



National Paediatric Diabetes Audit

UPCARE: 1.0 Programme name - please do not change this field.*	National Paediatric Diabetes Audit
1.1 Abbreviation	NPDA
1.2 Audit or non-audit	Audit
1.3 HQIP commissioned*	Yes
1.4 Programme unique identifier*	HQIP112
Contract status	Ongoing
HQIP AD	RS
HQIP PM	GC
1.5 Lead organisation*	Royal College of Paediatrics and Child Health
1.6 Programme homepage*	https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/national-paediatric-diabetes-audit
1.7 Programme summary	The NPDA collects information on the care and diabetes outcomes of all children and young people receiving care from paediatric diabetes teams in England and Wales, and reports an annual core dataset. The sole aim is to provide information that leads to an improved quality of care for those children and young people living with diabetes. In addition to our core annual data collection and reporting, we deliver national patient and parent reported experience measures (PREMS), and investigate specific aspects of care and service delivery through spotlight audits.
2.1 Organogram	https://www.rcpch.ac.uk/sites/default/files/2022-10/npda_project_management_and_governance_structure_2022.pdf
2.2 Organisations involved in delivering the programme	Diabetes UK: UK's leading diabetes organisation, provides essential information. https://www.diabetes.org.uk/ DUK have a representative on the Project Board and have previously been subcontracted to deliver patient and parent engagement workshops on behalf of the NPDA. We have also collaborated on a series of 'clinic chats' delivered by the RCPCH &Us team since it was in both of our strategic aims to understand the specific experiences and perceptions of care of children and young people.

The National Children and Young People's Diabetes Network : 10 regional CYP diabetes networks were set up with support from NHS Diabetes in 2010 and were then joined by the Wales CYP Diabetes Network. These networks together form the National CYP Diabetes Network to share good practice and maintain high quality standards.

<http://www.cypdiabetesnetwork.nhs.uk/>. The network has a member on our project board, and the NPDA hosts 50% of the national meetings of the network at RCPCH headquarters. NPDA spotlight audits support specific work streams initiated by the network, and NPDA local and regional results are scrutinised within regional network meetings.

JDRF: JDRF are committed to eradicating type 1 diabetes. JDRF research has led to new developments in diabetes technology and treatment and is laying the foundations for a cure. They support everyone living with type 1 diabetes, by working with policy makers to increase availability of treatments and by providing information and resources to help people manage their condition.

<https://jdrf.org.uk/>

JDRF have a representative on our Project Board.

2.3 Governance arrangements

The NPDA is governed by a Project Board, which meets quarterly. The group is chaired by Paul Dimitri, Vice President for Science and Research at the RCPCH. It includes representation from stakeholder groups and organisations. The board is responsible for overseeing the audit and providing oversight and advice to the programme. The board is the guarantor of the data from the audit and is responsible for signing off the annual report.

The NPDA project team reports to the Project Board and is responsible for delivering the programme. It includes an audit Coordinator (1 WTE), data analyst (1 WTE), project manager (1 WTE). Clinical Lead (2PAs per week) and administrators (0.3 WTE). It is supported by a Senior Audit Analyst working across the three audits delivered by the RCPCH, and a medical statistician providing input on a consultancy basis.

There is a process for reviewing membership to ensure an active Board, quorate meetings and which leads the direction of the programme.

2.4 Stakeholder engagement

Patients and Parents have been involved in the development of Patient/Parent Reported Experience Measures designed to help paediatric diabetes units understand how they might improve their services by:

- Attending focus groups to identify common themes in good or poorer diabetes care
- Being involved in cognitively testing the proposed data items

Other examples of parent /parents engagement are:

- 'Clinic chats' commissioned from the RCPCH &Us team to help us understand a variety of topics including, so far, what children and young people think could have been better about their first year of care following diabetes diagnosis, what goals would they prioritise for diabetes healthcare improvement, and how do CYP with Type 2 diabetes perceive their condition and care.

- Two parents are members of the Project Board providing strategy and governance to the programme, and comments on our parent facing publications.
- Including patient voice in each NPDA annual conference.

Clinicians are involved by:

- Having a clinical lead as a member of the core NPDA team, who co-authors all national reports and provides interpretation of findings
- Being members of our Project Board and Dataset and Methodology groups, ensuring that the audit measures are appropriate and are collected and reported appropriately.
- Sharing case studies of how NPDA results have been used to inform local improvement efforts within national reports and NPDA events and webinars.

2.5 Conflict of interest policy

All members of the Project Board and Dataset and Methodology Group Members are requested to complete the [RCPCH Register of interests form](#).

3.1 Quality improvement goals

The quality improvement objectives of the programme are to:

1. Increase the proportion of children and young people receiving NICE recommended key health checks for diabetes.
2. Increase the proportion of children and young people achieving NICE recommended HbA1c targets indicating optimum blood glucose control.
3. Identify units who are positive and negative outliers on these metrics to support local improvement/sharing of good practice.
4. Encouraging the sharing of good practise through dissemination of case studies and hosting of a national conference.
5. Support parents and patients to use the audit's outputs to ensure they are receiving recommended standards of care.

3.2 Quality improvement driver diagram

https://www.rcpch.ac.uk/sites/default/files/2022-11/npda_driver_diagram_2022.pdf

3.3a Methods for stimulating quality improvement*

Improvement collaboratives; Best practice tariff (BPT); Peer review programme; Workshops; Sharing good practice repository; On-line Quality Improvement guides; Getting It Right First Time (GIRFT)

3.3b Quality improvement supplemental information

The healthcare quality improvement plan is available [here](#).

4a) Please add the most recent date that you have reviewed and updated an online version of UPCARE (Programme section) on your project's website (click into the

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response to see pop-up guidance).

4b) Please add a hyperlink to UPCARE (Programme section) on your website (click into the response to see pop-up guidance).*

<https://www.rcpch.ac.uk/work-we-do/clinical-audits/npda/about#downloadBox>