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

Q2 (July - September 2026), updated 11/09/2026

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
2026/07/09	Women and children	Audit	Epilepsy 12	RCPCH: Royal College of Paediatrics and	2026 Combined organisational and clinical audits	https://www.hqip.org.uk/report/epilepsy12-711/	0.01
2026/08/13	Women and children	Audit	NMPA - National Maternity and	RCOG: Royal College of Obstetricians and	State of the Nation	https://www.hqip.org.uk/report/nmpa-734/	0.02
2026/08/13	Long term conditions	Audit	NACEL - National Audit of Care at the End of Life	NHS Benchmarking Network	Mental Health Spotlight Audit 2025 State of the Nations Report	https://www.hqip.org.uk/report/nacel-mh-764/	0.03
2026/08/13	Long term conditions	Audit	NACEL - National Audit of Care	NHS Benchmarking Network	2025 State of the Nations Report	https://www.hqip.org.uk/report/nacel-712/	0.04
2026/09/10	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/report/mnicorp-mbrrace-706/	0.05
2026/09/10	Cancer	Audit	NAoPri - National Primary Breast	NATCAN: National Cancer Audit	National Audit of Primary Breast Cancer	https://www.hqip.org.uk/report/naopri-751/	0.06
2026/09/10	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 2026	https://www.hqip.org.uk/report/naome-752/	0.07
2026/09/10	Cancer	Audit	NPaCA - National Pancreatic	NATCAN: National Cancer Audit	National Pancreatic Cancer Audit	https://www.hqip.org.uk/report/npaca-753/	0.08
2026/09/10	Cancer	Audit	NNHLA - National Non-Hodgkin Lymphoma Audit	NATCAN: National Cancer Audit Collaborating Centre	National Non-Hodgkin Lymphoma Audit State of the Nation Report 2026	https://www.hqip.org.uk/report/nnhla-754/	0.09
2026/09/10	Cancer	Audit	NOGCA - National Oesophago-	NATCAN: National Cancer Audit	National Oesophago-Gastric Cancer Audit	https://www.hqip.org.uk/report/nogca-756/	0.10

EPILEPSY12

RCPCH Audits

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

Epilepsy12 2026 combined organisational and clinical audits:

Report for England, Jersey and Wales

Clinical Cohort 7 – The first year of care for children and young people following a first paediatric assessment undertaken between 1 December 2023 and 30 November 2024.

HQIP
Healthcare Quality Improvement Partnership

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

EPILEPSY12

Results at a glance: Update

RCPCHAudits

Below are results from the Epilepsy12 'cohort 6' (2025 publication) and 'cohort 7' (2026 publication) Clinical Audit, focusing on the 10 Key Performance Indicators (KPIs) to describe the first year of care for 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 6	32.4%
Cohort 7	31.1%

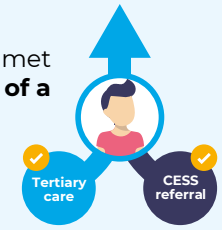
KPI 2 Children and young people seen by an **epilepsy specialist nurse (ESN)** within the first year of care.

Cohort 6	85.6%
Cohort 7	88.1%

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

Cohort 6	49.2%
Cohort 7	47.8%

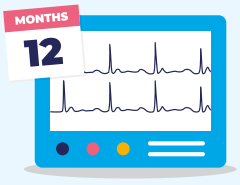
KPI 3b Children and young people who met CESS referral criteria who had **evidence of a CESS referral.**



Cohort 6	42%
Cohort 7	39.1%

Appropriate assessment

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



Cohort 6	83.4%
Cohort 7	85.1%

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

Cohort 6	49.2%
Cohort 7	46.4%

Mental health

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

Cohort 6	38.2%
Cohort 7	40.3%

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

Cohort 6	76.6%
Cohort 7	79.1%

Care Planning

KPI 8 Females on Valproate treatment and females 12 years and over on Topiramate treatment, with **risk acknowledgement forms** completed. *new measure

Cohort 7	89.6%

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

Cohort 6	85.8%
Cohort 7	88.1%

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

Cohort 6	67.4%
Cohort 7	71.3%

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

Cohort 6	67.2%
Cohort 7	75.3%

*To minimise risk of disclosure, children and young people from Jersey have not been included in the cohort 7 annual analysis, including the key performance indicator calculations displayed here.

NMPA

National Maternity & Perinatal Audit

State of the Nation

Based on singleton births in NHS maternity services in England, Scotland and Wales during 2024

Published August 2026

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 to singleton births in the NHS in 2024.

The average rate for NHS maternity care providers across Great Britain appears in the blue circle, while the blue arrows present lower and upper rates for the middle half (interquartile range) of maternity care providers. A full description of the measures along with results for each country can be found in the summary results tables.

More information about the NMPA and trust/board-level results can be found online.

Late booking

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

16.6% ← **24.4%** → 27.9%

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).

36.9% ← **41.4%** → 44.7%

Preterm birth

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

5.51% ← **6.23%** → 6.77%

Of those, the proportion whose birth is recorded as:

Spontaneous

36.7% ← **42.0%** → 46.2%

Clinician Recommended (Iatrogenic)

53.5% ← **58.0%** → 63.6%

Induction of labour

Women and birthing people who had an induction of labour.

29.0% ← **32.5%** → 37.9%

Mode of birth

Vaginal birth without the use of instruments

44.1% ← **46.4%** → 49.3%

Vaginal birth with the use of instruments

9.2% ← **10.8%** → 12.1%

Unplanned caesarean birth

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

22.6% ← **24.9%** → 26.8%

Planned caesarean birth

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

16.5% ← **17.9%** → 19.2%

Vaginal birth with the use of instruments, by type

Vaginal birth with the use of forceps

5.5% ← **6.8%** → 8.2%

Vaginal birth with the use of ventouse

3.0% ← **4.0%** → 4.6%

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.

12.0% ← **13.7%** → 15.5%

* Vaginal birth after a caesarean (VBAC) applies to the birth of any baby born vaginally after a mother has had a caesarean in any previous pregnancy. Due to availability of the data, the NMPA measure definition reports VBAC for women and birthing people giving birth to their second baby vaginally after having had a caesarean birth for their first baby.

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.

17.4% ← **19.9%** → 23.1%

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

55.2% ← **60.5%** → 65.1%

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

81.4% ← **83.1%** → 85.2%

Perineal tears

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

2.72% ← **3.50%** → 4.07%

Episiotomy

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

21.7% ← **24.7%** → 27.3%

PPH ≥1500 ml

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

3.10% ← **3.50%** → 3.78%

Unplanned maternal readmission

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

2.46% ← **3.35%** → 4.04%

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.

1.16% ← **1.53%** → 1.93%

Breast milk

Babies who received any breast milk at first feed.

65.5% ← **71.9%** → 76.8%

Skin-to-skin contact

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

68.0% ← **73.2%** → 82.6%

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

SCAN ME

HQIP
Healthcare Quality Improvement Partnership

National Audit of Care at the End of Life 2025

Auditing last days of life in hospitals

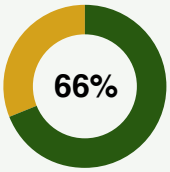
Mental Health Spotlight Audit 2025 State of the Nations Report

Published **August 2026**

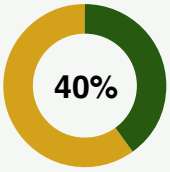
Key findings at a glance

National Audit of Care at the End of Life, Mental Health Spotlight Audit 2025

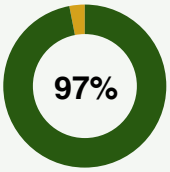
Proportion of patients who died of natural causes, where staff had recognised or expected the likely imminence of death.



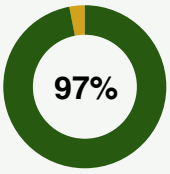
Proportion of patients whose primary cause of death was dementia.



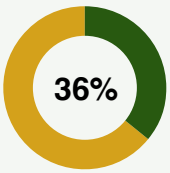
Proportion of clinical case notes with documented evidence of an individualised plan of care addressing the patient's needs at the end of life.



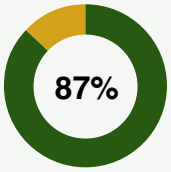
Proportion of clinical case notes with documented evidence of a review of the patient's pain.



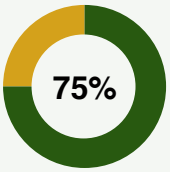
Proportion of staff that strongly agree or agree that they have completed training specific to end of life care within the last 3 years.



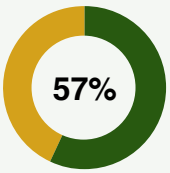
Proportion of clinical case notes with documented evidence that the likelihood of dying was discussed with the dying persons nominated person(s).



Proportion of mental health trusts/health boards that transfer patients to an acute trust/unit[1] if their physical health deteriorates near the end of life.

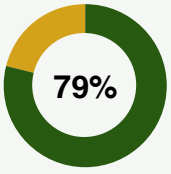


Proportion of clinical notes with an assessment of the spiritual, religious and cultural needs of those important to the dying person, or a reason recorded why not.



The median time between referral to the specialist palliative care team /end of life care team and review by the specialist palliative care team/ end of life care team.

Proportion of mental health trusts/health boards with an identified member of staff with a responsibility/role for end of life care.



[1] In Wales, the term "acute unit" is used to reflect local service arrangements.
[2] All findings relate to care delivered in in-patient mental health wards. Local providers can use the infographic template available at www.nacel.nhs.uk/qi-documents to present their findings alongside the national results. To support comparison, relevant Acute and Community findings can be found in the NACEL 2025 State of the Nations Report.

HQIP

Healthcare Quality Improvement Partnership

National Audit of Care at the End of Life 2025

Auditing last days of life in hospitals

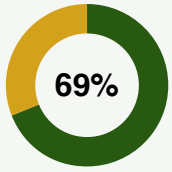
2025 State of the Nations Report

Published **August 2026**

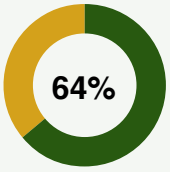
Key findings at a glance

National Audit of Care at the End of Life 2025

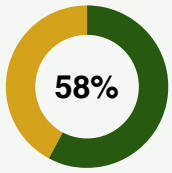
Proportion of hospital/ sites who have shared their end of life care quality improvement plan with the Integrated Care Board (ICB)/ Health Board.



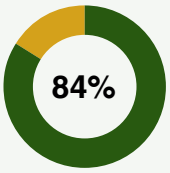
Hospital/sites with a face-to-face specialist palliative care service (nurse and/or doctor) available 8 hours a day, 7 days a week.



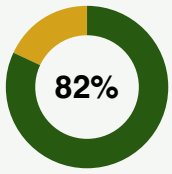
Proportion of patients that were reviewed by a member of the specialist palliative care team/end of life care team during their final admission.



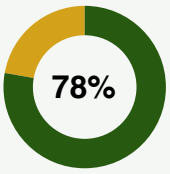
Proportion of deaths expected by clinical staff during the final admission.



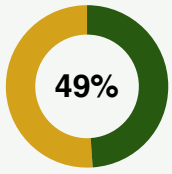
Proportion of clinical case notes with documented evidence of review of hydration options in the last days of life, including drinking if able.



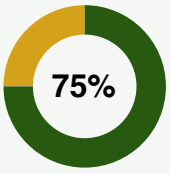
Proportion of bereaved people who agreed that the dying person received sufficient pain relief during their final hospital admission.



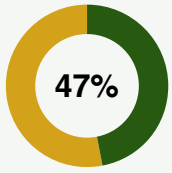
Proportion of clinical notes with an assessment of the spiritual, religious and cultural needs of those important to the dying person, or a reason recorded why not.



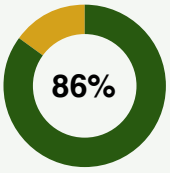
Proportion of bereaved people that rated the overall care and support given to themselves and others by the hospital as excellent or good.



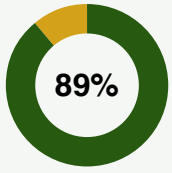
Proportion of clinical notes with evidence that the patient had participated in personalised care and support planning conversations.



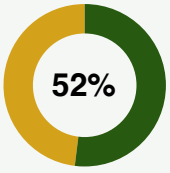
Proportion of people expected to die during the hospital admission with an individualised plan of care addressing their needs at the end of life.



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



Proportion of hospital/ sites where end of life care training was included in the mandatory/priority training.



Local providers can use the infographic template available at www.nacel.nhs.uk/qi-documents to present their findings alongside the national results.

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 haemorrhage, amniotic fluid embolism, infection, general medical and surgical disorders and neurological conditions 2022-24, including lessons for critical care and morbidity findings for women requiring networked maternal medical care.

September 2026

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

Key messages
from the report 2026

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

Proactive, not reactive, maternity care

Readiness
Plan ahead for changing needs

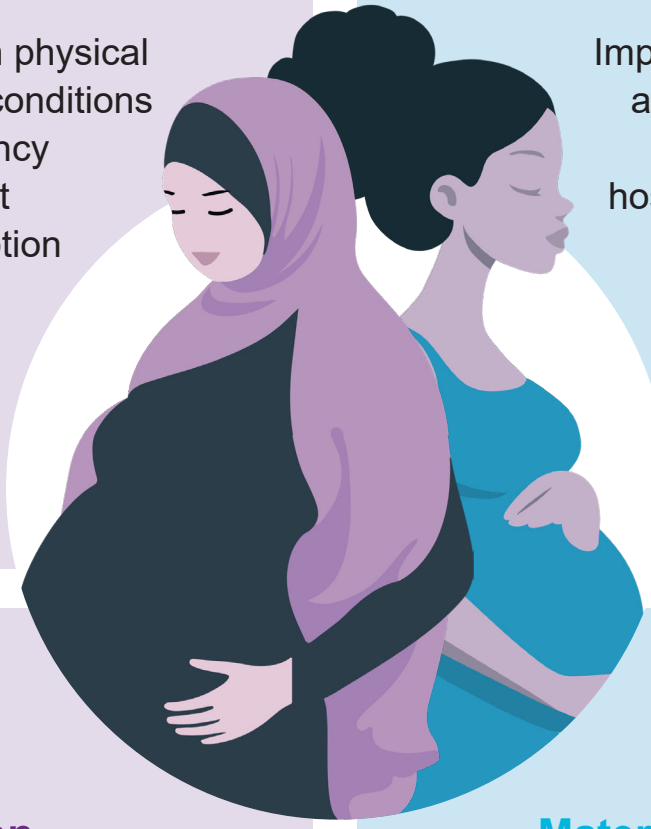
Response
Act early to avoid delays in management

Pregnancy counselling and consistent advice

Ensure women with physical and mental health conditions receive pre-pregnancy counselling and that postnatal contraception is available in maternity services for future pregnancy planning

Rapid access to antibiotics and medications

Implement processes to allow for rapid access to antibiotics in hospital-based settings or prescription of urgently needed medications at the point of care



Service provision and clinical demand

Review staffing models and theatre capacity to keep up with changing maternity characteristics, including increased rates of caesarean birth

Maternal observations and escalation of care

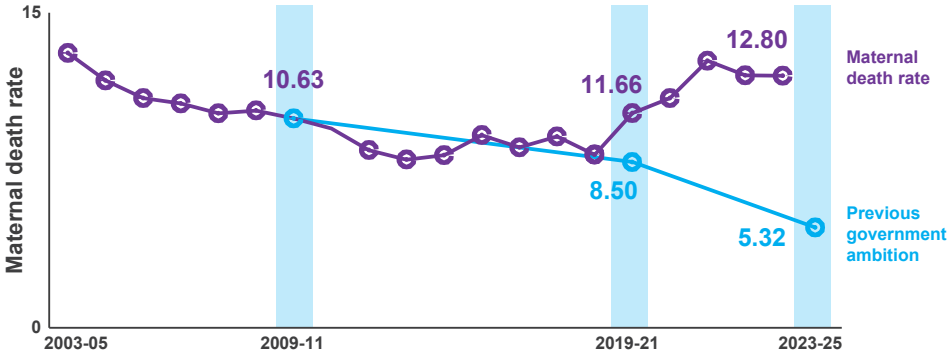
Assess and record women's vital signs using maternity early warning scores (MEWS) to recognise deterioration and escalate care if needed

Key messages

from the surveillance report 2026

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

In 2022-24, **252 women died** during pregnancy or up to six weeks after pregnancy in the UK, a maternal death rate of **12.80 women per 100,000** women giving birth



This rate is 20% higher than the maternal death rate in 2009-11, when the previous government set an **ambition to halve the number of maternal deaths** in England by 2025

Inequalities in maternal mortality

Ethnic group

White women	Asian women	Black women
12/100,000	15/100,000	32/100,000
	1.3x	2.7x

Deprivation

Least deprived	Most deprived
9/100,000	18/100,000
	1.9x

Leading causes of maternal deaths

1. **Blood clots** (42 women)
2. **Heart disease** (39 women)
3. **Mental health conditions** (35 women)
4. **Epilepsy and stroke** (30 women)
5. **Infection (excl. COVID-19)*** (26 women)
6. **Other physical conditions*** (26 women)

*Responsible for the same number of maternal deaths in 2022-24

NAoPri
National Audit of Primary Breast Cancer

NATCAN
National Cancer Audit Collaborating Centre

National Audit of Primary Breast Cancer
State of the Nation Report 2026

An audit of care received by people diagnosed with primary breast cancer between 1 January 2021 and 31 December 2023 in England and Wales.

Published September 2026

2. 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 2021 and 31st December 2023.

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

Total: 145,735 women and 1,060 men (2021-2023) E **England: 138,524** W **Wales: 8,271**

Triple diagnostic assessment (TDA)

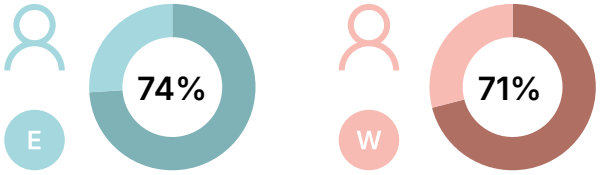
On average, 68% of people on non-screening pathway in England* were diagnosed through a triple diagnostic assessment (TDA) clinic, with rates ranging from 5%-89% according to organisation of diagnosis. In Wales**, the estimated TDA rate was 73%.

Neo-adjuvant chemotherapy (NACT)

Among people with stage 2 to 3A HER2+ or triple negative breast cancer who underwent surgery within 12 months of diagnosis, 57% in England and 26% in Wales received NACT (chemotherapy before surgery).

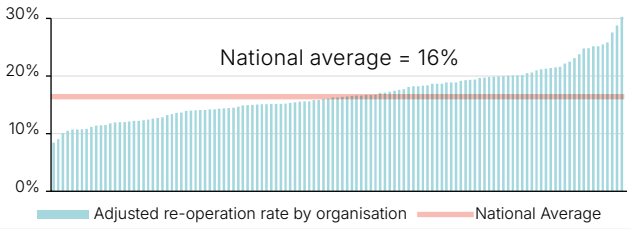
Breast-conserving surgery (BCS)

Among those who had surgery within 12 months of diagnosis, 74% of women in England and 71% in Wales had BCS as their first surgery. The remainder had a mastectomy as their first surgery.



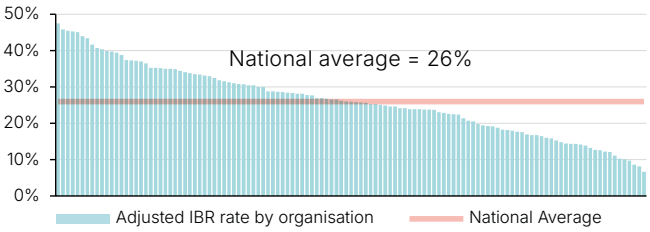
Re-operation following BCS

Within 12 months of initial BCS, 16% of individuals in England and 19% in Wales required at least one re-operation. Marked variation was observed between different English and Welsh NHS organisations.



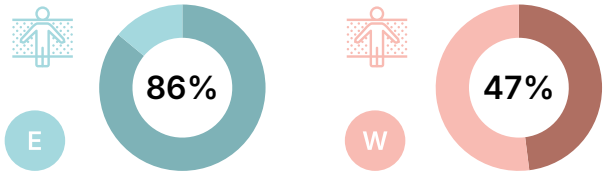
Immediate breast reconstruction (IBR)

Among women who had a mastectomy, 27% in England and 15% in Wales underwent immediate breast reconstruction at the time of their mastectomy, with marked variation observed between different NHS organisations.



Adjuvant radiotherapy after BCS

Among women who had BCS for early invasive breast cancer, 86% in England and 47% in Wales underwent adjuvant radiotherapy (radiotherapy after surgery).

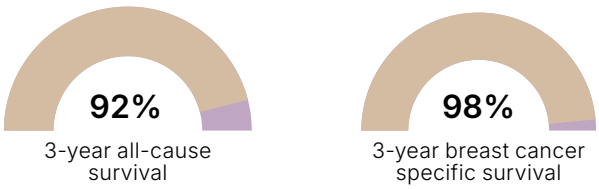


Post-mastectomy radiotherapy (PMRT)

Among women who had mastectomy for early invasive breast cancer, 48% in England and 18% in Wales underwent PMRT (radiotherapy to the chest wall after mastectomy).

Survival

Among individuals diagnosed with primary breast cancer (Stage 1 to 3A) in England and Wales*** , 3-year all-cause survival was 92% and 3-year breast cancer-specific survival was 98%.



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

** The Wales figure is based on the specific TDA data item, available from the second half of 2023.

*** Follow-up time was slightly shorter for Wales; therefore, the 3-year estimate was extrapolated using a flexible parametric approach and should be interpreted with caution. For separate figures for England and Wales please see the supplementary data tables that accompany this report.

NAoMe
National Audit of Metastatic Breast Cancer

NATCAN
National Cancer Audit Collaborating Centre

National Audit of Metastatic Breast Cancer State of the Nation Report 2026

An audit of care received by people diagnosed with metastatic breast cancer between 1 January 2021 and 31 December 2023 in England and Wales.

Published September 2026

2. Infographic

NAoMe
National Audit of Metastatic Breast Cancer

Summary of results for women and men diagnosed with metastatic breast cancer (MBC) in England and Wales between 1st January 2021 and 31st December 2023.

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

Number of people with metastatic breast cancer at diagnosis *(de novo)*: 10,494

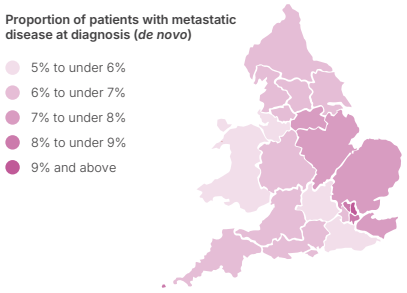
E **10,052**
W **442**

Number of people with metastatic breast cancer occurring after initial primary breast cancer diagnosis (recurrent): 14,250

E **13,650**
W **600**

De novo metastatic breast cancer

The map shows the variation in the percentage of all people with breast cancer who were diagnosed with metastatic disease at diagnosis (*de novo*) between 2021 and 2023 across England and Wales.

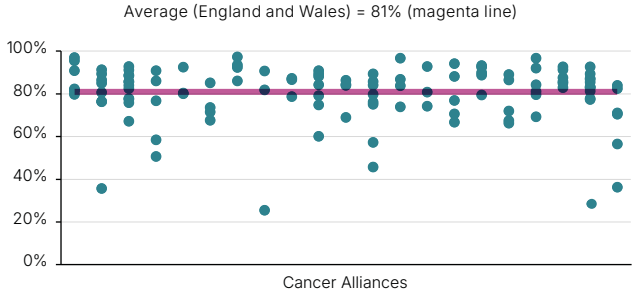


Clinical nurse specialist (CNS)

62% of people in England and 78% in Wales with *de novo* metastatic breast cancer had a recorded contact with a CNS, with significant variation (0%-100%) between NHS organisations.

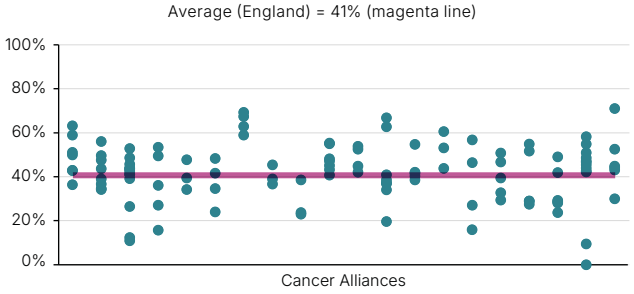
Multidisciplinary team (MDT) discussion

81% of people in England and 68% in Wales with newly diagnosed *de novo* metastatic breast cancer were discussed in a MDT. Variation (25%-97%) was observed between NHS organisations. Each breast unit is represented by a green circle. Cancer Alliances are arranged on the x-axis.



CDK4/6 inhibitor use

In England***, 41% of people with *de novo* ER positive HER2 negative metastatic breast cancer received CDK4/6 inhibitors, with marked variation (0%-71%) between NHS organisations. Each breast unit is represented by a green circle. Cancer Alliances are arranged on the x-axis.



Early death after chemotherapy

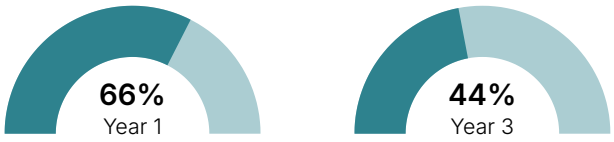
Death within 30 days of chemotherapy was recorded in:

9% of people with metastatic breast cancer at diagnosis (*de novo*) in England.

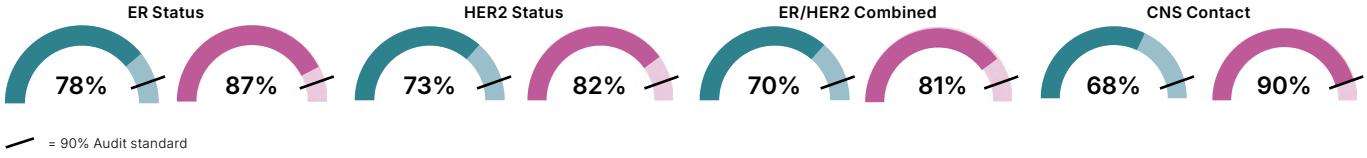
16% of people with recurrent metastatic breast cancer in England.

Survival for people with metastatic breast cancer at diagnosis (*de novo*)

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



Data completeness of key routine data items for people with *de novo* metastatic breast cancer in England and Wales.



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.

Note 2: * *De novo* breast cancer is MBC diagnosed at initial presentation. ** Recurrent breast cancer is MBC that occurs at least six months after an initial non-metastatic breast cancer diagnosis. Information for people with recurrent breast cancer is poorly collected in data currently available. Information presented here uses methods described in the main report to identify those with recurrent MBC. *** Indicators not available for Wales due to differences in data availability.

Note 3: **** For separate figures for England and Wales please see the supplementary data tables that accompany this report.

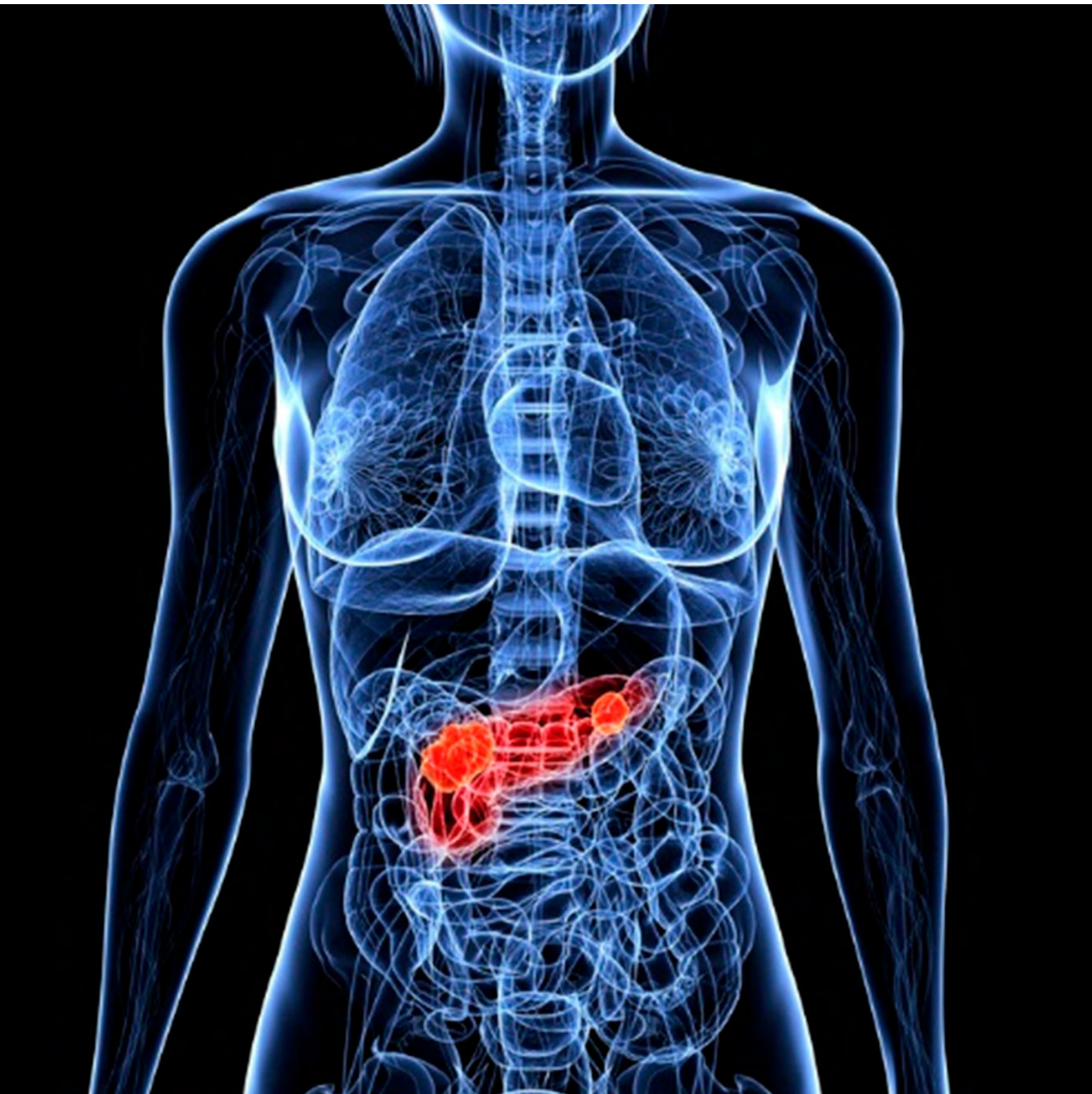
NPaCA
National Pancreatic Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Pancreatic Cancer Audit
State of the Nation Report 2026

An audit of care received by people diagnosed with pancreatic cancer between 1 January 2022 and 31 December 2023 in England and 1 January 2023 and 31 December 2024 in Wales.

Published September 2026



2. Infographic

NPaCA
National Pancreatic Cancer Audit

Summary of results for people diagnosed with pancreatic cancer between 1 January 2022 and 31 December 2023 in England and 1 January 2023 and 31 December 2024 in Wales.

Diagnosis and staging

17,672
people diagnosed with pancreatic cancer in England in 2022-23

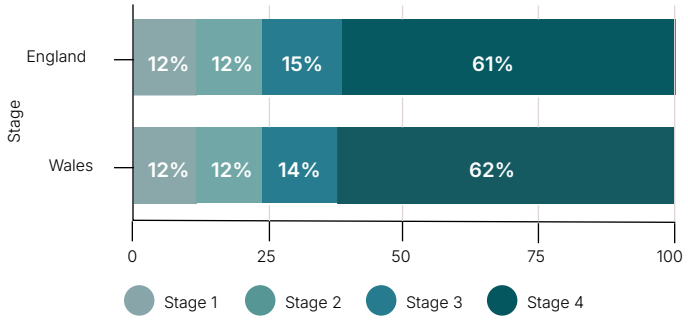
951
people diagnosed with pancreatic cancer in Wales in 2023-24

England
52% Men
48% Women

Wales
51% Men
49% Women

74 years
Median age at diagnosis (England and Wales)

Stage at diagnosis*



* Based on people with complete staging information available

Work up and time to diagnosis and treatment

77% of people had a record of a multidisciplinary team discussion in England.

Variation by providers**:
England: **68%** (62-75%)
Wales: **66%** (54-75%)
of people were diagnosed within 21 days

Median times along pathway (IQR ***)

Referral → **Diagnosis**
All routes:
England: 11 (1 to 28) days
Wales: 8 (0 to 35) days

Referral → **Treatment**
All routes:
England: 74 (54 to 98) days
Wales: 76 (56 to 105) days
Variation by providers:**
England 65.5-82 days
Wales 67-96 days
Urgent GP:
England: 78 (60 to 102.5) days
Wales: 84.5 (63 to 111) days
Emergency:
England: 67.5 (50 to 93) days
Wales: 71.5 (53 to 97) days
Secondary Care:
England: 65 (46 to 93) days
Wales: 72 (52 to 106) days

*** 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

Treatment

Percentage of people receiving any form of disease-targeted treatment within 9 months of diagnosis****

Stages 1-3
England: **57%**
Wales: **50%**
Variation by providers:** England 45-65%, Wales 35-58%

Stage 4
England: **27%**
Wales: **26%**
Variation by providers:** England 20-32%, Wales 15-33%

72% (England) and 63% (Wales) of people with performance status 0-1 (stages 1-3) received a form of disease-targeted treatment

**** Disease-targeted treatment includes surgery, systemic anti-cancer therapy (SACT), and radiotherapy

Supportive care

67% of people who survived at least 90 days from diagnosis, were prescribed PERT in primary care in England.
Variation by providers**: 57-76% Note: people were more likely to be prescribed PERT if they received disease-targeted treatment (74%) than if they did not (57%).

88% of people with new diagnoses of pancreatic cancer were seen by a Clinical Nurse Specialist in England, where recorded
Variation by providers**: 83-98%
Data missing for 45% of people

Survival

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

30 days
England: **78%**
Wales: **79%**

1 year
England: **23%**
Wales: **23%**

Footnote applies to all sections of this infographic: MDT, PERT and CNS indicators not reported for Wales due to data availability.
** Variation is the IQR across trust of diagnosis (England) or range across health board (Wales).

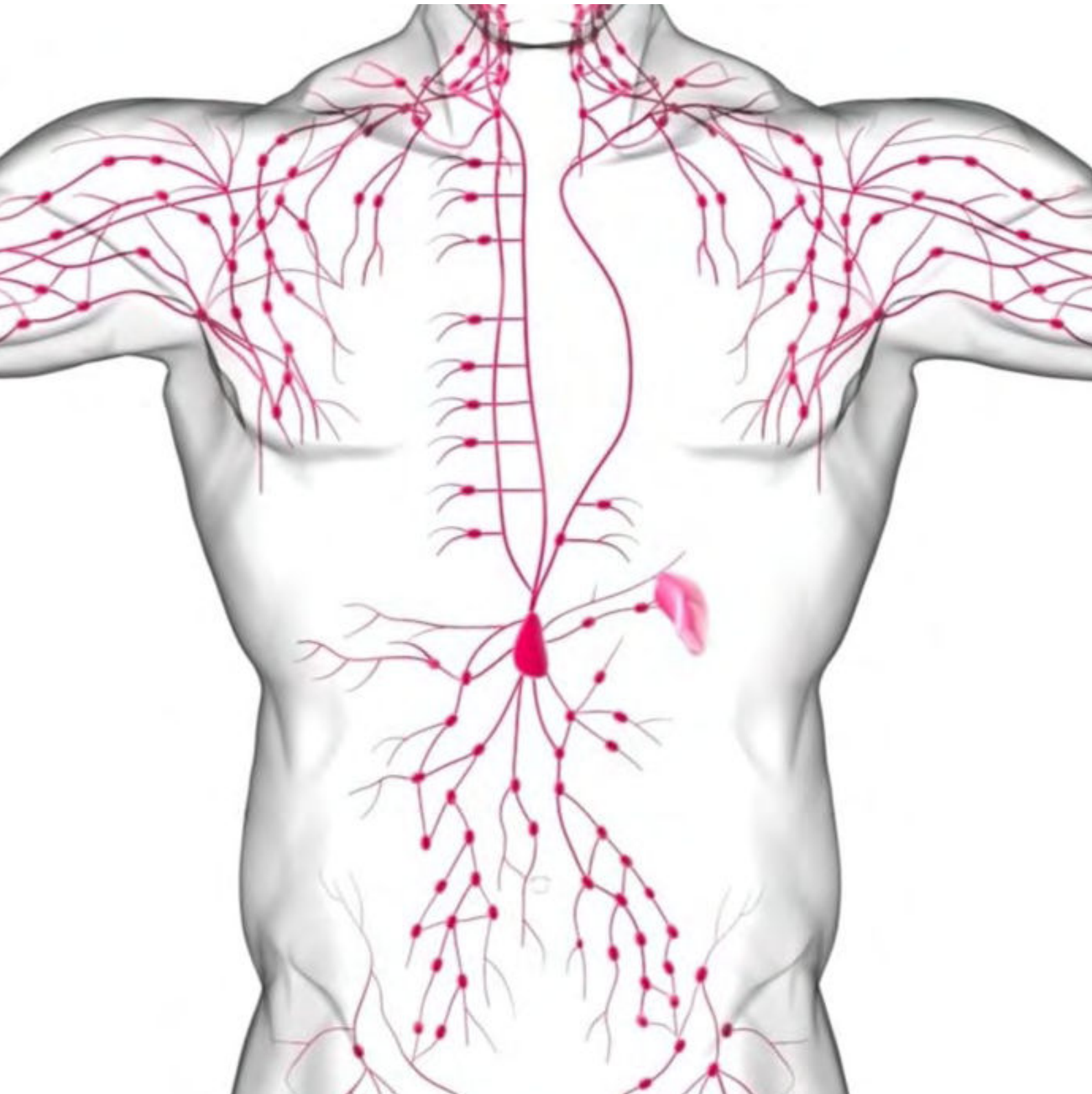
NNHLA
National Non-Hodgkin Lymphoma Audit

NATCAN
National Cancer Audit Collaborating Centre

National Non-Hodgkin Lymphoma Audit
State of the Nation Report 2026

An audit of care received by people diagnosed with non-Hodgkin lymphoma between 1 January 2023 and 31 December 2023 in England and 1 January 2024 and 31 December 2024 in Wales.

Published September 2026



2. Infographic

NNHLA
National Non-Hodgkin Lymphoma Audit

Summary of results for people diagnosed with non-Hodgkin lymphoma (NHL) between 1 January 2023 and 31 December 2023 in England and 1 January 2024 and 31 December 2024 in Wales.

Diagnosis and treatment pathway

Diagnoses per year

England
15,911 diagnosed in 2023

Wales
707 diagnosed in 2024

Grade of lymphoma

England 2023
high-grade 50%
low-grade 49%
not classified 1%

Wales 2024
high-grade 47%
low-grade 52%,
not classified 1%

MDT discussion within 4 weeks of diagnosis, where recorded

England 2023
all patients 61%,
high-grade 66%,
low-grade 55%

No data on MDT discussion was provided for Wales

Seen by Clinical Nurse Specialist (CNS), where recorded

England 2023 85%
Wales 2024 95%

43% data completeness in England
80% data completeness in Wales

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

Emergency presentation

England 2023 29%
Wales 2024 29%

Systemic Anti-Cancer Therapy (SACT)

England 2023 **56%**
Wales 2024 **62%**

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

Median Time (IQR*)

*Interquartile range

Referral	England: 57 days (50-68 days) Wales: 52 days (40-76 days)		Starting SACT
Referral	England: 17 days Wales: 15 days	Diagnosis	England: 35 days Wales: 33 days	Starting SACT
Referral	England: 36 days	Seeing a haematologist	England: 19 days	Starting SACT

Time of seeing a haematologist not available for Wales

Treatment

Severe acute toxicity

England 2023: **47%**

Proportion of people diagnosed with DLBCL experiencing severe acute toxicity within 8 weeks of completing SACT.

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

Timing of Radiotherapy delivery

England 2023: **32%**

Proportion of people with high-grade lymphoma whose consolidation radiotherapy started within 8 weeks of end of first line SACT.

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

Radiotherapy

Proportion of people with NHL receiving radiotherapy within one year of diagnosis

England 2023	Wales 2024
12%	5%
IQR: 8-15%	IQR: 0-7%

Trial Participation

England 2023: less than **3%**

Proportion of people with NHL who were recorded as having received an episode of care that was delivered as part of a clinical trial**

**Note 75% data missing. No data on trial participation for Wales was available

Survival

One-year survival outcomes

	England 2023	Wales 2024
Overall	82%	84%
high-grade	71%	73%
low-grade	93%	94%

Two-year survival outcomes***

***Not available for Wales due to insufficient follow up period

	England 2023
Overall	75%
high-grade	64%
low-grade	86%

Data completeness

	Sex	Ethnicity	Deprivation	Performance Status	Staging (Ann Arbor)	Staging (Binet)	Clinical Nurse Specialist (CNS)	Multi-Disciplinary Team meeting (MDT)
England 2023	100%	95%	100%	56%	65%	36%	43%	73%
Wales 2024	87%	45%	95%	81%	70%	41%	80%	No data on MDT discussion was provided for Wales

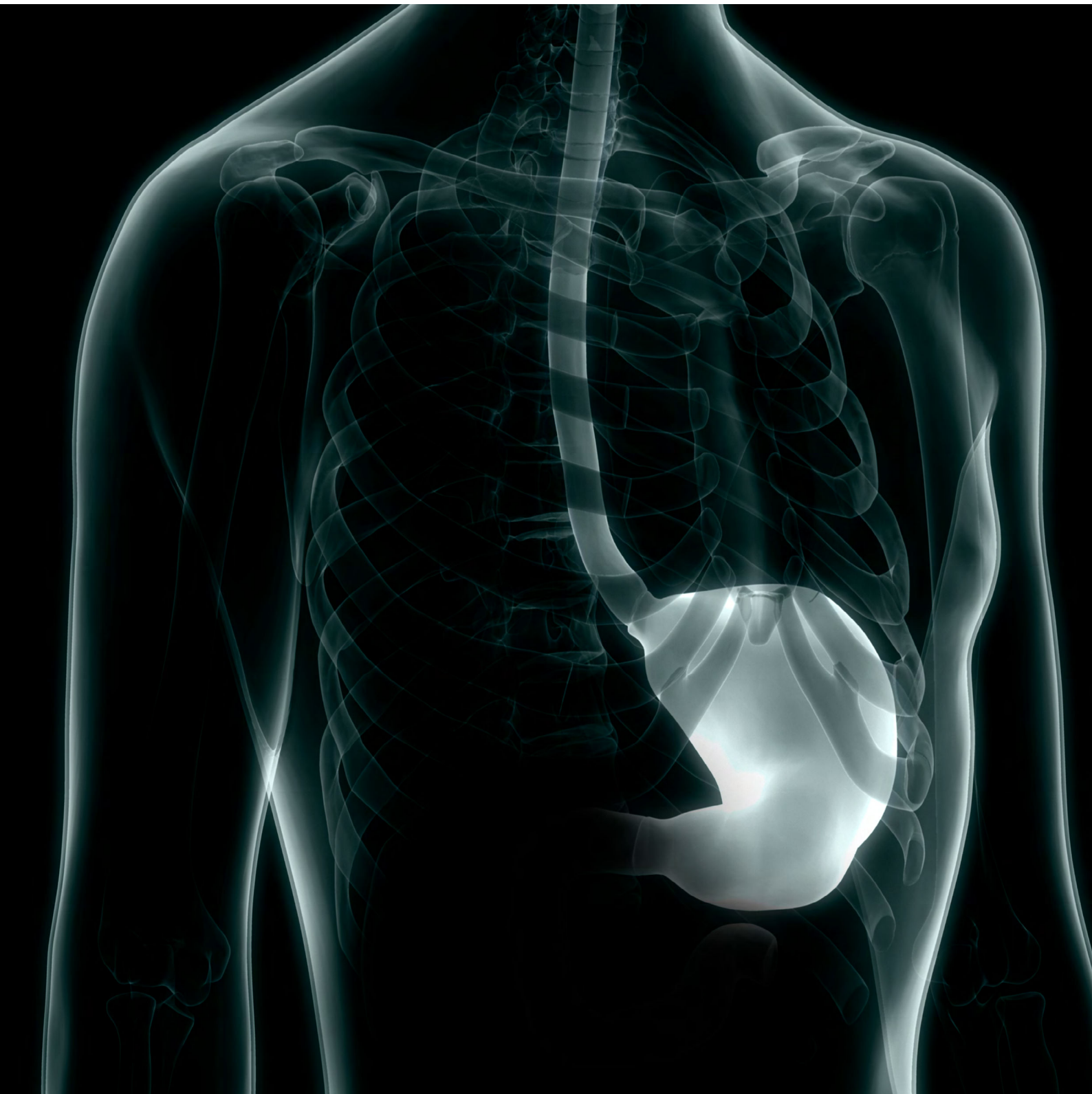
NOGCA
National Oesophago-Gastric Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Oesophago-Gastric Cancer Audit
State of the Nation Report 2026

An audit of care received by people diagnosed with oesophageal or gastric cancer between 1 January 2023 and 31 December 2024 in England and Wales.

Published September 2026



2. Infographic

Summary of results for people diagnosed with oesophageal or gastric (OG) cancer in England and Wales between 1 January 2023 and 31 December 2024

NOGCA
National Oesophago-Gastric Cancer Audit

20,441 people diagnosed with OG cancer in England and Wales between 1 January 2023 and 31 December 2024

E England: 19,161 W Wales: 1,280

Route of diagnosis

E 21%
W 13%

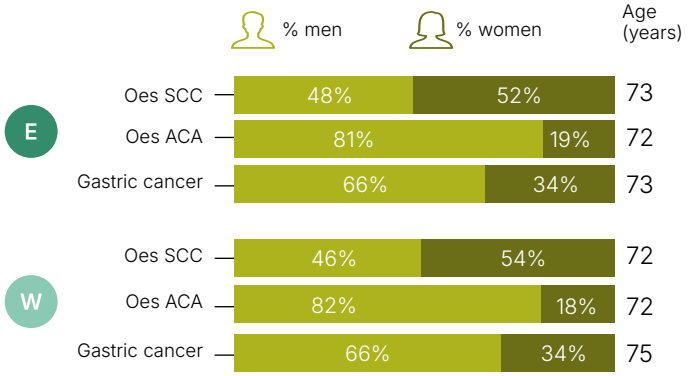
% people diagnosed after emergency admission

Stage at diagnosis

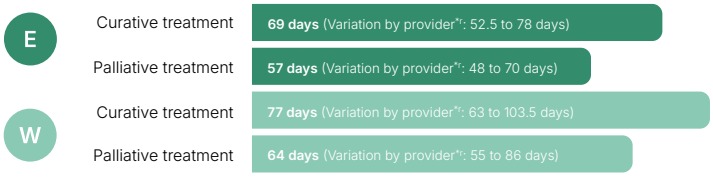
E 45%
W 42%

% people diagnosed with stage 4 disease

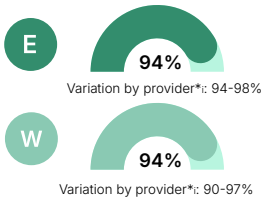
Patient profile at diagnosis



Median time from diagnostic endoscopy to first disease-targeted treatment for OG cancer[a] (PI 1)



% people with a diagnosis of OG cancer who are seen by a Clinical Nurse Specialist[b] (PI 2)



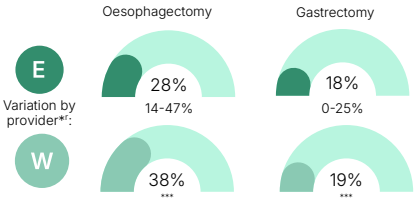
% people diagnosed with stage 1-3 OG cancer (PS 0-1) who initiated potentially curative treatment (PI 3)

E 67% Variation by provider*†: 55-77%

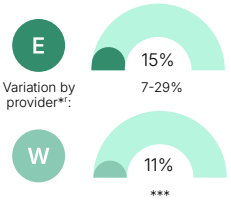
W 47%**

90-day survival rate after curative surgery[c] (PI 4)

% people with length of stay >15 days following curative surgery[c] (PI 5)



% people readmitted to hospital within 30 days of discharge following curative surgery[c] (PI 6)



% people starting palliative systemic anti-cancer therapy (SACT) completing at least four cycles of treatment (PI 7)

E 55% Variation by provider*†: 46-64%

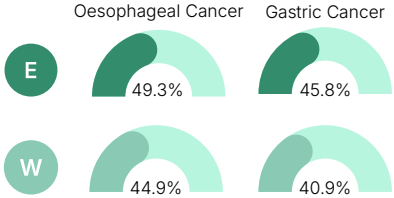
W 60% 47-77%

% people diagnosed with stage 4 disease dying within 90 days of starting SACT (PI 8)

E 16.0% Variation by provider*†: 11.8-20.7%

W 14.9% **

One-year survival



Fewer than 10% of people diagnosed with OG cancer at stage 4 survived to three years after diagnosis

National performance across OG cancer indicators in England showed little change between 2021 and 2024. (Change over time is not presented for Wales due to changes in data collection approaches in recent years, making comparisons inappropriate.)

Key
PI: Performance Indicator
PS: Performance Status
OG: Oesophago-Gastric
Oes SCC: Oesophageal squamous cell carcinoma
Oes ACA: Oesophageal adenocarcinoma
Gast. cancer: Gastric (stomach) cancer***

a. 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.
b. Data available for 73% of patients in England and 90% of patients in Wales.
c. 3 years' of data (1 Jan 2022 - 31 Dec 2024) used for surgical outcomes to produce robust statistics; results are the % for people undergoing surgery.

* Variation is the IQR or range across providers;
** Variation data not available for Wales;
*** Data for surgical centres in Wales were not available for this analysis at the time of reporting due to limitations in reliably allocating people to surgical centres - thus variation not reported.