HQIP

Healthcare Quality Improvement Partnership

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

Q2 (July – September 2025), updated 22/09/2025

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
2025/07/10	Women and children	Audit	Epilepsy 12	RCPCH: Royal College of Paediatrics and Child Health	Epilepsy12 2025 combined organisational and clinical audits	https://www.hqip.org.uk/resource/epilepsy12-combined-organisational-and-clinical-audits/	0.01
2025/07/10	Women and children	Clinical Outcome Review Programme	NCMD - National Child Mortality Database	University of Bristol	Infants, children, and young people with life-limiting conditions Learning from child death reviews on palliative and end of life care provision	https://www.hqip.org.uk/resource/life-limiting-conditions-and-palliative-end-of-life-care-ncmd/	0.02
2025/08/14	Long term conditions	Audit	NACEL - National Audit of Care at the End of Life	NHS Benchmarking Network	2024 State of the Nations Report	https://www.hqip.org.uk/resource/nacel-ref520/	0.03
2025/09/11	Women and children	Audit	NMPA - National Maternity and Perinatal Audit	RCOG: Royal College of Obstetricians and Gynaecologists	State of the Nation Report: Based on births in NHS maternity services in England, Scotland and Wales during 2023	https://www.hqip.org.uk/resource/577-nhfd/	0.04
2025/09/11	Acute	Audit	FFFAP - Falls and Fragility Fracture Audit Programme	RCP: Royal College of Physicians	National Hip Fracture Database (NHFD) Room for improvement: hip fracture care in 2024	https://www.hqip.org.uk/resource/577-nhfd/	0.05
2025/09/11	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 State of the Nation Report	https://www.hqip.org.uk/resource/578-mbrrace/	0.06
2025/09/11	Cancer	Audit	NAoPri - National Primary Breast Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	National Audit of Primary Breast Cancer State of the Nation Report 2025	https://www.hqip.org.uk/resource/631-naopri-natcan/	0.07
2025/09/11	Cancer	Audit	NAoMe - National Metastatic Breast Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	National Audit of Metastatic Breast Cancer State of the Nation Report 2025	https://www.hqip.org.uk/resource/632-naome-natcan/	0.08
2025/09/11	Cancer	Audit	NOCA - National Ovarian Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	National Ovarian Cancer Audit State of the Nation Report 2025	https://www.hqip.org.uk/resource/633-noca-natcan/	0.09
2025/09/11	Cancer	Audit	NPCA - National Prostate Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	National Pancreatic Cancer Audit State of the Nation Report 2025	https://www.hqip.org.uk/resource/634-npaca-natcan/	0.10
2025/09/11	Cancer	Audit	NNHLA - National Non-Hodgkin Lymphoma Audit	NATCAN: National Cancer Audit Collaborating Centre	National Non-Hodgkin Lymphoma Audit State of the Nation Report 2025	https://www.hqip.org.uk/resource/635-nnhla-natcan/	0.11
2025/09/11	Cancer	Audit	NKCA - National Kidney Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	National Kidney Cancer Audit State of the Nation Report 2025	https://www.hqip.org.uk/resource/636-nkca-natcan/	0.12
2025/09/11	Cancer	Audit	NOGCA - National Oesophago-Gastric Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	National Oesophago-Gatsric Cancer Audit State of the Nation Report 2025	https://www.hqip.org.uk/resource/637-nogca-natcan/	0.13

EPILEPSY12

RCPCH Audits

National Clinical Audit of Seizures and Epilepsies for Children and Young People

Epilepsy12 2025 combined organisational and clinical audits:

Report for England and Wales

Clinical Cohort 6 – The first year of care for children and young people following a first paediatric assessment undertaken between 1 December 2022 and 30 November 2023

HQIP
Healthcare Quality Improvement Partnership

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

RCPCHAudits

EPILEPSY12

Results at a glance: Update

Below are results from the Epilepsy12 'cohort 5' (2023) and 'cohort 6' (2024) clinical audit, focusing on the 10 key performance indicators (KPIs) relating to the first year of care provided to children and young people with a new diagnosis of epilepsy in England and Wales. For more information, please visit our website (or use the QR code to the right).

Involvement of appropriate professionals

KPI 1 Children and young people seen by a **consultant paediatrician with expertise in epilepsies** within two weeks from first paediatric assessment.

Cohort 5 **50.8%**
Cohort 6 **32.4%**

KPI 2 Children and young people seen by an **epilepsy specialist nurse (ESN)** within the first year of care.

Cohort 5 **80.7%**
Cohort 6 **85.6%**

KPI 3a Children and young people meeting defined criteria for **tertiary input**, received input from a paediatric neurologist or a referral to Children's Epilepsy Surgery Service (CESS) within the first year of care.

Cohort 5 **49.25%**
Cohort 6 **49.2%**

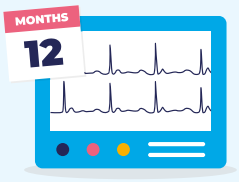
KPI 3b Children and young people who met CESS referral criteria had **evidence of a CESS referral.**

Cohort 5 **37.3%**
Cohort 6 **42.0%**

Appropriate assessment

KPI 4 Children and young people with convulsive seizures had an **ECG** within the first year of care.

Cohort 5 **72.1%**
Cohort 6 **83.4%**



KPI 5 Children and young people with defined indications for an MRI had an **MRI within 6 weeks of request**.

Cohort 5 **53.1%**
Cohort 6 **49.2%**

Mental health

KPI 6 Children and young people with documented evidence that they had been **asked about mental health**.

Cohort 5 **22.4%**
Cohort 6 **38.2%**

KPI 7 Children and young people with a mental health problem had evidence of receiving **mental health support** within the first year of care.

Cohort 5 **61.5%**
Cohort 6 **76.6%**

Care Planning

KPI 8 Female young people who are 12 years and over, currently on **valproate treatment had a risk acknowledgement form** completed.

Cohort 5 **100%**
Cohort 6 **100%**

KPI 9a Children and young people had evidence of **care planning agreement** within the first year of care.

Cohort 5 **80.8%**
Cohort 6 **85.8%**

KPI 9b Children and young people had documented evidence of communication regarding **core components of care planning**.

Cohort 5 **64.8%**
Cohort 6 **67.4%**

KPI 10 Children and young people aged 5 years and above had evidence of a **School Individual Health Care Plan** within the first year of care.

Cohort 5 **38.9%**
Cohort 6 **67.2%**

NCMD
National Child Mortality Database

Knowledge, understanding and learning to improve young lives

Infants, children, and young people with life-limiting conditions

Learning from child death reviews on palliative and end of life care provision

National Child Mortality Database Programme Thematic Report

Data from April 2019 to March 2022

Published July 2025

Painting by Emily Tammam, bereaved parent of Neve

HQIP

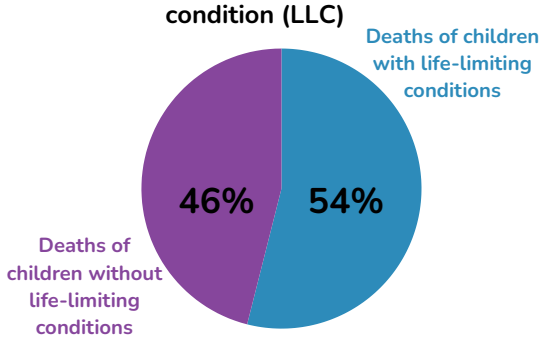
Deaths of infants, children and young people with life-limiting conditions and palliative and end of life care analysis.

NCMD
National Child Mortality Database

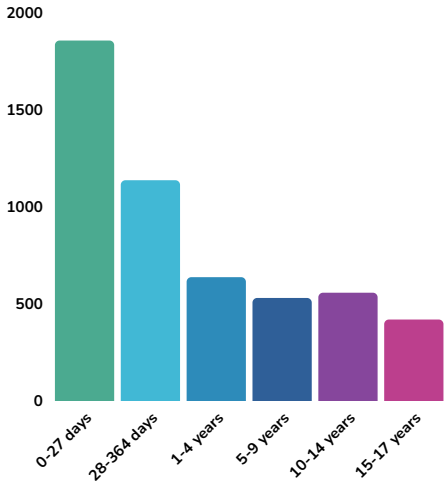
CDOP reviews highlight improvements needed in:

- Appropriate parallel planning and timely engagement with palliative care
- Documented and accessible advance care plans
- Appropriateness, timeliness and availability of prescribed medications
- Leading and coordinating care by a named medical specialist
- Commissioning and funding of palliative care services
- Bereavement support and allocation of a key worker

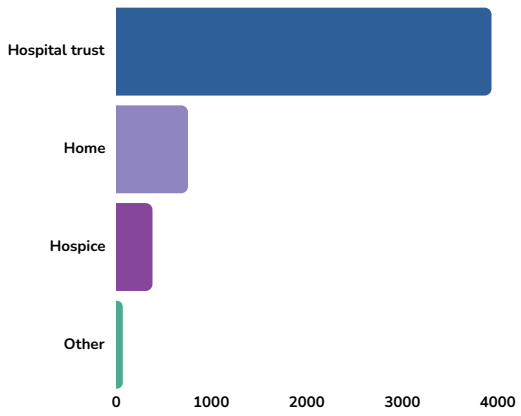
54% of all child (0-17 years) deaths between 1 April 2019 and 31 March 2022, were of children who had a life-limiting condition (LLC)



58% of deaths of children with a LLC were aged under 1 year



77% of children with a LLC died in hospital



Full findings from the report, including recommendations, can be found at ncmd.info/publications/LLC

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National Audit of Care at the End of Life 2024

Auditing last days of life in hospitals

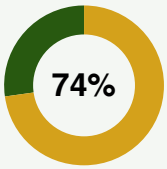
2024 State of the Nations Report

Published **August 2025**

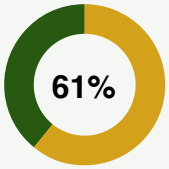
Key findings at a glance

National Audit of Care at the End of Life 2024

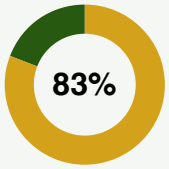
Proportion of hospital/ sites who have shared their end of life care quality improvement plan with the ICB/Health Board.



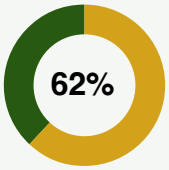
Hospital/sites with a face-to-face specialist palliative care service (nurse and/or doctor) available 8 hours a day, 7 days a week.



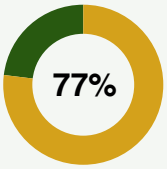
Proportion of deaths expected by clinical staff during the final admission.



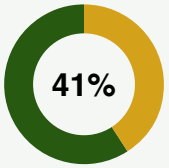
Proportion of clinical notes with evidence of communication about hydration with those important to the dying person, or a reason recorded why not.



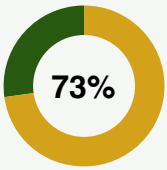
Proportion of bereaved people who agreed that the dying person received sufficient pain relief during their final hospital admission.



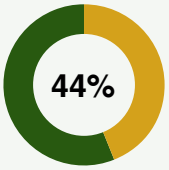
Proportion of clinical notes with an assessment of the spiritual, religious and cultural needs of those important to the dying person, or a reason recorded why not.

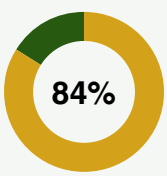


Proportion of bereaved people that rated the overall care and support given to themselves and others by the hospital as excellent or good.

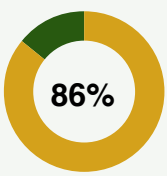


Proportion of clinical notes with evidence that the patient had participated in personalised care and support planning conversations.

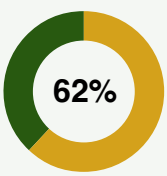




Proportion of people expected to die during the hospital admission with an individualised plan of care addressing their needs at the end of life.



Proportion of people who died with their ethnicity documented in their clinical notes.



Proportion of staff who have completed end of life care training within the last three years.

NMPA

National Maternity & Perinatal Audit

State of the Nation

Based on births in NHS maternity services in England, Scotland and Wales during 2023

Published September 2025

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE
RCPCH Royal College of Paediatrics and Child Health
Royal College of Midwives
Royal College of Obstetricians & Gynaecologists
HQIP Healthcare Quality Improvement Partnership

Results at a glance

The National Maternity and Perinatal Audit (NMPA) uses information collected routinely as part of NHS maternity care, combined with information collected when women and birthing people and their babies are admitted to hospital, to report on a range of care process and outcome measures. Summarised here are results based on NMPA data relating NHS births in 2023.

The average rate for NHS maternity care providers across Great Britain appears in the blue spot. The blue arrows represent the middle half (interquartile range) of maternity care providers. A full description of the measures including results for each country can be found in the **summary results tables**.

Late booking

Women and birthing people who attended their first appointment with a midwife (booking) after 10^{+0} weeks of gestation.

16.7% ← **26.7%** → 30.2%

The **interquartile range** is the spread of the middle half of the results, it gives a sense of the data values around the median. Viewing the whole range of values from lowest to highest can be affected by a small number of providers with very low rates or very high rates

Small for gestational age

Babies born small for gestational age who were born at or after their estimated due date (40 weeks of gestation).

36.7% ← **42.6%** → 45.9%

Preterm birth

Women and birthing people whose baby was born preterm between 24^{+0} and 36^{+6} weeks.

5.48% ← **6.34%** → 6.90%

Of those, the proportion whose birth is recorded as:

Spontaneous

37.0% ← **43.9%** → 47.0%

Clinician Recommended (Iatrogenic)

53.2% ← **56.1%** → 62.8%

Induction of labour

Women and birthing people who had an induction of labour.

29.6% ← **33.9%** → 39.0%

Mode of birth

Vaginal birth without the use of instruments

47.4% ← **49.4%** → 52.6%

Vaginal birth with the use of instruments

9.6% ← **11.1%** → 12.0%

Vaginal birth with the use of instruments, by type

Vaginal birth with the use of **forceps.**

5.7% ← **7.0%** → 7.9%

Vaginal birth with the use of **ventouse.**

3.1% ← **4.1%** → 5.1%

Unplanned caesarean birth

Women and birthing people who had a caesarean birth that was unplanned (emergency).

20.9% ← **23.1%** → 25.0%

Planned caesarean birth

Women and birthing people who had a caesarean birth that was planned (elective).

15.1% ← **16.4%** → 17.9%

Vaginal Birth After Caesarean

Women and birthing people who had a vaginal birth for their second baby, after having had a caesarean birth for their first baby.

11.9% ← **14.2%** → 16.7%

Results at a glance

Caesarean birth by selected Robson Group Classification

Of the women and birthing people who meet the selected Robson Group Classification, the proportion who had a caesarean birth:

Robson Group 1: Nulliparous, single cephalic pregnancy, ≥37 weeks gestation, in spontaneous labour.

14.6% ← **18.0%** → 22.1%

Robson Group 2: Nulliparous, single cephalic pregnancy, ≥37 weeks gestation, with either induction of labour or pre-labour caesarean birth.

49.9% ← **56.0%** → 60.2%

Robson Group 5: Multiparous, single cephalic pregnancy, ≥37 weeks gestation, with at least one previous caesarean scar.

79.3% ← **81.8%** → 85.3%

Perineal tears

Women and birthing people who gave birth vaginally who experienced a 3rd or 4th degree perineal tear.

2.60% ← **3.29%** → 3.80%

Episiotomy

Women and birthing people who gave birth vaginally who had an episiotomy.

21.3% ← **24.4%** → 26.5%

PPH ≥1500 ml

Women and birthing people who had a postpartum haemorrhage of ≥1500 ml.

2.98% ← **3.41%** → 3.79%

Unplanned maternal readmission

Women and birthing people who had an unplanned overnight readmission to hospital within 42 days of birth.

2.14% ← **3.08%** → 3.68%

Measures of care for the newborn baby

Apgar score at 5 minutes

Babies who were assigned an Apgar score of less than 7 at 5 minutes of age.

1.03% ← **1.45%** → 1.85%

Breast milk

Babies who received any breast milk at first feed.

65.0% ← **71.7%** → 77.3%

Skin-to-skin contact

Babies who received skin-to-skin contact within one hour of birth.

68.3% ← **73.4%** → 84.1%

This is the first report published by the NMPA since the 2022 clinical report on births occurring between 1 April 2018 and 31 March 2019.

This State of the Nation report is the first time the NMPA have used the updated MSDS version 2.0. Information on the methods used and summary results tables can be found online.

Find out more at:
www.maternityaudit.org.uk
Or scan the QR code to visit the website on your smart-phone.

SCAN ME

Royal College of Physicians

National Hip Fracture Database (NHFD)

Room for improvement: hip fracture care in 2024

A report from the National Hip Fracture Database (NHFD)

1 January – 31 December 2024

Published September 2025

In association with:

British Geriatrics Society
Improving healthcare for older people

British Orthopaedic Association

Royal Osteoporosis Society
Better bone health for everybody

Commissioned by:

HQIP
Healthcare Quality Improvement Partnership

Hip fracture in 2024 – the report at a glance

Each year 72,000 people in England, Wales and Northern Ireland have a hip fracture – and with an ageing population this figure could double by 2060. It is therefore important to both improve hip fracture patient care and do all we can to prevent this injury. This report examines how care in 2024 aligns to our three patient goals:

1 Getting to the right place

Will I receive an anaesthetic nerve block to numb my hip pain, and be admitted to a specialist ward where a team of doctors, nurses and therapists can work together with me to plan my surgery and rehabilitation?

✓ Over three-quarters of patients now receive a pain-relieving nerve block to help make them comfortable when they first present with a hip fracture.

✗ But 20 hospitals (12%) recorded that the average delay patients experienced before they were admitted to a bed on an appropriate orthopaedic ward was over 24 hours.

2 Getting up after surgery

Will I have surgery by the day after I'm admitted and return to the ward with a clear plan for my treatment that means I am not confused and can get out of bed to eat a normal meal the next day?

✓ Most patients (93%) are screened for delirium after surgery, but this year over 50,000 patients (69%) were also screened when they first presented with a hip fracture.

✗ But just 58% of patients received surgery by the day after their hip fracture, far fewer than the 68% reported before the COVID-19 pandemic.

3 Getting back home again

Will I get back to my home before my hospital admission, be supported to take bone strengthening treatment to avoid future fractures, and followed-up so my experience in hospital can help improve the care of future patients?

✓ For the first time, we can report that the majority of patients (54%) are known to be receiving bone strengthening medication to prevent future fractures.

✗ But a small number of hospitals still report that practically none of their patients are being offered effective fracture prevention medication, and the NHFD will be contacting them to offer support to these teams.

Maternal, Newborn and Infant Clinical Outcome Review Programme

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

Saving Lives, Improving Mothers' Care

State of the Nation Report

Surveillance findings and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths from hypertensive disorders, cardiac disease, mental health-related causes, homicide and accidents 2021-23, and morbidity findings for women living in the most deprived areas.

September 2025

HQIP Healthcare Quality Improvement Partnership
University of Leicester
University of Birmingham
The Newcastle upon Tyne Hospitals NHS Foundation Trust
TIMMS
sands Saving babies' lives. Supporting bereaved families.
NHS Chelsea and Westminster Hospital NHS Foundation Trust
University of Oxford
Oxford Population Health
NPEU

Key messages

from the surveillance report 2025

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

In 2021-23, **257 women died** during or up to six weeks after pregnancy among 2,004,184 women giving birth in the UK

This represents a maternal death rate of **12.82 women** per 100,000 women giving birth

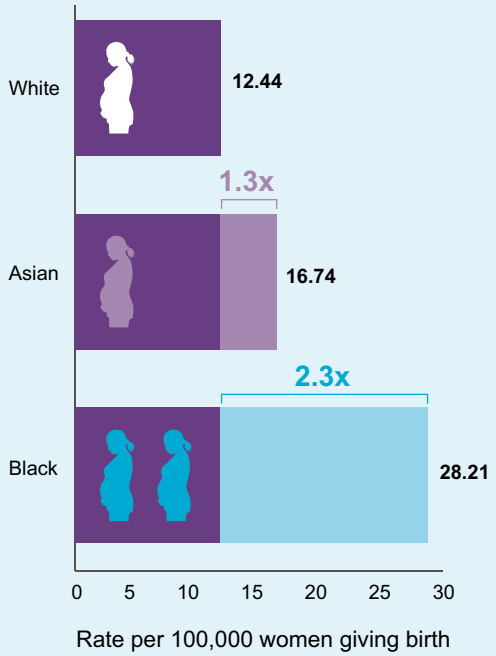
Leading causes of maternal deaths

1. Blood clots
2. Heart disease*
3. COVID-19*
4. Mental health conditions
5. Epilepsy and stroke

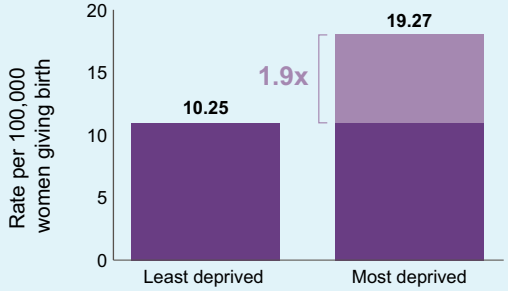
*Responsible for the same number of maternal deaths in 2021-23

Inequalities in maternal mortality

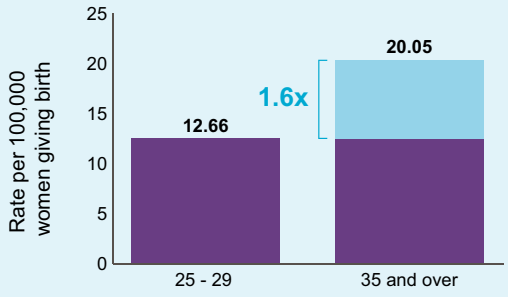
Ethnic group



Deprivation



Age



Key messages

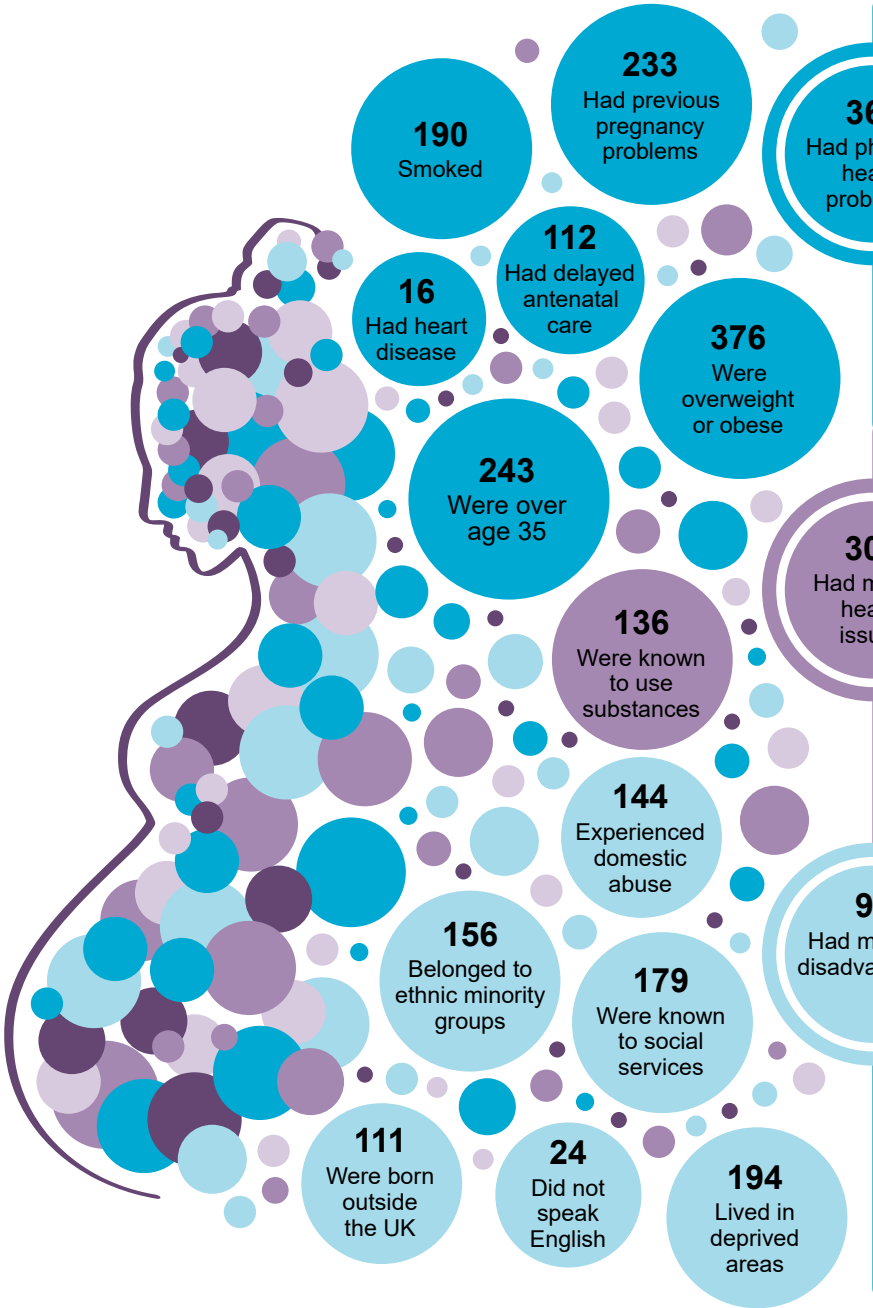
from the confidential enquiries 2025

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

A constellation of biases

The 2025 MBRRACE-UK report looks at the care of **643 women** who died during or up to one year after pregnancy in the UK and Ireland

Of these women, **583 (91%)** faced multiple interrelated challenges



Ready for pregnancy

The period before or between pregnancies is an ideal time to counsel women about their health, including **weight** or **smoking**, and to create a plan to manage pre-existing conditions

Perinatal mental health team (PMHT)

Women with **mental health issues** who are pregnant, recently pregnant or who have experienced the loss of a child through pregnancy loss, bereavement or custody loss, should receive PMHT referral and leadership

Individualised care

Many women experience multiple, severe disadvantages including **social service involvement, domestic abuse** and **deprivation** and may require additional supports and services

NAoPri
National Audit of Primary Breast Cancer

NATCAN
National Cancer Audit Collaborating Centre

National Audit of Primary Breast Cancer
State of the Nation Report 2025

An audit of care received by people diagnosed with primary breast cancer between 1 January 2020 and 31 December 2022 in England and Wales.

Version 2 - September 2025

Infographic

NAoPri
National Audit of Primary Breast Cancer

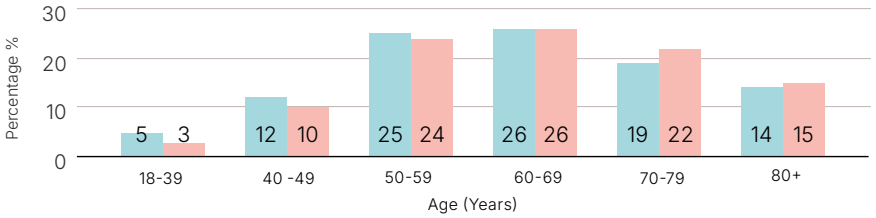
Summary of results for people (women and men) diagnosed with primary breast cancer (stage 0 to 3) in England and Wales between 1st January 2020 and 31st December 2022.

Key: E **England** W **Wales**

Total: 134,161 women and 954 men diagnosed 2020-2022

E **England: 127,966**
(127,054 women and 912 men)

W **Wales: 7,149**
(7,017 women and 42 men)



Triple Diagnostic Assessment

68% of patients in England* and 51% in Wales underwent Triple Diagnostic Assessment — meaning they received clinical assessment, imaging, and biopsy during a single hospital visit leading to their diagnosis.

Surgery

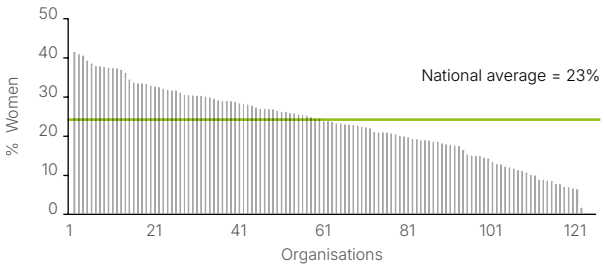
Among those who had surgery within 12 months of diagnosis, 73% of people in England and 69% in Wales had Breast Conserving Surgery as their first surgery. The rest of individuals had mastectomy (lighter boxes) as their primary surgery.

Neo-Adjuvant Chemotherapy (NACT)

Among patients with stage 2 to 3A triple negative or HER2 positive breast cancer who underwent surgery within 12 months of diagnosis, 52% in England and 32% in Wales received neo- adjuvant chemotherapy (chemotherapy before surgery).

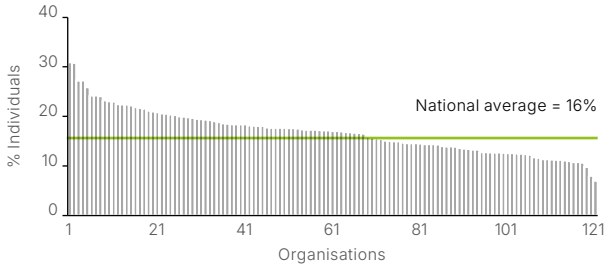
Immediate Breast Reconstruction

Among women who had a mastectomy, 24% in England and 13% in Wales underwent immediate breast reconstruction at the time of their mastectomy, with marked variation observed between different organisations.



Re-operation

Within 12 months of initial breast-conserving surgery, 16% of individuals in England and 20% in Wales required at least one re-operation. Again, marked variation was observed between different organisations.

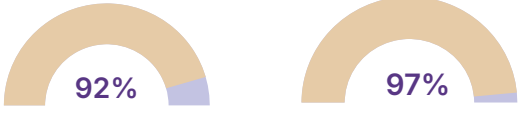


Clinical Nurse Specialist (CNS) Contact

For those with data available, 94% of people in England and 82% in Wales had contact with a CNS after diagnosis. However, data completeness was 78% for England and 93% for Wales.

Survival

Among individual diagnosed with primary breast cancer (Stage 1 to 3A) in England and Wales, 3-year all-cause survival was 92%. 3-year breast cancer-specific survival was 97%.



* Data field for triple diagnostic assessment for England was not mature enough for use in this report. An algorithm was applied to estimate this for England. Details can be found in the methodology supplement.

Note that due to differences in methodology between reports, direct comparisons between the 2024 report and this 2025 report should not be used to infer about trends over time.

NAoMe
National Audit of Metastatic Breast Cancer

NATCAN
National Cancer Audit Collaborating Centre

National Audit of Metastatic Breast Cancer State of the Nation Report 2025

An audit of care received by people diagnosed with metastatic breast cancer between 1 January 2020 and 31 December 2022 in England and Wales.

Published September 2025

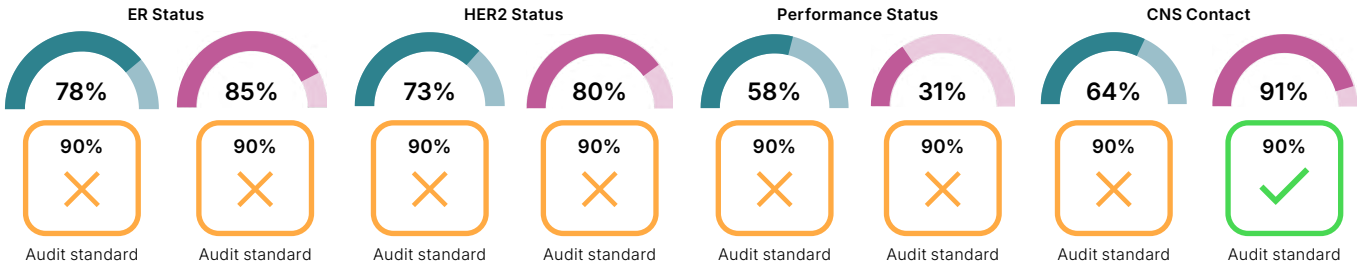
Infographic

NAoMe
National Audit of Metastatic Breast Cancer

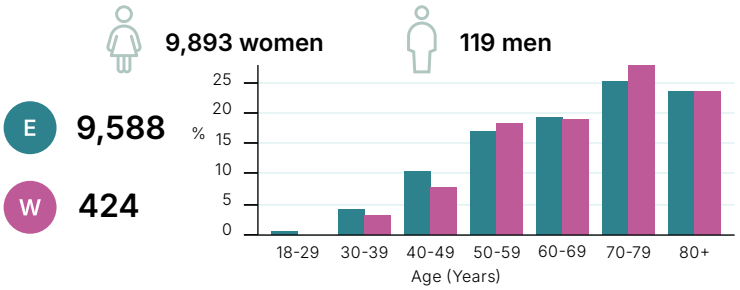
Summary of results for people (women and men) diagnosed with Metastatic Breast Cancer (MBC) in England and Wales between 1st January 2020 and 31st December 2022.

Key: E England W Wales

Data Completeness of key routine data items for people with *de novo* MBC in England and Wales



De novo disease: 10,012 (individuals whose breast cancer is metastatic at presentation).



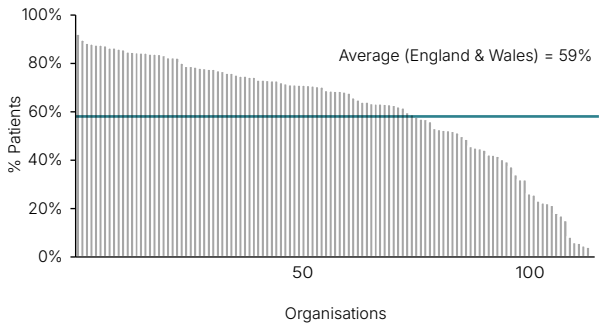
Recurrent disease*: 12,750 (individuals who are diagnosed with MBC at least six months after an initial non-metastatic breast cancer diagnosis).

E 12,070 W 680

* Information for people with recurrent breast cancer is poorly collected within the data currently available. Information presented here uses methods described in the main report to identify those with recurrent MBC. Collaborative efforts between the NAoMe and NDRS are ongoing to improve recurrence data and optimise identification of people with recurrent breast cancer.

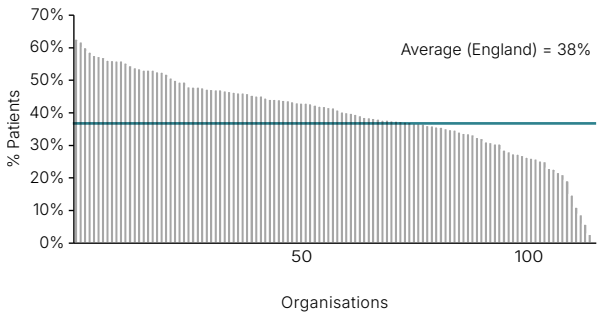
Multidisciplinary discussion

58% of people in England and 71% in Wales with *de novo* MBC had documented multidisciplinary team discussions, with significant variation between organisations.



CDK4/6 inhibitor use**

In England, **38%** of people with *de novo* ER positive/ HER2 negative MBC received CDK4/6 inhibitors within the first year, with marked variation between organisations. This information could not be derived for Wales.



Early death after chemotherapy**

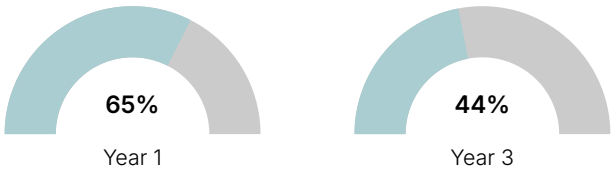
Death within 30 days of chemotherapy was recorded in:

10% of people with *de novo* MBC in England.

19% of people with recurrent MBC in England.

Survival for people with *de novo* MBC

Percent of people who survived for at least 1 or 3 years after diagnosis in England and Wales (combined).



Note 1: ER status = oestrogen receptor status, HER2 status = human epidermal growth factor receptor 2 status, Performance Status (scores: 0-4) is a fitness assessment tool used in oncology to stratify people based on their ability to carry out activities of daily living, CNS = Clinical Nurse Specialist
** Indicators not available for Wales due to differences in data availability.

Note that due to differences in data and methodology between reports, direct comparisons between the 2024 report and this 2025 report should not be used to infer about trends over time.

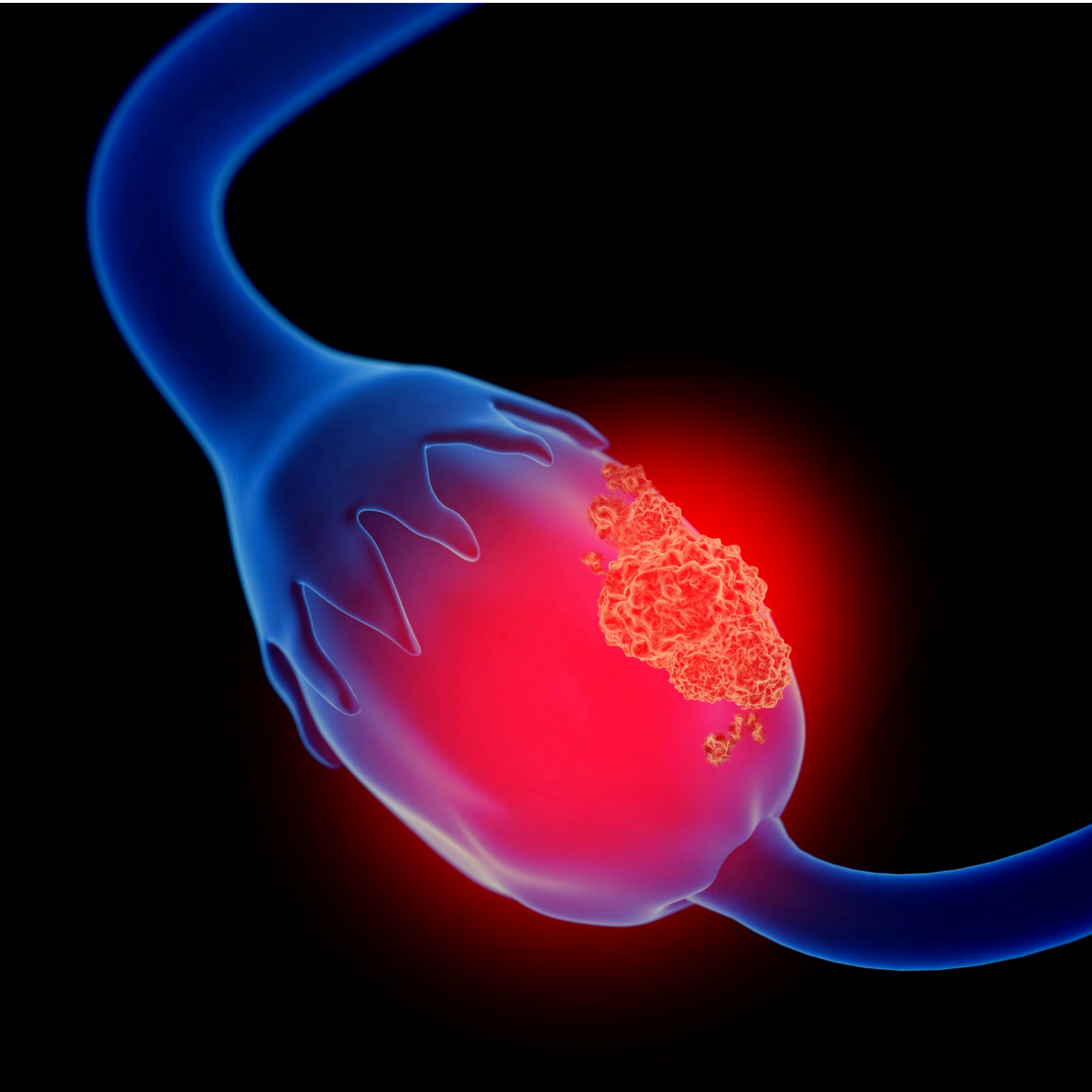
NOCA
National Ovarian Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Ovarian Cancer Audit
State of the Nation Report 2025

An audit of care received by women diagnosed with ovarian cancer between 1 January 2022 and 31 December 2022 in England and 1 January 2022 and 31 December 2023 in Wales.

Published September 2025



Infographic

Summary of results for women diagnosed with ovarian cancer in England (2022) and Wales (2022-2023)

NOCA
National Ovarian Cancer Audit

Diagnosis

5,713
diagnoses of ovarian cancer in England in 2022

317
diagnoses of ovarian cancer in Wales in 2023

(excluding borderline ovarian tumours)

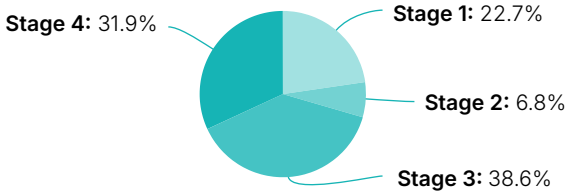
Mean age at diagnosis

England in 2022: **66.3** years

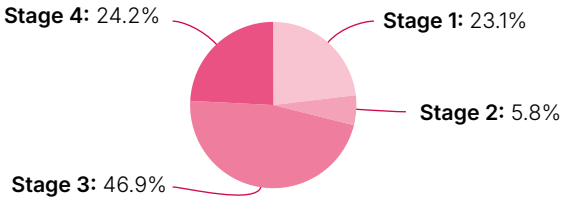
Wales in 2023: **66.3** years

Stage at diagnosis

Stage in England in 2022



Stage in Wales in 2023



(based on those with complete staging information - 77.0% in England and 92.7% in Wales)

Emergency admissions

Approximately four out of ten women diagnosed in England in 2022 and in Wales in 2023 had an emergency admission within 28 days prior to diagnosis.

Receipt of any treatment (surgery and/or chemotherapy) for women with emergency admission prior to diagnosis

61.3% (E)
71.0% (W)

of women who had an emergency admission 28 days prior to ovarian cancer diagnosis in England (E) in 2022 and in Wales (W) in 2023 had any treatment recorded.

Receipt of any treatment (surgery and/or chemotherapy)

74.2% (E)
80.3% (W)

of women diagnosed with stage 2 to 4 or unstaged ovarian cancer in England (E) in 2022 and in Wales (W) in 2023 had any treatment recorded (surgery and/or chemotherapy).

Platinum-based chemotherapy

Approximately one out of three women diagnosed in England in 2022 with stage 2 to 4 or unstaged epithelial ovarian cancer did not have any platinum-based chemotherapy recorded.

Survival

One-year survival

of women diagnosed with ovarian cancer in England in 2022 and in Wales in 2023 survived at least one year after the diagnosis.

Two-year survival

of women diagnosed with ovarian cancer in England between 1st January and 30th September 2022 and in Wales between 1st January and 31st December 2022 survived at least two years after the diagnosis.

(based on crude estimates and it does not account for differences in case-mix)

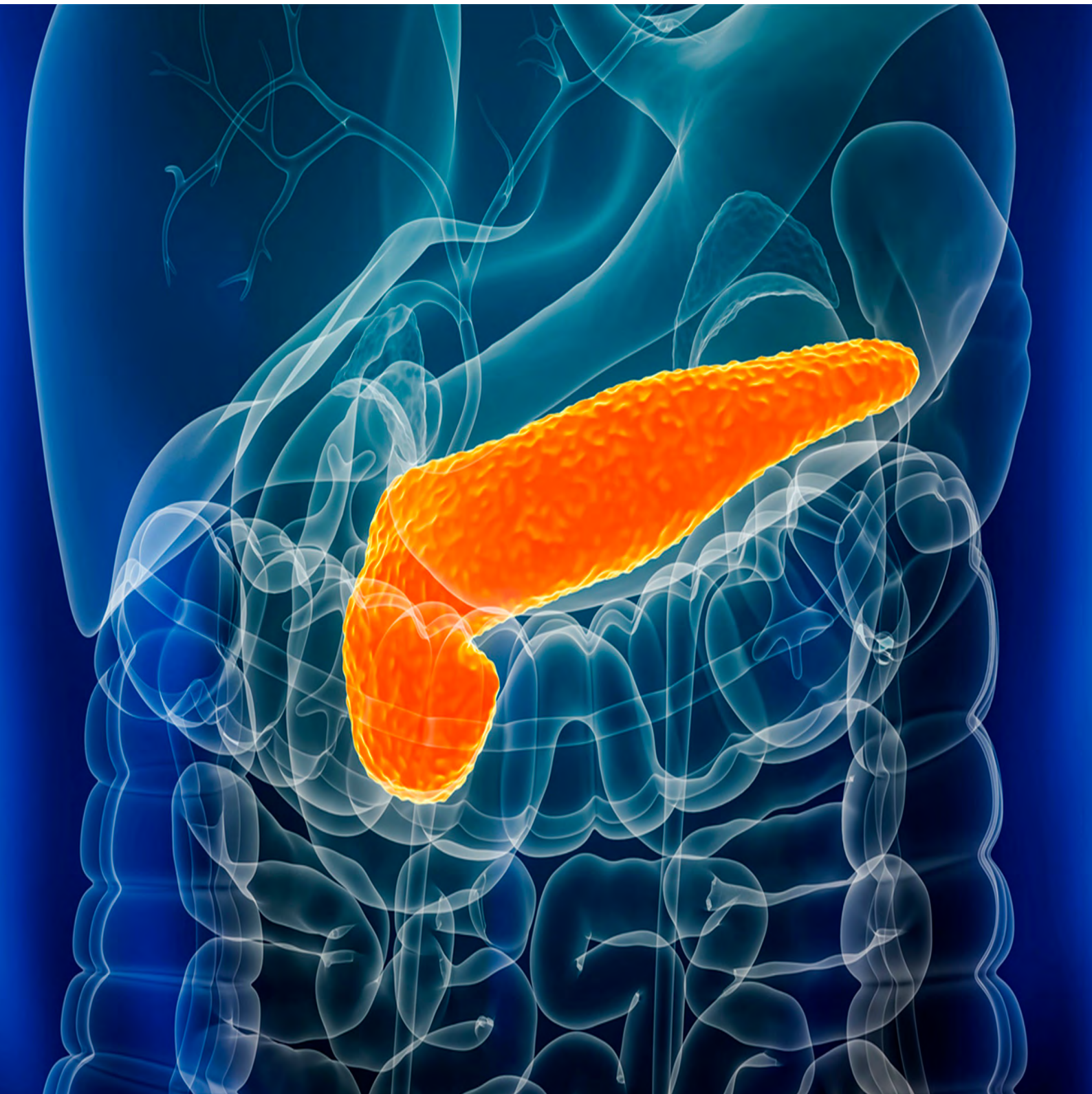
NPaCA
National Pancreatic Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Pancreatic Cancer Audit
State of the Nation Report 2025

An audit of care received by people diagnosed with pancreatic cancer between 1 January 2021 to 31 December 2022 in England and 1 January 2022 and 31 December 2023 in Wales

Published September 2025.



Infographic

Summary of results for people diagnosed with exocrine pancreatic cancer (ICD-10 code C25.0) in England (2021-22) and in Wales (2022-23).

NPaCA
National Pancreatic Cancer Audit

Diagnosis and staging

17,328
diagnoses of pancreatic cancer in England in 2021-22

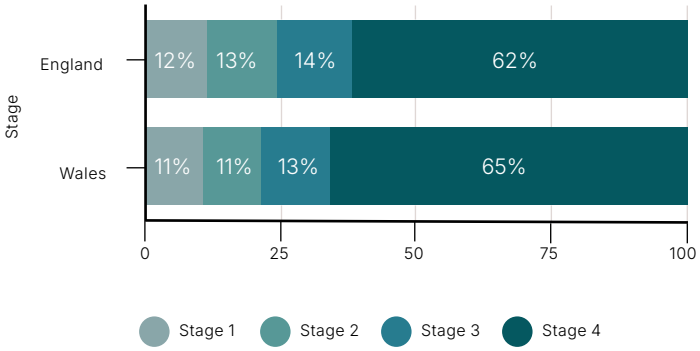
926
diagnoses of pancreatic cancer in Wales in 2022-23

England
51% Men
50% Women

Wales
50% Men
50% Women

74 years
Median age at diagnosis (England and Wales)

Stage at diagnosis*



Work up and waiting times

76% of people had a record of an Multi-Disciplinary Team discussion in England.

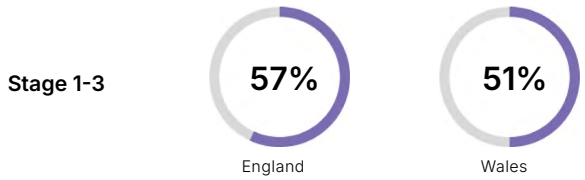
Median waiting times** (IQR***)

GP Referral → Diagnosis
England: 20 (9 to 36) days
Wales: 21 (7 to 43) days
Proportion of people diagnosed within 21 days:
54% (England); 51% (Wales)

GP Referral → Treatment
England: 78 (59 to 100) days
Wales: 90 (63 to 121) days

Treatment

Percentage of people receiving any form of disease-targeted treatment



65 % (England) and **60%**(Wales) of people with performance status 0-2 (stage 1-3) received any form of disease-targeted treatment

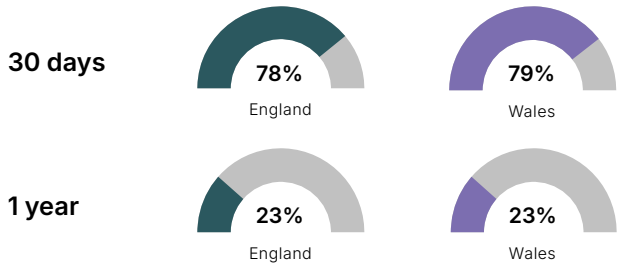
Supportive care

54% of people diagnosed during 2020-21 in England were prescribed PERT in primary care. Note: more likely to be prescribed PERT if receiving disease-targeted treatment (84% vs 38%)

87% of people with new diagnoses of pancreatic cancer were seen by a Clinical Nurse Specialist in England ****

Survival

Percentage of people who survived for 30 days or 1 year after diagnosis in England and Wales.



* Based on people with complete staging information available
** The figure is based on people diagnosed after GP referral in both England and Wales
*** Interquartile range - a measure of the spread of the results. It demonstrates the difference between the first quartile (lower 25%) and the third quartile (upper 25%) of results.
**** Information missing for 48% of people

NNHLA
National Non-Hodgkin Lymphoma Audit

NATCAN
National Cancer Audit Collaborating Centre

National Non-Hodgkin Lymphoma Audit
State of the Nation Report 2025

An audit of care received by people diagnosed with non-Hodgkin lymphoma between 1 January 2022 and 31 December 2022 in England and 1 January 2023 and 31 December 2023 in Wales.

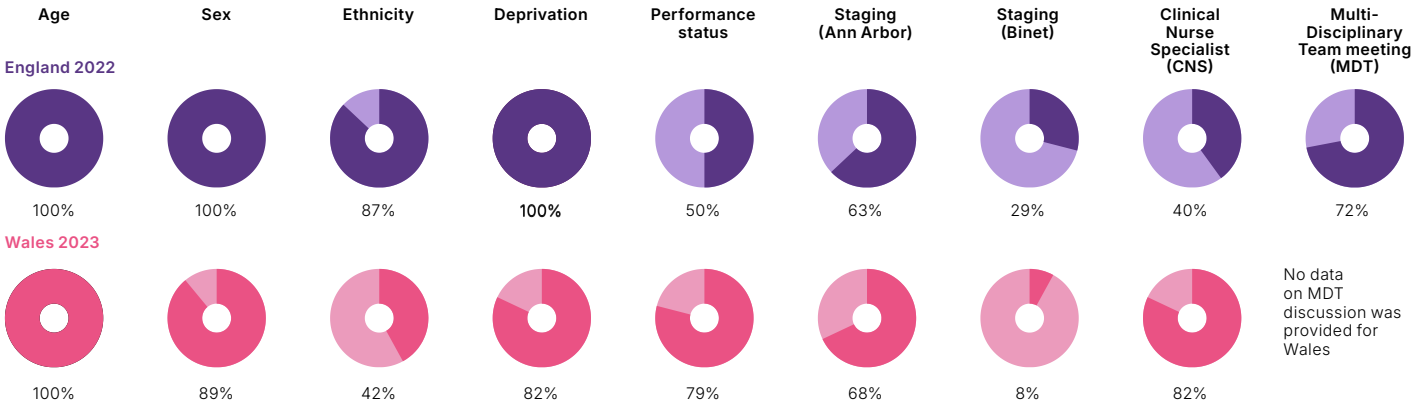
Published September 2025

Infographic

Summary of results for people diagnosed with Non-Hodgkin Lymphoma (NHL) in England (2022) and Wales (2023).

NNHLA
National Non-Hodgkin Lymphoma Audit

Data completeness



No data on MDT discussion was provided for Wales

Diagnosis and staging

Diagnoses per year

England
15,433 diagnosed in 2022

Wales
729 diagnosed in 2023

Grade of lymphoma

England 2022
high-grade 50 %, low-grade 49%, not classified 0.8%

Wales 2023
high-grade 50%, low-grade 45%, not classified 5%

MDT discussion within 4 weeks of diagnosis, where recorded

England 2022 - 60.0%, (high-grade 65%, low-grade 54%)

No data on MDT discussion was provided for Wales

69 years — **Mean age** at diagnosis for both England & Wales

Emergency presentation

England 2022 - **28%**

Development work underway for Welsh data.

Clinical Nurse Specialist (CNS) seen, where recorded

England 2022 83%
Wales 2023 96%

40% data completeness for England 2022

Treatment

Systemic Anti-Cancer Therapy (SACT)

Percentage of people diagnosed with high grade lymphoma, who receive SACT within 62 days of referral

England 2022 — 55%

Wales 2023 — 48%

33% Timing of Radiotherapy delivery

Percentage of people diagnosed with high-grade lymphoma,who received radiotherapy within 8 weeks of end of first line SACT.

England 2022

End date for 1st line chemotherapy was not provided for Wales so this indicator could not be measured.

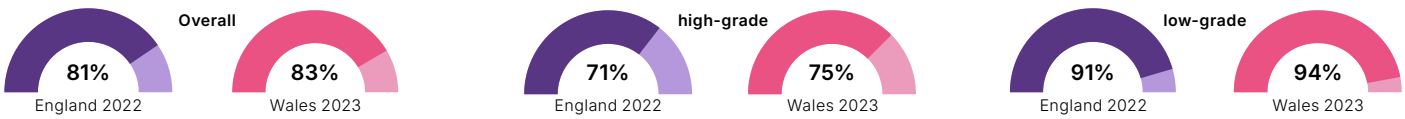
2% Trial Participation

Percentage of people with NHL who are recorded as having received an episode of care that was delivered as part of a clinical trial in **England 2022***

* Note 47% data missing. No data on trial participation for Wales was available

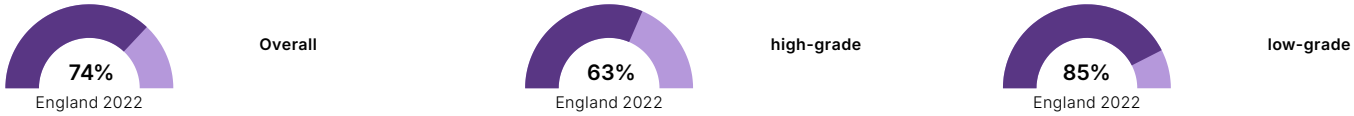
Survival

One-year survival outcomes



Two-year survival outcomes*

Not available for Wales due to insufficient follow up period



NKCA
National Kidney Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Kidney Cancer Audit
State of the Nation Report 2025

An audit of care received by people diagnosed with kidney cancer between 1 January 2018 to 31 December 2022 in England and 1 January 2022 to 31 December 2023 in Wales. National time trends in kidney cancer diagnoses and treatments between 1 January 2019 to 30 September 2024 in England and 1 January 2022 to 31 December 2023 in Wales.

Published September 2025

Infographic

Summary of results for people diagnosed with kidney cancer in England (2018-2022) and Wales (2022-2023)

NKCA
National Kidney Cancer Audit

%E
%W
The number within the circle represents the national percentage (England top: Wales bottom) for the time period indicated

Diagnosis & staging (England 2020-2022 and Wales 2022-2023)

England in 2020-2022 **Wales in 2022-2023**

28,485 **986**

people were diagnosed with **kidney cancer**

69 years — age at diagnosis (median) Interquartile range **59 - 77 years**

64% — of people **were male**

59% E **47%** W — of people with kidney cancer **were diagnosed at stage T1 and any N/M category**

21% E **23%** W — of people **had metastatic disease (M1)**

82% E **99%** W — of people with kidney cancer who had a **record of being discussed at a multi-disciplinary team (MDT) meeting**

1% — of people with kidney cancer had **consented for a clinical trial**

Data unavailable for Wales

Treatment Allocation (England 2020-2022)

20% — of people **with a small kidney cancer (≤4cm) had a biopsy**

21% in 2022
21% in 2021
19% in 2020

Data unavailable for Wales

68% — of people with a T3+ and/or 10cm+ and/or N1 and M0 renal cell carcinoma (RCC) **had radical nephrectomy within 31 days of decision to treat**

63% in 2022
69% in 2021
73% in 2020

Data unavailable for Wales

Surgery (England 2020-2022 and Wales 2022-2023)

78% of people with T1b-3NXM0 RCC **underwent surgery** 1 month prior and 12 months following diagnosis in England

78% in 2022
78% in 2021
76% in 2020

82% of people with T23NXM0 RCC **underwent surgery** 1 month prior and 12 months following diagnosis in Wales

84% in 2023
80% in 2022

69% of people with T1aN0M0 **underwent nephron sparing treatment** 1 month prior and 12 months following diagnosis in England

70% in 2022
72% in 2021
66% in 2020

Data unavailable for Wales

Systemic Anti-Cancer Therapy (SACT, England 2018-2022 and Wales 2022-2023)

49% E **54%** W — of people with metastatic RCC **received initial SACT within 12 months of diagnosis**

England: **50%** in 2022, **52%** in 2021, **48%** in 2020

Wales: **53%** in 2023, **56%** in 2022

3% E **2%** W — of people with kidney cancer **died within 30 days of SACT treatment**

England: **4%** in 2022, **3%** in 2021, **2%** in 2020

Wales: **0%** in 2023, **3%** in 2022

T3+ and/or 10cm+ and/or N1 and M0 RCC - Tumour extends into major veins or perinephric tissues or invades beyond Gerota fascia and/or tumour more than 10cm in size and/or metastasis in regional lymph node(s)

T1b-3NXM0 RCC - Tumour is more than 4cm in size or tumour extends into major veins or perinephric tissues with no distant metastasis

T1aN0M0 RCC - Tumour is less than or equal to 4cm in size with no regional lymph node metastasis and no distant metastasis

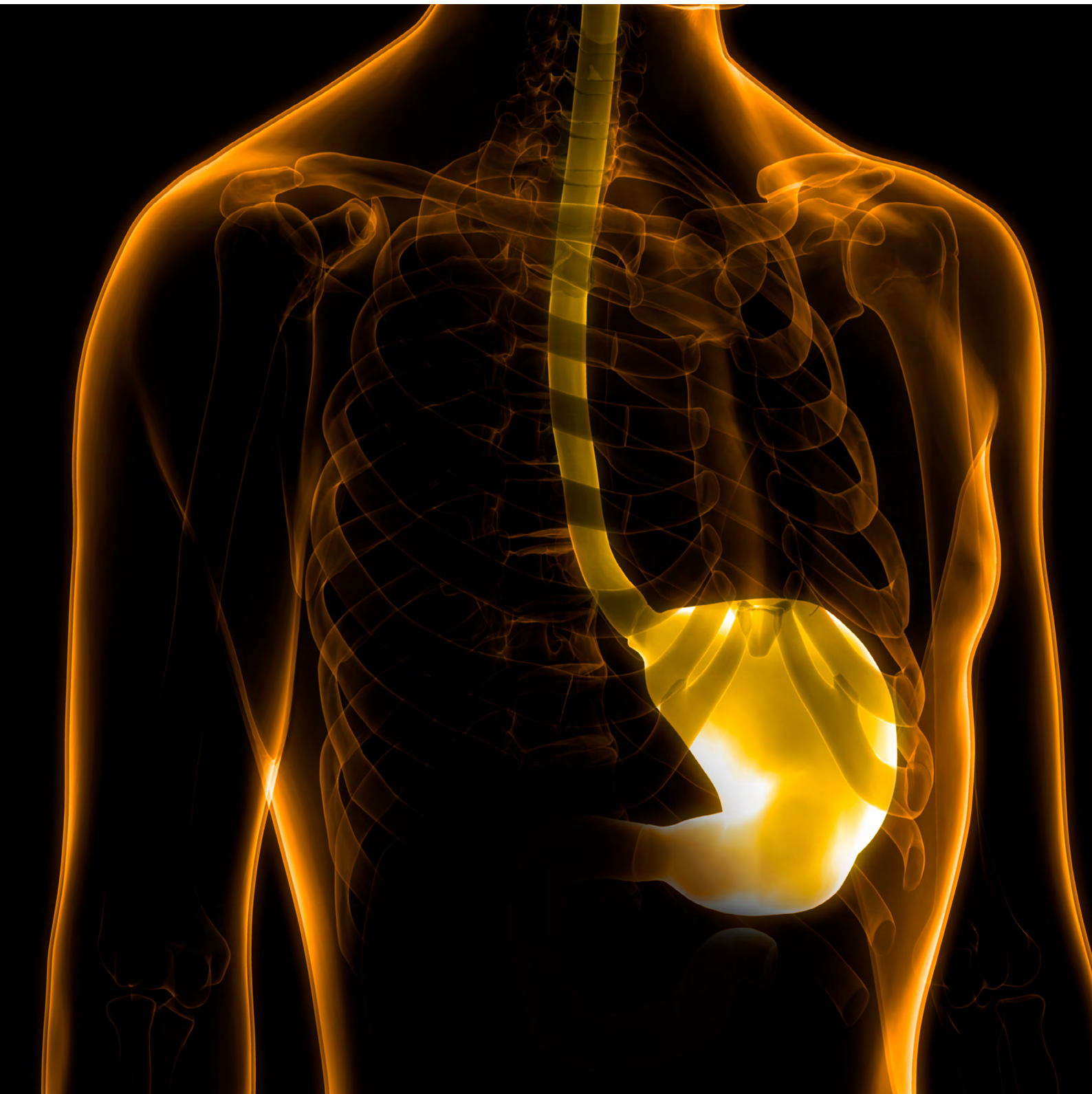
NOGCA
National Oesophago-Gastric Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Oesophago-Gastric Cancer Audit State of the Nation Report September 2025

An audit of care received by people diagnosed with oesophageal or gastric cancer between 1 January 2022 and 31 December 2023 in England and Wales.

Published September 2025



Infographic

Summary of results for people diagnosed with oesophageal or gastric (OG) cancer in England and Wales between 1 Jan 2022 and 31 Dec 2023

NOGCA
National Oesophago-Gastric Cancer Audit

20,582
people diagnosed with OG cancer

E **England: 19,243**

W **Wales: 1,339**

Emergency admission & stage 4 diagnoses

E 21%
W 14%

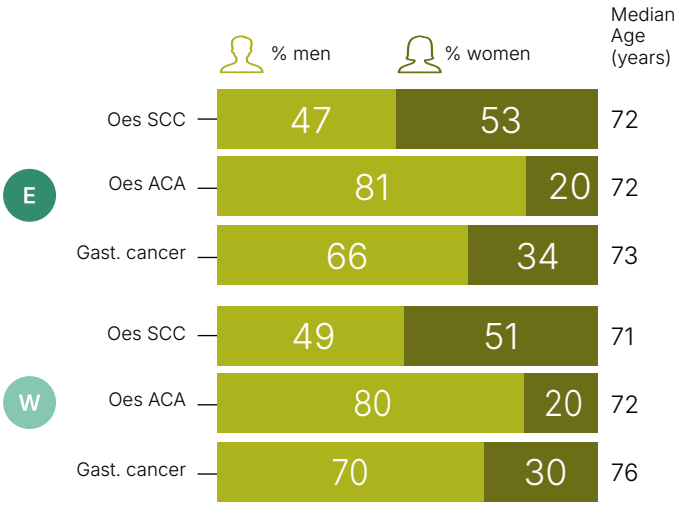
People diagnosed after emergency admission

E 38%
W 32%

People diagnosed with stage 4 disease

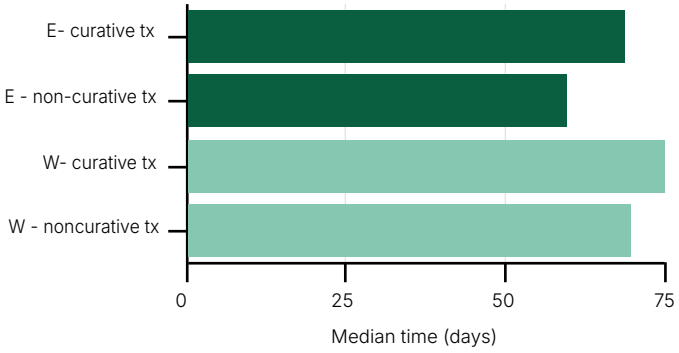
People aged 80 years and over had the highest rates of diagnosis via emergency admission

Patient profile at diagnosis



Waiting times

Time from diagnostic endoscopy to start of disease-targeted treatment*

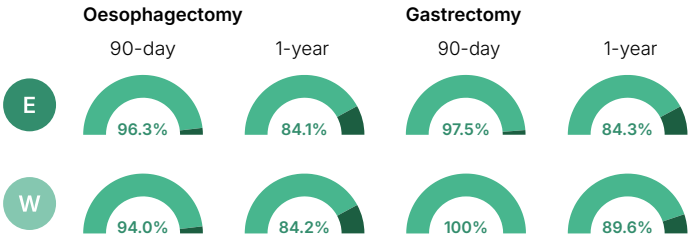


Curative treatment & outcomes

E 53%
W 31%

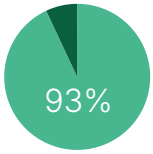
% people diagnosed at stage 1-3 treated receiving curative treatment

Survival following surgical resection**



Access to CNS

Where data were complete***, 93% of people in England were seen by a CNS****



People diagnosed by emergency admission, and those with survival of less than 90 days after diagnosis, were less likely to see a CNS

Non-curative treatment & outcomes

% people diagnosed at stage 4 treated with SACT and/or radiotherapy

E 56% W 37%

4.3% died within 30 days of starting SACT in England*****

16.7% died within 90 days of starting SACT in England*****

CNS: Clinical Nurse Specialist
Gast. cancer: Gastric (stomach) cancer
OG: Oesophago-Gastric
Oes SCC: Oesophageal squamous cell carcinoma
Oes ACA: Oesophageal adenocarcinoma
tx: Treatment
SACT: Systemic Anti-Cancer Therapy

* Waiting times measured from date of first endoscopy within 30 days of date of diagnosis and date of first disease-targeted treatment of EMR/ESD, surgery, radiotherapy, or SACT.

** 3 years' of data (1 Jan 2021 - 31 Dec 2023) used for surgical outcomes to ensure enough procedures to produce robust statistics; results are the % for people undergoing surgery.

*** Data available for only 63% of patients.

**** CNS data not available for Wales.

***** Outcomes of palliative chemotherapy are not reported for Wales due to known issues with oncology data.