



# HQIP

Healthcare Quality  
Improvement Partnership

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

Q4 (January - March 2023), updated 17/03/2023

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
2023/01/12	Acute	Audit	FFFAP - Falls and Fragility Fracture Audit Programme	Royal College of Physicians	<a href="#">FLS_DB Annual report: Rebuilding FLSs to meet local patient need Data from January to December 2021</a>	<a href="https://www.hqip.org.uk/resource/annual-report-jan2023/#.Y7_nenbP1PY">https://www.hqip.org.uk/resource/annual-report-jan2023/#.Y7_nenbP1PY</a>	0.01
2023/01/12	Cancer	Audit	NPCA - National Prostate Cancer Audit	RCS: Royal College of Surgeons	<a href="#">NPCA Annual Report 2022 Prostate Cancer services during the COVID-19 Pandemic (published January 2023)</a>	<a href="https://www.hqip.org.uk/resource/npca-annual-report-2022/#.Y8AUB3bP1PY">https://www.hqip.org.uk/resource/npca-annual-report-2022/#.Y8AUB3bP1PY</a>	0.02
2023/01/12	Cancer	Audit	NOGCA - National Oesophago-Gastric Cancer Audit	RCS: Royal College of Surgeons	<a href="#">NOGCA: An audit of the care received by people with oesophagogastric cancer in England and Wales</a>	<a href="https://www.hqip.org.uk/resource/oesophago-gastric-cancer-2022/#.Y8APwHbP1PY">https://www.hqip.org.uk/resource/oesophago-gastric-cancer-2022/#.Y8APwHbP1PY</a>	0.03
2023/01/12	Cancer	Audit	NBoCA - National Bowel Cancer Audit	RCS: Royal College of Surgeons	<a href="#">NBoCA: Annual Report 2022</a>	<a href="https://www.hqip.org.uk/resource/nboca-annual-report-2022/#.Y8AZ1XbP1PY">https://www.hqip.org.uk/resource/nboca-annual-report-2022/#.Y8AZ1XbP1PY</a>	0.04
2023/02/09	Acute	Audit	NELA - National Emergency Laparotomy Audit	RCoA: Royal College of Anaesthetists	<a href="#">NELA: Eighth Patient Report of the National Emergency Laparotomy Audit</a>	<a href="https://www.hqip.org.uk/resource/eighth-patient-report-emergency-laparotomy-nela/#.Y-56cXbP1PY">https://www.hqip.org.uk/resource/eighth-patient-report-emergency-laparotomy-nela/#.Y-56cXbP1PY</a>	0.05
2023/03/09	Women and children	Audit	PICANet - Paediatric Intensive Care Audit	University of Leeds	<a href="#">PICANet: State of the Nation Report 2022</a>	<a href="https://www.hqip.org.uk/resource/picanet-mar-2023/#.ZAoBEnbP1PY">https://www.hqip.org.uk/resource/picanet-mar-2023/#.ZAoBEnbP1PY</a>	0.06
2023/03/09	Cardiovascular	Audit	CVDPREVENT- Cardiovascular Disease Prevention Audit	NHS Benchmarking Network	<a href="#">CVDPREVENT: Third Annual Audit Report</a>	<a href="https://www.hqip.org.uk/resource/third-annual-report-cvdprevent/#.ZAoBAnbP1PY">https://www.hqip.org.uk/resource/third-annual-report-cvdprevent/#.ZAoBAnbP1PY</a>	0.07
2023/03/09	Mental Health	Clinical Outcome Review Programme	Mental Health Clinical Outcome Review Programme	University of Manchester	<a href="#">NCISH: Annual Report: UK patient and general population data 2010-2020</a>	<a href="https://www.hqip.org.uk/resource/ncish-mar-2023/#.ZAoBDXbP1PY">https://www.hqip.org.uk/resource/ncish-mar-2023/#.ZAoBDXbP1PY</a>	0.08



Royal College  
of Physicians

Fracture Liaison Service  
Database (FLS-DB)



# Fracture Liaison Service Database (FLS-DB) Annual report: Rebuilding FLSs to meet local patient need

Data from January to December 2021

January 2023

In association with



Commissioned by



# Report at a glance – key messages<sup>1</sup>

## Demographics and data completeness

The FLS-DB team congratulates the achievement of the 70 FLSs across England and Wales that actively<sup>2</sup> participated with the FLS-DB audit and contributed towards this report.



# 39%

of FLSs had good levels of data completeness. This is defined as eight or more key performance indicators (KPIs) with greater than 80% data completion and has been achieved against the backdrop of challenging times in the NHS.

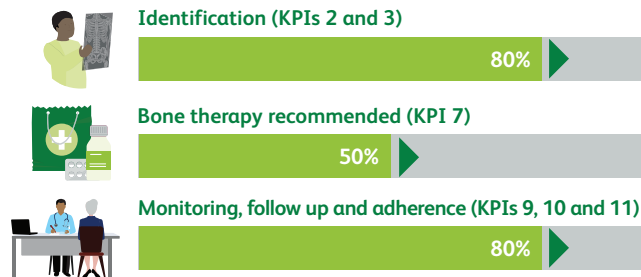
### Patient records

# 70,384



patient records were included in 2021, compared with 70,614 in 2019.

In this year's annual report, the FLS-DB team are encouraging services to focus on KPIs 2 and 3 (identification), KPI 7 (bone therapy recommended) and KPIs 9, 10 and 11 (monitoring, follow-up and adherence) for service improvement goals (80/50/80 model).



## Key findings

### Identification (KPIs 2 and 3)

The percentage of patient records submitted compared with the local estimated caseload has decreased from 49% in 2019 to 43% in 2021. There were 86 hospitals participating in the NHFD in 2021 that were not mapped to an FLS (52% of the total NHFD hospitals).

## Key recommendation

All FLSs submitting less than 80% of their expected caseload to the FLS-DB should review the underlying causes for this and agree an action plan to improve identification rates.

All FLSs should prioritise identifying patients with spine fractures over those with fractures below the knee, given that they have a higher risk of subsequent fractures.



### Bone therapy recommended (KPI 7)

More patients were recommended anti-osteoporosis medication in 2021 than in 2019 (56% vs 52%).

All FLSs with less than 50% treatment recommendation should review their pathways in line with NICE technology appraisals and guidance (NICE CG146, QS86, TA161, TA204, TA464, TA791), the NOGG 2021 clinical guideline for the prevention and treatment of osteoporosis and the Royal Osteoporosis Society clinical standards for FLSs.



### Monitoring, follow up and adherence (KPIs 9, 10 and 11)

All three KPIs for monitoring and follow up have improved in 2021 in comparison with 2019. For example, the percentage of patients who were followed up within 16 weeks of their fragility fracture has increased from 41% in 2019 to 47% in 2021.

All FLSs should continue to aim for monitoring performance for at least 80% patients who are recommended or referred for therapy. This includes patients who receive injectable therapies after referral to other clinical teams, to ensure the treatment recommendations have been actioned.



<sup>1</sup>The 2021 findings have been presented against data from 2019 to compare the current performance of FLSs with pre-COVID-19 performance

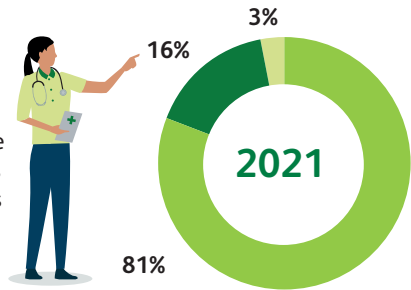
<sup>2</sup>Defined as submitting more than 50 patient records to the FLS-DB between January–December 2021

# FLS-DB 2022 facilities audit key findings

The data in this section of the report summarise the answers to the facilities audit questions. 70 FLSs completed the facilities audit in May 2022 covering the time period January–December 2021. The FLSs served an average population of 494,945 people. This represents a 27 % increase in population size compared with findings in 2019 from 63 FLSs which served an average population of 391,309.<sup>9</sup>

## Service delivery

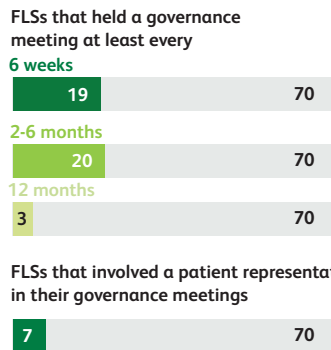
As integrated care systems become more developed, this mix is an important source of expertise and experience as FLSs become interfaced across primary and secondary care.



■ Acute setting ■ Community-care based services ■ Another healthcare setting

## Governance meeting

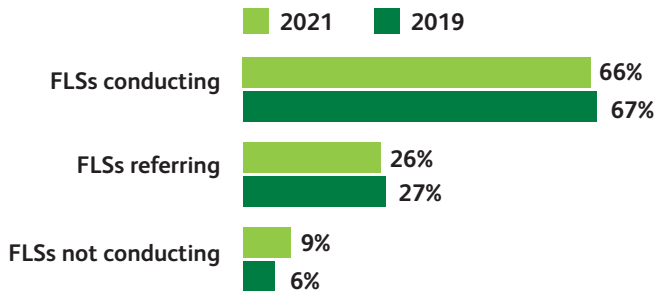
28 FLSs (40 %) reported that they did not hold a regular governance meeting in their service. Governance meetings are essential for driving service improvement and an opportunity to engage with local patients.



Recommendations 8 and 9 on page 8 set out best practice for governance meetings.

## Falls assessment

It is reassuring to see the high level of falls assessment in this vulnerable patient group. FLSs should share their falls assessment tools so others can adapt them for local use.



## Whole time equivalents (WTE)

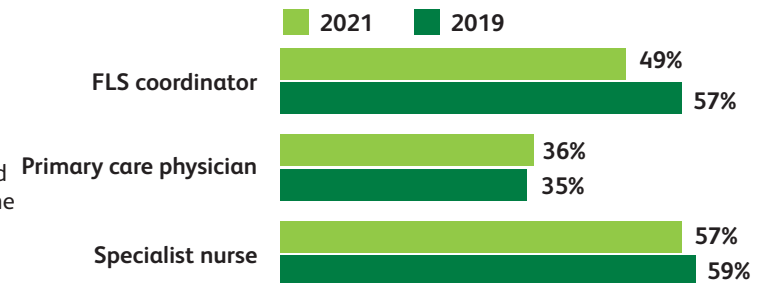
The ROS recommends 1 WTE nurse with 0.5 administrators to serve a population between 40,000-46,000. The table shows that current averages do not meet this recommendation.



	2021	2019
Nurses	1.59 WTE	1.33 WTE
Administration	0.45 WTE	0.42 WTE
Average population served (aged over 50)	494,945	391,309

## Monitoring patients

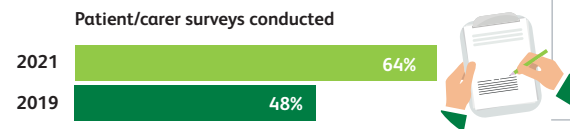
In 2021, of those services that carried out monitoring (56/70), nearly 100 % included monitoring of patients' medication adherence, persistence and adverse effects as part of their service scope. Almost half (49 %) of FLSs reported that more than one person was responsible for the monitoring of patients. Relying on primary care to deliver monitoring is a potential risk as the care of these patients cannot be benchmarked if their data are not uploaded to the FLS-DB.



Healthcare professionals responsible for monitoring patients where multiple answers could be selected.

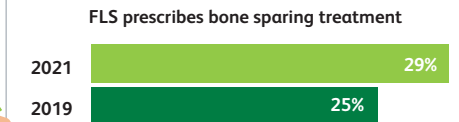
## Patient/carer surveys conducted

There has been an increase in the use of patient/carer surveys in FLSs. Surveys help to assess patient experience of your service. Poor patient experience is often a predictor of poor adherence to treatment. [The ROS patient experience questionnaire](#) is a useful template for developing a patient/carer survey.



## FLS prescribes bone sparing treatment

There has been a slight increase in FLSs directly prescribing treatment, however, further work is needed to understand the impact on longer term adherence and efficiency.



## Vacancies

**1/5** of FLSs had a staff vacancy that lasted longer than 6 months in 2021.



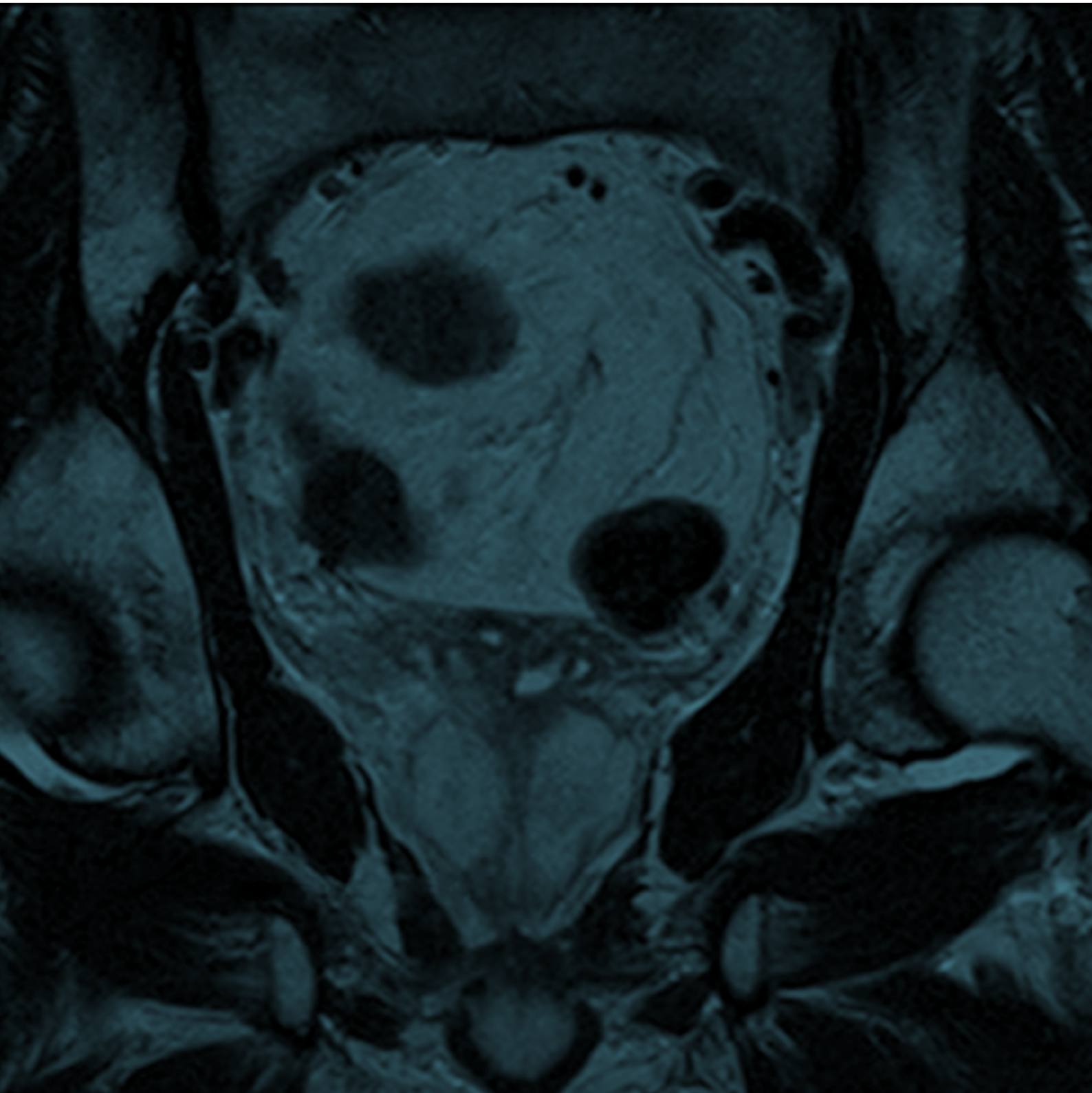
Approximately 1/3 of nurse time is spent on administrative tasks that could be semi-automated. FLSs should review their current practices to identify tasks that could be performed with better IT/digital support.

<sup>9</sup> Northern Ireland services included in the facilities audit analysis for 2019 and 2021



## **Annual Report 2022**

Prostate Cancer services during the COVID-19 Pandemic  
(published January 2023)



Diagnosis & staging

For men diagnosed in England and Wales April 2020 - March 2021:

**32,426** men were **diagnosed** with prostate cancer in England and Wales between **1st April 2020 and 31st March 2021**



**decrease** compared with 45,885 men in 2019-2020\*  
\*this may be explained by the reporting period being pre-COVID-19 in last year's report

**58%** of men were **70 years or older**



**17%** of men presented with **metastatic** disease

Treatment outcomes

For men undergoing surgery in England and Wales between April 2020 - March 2021:

**12%** of men were **readmitted** within 3 months following surgery



**Decreased** compared with 13% in 2019-2020

For men undergoing radical treatment between October 2018 and September 2019:

**7%** experienced at least one **genitourinary** complication requiring a procedural/surgical intervention within two years after **radical prostatectomy**

**10%** experienced at least one **gastrointestinal** complication requiring a procedural/surgical intervention within two years after **radical radiotherapy**

**Stable** compared with 7% in last year's report

**Decrease** compared with 11% in last year's report

Treatment allocation

For men diagnosed in Wales April 2020 - March 2021:

Low-risk, localised disease

High-risk/locally advanced disease

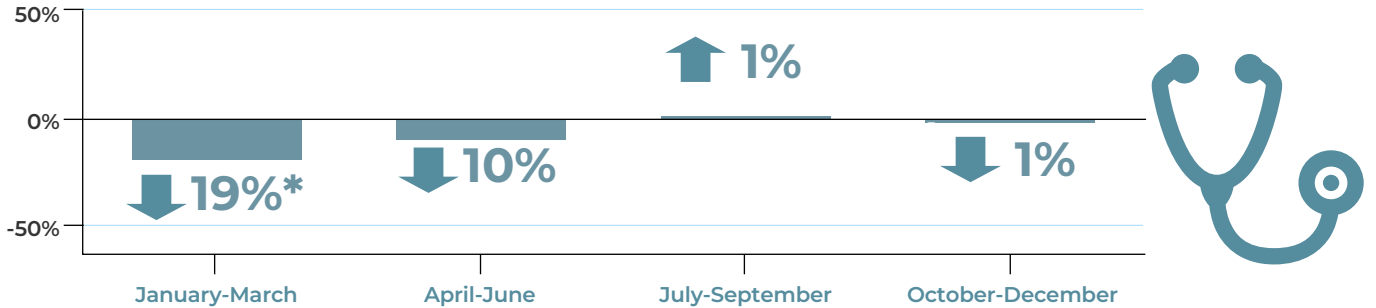
**9%** of men had radical treatments and were **potentially 'over-treated'** - 10% in 2019-2020

**28%** of men did not have radical treatments and were **potentially 'under-treated'** - 40% in 2019-2020



**Impact on Diagnosis**

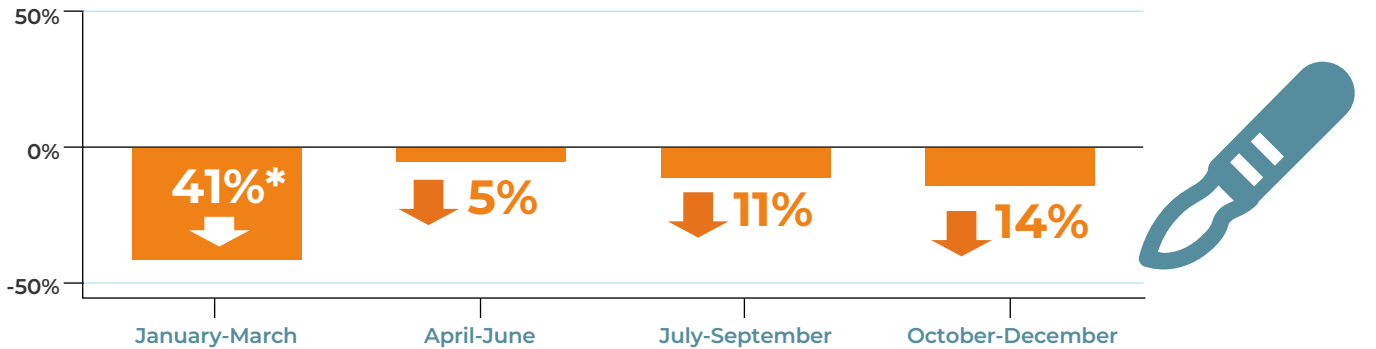
Number of patients newly diagnosed with prostate cancer in 2021 (compared to same period in 2019)



\* There was a 19% reduction in the number of men diagnosed between January-March 2021 compared with same period in 2019

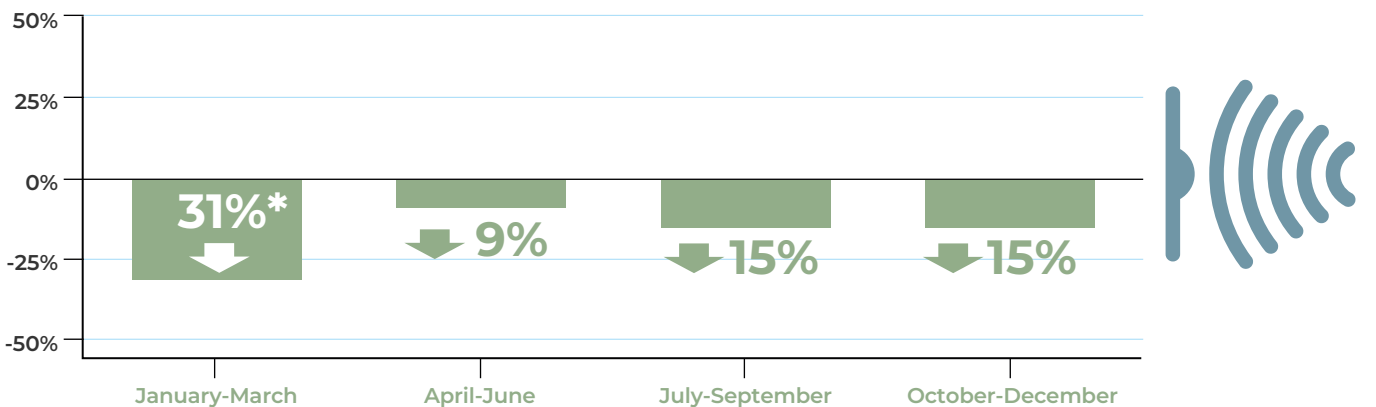
**Impact on Radical treatment received**

Number of patients undergoing radical prostatectomy in 2021 (compared to same period in 2019)



\* There was a 41% reduction in the number of men undergoing prostatectomy between January-March 2021 compared with same period in 2019

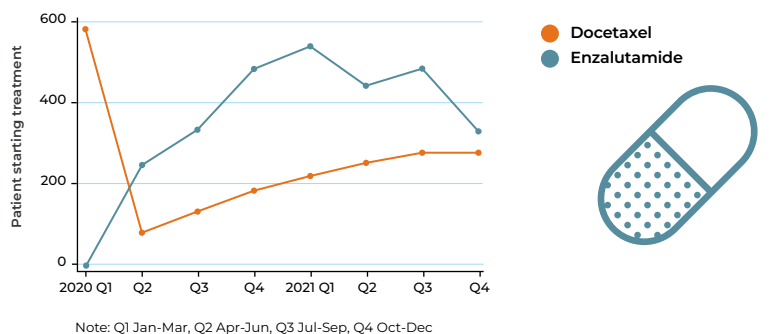
Number of patients undergoing radical radiotherapy in 2021 (compared to same period in 2019)



\* There was a 31% reduction in the number of men undergoing radiotherapy between January-March 2021 compared with same period in 2019

**Impact on systemic therapy**

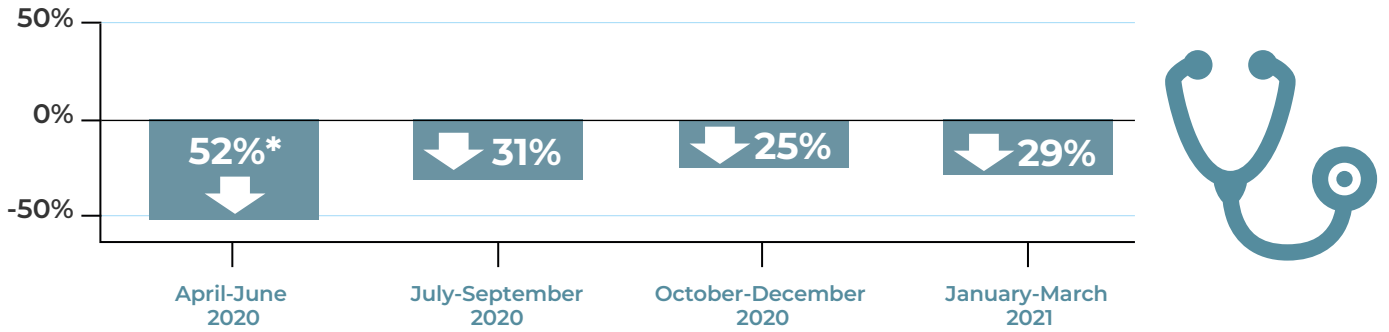
There has been a dramatic shift in utilisation rates of **Docetaxel** and **Enzalutamide** during 2020 and 2021.





**Impact on Diagnosis**

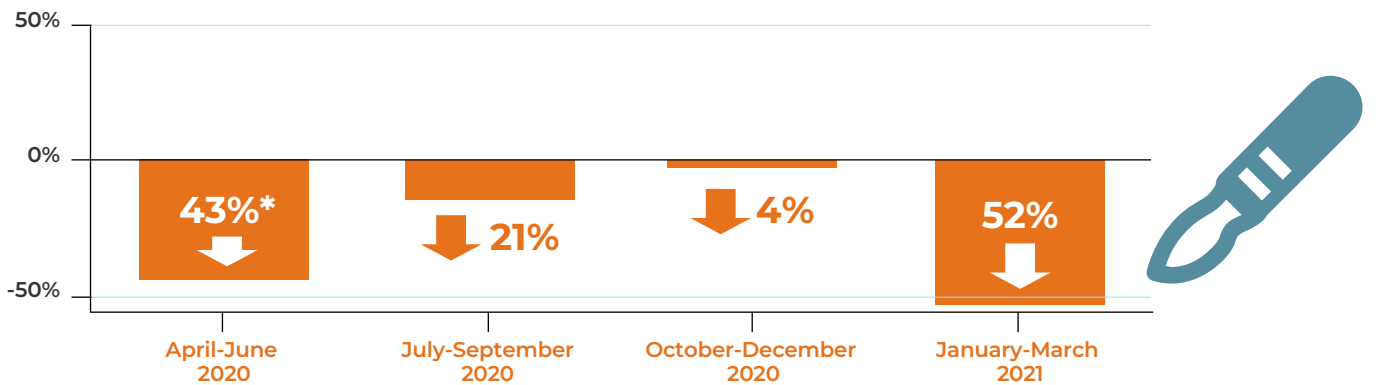
Number of patients newly diagnosed with prostate cancer in 2020 or 2021 (compared to same period in 2019)



\* There was a 52% reduction in the number of men diagnosed between April - June 2020 compared with same period in 2019

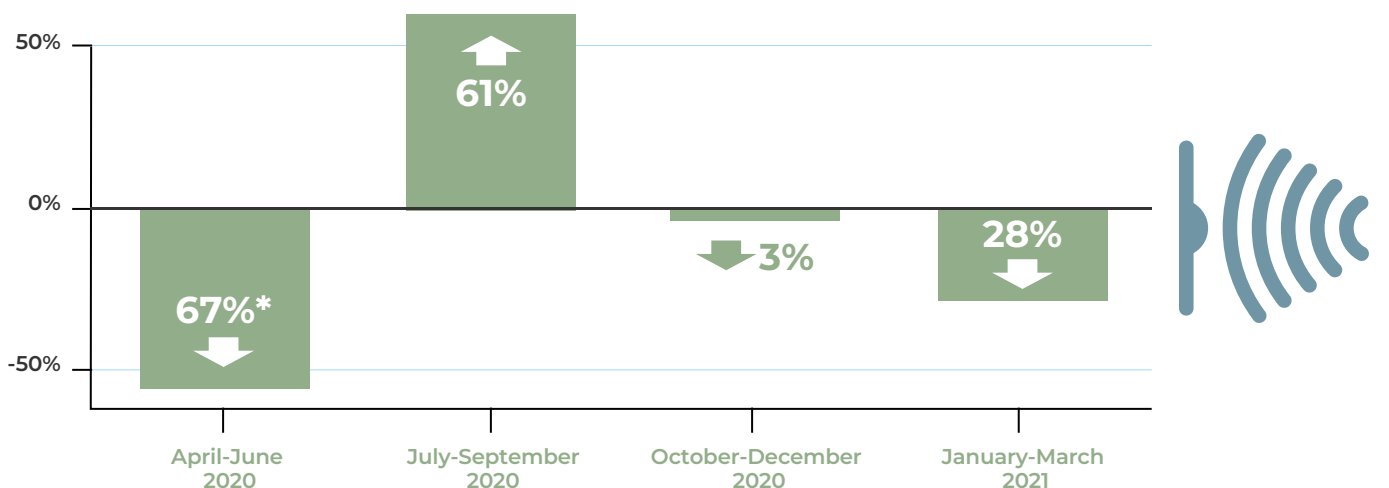
**Impact on Radical treatment received**

Number of patients undergoing radical prostatectomy in 2020 or 2021 (compared to same period in 2019)



\* There was a 43% reduction in the number of men undergoing prostatectomy between April - June 2020 compared with same period in 2019

Number of patients undergoing radical radiotherapy in 2020 or 2021 (compared to same period in 2019)

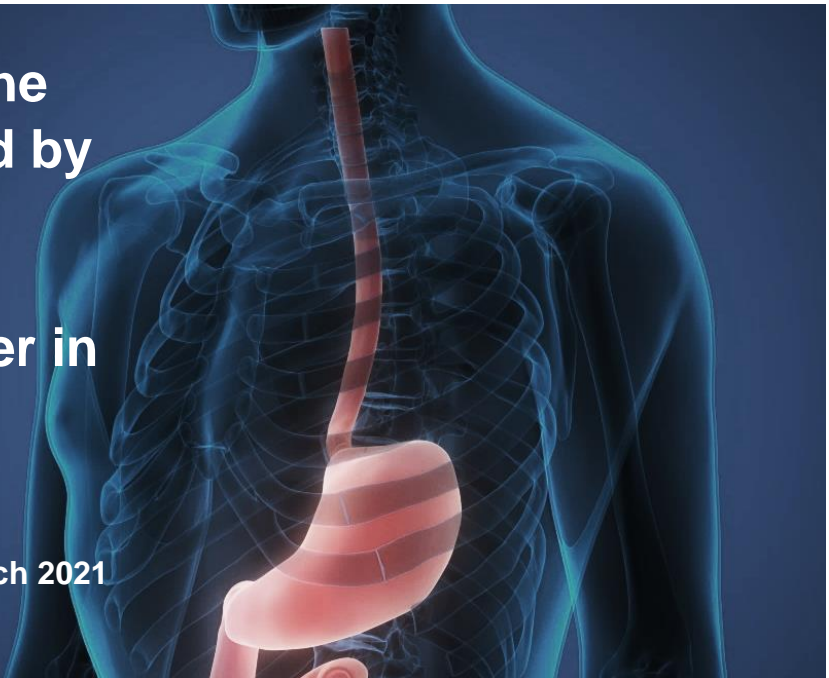


\* There was a 67% reduction in the number of men undergoing radiotherapy between April - June 2020 compared with same period in 2019

# National Oesophago-Gastric Cancer Audit 2022

**An audit of the  
care received by  
people with  
oesophago-  
gastric cancer in  
England and  
Wales**

**1 April 2019 – 31 March 2021**



January 2023

The Audit received information about

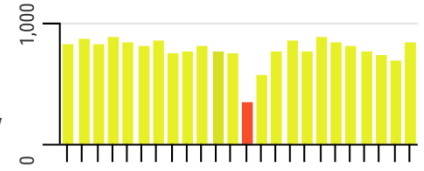
**19,174**

patients in England and Wales

diagnosed with oesophago-gastric (OG) cancer between April 2019 and March 2021, including 14,157 patients with oesophageal cancer and 5,017 patients with gastric cancer.

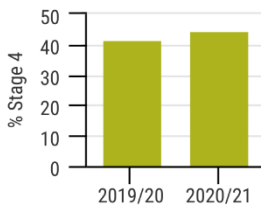
**Impact of COVID-19 on diagnoses**

In April 2020, the number of patient records submitted to the Audit fell to 43.6% of the 2019/20 monthly average, from 837 to 365 cases per month.



Month of diagnosis, April 2019-March 2021

**Routes to diagnosis**



The percentage of patients diagnosed with stage 4 OG cancer (advanced disease) increased from 41.6% in 2019/20 to 44.9% in 2020/21.



Between 2019/20 and 2020/21, the percentage of patients diagnosed after an emergency hospital admission increased from:

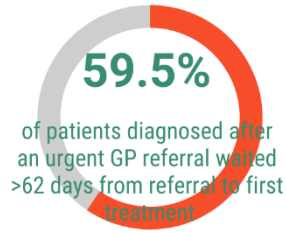
- 9.5% to 10.6% among patients with oesophageal cancer
- 17.5% to 21.4% among those with stomach cancer.

**Waiting times**

Among patients diagnosed with OG cancer in 2019-2021:

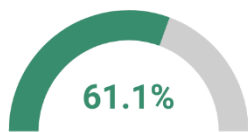


20.0%  
waited >104 days from referral to start of curative treatment



59.5%  
of patients diagnosed after an urgent GP referral waited >62 days from referral to first treatment

**Non-curative treatment**



61.1%  
of patients receiving palliative chemotherapy completed their treatment. This proportion has increased from 44.9% among those diagnosed in 2016/17 to 61.4% in 2020/21



84.8%  
of patients receiving palliative radiotherapy had a prescription that corresponded to an evidence-based regimen for OG cancer

**Outcomes of curative surgery**

Among patients diagnosed with OG cancer in 2018-2021\*:

**Oesophagectomy**

Median length of stay  
**11 days**

30-day mortality  
**1.5%**

Positive longitudinal margins  
**4.2%**

90-day mortality  
**3.3%**

Positive circumferential margins  
**20.3%**

**Gastrectomy**

Median length of stay  
**8 days**

30-day mortality  
**1.4%**

Positive longitudinal margins  
**9.8%**

90-day mortality  
**2.6%**

\*3 years' of data used for surgical outcomes to ensure enough procedures included in the analysis to produce robust organisation-level statistics.

**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. Circumferential margins are assessed after oesophagectomy, and are not applicable to gastrectomy.

The Audit received information about

# 447

patients in England

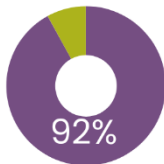
diagnosed with high-grade dysplasia of the oesophagus between April 2019 and March 2021.

## Patient characteristics

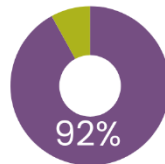


- Median age: 71 years
- 76% male
- 76% had a segment of Barrett's oesophagus
- 56% were diagnosed while on surveillance programmes and 44% after referral from a GP

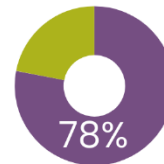
## Recommended process of care



of patients had their diagnosis confirmed by a second pathologist



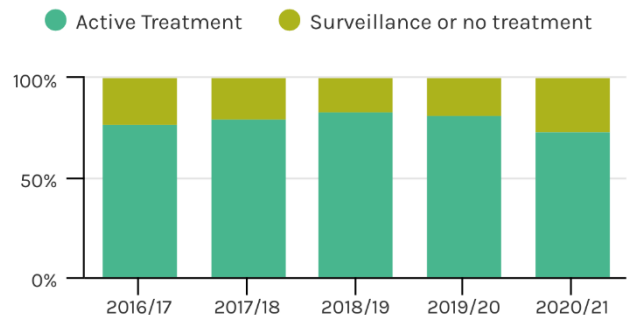
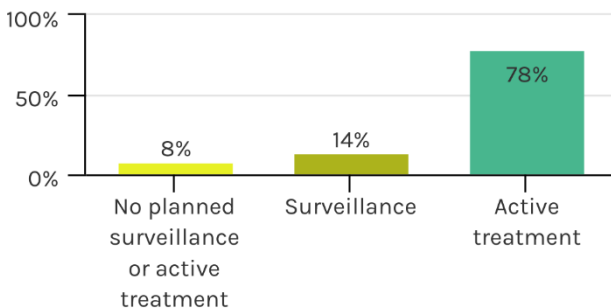
of patients were discussed at a multidisciplinary team meeting



of patients had a plan for active treatment; 97% of these patients had a plan for endoscopic treatment

## Primary treatment plan

Primary treatment among patients diagnosed between 2019 and 2021



## Outcomes of endoscopic treatment

Outcomes after endoscopic mucosal resection / endoscopic submucosal dissection between 2019 and 2021

21% of endoscopic resections had positive deep margins (HGD cells present at the base of the removed specimen)

15% of endoscopic resections had positive lateral margins (HGD cells present at the side edges of the removed specimen)

## 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.



# National Bowel Cancer Audit

## Annual Report 2022

An audit of the care received by people with bowel cancer in England and Wales diagnosed between 01 April 2020 and 31 March 2021, and patients diagnosed between 01 April 2019 and 31 March 2020 who underwent a major resection after 31 March 2020.



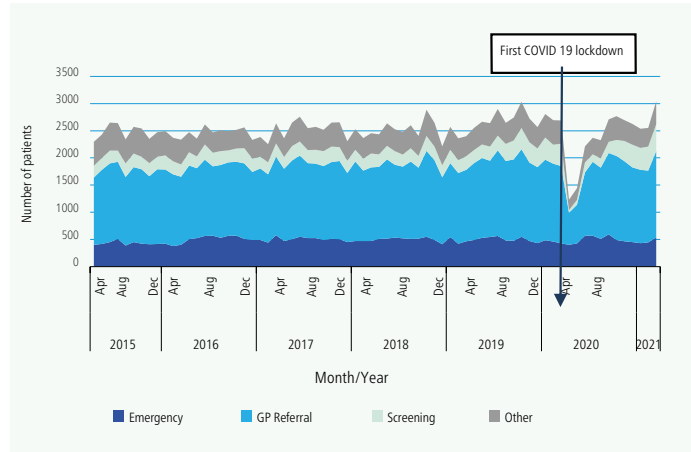


**CARE PATHWAYS**

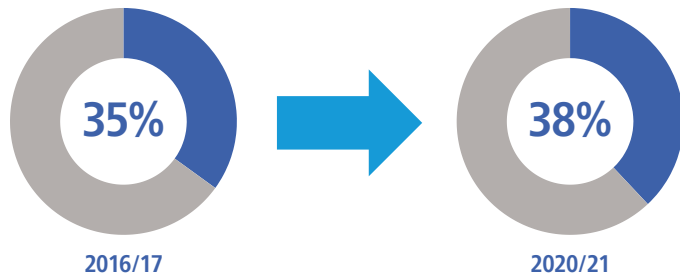
**28,523**

patients were diagnosed with bowel cancer in England and Wales between 1 April 2020 and 31 March 2021.

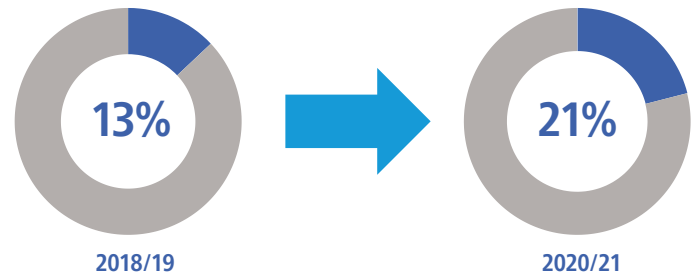
- Reduction in number of patients diagnosed during COVID-19 pandemic
- All referral pathways affected except emergency presentation
- Diagnostic numbers returned to normal in October 2020



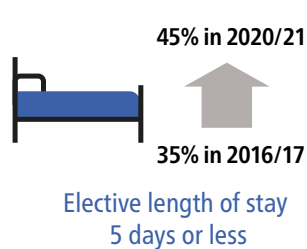
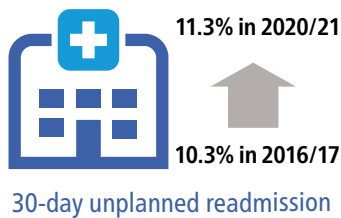
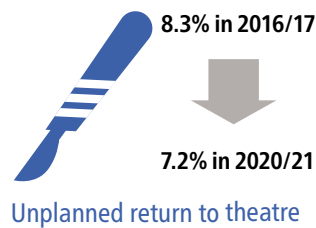
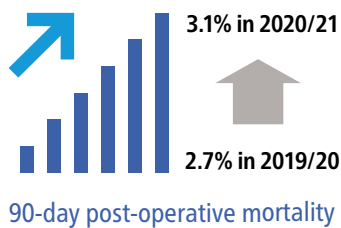
Proportion of patients presenting with stage I and II colorectal cancer



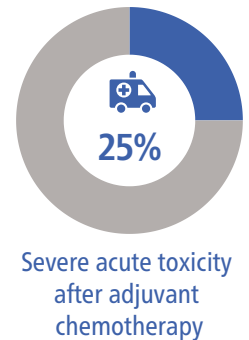
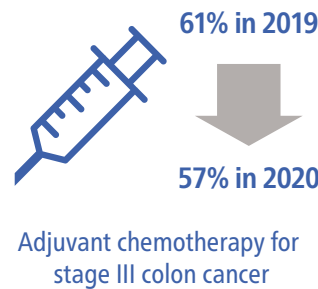
Proportion of patients with Mismatch Repair recorded in NBOCA data



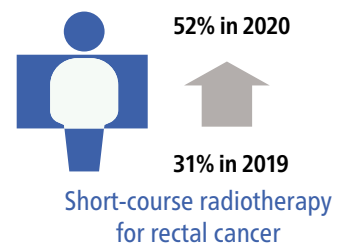
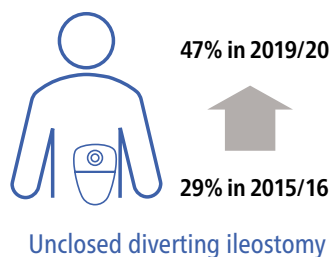
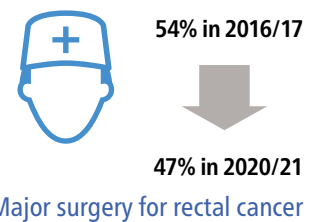
**PERI-OPERATIVE CARE**



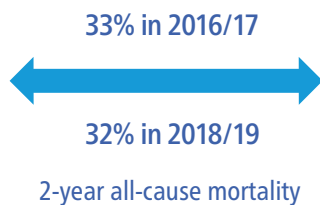
**ONCOLOGICAL MANAGEMENT**



**RECTAL CANCER MANAGEMENT**



**SURVIVAL**





# Eighth Patient Report of the National Emergency Laparotomy Audit

December 2020 to November 2021



February 2023

# Executive Summary

Results from 2020–2021 – the Eighth Year of the National Emergency Laparotomy Audit

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

**1** 22,132 patients who had emergency bowel surgery in England and Wales were included in the Year 8 audit from 173 hospitals



**2** Improvements in mortality have levelled off – in-hospital mortality was 9.2% compared to 9.1% in Year 7 and 9.6% in Year 6



**3** 86.8% of patients received a preoperative assessment of risk (up from 85% last year, and 56% in Year 1)



**4** 86.4% of patients with a high documented risk had consultant surgeon input before surgery



71.5% of patients with a high documented risk had consultant anaesthetist input before surgery

**5** Patients with sepsis suspected at time of arrival in hospital waited a median of 15.6 hours from time of admission until surgery



**6** Median time to antibiotics in patients with suspected sepsis was 3.0 hours from arrival in hospital

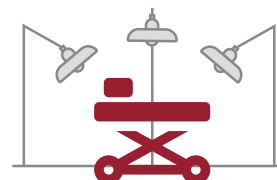


**7** 91.8% of patients received a preoperative CT scan (92.5% in Year 7)



26.3% of patients had their scan reporting outsourced (19.1% in Year 7 and 17.8% in Year 6)

**8** Presence of both anaesthetic and surgical consultants during surgery in high-risk patients was 91.3% (90.2% in Year 7)



**9** 79.1% of high-risk patients were admitted to critical care postoperatively (82.3% in Year 7); 15.7% of high-risk patients were admitted to a normal ward



**10** 55.3% of patients were over the age of 65 and 17.7% of patients were over the age of 80. Only 31.8% of patients 80 or over, or 65 and frail, had geriatrician input (26.8% in Year 7)

**11** Median length of stay was highest for those with an unplanned return to theatre – 29 days – compared to 10 days for all patients



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# Paediatric Intensive Care Audit Network State of the Nation Report 2022

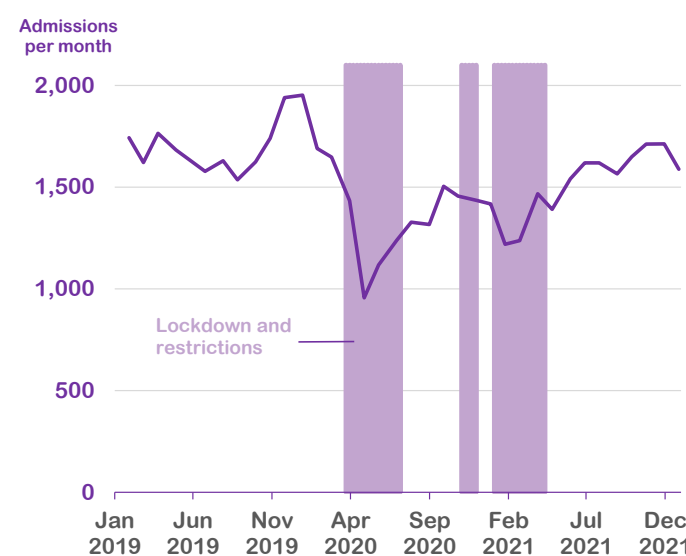


## Summary Report

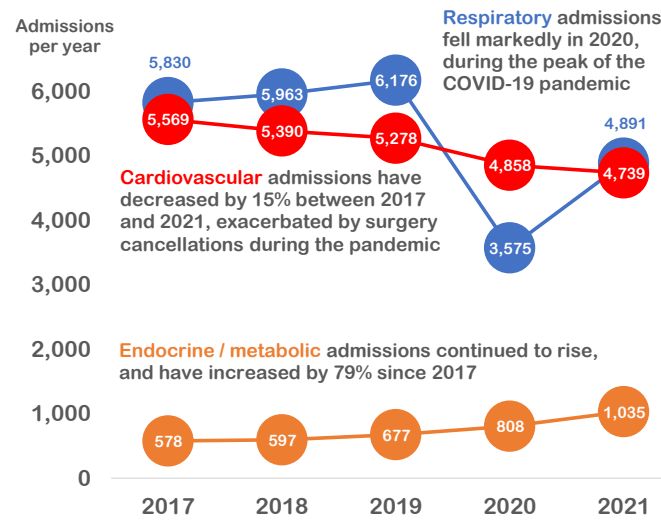
Data collection period  
January 2019 – December 2021



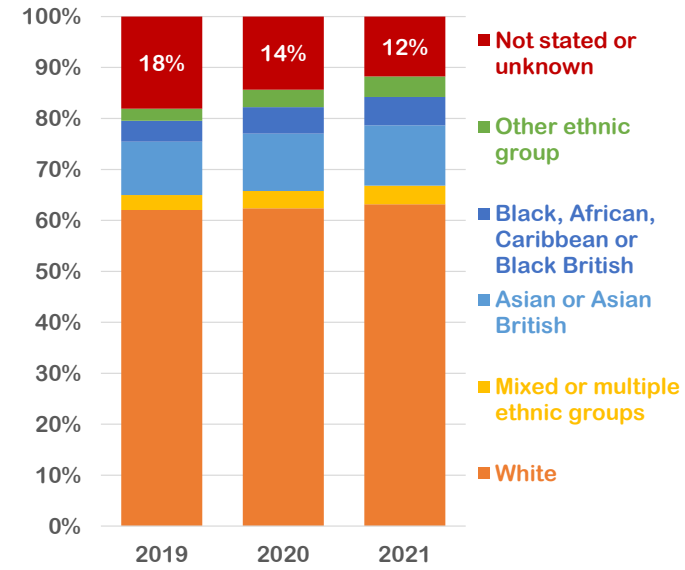
Following a sharp fall in 2020, admissions to PICU rose in 2021, but did not return to pre-pandemic levels



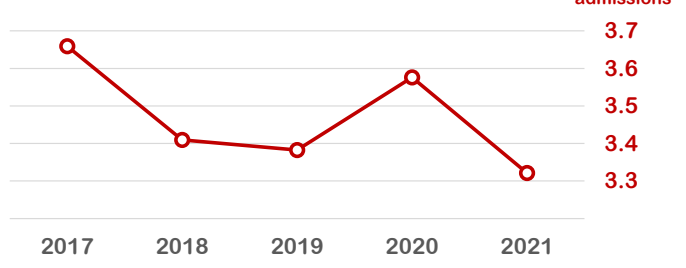
Respiratory admissions reversed the drop seen in 2020, while endocrine / metabolic and cardiovascular diagnoses continued to rise and fall respectively



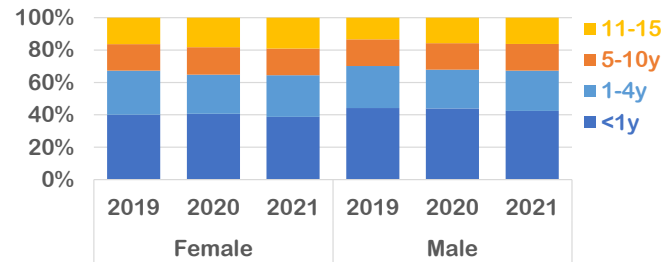
Completion of ethnic group continues to improve, but was still missing for around one-in-nine PICU admissions in 2021



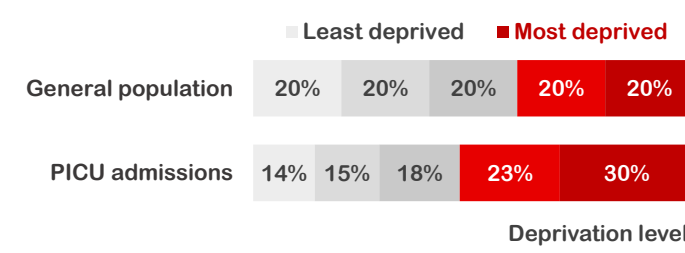
PICU mortality continued to fall in 2021, following a rise in 2020 during the peak of the COVID-19 pandemic



Around two-thirds of all PICU admissions are children under 5 years old, with just over two-in-five under 1 year



Over half of PICU admissions in England and Wales in 2019-2021 were from the most deprived areas







# THIRD ANNUAL AUDIT REPORT



Office for Health  
Improvement  
& Disparities

## CVD**P**REVENT



Benchmarking Network

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(for the audit period up to March 2022)

**Using data to drive cardiovascular disease prevention**



**HQIP**

Healthcare Quality  
Improvement Partnership

# PUTTING A SPOTLIGHT ON HEALTH INEQUALITIES

## ETHNICITY

The **Black and Mixed ethnic groups** consistently appear across multiple conditions and indicators as the least likely to:



Be prescribed appropriate drug therapy



Receive regular monitoring



Or be treated to target/to treatment thresholds

When compared to other ethnic groups

## SEX

**Females, aged 18 to 59**, appear across multiple conditions as less likely to:



Be prescribed appropriate drug therapy

When compared to males of the same age

## AGE

People in **younger age groups** appear across multiple conditions as less likely to:



Be treated to target/to treatment thresholds

When compared to older age groups

## DEPRIVATION

People in **more deprived quintiles** are more likely to:



Be prescribed appropriate drug therapy

But less likely to:



Be treated to cholesterol treatment thresholds

When compared to less deprived quintiles

MANCHESTER  
1824

The University of Manchester

# National Confidential Inquiry

into Suicide and Safety  
in Mental Health

**ANNUAL REPORT 2023:**  
England, Northern Ireland, Scotland and Wales

UK patient and general population data 2010-2020



Healthcare Quality  
Improvement Partnership

Decrease in general population suicide rate in 2020

1,660

suicides by people under recent (within 12 months) mental health care in 2020

27%

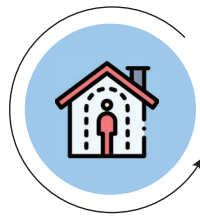
of all people who died by **suicide** in 2010-2020 had recent contact with **mental health services**

## Clinical risk

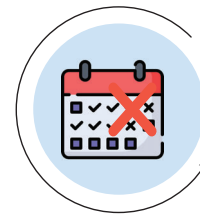
Common risk factors remain key to prevention



64% had previous **self-harm**



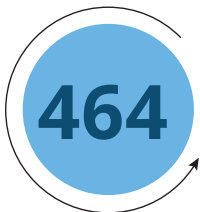
48% lived **alone**



23% missed **final service contact**

Involve family & carers after loss of contact

## Acute care settings



464 deaths per year



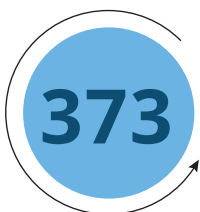
Half of in-patients on **agreed leave**



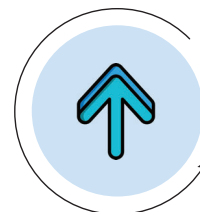
Highest risk on **day 3** after in-patient **discharge**

Focus should be on step down from hospital to community

## Recent economic adversity



373 deaths per year



Recent economic adversity has **increased**



Mainly **financial, workplace & housing** problems

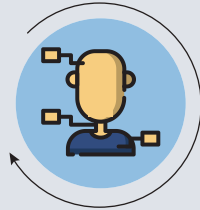
Services should signpost to support agencies

## Patients under 25

147

deaths per year

Higher rates of **anxiety** & **autism** (under 18s)



More **alcohol** & **drug** misuse (18-24 yr olds)

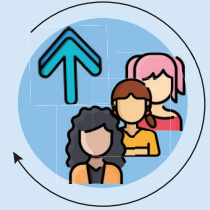
Access to self-harm services is crucial for young people

## Patients given a diagnosis of personality disorder

174

deaths per year

Deaths in this group **increasing** in **women**



Past **abuse, self-harm, alcohol** & **drug** misuse common

Better models of safe & compassionate care needed

## LGB & trans groups

45

deaths per year

**Younger** than other patients; **self-harm** common



Experience of childhood **abuse** & **domestic violence**

Therapies addressing trauma to be offered

## Suicide-related internet use\*

\*Searching on suicide method, visiting "pro-suicide" sites, posting intent

73

deaths per year

Patients of all ages, most **25-44**



Under 25s more likely to **post** **suicide intent**

Online experience should be routine part of risk assessment