



# HQIP

Healthcare Quality  
Improvement Partnership

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

Q3 (October – December 2025), updated 15/12/2025

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
2025/10/09	Long term conditions	Audit	NRAP - National Respiratory Audit Programme	RCP: Royal College of Physicians	<a href="#">Clinical Outcomes (2021-2023) and Outliers Summary Report</a>	<a href="https://www.hqip.org.uk/resource/551-nrap/">https://www.hqip.org.uk/resource/551-nrap/</a>	0.01
2025/10/09	Women and children	Audit	NNAP - National Neonatal Audit Programme	RCPCH: Royal College of Paediatrics and Child Health	<a href="#">National Neonatal Audit Programme (NNAP) - Summary Report on 2024 data</a>	<a href="https://www.hqip.org.uk/resource/580-nnap/">https://www.hqip.org.uk/resource/580-nnap/</a>	0.02
2025/10/09	Long term conditions	Audit	NEIAA - National Early Inflammatory Arthritis Audit	BSR: British Society for Rheumatology	<a href="#">State of the Nation Summary Report 2025</a>	<a href="https://www.hqip.org.uk/resource/583-neiaa/">https://www.hqip.org.uk/resource/583-neiaa/</a>	0.03
2025/10/09	Acute	Audit	FFFAP - Falls and Fragility Fracture Audit Programme	RCP: Royal College of Physicians	<a href="#">National Audit of Inpatient Falls (NAIF) 2025 report on 2024 clinical data - Stepping towards improvement</a>	<a href="https://www.hqip.org.uk/resource/588-naif-fffap/">https://www.hqip.org.uk/resource/588-naif-fffap/</a>	0.04
2025/10/09	Acute	Audit	NELA - National Emergency Laparotomy Audit	RCoA: Royal College of Anaesthetists	<a href="#">Tenth Patient Report of the National Emergency Laparotomy Audit</a>	<a href="https://www.hqip.org.uk/resource/605-nela/">https://www.hqip.org.uk/resource/605-nela/</a>	0.05
2025/10/09	Acute	Clinical Outcome Review Programme	Medical and Surgical Clinical Outcome Review Programme	NCEPOD: National Confidential Enquiry into Patient Outcome and Death	<a href="#">A Balanced Solution: A review of the quality of care in hospital provided to adults with abnormal levels of blood sodium</a>	<a href="https://www.hqip.org.uk/resource/618-ncepod/">https://www.hqip.org.uk/resource/618-ncepod/</a>	0.06
2025/10/09	Cancer	Audit	NPCA - National Prostate Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	<a href="#">National Prostate Cancer Audit State of the Nation Report 2025</a>	<a href="https://www.hqip.org.uk/resource/638-npca/">https://www.hqip.org.uk/resource/638-npca/</a>	0.07
2025/10/09	Cancer	Audit	NBoCA - National Bowel Cancer Audit	NATCAN: National Cancer Audit Collaborating Centre	<a href="#">National Bowel Cancer Audit State of the Nation Report</a>	<a href="https://www.hqip.org.uk/resource/639-nboca/">https://www.hqip.org.uk/resource/639-nboca/</a>	0.08
2025/11/13	Women and children	Audit	NMPA - National Maternity and Perinatal Audit	RCOG: Royal College of Obstetricians and Gynaecologists	<a href="#">Induction of Labour Snapshot Audit Report</a>	<a href="https://www.hqip.org.uk/resource/546-nmpa/">https://www.hqip.org.uk/resource/546-nmpa/</a>	0.09
2025/11/13	Cardiovascular	Audit	NVR - National Vascular Registry	RCS: Royal College of Surgeons	<a href="#">State of the Nation Report 2025</a>	<a href="https://www.hqip.org.uk/resource/574-nvr/">https://www.hqip.org.uk/resource/574-nvr/</a>	0.1
2025/11/13	Women and children	Clinical Outcome Review Programme	NCMD - National Child Mortality Database	University of Bristol	<a href="#">Child Death Review Data Release: Year ending 31 March 2025</a>	<a href="https://www.hqip.org.uk/resource/587-ncmd/">https://www.hqip.org.uk/resource/587-ncmd/</a>	0.11
2025/11/13	Acute	Clinical Outcome Review Programme	Medical and Surgical Clinical Outcome Review Programme	NCEPOD: National Confidential Enquiry into Patient Outcome and Death	<a href="#">Risking Life and Limb: A review of the quality of the care provided to adults with acute limb ischaemia</a>	<a href="https://www.hqip.org.uk/resource/619-ncepod/">https://www.hqip.org.uk/resource/619-ncepod/</a>	0.12
2025/11/13	Long term conditions	Audit	SSNAP - Sentinel Stroke National Audit Programme	KCL: Kings College London	<a href="#">State of the Nation Report 2025</a>	<a href="https://www.hqip.org.uk/resource/650-ssnap/">https://www.hqip.org.uk/resource/650-ssnap/</a>	0.13
2025/12/11	Mental health	Audit	NAED - National Audit of Eating Disorders	RCPsych: Royal College of Psychiatrists	<a href="#">National Audit of Eating Disorders: Service Mapping Report 2025</a>	<a href="https://www.hqip.org.uk/resource/naed-584/">https://www.hqip.org.uk/resource/naed-584/</a>	0.14
2025/12/11	Women and children	Clinical Outcome Review Programme	Child Health Clinical Outcome Review Programme	NCEPOD: National Confidential Enquiry into Patient Outcome and Death	<a href="#">Right Place, Right Time, Right Team</a> <a href="#">A review of the quality of the care provided to children and young people needing emergency surgery</a>	<a href="https://www.hqip.org.uk/resource/ncepod-617/">https://www.hqip.org.uk/resource/ncepod-617/</a>	0.15
2025/12/11	Women and children	Audit	PICANet - Paediatric Intensive Care Audit	University of Leeds	<a href="#">National Paediatric Critical Care Audit State of the Nation Report 2025</a>	<a href="https://www.hqip.org.uk/resource/picanet-620/">https://www.hqip.org.uk/resource/picanet-620/</a>	0.16
2025/12/11	Cardiovascular	Audit	CVDPREVENT- Cardiovascular Disease Prevention Audit	NHS Benchmarking Network	<a href="#">CVDP Annual Audit Report 2025</a>	<a href="https://www.hqip.org.uk/resource/cvdprevent-690/">https://www.hqip.org.uk/resource/cvdprevent-690/</a>	0.17



Royal College of Physicians

National Respiratory Audit Programme (NRAP)



# Clinical outcomes (2021–23) and outliers

## Summary report

Published: October 2025

In association with:

Commissioned by:



IMPERIAL



Funded by:

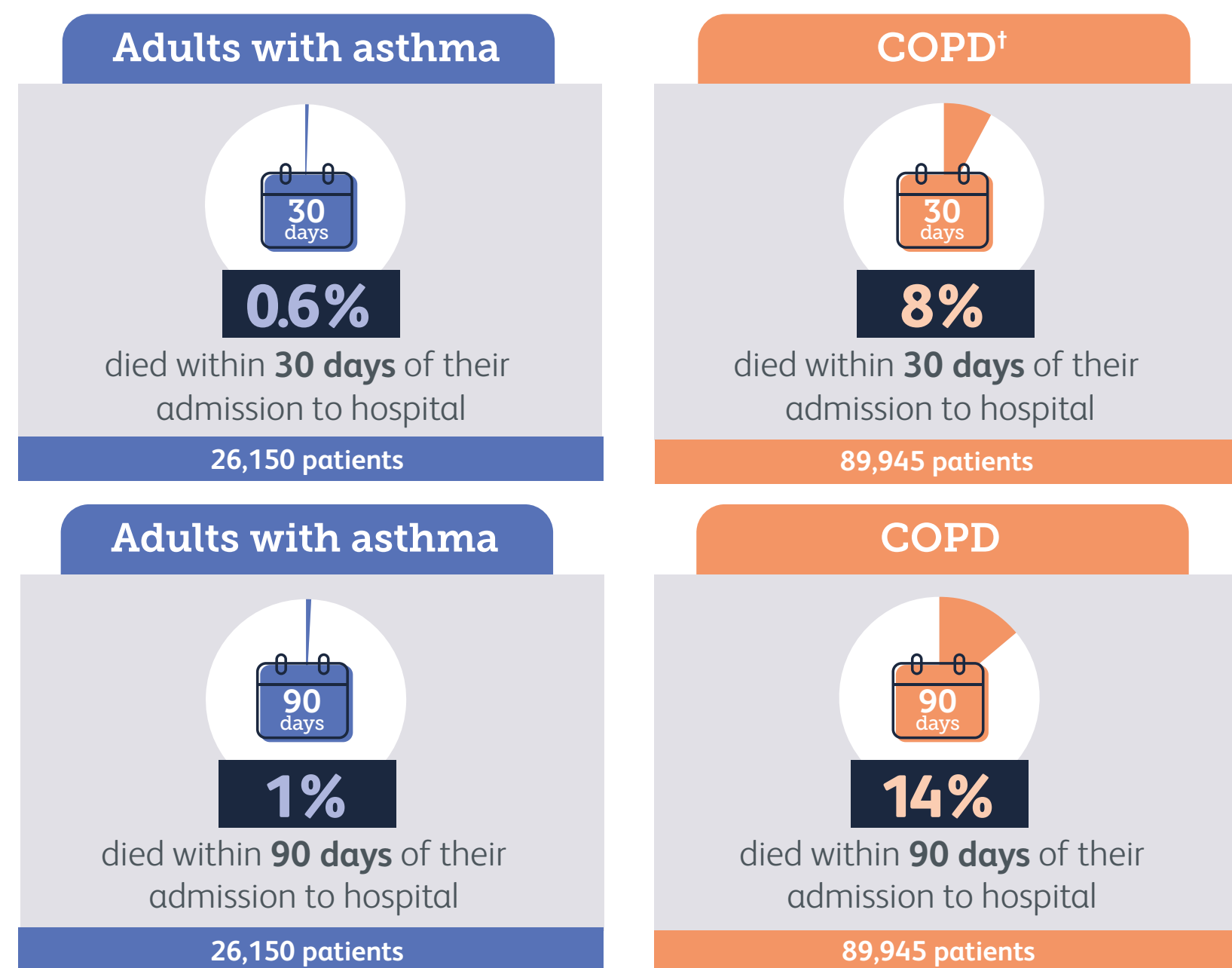


Ariennir yn Rhannol gan Lywodraeth Cymru Part Funded by Welsh Government

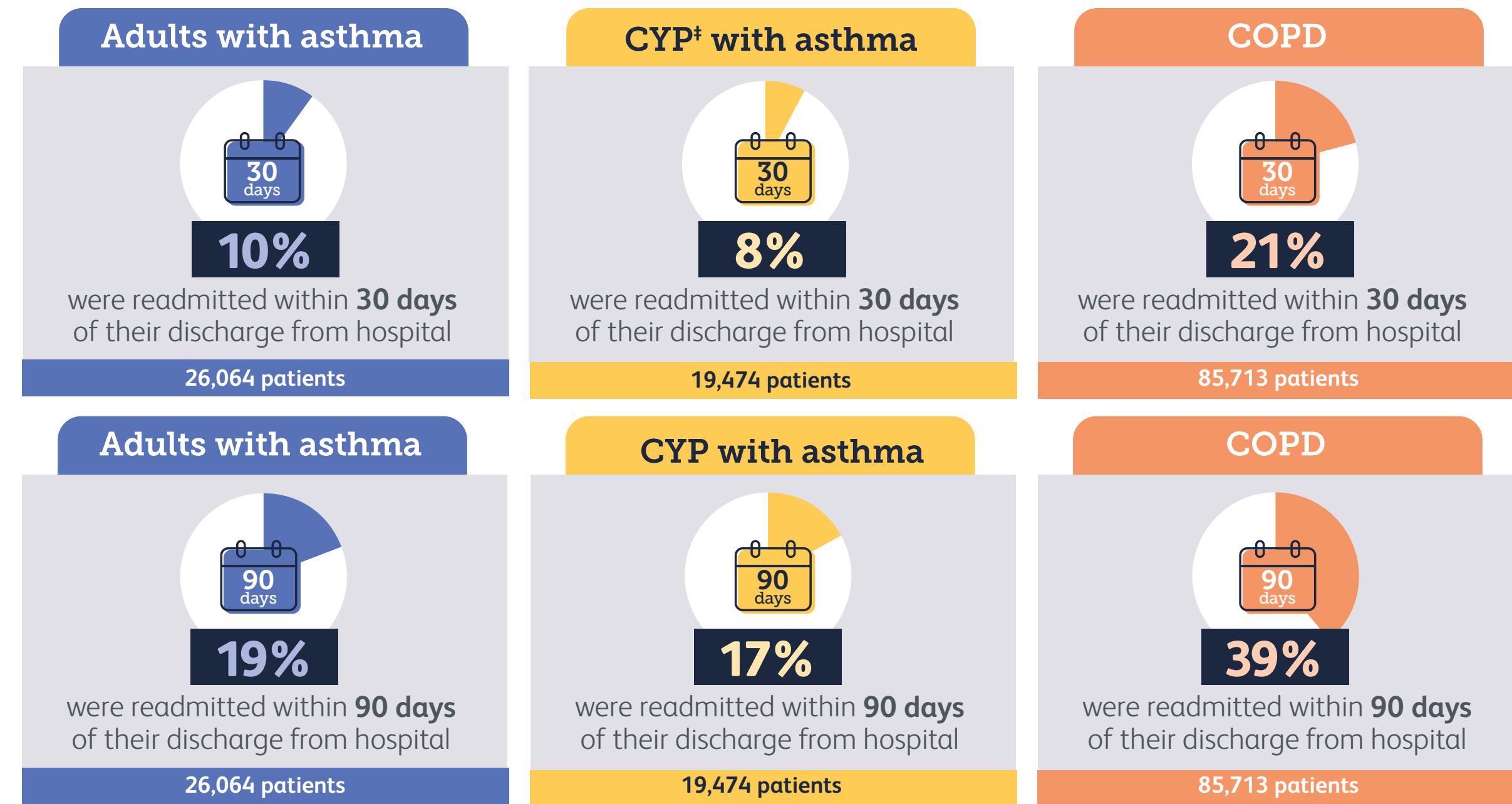
# What happens after someone is admitted to hospital with a flare-up of asthma or COPD?

The 30- and 90-day outcomes for patients admitted to hospital between 1 April 2021 – 31 March 2023

## Mortality\*



## Readmission



\*Due to small number suppression, we are unable to report on mortality in children and young people with asthma.

†COPD = chronic obstructive pulmonary disease

‡CYP = children and young people

# NNAP

National Neonatal  
Audit Programme

✧ RCPCH Audits

## National Neonatal Audit Programme (NNAP) Summary report on 2024 data

October 2025



*Photo courtesy of Mabel Micah*



## HQIP

Healthcare Quality  
Improvement Partnership

## ✧ RCPCH

Royal College of  
Paediatrics and Child Health

*Leading the way in Children's Health*

# Results at a glance

The National Neonatal Audit Programme (NNAP) assesses whether babies admitted to neonatal units receive consistent high-quality care and identifies areas for improvement.

This poster summarises both the combined national and network level results based on NNAP data relating to babies admitted to neonatal care between January and December 2024, unless otherwise stated. Results displayed in the horizontal pink bars show the range of neonatal network proportions (lowest and highest) and the pink circles shows the overall audit results. A green arrow, whether pointing up or down denotes a positive change, whereas a red arrow, pointing up or down denotes a negative change. An amber arrow denotes no change.

## Outcomes of neonatal care

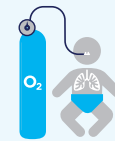


### Mortality

6.4% of 7,038 babies born at less than 32 weeks died before discharge home.

→ 0% change from previous year (2023: 6.4%)

4.1% **6.4%** 8.1%



### Bronchopulmonary dysplasia (BPD)

39.8% of 7,341 babies born at less than 32 weeks developed BPD or died.

↓ 0.3% decrease from previous year (2023: 40.1%)

33.1% **39.8%** 44.8%



### Necrotising enterocolitis

5.1% of 6,909 babies born at less than 32 weeks developed necrotising enterocolitis.

↓ 0.4% decrease from previous year (2023: 5.5%)

1.7% **5.1%** 9.2%



### Bloodstream infection

5.1% of 7,063 babies born at less than 32 weeks had growth of a clearly pathogenic organism.

↑ 0.5% increase from previous year (2023: 4.6%)

2.3% **5.1%** 6.7%



### Preterm brain injury - Intraventricular haemorrhage (IVH)

6.4% of 6,880 babies born at less than 32 weeks experienced IVH.

↓ 0.2% decrease from previous year (2023: 6.6%)

3.6% **6.4%** 9.4%



### Preterm brain injury - cystic periventricular leukomalacia (cPVL)

3% of 6,871 babies born at less than 32 weeks experienced cPVL.

↑ 0.5% increase from previous year (2023: 2.5%)

1.2% **3%** 4.6%

## Optimal perinatal care



### Antenatal steroids

51.8% of 11,321 mothers of babies born at less than 34 weeks' were given a full course of antenatal steroids in the week prior to delivery.

↓ 1.2% decrease from previous year (2023: 53%)

46.4% **51.8%** 60.5%



### Born in a centre with a NICU

80.7% of 1,920 babies born at less than 27 weeks' were born in a centre with a NICU on site.

↑ 1.1% increase from previous year (2023: 79.6%)

71% **80.7%** 91.3%



### Deferred cord clamping

73.5% of 12,894 babies born at less than 34 weeks' had their cord clamped at or after one minute.

↑ 5% increase from previous year (2023: 68.5%)

66.8% **73.5%** 80.4%



### Temperature on admission

77.6% of 13,077 babies born at less than 34 weeks' were admitted with a temperature within the recommended range of 36.5°C-37.5°C.

↑ 2.6% increase from previous year (2023: 75%)

69.1% **77.6%** 82.2%



### Antenatal magnesium sulphate

86.7% of 3,795 mothers of babies born at less than 30 weeks' were given antenatal magnesium sulphate.

↑ 1.5% increase from previous year (2023: 85.2%)

83.1% **86.7%** 90.4%



### Breastmilk feeding in first 2 days of life

66.8% of 12,874 babies born at less than 34 weeks' received their mother's milk in the first 2 days of life.

↑ 4.7% increase from previous year (2023: 62.1%)

45.8% **66.8%** 82.8%

## Parental partnership in care

WITHIN  
14  
DAYS



### Breastmilk feeding at 14 days of life

80.8% of 11,601 babies born at less than 34 weeks' received their mother's milk at 14 days of life.

↑ 1.4% increase from previous year (2023: 79.4%)

72.7% **80.8%** 89.6%

AT  
DISCHARGE



### Breastmilk feeding at discharge

65.8% of 11,596 babies born at less than 34 weeks' received their mother's milk at discharge.

↑ 2.7% increase from previous year (2023: 63.1%)

50.1% **65.8%** 84.6%



### Parent consultation within 24 hours

94.6% of 56,864 parents had a documented consultation with a senior member of the neonatal team within 24 hours of their baby's admission.

↓ 0.5% decrease from previous year (2023: 95.1%)

92.2% **94.6%** 96.7%



### Parent inclusion in consultant ward rounds

36% of 772,337 baby care days had a consultant-led ward round with at least one parent included.

↓ 2.7% decrease from previous year (2023: 38.7%)

25.2% **36%** 58.2%

## Care processes and nurse staffing



### On-time screening for retinopathy of prematurity (ROP)

80% of 6,725 eligible babies were screened on time for ROP.

↑ 1.5% increase from previous year (2023: 78.5%)

68.9% **80%** 88.2%

I am  
2



### Medical follow up at two years

77.9% of 3,890 babies born at less than 30 weeks' had a documented medical follow up at the right time.

↑ 0.7% increase from previous year (2023: 77.2%)

67.7% **77.9%** 85.8%

### Non-invasive breathing support

51.7% of 6,642 babies born at less than 32 weeks' received only non-invasive breathing support in the first seven days of life.

↑ 2.4% increase from previous year (2023: 49.3%)

43.3% **51.7%** 61.7%



### Neonatal nurse staffing

81.5% of 124,981 nursing shifts were staffed according to recommended levels.

↑ 2.6% increase from previous year (2023: 78.9%)

66.3% **81.5%** 91.1%

## Further information and resources

### For neonatal services, neonatal networks and trusts/health boards

#### Full annual results

Full annual results at neonatal unit and network levels, interactive reporting tools and unit posters are available on NNAP Online at:

[www.rcpch.ac.uk/resources/nnap-online-report-data](http://www.rcpch.ac.uk/resources/nnap-online-report-data)

#### Extended Analysis Report

The NNAP 2024 Data: Extended Analysis Report, providing in-depth results and a summary of findings by audit measure, along with full national recommendations, local quality improvement recommendations and links to case studies and useful resources is available at: [www.rcpch.ac.uk/nnap](http://www.rcpch.ac.uk/nnap)

## For parents and families

### Your Baby's Care Guide 2024

Parents and families can find more information about the NNAP and 2024 results in **Your Baby's Care**, a guide to the NNAP, while **NNAP Online** provides more in-depth results for each neonatal unit and network in England, Wales, Scotland and Isle of Man.

Your Baby's Care: [www.rcpch.ac.uk/your-babys-care](http://www.rcpch.ac.uk/your-babys-care)  
NNAP Online: [www.rcpch.ac.uk/resources/nnap-online-report-data](http://www.rcpch.ac.uk/resources/nnap-online-report-data)

### How we use information



To find out more about how we use information about babies experiencing neonatal care and their mothers, visit [www.rcpch.ac.uk/your-babys-information](http://www.rcpch.ac.uk/your-babys-information) or scan the QR code with your phone to read our leaflet, *Your Baby's Information*.



British Society for  
Rheumatology

# National Early Inflammatory Autoimmune Diseases Audit (NEIAA)

State of the Nation  
Summary Report 2025

Data collection period: 1 April 2024 – 31 March 2025

Geographic coverage: England and Wales

October 2025

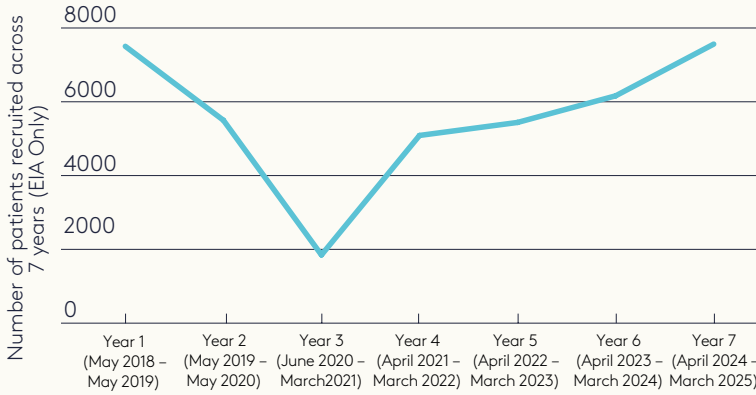
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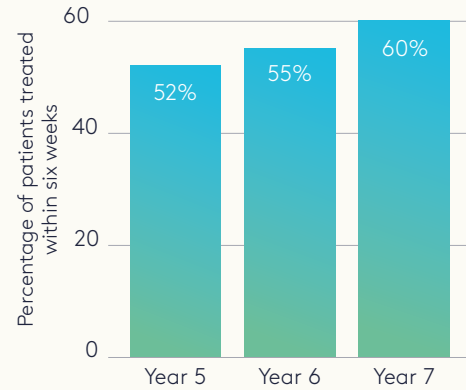
# National Early Inflammatory Autoimmune Diseases Audit (NEIAA) State of the Nation Summary Report 2025 Infographic

## NEIAA recruitment rates for EIA continue to improve post-pandemic

Recruitment rates are the highest we have seen since the audit started.



## Treatment timeliness for early inflammatory arthritis is improving



## Patients report significant impact on mental and physical health at diagnosis

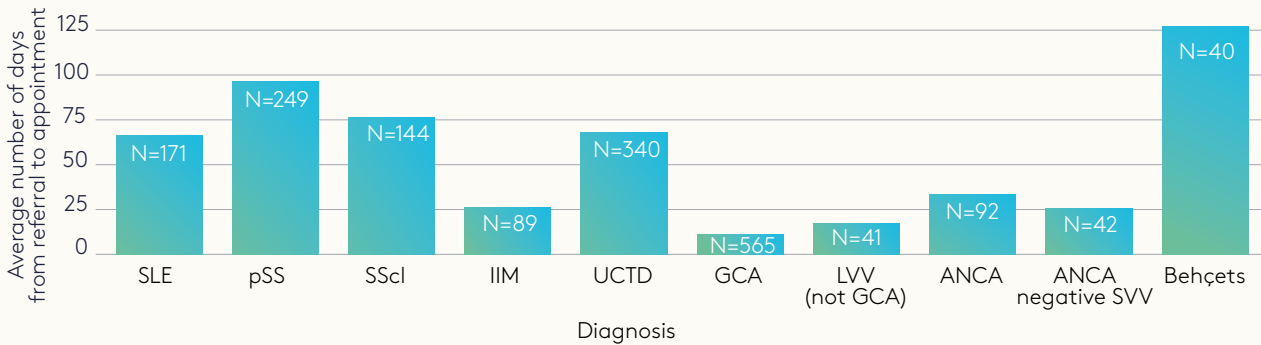


of patients demonstrate high anxiety and depression scores at baseline

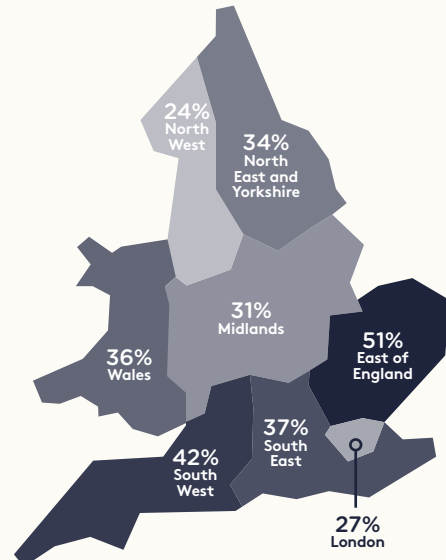


of patients had moderate to severe musculoskeletal symptoms with a MSK-HQ\* of less than 35

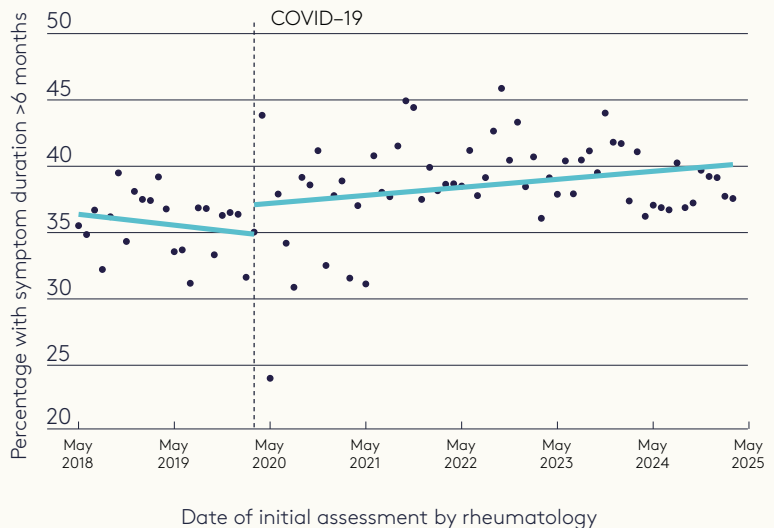
## Waiting times for RAIRDs are highly variable (see list of diagnoses)



## Overall remission rates at 3 months remain static at 34% but this disguises significant geographic variation



## Following the COVID-19 pandemic, patients with EIA have longer symptom durations at diagnosis



\*MSK-HQ: Musculoskeletal Health Questionnaire. A tool used to assess the impact of musculoskeletal conditions on a person's health and well-being.



National Audit of  
Inpatient Falls (NAIF)

# Stepping towards improvement

**An analysis of 2024 inpatient falls audit data  
and reflection on 6 years as a continuous audit**

The 2025 National Audit of Inpatient Falls (NAIF)  
report on 2024 clinical data

**1 January – 31 December 2024**

Published October 2025

In association with

Commissioned by



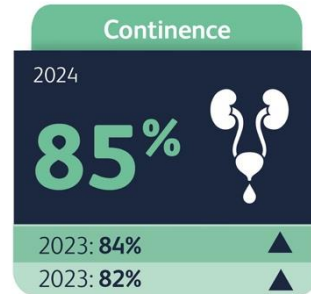
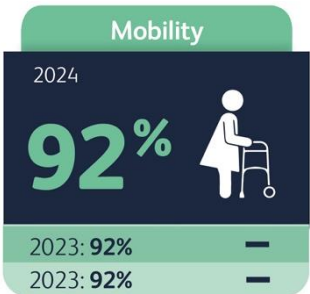
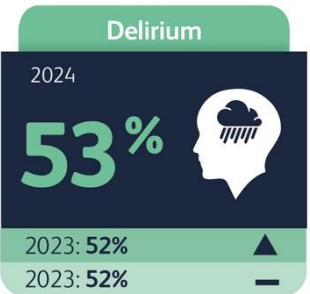
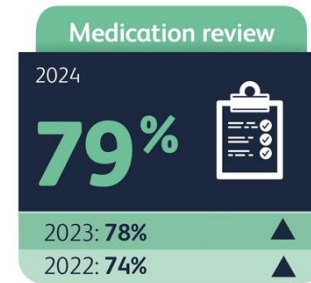
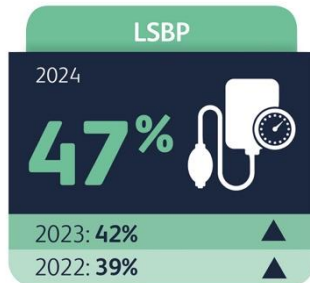
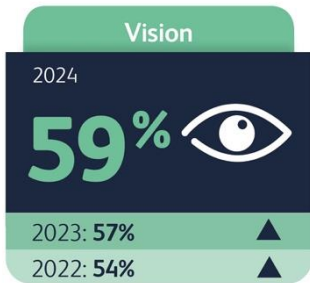
# Report at a glance

In 2024, 1,894 people sustained a femoral fracture as an inpatient; 1,628 (86%) were due to a fall and included as cases in the National Audit of Inpatient Falls.

## KPI 1: Proportion of patients with a high-quality multifactorial assessment to optimise safe activity (MASA)

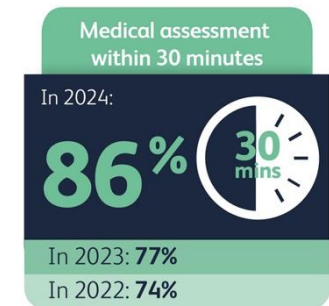
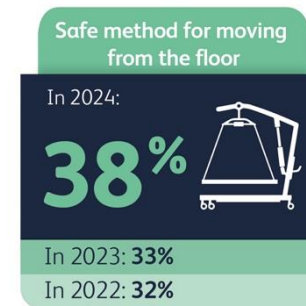
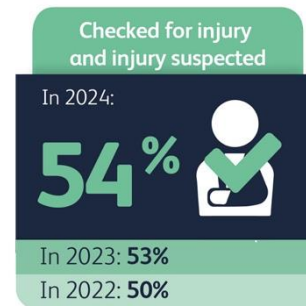
A patient is considered to have had a 'high-quality MASA' if five or more of the six actions below are documented.

### The MASA six actions



This report reflects on six years of continuous audit of patients who have sustained a fall-related inpatient femoral fracture. It presents and explores performance in actions taken to optimise a patient's fitness to stay active without falling (KPI 1) and post-fall actions that align with NICE quality standards 86 (KPIs 2, 3 and 4).

## KPIs 2, 3 and 4: Post-fall management



## Spotlights on healthcare improvement

- 1 Trusts and health boards review their data to select an area for local improvement from one of the three suggestions detailed in the full report.
  - 2 Trusts and health boards to review and refine methods for identifying and inputting cases into the expanded audit.
- 

## Recommendations

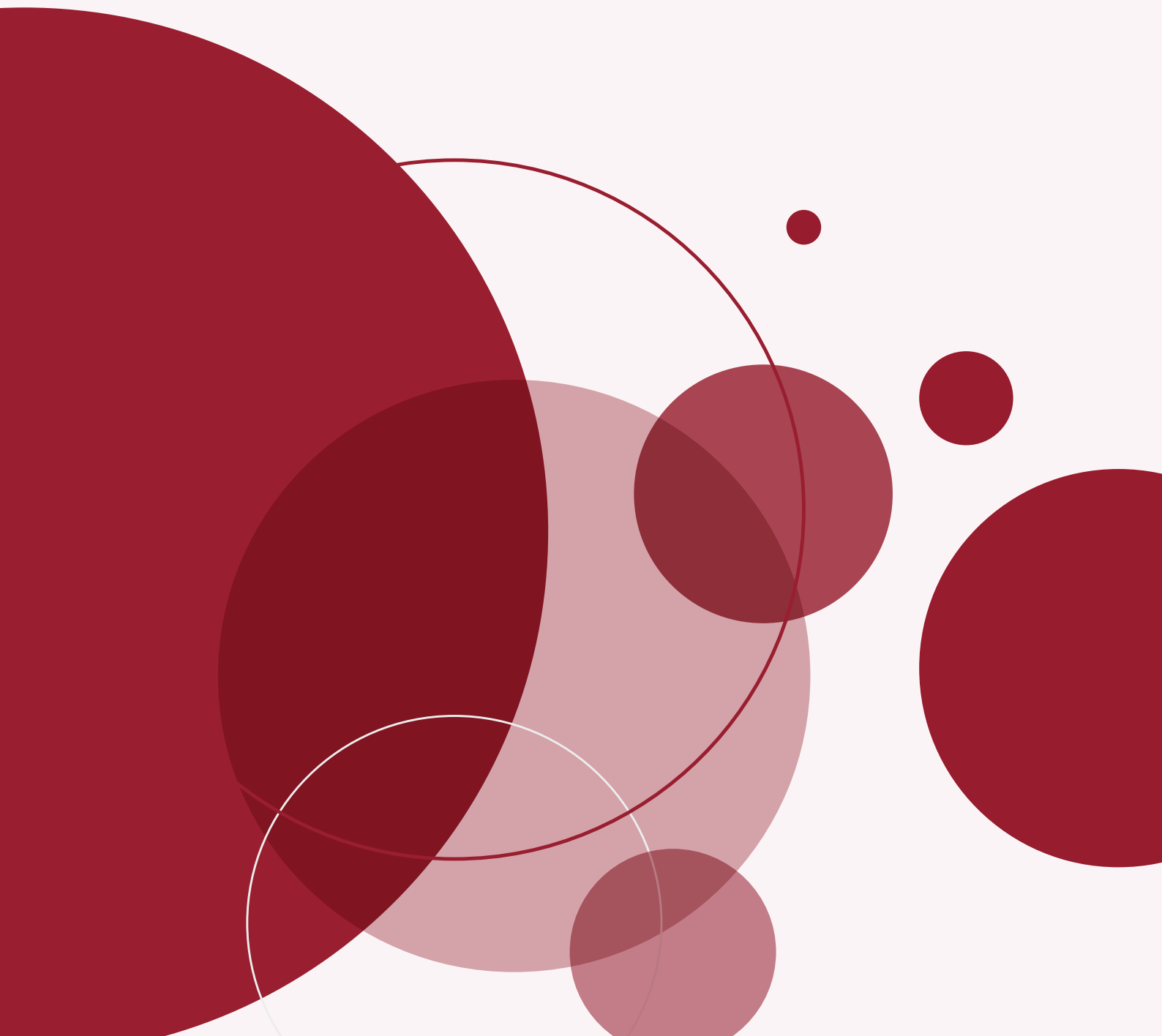
- 1 ICBs in England and health boards in Wales to ensure providers undertake a facilities audit in 2026 and review organisational capacity to:
    - a. support patients to move safely while they are in hospital
    - b. effectively and safely manage patients who have fallen while in hospital.
  - 2 ICBs and health boards to guarantee that severe harm is always attributed to inpatient fall-related hip fractures.
- 

**Click on** the spotlights and recommendations boxes for more information. The full FFFAP glossary is available on the [RCP website](#).



# Tenth Patient Report of the National Emergency Laparotomy Audit

April 2023 to April 2024



# 1 EXECUTIVE SUMMARY

The tenth annual report of the National Emergency Laparotomy Audit (NELA) examines care received by 23,560 NHS patients in 176 hospitals across England and Wales admitted for emergency laparotomy (emergency bowel surgery, EmLap) between 1 April 2023 and 23 April 2024.

The report shows that clinical teams in many different hospitals were able to provide high quality care against a challenging background, with demand for access to emergency care frequently exceeding capacity<sup>[1]</sup> **30-day mortality fell to the lowest level in ten years of audit (8.1% compared to 11.7% in Year 1), and postoperative length of hospital stay fell back to a median of 10 days (compared to 11 days in Year 9)**. This reduction in mortality represents around 1,150 fewer deaths per year amongst the estimated 32,000 patients who undergo emergency laparotomy, whilst a fall in median length of stay of one day could represent potential annual financial savings of more than £10million.<sup>[2]</sup>

There was evidence of wide variation between hospitals in both processes and outcomes of healthcare: more remains to be done to reduce disparity and ensure all patients benefit from the highest standards of practice. Key messages and specific recommendations are within the [Line-of-Sight table](#).

## DIAGNOSTIC IMAGING

**22,024 (93.5%)** patients had a CT scan preoperatively (see [Table 7.3](#)). Of **16,538** with the most time-critical suspected pathologies, **98.7%** had a CT report delivered by a senior radiologist and around half of these had a CT report within an hour of the scan (see [Table 7.1](#)). In **24.7%** of patients, direct communication took place between referring and reporting teams. **12.4%** of patients had a CT scan and report that met all three sub-components of best practice (see [Table 7.1](#)).



## CONSULTANT DELIVERED CARE

**12,456 (52.9%)** patients were high-risk. Consultant surgeon presence in theatre for these patients was **96.4%** and presence of a consultant anaesthetist was **92.3%** (see [Table 6.2](#)).



## CRITICAL CARE FOR HIGH-RISK PATIENTS

**77.6%** of high-risk patients were admitted directly to critical care postoperatively (see [Table 11.1](#)).

## INFECTION MANAGEMENT

Only **15.4%** of patients with suspected sepsis, and **36.8%** of patients with suspected infection received antibiotics within timeliness targets of one or three hours, respectively. In both groups, **around 25% of patients waited more than 5.8 hours** until they first received any antibiotics (see [Table 10.1](#)).



## SPECIALIST CARE FOR OLDER PATIENTS AND THOSE LIVING WITH FRAILTY

**5,918** patients were aged 80 or older, or 65 or older and living with frailty. **35.5%** of these received specialist postoperative input into their care (see [Table 12.2](#)), which is associated with both a reduction in mortality, and, when delivered in hospitals with sufficient resources to provide this service to the majority of older patients, a reduction in length of stay.

## TIMELINESS OF ARRIVING IN THEATRE FROM ARRIVING AT HOSPITAL

Only **1,381 (8.4%)** patients with the most time-critical suspected pathologies arrived in theatre within the six-hour target. **75% waited more than 10.2 hours** before arriving in theatre (see [Table 9.1.1](#)).



## POSTOPERATIVE LENGTH OF STAY

**8.1%** of patients died within 30 days of surgery and median **postoperative length of stay** for survivors was **10 days**.

## RISK ASSESSMENT

**19,160 (81.3%)** patients had a formal risk assessment preoperatively, and **16,328 (69.3%)** had a further evaluation of mortality risk at the end of surgery.



Churchill House, 35 Red Lion Square, London WC1R 4SG

020 7092 1676 [nela@rcoa.ac.uk](mailto:nela@rcoa.ac.uk) [data.nela.org.uk](http://data.nela.org.uk) [@NELANews](https://twitter.com/NELANews)

# A Balanced Solution

A review of the quality of the care in hospital provided to adults with abnormal levels of blood sodium



# TO IMPROVE THE CARE PROVIDED TO PEOPLE WITH ABNORMAL BLOOD SODIUM LEVELS...

## Develop care bundles and training to reduce variation in the assessment and management of abnormal blood sodium levels.



**Abnormal blood sodium levels were not always acted on as they should have been, leading to under investigation, inappropriate treatments and poor overall management.**

116/265 (43.8%) emergency admission hyponatraemia patients should have had further investigations.

Training on hyponatraemia was provided to foundation doctors in most hospitals, but less so for other grades and specialties (37/100; 37.0%). Training on hypernatraemia was only provided in 14/99 (14.1%) hospitals.

## Improve the clinical assessment of fluid status in all patients.



**Patients do not have consistent assessment of their fluid status and monitoring and/or recording of their fluid balance.**

57/270 (21.1%) patients with hyponatraemia did not have a fluid status assessment documented in their notes during their initial assessment. Furthermore, monitoring and documentation of fluid balance was inadequate in 85/205 (41.5%).

The accuracy of completion of fluid balance charts was only audited in 51/83 (61.4%) hospitals. In 73 hospitals this could not be answered.

## Integrate test results into patient electronic records to help identify trends in blood sodium levels.



**Frequently, results from point-of-care testing are not directly linked into the hospital laboratory electronic reporting system leading to delays in treatment.**

Initial blood sodium results in patients with hyponatraemia (357/386; 92.5%) were from laboratory testing rather than point-of-care testing.

There were delays in the treatment of emergency admission hyponatraemia (64/255; 25.1%) and 17/64 (26.6%) were attributed to the impact of out-of-hours care with reduced staffing.

## Standardise the use and the dosing of hypertonic saline solution.



**Clinical staff are unsure when to use hypertonic saline and the dosage needed. This is hindered further by the variability in the concentrations stocked across all hospitals.**

55/354 (15.5%) patients received hypertonic saline as part of their treatment. For seven patients, this was not indicated.

Of the 28/55 patients administered with hypertonic saline in an emergency department, only 11 were admitted to a critical care unit.

## Document and communicate all medication changes to all healthcare providers and patients.



**Medication changes were not always communicated which could lead to patients restarting medications that had caused their abnormal blood sodium.**

225/270 (83.3%) patients admitted on an emergency basis with hyponatraemia were taking one or more medication that could have contributed to their hyponatraemia.

'Communication' to the GP that a medicine had been stopped, was commonly absent from the patient's medication list at discharge.

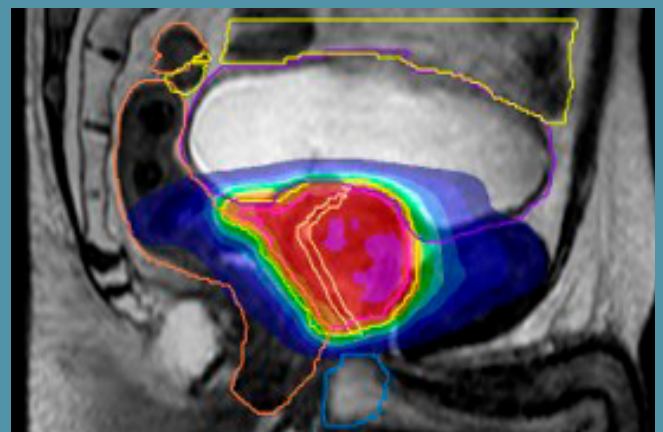
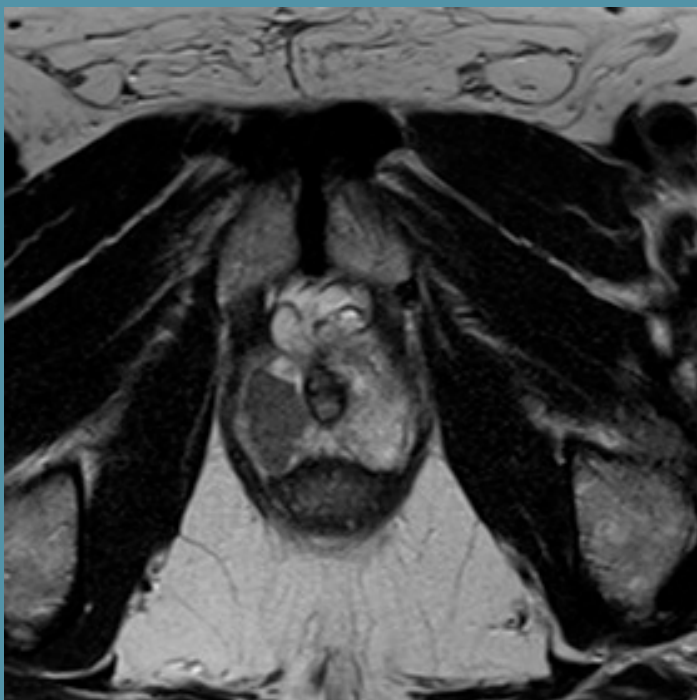
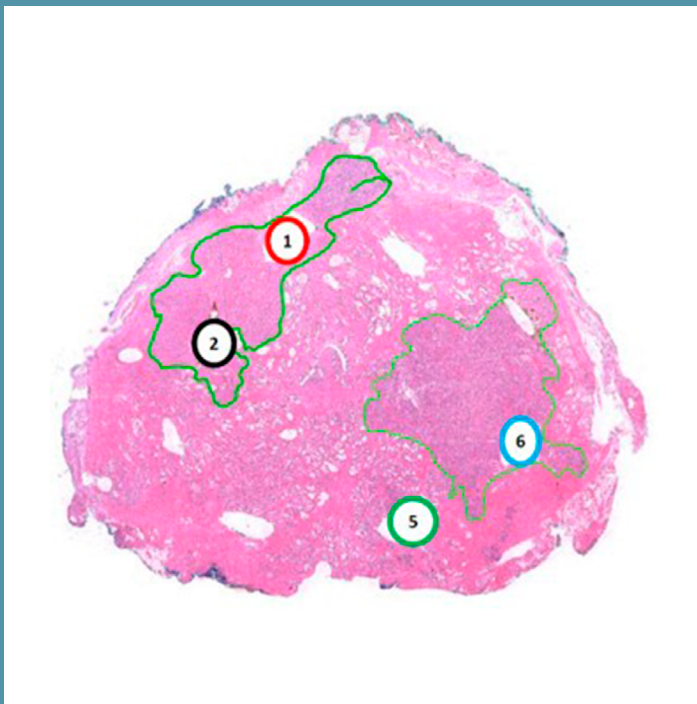
Blood sodium levels is one of the most requested pathology tests and levels outside the reference range are encountered regularly by a wide range of primary and secondary care specialties. The detection of an abnormal blood sodium is often an incidental finding and may or may not be related to the condition being investigated. Hyponatraemia and hypernatraemia are not diagnoses on their own, and it is vital that the underlying cause of the abnormality is identified and treated.

The care of patients in hospital between 1st Oct 2023 and 31<sup>st</sup> Dec 2023 with a diagnosis code of hyponatraemia or hypernatraemia was reviewed using 428 sets of case notes, 650 clinician questionnaires and 156 organisational questionnaires.

# National Prostate Cancer Audit State of the Nation Report 2025

An audit of care received by people diagnosed or treated with prostate cancer from 1 September 2021 to 31 March 2024 in England and Wales. In addition, a description of national time trends in diagnoses and treatments from 1 January 2019 to 31 December 2024 in England and 1 January 2022 to 31 December 2023 in Wales.

Published October 2025

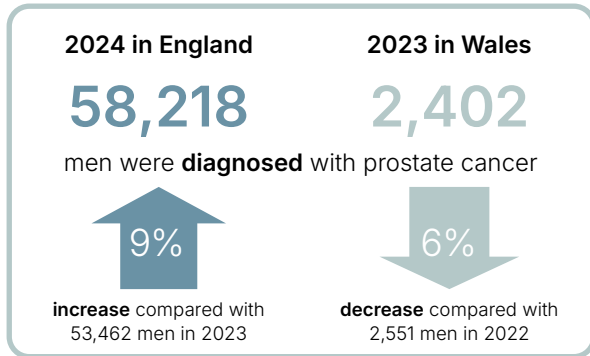




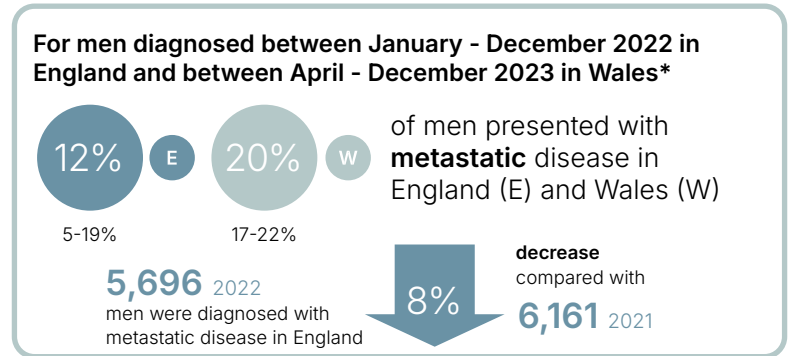
Summary of results for people diagnosed or treated with prostate cancer in England and Wales (2021-2024)

**%** The number within the circle represents the national percentage for the time period indicated. The numbers below represent the range by provider.

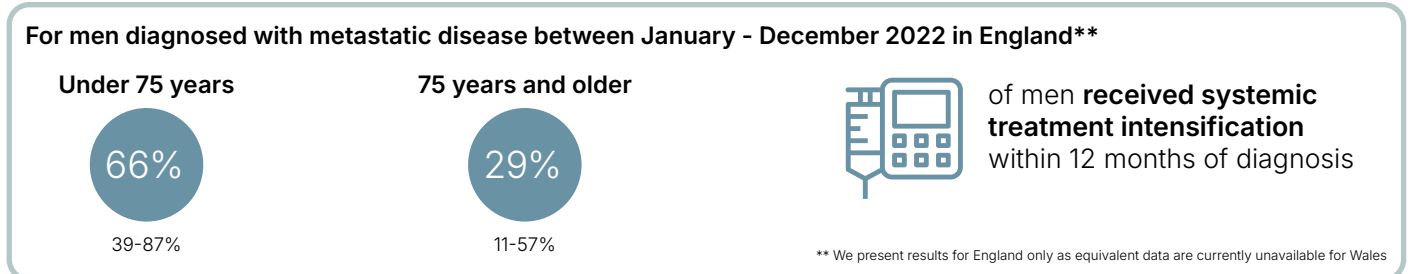
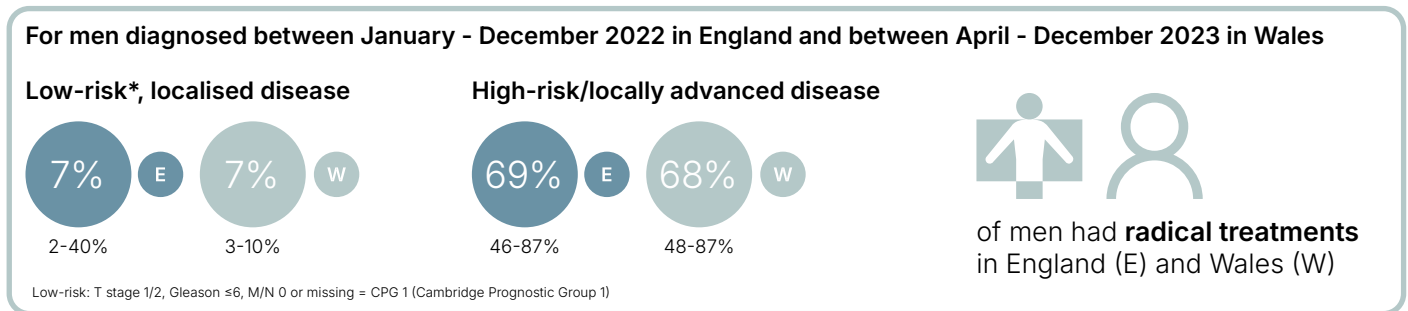
## Diagnosis & staging



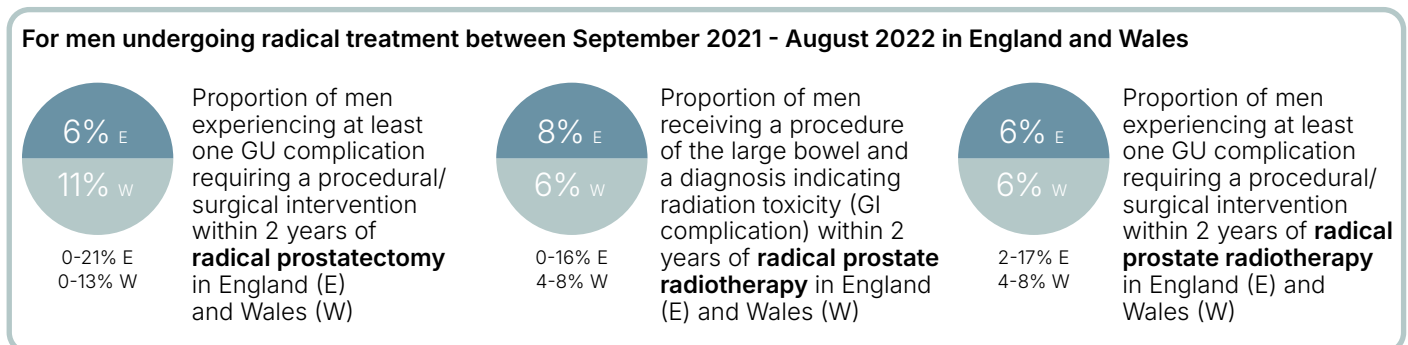
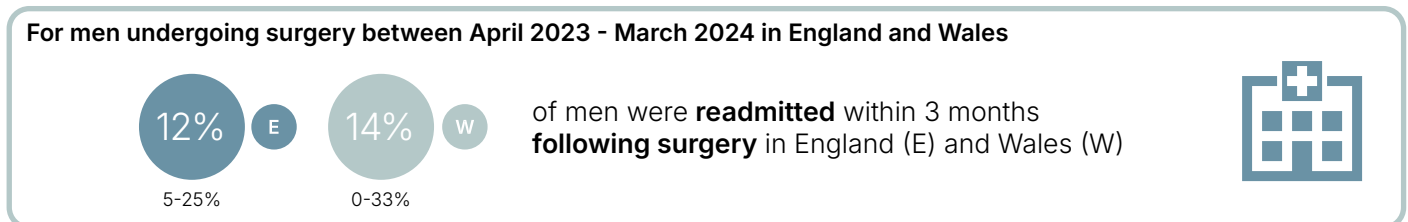
## Disease presentation



## Treatment allocation



## Treatment outcomes



The NPCA makes use of the most recently available data for each performance indicator. For disease presentation and treatment allocation, this corresponds to different time periods in England and Wales.  
\* Data available for Wales does not include a full 12 months and therefore we are unable to compare it with the preceding year.

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# National Bowel Cancer Audit State of the Nation Report

An audit of care received by people diagnosed or undergoing surgery for bowel cancer between 1 January 2023 and 31 December 2023 in England and Wales.

Published October 2025



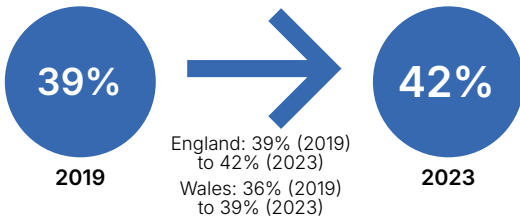
Summary of results for people diagnosed with or undergoing surgery for bowel cancer (2023), in England and Wales

## Care pathways

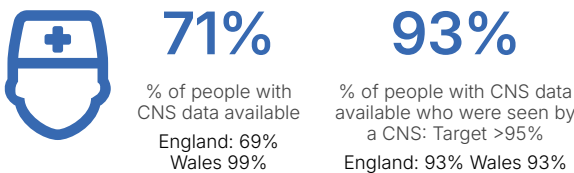
# 37,730 people

were diagnosed with **bowel cancer** in England and Wales between 1 January 2023 and 31 December 2023.  
 England: 35,243 people Wales: 2,487 people

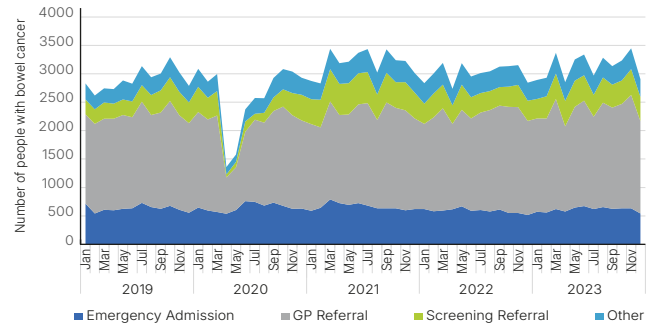
### Proportion of people who presented with stage 1 or stage 2 cancer



### Proportion of people recorded as being seen by a clinical nurse specialist (CNS)

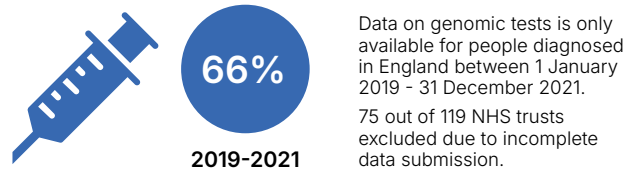


## Number of patients who presented with colorectal cancer by route of diagnosis\*

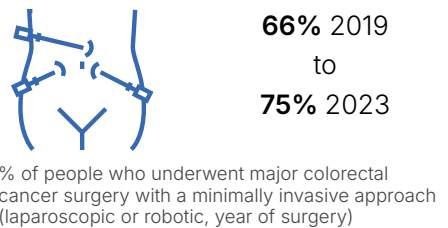
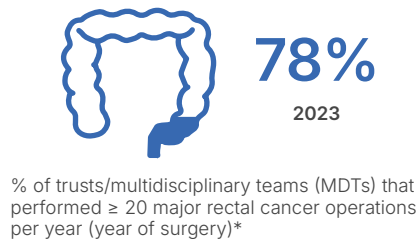
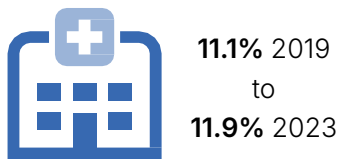
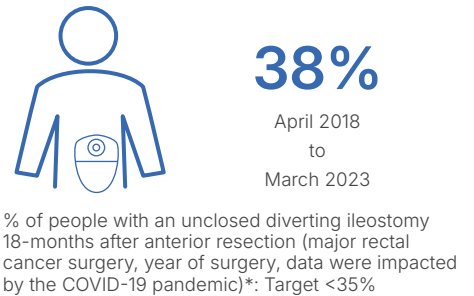
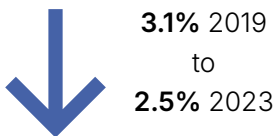


\* Data were impacted by the COVID-19 pandemic

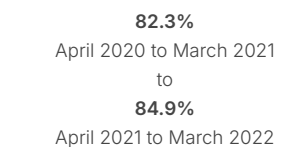
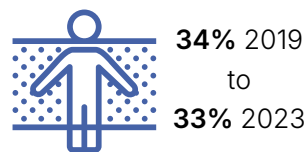
## Proportion of all people with histologically confirmed Stage 4 disease in England with a record of genetic tumour profiling (KRAS, NRAS, BRAF)



## Peri-operative care



## Oncological management



All results relate to people in England and Wales, except for genetic tumour profiling which is only available in England.

\* Comparator not available due to change in time periods or overlap in time periods.

# NMPA

## National Maternity & Perinatal Audit Induction of Labour Snapshot Audit

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

Published November 2025

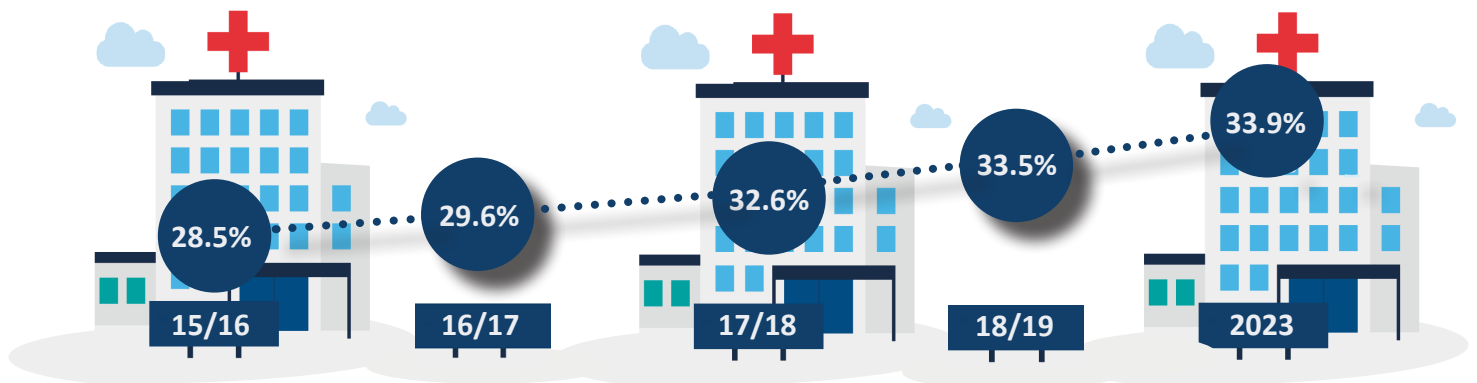


# Results at a glance

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 for the 173 074 women and birthing people who underwent an induction of labour (IOL) in the NHS in 2023. Details of the methods, summary results table and supplementary results can be found in the [Methods and Results](#) document.

NMPA annual clinical reports show an increase in rates of IOL



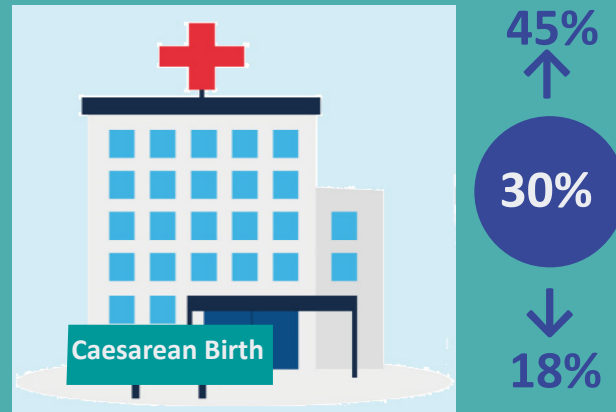
One in three women and birthing people had an induction of labour

IOL rates varied between trusts/boards



Of those who were induced, one in three gave birth by caesarean

Caesarean birth rates following IOL varied between trusts/boards



How maternal characteristics may influence outcomes are displayed as graphs for mode of birth (click [here](#) to view) and 5-minute Apgar score (click [here](#) to view).

The characteristics include:

- Maternal age
- Ethnic group
- Socioeconomic deprivation
- Pregnancy history
- Gestational age at birth
- Country



Of the babies born following IOL, **16 in 1000** were assigned an Apgar score of less than 7 at 5 minutes

Find out more at:  
[www.maternityaudit.org.uk](http://www.maternityaudit.org.uk)



SCAN ME

# National Vascular Registry

## State of the Nation Report 2025

An audit of care received by people who had vascular procedures during 2024 in NHS hospitals in **England, Wales, Scotland and Northern Ireland**

Published November 2025



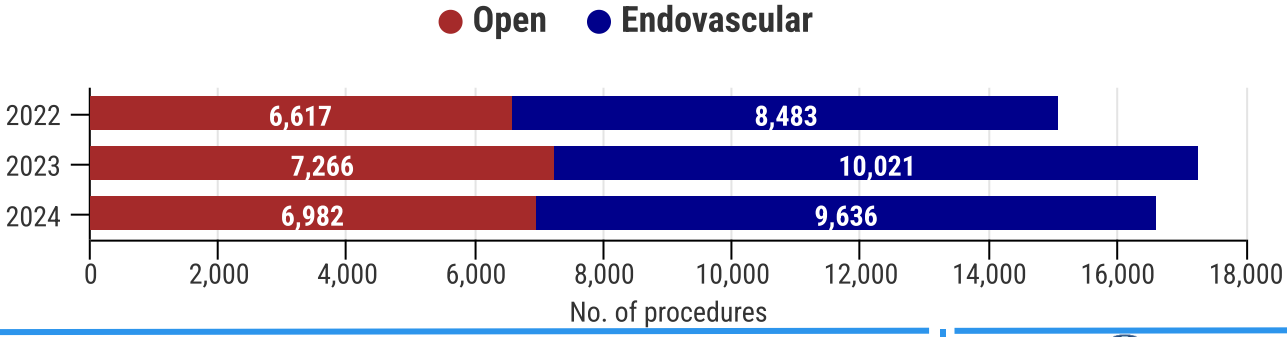
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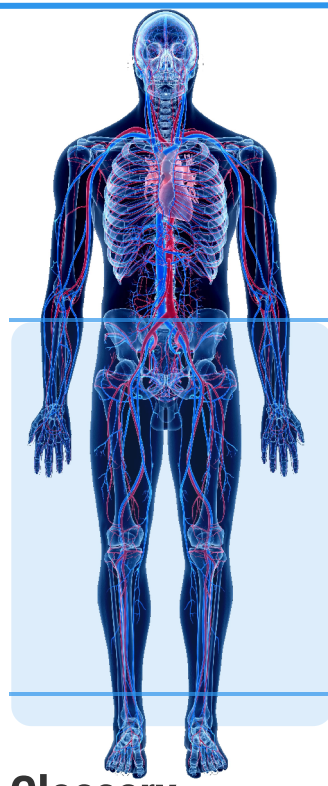
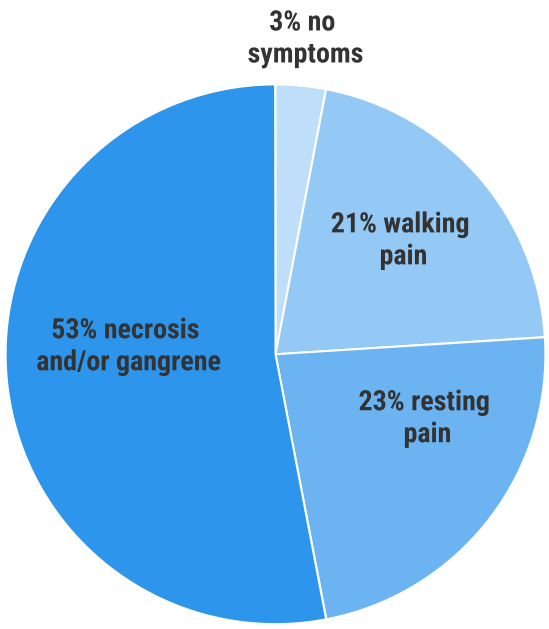
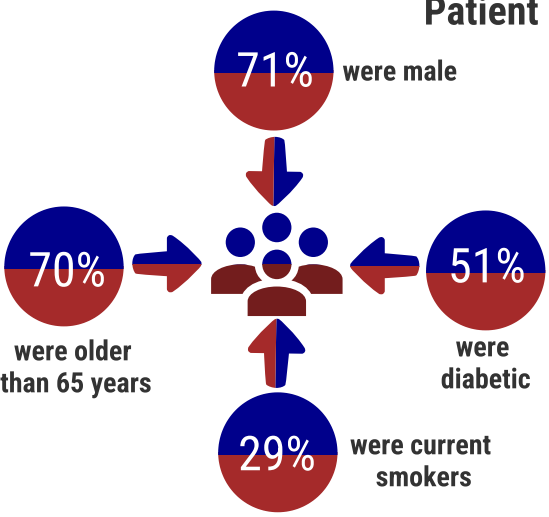
# Lower limb revascularisation for peripheral arterial disease (PAD) to prevent limb loss

Peripheral arterial disease (PAD) is a condition caused by narrowing of the blood vessels that supply the legs. This causes severe pain on walking and can lead to amputation.

Open and endovascular (minimally invasive) procedures can be carried out to increase the blood flow to the legs and feet.



## Patient characteristics in 2024



## Glossary

The average is the median; "typical range" is the interquartile range.

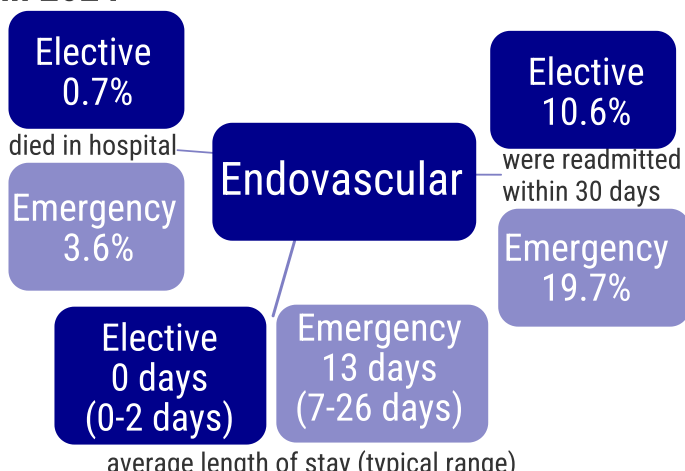
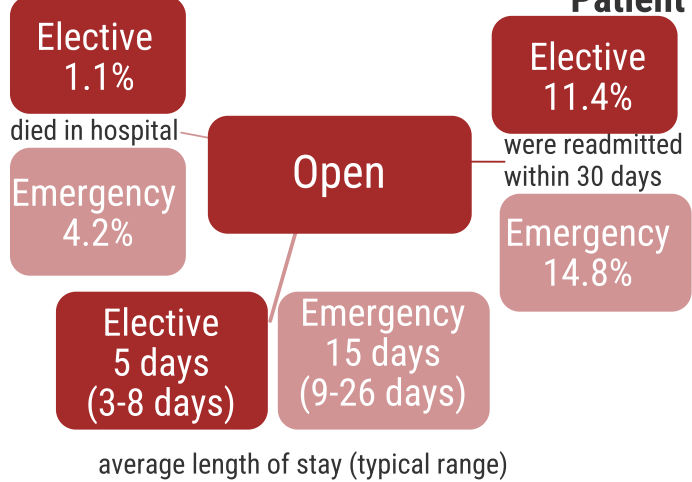
Chronic limb-threatening ischaemia (CLTI) is the most severe form of PAD, where the blood flow to the legs becomes severely restricted.

49% of patients admitted with CLTI had their procedure within 5 days, which is the recommended time

However for 18/60 hospitals, at least 25% of patients waited more than 10 days

In the NVR data, CLTI is defined as patients admitted in an emergency with constant pain or ulcers and/or gangrene.

## Patient Outcomes in 2024

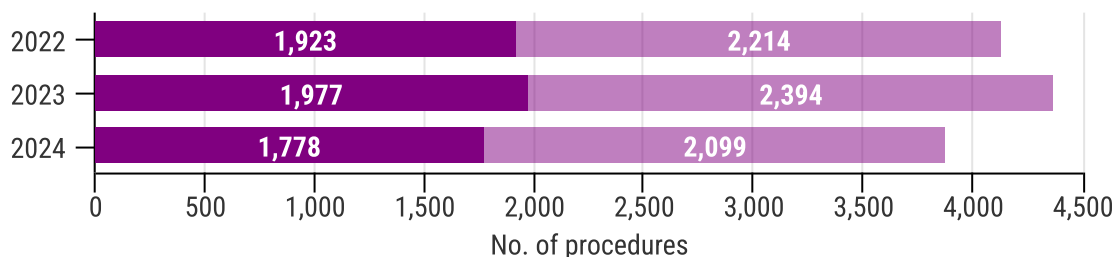


# Lower limb major amputation for peripheral arterial disease (PAD)

Peripheral arterial disease (PAD) is a restriction of the blood flow in the lower limb arteries that can severely affect a patient's quality of life, and risk their limb.

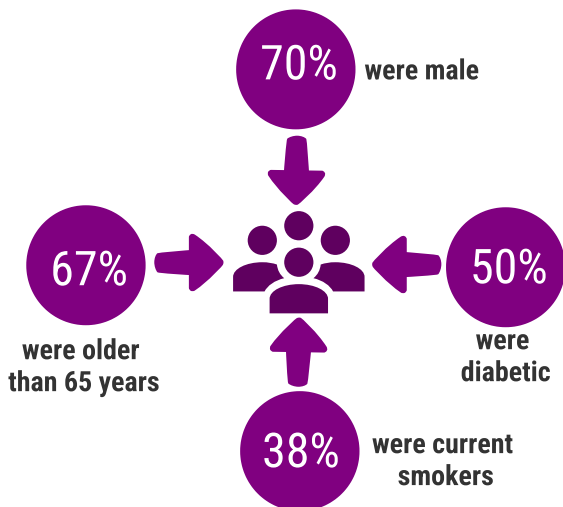
PAD can gradually progress in some patients and an operation to improve blood flow may no longer be possible. In these situations, people will require amputation of the lower limb. Additionally, patients without PAD but with a complication of diabetes may require a major amputation.

● Above Knee ● Below Knee

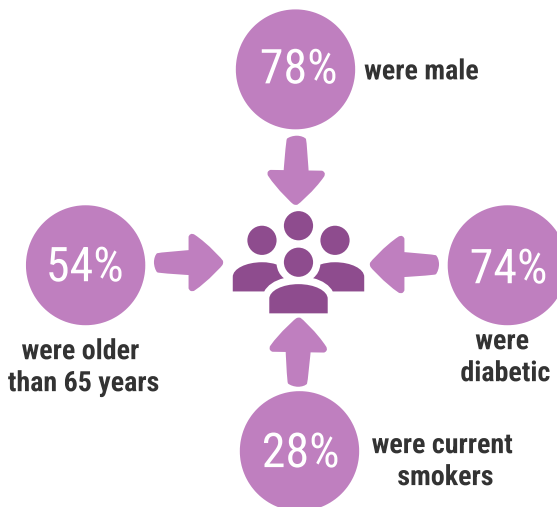


## Which people had surgery in 2024?

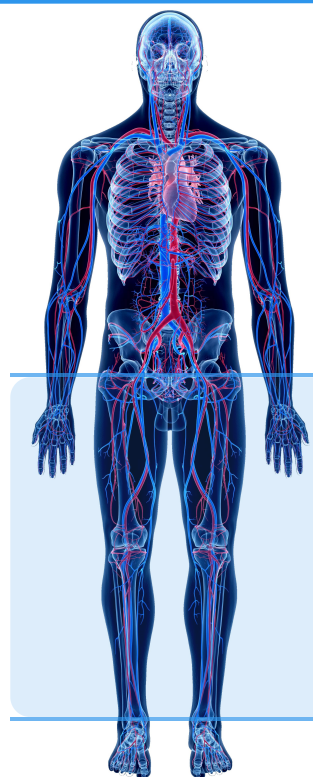
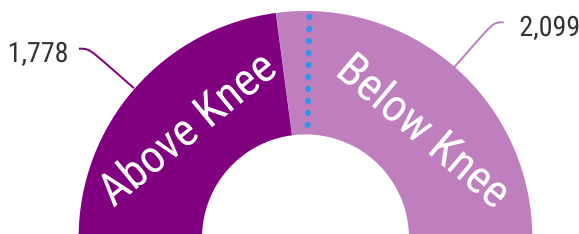
### Above Knee



### Below Knee



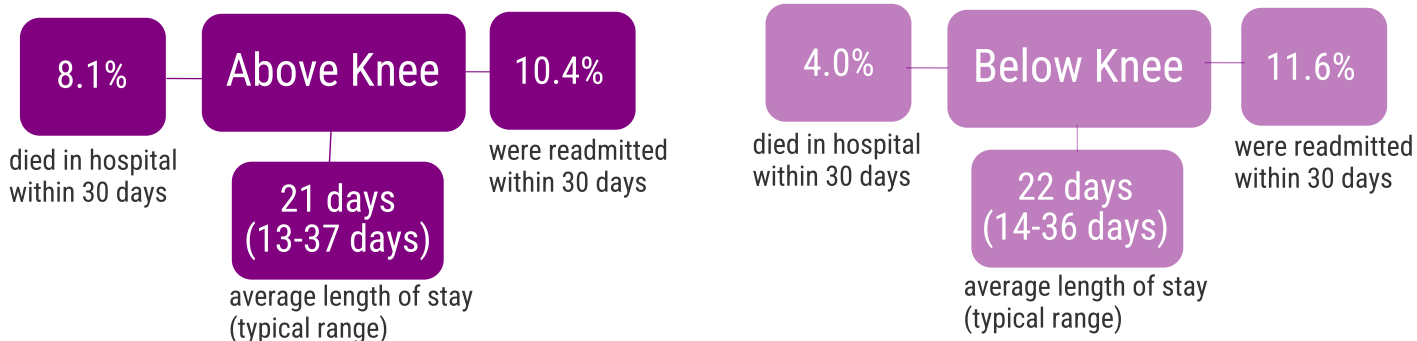
Hospitals should aim to have an above knee amputation to below knee amputation ratio less than 1. In 2024, the national ratio was 0.85, but it varied across the country.



## Glossary

The average is the median; "typical range" is the interquartile range.

## Patient outcomes after amputation in 2024

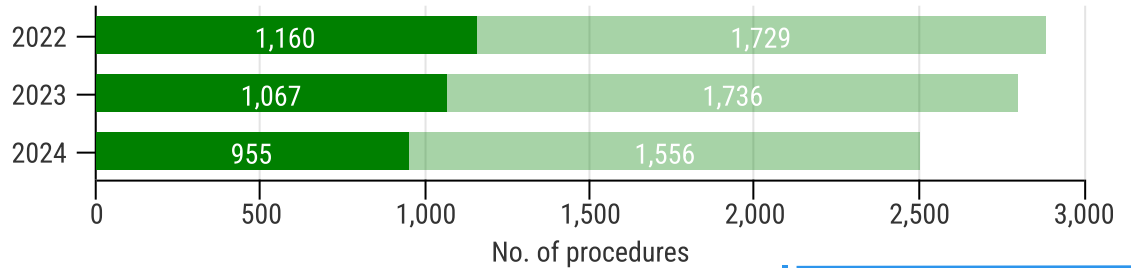


# Repair of abdominal aortic aneurysm (AAA) to prevent rupture/bursting

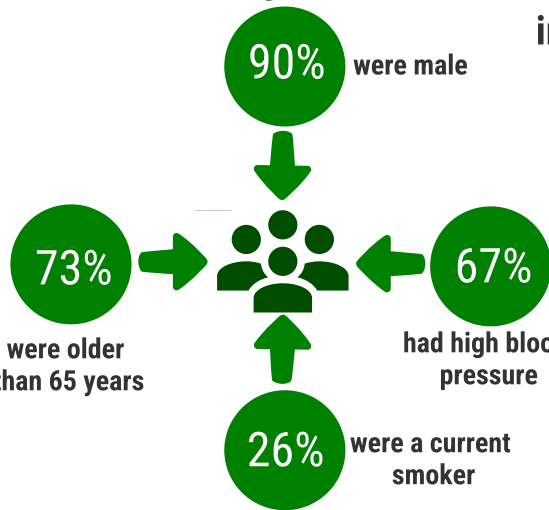
AAA is an abnormal expansion of the aorta (the largest vessel taking blood away from the heart). If left untreated, it may enlarge and rupture causing fatal internal bleeding. A procedure for AAA can be repaired by traditional open surgery through the belly or by less invasive endovascular (keyhole) surgery (EVAR) using a stent.

● Open ● EVAR

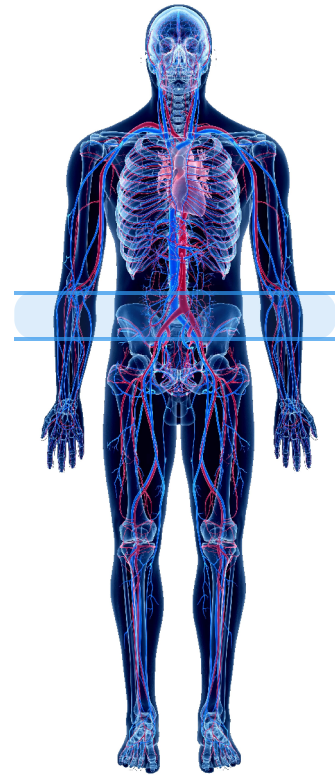
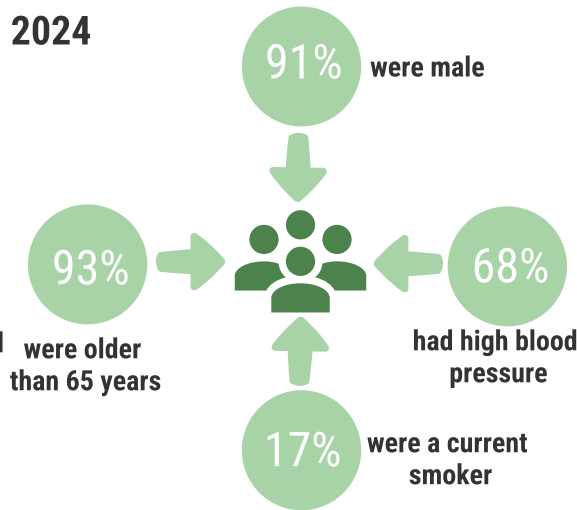
The number of AAAs carried out each year has remained fairly stable over the last few years, although they are much less than 10 years ago.



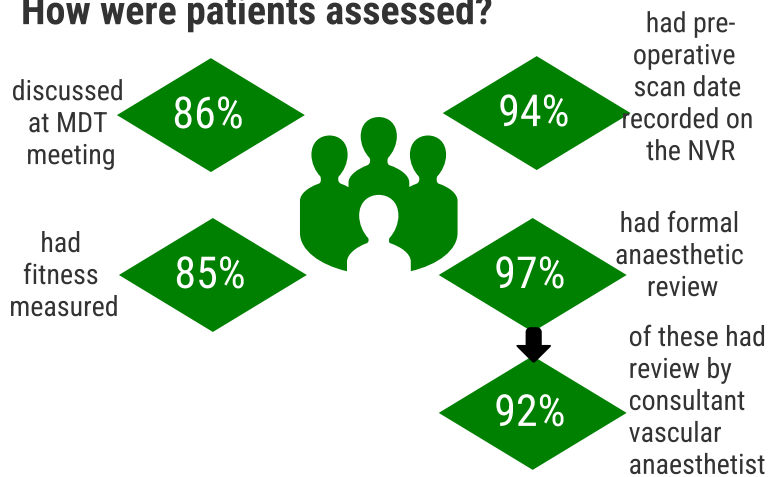
## Open Patient characteristics in 2024



## EVAR Patient characteristics in 2024



## How were patients assessed?



## Waiting Times

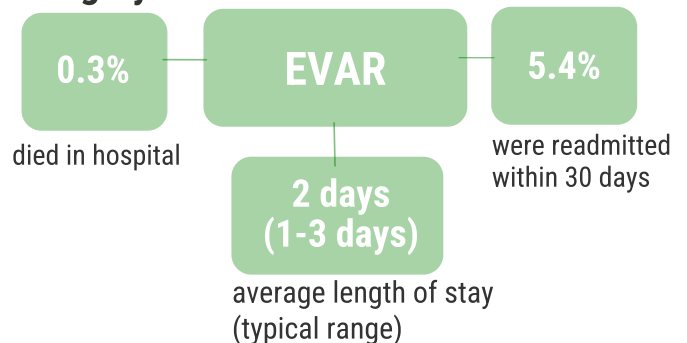
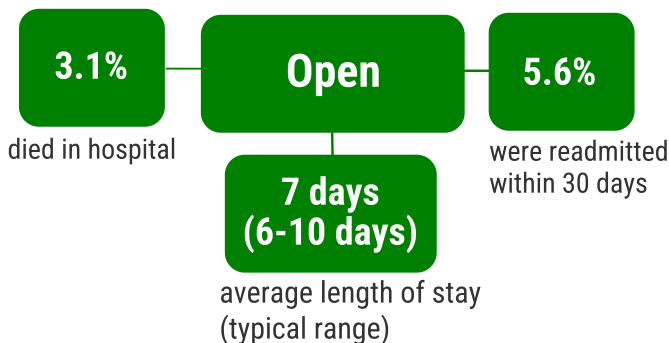
33% of patients with AAA had their procedure within 56 days, which is the recommended time

However for 2/59 hospitals, 25% of patients waited more than 220 days

## Glossary

MDT is a multi-disciplinary team.  
The average is the median; "typical range" is the interquartile range.

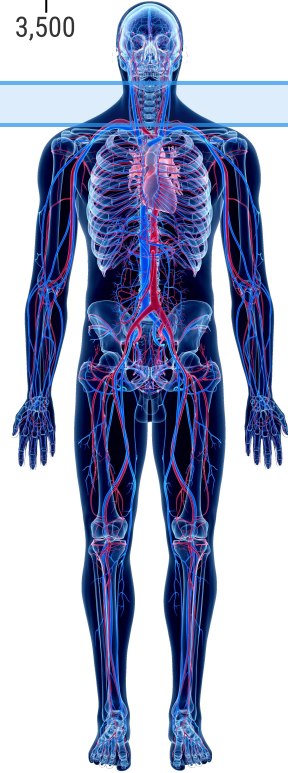
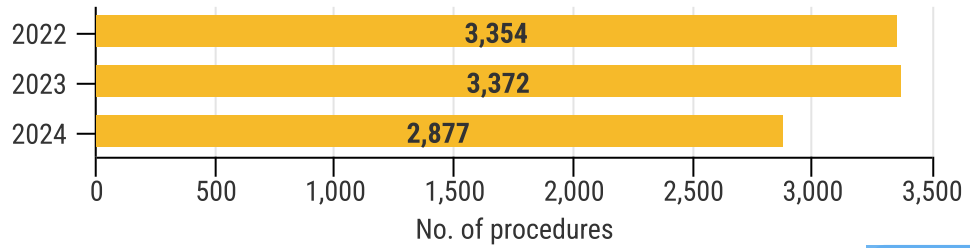
## Patient outcomes after surgery in 2024



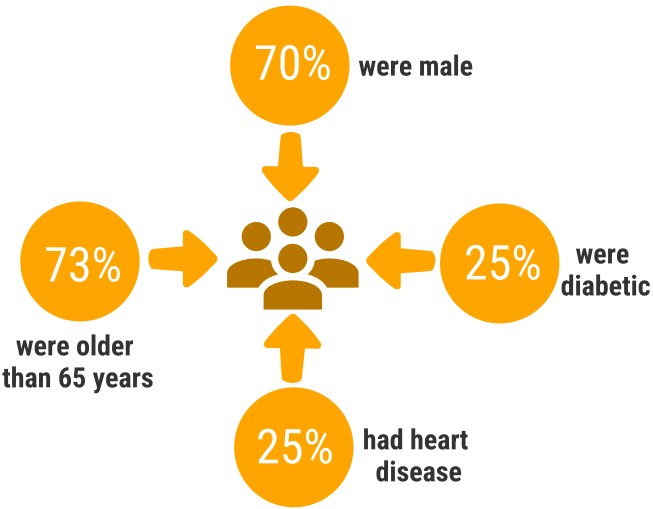
# Carotid artery surgery to prevent stroke

A procedure in which a build-up of plaque is removed from the carotid artery in the neck is called a carotid endarterectomy (CEA).

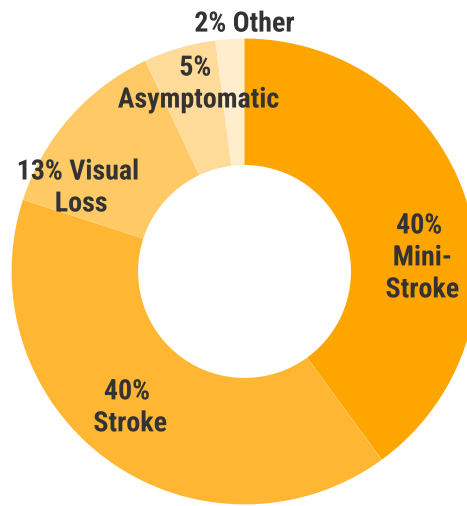
The number of CEAs carried out each year has remained fairly stable over the last few years. The numbers are almost half those carried out 10 years ago.



## Which people had surgery?

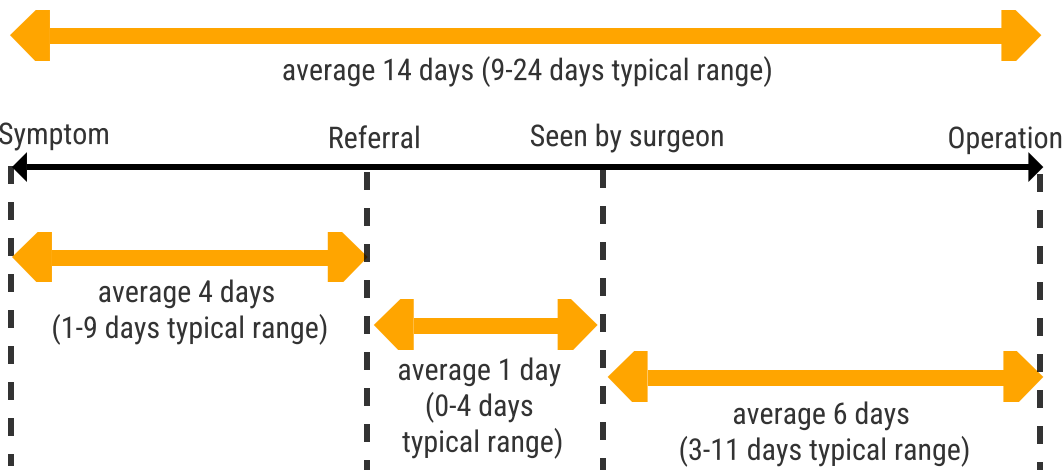


## Reasons for surgery



## Treatment times for symptomatic patients

Recommended time from symptom to surgery is within 14 days



## Glossary

A mini stroke, also known as a transient ischaemic attack (TIA), resolves completely within 24 hours.

Visual loss (amaurosis fugax) is the loss of vision in one eye due to an interruption of blood flow to the retina.

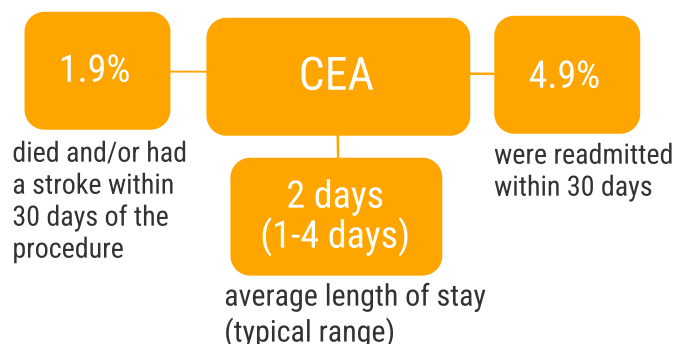
The average is the median; "typical range" is the interquartile range.

A patient showing symptoms is known to be symptomatic.

Overall, 53% of patients were treated within the recommended 14 days

In 11 units, the average time was more than 20 days

## Outcomes of surgery in 2024



# NCMD

National Child Mortality Database

Knowledge, understanding and  
learning to improve young lives



## Most common modifiable factors identified by CDOPs in reviews for children aged under 1 year

Based on child death reviews (England); years ending 31 March 2024 and 2025

1

High maternal BMI



2

Parent/carer smoked tobacco/e-cigarettes in the household



3

Smoking/e-cigarette use (including vaping devices) in pregnancy



4

Co-sleeping



5

Unsafe sleeping arrangements



6

Guideline/policy/pathway available but not followed



7

Issue with treatment, including delays



8

Parent/carer known for substance misuse



9

Poor communication/information sharing between agencies



10

Issue in diagnosis



# NCMD

National Child Mortality Database

Full findings [here](#)

**Most common modifiable factors identified by CDOPs in reviews of children aged 1 - 17 years**

Based on child death reviews (England); years ending 31 March 2024 and 2025

1

**Poor communication/information sharing between agencies**



2

**Service uncommissioned/unfunded/unavailable**



3

**Issue with treatment, including delays**



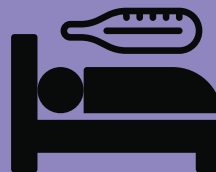
4

**Acute/sudden onset illness**



5

**Lack of recognition of deteriorating child/clinical signs**



6

**Lack of appropriate supervision**



7

**Parent/carer smoked tobacco/e-cigarettes in the household**



8

**Unsafe appliances/environment**



9

**Guideline/policy/pathway available but not followed**



10

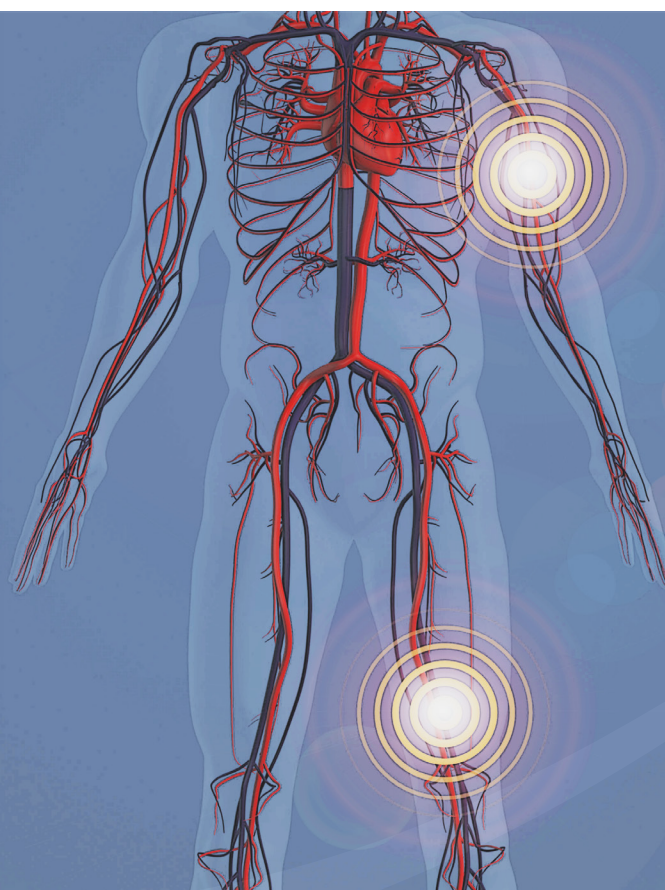
**Issue in diagnosis**



Further information on what these categories cover can be found in the [contributory factors guidance](#).

# Risking Life and Limb

A review of the quality of the care provided to adults with acute limb ischaemia



ACUTE LIMB ISCHAEMIA IS A SUDDEN LOSS OF BLOOD FLOW TO AN ARM OR LEG. IT IS TREATABLE IF DIAGNOSED VERY QUICKLY; DELAY CAN CAUSE PERMANENT DISABILITY, AMPUTATION OR DEATH.

## TO IMPROVE THE CARE PROVIDED TO PATIENTS WITH ACUTE LIMB ISCHAEMIA...

We reviewed the care of patients who were admitted to a vascular hub as an emergency, between 1st January 2023 and 31st March 2023 for treatment of ALI was reviewed using 330 sets of secondary care case notes, 111 primary care case notes, 293 clinician questionnaires and 105 spoke/51 vascular hub organisational questionnaires.

### Recognise acute limb ischaemia and what prompt actions to take to reduce any delay in treatment and potentially save the limb.



Delays occurred throughout the patient pathway due to a lack of recognition of the symptoms of acute limb ischaemia by both healthcare professionals and patients with the condition.

Delays to presentation were common with 144/283 (50.9%) patients presenting more than 24 hours after the onset of their symptoms.

There were missed opportunities to recognise ALI prior to admission, most commonly due to a lack of patient awareness (82/115; 71.3%) and/or recognition in primary care (24/115; 20.8%).

### Refer or transfer patients with new or worsening symptoms of acute limb ischaemia who are at high risk of losing their limb directly to a vascular hub.



Patients most likely to benefit from an intervention (Rutherford category IIb) were not always directed to a vascular hub, delaying their treatment beyond the accepted target of six hours.

The median time from arrival at the spoke hospital to arrival at the vascular hub was 8.16 hours, exceeding the time from development of symptoms to treatment target for immediately threatened limbs.

Using an ALI pathway in the vascular hub appeared to have a positive impact on care by reducing review delays.

### Organise vascular networks to provide timely access to vascular specialists skilled in treating people with acute limb ischaemia.



Networks were underused and non-vascular specialists reported not being confident to treat patients in the spoke hospitals but had no formal transfer option to the vascular hub.

There were 34/91 spoke hospitals in which medical records could be shared electronically and 56/91 in which images could be shared immediately. All other systems that were described, such as email and paper copies, risk delays or other harm.

In total, 138/330 (41.8%) patients attended a spoke hospital and were then transferred to a vascular hub.

### Develop a national guideline for the management of acute limb ischaemia.



There is no national guideline covering the care pathways between primary care, spoke hospitals and vascular hubs for patients with acute limb ischaemia.

Written guidance specific to the management of suspected ALI was available in only 56/91 spoke hospitals, and when it did exist key components were often missing.

Using an ALI pathway in the vascular hub appeared to have a positive impact on care: 3/46 (6.5%) patients experienced a delay on an ALI pathway compared to 18/165 (10.9%) not on a pathway.

### Capture focused data on acute limb ischaemia, to report on procedures and outcomes for patients with ALI.



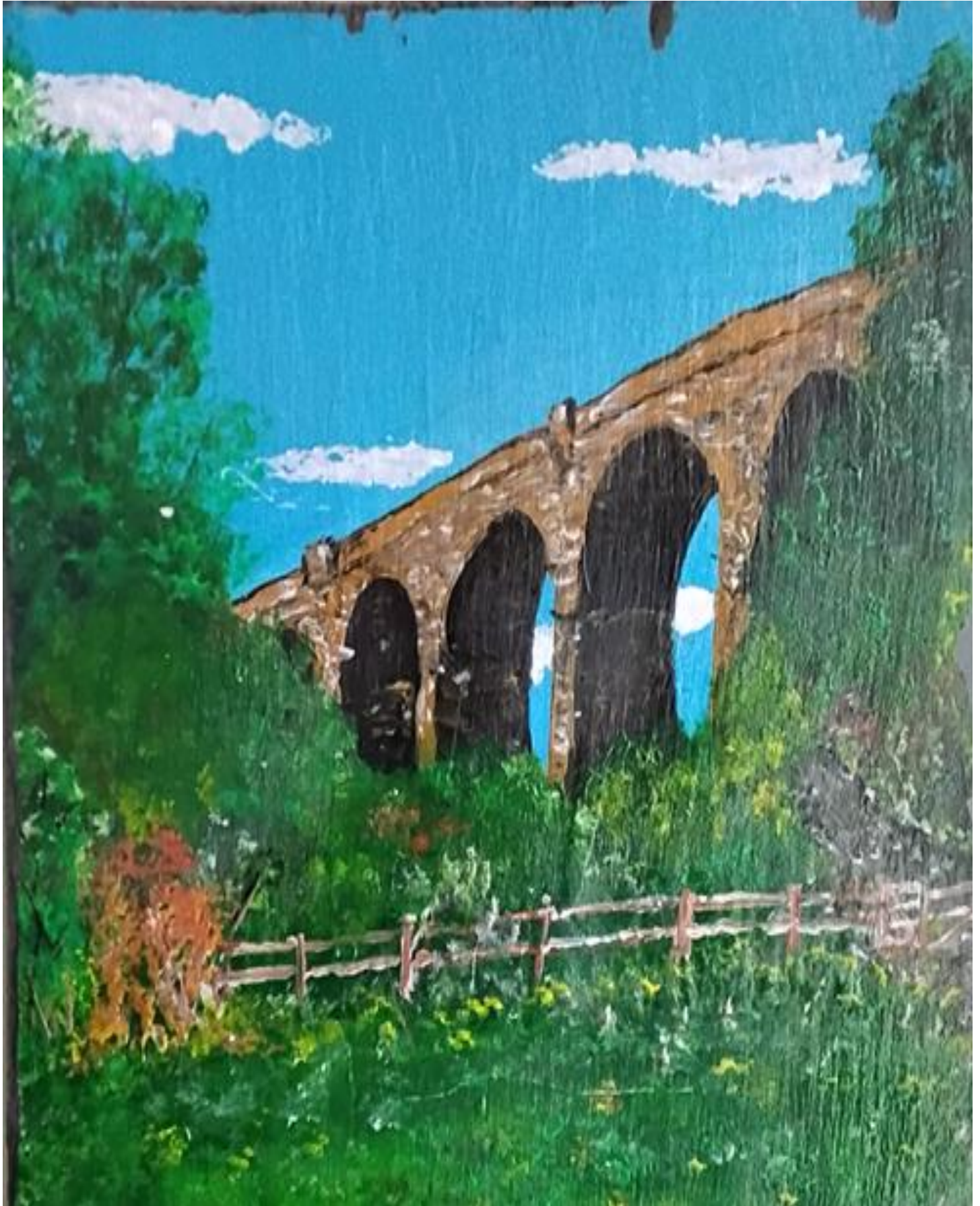
There is no clinical code for acute limb ischaemia and no registry to record data locally, therefore the true number of patients with ALI is unknown, leading to an absence of data to promote improvement in patient outcomes.

Only 22/47 vascular hubs stated they recorded data on surgical procedures and 19/42 on interventional radiological procedures.

The use of prospectively collected data for shared learning was uncommon with most learning occurring in morbidity and mortality meetings or due to reported adverse events.

# State of the Nation Report 2025

*Stroke care received between April 2024 to March 2025*



## Summary of results for people admitted to hospital with stroke

### Stroke care providers



**92,414**  
stroke admissions



**250**  
hospitals



**195**  
community services



**184**  
6 month follow-up  
providers

### Arrival at hospital



**4h11m**  
median time from onset to arrival  
at first hospital  
4h00m in 2023/24

### Hyperacute assessment



**28.3%**  
of patients received brain imaging  
within 20 minutes of hospital arrival  
26.5% in 2023/24

### Acute interventions



**12.2%**  
of all stroke patients received  
thrombolysis  
11.6% in 2023/24

[Click here to see  
country rates](#)



**4.4%**  
of all stroke patients received  
a thrombectomy  
3.9% in 2023/24

[Click here to see  
country rates](#)



**32.0%**  
of eligible patients received  
hyperacute intervention for  
intracerebral haemorrhage within 1  
hour of hospital arrival  
24.9% in 2023/24



**51.9%**  
of patients were assessed by a stroke-  
skilled clinician within 1 hour of hospital  
arrival in January-March 2025  
49.1% in October-December 2024

### Specialist pathway



**46.5%**  
of patients were directly admitted  
to a stroke unit within 4 hours of  
hospital arrival  
46.7% in 2023/24



**74.0%**  
of patients spent at least 90% of  
their hospital stay on a specialist  
stroke unit  
75.9% in 2023/24



**66.6%**  
of patients were discharged to a  
stroke/neurology specific  
community rehabilitation service  
63.4% in 2023/24



**23.1%**  
of patients were discharged to a  
stroke/neurology specific combined  
ESD-CRT service  
22.9% in 2023/24

### 6 month follow-up



**35.1%**  
of applicable patients received  
a 6 month follow-up  
38.8% in 2023/24

**Hyperacute intervention for intracerebral haemorrhage:** for patients on anticoagulants eligible for reversal, given reversal agents within 1hr of arrival OR for patients with elevated systolic blood pressure (>150mmHg) on admission, given anti-hypertensives within 1hr of arrival.

From 2024/25, a new metric for the proportion of patients assessed by a **stroke-skilled clinician** within 1hr of arrival will be reported. Therefore, there will be no annual comparison for this measure in the 2023/24 reporting period. This data is available just for the Oct24-Mar25 period.

**Key:** green icons show improvement against previous year, orange no change, and red worsening. Technical guidance on metrics available [here](#).

**Note:** For targets, please see the NHS 10 Year plan [here](#)

# National Audit of Eating Disorders: Service Mapping Report 2025

This report details data provided about services in England between January 2025 and May 2025



Publication date December 2025



# Key Findings

## Participation of Teams



- ▶ **209 eligible services** in England were identified, comprised of **297 teams**
- ▶ **97% of teams registered** to take part in the audit

## NHS England and Private Provision



- ▶ **78%** of all eating disorders teams are **NHS-delivered**
- ▶ **42% of adult** and **27% of CYP inpatient** services are delivered by **private providers**

## Provision across ICBs



- ▶ **100%** of ICBs have at least one team delivering **CYP and adult community care**
- ▶ **Inpatient services** are specially commissioned and typically delivered across multiple ICBs

## Children and Young People (CYP) and Adult Team Provision



- ▶ **93 CYP community** teams and **69 adult community** teams identified in England
- ▶ **54 inpatient CYP teams** – mostly based in general adolescent units – and **33 inpatient adult teams** located in dedicated eating disorder inpatient units, identified in England
- ▶ Nationally, **adult community** teams have **1.89** people on their caseload for every **1** patient open to **CYP** teams. This means **adult community** teams face an **89% higher demand\***

## Access and Waiting Times



- ▶ The national median wait for **CYP community care** is **14 days for assessment** and **4 days for treatment**, with **waiting times of up to 450 days**
- ▶ The national median wait for **adult community care** is **28 days for assessment** and **42 days for treatment**, with **waiting times of up to 700 days**
- ▶ **15%** of community adult teams **accept self-referrals** compared to **62%** of CYP teams

## Provision for Eating Disorder Diagnoses



- ▶ **Binge eating disorder (BED)** is treated by **63%** of CYP teams, **55%** of adult teams, and **94%** of all age teams
- ▶ **Avoidant restrictive food intake disorder (ARFID)** is treated by **48%** of CYP teams, **29%** of adult teams, and **25%** of all age teams

## Shared Care Protocols



- ▶ **36%** of teams have **shared care protocols** for **psychiatric comorbidities** and **35%** for **physical comorbidities**

## NICE-Recommended Psychological Therapies in Community Teams



- ▶ **85%** of CYP and **90%** of adult teams offer cognitive behavioural therapy for eating disorders (CBT-ED)
- ▶ **86%** of **CYP teams** offer **family therapy** for eating disorders (FT-ED)
- ▶ **62%** of **adult teams** offer **guided self-help**

\* This number is not adjusted for population or team size.

# Right Place, Right Time, Right Team

A review of the quality of the care provided to children and young people needing emergency surgery



# TO IMPROVE THE CARE PROVIDED TO CHILDREN AND YOUNG PEOPLE UNDERGOING NON-ELECTIVE SURGERY

NCEPOD reviewed the care of children and young people who underwent an emergency (non-elective) procedure between two time frames to account for seasonal variation (17th June to 30th June 2024 and 12th February to 25th February 2024). Care was reviewed using 853 sets of case notes, 679 surgical questionnaires, 760 anaesthetic questionnaires, and 143 organisational questionnaires, as well as >600 survey responses.



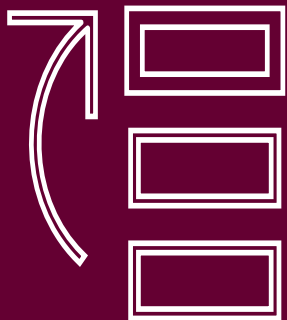
## 1. Provide prompt access to emergency surgical and anaesthetic care by specialists with the relevant training and experience in providing care to children and young people.

### THIS IS BECAUSE WE FOUND THAT

Networks were not always in place and there was an absence of structured pathways or procedures to transfer patients when needed, despite transfers being common.

There were 19/143 (13.3%) hospitals not part of a network of care for non-elective procedures in children and young people. Most hospitals reported transferring patients out for surgery (133/143; 93.0%).

Only 287/629 (45.6%) patients were commenced on a dedicated pathway for emergency surgery in children and young people. Many of the patients who were not, should have been (83/255; 32.5%).



## 2. One or more emergency surgery co-ordinators should be in place to ensure that children and young people needing emergency surgery can access a theatre.

### THIS IS BECAUSE WE FOUND THAT

Care was shown to be better in centres where an emergency surgery co-ordinator was available, but there was not always someone in this role and furthermore, theatre booking systems rarely highlighted breaches.

Reviewers reported that while the majority of patients had their procedures booked without delays, 131 out of 853 patients (15.4%) experienced delays due to delays with/in the surgical team.

Theatre co-ordinating managers or clinicians were only available in 60/143 (42.0%) hospitals. Only 52/143 (36.4) hospitals had a clinician responsible for assessing capacity in theatres on a daily basis.



## 3. Prevent children and young people who are waiting for emergency surgery from being fasted for any longer than necessary.

### THIS IS BECAUSE WE FOUND THAT

Fasting was infrequently recorded in hospital policies for emergency procedures for children and young people, with many patients being fasted for too long prior to surgery.

In the opinion of the reviewers, 125/718 (17.4%) patients were fasted for too long, with those who underwent an expedited procedure most likely to be in this category.

Pre-procedure preparation was adequate for most patients (798/853; 93.6%), however, fasting (10/55) was the most common area for optimisation.

# Paediatric Intensive Care Audit Network

## National Paediatric Critical Care Audit State of the Nations Report 2025



## Summary Report

Data Collection Period: January 2022 - December 2024

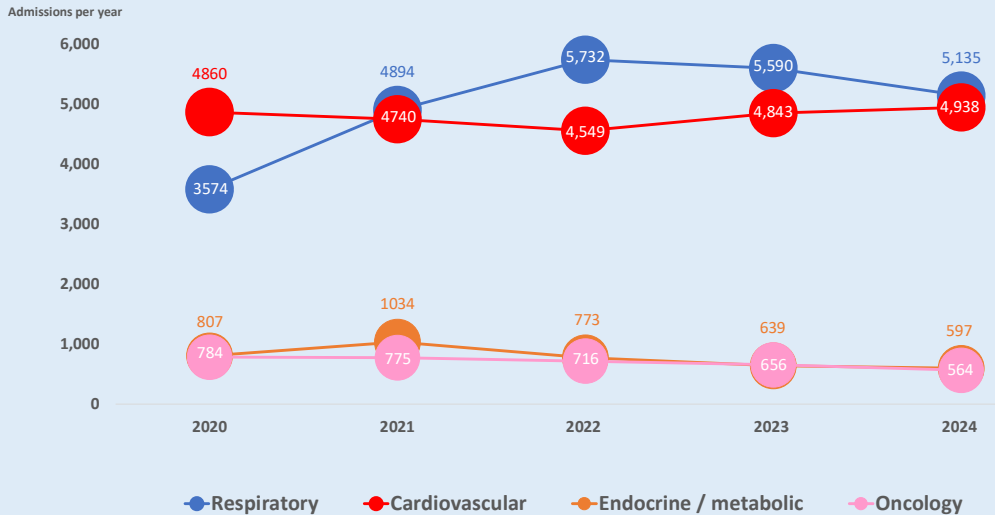
Published 2025

# State of the Nations Report 2025

## Reason for admission, 2020 - 2024

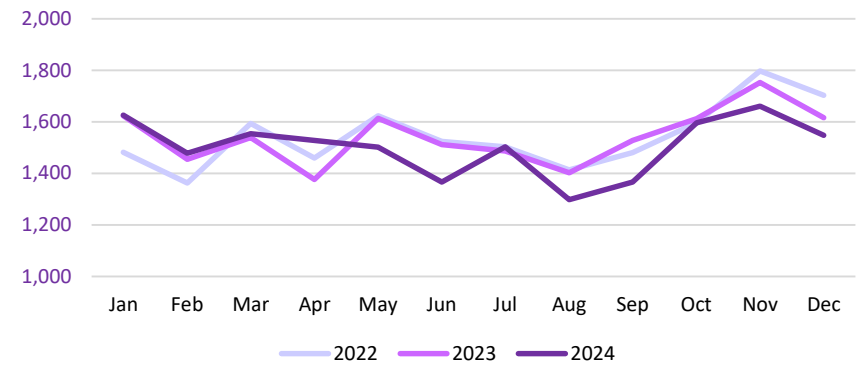
The most common reason for children to be admitted to PICU in 2024 was a **Respiratory** diagnosis (28.5%), followed by **Cardiovascular** at (27.4%).

Over the 5 years '**Respiratory**' increased to a peak in 2022 followed by a slight fall between 2023-24. **Cardiovascular** showed an opposing trend, with a slight decrease until 2022 before beginning to increase between 2023-24. **Endocrine / Metabolic** and **Oncology** admissions have decreased in recent years.



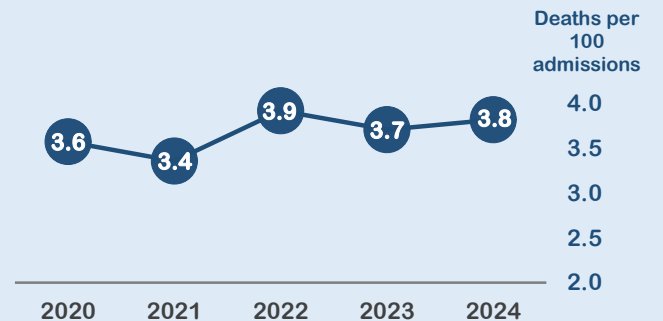
## Admissions to PICU by Month, 2022-2024

The total number of children admitted to paediatric intensive care units across the UK and Republic of Ireland decreased in 2024, compared to 2022 and 2023.



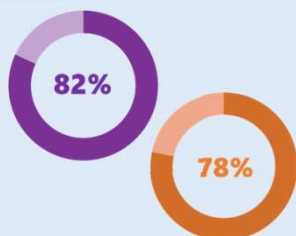
## In-PICU mortality, 2020 - 2024

Overall, 96.2% of all children admitted to PICU were discharged alive in 2024. This remains stable compared to the previous two years



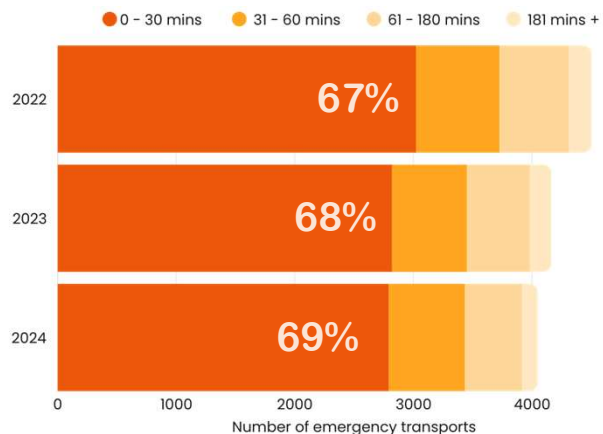
### Timeliness of data submission

82% of PICU admission records and 78% of transport records met the 2-month Paediatric Critical Care Society Quality Standard in 2024



### Time to mobilisation

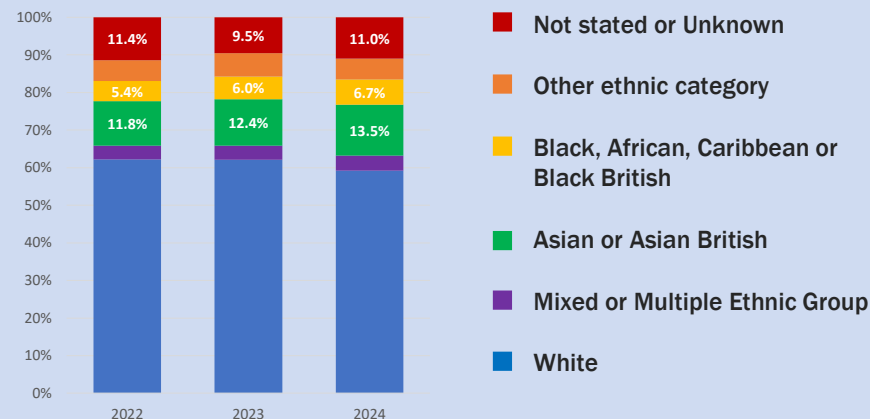
While the number of non-elective transports of children to PICU undertaken by a paediatric critical care transport team decreased, the percentage of emergency transports being mobilised within 30 minutes increased year on year from 2022 to 2024



### Inequalities observed in PICU

#### Ethnic distribution of children admitted to PICU 2022 - 2024

There has been an increase in the proportion of Asian and Black children admitted to PICU, increasing from 17% to 20% over the last 3 years



#### PICU admissions by deprivation level 2022 - 2024



Children living in the highest areas of deprivation were more likely to be admitted to a PICU

# CVDP ANNUAL AUDIT REPORT 2025



Department  
of Health &  
Social Care



## CVDPREVENT

(For the audit period to March 2025)

**Using data to drive cardiovascular disease prevention**

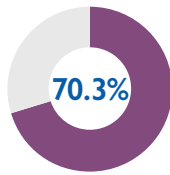


# KEY FINDINGS SUMMARY

## HYPERTENSION

### Key finding 1:

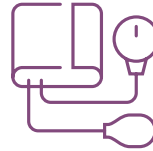
**70.3%** treated to Quality & Outcomes Framework (QOF) threshold, **2.7m** still not optimally managed.



**Nearly 3 million** patients with hypertension not treated to target.

### Key finding 2:

Younger adults **less likely** to meet thresholds.



Working-age adults are **falling behind** in blood pressure control.

### Key finding 3:



**High BP**



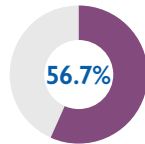
**higher admissions & deaths**

Patients with very high BP face **higher risk** of further complications, including heart attack, stroke and death.

## CHOLESTEROL

### Key finding 4:

**56.7%** of people at risk of CVD are on lipid-lowering therapy **(up 498k patients from 2024)**. Uptake of lipid therapy is improving – but still only **just over half** of high-risk patients.



### Key finding 5:

**Less than half** of CVD patients at cholesterol target.



**Over 1.4 million** CVD patients are not treated to NICE cholesterol target.

### Key finding 6:

Persistent **ethnic disparities** in treatment and monitoring.

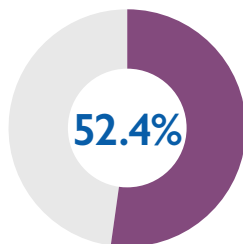
Black and mixed ethnic groups remain **least likely** to get optimal cholesterol care.



## CHRONIC KIDNEY DISEASE (CKD)

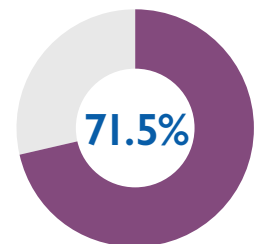
### Key finding 7:

**52.4%** of CKD patients had urine ACR tests in past 12 months **(up 13.5% points since June 2023)**. Monitoring for kidney damage is improving – but **nearly half** of CKD patients are still not tested annually.



### Key finding 8:

**71.5%** of people living with CKD + hypertension + proteinuria are treated with RAS antagonists.



## OPPORTUNITIES

### Key finding 9:

Missed diagnosis remains a major risk – **over 1 million** patients may have not been properly coded which could result in **a possible missed diagnosis** for hypertension, CKD or diabetes.



### Key finding 10:

**48.3%** of patients with CVD met NICE recommended cholesterol targets. Among patients with CHD **80.2%** had blood pressure within the appropriate treatment threshold.

