



**HQIP**

Healthcare Quality  
Improvement Partnership

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

Q4 (January – March 2021), updated 11/03/2020

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
14/01/2021	Long term conditions	Audit	NEIAA - National Early Inflammatory Arthritis Audit	BSR: British Society for Rheumatology	National Early Inflammatory Arthritis Audit Annual Report	<a href="https://www.hqip.org.uk/resource/national-early-inflammatory-arthritis-audit-second-annual-report/">https://www.hqip.org.uk/resource/national-early-inflammatory-arthritis-audit-second-annual-report/</a>	0.001a 0.001b
14/01/2021	Long term conditions	Audit	SSNAP - Sentinel Stroke National Audit Programme	KCL: Kings College London	Sentinel Stroke National Audit Programme (SSNAP) Annual Report	<a href="https://www.hqip.org.uk/resource/sentinel-stroke-national-audit-programme-annual-report-2019-20/#.YAAvOj7TyQ">https://www.hqip.org.uk/resource/sentinel-stroke-national-audit-programme-annual-report-2019-20/#.YAAvOj7TyQ</a>	0.002
14/01/2021	Long term conditions	Audit	NACAP - National Asthma and COPD Audit Programme	RCP: Royal College of Physicians	National Adult Asthma Report 2019/20	<a href="https://www.hqip.org.uk/resource/adult-asthma-national-clinical-audit-report-2019-2020/#.YAA4Fuj7TyQ">https://www.hqip.org.uk/resource/adult-asthma-national-clinical-audit-report-2019-2020/#.YAA4Fuj7TyQ</a>	0.003
14/01/2021	Cancer	Audit	NPCA - National Prostate Cancer Audit	RCS: Royal College of Surgeons	National Prostate Cancer Audit Annual Report	<a href="https://www.hqip.org.uk/resource/national-prostate-cancer-audit-annual-report-2020/#.YAAhVOj7RPY">https://www.hqip.org.uk/resource/national-prostate-cancer-audit-annual-report-2020/#.YAAhVOj7RPY</a>	0.004
14/01/2021	Women and children	CORP	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	<a href="https://www.hqip.org.uk/resource/maternal-newborn-and-infant-programme-saving-lives-improving-mothers-care-2020-report/#.YAAhWuj7RPY">https://www.hqip.org.uk/resource/maternal-newborn-and-infant-programme-saving-lives-improving-mothers-care-2020-report/#.YAAhWuj7RPY</a>	0.005
14/01/2021	Acute	Audit	FFFAP - Falls and Fragility Fracture Audit Programme	RCP: Royal College of Physicians	National Hip Fracture Database summary report	<a href="https://www.hqip.org.uk/resource/national-hip-fracture-database-annual-report-2020/#.YAAhW-j7RPY">https://www.hqip.org.uk/resource/national-hip-fracture-database-annual-report-2020/#.YAAhW-j7RPY</a>	0.006
11/02/2021	Acute	CORP	Medical and Surgical Clinical Outcome Review Programme	NCEPOD: National Confidential Enquiry into Patient Outcome and Death	Time Matters: A review of the quality of care provided to patients aged 16 years and over who were admitted to hospital following an out-of-hospital cardiac arrest	<a href="https://www.hqip.org.uk/resource/medical-and-surgical-out-of-hospital-cardiac-arrest-report/#.YCUUGj7RPY">https://www.hqip.org.uk/resource/medical-and-surgical-out-of-hospital-cardiac-arrest-report/#.YCUUGj7RPY</a>	0.007
11/03/2021	Acute	Audit	NELA - National Emergency Laparotomy Audit	RCoA: Royal College of Anaesthetists	The impact of Covid-19 on emergency laparotomy - an interim report of the National Emergency Laparotomy Audit	<a href="https://www.hqip.org.uk/resource/the-impact-of-covid-19-on-emergency-laparotomy-an-interim-report/#.YEoyRmj7RPY">https://www.hqip.org.uk/resource/the-impact-of-covid-19-on-emergency-laparotomy-an-interim-report/#.YEoyRmj7RPY</a>	0.008
11/03/2021	Long term conditions	Audit	NACAP - National Asthma and COPD Audit Programme	RCP: Royal College of Physicians	Primary Care Report (Wales only)	<a href="https://www.hqip.org.uk/resource/national-asthma-and-copd-audit-programme-wales-primary-care-clinical-audit-2020/#.YEoyRmj7RPY">https://www.hqip.org.uk/resource/national-asthma-and-copd-audit-programme-wales-primary-care-clinical-audit-2020/#.YEoyRmj7RPY</a>	0.009

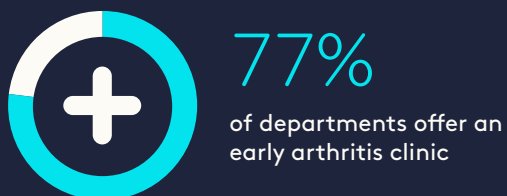
# National Early Inflammatory Arthritis Audit (NEIAA)

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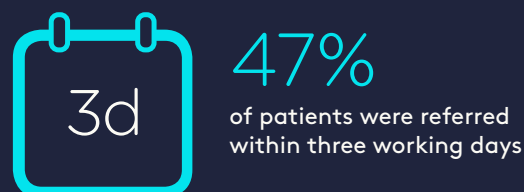
Second Annual Report  
(Data collection: 8 May 2019 – 7 May 2020)

## Key findings

### Provision of care



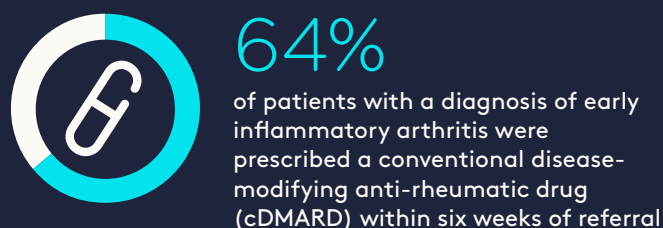
### Time to first appointment



### Diagnoses of people eligible for follow-up



### Treatment



### Annual review



### Disease remission







British Society for  
Rheumatology

# National Early Inflammatory Arthritis Audit

Patient and Public Second Annual Report  
(Data collection: 8 May 2019 – 7 May 2020)

January 2021

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## Key findings

### Recruitment



13,578

patients were recruited to the audit in year two



96%

of all NHS rheumatology services in England and Wales participated

### Treatment



64%

of patients with a diagnosis of early inflammatory arthritis were prescribed a conventional disease-modifying anti-rheumatic drug (cDMARD) within six weeks of referral



94%

of patients received disease-specific education as reported by clinicians



89%

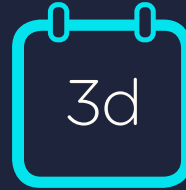
of patients had a treatment target set and agreed



92%

of patients were given access to a rheumatology specialist advice line

### Time to first appointment



47%

of patients were referred within three working days



48%

of patients referred with suspected early inflammatory arthritis were seen within three weeks



16 days

average wait for the first appointment

### Reported improvements by 12 months



52%

of people were in disease remission 12 months after diagnosis

49% to 25%

of patients who were depressed or anxious at first appointment and at 12 months

19% to 5%

reports of absenteeism at baseline and at 12 months

45% to 25%

reports of presenteeism at baseline and at 12 months

# Springboard for Progress

# The Seventh SSNAP Annual Report

Stroke care received for patients admitted to hospital between April 2019 to March 2020



# QUALITY OF STROKE CARE

Apr 2019 - Mar 2020

It is important to measure outcomes in order to understand how well stroke interventions are working and to what aspects of stroke care need to be improved.

## High Quality Specialist Stroke Care

### Stroke Unit

**84%**

of patients spent at least 90% of hospital stay on a specialist stroke unit.

**91%**

of patients received stroke specialist nursing assessment in less than 24 hours after admission.

**75%**

of applicable patients received swallow screening in less than 4 hours after admission.

### Therapist Assessment

**93%**

of applicable patients were assessed by an Occupational Therapist within 72 hours after admission.

**95%**

of applicable patients were assessed by a Physiotherapist within 72 hours after admission.

**90%**

of applicable patients were assessed by a Speech and Language Therapist within 72 hours after admission.

## Seven Day Priority Clinical Standards of Stroke Care

**55%**

of patients directly admitted to a stroke unit in less than 4 hours after admission.



**58%**

of patients assessed by a stroke specialist consultant physician (in person or via video telemedicine) in less than 14 hours after admission.

**55%**

of patients received brain imaging in less than 1 hour after admission.



**38%**

of sites providing at least 2 types of therapy seven days a week

# QUALITY OF STROKE CARE

Apr 2019 - Mar 2020

## Expanding Reperfusion Treatment

**53 minutes**

median time from arrival at hospital to thrombolysis treatment.

**11.7%**

of all stroke patients were given thrombolysis.

**1.8%**

of all stroke patients underwent a thrombectomy.

## Models of Rehabilitation

**34%**

of applicable patients received the equivalent of 45 minutes of Physiotherapy per day 5 days a week.

**37%**

of applicable patients received the equivalent of 45 minutes of Occupational Therapy per day 5 days a week.

**19%**

of applicable patients received the equivalent of 45 minutes of Speech & Language Therapy per day 5 days a week.



**41%**

of patients were treated by a stroke skilled Early Supported Discharge Team

## Longer Term Outcome

**41%**

of applicable patients received a 6 month follow-up.

**85%**

of patients in atrial fibrillation at six months taking anti-coagulants.

**3%**

of patients had a recurrent stroke at six months recorded.



**56%**

of sites undertaking a formal survey seeking patient/carer views on stroke services





Royal College  
of Physicians

# NACAP

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

### Adult asthma clinical audit 2019/20

Adults with asthma attacks discharged from hospitals in England,  
Scotland and Wales between 1 April 2019 and 31 March 2020

### Clinical audit report

Published January 2021



In association with:

Commissioned by:



# Report at a glance

Results are based on 19,360 patients admitted to hospital with an asthma attack who were discharged between 1 April 2019 and 31 March 2020.



## 28.3%

of all patients had a peak flow measurement recorded within 1 hour of arrival at hospital



**QI priority 1:** Ensure 90% of patients presenting with an asthma attack are assessed for asthma severity, including measurement of peak flow, within 1 hour



### 52.9%

of all patients had this taken within 4 hours of arrival at hospital



### 74.6%

of patients had this taken at some point during admission to hospital



### 21.2%

of patients had no peak flow measurement recorded during their admission (4.1% of patients were recorded as too unwell to have their peak flow measurement taken)



## 81.1%

of patients were reviewed by a respiratory specialist during their admission



**QI priority 2:** Ensure 90% of patients receive respiratory specialist review during hospital admission



### 68.4%

of all patients received a respiratory specialist review within 24 hours of arrival (weekdays, Monday 8am – Friday 5pm)



### 56.0%

of all patients received a respiratory specialist review within 24 hours of arrival (weekends, Friday 5pm – Monday 8am)



## 30.6%

of patients were administered systemic steroids within 1 hour of arrival at hospital\*



**QI priority 3:** Ensure 95% of patients who have not been administered systemic steroids as part of pre-hospital care are administered this treatment within 1 hour of arrival at hospital



### 65.8%

of patients were administered these within 4 hours of arrival\*



### 87.4%

of patients were administered these at some point following arrival at hospital\*

\*Please note that the audit dataset did not collect data on the proportion of patients who received their first dose of systemic steroids prior to arrival at hospital in this round of reporting.



## The proposed adult asthma best practice tariff (BPT)

These metrics are:

- > provision of respiratory review within 24 hours of arrival and
- > provision of specific elements of good practice asthma care by discharge:
  - inhaler technique checked
  - maintenance medication reviewed
  - personal asthma action plan issued/reviewed
  - tobacco dependency addressed (if current smoker).

### Audit results – best practice tariff



**28.8%** of patients received all mandatory BPT elements

**52.4%** of patients received a specialist respiratory review within 24 hours

**64.8%** of patients had their inhaler technique checked

**78.7%** of patients had their maintenance medication reviewed

**47.4%** of patients had a personalised asthma action plan issued/reviewed

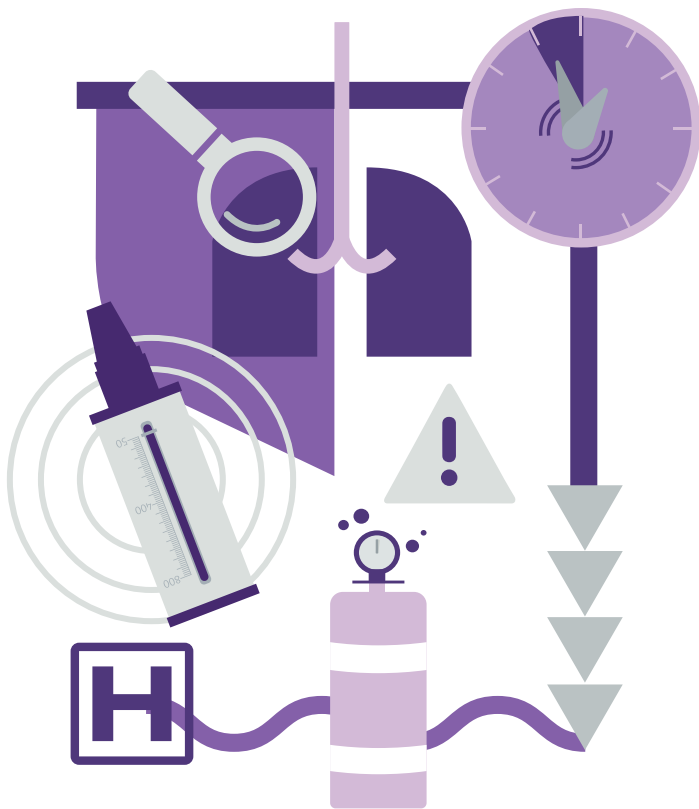
**67.7%** of patients had their tobacco dependency addressed (if current smoker)



**18.5%**

of hospitals met all of the requirements to achieve the BPT





## The first hour of care

For adult patients admitted to hospital with an acute asthma exacerbation, the aim is to achieve:

- > assessment of asthma attack severity within 1 hour (peak expiratory flow (PEF) taken)
- > administration of bronchodilators ( $\beta_2$  agonists) within 1 hour
- > administration of systemic corticosteroids within 1 hour
- > assessment of oxygenation and prescription of an oxygen target saturation range of 94–98% within 1 hour.

### Audit results – The first hour of care



**19.0%**

of patients had their peak flow taken within 1 hour of arrival at hospital



**37.3%**

of patients were given  $\beta_2$  agonists within 1 hour



**26.7%**

of patients were given systemic steroids within 1 hour

### Audit results – Oxygen prescription and administration



**18.1%**

of patients were only prescribed oxygen



**16.5%**

of patients were administered oxygen with no prescription



**22.5%**

of patients were both prescribed and administered oxygen

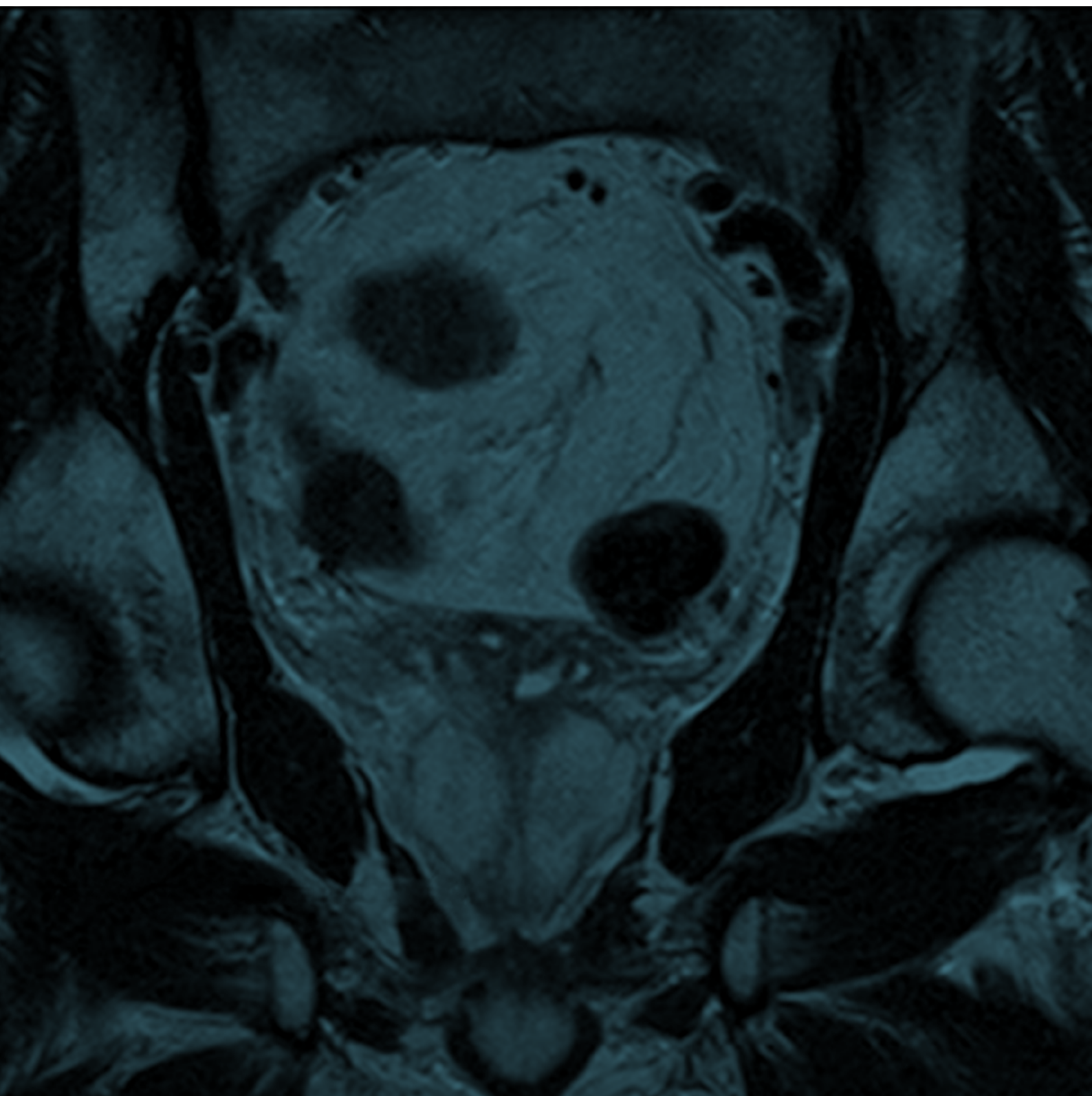


**42.9%**

of patients were not prescribed or administered oxygen

## Annual Report 2020

Results of the NPCA Prospective Audit in England and Wales for men diagnosed from 1 April 2018 to 31 March 2019 (published January 2021).



### DIAGNOSIS AND STAGING

for men diagnosed 18/19

# 52,580

men were diagnosed with prostate cancer in England and Wales between **1st April 2018 and 31st March 2019**

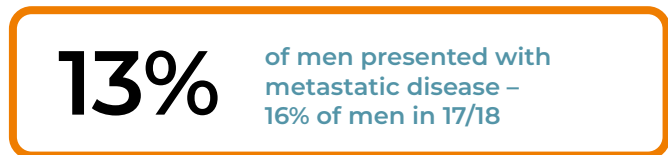


increase compared with **42,668 men in 17/18**

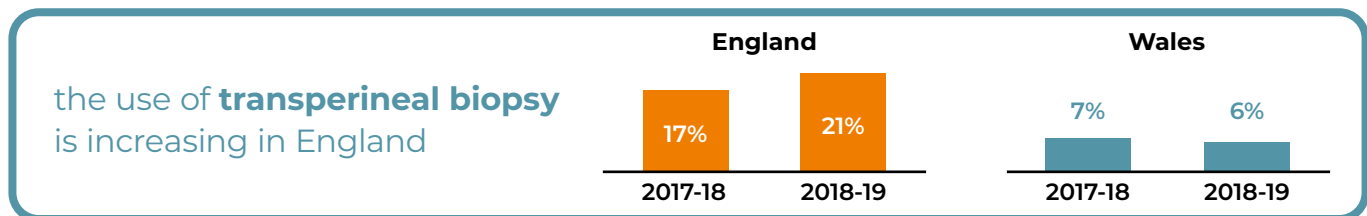
This may be explained by the diagnosis of two high-profile celebrities during the period, which was publicised by the media



**54%** of men were **70 years or older** - 56% of men in 17/18



**13%** of men presented with **metastatic disease** - 16% of men in 17/18

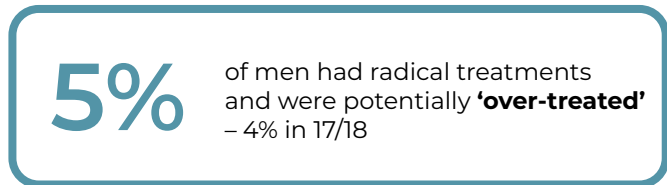


the use of **transperineal biopsy** is increasing in England

### TREATMENT ALLOCATION

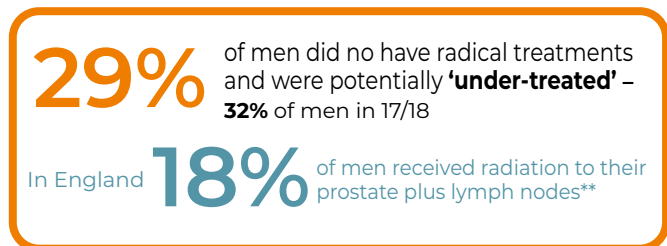
for men diagnosed 18/19

#### Low-risk, localised disease



**5%** of men had radical treatments and were potentially **'over-treated'** - 4% in 17/18

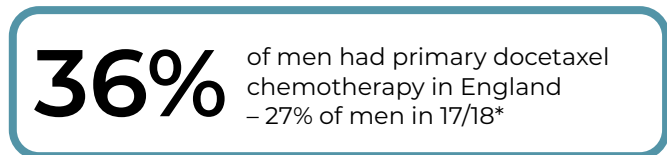
#### High-risk/locally advanced disease



**29%** of men did not have radical treatments and were potentially **'under-treated'** - 32% of men in 17/18

In England **18%** of men received radiation to their prostate plus lymph nodes\*\*

#### Metastatic disease

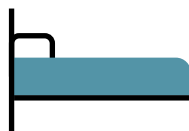


**36%** of men had primary docetaxel chemotherapy in England - 27% of men in 17/18\*

\* data currently unavailable in Wales

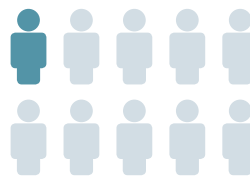
### TREATMENT OUTCOMES

**14%** of men undergoing surgery 18/19 were **readmitted** within 3 months following surgery



This short-term outcome is stable compared with 17/18

Medium term outcomes are stable for men undergoing treatment in 2017 compared with 2016



Within **2 years of treatment** 1 in 10 men experienced a **severe genitourinary complication after surgery** or a **severe gastrointestinal complication after radical radiotherapy**



After surgery, men reported their **sexual function** to be **24** and **urinary continence** to be **73\*\***

After external beam radiation, men reported their **sexual function** to be **18** and **bowel function** to be **85\*\***

\*\* mean scores on a scale of 1-100 with higher scores with higher scores representing better function

### PATIENT EXPERIENCE OF CARE



**87%** of men said they were **'given the name of a clinical nurse specialist'** - 83% of men in the previous survey in 2018



**91%** of men **rated their care** as **8/10 OR HIGHER** - 89% of men in 2018

# Maternal, Newborn and Infant Clinical Outcome Review Programme



## Saving Lives, Improving Mothers' Care

Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-18



December 2020

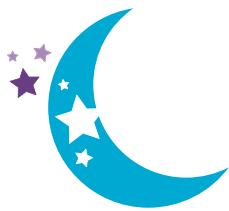
# Key messages from the report 2020

In 2016-18, **217 women died** during or up to six weeks after pregnancy, from causes associated with their pregnancy, among 2,280,451 women giving birth in the UK.

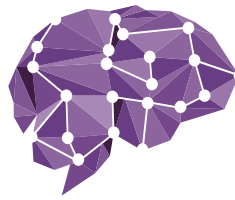
**9.7 women** per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy.

## We need to talk about SUDEP

Act on:



Night-time seizures



Uncontrolled seizures



Ineffective treatment

**Epilepsy and stroke 13%**

to prevent **Sudden Unexpected Death in Epilepsy**

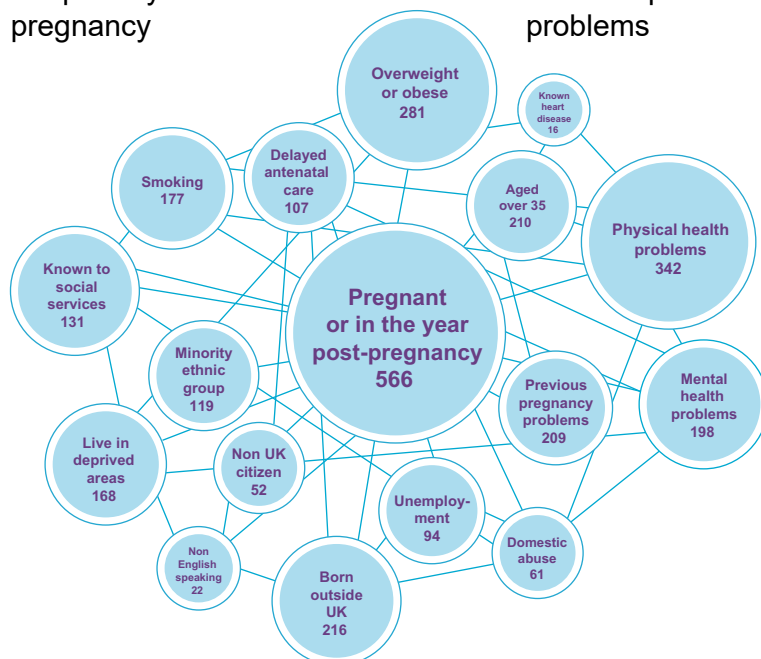
29 women

50 women

## A constellation of biases

**566 women** died during or up to a year after pregnancy

**510 women (90%)** had multiple problems



**Systemic Biases** due to pregnancy, health and other issues prevent women with complex and multiple problems receiving the care they need

Cardiac disease **23%**

33 women

Blood clots **15%**

28 women

Mental health conditions **13%**

23 women

Sepsis **11%**

20 women

Bleeding **9%**

Other physical conditions **7%**

15 women

Cancer **3%**

6 women

Pre-eclampsia **2%**

4 women

Other **4%**

9 women



‘I had always been active, even driving every day until I slipped and fractured my hip 2 years ago. The care and after-treatment I received left me eternally grateful to so many people in the NHS. The operation gave me a new lease of life and it was thanks to this that I was able to embark on my record breaking charity walk which saw me become a beacon of hope to the nation amid crisis.’

Captain Sir Thomas Moore



# The challenge of the next decade: are hip fracture services ready?

A review of data from the National Hip Fracture Database (January–December 2019)

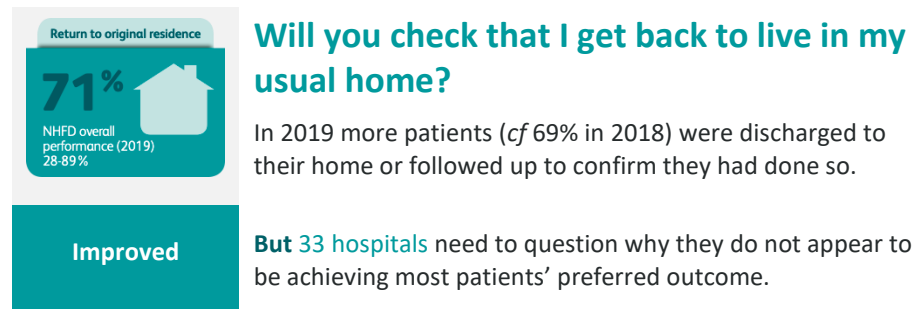
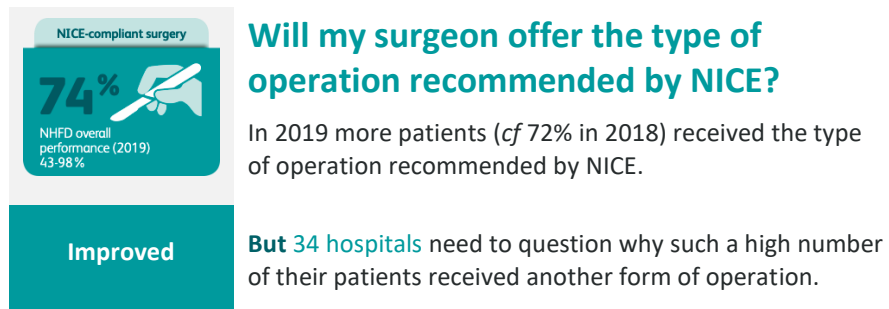
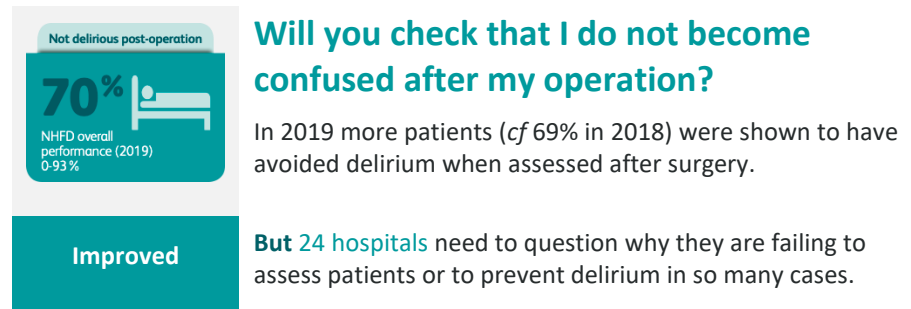
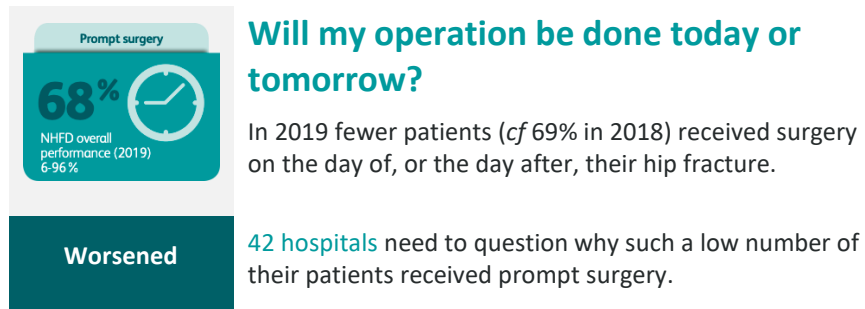
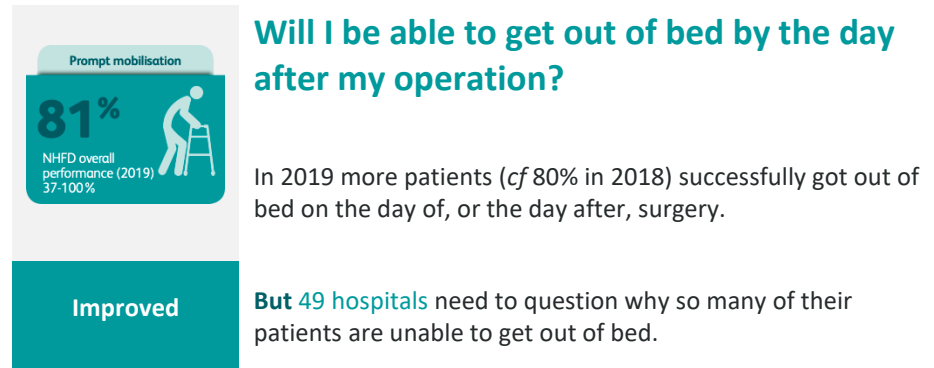
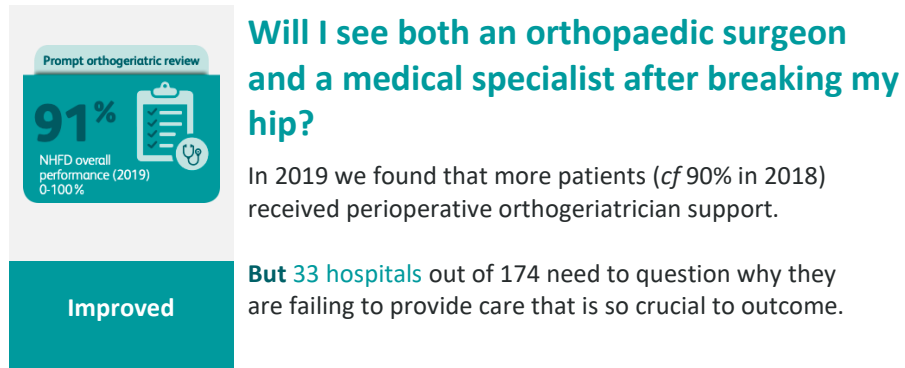
In association with



Commissioned by



## Key findings



*cf* = compared to

# Time Matters

A review of the quality of care provided to patients aged 16 years and over who were admitted to hospital following an out-of-hospital cardiac arrest





# Key messages aimed at improving the care of people admitted to hospital, with a return of spontaneous circulation, following an out-of-hospital cardiac arrest (OHCA)

## PRE-HOSPITAL CARE

### MESSAGE 1. BYSTANDER CARDIOPULMONARY RESUSCITATION, INCLUDING USE OF PUBLIC ACCESS DEFIBRILLATORS, IMPROVES OUTCOME



Patients whose OHCA was **witnessed** had a **2.5x greater chance of survival to hospital discharge** compared with an unwitnessed OHCA

**35.5%** (145/409) patients in this study who received **bystander CPR** survived to **hospital discharge** compared with **20.0%** (21/105) patients who did not

A **public access defibrillator** was used on **16.9%** (28/166) of the patients where a defibrillator was used. 18 of the 28 patients were discharged home

## IN-HOSPITAL CARE

### MESSAGE 2. STANDARDISING ADVANCE TREATMENT PLANS HELPS PATIENTS RECEIVE REALISTIC TREATMENT BASED ON THEIR WISHES E.G. 'DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION' (DNACPR) DECISIONS



**3.2%** (21/661) of patients had a **DNACPR** decision in place **prior** to the admission and a further **48.9%** (323/661) had a DNACPR decision made **during** the **admission**

An **electronic system** for **advanced care directives** that included **DNACPR** decisions was in place in **36.5%** (65/178) of hospitals

**Integration** of electronic systems with **ambulance** services was in place in **23/65** hospitals and with **general practice** in **36/65** hospitals

### MESSAGE 3. DELAYING THE ASSESSMENT OF NEUROLOGICAL PROGNOSIS BY AT LEAST 72 HOURS AFTER THE RETURN OF SPONTANEOUS CIRCULATION AIDS DECISION-MAKING



Formal prognostication took place in **48.0%** (134/279) of patients where it was indicated

**Timing** of neuroprognostication was **not appropriate** for **19.8%** (26/131) of patients in the view of the case reviewers

The final assessment of **neurological prognosis** was made **<72 hours** after hospital admission for **57/84** patients

### MESSAGE 4. ENSURE GOOD TEMPERATURE CONTROL IS USED FOLLOWING AN OHCA AS UNCONTROLLED TEMPERATURE IS ASSOCIATED WITH A WORSE OUTCOME



A **policy** for **targeted temperature management** was available in **77.8%** (130/167) of hospitals

**41.4%** (104/253) patients admitted to **intensive care** within 24 hours of return of spontaneous circulation, **did not receive targeted temperature management** when it was indicated

**Temperature management** was rated as **'good'** in only **18.7%** (41/219) of patients and as **'poor or unacceptable'** in **57.5%** (126/219) patients

## ONGOING CARE

### MESSAGE 5. PROVIDE ONGOING PHYSICAL, NEUROLOGICAL, CARDIAC AND EMOTIONAL SUPPORT TO ENSURE GOOD QUALITY OF LIFE FOR SURVIVORS OF AN OHCA



**71.1%** (133/187) of OHCA survivors were assessed for **physical rehabilitation**

**29.4%** (55/187) of OHCA survivors were assessed for **neurological rehabilitation**

**59.0%** (72/122) of OHCA survivors were offered **cardiac rehabilitation** (where applicable)

**20.0%** (21/105) of OHCA survivors were offered **psychological review**



# THE IMPACT OF COVID-19 ON EMERGENCY LAPAROTOMY – AN INTERIM REPORT OF THE NATIONAL EMERGENCY LAPAROTOMY AUDIT


23 MARCH 2020 – 30 SEPTEMBER 2020

Every year in England and Wales, around 25000 patients undergo an emergency laparotomy (emergency bowel surgery). Emergency laparotomy patients are cared for by a multi-disciplinary team including critical care, anaesthetists and surgeons. During March-September 2020 the COVID-19 pandemic significantly affected hospitals' service, systems and staffing, disrupting the care of emergency laparotomy patients. This interim report aims to describe the impact of the COVID-19 pandemic on the care of emergency laparotomy patients during the first national lockdown in 2020.


## Executive Summary of COVID-19 Report

### Results from March - September 2020


**1** **10546** patients had emergency laparotomies in England and Wales (13024 in Mar-Sept 2019)



**2** **867** patients had a perioperative diagnosis of COVID-19




**3** **82%** of high-risk patients were admitted to critical care (86.4% in 2019)



**81.7%** of high-risk non-COVID-19 patients were admitted to critical care

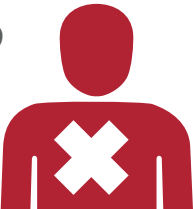
**84.4%** of high-risk COVID-19 positive patients were admitted to critical care

**4** **96.6%** of high-risk patients had consultant surgeon and **93%** had consultant anaesthetist care intra-operatively (94.6% and 92.5% in 2019)

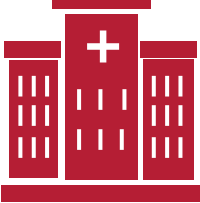


**96.8%** of COVID-19 positive patients had consultant surgeon and **93.7%** had consultant anaesthetist care intra-operatively

**5** 30-day mortality was **7.2%** in non-COVID-19 and **12.5%** in COVID-19 positive patients (9.0% in 2019)



**6** Median length of stay was **12** days if COVID-19 positive and **9** days for non-COVID-19 patients (10 days in 2019)





Royal College  
of Physicians

NACAP

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

## Wales primary care clinical audit 2020

(asthma and COPD data extracted from 226 general  
practices in Wales to capture activity up to  
31 March 2020)

## Clinical audit report

Published March 2021

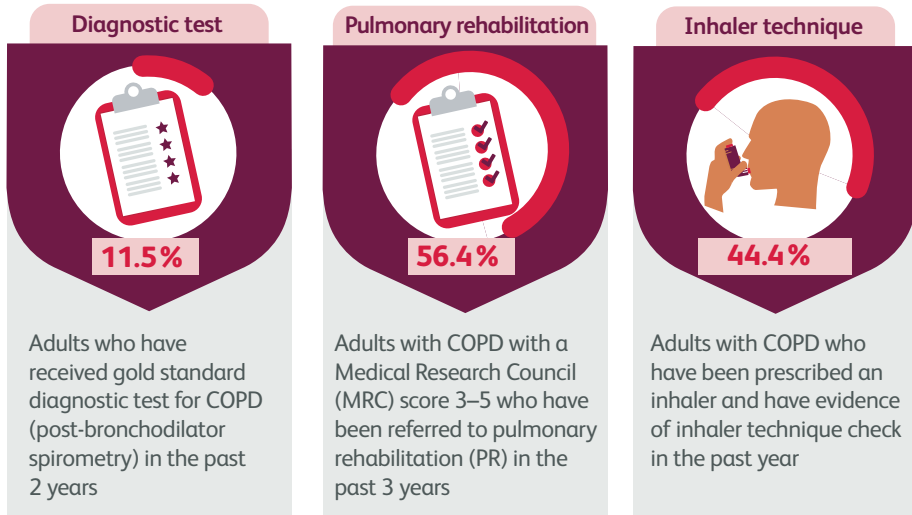




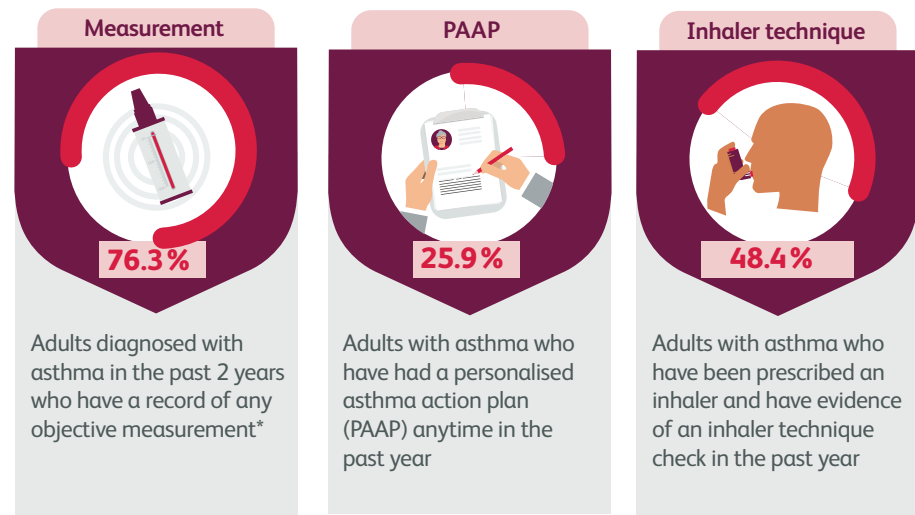
# Report at a glance

All Wales results (data extracted from 226/398 GP practices capturing activity between 1 October 2018 and 31 March 2020)

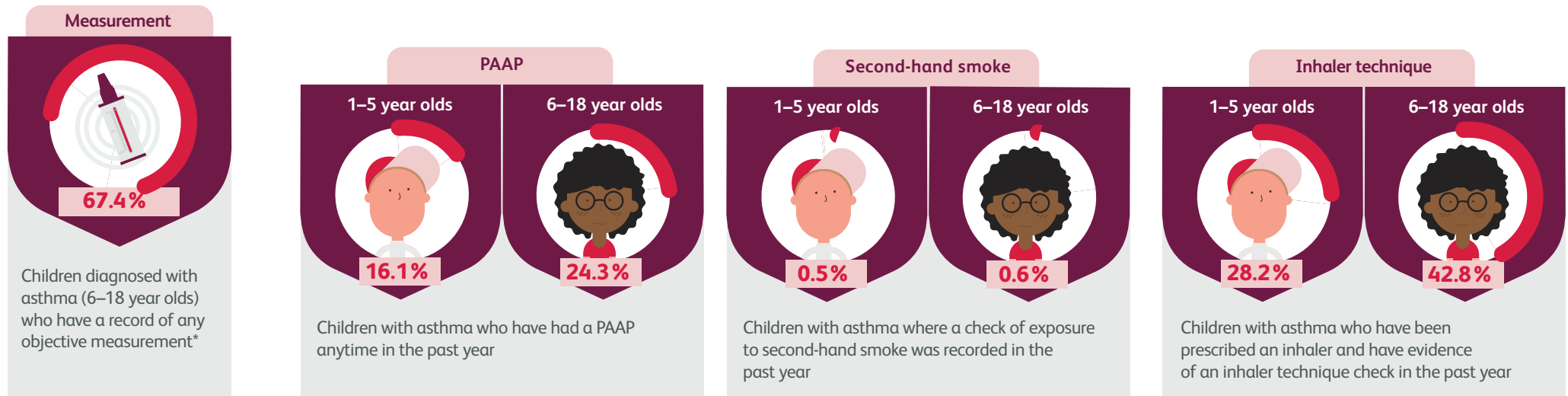
## Adults with COPD



## Adults with asthma



## Children and young people with asthma



\*includes spirometry, peak flow (>1 reading or evidence of peak flow diary) or fractional exhaled nitric oxide (FeNO)