National Paediatric Diabetes Audit
Quality Improvement Driver Diagram

Key:  In order to achieve this aim...

We need to ensure...

Which requires...

Ideas to ensure this happens...

- Development of an Information Standard with NHS Digital ensuring that data capture systems and EPR systems at PDUs are built to capture a standard dataset.
- NPDA derived and methodology groups identify necessary and appropriate measures to align to NICE guidance and have data collected on success and methodology enable feedback from parent representatives.
- Clinical leads of each PDU sign off all data and adequately have reviewed them for completeness and data quality reports.
- Generation of a data completeness report and data quality report upon submission of NPDA data to enable detection of errors and omissions.
- NPDA team follows up with units sending significantly fewer data than expected with feedback to ensure of eligible patients are included.
- Development of data capture system to provide list of units who have submitted data at any point within current audit cycle.
- Unit level pdf summaries include web pages showing at a glance year on year progress.
- National reports include year on year comparison of progress towards targets.
- All data from 2014/15 onwards is entered into NPDA Results Online to enable year on year comparison of all PDUs.
- NPDA team adopts National Children and Young People Diabetes Network meetings a year to update audit news and national feedback.
- Workshops with YP/ families with diabetes held in conjunction with Diabetes UK and D2020 data to plan best practice and feedback enabling them for national benchmark comparison, and influence FNO results.
- Rapid representation are in place on the NPDA project board and methodology group.
- The NPDA clinical lead, supported by the NPDA derived and methodology groups are provision of data completeness and data quality reports.
- NPDA team survey PDUs each year and asks for suggested improvements to data structures and audit.
- Reports are produced within a standard schedule to comply with NHS Digital.
- Feedback is sought on data capture system and reports.
- Scoring results are generated on day of submissions to the system helping them to understand, compare, and influence FNO results.
- PDUs are ranked in real time for audit year to upload data and identify performance needing to be followed up to achieve recommended health checks before the end of the audit.
- The RCPCH Diabetes Quality Programme for children and young people measures uploaded and reported data in number of positive progress further to QI project.
- A data deck is produced ensuring the units are familiar with the technical aspects of the system and identified training needs further to QI project.
- Presentations at conference are filmed and added to an archive of videos of successful QI projects. Information is accessible to all staff and the public.
- NPDA teams are considered as part of peer review and units contacted within the RCPCH Diabetes Quality Programme for Children and Young People.
- Successful interventions are shared at the NPDA national conference and are case studies in the national annual report.
- The NPDA outlier management process identifies PDUs with significantly lower health outcome/compliance.
- The RCPCH & Us team to plan parent friendly outputs enabling them to understand, compare, and influence PDU results.
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