUDzdDP2Uk	0.02c
14/10/2021	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts	National Audit of Percutaneous Coronary Intervention (NAPCI) 2021 summary report	https://www.hqip.org.uk/resource/national-audit-of-percutaneous-coronary-intervention-2021-summary-report/#.YaUDzDP2Uk	0.02d
14/10/2021	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts	National Congenital Heart Disease Audit (NCHDA) 2021 summary report	https://www.hqip.org.uk/resource/national-congenital-heart-disease-audit-2021-summary-report/#.YaUDzNDP2Uk	0.02e
14/10/2021	Cardiovascular	Audit	NCAP - National Cardiac Audit Programme	NICOR: National Institute for Cardiovascular Outcomes Research, Barts	National Heart Failure Audit (NHFA) 2021 summary report	https://www.hqip.org.uk/resource/national-heart-failure-audit-nhfa-2021-summary-report/#.YaUD09DP2Uk	0.02f
11/11/2021	Acute	Audit	FFFAP - Falls and Fragility Fracture Audit Programme	RCP: Royal College of Physicians	National Hip Fracture Database Annual Report Facing new challenges: The National Hip Fracture Database report on 2020	https://www.hqip.org.uk/resource/the-national-hip-fracture-database-report-on-2020/#.YY0iumDP2Uk	0.03
11/11/2021	Acute	Audit	FFFAP - Falls and Fragility Fracture Audit Programme	RCP: Royal College of Physicians	National Audit of Inpatient Fractures (NAIF) Annual report 2021	https://www.hqip.org.uk/resource/national-audit-of-inpatient-falls-annual-report-2021/#.YY0ivWDP2Uk	0.04
11/11/2021	Women and children	Audit	NPDA - National Paediatric Diabetes Audit	RCPC: Royal College of Paediatrics and Child Health	National Paediatric Diabetes Audit Spotlight Audit Report - Type 2 Diabetes	https://www.hqip.org.uk/resource/national-paediatric-diabetes-audit-spotlight-audit-report-on-type-2-diabetes/#.YY0iumDP2Uk	0.05
11/11/2021	Cardiovascular	Audit	NVR - National Vascular Registry	RCS: Royal College of Surgeons	National Vascular Registry (NVR) 2021 Annual Report	https://www.hqip.org.uk/resource/national-vascular-registry-2021-annual-report/#.YY0ivmDP2Uk	0.06
11/11/2021	Women and children	Clinical Outcome Review Programme	MNI - Maternal, Newborn and Infant Clinical Outcome Review Programme	MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK, University of Oxford	Saving Lives, Improving Mothers Care Report Core report: lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19	https://www.hqip.org.uk/resource/maternal-newborn-and-infant-clinical-outcome-review-programme-saving-lives-improving-mothers-care-report/#.YY0ivWDP2Uk	0.07
11/11/2021	Acute	Audit	NELA - National Emergency Laparotomy Audit	RCoA: Royal College of Anaesthetists	Seventh Patient Report of the National Emergency Laparotomy Audit	https://www.hqip.org.uk/resource/seventh-patient-report-of-the-national-emergency-laparotomy-audit/#.YY0iumDP2Uk	0.08
09/12/2021	Mental health	Audit	NCAP-National Clinical Audit of Psychosis	RCP: Royal College of Physicians	National clinical Audit of Psychosis - Audit Report on Employment	https://www.hqip.org.uk/resource/national-clinical-audit-of-psychosis-employment-spotlight-audit-report-2021/#.YblaFL3P2Uk	0.09
09/12/2021	Cardiovascular	Audit	CVDPREVENT- Cardiovascular Disease Prevention Audit	NHS Benchmarking Network	Cardiovascular Disease Prevention Audit First Annual Audit Report	https://www.hqip.org.uk/resource/cardiovascular-disease-prevention-first-annual-audit-report/	0.10
09/12/2021	Cancer	Audit	NOGCA - National Oesophago-Gastric Cancer Audit	RCS: Royal College of Surgeons	National Oesophago-Gastric Cancer Audit Annual Report 2021	https://www.hqip.org.uk/resource/national-oesophago-gastric-cancer-audit-annual-report-2021/	0.11

National Perinatal Mortality Review Tool



Learning from Standardised Reviews When Babies Die

National Perinatal Mortality Review Tool

Third Annual Report



October 2021



Learning from Standardised Reviews When Babies Die – 2020 Annual Report



Key Messages – October 2021

Since the launch of the national Perinatal Mortality Tool (PMRT) in early 2018 over 14,000 reviews have been started. This third annual report presents the findings for reviews completed from March 2020 to February 2021 coinciding with the first year of the SARS-CoV-2 global pandemic. Here are the key messages from the 3,981 reviews completed during this period.

Multi-disciplinary group review is essential



Issue with care and areas for improvement identified at review

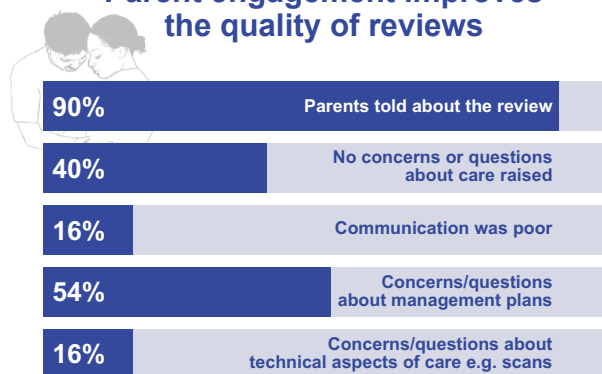


19 out of 20 reviews identified areas for improvement



5 out of 20 issues identified may have made a difference to the outcome

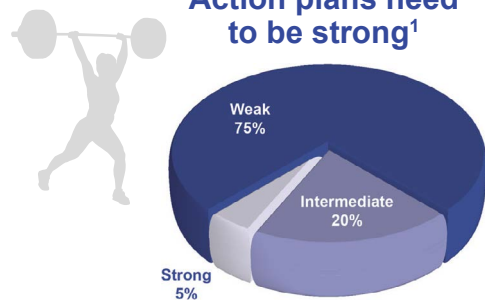
Parent engagement improves the quality of reviews



Comments, question and concerns raised by parents




Action plans need to be strong¹



1. Strong actions are system changes which remove the reliance on individuals to choose the correct action. They use standardised and permanent physical or digital designs to eliminate human error and are sometimes referred to as 'forcing actions'.
2. Artificial rupture of membranes
3. Electronic patient record

Examples of the strength¹ of actions planned

Weak	Intermediate	Strong
<p>“Distribute communication to maternity staff regarding the necessity for intra-partum antibiotics in preterm labour and the importance of this.”</p> <p>A reminder for individual action without any controls</p>	<p>“Major review which led to a new staffing model and a newly appointed Lead for Triage and Induction.”</p> <p>A new system in place but still requires individuals to act without any controls</p>	<p>“Process for assessing need for aspirin developed and implemented via EPR³”</p> <p>A system level electronic design to eliminate human error</p>

A stylized, light blue graphic of a heart with an ECG line passing through it, set against a background of faint circuitry and binary code. The graphic is partially obscured by a large white circular shape.

NATIONAL CARDIAC
AUDIT PROGRAMME (NCAP)

ANNUAL REPORT 2021

The way we were
A pre-pandemic stocktake
to help the recovery

(2019/20 or 2017/20 data)

The NICOR logo, featuring the word "NICOR" in white capital letters on a black background, with a red curved shape to the left.

NICOR

ANNUAL REPORT AT A GLANCE

Data from the period April 2019 to March 2020



Where things were getting better



83.2% of patients with STEMI received reperfusion therapy (up from **74.3%** in 2010/11)



76.3% of patients with MI underwent in-house echocardiography (up from **57.5%** in 2010/11)



81.3% of patients with MI were referred for cardiac rehabilitation (up from **78.3%** in 2017/18)



96.4% of patients with NSTEMI were seen by a specialist team (up from **90.4%** in 2010/11)



89.5% of patients had PCI performed with radial access (up from **51.6%** in 2010)



>90% of patients requiring a pacemaker received a device consistent with NICE guidance



90% of patients with HFrEF were discharged on a beta blocker; **84%** on either an ACEi or ARB



Where things were stuck



61.3% of patients with an MI were admitted to a cardiology ward (albeit up from **49.1%** in 2010/11). **43%** of those with HF were admitted to a cardiology ward (down from **49%** in 2014/15)



68% of patients with LVSD post MI (up from **40.8%** in 2010/11 but no improvement over the last 3 years) and **56%** of those with HFrEF received an MRA; only **49%** of patients with HFrEF are discharged on all three disease-modifying drugs



64% of patients undergoing elective PCI are treated as a day case (against a target of **>75%**)



50.3% of infants surviving pregnancy and requiring an intervention in the first year of life have had a pre-natal diagnosis made



40% of hospitals have not achieved **>80%** compliance with NICE guidelines for ICD implantation



16% of patients with heart failure are referred as an in-patient for cardiac rehabilitation (**22%** for those admitted to a cardiology ward, **~10%** for those admitted to other wards) – target **>85%**



Where things were getting worse



126 mins: CTB times for STEMI patients were worse: up from 110 mins in 2010/11



80 mins: CTD times for STEMI patients were worse: up from 58 mins in 2010/11



54.9% of patients with NSTEMI underwent angiography within 72 hours (down from

56.7% in 2018/19; **54.2%** underwent PCI within 72 hours (down from **58.4%** in 2017/18)



11 days: Mean time to urgent CABG had worsened (mean **10 days** in 2017/18)



104 days: Mean time to elective CABG had worsened (mean **97 days** in 2017/18)

CABG, coronary artery bypass grafting; CTB, Call-To-Balloon; CTD, Call-To-Door; DES, drug-eluting stent; HF, heart failure; HFrEF, heart failure with reduced ejection fraction; LVSD, left ventricular systolic dysfunction; MRA, mineralocorticoid receptor antagonist; NSTEMI, non-ST-elevation myocardial infarction; MI, myocardial infarction; PCI, percutaneous coronary intervention; PPCI, primary percutaneous coronary intervention; STEMI, ST-elevation myocardial infarction



NATIONAL CARDIAC AUDIT PROGRAMME

MYOCARDIAL ISCHAEMIA NATIONAL AUDIT PROJECT (MINAP)

2021 Summary Report



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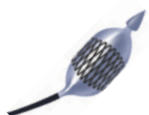
British
Cardiovascular
Society

MINAP AT A GLANCE

Data from the period April 2019 to March 2020



Of 86,547 confirmed cases of myocardial infarction (MI) there were 900 fewer STEMI and 400 more NSTEMIs in 2019/20 compared to 2018/19



83.2% of STEMI cases receive reperfusion therapy, almost all by Primary Percutaneous Coronary Intervention (PPCI) (up from 74.3% in 2010/11)

Call-To-Balloon time (CTB): the global response of the health service from the time the patient calls for help until the PCI. This is itself made up of

a) Call-To-Door time (CTD): during which the ambulance service must respond to the call, make a pre-hospital assessment, provide appropriate treatments and convey the patient to hospital. This is a measure of ambulance service response.

b) Door-To-Balloon time (DTB): during which hospital staff must confirm the diagnosis, assess the patient's suitability for PCI, prepare for and begin to perform the PCI. This is a measure of the hospital response.



Call-To-Balloon times for STEMI are lengthening (up from 110 minutes in 2010/11 to 126 minutes in 2019/20)



Call-To-Door times for STEMI are lengthening (up from 58 minutes in 2010/11 to 80 minutes in 2019/20)

Place of care and specialist care: Admission to a cardiac ward allows optimum cardiac monitoring and access to highly trained cardiac nursing staff. Specialist care has been associated with more positive outcomes and patients seen by specialists are more likely to be referred for recommended interventions.



61% of patients with NSTEMI are admitted to a cardiac ward (no change for three years)



76.3% of STEMI cases undergo in-house echocardiography (up from 57.5% in 2010/11)



96.4% of NSTEMI cases are seen by a member of a cardiology specialist team



Of those NSTEMI cases seen by a specialist 83.5% of NSTEMI cases eligible for angiography undergo this procedure in-house – but only 54.9% within the 72 hours recommended by national guidelines

Ongoing management of heart attack patients



>90% of MI patients are discharged on standard secondary prevention therapies but only 68% of those with LV systolic dysfunction leave hospital on a mineralocorticoid receptor antagonist (MRA) (no change over three years).

These medicines have been shown to reduce the likelihood of subsequent coronary events in those who have suffered heart attack.



81% of heart attack patients are referred for cardiac rehabilitation

Exercise-based cardiac rehabilitation programmes are associated with fewer cardiac deaths in patients with coronary artery disease.



NATIONAL CARDIAC AUDIT PROGRAMME

NATIONAL AUDIT OF CARDIAC RHYTHM MANAGEMENT (NACRM)

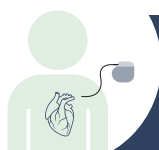
2021 Summary Report

NICOR

BHRS 
British Heart Rhythm Society

NACRM AT A GLANCE

Data from the period April 2019 to March 2020



There were >40,000 devices implanted in 175 hospitals in 2019/20, and nearly 20,000 ablation procedures from 61 hospitals (no evidence of change from last year)

Devices

These include pacemaker implants and other devices such as implantable cardioverter defibrillators (ICDs) and complex devices like cardiac resynchronisation therapy (CRT) devices.



In 2019/20, 273 leadless pacemakers and 639 subcutaneous ICD devices were implanted



92% and 94% of patients with sinus node disease and atrioventricular block receive the appropriate type of pacemaker, but not in all hospitals

There is >80% compliance with NICE standards for ICD implantation but some hospitals do not document this consistently

Ablation

Catheter ablation is a procedure in which steerable thin probes (catheters) are threaded along vessels and guided into the relevant locations within the heart. Ablation is then performed, creating a scar most commonly by passing a radiofrequency (RF) electrical current into the tissue, but sometimes by using extreme cold (cryotherapy) or other energy sources.

55% of AF ablation is performed by point-by-point radiofrequency ablation and 39% by pulmonary vein isolation using cryoablation



Procedure volumes

International studies have demonstrated that outcomes tend to be poorer in hospitals undertaking low volumes of device and ablation procedures. The British Heart Rhythm Society publishes standards documents for hospitals and clinicians undertaking these procedures in adults. These include minimum recommended procedure volumes.



84% adult NHS pacemaker implant centres meet the standard for procedure volumes but only 66% of adult NHS hospitals meet the standards for complex devices



62% of consultants who implant pacemakers are documented to reach the standards for procedure volumes; only 39% for complex devices

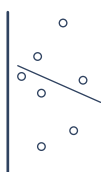


77% of consultants performing ablations meet the standards for procedure volumes; 85% for those performing complex ablations

Re-intervention 1 year on

The audit looks at re-intervention rates for pacemakers and ablation.

In 2019/20 there was a 4% 1-year re-intervention rate following pacemaker implantation; 6% for complex devices



There was a 3% 1-year re-intervention rate following simple ablations and 8% for complex atrial and ventricular ablations

NATIONAL CARDIAC AUDIT PROGRAMME

NATIONAL ADULT CARDIAC SURGERY AUDIT (NACSA)

2021 Summary Report

NICOR



NACSA AT A GLANCE

Data from the three-year period April 2017 to March 2020



31,046 cardiac operations were performed in 2019/20
(a 13% fall over 5 years, almost all in elective procedures, falls greatest in women >70yrs)

Valve interventions

Surgery to the aortic valve can be carried out in isolation or as part of a combined procedure with coronary artery bypass graft (CABG) surgery. Transcatheter Aortic Valve Implantation (TAVI) is increasing year on year and preferred in older patients.

Mitral valve repair is the preferred method of surgery for patients with mitral disease, but mitral valve replacement (MVR) is usual in patients with unfavourable valve characteristics (such as rheumatic mitral disease).



25% increase in all aortic valve interventions over 5 years (now 5056 AVRs, 2596 AVR&CABG, 6076 TAVIs)



26% fall in isolated mitral valve repairs and 15.7% fall in isolated mitral valve replacements over 5 years

61% rate of mitral valve repairs (rate varies between hospitals from 22-90%)



Coronary Artery Bypass Graft (CABG) surgery in numbers

Coronary artery bypass graft surgery is the most common type of cardiac surgery. The number of CABG performed has been falling steadily year on year. The number of elective CABGs performed has been falling steadily year on year, whilst the number of urgent and emergency procedures is stable.

104 days



wait for elective CABG (up from 97 days in 2017/18)

11 days



wait for urgent CABG (up from 10 days in 2017/18)

18.5%



admitted on day of surgery (up from 10.8% in 2017/18)

50.7%



percentage of CABG cases performed as urgent cases (up from 47.4% over 3 years)

0



no hospital operates on >75% of urgent cases within 7 days of the angiogram

1.8%



reoperation for bleeding after CABG (down from 2.6% in 2017/18); low rates of other complications

NATIONAL CARDIAC AUDIT PROGRAMME

NATIONAL AUDIT OF PERCUTANEOUS CORONARY INTERVENTION (NAPCI)

2021 Summary

2021 Summary Report

(2019/20 data)

NICOR

BCIS

NAPCI AT A GLANCE

Data from the period April 2019 to March 2020



There was a slight (<1%) reduction in total PCI procedures compared to 2018/19, to 100,112 (3% drop over last 2 years)

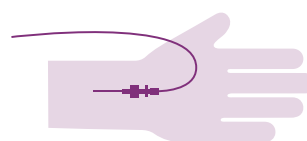


The proportion of patients with diabetes has increased (24.3% up from 20.2% in 2012)

When a heart attack patient arrives at the hospital cath lab, a fine tube, known as a catheter, is passed to the heart arteries. Then a balloon and wire mesh stent is used to open up the blockage and restore blood flow to the heart muscle. The catheter can be inserted from either a blood vessel in the groin (femoral artery) or the wrist (radial artery).

89.5% PCI procedures were performed using radial access

Radial access is associated with fewer complications than femoral access and lower mortality in high risk patients. Radial access is not suitable for a small number of patients so 100% is not achievable.



Centre case volume

The treatment of patients needing PCI is complex as it requires the interaction of a number of different team members to optimise care. It is therefore important that these teams are performing enough procedures for them to remain familiar with all the processes involved.



In 2019/20 there was a reduction in the proportion of NHS centres performing <400 procedures a year (to 15%)

Time to treatment



76.1% of STEMI patients were treated within 60 mins of arrival at PCI centre

Call-To-Balloon times are increasing (the % of patients with a CTB < 150 mins has fallen from 75.2% in 2016 to 67.5% in 2019/20)



The % of NSTEMI patients who were treated within 72 hours has fallen from 58.4% to 54.2% during the last 3 years

NATIONAL CARDIAC AUDIT PROGRAMME

NATIONAL CONGENITAL HEART DISEASE AUDIT (NCHDA)

2021 Summary Report

NICOR



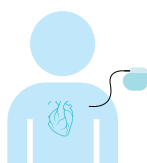
NCHDA AT A GLANCE

Data from the three-year period April 2017 to March 2020



12,393 congenital heart procedures in 2019/20;
8286 (67%) in children under 16

Number of treatments



66% increase in electrophysiology and pacemaker/ICD implant treatments in adults with congenital heart disease over 5 years; 22% increase in interventional procedures for this cohort



~15% reduction in paediatric cardiac surgical procedures in infants and children over 6 years

Complications after procedures

Low complications rates after paediatric cardiac surgical procedures:



2.4% life support, 1.2% unplanned pacemaker, 3.5% renal replacement therapy and 3.5% prolonged pleural drainage

Fluoroscopic screening



New data are provided on fluoroscopic screening times and radiation doses for a range of procedures. The work will help set reference standards for future audit.

Survival at 30 days

Despite this being one of the most complex areas of surgery, the UK and Republic of Ireland continue to have excellent outcomes with high survival and low mortality rates.



98.4% 30-day survival after paediatric cardiac surgical procedures

Dual consultant procedures

Two consultants operate where there are more complex lesions and this practice is also a key element of training or mentoring consultant colleagues.



11% dual consultant procedures for paediatric cardiac surgical procedures; 14% in neonates and 22% for transcatheter and electrophysiology procedures

Antenatal diagnosis

About 20–30% of congenital heart defects are severe, defined as being potentially life threatening and requiring surgery within the first year of life..



51% prenatal diagnosis for all infants requiring a procedure in the first year of life.



NATIONAL CARDIAC AUDIT PROGRAMME

NATIONAL HEART FAILURE AUDIT (NHFA)

2021 Summary Report

(2019/20 data)

NICOR

BRITISH
SOCIETY
FOR
HEART
FAILURE

NHFA AT A GLANCE

Data from the three-year period April 2019 to March 2020

Access to cardiology wards and specialist HF care is associated with better survival for all and improved treatment at discharge for those with HFrEF.



69,556
total admissions

All patients

Admitted to
cardiology
ward

Seen by a
specialist

	Patients diagnosed with echocardiography	86%	94%	90%
	Patients receiving specialist care	82%	99%	100%
	Patients with HFrEF discharged on all three disease-modifying drugs	49%	56%	51%
	Patients who received a cardiology follow up	46%	61%	51%
	Patients who received a Heart Failure nurse follow up	55%	67%	63%
	Patients referred to cardiac rehabilitation	15%	22%	18%
	Mortality in hospital	9%	6%	8%

Place of care is a key quality indicator for HF as care on a cardiology ward is associated with the best survival, both during the admission and after discharge, better treatment for HFrEF, and the best access to specialist care



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National Hip Fracture
Database (NHFD)



Facing new challenges

The National Hip Fracture Database report on 2020

In association with



Commissioned by



Report at a glance – key messages



All eligible trauma units in England, Wales and Northern Ireland regularly upload data to the NHFD. This report describes the care provided to the **63,284 people** who presented to **173 hospitals** in England and Wales following a hip fracture during 2020.

This report uses **six NHFD key performance indicators (KPIs)** to describe how the quality of care varies between hospitals and changes over time. The impact of COVID-19 on patient care and the organisation of trauma services are also described.

30-day mortality was **three times higher** for patients with COVID-19 than seen in those without the infection.



30-day mortality **rose to 8.3% in 2020** meaning that over 1,000 more people died during this first year of the COVID-19 pandemic than we would have expected had the mortality figure of **6.5%** we reported in 2019 been maintained.



We have **launched new casemix data quality run charts** and cross-tabulation tools to make it easy for local teams to review the data they provide.



Performance on most KPIs remained stable, or experienced small transient dips, during the COVID pandemic of 2020 – a testament to the resilience of hip fracture services.





Royal College
of Physicians

National Audit of
Inpatient Falls (NAIF)



National Audit of Inpatient Falls (NAIF)

Annual report 2021

(2020 clinical and 2021 facilities audit data)

Autumn 2021

In association with



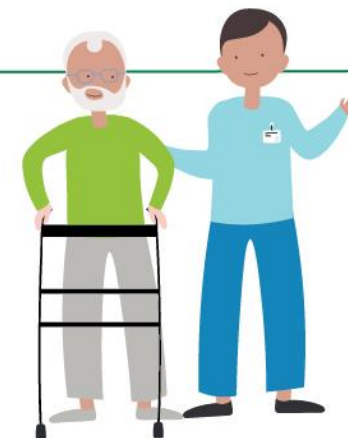
Commissioned by

Report at a glance – key messages



Engagement in the audit has increased with **79%** of eligible NHS trusts and health boards participating in the National Audit of Inpatient Falls (NAIF). More NHS mental health trusts (**63%** in 2021 vs **38%** in 2020) and specialist trusts (**30%** in 2021 vs **8%** in 2020) are now taking part.

The audit looked at the care given to 1,357 patients who fell while they were in hospital and sustained a hip fracture in 2020 (January to December).



It is necessary to assess older inpatients for factors that increase their risk of falling so that appropriate interventions and care plans can be put into place. Examples of falls risks are difficulty with mobility, impaired vision and delirium. This process is called a multi-factorial fall risk assessment (MFRA). MFRA was complete in **76%** cases but findings from individual components highlight the poor quality of some MFRA.

The risk factor which was most often assessed was continence with **74%** patients undergoing this component of the MFRA. Vision and lying/standing blood pressure were the least often assessed with **44%** and **35%** patients getting this assessment respectively.



were being followed at the time of the fall that caused the fracture.



Checked for injury before moving

71%

In 2019:
69%



Flat lifting equipment used

26%

In 2019:
22%



Assessed by medic within 30 minutes

62%

In 2019:
52%



Many inpatients experience delays to hip fracture care.

These delays may partly explain the poorer outcomes in those who fracture as an inpatient. Poor standards of immediate post-fall management, as indicated by performance against [NICE Quality Standard 86](#) statements 4, 5 and 6 are likely to exacerbate these delays.



On average, it took 2 hours following the fall that caused the hip fracture for patients to receive the first dose of pain relief. [NICE Clinical Guideline 124](#) recommends that analgesia should be given immediately.

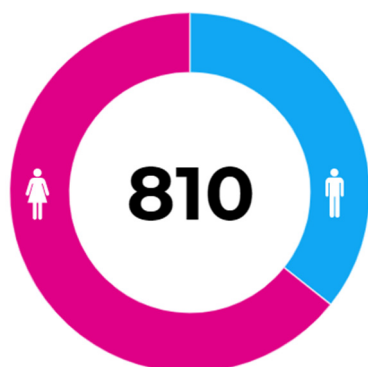


NPDA spotlight audit report Type 2 Diabetes

Published November 2021

Key findings

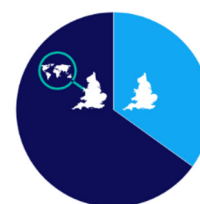
Patient characteristics and care at diagnosis



810 children and young people with Type 2 diabetes received care from a PDU in England and Wales in 2019/20. The majority were girls (64.3%).



71.4% lived in the two most deprived quintile areas of the country. 65.1% came from minority ethnic backgrounds.



Almost a third (30.1%) of children or young people with Type 2 diabetes are being cared for in a PDU with five or fewer cases of the condition. Only 22/172 PDUs cared for more than 10 children with Type 2 diabetes.



There is no one criterion, clinical or biochemical, that makes a diagnosis of Type 2 diabetes; a combination of careful clinical evaluation and biochemical evaluation is necessary to make a swift diagnosis.



Four-fifths (78.9%) had no delay in the diagnosis of Type 2 diabetes. Delay was associated with higher HbA1c at diagnosis.



Most (>85%) had a family history of Type 2 diabetes, mainly amongst female relatives.



Over four fifths (84.8%) had three or more clinical or biochemical markers of Type 2 diabetes; Clinically, the presence of obesity (85.9%) and acanthosis nigricans (50.9%), combined with raised HbA1c (77.6%) and absence of diabetes antibodies (40.1%) in the presence of a raised blood glucose (46.6%), appear to provide the highest markers for early diagnosis.



Dietetic support was offered to 99.3% of children and young people at diagnosis of Type 2 diabetes, with 69.9% being offered psychological support at diagnosis.



Recommended health checks around sleep assessment (21.7%), liver ultrasound (18.5%) and 24-hour ambulatory blood pressure monitoring (2.8%) were poorly performed in the first year following a diagnosis of Type 2 diabetes.

Over half (50.9%) were hypertensive (BP >98th centile) at diagnosis.



Care and outcomes in 2019/20



Completion of NICE recommended health checks (HbA1c, BMI and blood pressure) in children and young people with Type 2 diabetes was good (~95%) with rates similar to those recorded for Type 1 diabetes from the core audit of the same year. Lipid profiling (77.3%), urinary albuminuria (63.9%) and liver function tests (66.7%) were less well completed.



Dietetic (94.6%) and psychological support (56.4%) were offered in 2019/20 at rates similar to those at diagnosis.



Albuminuria was only treated in 3.4% of children and young people with Type 2 diabetes with a further 6.9% deemed as requiring treatment. However, the core NPDA audit reported albuminuria in 25.7%.



Liver ultrasound was poorly performed with 88.2% not having the investigation. Where ultrasound was completed at diagnosis and repeated in 2019/20, a higher percentage were now found to have fatty liver.

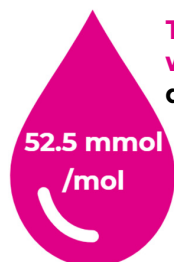
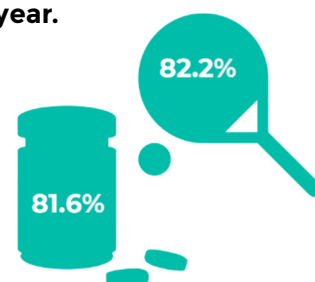


Despite 42.3% having high blood pressure, only a minority (3.7%) were referred on for 24 hour ambulatory blood pressure monitoring, and only 5.9% were offered antihypertensive therapy.



Almost all children and young people with Type 2 diabetes were either overweight (6.5%) or obese (92.0%) in 2019/20. Of those with obesity at diagnosis in years prior to 2019/20, only 8% reduced their BMI to a lower category by this audit year.

In 2019/20, lifestyle modification (82.2%) and metformin (81.6%) were the most highly utilised therapies. Insulin was used by 26.5% of the cohort, and there was infrequent use of sulphonylureas, GLP1 agonists, DPP-4 and SGLT2 inhibitors.



The median HbA1c for children and young people with Type 2 diabetes was 52.5 mmol/mol in 2019/20 compared to 62.0 mmol/mol for Type 1 diabetes.

Therapies for severe obesity such as extreme low-calorie diets, Orlistat or bariatric surgery were rarely used in children and young people with Type 2 diabetes.





NATIONAL VASCULAR REGISTRY

2021 Annual Report

November 2021



**Royal College
of Surgeons
of England**
ADVANCING SURGICAL CARE



OF GREAT BRITAIN AND IRELAND



**British Society of
Interventional
Radiology**

Registered Charity No: 1084852



HQIP

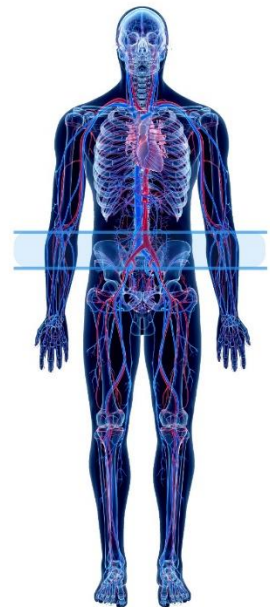
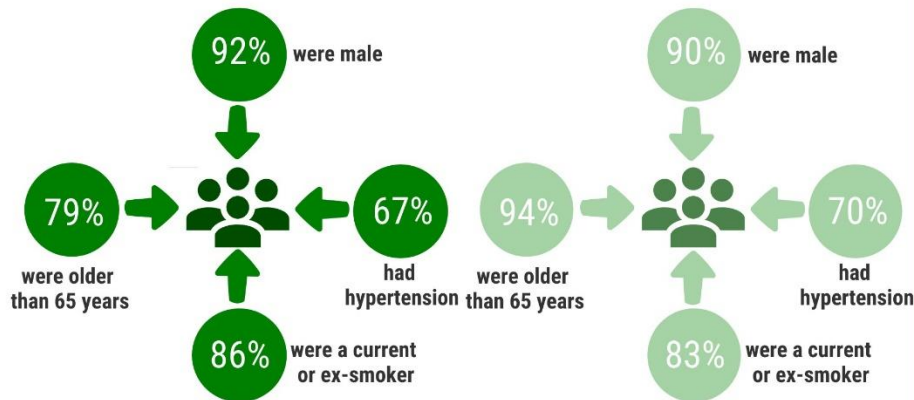
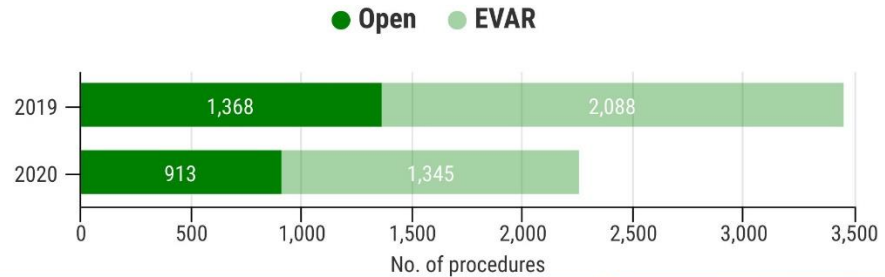
Healthcare Quality
Improvement Partnership

Repair of abdominal aortic aneurysm (AAA) to prevent rupture

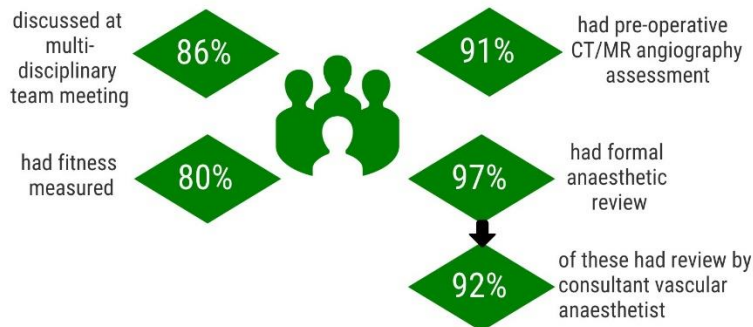
AAA is an abnormal expansion of the aorta (the largest vessel taking blood away from the heart). If left untreated, it may enlarge and rupture causing fatal internal bleeding. An infra-renal aneurysm occurs below the level of the renal (kidney) arteries within the aorta.

Impact of COVID-19

There were 2,258 elective infra-renal AAA repairs submitted to the NVR in 2020, which is a decrease of 35% on the 3,456 procedures in 2019.



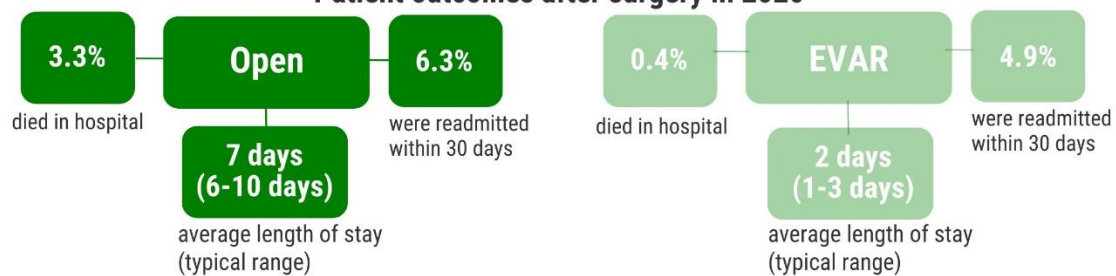
How were patients assessed?



Glossary

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

Patient outcomes after surgery in 2020

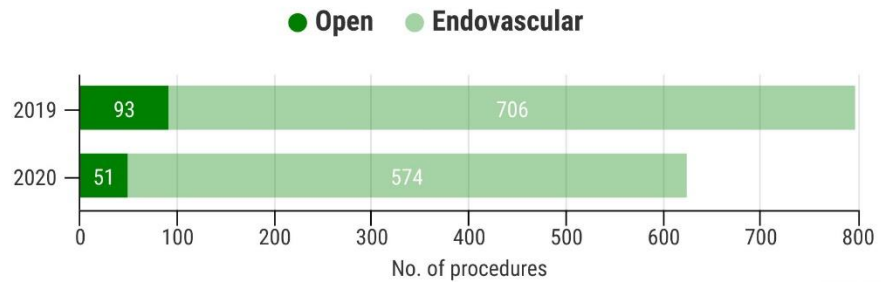


Repair of elective complex aortic aneurysms to prevent rupture

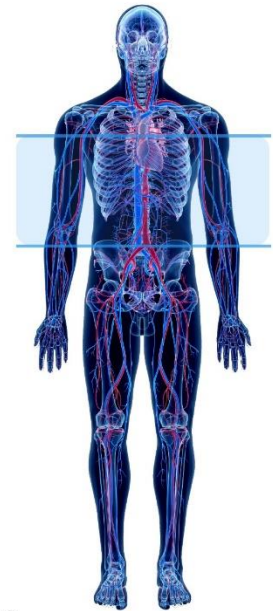
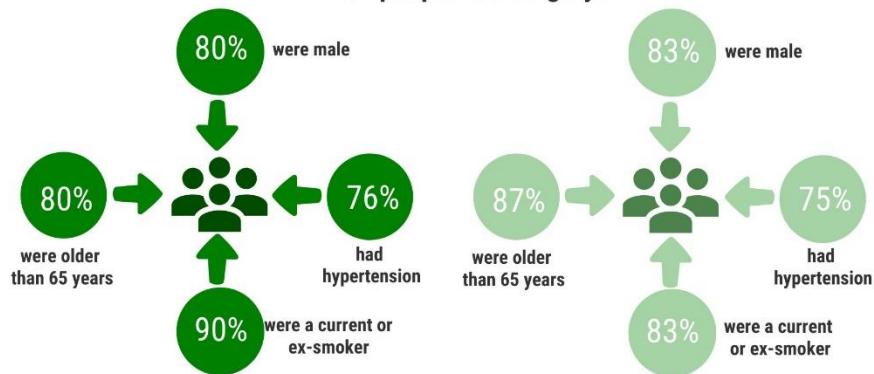
The term **complex** is used to describe those aneurysms that occur above the level of the renal (kidney) arteries. These are more complicated than the standard infra-renal repairs and require specialist teams, often within a specialist hospital.

Impact of COVID-19

There were 625 repairs of elective complex AAAs carried out in 2020, which is a 22% reduction on the 799 procedures in 2019.



Which people had surgery?



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 in 2020



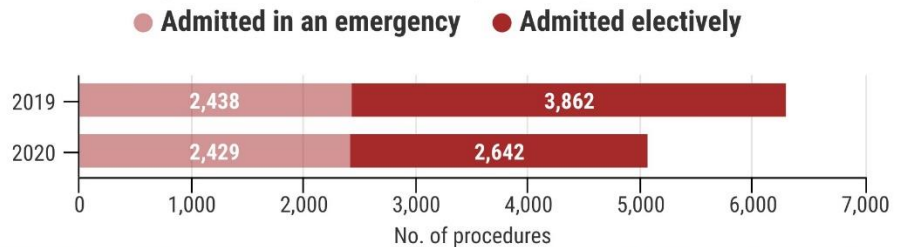
Lower limb bypass for peripheral arterial disease to prevent limb loss

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.

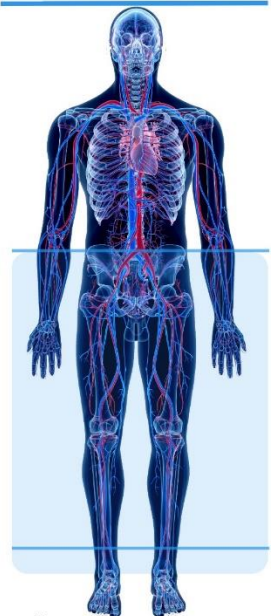
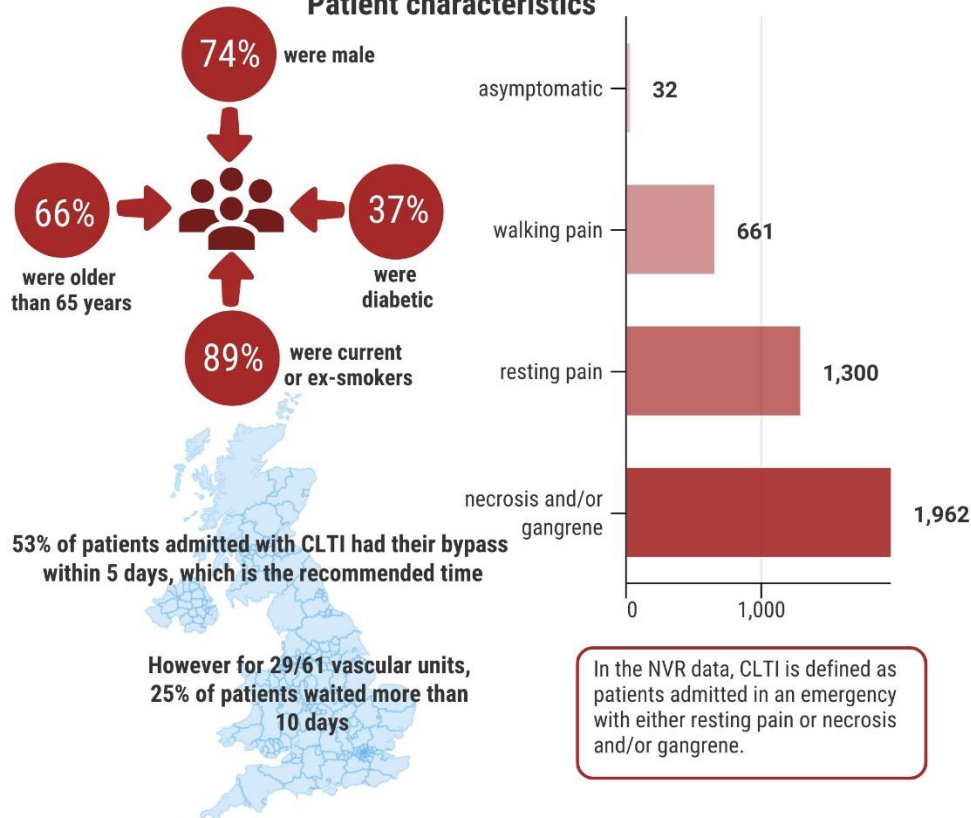
Open surgical (bypass) interventions become options when conservative therapies have proved to be ineffective.

Impact of COVID-19

There were 5,071 lower limb bypass procedures carried out in 2020, which is a 20% reduction on the 6,300 procedures in 2019.



Patient characteristics



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 in 2020



Lower limb angioplasty/stenting for peripheral arterial disease

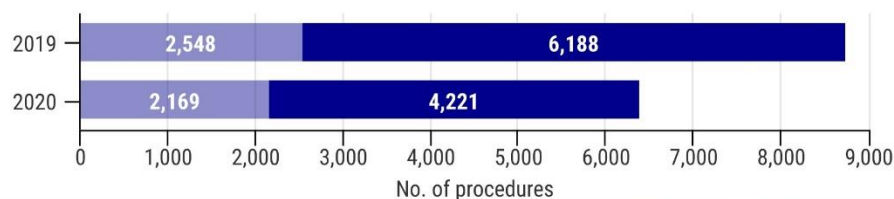
Peripheral arterial disease (PAD) is a restriction of the blood flow in the lower limb arteries that can severely affect a patient's quality of life, and risk their limb.

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

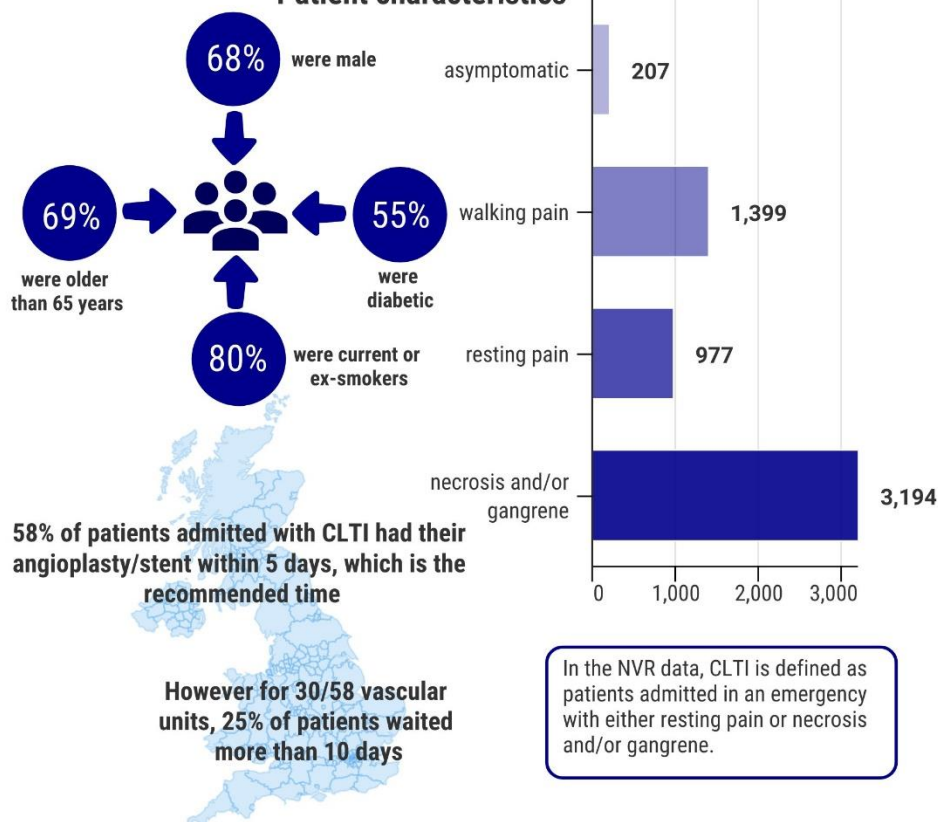
Impact of COVID-19

● Admitted in an emergency ● Admitted electively

There were 6,390 lower limb angioplasty/stent procedures carried out in 2020, which is a 27% reduction on the 8,736 procedures in 2019.



Patient characteristics



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 in 2020



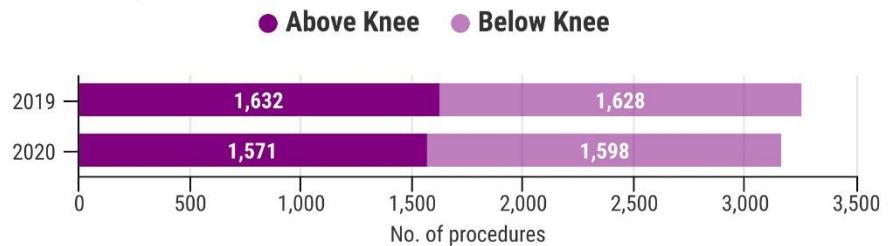
Lower limb major amputation for peripheral arterial disease

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.

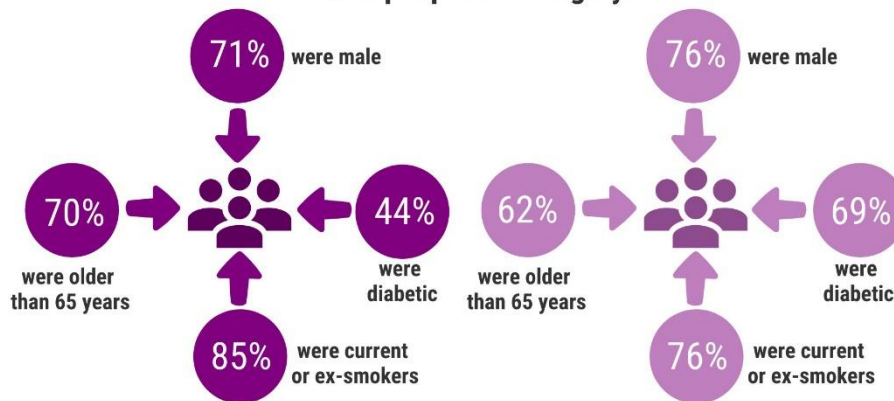
PAD can gradually progress in some patients and an operation to improve blood flow may no longer be possible. In these situations, people will require amputation of the lower limb. Additionally, patients without PAD but with a complication of diabetes may require a major amputation.

Impact of COVID-19

In 2020 there were 3,169 major lower limb amputations submitted to the NVR. This was only a slight reduction on the 3,260 procedures in 2019.



Which people had surgery?



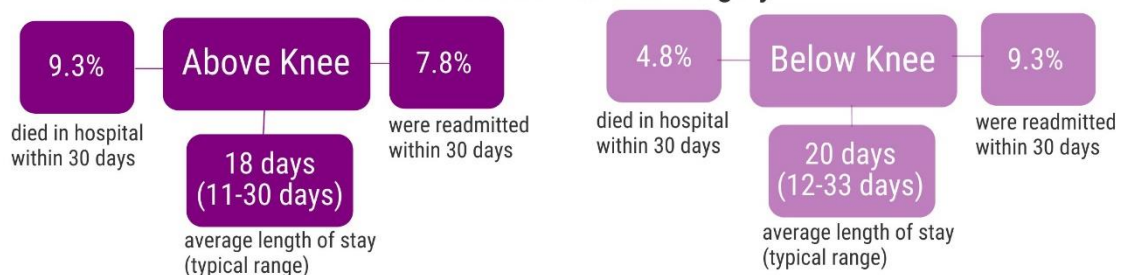
Hospitals should aim to have an above knee amputation to below knee amputation ratio below 1. In 2020, the national ratio was 0.98, but it varied greatly across the country. 29 hospitals had a ratio above 1, and of these, 12 were above 1.5.



Glossary

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

Patient outcomes after surgery



Carotid artery surgery to prevent stroke

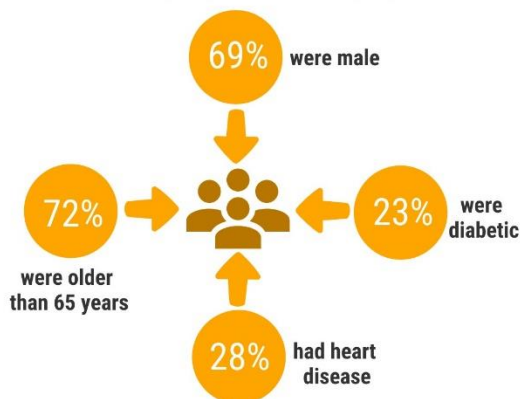
A procedure in which build-up of plaque is removed from the carotid artery in the neck is called a carotid endarterectomy (CEA).

Impact of COVID-19

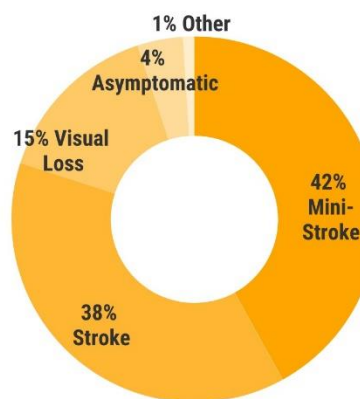
There were 2,991 CEAs submitted to the NVR in 2020, which is a 28% reduction of the 4,156 in 2019.



Which people had surgery?

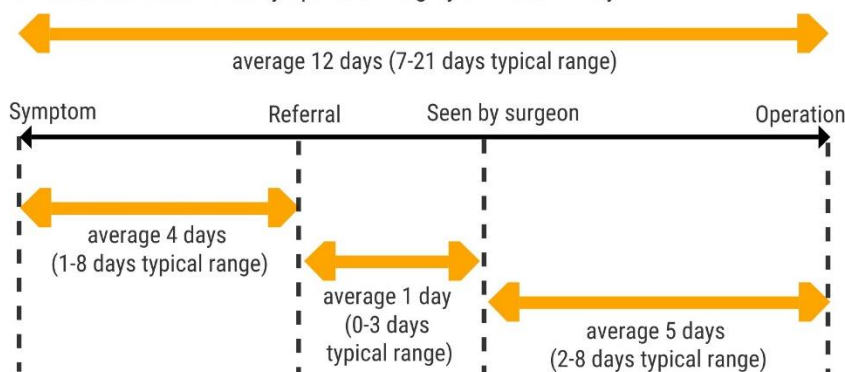


Reasons for surgery



Treatment times for symptomatic patients

Recommended time from symptom to surgery is within 14 days



Glossary

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

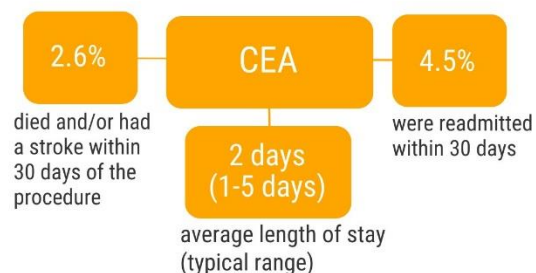
Visual loss (amaurosis fugax) is the loss of vision in one eye due to an interruption of blood flow to the retina.

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

A patient showing symptoms is known to be symptomatic.

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

Outcomes of surgery



Maternal, Newborn and Infant Clinical Outcome Review Programme



Saving Lives, Improving Mothers' Care

Core report: lessons learned to inform maternity care
from the UK and Ireland Confidential Enquiries into
Maternal Deaths and Morbidity 2017-19



November 2021

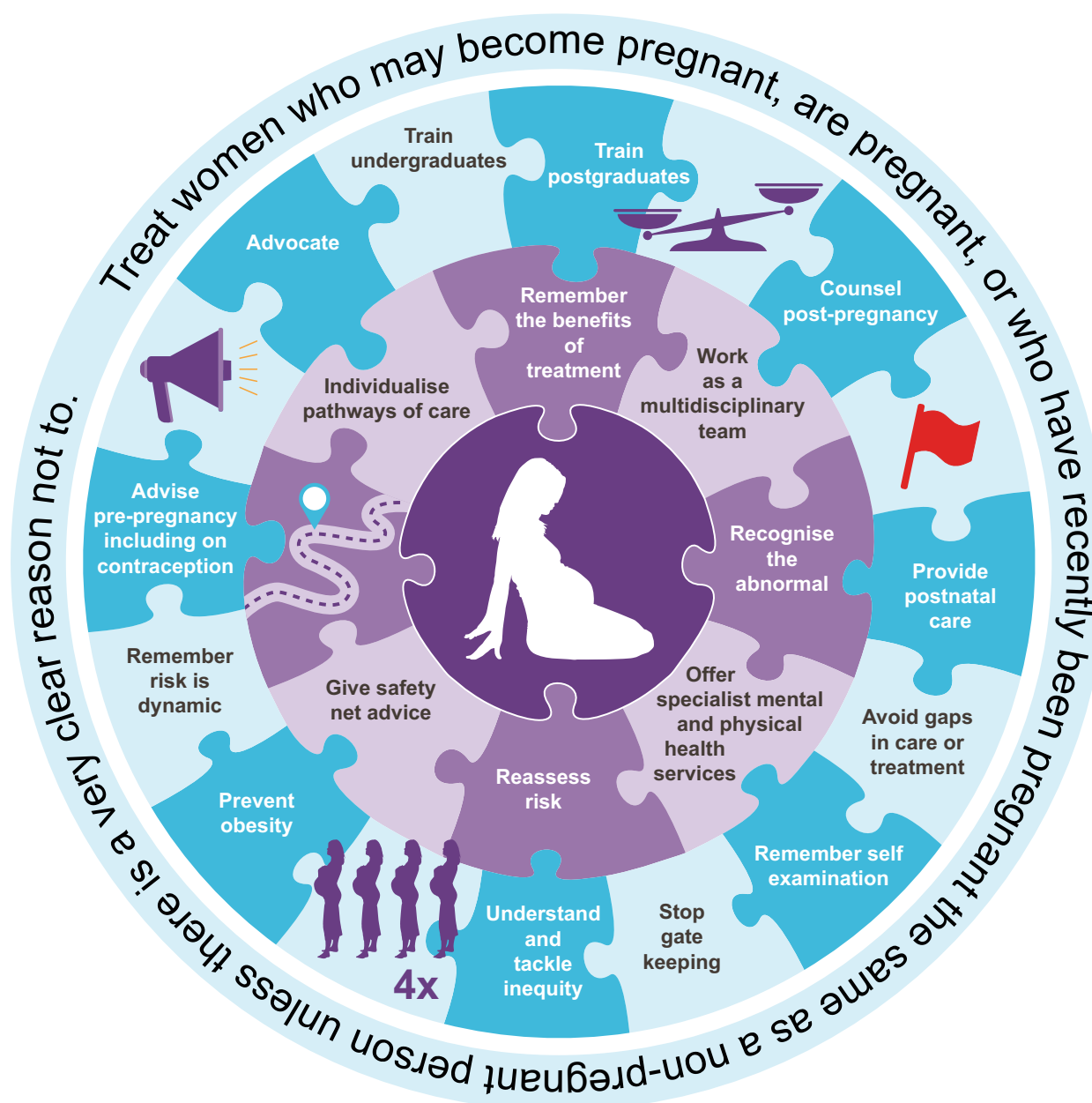
Key messages from the report 2021



In 2017-19, **191 women died** during or up to six weeks after the end of pregnancy, from causes associated with their pregnancy, among 2,173,810 women giving birth in the UK.

8.8 women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy. There is no statistically significant difference in maternal mortality compared to 2010-12.

Preventing maternal deaths - we are all part of the solution



Seventh Patient Report of the National Emergency Laparotomy Audit

December 2019 to November 2020



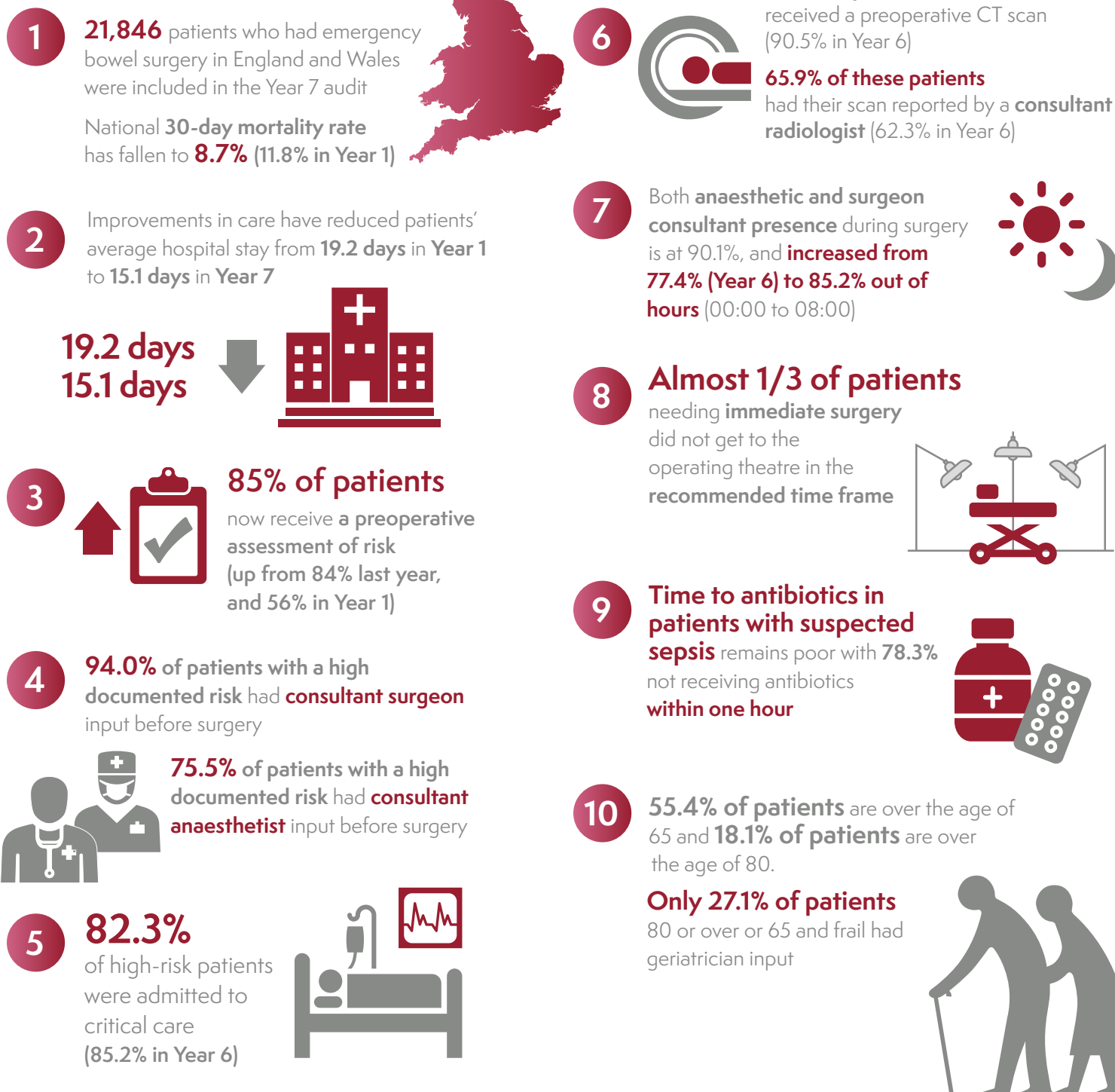
November 2021

Executive Summary

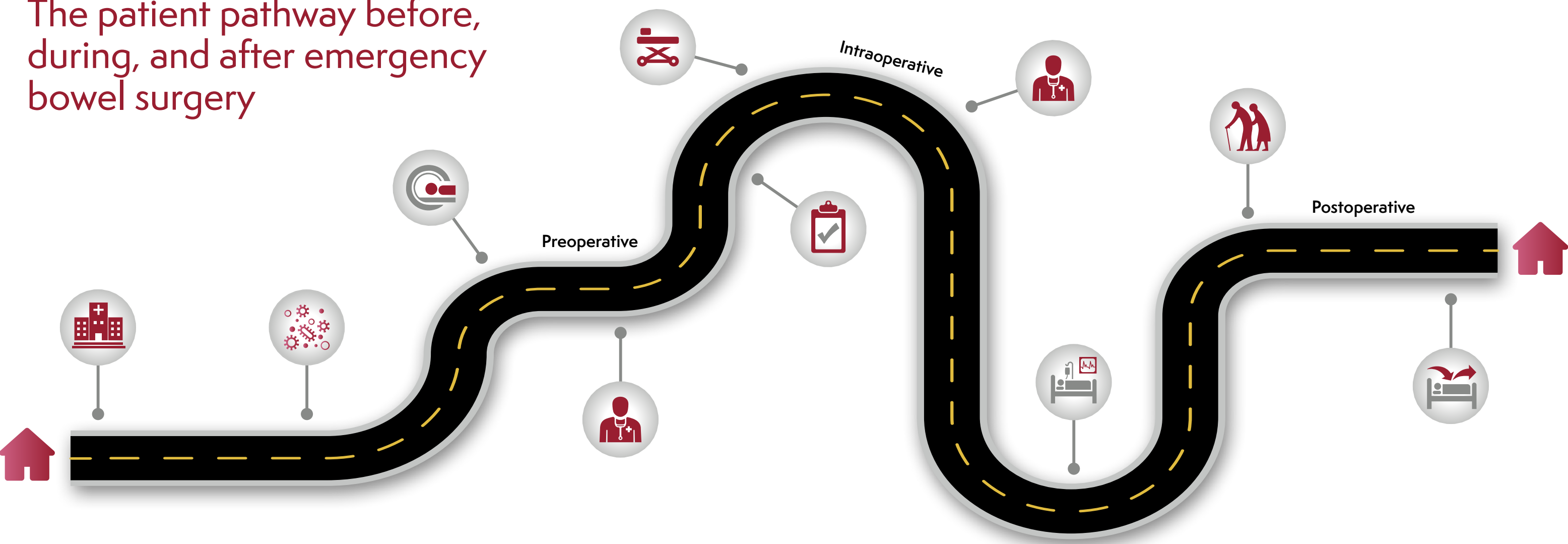
Results from 2019–2020 – the Seventh Year of the National Emergency Laparotomy Audit

(For data about the impact of COVID-19 please refer to the [Impact of COVID-19 on Emergency Laparotomy interim report](#)).

Principal performance statistics are available [here](#).



The patient pathway before, during, and after emergency bowel surgery



1 At home

You have probably experienced abdominal pain at home and had appointments with your GP or visited the hospital Emergency Department (ED) before.

2 Arrival

Most patients make their own way to hospital, (sometimes after being seen by a general practitioner [GP]) and are admitted to hospital after initially being seen and assessed in the ED.

3 Sepsis (blood poisoning) management

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

4 Radiology

Most patients will receive a computerised tomography (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.

5 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.

6 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.

7 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.

8 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.

9 Critical care

Many patients who have an emergency laparotomy will be cared for in the Intensive Care (ICU) or High Dependency Unit (HDU) 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.

10 Frailty assessment + geriatrician review

You may be seen by a geriatrician (specialist in elderly care) during your hospital stay as part of the team looking after you to help improve your recovery after surgery.

11 Discharge

Many patients will have had a long stay in hospital after an emergency laparotomy. During this time your teams should be helping prepare you for leaving hospital. You may feel tired, be unsure about what you can or can't do – now is the time to ask questions and seek answers from the team looking after you. It is important you know how and where to get help if needed after discharge.

12 Recovery

There will be an additional period of recovery required after discharge. Your GP and community nursing teams should be able to help advise you and provide support.

For more details on National Standards [please visit our website](#).

National Clinical Audit of Psychosis



Employment Spotlight Audit Report **2021**

Key Findings

85%

of people with psychosis **had their employment status documented** in their case-notes



8% of people with psychosis whose employment status was recorded were **in paid work**



63% of people with psychosis who were unemployed were recorded as **not seeking work**



17% of people with psychosis who **did not want to pursue education, training or work** had documented evidence of being offered support to get involved in other activities



Among those people with psychosis that were **unemployed and seeking work**:

43%

were offered employment support, of which...



2%

...were **specifically** offered Individual Placement and Support (IPS)

Key findings of this audit should be considered in context of the COVID-19 pandemic.

Teams are to be commended for still managing to provide employment support to 43% of people with psychosis who were unemployed and seeking work in the context of the pandemic.





FIRST ANNUAL AUDIT REPORT



Office for Health
Improvement
& Disparities

CVDPREVENT

NHS

Benchmarking Network

(for the baseline audit period up to March 2020)

Using data to drive cardiovascular disease prevention



HQIP
Healthcare Quality
Improvement Partnership

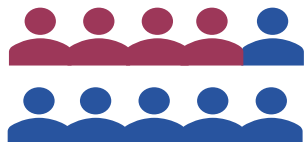
CVD PREVENT

First Annual Audit Report – Key messages

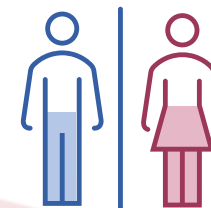
For the baseline audit period up to March 2020



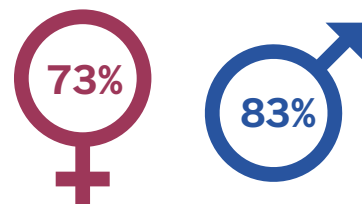
Hypertension: About 4 in 10 people with recorded hypertension also had obesity, increasing to 5 in 10 in the working age population



Hypertension: **69%** of females and **66%** of males were treated to target.



Atrial Fibrillation: Females, with high stroke risk, aged **40 – 59** years, less likely to be prescribed an anticoagulant



Familial Hypercholesterolaemia (FH): The audit results suggest under recording of FH, highlighting opportunities to identify people with this genetic condition at a younger age



Cholesterol: Prescription for lipid lowering therapy was 93% for patients with CVD and 74% for those with CKD



93% Patients with CVD

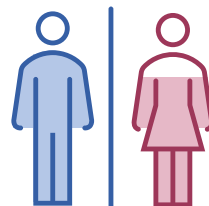


74% Patients with CKD



Cholesterol: Females with CVD aged **40 to 59** years were less likely to have a prescription for a lipid lowering therapy

92%



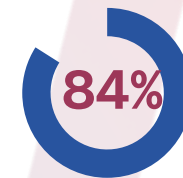
83%



Cholesterol: People with CVD in Black ethnic groups are least likely to have a prescription for a lipid lowering therapy, Asian ethnic groups are most likely



Black ethnicity



Asian ethnicity

National Oesophago-Gastric Cancer Audit 2021

**An audit of the care received
by people with Oesophago-
Gastric Cancer
in England and Wales**



December 2021

2021 Annual Report: High-grade dysplasia of the oesophagus

The Audit received information about

605

patients in England

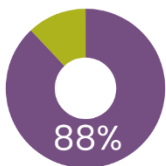
diagnosed with high-grade dysplasia of the oesophagus between April 2018 and March 2020.

Patient characteristics

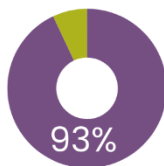


- Median age: 71 years
- 73% male
- 1 in 2 had at least one comorbidity at time of diagnosis
- 81% had a segment of Barrett's oesophagus
- 58% were diagnosed while on surveillance programmes and 42% via referral

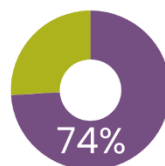
Recommended process of care



of patients had their diagnosis confirmed by a second pathologist



of patients were discussed at a multidisciplinary team meeting



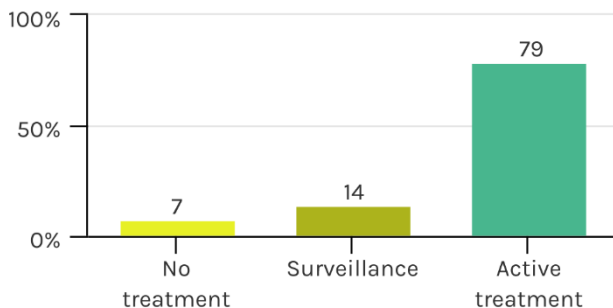
of patients had a plan for endoscopic therapy



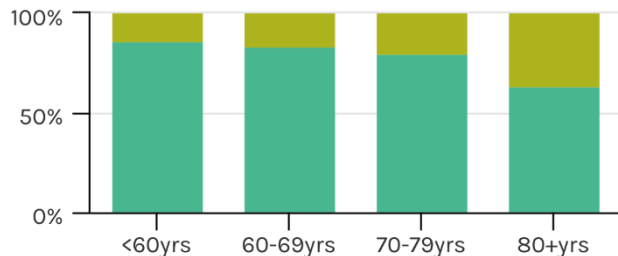
56% of patients placed under surveillance were unfit for active treatment

Primary treatment plan

Primary treatment among patients diagnosed between 2018 and 2020



Active Treatment Surveillance or no treatment



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

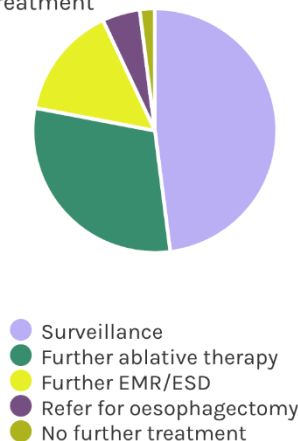
Outcomes of endoscopic treatment

Outcomes after endoscopic mucosal resection / endoscopic submucosal dissection in 2019/20

14% of endoscopic resections had positive deep margins (HGD cells present at the base of the removed specimen)

18% of endoscopic resections had positive lateral margins (HGD cells present at the side edges of the removed specimen)

Plan after primary endoscopic treatment



Glossary

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

EMR/ESD - endoscopic mucosal resection/ endoscopic submucosal dissection - Procedures to remove abnormal tissue from the digestive tract using a telescopic camera to guide instruments.

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.

The Audit received information about

20,319

patients in England and Wales

diagnosed with oesophago-gastric (OG) cancer between April 2018 and March 2020, including 14,708 patients with oesophageal cancer and 5,611 patients with gastric cancer.

Patient characteristics

Oesophageal cancer

- Median age: 72 years
- 71% male
- 41% stage 4 cancer



Stomach cancer

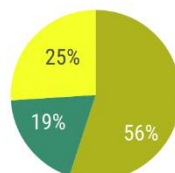
- Median age: 74 years
- 66% male
- 43% stage 4 cancer

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 have remained largely unchanged over the last five audit years.

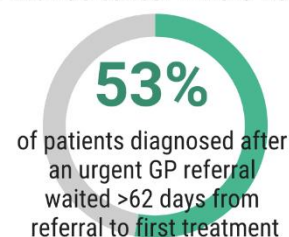
Waiting times



Median waiting times from referral to start of treatment have not improved over the last five Audit years, for both curative and non-curative treatments.

Waiting times were excessive for a significant proportion of patients in many regions.

Among patients diagnosed with OG cancer in 2018-2020:



Nutritional management

Among patients diagnosed with OG cancer in 2019-2020, 79.9% received dietetic support between diagnosis and treatment. The majority of these patients had advice from a specialist OG dietitian:



Outcomes of curative surgery

Oesophagectomy

Median length of stay

11 days

90-day mortality

3.6%

Positive longitudinal margins

4.0%

Gastrectomy

Median length of stay

9 days

90-day mortality

2.4%

Positive longitudinal margins

8.8%

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.