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

Q1 (April – June 2025), updated 12/06/2025

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
2025/04/10	Cancer	Audit	NLCA - National Lung Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	National Lung Cancer Audit State of the Nation Report 2025	https://www.hqip.org.uk/resource/nlca-2023/	0.01
2025/04/10	Women and children	Audit	NPDA - National Paediatric Diabetes Audit	RCPCH: Royal College of Paediatrics and Child Health	Type 2 Diabetes Spotlight Audit 2023/24	https://www.hqip.org.uk/resource/type-2-npda-2023-24/	0.02
2025/05/08	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	Perinatal mortality surveillance UK perinatal deaths of babies born in 2023 State of the nation report	https://www.hqip.org.uk/resource/uk-perinatal-mortality-surveillance-2023-mbrrace-uk/	0.03
2025/06/12	Acute	Clinical Outcome Review Programme	Medical and Surgical Clinical Outcome Review Programme	NCEPOD: National Confidential Enquiry into Patient Outcome and Death	Recovery Beyond Survival- A review of the quality of rehabilitation care provided to patients following an admission to an intensive care unit	https://www.hqip.org.uk/resource/recovery-beyond-survival-ncepod/	0.04
2025/06/12	Long term conditions	Audit	NRAP - National Respiratory Audit Programme	RCP: Royal College of Physicians	Catching our breath: Time for change in respiratory care	https://www.hqip.org.uk/resource/catching-our-breath-nrap/	0.05

NLCA
National Lung Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Lung Cancer Audit State of the Nation 2025

An audit of care received by people diagnosed with lung cancer in England and Wales during 2023

Version 2: May 2025

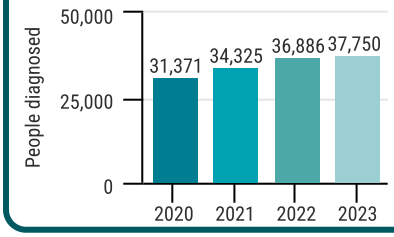
NLCA
National Lung Cancer Audit

Summary of results for patients diagnosed in England 2023

Key
- improving from 2022
- worsening from 2022
- unchanged from 2022

Diagnosis & staging

37,750
people were diagnosed with lung cancer in 2023



37% ↑ of patients were diagnosed at **stage 1/2**
32% in 2022, **30%** in 2021 & **29%** in 2020

43% ↓ of patients presented **with stage 4 lung cancer**
47% in 2022, **49%** in 2021 & **50%** in 2020

31% ↓ of patients were diagnosed **after emergency admission**
33% in 2022, **36%** in 2021 & **38%** in 2020

Waiting times in NSCLC

83 days
Median time from referral to **surgery** in NSCLC stage 1/2

66 days
Median time from referral to **SACT** in NSCLC stage 3B-4

Treatment allocation

Treatment with curative intent for Non-Small Cell Lung Cancer (NSCLC)

80% ↔ of patients with NSCLC (stage 1/2, Performance Status (PS) 0-2) received treatment with curative intent*

*surgery or radical radiotherapy

≥80% ✓ Audit standard

80% in 2022
80% in 2021
81% in 2020

60% ↓ of patients with NSCLC (stage 3A, PS 0-2) received treatment with curative intent**

**surgery, radical radiotherapy or multimodal treatment

N/A

61% in 2022
61% in 2021
60% in 2020

Surgery for Non-Small Cell Lung Cancer (NSCLC)

20% ↑ of patients with NSCLC had surgical treatment for their cancer

≥17% ✓ Audit standard

18% in 2022
17% in 2021
16% in 2020

Systemic Anti-Cancer Therapy (SACT) for Non-Small Cell Lung Cancer (NSCLC)

62% ↔ of patients with NSCLC (stage 3B - 4, PS 0-1) received SACT

≥70% ✗ Audit standard

62% in 2022
63% in 2021
60% in 2020

Systemic Anti-Cancer Therapy (SACT) for Small Cell Lung Cancer (SCLC)

73% ↔ of patients with SCLC received treatment with SACT

Median time from 'decision to treat' to start SACT: 15 days

≥70% ✓ Audit standard

73% in 2022
72% in 2021
69% in 2020

Survival outcomes

18,653 patients were diagnosed between 1 January and 30 June 2023. For these patients:

Median survival

358 days ↑

281 days in 2022
267 days in 2021
242 days in 2020

One year survival

50% ↑

46% in 2022
44% in 2021
43% in 2020

Data quality

Completeness of key routine data items

Stage	Performance status	Basis of diagnosis	Morphology	Lung Clinical Nurse Specialist at diagnosis	Smoking status
91%	86%	91%	65%	66%	45%
90% ✓ Audit standard	90% ✗ Audit standard	90% ✓ Audit standard	75% ✗ Audit standard	90% ✗ Audit standard	90% ✗ Audit standard

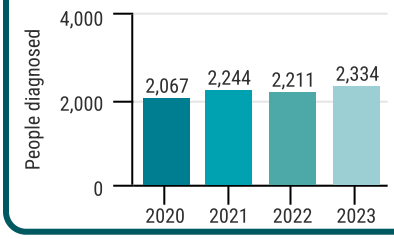
NLCA
National Lung Cancer Audit

Summary of results for patients diagnosed in Wales 2023

Key
- improving from 2022
- worsening from 2022
- unchanged from 2022

Diagnosis & staging

2,334
people were diagnosed with lung cancer in 2023



34% ↑ of patients were diagnosed at **stage 1/2**
30% in 2022, **24%** in 2021 & **27%** in 2020

45% ↓ of patients presented **with stage 4 lung cancer**
47% in 2022, **50%** in 2021 & **49%** in 2020

27% ↓ of patients were diagnosed **after emergency admission**
29% in 2022, **24%** in 2021 & **28%** in 2020

Waiting times in NSCLC

97 days
Median time from referral to **surgery** in NSCLC stage 1/2

78 days
Median time from referral to **SACT** in NSCLC stage 3B-4

Treatment allocation

Treatment with curative intent for Non-Small Cell Lung Cancer (NSCLC)

77% ↑ of patients with NSCLC (stage 1/2, Performance Status (PS) 0-2) received treatment with curative intent*

*surgery or radical radiotherapy

≥80% ✗ Audit standard

76% in 2022
67% in 2021
68% in 2020

67% ↑ of patients with NSCLC (stage 3A, PS 0-2) received treatment with curative intent**

**surgery, radical radiotherapy or multimodal treatment

N/A

61% in 2022
61% in 2021
48% in 2020

Surgery for Non-Small Cell Lung Cancer (NSCLC)

18% ↑ of patients with NSCLC had surgical treatment for their cancer

≥17% ✓ Audit standard

14% in 2022
13% in 2021
11% in 2020

Systemic Anti-Cancer Therapy (SACT) for Non-Small Cell Lung Cancer (NSCLC)

55% ↓ of patients with NSCLC (stage 3B - 4, PS 0-1) received SACT

≥70% ✗ Audit standard

60% in 2022
57% in 2021
53% in 2020

Systemic Anti-Cancer Therapy (SACT) for Small Cell Lung Cancer (SCLC)

65% ↓ of patients with SCLC received treatment with SACT

Median time from 'decision to treat' to start SACT: 15 days

≥70% ✗ Audit standard

71% in 2022
71% in 2021
58% in 2020

Survival outcomes

2,334 patients were diagnosed between 1 January and 31 December 2023. For these patients:

Median survival

301 days ↑

262 days in 2022
222 days in 2021
224 days in 2020

One year survival

46% ↑

43% in 2022
39% in 2021
40% in 2020

Data quality

Completeness of key routine data items***

***information on smoking status unavailable

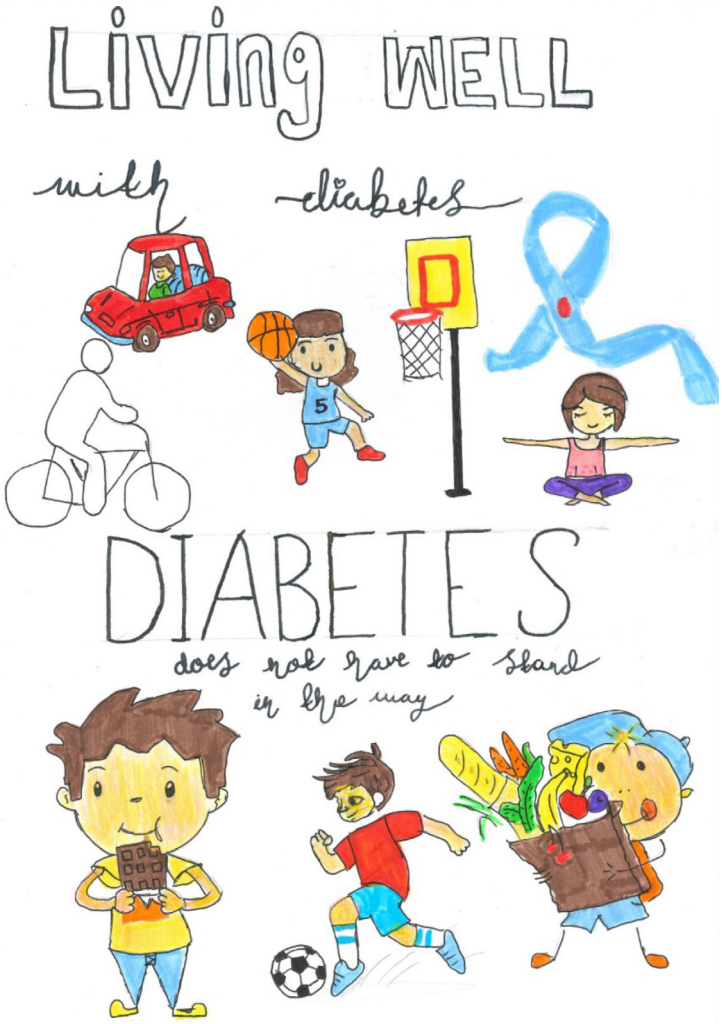
Stage	Performance status	Basis of diagnosis	Morphology	Lung Clinical Nurse Specialist at diagnosis
99%	100%	100%	69%	98%
90% ✓ Audit standard	90% ✓ Audit standard	90% ✓ Audit standard	75% ✗ Audit standard	90% ✓ Audit standard

NPDA
National Paediatric Diabetes Audit

RCPCH Audits

Type 2 Diabetes Spotlight Audit 2023/24

Published April 2025



HQIP
Healthcare Quality Improvement Partnership

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

NPDA National Paediatric Diabetes Audit

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

NPDA Type 2 Diabetes Spotlight Audit 2023/24 – Results at a Glance

The National Paediatric Diabetes Audit monitors the care received and diabetes outcomes achieved by children and young people with diabetes in England and Wales, and helps support paediatric diabetes teams, local health systems, and policy makers to make continuing improvements to care.

This poster summarises the results reported in the 2023/24 Type 2 Diabetes Spotlight Audit report, and is based on data provided by Paediatric Diabetes Units (PDUs) in England and Wales providing care to children and young people with Type 2 diabetes between April 2023 to March 2024.

How many children and young people have Type 2 diabetes?

1,521 children and young people with Type 2 diabetes **were being managed by paediatric diabetes services in England and Wales.**

70% **lived in the most deprived or second most deprived areas of England and Wales,** compared to 43% of children and young people with Type 1 diabetes.

74% had a **family history** of Type 2 diabetes.

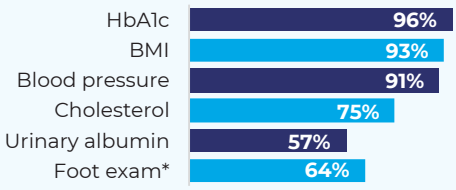
19% had **more than three family members** with Type 2 diabetes.

The number of children and young people with Type 2 diabetes has increased since 2019/20. The number of new diagnoses per year is also increasing.

7.7 per 100,00 children and young people aged 0-15 years **had Type 2 diabetes.**

2.5 per 100,00 children and young people aged 0-15 years **were diagnosed with Type 2 diabetes in 2023/24.**

Completion of recommended health checks



*Foot exams are only recommended for children and young people aged 12 and above.

41% of children and young people aged 12 and above **received all six recommended health checks.**

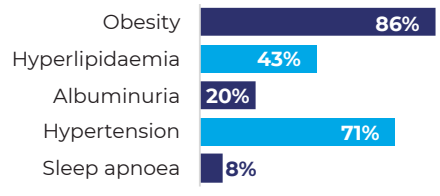
Treatment, support and outcomes

84% were **offered lifestyle modifications**, which was the most common treatment, followed by metformin.

73% **received support from a dietitian in 2023/24**, and 24% received psychological support.

The median HbA1c was 50.0 mmol/mol which is a decrease from 52.5 mmol/mol in 2019/20.

Many children and young people with Type 2 diabetes **experienced co-morbidities and complications**.



Further information and resources

NPDA national reports and recommendations:

The NPDA Type 2 Spotlight Report 2023-24 includes the key messages and recommendations based on the data. Extended analyses of the data have also been made available. These are available at **www.rcpch.ac.uk/resources/npda-spotlight-audit-reports**

More on the NPDA:

The NPDA also publishes an annual report into the care received and outcomes achieved by children and young people in England, Wales, and Jersey. These can be found at: **www.rcpch.ac.uk/resources/npda-annual-reports**

How we use information:

To find out more about how we use data submitted to the NPDA, please see our privacy notice. Please visit: **www.rcpch.ac.uk/resources/national-paediatric-diabetes-audit-transparency-open-data** or scan the QR code with your phone.

Maternal, Newborn and Infant Clinical Outcome Review Programme

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

MBRRACE-UK
Perinatal mortality surveillance

UK perinatal deaths of babies born in 2023

State of the nation report

May 2025

HQIP Healthcare Quality Improvement Partnership
University of Leicester
University of Birmingham
The Newcastle upon Tyne Hospitals NHS Foundation Trust
TIMMS
Sands Stillbirth & neonatal death charity
Chelsea and Westminster Hospital NHS Foundation Trust
University of Oxford
Oxford Population Health
NPEU

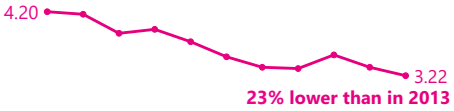
State of the nation report

UK perinatal deaths of babies born in 2023

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

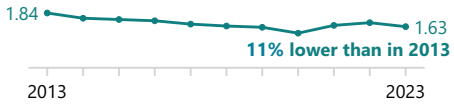
1. Perinatal mortality rates continued to decrease in 2023, driven by a reduction in stillbirths.

Stillbirths
per 1,000 total births



23% lower than in 2013

Neonatal deaths
per 1,000 live births



11% lower than in 2013

2013 2023

Stillbirths per 1,000 total births

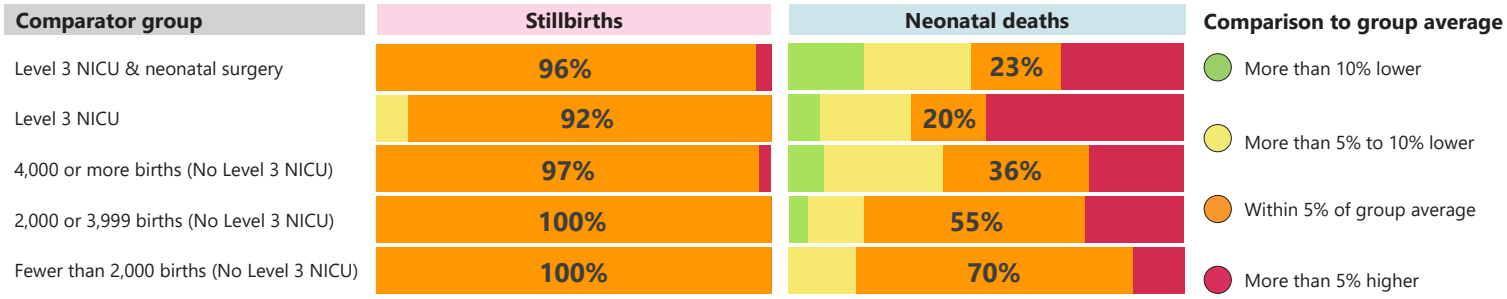
Country	2022	2023
UK & Crown Dependencies	**3.35**	**3.22** ▼
England	3.33	3.27 ▼
Scotland	3.31	2.95 ▼
Wales	3.63	3.32 ▼
Northern Ireland	3.49	2.51 ▼

Neonatal deaths per 1,000 live births

Country	2022	2023
UK & Crown Dependencies	**1.69**	**1.63** ▼
England	1.67	1.62 ▼
Scotland	1.59	1.61 ▲
Wales	1.91	1.79 ▼
Northern Ireland	2.29	1.66 ▼

2. There was wide variation in neonatal mortality rates

Comparison of Trust & Health Board mortality rates against their comparator group average



Almost all organisations had a stillbirth rate within 5% of their group average

Fewer organisations had a neonatal mortality rate within 5% of their group average

3. Neonatal mortality rates increased for the most preterm babies

Stillbirths per 1,000 total births

Gestational age	2022	2023
22 to 23 weeks	405.5	403.0 ▼
24 to 27 weeks	216.0	207.8 ▼
28 to 31 weeks	74.4	69.9 ▼
32 to 36 weeks	12.7	12.5 ▼
37 to 41 weeks	1.09	0.99 ▼

Neonatal deaths per 1,000 live births

Gestational age	2022	2023
22 to 23 weeks	625.2	641.1 ▲
24 to 27 weeks	139.6	146.1 ▲
28 to 31 weeks	29.5	31.1 ▲
32 to 36 weeks	6.58	5.05 ▼
37 to 41 weeks	0.62	0.60 ▼

What is a stillbirth or neonatal death?

A **stillbirth** is the death of a baby before or during birth once a pregnancy has reached 24 completed weeks.

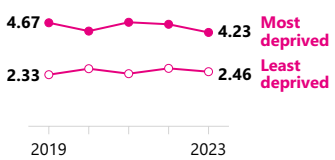
A **neonatal death** is a baby born at any gestation who lives, even briefly, but dies within 28 days of birth.

All rates in this report are for babies born from 24 completed weeks and include deaths due to congenital anomalies, unless otherwise stated.

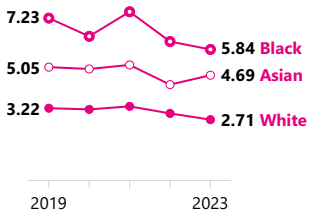
4. Neonatal mortality rates for babies from the most deprived areas increased for the third year

Stillbirths per 1,000 total births

Deprivation

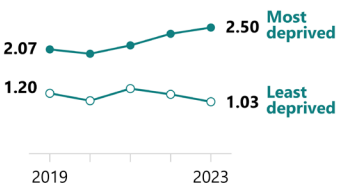


Ethnicity

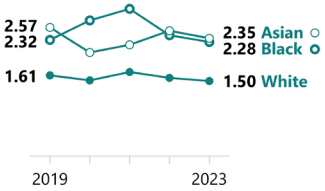


Neonatal deaths per 1,000 live births

Deprivation

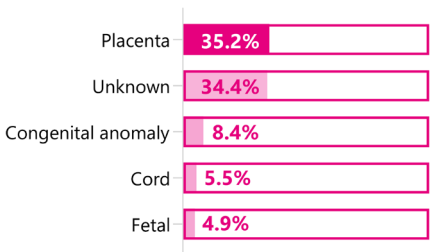


Ethnicity

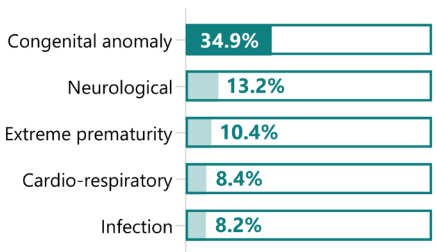


5. The most common causes of stillbirth and neonatal death were unchanged

Most common causes of stillbirth



Most common causes of neonatal death



When stillbirths and neonatal deaths are combined, congenital anomalies contributed to 17% of deaths

Recovery Beyond Survival

A review of the quality of rehabilitation care provided to patients following an admission to an intensive care unit

NCEPOD

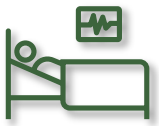
Improving the quality of healthcare

INFOGRAPHIC SUMMARY

While many patients admitted to an intensive care unit (ICU) will make a good recovery, the impact of a stay in an ICU can be profound with long-lasting effects, and people may require ongoing rehabilitation to support their recovery. The population included in this study represented a range of specialities and ward areas, highlighting the need for organisations to recognise the importance of rehabilitation not just within intensive care units but across all specialty areas, wards and in the community.

1,018 patients aged 18 and over who were admitted as an emergency to an ICU for four or more days between 1st October 2022 and 31st December 2022 and who survived to hospital discharge were included. A total of 365 sets of case notes and 671 clinician questionnaires were reviewed, along with 248 primary care clinician questionnaires, 166 organisational questionnaires and 67 community trust organisational questionnaires. In addition, 420 healthcare professional and 102 patient surveys were returned.

KEY MESSAGES



	IN INTENSIVE CARE	ON THE WARD	AFTER DISCHARGE
Rehabilitation care was not well co-ordinated throughout the pathway; on admission to an ICU, at step-down to the ward and in the community.	**70/166 (42.2%) organisations had a policy or standard operating procedure for the delivery of rehabilitation, and only 24/70 undertook audits against them.**	**The data showed an absence of good multidisciplinary team working and communication across the recovery pathway as the patient moved between healthcare settings.** **Key workers to co-ordinate rehabilitation care were rarely available, yet when present they were associated with improved markers of care quality throughout the rehabilitation pathway.**	
Initial and subsequent assessments of rehabilitation need to set/update goals were not always undertaken.	104/345 (30.1%) patients had a baseline screen, and 327/574 (57.0%) patients had a comprehensive assessment on the ICU.	80/309 (25.9%) patients had a comprehensive assessment on the ward.	102/210 (48.6%) patients who attended a critical care follow-up following discharge were comprehensively reassessed.
Full multidisciplinary team (MDT) input was rarely available to meet all the rehabilitation needs of patients.	Physiotherapists were most involved in rehabilitation (604/671; 90.0%); other specialties, such as psychologists (37/671; 5.5%) much less so.	111/318 (34.9%) patients had input from the ICU MDT; usually an intensive care nurse (70/111; 63.1%) or critical care outreach (44/111; 39.6%) with less focus on rehabilitation.	98/254 (18.2%) patients did not have all appropriate referrals made.
Ongoing rehabilitation needs/goals were often not shared between healthcare providers as the patient moved through the pathway.	125/671 (18.6%) patients had no evidence of any handover related to rehabilitation needs.	357/576 (62.0%) patients were provided with an ICU follow-up appointment.	GPs were aware that a patient they saw had spent time in the ICU in 170/248 (68.5%) cases.
Information for the patient or their family about the ICU admission and any lasting impact it may have was limited.	The patient and their family were updated in 165/302 (54.6%) instances.	131/435 (30.1%) patients were given a copy of the ICU discharge summary.	40/102 (39.2%) survey respondents reported they were given a leaflet or discharge booklet.

Royal College of Physicians

National Respiratory Audit Programme (NRAP)

Catching our breath: Time for change in respiratory care

Data from people with asthma and COPD (chronic obstructive pulmonary disease) admitted to hospital with an exacerbation, and people with COPD assessed for pulmonary rehabilitation between 1 April 2023 – 31 March 2024.

Publication year: 2025

Catching our breath – report at a glance

Data collected between 1 April 2023 – 31 March 2024, compiled from:

98,601 asthma and COPD records across England and Wales

27,507 pulmonary rehabilitation records across England and Wales

1. Improving data availability and quality to drive change:

> Integrated care boards and local health boards should mandate for all eligible services to participate in NRAP to achieve 100% service participation and a minimum of 50% case ascertainment.

COPD

52%

of hospitalised people with COPD have a recording of a quality-assured diagnosis from spirometry

Children and young people (CYP)

44%

of CYP (aged 11+) with asthma had a record of tobacco smoking status

PR

32%

of people with COPD performing the 6MWT conducted a practice test

2. Ensuring timely access to optimal care:

> The British Thoracic Society, as the expert body, should lead the development of a standardised acute care bundle for patients with asthma and COPD on arrival to hospital.

COPD

18%

of people with COPD who received non-invasive ventilation (NIV) received it within 2 hours of arrival

Adults with asthma

10%

of adults with asthma had peak flow (PEF) recorded within 1 hour of arrival*

*excludes people unable to do PEF

CYP

36%

of CYP (aged 6–18) were administered steroids within 1 hour of arrival

PR

40%

of people with stable COPD started PR within 90 days of referral

3. Delivering essential treatment – tobacco dependence:

> All people with COPD and asthma who smoke, and smokers who are parents of children and young people with asthma, should be offered evidence-based treatment and referral for tobacco dependency.

Adults with asthma

70%

of adults with asthma identified as current smokers had tobacco dependence addressed

COPD

65%

of people with COPD identified as current smokers had tobacco dependence addressed

CYP

56%

of CYP with asthma identified as current smokers had tobacco dependence addressed

4. Improving discharge planning – spotlight on healthcare improvement:

> Integrated care boards and local health boards should regularly review NRAP data on discharge planning for CYP and adult asthma and COPD with their providers. If data indicates gaps in care or poor data quality, they should collaborate to identify solutions.

Adults with asthma

47%

of adults with asthma received all required discharge bundle elements

COPD

28%

of people with COPD received all required discharge bundle elements

CYP

25%

of CYP with asthma received all three elements of good discharge planning