



HQIP

Healthcare Quality
Improvement Partnership

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

Q4 (January – March 2026), updated 16/03/2026

| PUBLICATION DATE | HEALTHCARE AREA | TYPE | PROJECT NAME | LEAD PROVIDER | FULL REPORT TITLE | HQIP WEBLINK TO REPORT | DOC NUMBER |
|------------------|--------------------|-----------------------------------|--|---|--|---|------------|
| 2026/01/08 | Acute | Audit | FFFAP - Falls and Fragility Fracture Audit Programme | RCP: Royal College of Physicians | Fracture Liaison Service Database (FLS-DB) Annual Report Steps to fracture liaison service effectiveness: importance of treatment recommendations | https://www.hqip.org.uk/resource/fffap-641/ | 0.01 |
| 2026/02/12 | Women and children | Clinical Outcome Review Programme | NCMD - National Child Mortality Database | University of Bristol | Understanding consanguinity-related child deaths | https://www.hqip.org.uk/resource/ncmd-ref585/ | 0.02 |
| 2026/02/12 | Cancer | Audit | NLCA - National Lung Cancer Audit | NATCAN: National Cancer Audit Collaborating Centre | State of the Nation 2026: An audit of care received by people diagnosed with lung cancer between 1 January 2024 to 31 December 2024 in England and Wales | https://www.hqip.org.uk/resource/nlca-ref640/ | 0.03 |
| 2026/02/12 | Mental health | Clinical Outcome Review Programme | Mental Health Clinical Outcome Review Programme | University of Manchester | National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report 2026: UK patient and general population data 2013-2023 | https://www.hqip.org.uk/resource/ncish-ref701/ | 0.04 |
| 2026/03/12 | Women and children | Audit | NPDA - National Paediatric Diabetes Audit | RCPCH: Royal College of Paediatrics and Child Health | National Paediatric Diabetes Audit (NPDA) Report on Care and Outcomes 2024/25 | https://www.hqip.org.uk/resource/659-npda/ | 0.05 |
| 2026/03/12 | Women and children | Audit | NMPA - National Maternity and Perinatal Audit | RCOG: Royal College of Obstetricians and Gynaecologists | Multiple Births Outcomes of Maternity Care Based on births in NHS maternity services in England, Scotland and Wales during 2023 | https://www.hqip.org.uk/resource/702-nmpa/ | 0.06 |

Annual report

Steps to fracture liaison service effectiveness: importance of treatment recommendations

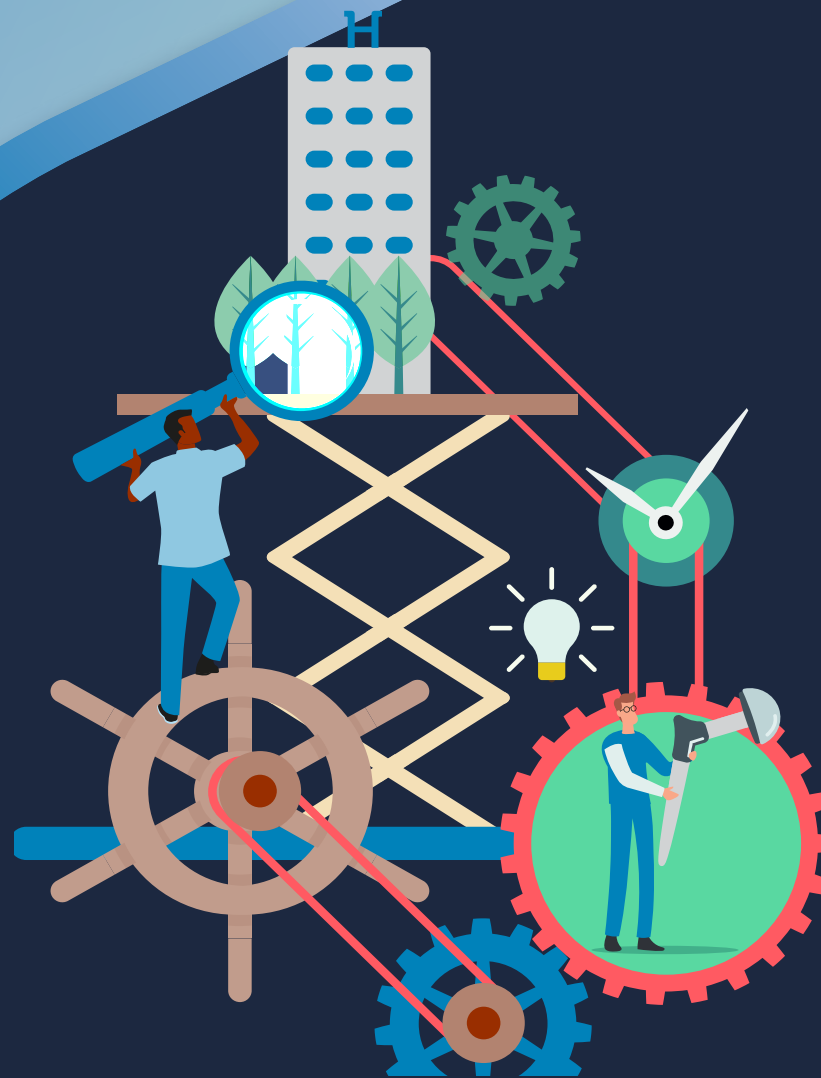
Data from 1 January 2024 –
31 December 2024

Published January 2026

In association with



Commissioned by

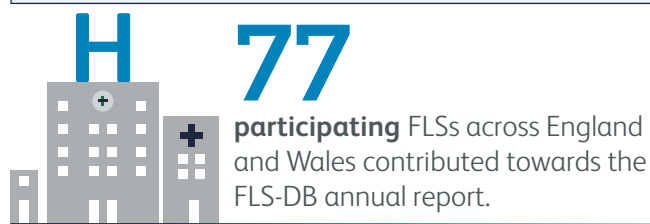


Report at a glance

In England and Wales every year, over 347,770 people will break a bone after a fall from standing height or less. The Fracture Liaison Service Database (FLS-DB) collects data on patients who have sustained fractures, using information submitted by registered fracture liaison services (FLSs). It publishes a yearly report to share the findings for England and Wales.

What are fracture liaison services?

FLSs are NHS teams that reduce the risk of future fractures in patients aged 50 or over who have recently sustained a fracture. Patients are identified, assessed and receive appropriate treatment to lower their risk of future fractures or osteoporosis. FLSs are based throughout the UK and bring clear benefits to patients and the healthcare system.



Patient records

83,500 patient records were submitted in 2024, compared with 77,268 in 2023.



What are our KPIs?

The FLS-DB has 11 key performance indicators (KPIs), which are mapped to the patient pathway and follow the journey a patient should take after they experience a bone break. When a service submits data, the KPIs will report how well it is performing. The aim is for services to be achieving at least 80% (except KPI 3 and 7).



KPI 2 and 3 measure how many patients are identified by the FLS compared with the expected number of local patients who sustain a fracture.

KPI 2 – non-spine fractures

| | |
|------|-------|
| 2024 | ▼ 50% |
| 2023 | 55% |

KPI 3 – spine fractures

| | |
|------|-------|
| 2024 | ▲ 38% |
| 2023 | 34% |

Focus this year

In this year's report we will focus on ensuring that fracture patients are identified, assessed and started on appropriate osteoporosis treatment based on NICE recommendations. In addition, we focus on the inequity in treatment access and ensuring that those at highest risk of a fracture are prioritised for FLS management.

KPI 7 records the percentage of patients who were recommended anti-osteoporosis medication.



KPI 7 – bone therapy recommended

| | |
|------|-------|
| 2024 | ▼ 57% |
| 2023 | 59% |

The data compare patients who were recommended anti-osteoporosis treatment (**KPI 7**) from the most and least socio-economically deprived areas.



Socio-economic deprivation

| | |
|----------------|-----|
| Most deprived | 52% |
| Least deprived | 58% |

Understanding consanguinity- related child deaths

**National Child Mortality Database
Programme Thematic Report**

Data from April 2019 to March 2023

Published February 2026

DEATHS DUE TO CHROMOSOMAL, GENETIC & CONGENITAL ANOMALIES

Deaths between 1 April 2019 and 31 March 2022

2602 total child deaths due to chromosomal, genetic & congenital anomalies

2162 deaths of children born to non-consanguineous parents

440 deaths of children born to consanguineous parents



Most common group of disorders diagnosed was autosomal recessive disorders



23% had a history of the condition in at least one first degree family member

LEARNING FROM CHILD DEATH REVIEWS

There is a need for equity of access and culturally sensitive communication by healthcare professionals, ensuring that support for all population groups is provided based on health need.



Families should be supported in making informed decisions about pregnancy, clinical care, and future family planning

Accessible information in multiple languages to support equitable access and engagement with services for all communities



Consistent use of professional interpreting services across all stages of care

Appropriate genetic testing offered in a timely, appropriate, sensitive, culturally competent way



Importance of referral to further genetic counselling following death of a child, with sensitivity to their emotional, cultural, and religious needs

National Lung Cancer Audit State of the Nation 2026

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

Published February 2026



Infographic: England



NLCA

National Lung Cancer Audit

Summary of results for patients diagnosed in England 2024

Key improving from 2023 worsening from 2023 unchanged from 2023

Diagnosis & staging

39,409 people were diagnosed with lung cancer in 2024
36,557 in 2023 & 36,160 in 2022

51% female
 49% male

74 years median age at diagnosis

- 40%** of patients were diagnosed at **stage 1-2**
36% in 2023 & 32% in 2022
- 41%** of patients presented with **stage 4 lung cancer**
44% in 2023 & 47% in 2022
- 30%** of patients were diagnosed **after emergency admission**
32% in 2023 & 33% in 2022

Waiting times in Non-small Cell Lung Cancer (NSCLC)

- 81 days** Median time from referral to **surgery** in NSCLC stage 1-2
83 days in 2023
- 63 days** Median time from referral to **SACT** in NSCLC stage 3B-4
66 days in 2023

Treatment allocation

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

79% of patients with NSCLC (stage 1-2, Performance Status (PS) 0-2) received treatment with curative intent*

*surgery or radical radiotherapy

≥80% Audit standard

80% in 2023
80% in 2022

59% of patients with NSCLC (stage 3A, PS 0-2) received treatment with curative intent**

**surgery, radical radiotherapy or multimodal treatment

N/A

62% in 2023
61% in 2022

Surgery for Non-small Cell Lung Cancer (NSCLC)

22% of patients with NSCLC had surgical treatment for their cancer

Absolute number of surgeries in 2024: 7,878

≥17% Audit standard

20% in 2023
18% in 2022

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

63% of patients with NSCLC (stage 3B-4, PS 0-1) received SACT

≥70% Audit standard

63% in 2023
63% in 2022

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

71% of patients with SCLC received treatment with SACT

Median time from 'decision to treat' to start SACT: 16 days

≥70% Audit standard

74% in 2023
73% in 2022

Survival outcomes

19,326 patients were diagnosed between 1 January and 30 June 2024. For these patients:

Median survival

372 days

349 days in 2023
281 days in 2022

One year survival

51%

49% in 2023
45% in 2022

Data quality

Completeness of key routine data items

| | | | | | |
|----------------|--------------------|--------------------|----------------|---|----------------|
| Stage | Performance status | Basis of diagnosis | Morphology | Lung Clinical Nurse Specialist at diagnosis | Smoking status |
| 93% | 89% | 92% | 64% | 64% | 46% |
| Audit standard | Audit standard | Audit standard | Audit standard | Audit standard | Audit standard |

Infographic: Wales



NLCA

National Lung Cancer Audit

Summary of results for patients diagnosed in Wales 2024

Key improving from 2023 worsening from 2023 unchanged from 2023

Diagnosis & staging

2,135 people were diagnosed with lung cancer in 2024
2,334 in 2023 & 2,211 in 2022

51% female
 49% male

73 years median age at diagnosis

- 35%** of patients were diagnosed at **stage 1-2**
34% in 2023 & 30% in 2022
- 44%** of patients presented with **stage 4 lung cancer**
45% in 2023 & 47% in 2022
- 26%** of patients were diagnosed **after emergency admission**
27% in 2023 & 29% in 2022

Waiting times in Non-small Cell Lung Cancer (NSCLC)

- 91 days** Median time from referral to **surgery** in NSCLC stage 1-2
97 days in 2023
- 76 days** Median time from referral to **SACT** in NSCLC stage 3B-4
78 days in 2023

Treatment allocation

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

78% of patients with NSCLC (stage 1-2, Performance Status (PS) 0-2) received treatment with curative intent*

*surgery or radical radiotherapy

≥80% Audit standard

77% in 2023
76% in 2022

62% of patients with NSCLC (stage 3A, PS 0-2) received treatment with curative intent**

**surgery, radical radiotherapy or multimodal treatment

N/A

67% in 2023
61% in 2022

Surgery for Non-small Cell Lung Cancer (NSCLC)

17% of patients with NSCLC had surgical treatment for their cancer

Absolute number of surgeries in 2024: 1,910

≥17% Audit standard

18% in 2023
14% in 2022

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

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

≥70% Audit standard

55% in 2023
60% in 2022

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

60% of patients with SCLC received treatment with SACT

Median time from 'decision to treat' to start SACT: 16 days

≥70% Audit standard

65% in 2023
71% in 2022

Survival outcomes

2,135 patients were diagnosed between 1 January and 31 December 2024. For these patients:

Median survival

350 days

301 days in 2023
262 days in 2022

One year survival

49%

46% in 2023
43% in 2022

Data quality

Completeness of key routine data items

| Stage | Performance status | Basis of diagnosis | Morphology | Lung Clinical Nurse Specialist at diagnosis | Smoking status |
|----------------|--------------------|--------------------|----------------|---|----------------|
| 97% | 98% | 99% | 100% | 98% | 72% |
| Audit standard | Audit standard | Audit standard | Audit standard | Audit standard | Audit standard |

National Confidential Inquiry

into Suicide and Safety in Mental Health

**Annual Report 2026:
UK patient and general population data 2013-2023***

March 2026 - Version 2

* This report also includes data from Jersey

1,691

suicides by people under recent mental health care in 2023

26%

of all people who died by suicide in 2013-2023
had recent contact with mental health services

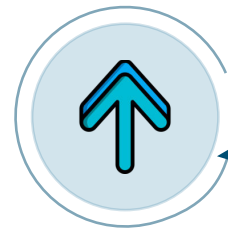
Acute mental health care settings

430

deaths per
year



Proportion of
deaths on ward
increasing



Rise in number
of suicides by
strangulation on
the ward



Post-discharge
deaths may be
increasing



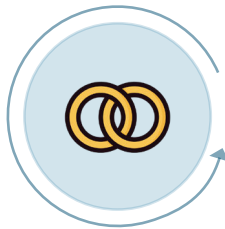
Highest risk after
discharge is now on
days 4 and 6

A renewed focus is needed on ward safety; early follow-up should anticipate any imminent deterioration

Suicide under crisis care settings

224

deaths per
year



More were **older**
and **married**. 44%
lived alone



Depression,
recent self-harm
and **adverse life**
events were
common

Services to review suitability of crisis care for patients who live alone, have recent onset depression, and self-harm

Suicide by patients aged 75 and over

94

deaths per
year



A fifth had recently
self-harmed;
12% had a recent
bereavement



Over half also had
a **physical illness**.
**Depression and
dementia** most
common diagnoses

Services should recognise the impact of physical illness, social isolation and recent self-harm as potential warning signs

Suicide and anxiety disorders

122

deaths per
year



Increase in all age
groups; comorbid
depression
common



The majority
were receiving
antidepressants;
only a quarter
receiving **talking
therapies**

Anxiety is a serious disorder that may be associated with suicide; it is important that talking therapies are available

Suicide and recent migrants

76

deaths per
year



Increase in the
number since
2017. **Depression**
is common



Many discharged
to **socioeconomic
adversity** and poor
social support

A multi-agency care strategy is needed when discharge planning

NPDA

National Paediatric
Diabetes Audit

✧ RCPCH Audits

National Paediatric Diabetes Audit (NPDA) Report on Care and Outcomes 2024/25

Published March 2026



Summary report on 2024/25 data – Results at a Glance

The National Paediatric Diabetes Audit measures care outcomes for children and young people with diabetes in England, Wales, and Jersey. It drives quality of care by highlighting areas in need of improvement to local health teams and informs policy makers.

This poster summarises the results reported in the 2024/25 national report, and is based on data from April 2024 to March 2025

Care from paediatric diabetes services



35,801

children and young people with diabetes were being managed by paediatric diabetes services in England, Wales, and Jersey.



There has been a

29%

increase in the number of children and young people with diabetes managed by paediatric services in the past decade.



There were

3,392

new diagnoses of **Type 1 diabetes** and

302

new diagnoses of **Type 2 diabetes** being managed in paediatric diabetes clinics.

Care at diagnosis of Type 1 diabetes

89%



received **level three carbohydrate counting education** within a fortnight of diagnosis, compared to 88% in 2023/24

90%



received **screening for thyroid disease** within three months of diagnosis, compared to 92% in 2023/24

87%



received **screening for coeliac disease** within three months of diagnosis, compared to 87% in 2023/24

Completion of recommended health checks[†]



Percentage of young people aged 12 and above who **received all six 'key' health checks**:

Type 1 Diabetes

72% (66% in 2023/24)

Type 2 Diabetes

40% (37% in 2023/24)

[†] Please see the full report for details of the outcomes of these health checks.

Average HbA1c



There was an **improvement** (reduction) in national average HbA1c for children and young people with Type 1 diabetes:

Type 1 Diabetes

58.0 mmol/mol (60.0 mmol/mol in 2023/24)

The median HbA1c at PDU level ranged from 51.9 mmol/mol to 72.0 mmol/mol.

Type 2 Diabetes

49.0 mmol/mol (50.0 mmol/mol in 2023/24)

These reductions continue the trend for annual improvements (reductions) in HbA1c, meaning fewer children are at risk of developing diabetes-related complications. However, the mean HbA1c is higher amongst black children and young people, and those living in deprived areas.

Use of diabetes-related technologies (Type 1 diabetes)



69%

were using an **insulin pump**, compared to 55% in 2023/24.



62%

were using a **hybrid closed loop system**, compared to 36% in 2023/24.



93%

were using a **real time continuous glucose monitor (rtCGM)**; either combined with insulin injections or a pump, compared to 79% in 2023/24.



4%

were using a **flash glucose monitor** or a modified flash monitor, compared to 15% in 2023/24.



Lower HbA1c was associated with use of a rtCGM or hybrid closed loop. Technology usage is less prevalent amongst ethnic minority groups and those living in deprived areas.

NPDA

National Paediatric Diabetes Audit

Further information and resources

NPDA national reports and recommendations:

The NPDA State of the Nation report for 2024-25, which includes key messages and recommendations based on the data submitted this year, is available at: www.rcpch.ac.uk/resources/npda-annual-reports

Service and region level reporting:

Paediatric diabetes teams can access detailed PDF reports and posters to show their results for this year at: www.rcpch.ac.uk/resources/npda-annual-reports

The NPDA provides quarterly updates on key metrics at PDU, regional network, NHSE region, local health board, ICB and country level.

www.rcpch.ac.uk/resources/NPDA-dashboard

How we use information:



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



NMPPA

National Maternity & Perinatal Audit

Multiple Births Outcomes of Maternity Care

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

Published March 2026



Results at a glance

The National Maternity and Perinatal Audit (NMPA) use 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 women and birthing people who gave birth to twins, triplets or quadruplets (quads) in 2023. Outcomes for the mother are presented per woman/birthing person and outcomes for the babies are presented per baby.

For a number of the measures, we have adjusted the gestational age inclusion criteria from our singletons measures definitions to report results for multiple births from 32+0 weeks. A full description of the measures including results for each country can be found in the [Summary Results Tables](#).

GREAT BRITAIN

This report includes results for 8 301 women and birthing people who gave birth to twin, triplet or quadruplet babies. Of these, 98.6% were twin births and 1.4% were triplet or quadruplet births.

For a few births, the number of baby records did not match with the number of babies born in the mother record.

Included in the 2023 NMPA Results



ENGLAND

7 299 women and birthing people gave birth to 14 572 babies



SCOTLAND

645 women and birthing people gave birth to 1 302 babies



WALES

357 women and birthing people gave birth to 723 babies

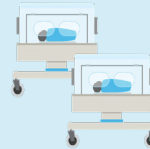


Late Booking

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

All multiples 26.8%

Singleton rate 26.7%



Preterm birth

Women and birthing people whose babies were born preterm between 24⁺⁰ and 36⁺⁶ weeks.

All multiples 64.4%

Singleton rate 6.34%

| | 24 ⁺⁰ –31 ⁺⁶ weeks | 32 ⁺⁰ –33 ⁺⁶ weeks | 34 ⁺⁰ –36 ⁺⁶ weeks |
|----------------|--|--|--|
| Twins | 8.88% | 8.74% | 46.2% |
| Triplets/Quads | 34.1% | 39.9% | 25.5% |



Birthweight discordance

Twin baby pairs with a difference of 25% or more between birthweights and who were born at/after 36 weeks of gestation.

Twins 46.5%

Labour onset and Mode of birth



Vaginal birth without the use of instruments

Twins 13.3%

Singleton rate 49.4%



Vaginal birth with the use of instruments

Twins 4.55%

Singleton rate 11.1%



Unplanned caesarean birth

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

Twins 36.5%

Triplets/Quads 50.6%

Singleton rate 23.1%



Planned caesarean birth

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

Twins 42.9%

Triplets/Quads 48.1%

Singleton rate 16.4%



Induction of labour

Women and birthing people who had an induction of labour.

Twins 15.8%

Singleton rate 33.9%



Sequential Vaginal and Caesarean birth

Women and birthing people who gave birth to baby 1 vaginally, who then gave birth to baby 2 by caesarean.

Twins 12.0%



Vaginal Birth After Caesarean

Women and birthing people who gave birth to one or more of their babies vaginally, after having had a caesarean birth in their first pregnancy.

Twins 4.65%

Singleton rate 14.2%

Results at a glance

Perineal tears

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

Twins 1.04%

Singleton rate 3.29%



PPH ≥ 1500 ml

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

Twins 11.6%

Triplets/Quads 33.3%

Singleton rate 3.41%



Unplanned maternal readmission

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

Twins 5.20%

Singleton rate 3.08%



Episiotomy

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

Twins 21.3%

Singleton rate 24.4%



Episiotomy in sequential birth

Women and birthing people who gave birth vaginally to baby 1 and had an episiotomy, who then gave birth to baby 2 by caesarean.

Twins 15.7%



Measures of care for the newborn babies

Apgar score at 5 minutes

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

Twins 2.98%

Triplets/Quads*

Singleton rate 1.45%



* Poor data quality means the rate of having a 5-minute Apgar score of less than 7 is not available for triplets/quads.

Breast milk

Babies who received any breast milk at first feed.

Twins 58.5%

Triplets/Quads 50.0%

Singleton rate 71.7%



Skin-to-skin contact

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

Twins 42.4%

Triplets/Quads 20.0%

Singleton rate 73.4%



Find out more at:

www.maternityaudit.org.uk

Or scan the QR code to visit the website.



SCAN ME

