

National Non-Hodgkin Lymphoma Audit

Quality Improvement Intervention

British Society of Haematology webinar – 9th Oct 2025



NNHLA

National Non-Hodgkin
Lymphoma Audit

@NNHLA_natcan

Outline

- **Welcome & Objectives for the session** (2 mins) Cathy Burton
- **About the Audit** (5 mins) Kate Walker
- **Focus on Quality Improvement: Data Quality** (10 mins) Kate Walker
- **Case Example: Well-Performing Hospital** (5 mins) Vikki Hart
- **NDRS Quality Improvement Plans** (10 mins) Simon Cairnes, NDRS
- **Audit Team Summary & Next Steps** (5 mins) Kate Walker
- **Q&A and Closing Remarks** (10 mins) David Cutter and Cathy Burton

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Welcome and objectives for the session

Welcome to everyone in attendance today.

We wish to begin by expressing our sincere gratitude to the British Society Haematology (BSH) for their support of the audit and for kindly hosting today's webinar.



Objectives of the webinar:

- To increase awareness of the work of the National Non-Hodgkin Lymphoma Audit (NNHLA); by sharing details of
 - performance indicators
 - audit outputs
 - data dashboards as key resource for trusts.
- To provide details of our audit Quality Improvement (QI) intervention plans

House keeping

To help us ensure the webinar runs smoothly, we respectfully ask your agreement with the following house keeping rules:

- Speakers to please mute your microphones when not speaking
- Attendees should feel free to use the 'Q&A' function and we will endeavour to respond to these between each part of the session and at the end of the presentations. Attendees are also invited to email us any questions via our email (NHLaudit@rcseng.ac.uk)
- CPD certificates will be issued to all attendees after the event.

Please note the webinar is being recorded.

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About the Audit

- Who we are
- Our aims
- Performance indicators
- Our outputs

NNHLA in NATCAN



One of 10 national cancer audits in
the National Cancer Audit Collaborating Centre (NATCAN)

Funded by NHS England and Welsh Government initially for 3+2 years



NATCAN

New national centre of
excellence in October 2022

In the Clinical Effectiveness
Unit (CEU)

Clinical methodological
partnership



www.NATCAN.org.uk

NHLaudit@rcseng.ac.uk



[@NNHLA_NATCAN](https://twitter.com/NNHLA_NATCAN)

Our team

NNHLA Team



Cathy Burton (BSH)
Clinical Lead (Haematology)



David Cutter (RCR)
Clinical Lead (Oncology)



Kate Walker
Senior Methodologist



Lu Han
Methodologist



Kit Ying Yuen
Data Scientist



Vikki Hart
Senior Project Manager



Ruhi Kanani
Clinical Fellow



Faine Chan
Project Coordinator



Partners: BSH and RCR

Clinical Reference Group Chair Ropinder Gill

Charity Partners:
Lymphoma Action and Blood Cancer UK

Patient and Public Involvement Forum
Chair Frank Burroughs

Our aims



1. Provide **regular, timely** evidence to cancer services of **variations in NHL care** in England & Wales
2. Identify **reasons for the variation** in NHL care and help guide **quality improvement** initiatives
3. **Stimulate improvements** in NHL detection, access to treatment and outcomes

Performance indicators

Reported since 2024

- Seen by a clinical nurse specialist (CNS)
- Discussed at MDT within 4 weeks of diagnosis
- High grade NHL patients starting chemotherapy within 62 days of referral
- High grade NHL patients starting radiotherapy in 8 weeks of end of chemotherapy
- Receipt of radiotherapy, reported by sub-type
- 2-year survival of high-grade NHL patients

New for 2025

- Proportion consented for a clinical trial, reported by sub-type
- First-line chemotherapy treatment regimes for high-grade NHL
- **Contextual measure:** Proportion presenting in an emergency

Our Outputs (1)

State of the Nation Report

- **Second annual State of the Nation Report – published September 2025**
- Reports on performance indicators with 5 recommendations

Reporting period and data sources

- England

- Jan 2022 – Dec 2022
- Cancer registration Gold

- Wales

- Jan 2023 – Dec 2023
- National cancer registration

Access it here!



Our Outputs (2)

Quarterly Data Dashboards

To drive and monitor local Quality Improvement



NATCAN

National Cancer Audit
Collaborating Centre

Audits ▼

Data dashboards

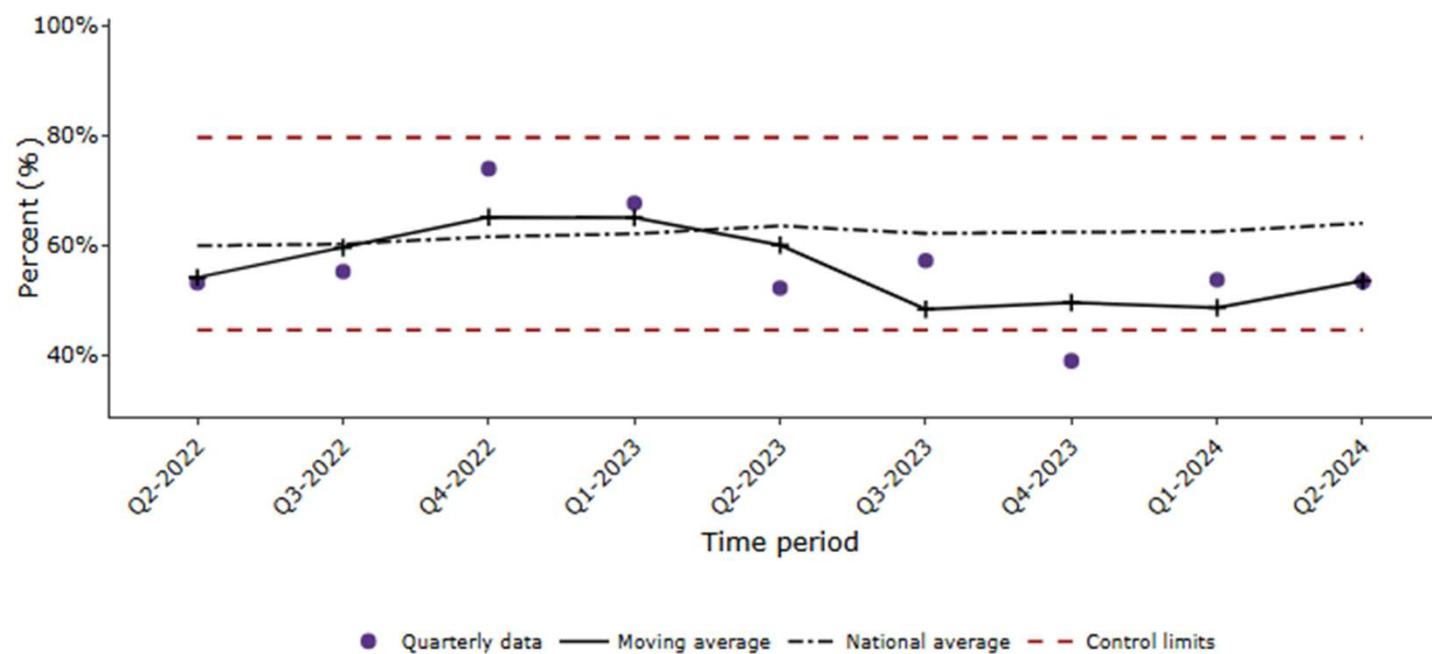
Reports

Quarterly Dashboards

Performance Indicators over time

National Non-Hodgkin Lymphoma Audit - Quarterly Report (1st April 2022 to 30th June 2024)

People who started SACT within 62 days of referral (high-grade) at West Yorkshire and Harrogate Cancer Alliance

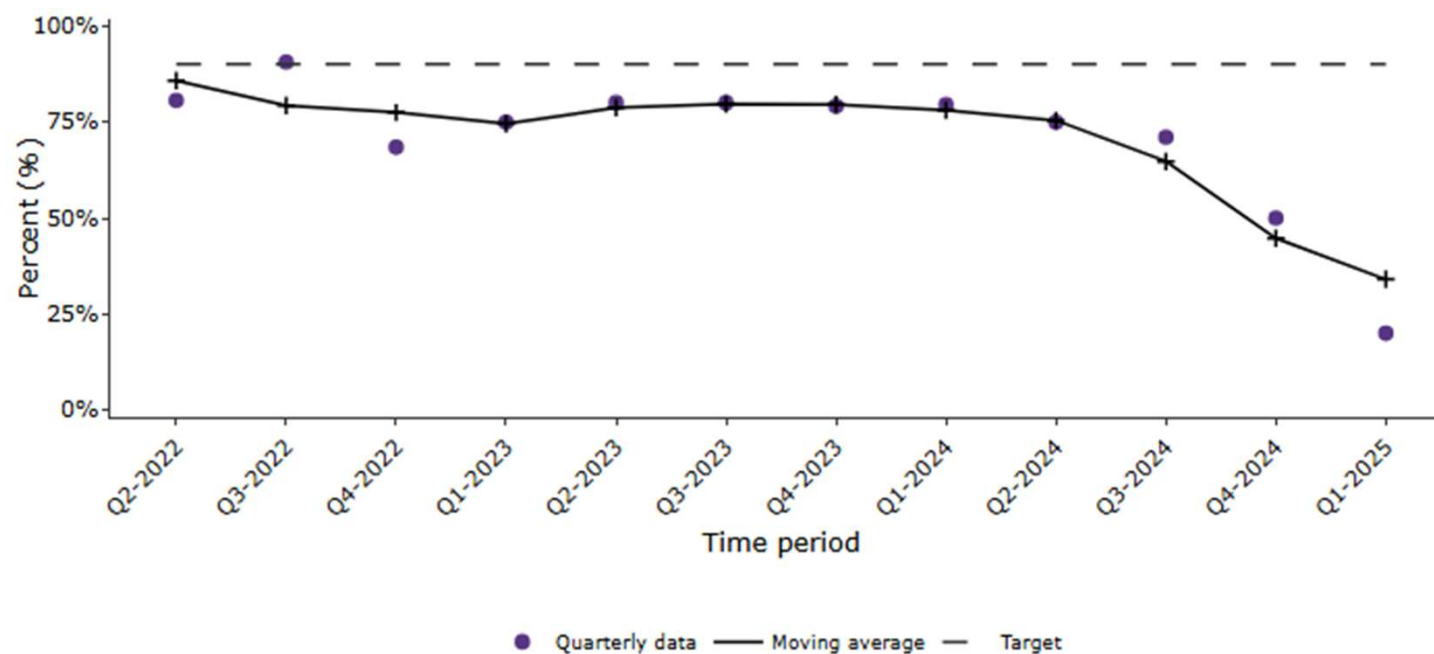


Quarterly Dashboards

Data completeness over time

National Non-Hodgkin Lymphoma Audit - Quarterly Report (1st April 2022 to 31st March 2025)

Data completeness for Ann Arbor staging at Leeds Teaching Hospitals NHS Trust

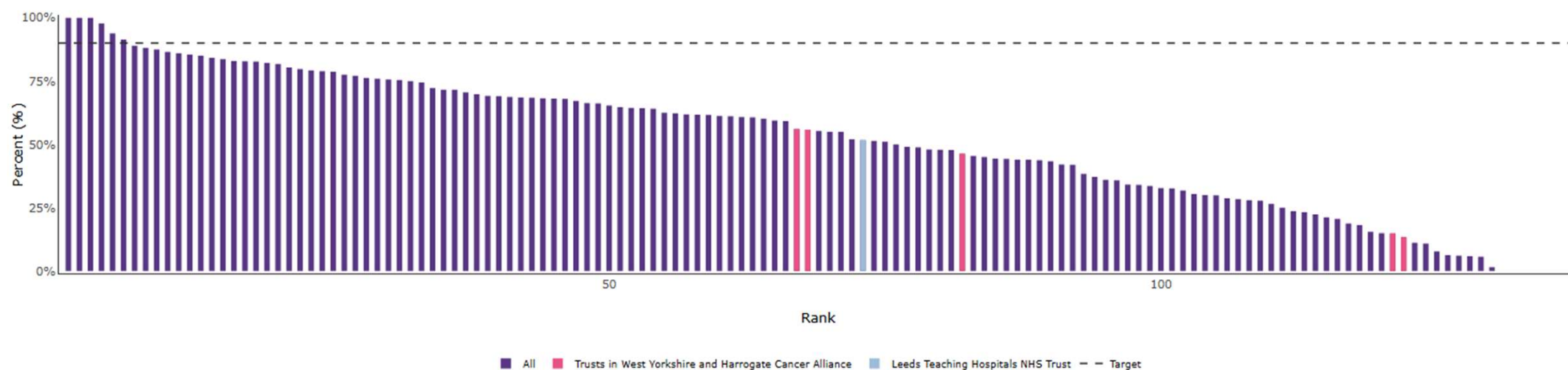


Quarterly Dashboards

Data completeness compared to peers

National Non-Hodgkin Lymphoma Audit - Quarterly Report (1st April 2024 to 31st March 2025)

Data completeness for Ann Arbor staging



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Focus on QI: Data Quality

- Each audit in NATCAN is launching a QI intervention
 - working with providers to move from measurement to improvement
- NNHLA intervention is on data completeness
- High-quality, complete data is essential to identify where care pathways need improvement

Focus on QI: Data Quality

Objectives and remit for NNHLA QI intervention is to:

- Improve completeness of data submissions from NHS trusts in England
- Enable equitable benchmarking across providers
- Enhance the accuracy of audit reporting

Focus on QI: Data Quality

Patient perspective

“It is vital that people’s care and experiences are fully understood and measured fairly. Without complete data, important issues may remain hidden, leading to missed opportunities for better treatment and support.”

(NNHLA PPI Chair, Frank Burroughs)



Focus on QI: Data Quality

Together with key stakeholders NNHLA has agreed to focus on **improving** the quality of data submissions for :

1. **Staging (Ann Arbor)**
2. **Staging (Binet)**
3. **International Prognostic Index (IPI)**

Focus on QI: Data Quality

NNHLA QI intervention

In partnership with NDRS:

- Bespoke feedback to Trusts with <50% completeness on **Ann Arbor staging**
 1. Individual results compared to peers
 2. Link to NNHLA dashboards
 3. Supplementary materials to facilitate local QI initiatives
 4. Link to local NDRS Data Liaison Manager
- Re-evaluate engagement and Trust performance at 6 months and one year.

Focus on QI: Data Quality

Bespoke feedback

- Comparisons to cancer alliance, national
- Target of 80-85% completeness
- Trend over time

Sample NHS

Dear

What the National Non-Hodgkin Lymphoma Audit is
and the focus of our quality improvement initiative

The data items we are looking to improve

Why it is important

Who is responsible

A short note from our clinical leads and PPI forum

Data item	Trust value	Cancer Alliance	National average	Target	Trend
Staging (Ann Arbor)	52% ↓	65%	70%	85%	Decreasing
Staging (Binet)	66%	70%	75%	85%	Stable
International Prognostic Indices	79% ↑	82%	83%	85%	Increasing
Performance status	80% ↑	85%	84%	85%	Increasing
Clinical CNS contact	63% ↓	75%	78%	78%	Increasing
MDT record keeping	57% ↑	73%	78%	85%	Increasing

Focus on QI: Data Quality

To find out more information about our QI Intervention, visit our **NNHLA Quality Improvement webpages**:

NNHLA Quality Improvement

[NNHLA Quality Improvement Intervention](#) ▶

[NNHLA Quality Improvement Plan 2025](#) ▶

[NNHLA Metrics 2025](#) ▶

The Quality Improvement Plan describes the approach taken across the NATCAN cancer audits to develop improvement goals and performance indicators, ensuring these are measurable, actionable and improvable.

The NNHLA Quality Improvement goals, developed following a thorough [scoping exercise](#) in 2023 and in consultation with stakeholders in the [Clinical Reference Group \(CRG\)](#), are as follows:



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Case Example: Well-Performing Hospital

Homerton University Hospital, London, were identified by the team as a Hospital completing the required staging data fields effectively.

We sought feedback from their Haematology MDT Coordinator & Cancer Performance Manager, to identify areas for potential shared learning with other Hospitals.



Homerton Healthcare
NHS Foundation Trust



Case Example: Well Performing Hospital

Local QI initiatives and approaches taken

It was identified that the MDT Co-ordinator plays a key role in ensuring the completion of staging data. Their internal data quality processes include the following:

- 'Teams' reminders to notify the need to start completing missing data
- seeking updates from consultants for information on staging
- sharing a list of diagnosed patients where staging information is needed, so that this can be completed and is ready by the due date.

Strategies used to improve data quality

The Cancer Manager undertakes quality checks of data:

- escalating where further input is required
- identifying and sharing specific details around any fields what are missing data
- undertaking a final check through of all data field completed; before submitting the data locally.

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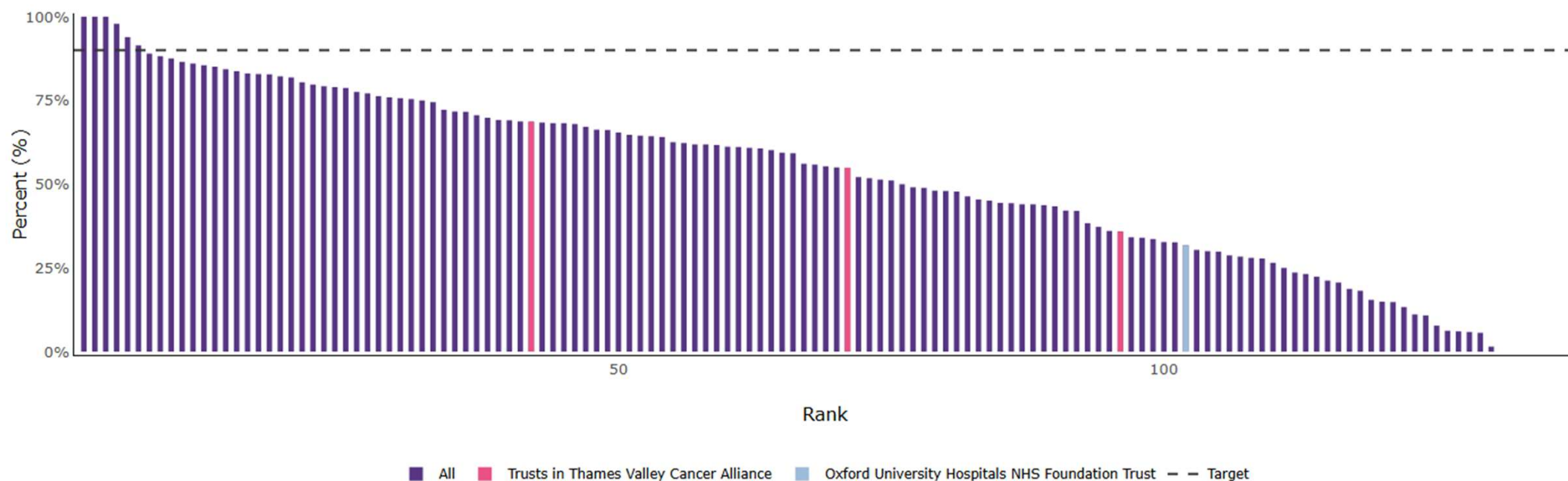
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Audit Team Summary & Next Steps

National Non-Hodgkin Lymphoma Audit - Quarterly Report (1st April 2024 to 31st March 2025)

Data completeness for Ann Arbor staging



Audit Team Summary & Next Steps

- In coming weeks
 - Bespoke feedback and form requesting support from NDRS
 - Focus on lowest performing trusts
- ALL trusts encouraged to improve data completeness
 - not least for accurate outlier reporting
- NATCAN.org.uk for links to
 - NNHLA data dashboards
 - Key COSD items
 - QI resources
- NHLaudit@rcseng.ac.uk
- Evaluation: ongoing with quarterly dashboards and in late 2026/ early 2027

Audit Team Summary & Next Steps



NNHLA, Clinical Effectiveness Unit
Royal College of Surgeons of England
38-43 Lincoln's Inn Fields
London WC2A 3PE
E: NHLAudit@rcseng.ac.uk
T: 020 7304 4787
X: NNHLA_NATCAN



Bowel Kidney Lung Metastatic Breast **Non-Hodgkin Lymphoma**

Key COSD data items for collection 2024/2025

Demographics	England – COSD V9/10
NHS NUMBER (for linkage of datasets)	CR0010 NHS NUMBER
AGE	CR0100 PERSON BIRTH DATE
DEPRIVATION	CR0080 POSTCODE OF USUAL ADDRESS (AT DIAGNOSIS)
GENDER	CR3170 PERSON STATED GENDER CODE
ETHNICITY	CR0150 ETHNIC CATEGORY
Patient fitness	
PERFORMANCE STATUS	CR0510 PERFORMANCE STATUS (ADULTS)
Process	
REFERRAL SOURCE	CR1600 SOURCE OF REFERRAL FOR OUT-PATIENTS
PROVIDER CODE	CR0030 ORGANISATION CODE (CODE OF PROVIDER)
PROVIDER FIRST SEEN	CR1410 ORGANISATION SITE IDENTIFIER (PROVIDER FIRST SEEN)
IMAGING	CR0330 CANCER IMAGING MODALITY
ANATOMICAL SITE	CR0340 IMAGING ANATOMICAL SITE
BASIS OF DIAGNOSIS	CR0390 BASIS OF DIAGNOSIS (CANCER)
ACCESS TO SUPPORT – CLINICAL NURSE SPECIALIST	CR2050 CLINICAL NURSE SPECIALIST INDICATION CODE
DISCUSSED AT MDT	CR0430 MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)
DIAGNOSTIC PROCEDURE DATE	CR7510 DIAGNOSTIC PROCEDURE DATE
PATHOLOGY	England – COSD pathology V4
INVESTIGATION TYPE	pCR0760 PATHOLOGY INVESTIGATION TYPE
SAMPLE RECEIPT DATE	pCR0770 SAMPLE RECEIPT DATE
INVESTIGATION RESULT DATE	pCR0780 INVESTIGATION RESULT DATE
PROVIDER (REPORTING PATHOLOGIST)	pCR0800 ORGANISATION IDENTIFIER (OF REPORTING PATHOLOGIST)

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Q&A and Closing Remarks

- Questions
- Closing remarks

Further information on QI and other work produced by the NNHLA can be seen on our web pages:

www.natcan.org.uk/audits/non-hodgkin-lymphoma/

Follow us on our social media channels:

Blue Sky – [@nnhla-natcan.bsky.social](https://bsky.social/@nnhla-natcan)

LinkedIn – [@National Non-Hodgkin Lymphoma Audit](https://www.linkedin.com/company/national-non-hodgkin-lymphoma-audit)

X - [@NNHLA_NATCAN](https://twitter.com/NNHLA_NATCAN)