

# NPDA Healthcare Quality Improvement Strategy

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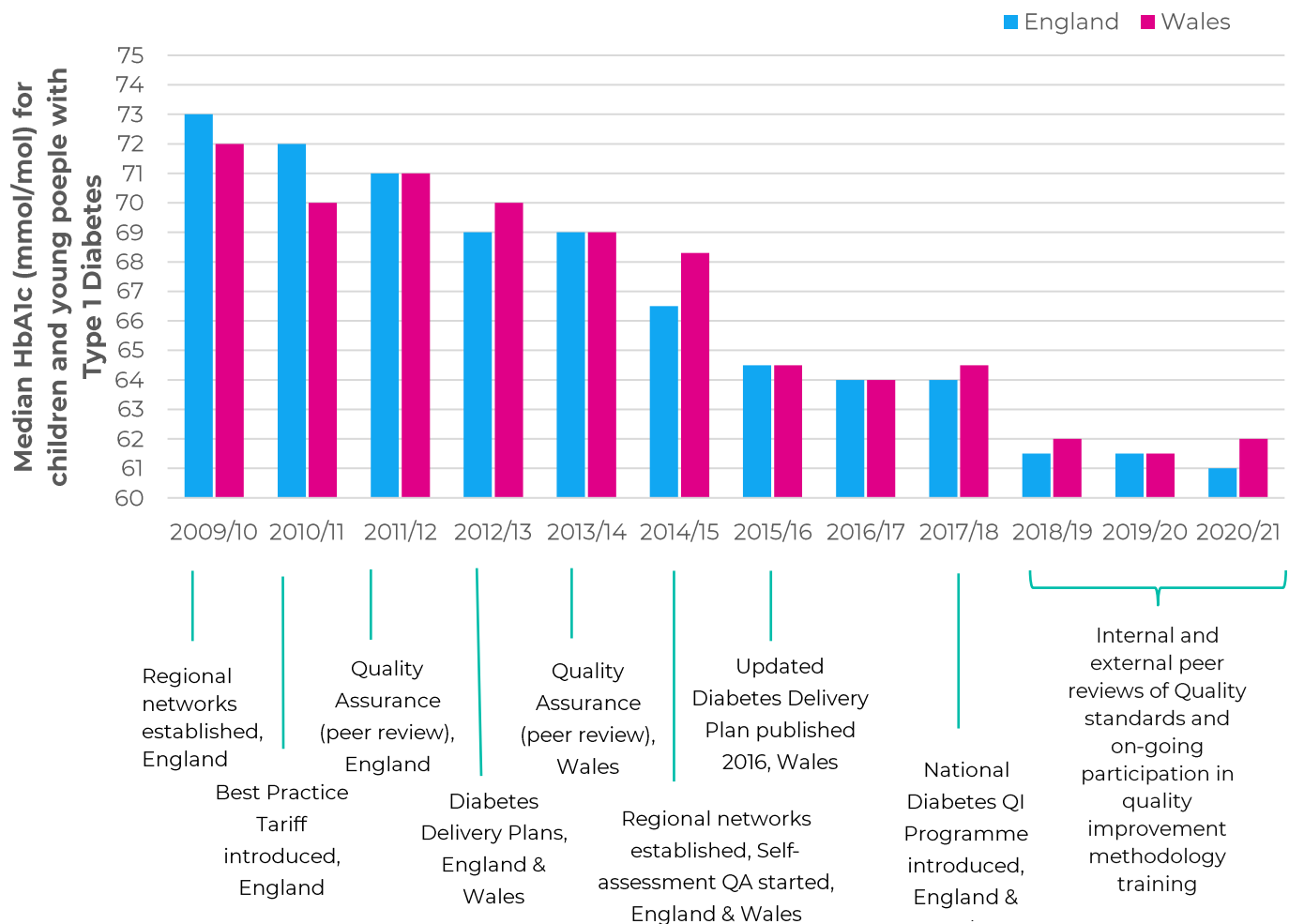
Last Updated: May 2026

## 1. Introduction

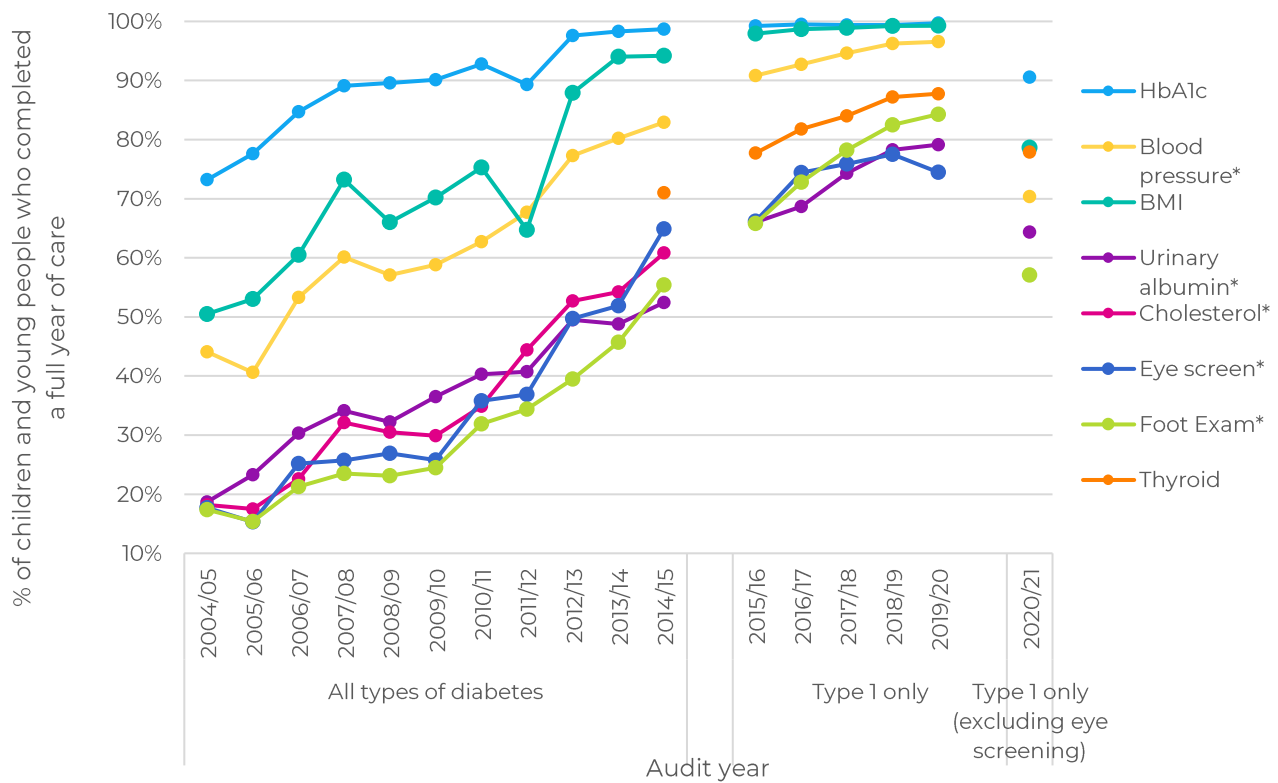
The NPDA has been delivered by the Royal College of Paediatrics and Child Health (RCPCH) since 2011 and has been reporting in total for 18 years. Data is submitted by healthcare professionals in all Paediatric Diabetes Units (PDUs) in England, Jersey and Wales about the care received by the children and young people with diabetes using their service. The effectiveness of diabetes care is measured against NICE guidelines and quality standards and includes HbA1c targets, health checks, patient education, psychological wellbeing, and assessment of diabetes related complications, including acute hospital admissions, all of which are vital to monitoring and improving the long-term health and wellbeing of children and young people with diabetes.

The NPDA aims to stimulate national improvements in diabetes care, outcomes, patient and family experience, and reduce inequalities in outcomes and use of diabetes related technologies.

Since it has been managed by the RCPCH, the audit has achieved 100% participation from paediatric diabetes units. Audit data has facilitated year on year improvements in the provision of recommended health checks recommended by NICE and in the national average HbA1c.

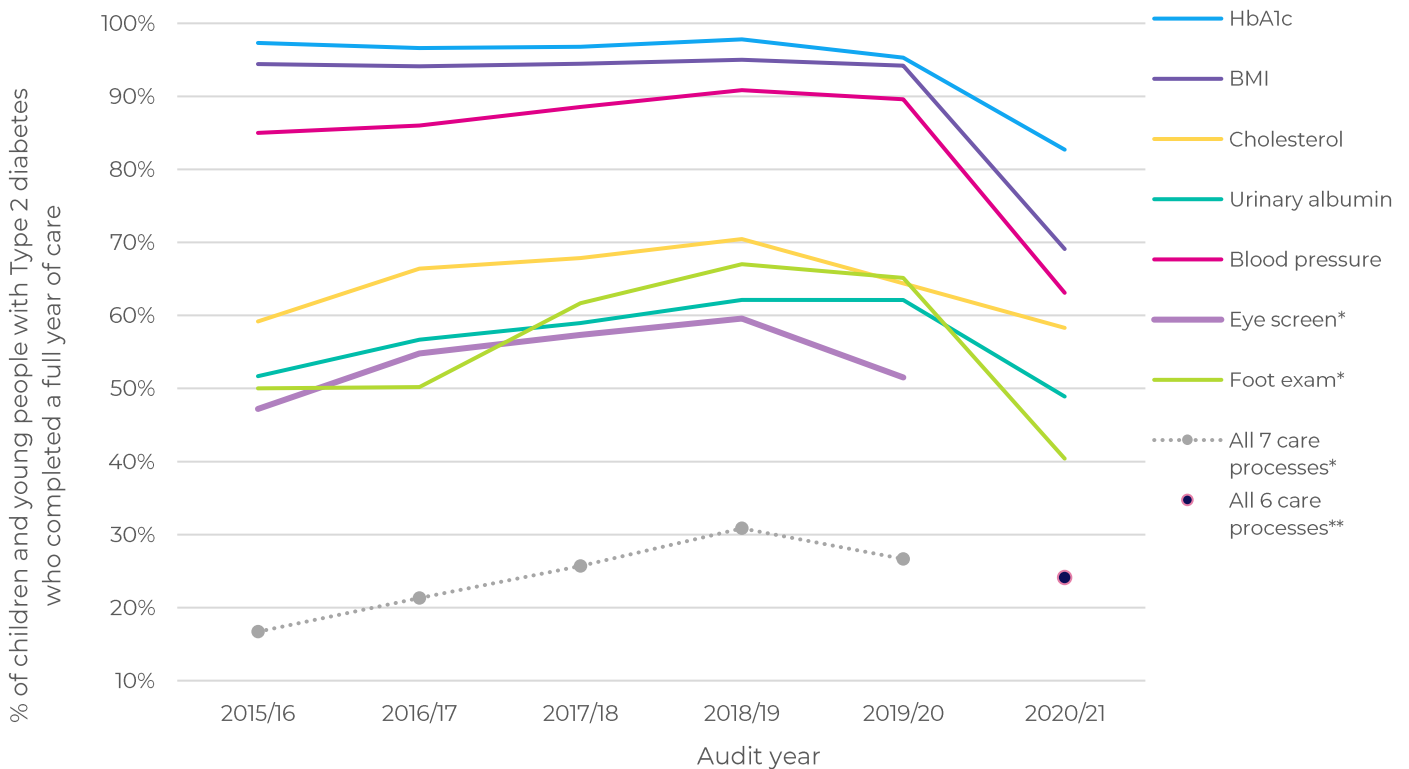


**Figure 1:** Median HbA1c for children and young people with all types of diabetes in England and Wales 2009/10 to 2020/21, with associated NHS policy and/or paediatric diabetes delivery structural changes



\* health checks completed on children and young people aged 12 or older

**Figure 2:** Percentage of all children and young people 2004/05 to 2014/15 and CYP with Type 1 diabetes 2015/16 to 2020/21 who completed a full year of care recorded as receiving individual health checks



\* % refers to young people aged 12 or older with a complete year of care

\*\* Excludes retinal screening for 2020/21 due to change in screening frequency from this year

**Figure 3:** Percentage of children and young people with Type 2 diabetes who completed a full year of care recorded as receiving key health checks, 2015/16 to 2020/21.

## 2. Healthcare quality improvement goals

The NPDA healthcare quality improvement strategy was developed with the NPDA's multidisciplinary dataset and methodology group, which is comprised of clinicians representing the key professions providing paediatric diabetes care and includes parental and patient advocate organisations representation. The healthcare priorities of children and young people (CYP) with diabetes and their parents/carers have been gathered from responses to NPDA Patient and Parent Experience Measure (PREM) reports, and through direct consultation with children and young people during a series of 'clinic chats' commissioned from the RCPCH &Us team.

The following NPDA improvement goals were proposed, which align with the strategic aims described within the National Children and Young People's Diabetes Network (NCYPDN) Delivery Plan 2020-25, the Royal College of Paediatrics and Child Health (RCPCH) strategy 2021-24, the diabetes-focused aims of the NHS England (NHSE) Core20PLUS5 approach to reducing health inequalities for children and young people, the key areas of focus of the NHS England Diabetes Oversight Group, the Welsh Government (WG) Quality statement for diabetes, and the Jersey Quality and Safety Strategy 2021-23.

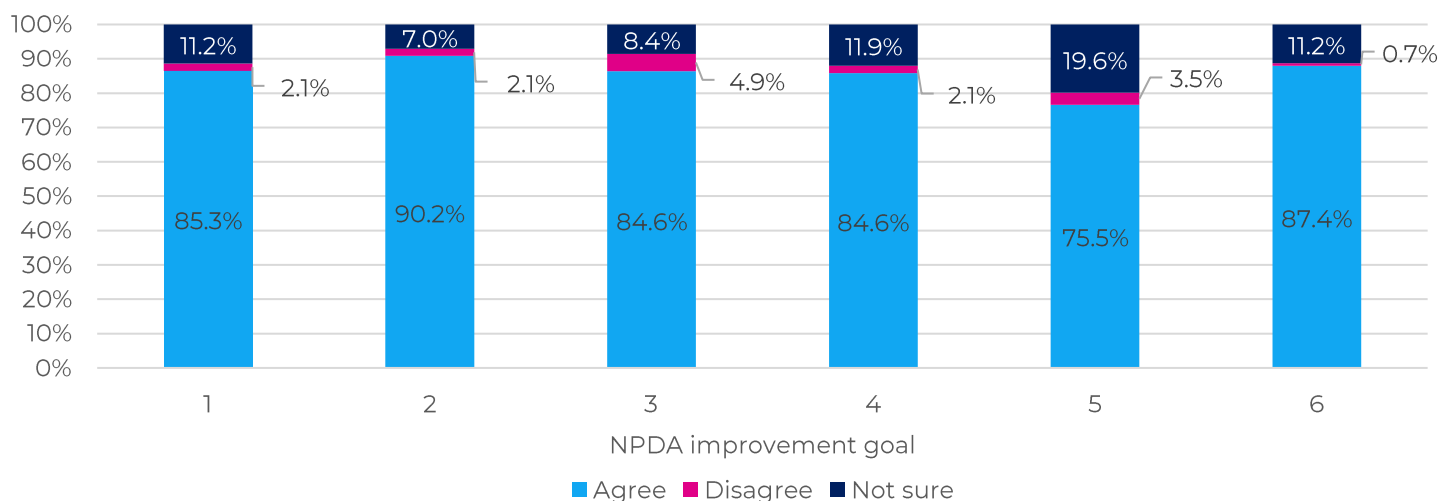
1. To reduce the national median HbA1c by 3 mmol/mol over three years based on a fall of 10mmol/mol over the previous 10 years.
2. The percentage of children and young people receiving all key health checks for Type 1 or Type 2 diabetes to increase by 4% each audit year based on ~40% improvement over the previous 10 years.
3. The percentage of those with Type 1 diabetes living in the most deprived areas/ of Black and Asian ethnicity using an insulin pump to increase 3% each audit year
4. The NPDA to develop a minimal staffing dataset for incorporation into the clinical lead sign off form submitted annually to monitor equity of staffing.
5. The NPDA to host at least two events (online and/or face to face) per audit year where audit findings and best practice are shared.
6. The NPDA to engage young people in the review of audit results and in planning strategies to improve them.

How our healthcare quality improvement goals map to NCYPDN aims:

NPDA improvement goal	Corresponding NYCPDN strategic aim	Corresponding RCPCH strategic aim(s)	Corresponding NHSE and Welsh Government aims and expectations
1	1. Ensure that every child with diabetes has equal access to the same level of diabetes care and education, that allows effective self- management through the delivery of a national standard programme supported by diabetes teams that include psychologists and social workers.		Reducing health inequalities and variation in outcomes for children and young adults with diabetes, including more equitable access to treatment technology (Diabetes oversight group).  Health Boards focus on delivering key care processes for people with diabetes and work towards achieving treatment targets at population level (WG Expectation 15)  Achieve demonstrable improvements in the outcomes of people who use services (Jersey)
2			Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes (Core 20+5)  Health Boards focus on delivering key care processes for people with diabetes and work towards achieving treatment targets at population level (WG Expectation 15)  Diabetic Eye Screening Wales provides accessible appointments at recommended intervals, results are available to relevant clinical

			teams to action, and uptake of screening is equitable (WG Expectation 6)
<b>3</b>	2. All CYP with diabetes have access to clinically appropriate technology.		<p>Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds (Core 20+5)</p> <p>The national leadership team will support equitable adoption of supportive technology (particularly pump technology); supported where appropriate by national procurement arrangements, training packages, and close working with national appraisal bodies (WG Expectation 3)</p> <p>Care will be based upon equity and quality ensuring that care does not vary because of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, or marital partnership status (Jersey)</p>
<b>4</b>	3. Develop nationally defined and enforced paediatric diabetes job descriptions for all roles, exemplar business cases, staffing ratios and educational standards.		Health boards provide appropriately resourced specialist teams and professionally competent generalist care to support people with diabetes to manage their condition in accordance with the nationally agreed pathways, locally adopted (WG Expectation 7).
<b>5</b>		<ol style="list-style-type: none"> <li>1. To harness knowledge, data and intelligence to improve the quality of care for CYP.</li> <li>2. To equip members with the skills and knowledge they need.</li> <li>3. To develop our communities, supporting paediatricians throughout their careers.</li> </ol>	
<b>6</b>	4. Ensure full parent and CYP representation and voice in diabetes services.	4. To speak with confidence and authority on the health issues that matter to children and young people	Increase the involvement of staff, patients/clients, carers and the public in our governance process and in developing safety systems and quality improvement activities (Jersey)

Agreement with these goals were assessed as part from a stakeholder survey undertaken in 2022, which collected the views of staff working in paediatric diabetes teams, regional network managers, policy makers and parents of children and young people with diabetes. Responses indicated widespread support for the proposed goals (Figure 4).



**Figure 4:** Agreement with the proposed healthcare quality improvement goals amongst NPDA stakeholders surveyed in 2022

Children and young people were also asked to rate the suggested goals during a series of ‘clinic chats’ undertaken by the RCPCH &Us team in October 2022 taking place in the waiting areas of paediatric diabetes clinics. The table below shows how the young people spoken to responded when asked which goal was most important to them:

<i>Reduce national average HbA1c over 3 years</i>	<i>Increase numbers of children and young people getting all their diabetes health checks each year</i>	<i>Increase numbers of children and young people from different backgrounds using insulin pumps</i>	<i>Check we have the right staff in every paediatric diabetes team</i>	<i>Provide learning events for paediatric diabetes teams</i>	<i>Have children and young people involved in the work nationally to improve diabetes care</i>
3	6	5	5	0	2

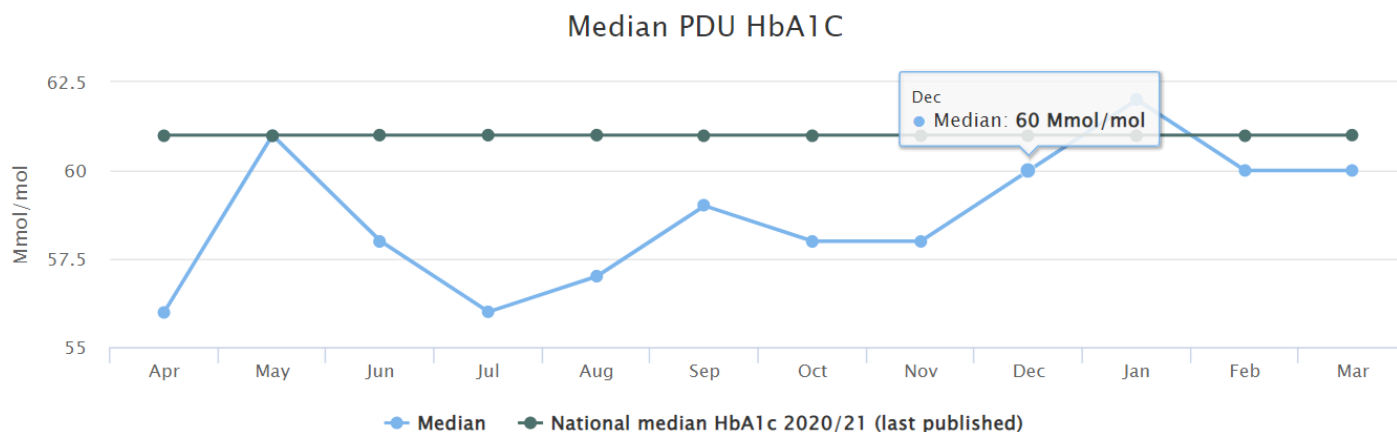
The young people were also asked their ideas for an additional goal. Suggestions provided were disparate, and related mostly to experiences that the young people wanted for themselves rather than specific goals. Themes within the suggestions offered included communication from members of the diabetes team, and opportunities for peer support:

- *Doctors should speak to us directly like at my current hospital*
- *Doctors to ensure all children leave hospital appointments feeling happy by giving them something like a teddy to cheer them up and give them some emotional support so they don't feel sad*
- *How doctors talk to us, make us feel better and assured, explain things in a fun way to let us know there is nothing to worry about*
- *Have a system of older people with diabetes, someone who has been through it because there are so many questions that doctors cannot answer*
- *Groups for new treatments for everyone who is being moved onto new treatment so can support each other*

### 3. Actions in support of NPDA improvement goals

## Goals 1 and 2: Improving HbA1c and increasing the percentage of patients receiving all their health checks

The NPDA data capture system supports services to monitor and improve completion rates of health checks and HbA1c outcomes by providing patient-level and overall summary results each time data is uploaded during the audit year within an automatically generated [data completeness report \(DCR\)](#). Figure 5 is an example of a run chart generated from data entered onto the system by a paediatric diabetes team, which can be used to track outcomes from quality improvement interventions and PDSA cycles.



**Figure 5:** Example excerpt from NPDA data capture system displaying monthly HbA1c average for a PDU within a run chart

Table 1 provides an excerpt from the DCR showing which key health checks have been received by the first three patients within a dummy PDU's submission. This display can be used to identify and follow up patients who are in danger of missing all recommended checks by the end of the audit year:

**Table 1:** Example excerpt from the 'individual values' display for key health check completion rates within the NPDA DCR

NHS	12+	HbA1c	BMI	Thyroid Screen	Blood Pressure	Urinary Albumin	Eye Screen	Foot Exam	Total
7777777777	N	✗	✓	✗	N/A	N/A	N/A	N/A	1/3 ✗
7777779999	N	✗	✗	✗	N/A	N/A	N/A	N/A	0/3 ✗
9500000028	Y	✗	✗	✗	✗	✗	✓	✗	1/7 ✗

The NPDA also supports paediatric diabetes teams to improve HbA1c outcomes and health check completion rates through the dissemination of case studies of successful interventions towards these goals undertaken by PDUs. Dissemination channels include presentations by PDU teams at NPDA annual conferences, case studies within NPDA national reports, and uploads to the RCPCH Diabetes Quality Improvement microsite: <https://diabetes-quality.rcpch.ac.uk/>

## Goal 3: Increasing the percentage of children and young people from deprived areas and of Black and Asian ethnicity using an insulin pump

The percentages of children and young people with Type 1 diabetes within each deprivation quintile and of White/Non-White ethnicity using an insulin pump have been added to NPDA PDU-level reporting, which enables teams to benchmark their usage against other services and allow trusts/health boards and integrated care systems to identify and take action to remedy lower use. The NPDA also commissioned the Association for Young People's Health (AYPH) to conduct a study into barriers to using technology among marginalised groups. The resulting report, "Understanding the experiences of young people with type 1 diabetes from communities that experience marginalisation" was published in November 2023. The report provides diabetes

teams and commissioners with a better understanding of the issues that may prevent wider usage of technologies and to develop strategies to overcome these. Full details of the report findings and recommendations can be viewed here: <https://www.rcpch.ac.uk/news-events/news/report-launches-today-type-1-diabetes-communities-experience-marginalisation>

#### **Goal 4: Minimal staffing dataset development**

Collection of the minimal staffing dataset was piloted within the NPDA 2020/21 audit year clinical lead data sign off form. Almost all (95.9%) of PDUs provided data. Data were shared on the NPDA website, and the link disseminated to all teams participating in the NPDA, and regional network managers. This collection will now happen annually.

#### **Goal 5: NPDA events**

The NPDA delivers an annual conference for a range of stakeholders. On 26 January 2024, NPDA held its first hybrid National Conference, with over 90 in-person attendees and over 300 people joining virtually. Staff from all professional groups working in diabetes care and other stakeholders came together to learn about how NPDA data has been used to improve services and to inform best practice in diabetes management. Presentations from the 2024 conference can be viewed at: <https://www.rcpch.ac.uk/resources/npda-national-conference-2024-presentations>

#### **Goal 6: Patient review of NPDA results and health care improvement strategy**

The NPDA commissioned the RCPCH &Us team to conduct a series of “clinic chats” to assess agreement with the proposed healthcare quality improvement goals set out within this document amongst young people with diabetes. We will build in review of NPDA results and findings to future clinic chats to ensure our reporting and recommendations align with the priorities of children and young people.

## **4. Overarching improvement methods**

### **a. National**

The [National Children and Young People's Diabetes Quality Programme](#) was established by the RCPCH to provide PDUs with the tools and support to manage quality improvement programmes.

The NPDA feeds into this programme by providing unit level reports which are used to inform discussions around service strengths and weaknesses at peer-review, and by providing summary performance statistics upon each upload of data to the data capture system enabling benchmarking within PDSA cycles within the quality improvement collaboratives.

NPDA data also feeds into national quality assurance visits undertaken by the Care Quality Commission (CQC) in England and Health Inspectorate Wales (HIW). Both organisations are informed of negative outlier status of PDUs in their respective countries, and data from key NPDA metrics is supplied to the CQC to enable them to assess unit performance.

Additionally, the NPDA collaborates with the National Diabetes Audit (NDA) to track patient outcomes pre-, post- and during transition to adult diabetes services, highlighting variation in care quality at this vulnerable time and supporting focus on transition practices for QI initiatives.

The NHS England Long Term committed to support clinical networks in improving the quality of care for children with long-term conditions such as diabetes through sharing best clinical practice, supporting the integration of paediatric skills across services and bespoke quality improvement projects. The NPDA supports the National Children and Young People's Diabetes Network, which brings all PDUs in England and Wales together nationally and within regions to share good practice and maintain high quality standards. The NPDA, in collaboration with Diabetes UK, fund the national meetings of this network to ensure their sustainability and

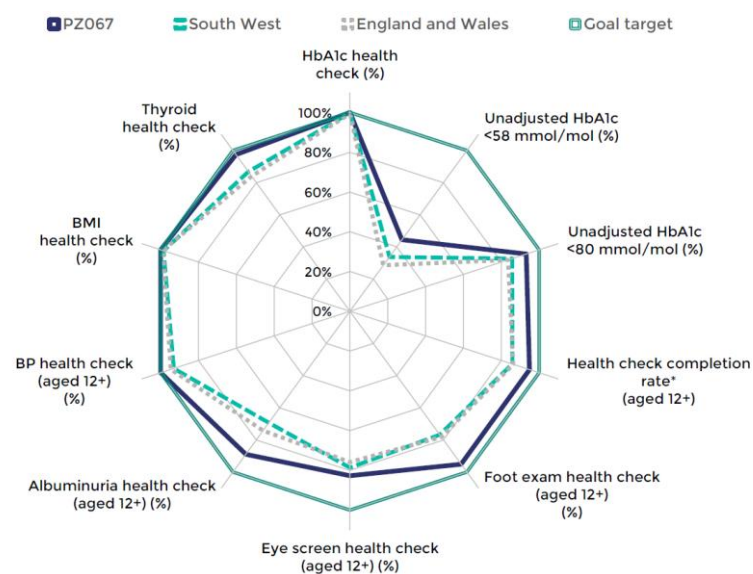
to ensure that the NPDA has a slot on the agenda, enabling the NPDA team to provide updates from the audit and solicit feedback on audit outputs and plans.

### b. Regional

The NPDA produces regional data in addition to PDU, ICS/LHB, regional and national level data. The NPDA team works closely with regional network managers to ensure that audit outputs enable detection of high and poor performance against NPDA audit measures within their region, and hosts regional manager meetings at the RCPCH offices to ensure their sustainability. All regional diabetes networks are expected to collectively share their NPDA results and planned responses annually at these meetings.

### c. Local

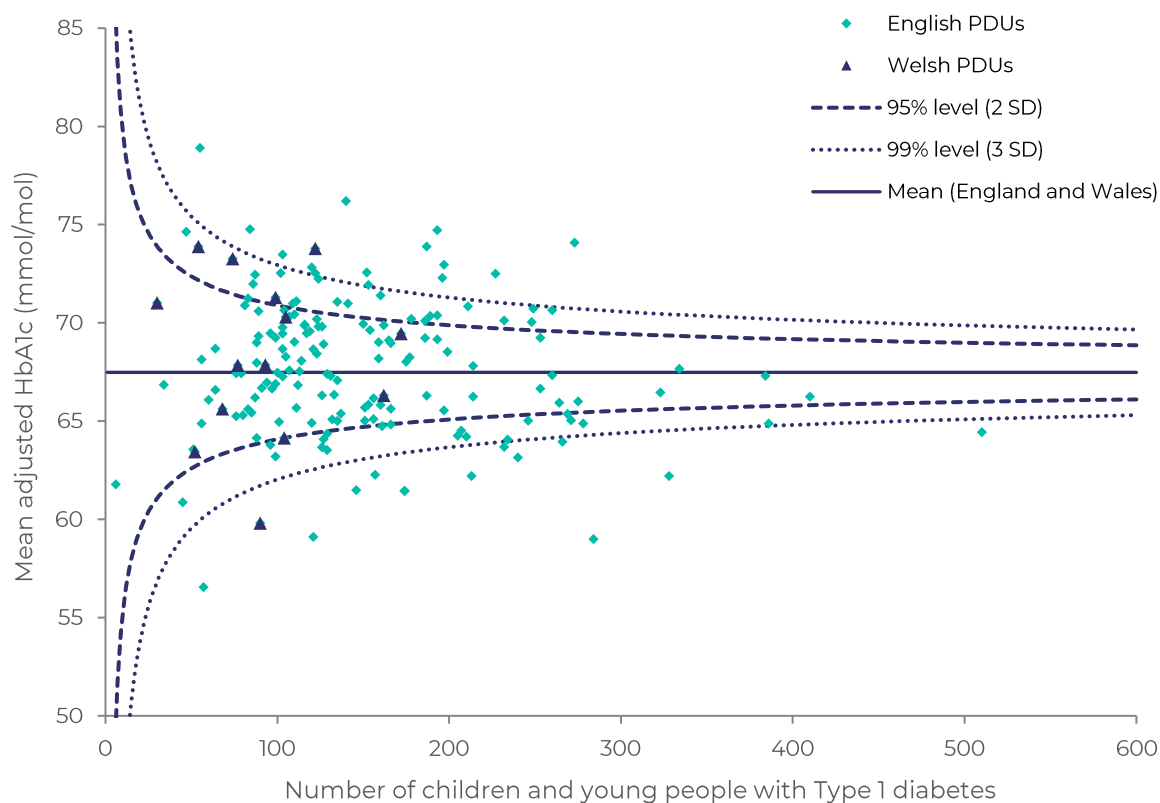
NPDA unit level reports support units to benchmark their own performance against their previous years' results and against regional and national data. Radar plots within PDF summaries sent directly to PDUs give an 'at a glance' view of performance, and highlight where improvement focus could be directed:



**Figure 4:** Example of a radar plot within PDU-level results summary showing unit, regional, national and target results

Case mix adjustment of mean HbA1c at unit levels enables fairer benchmarking of PDU level HbA1c outcomes, and the production of funnel plots for key audit metrics including adjusted mean HbA1c provides an effective visualisation of relative performance.

Funnel plots also enable detection of positive and negative outlier status:

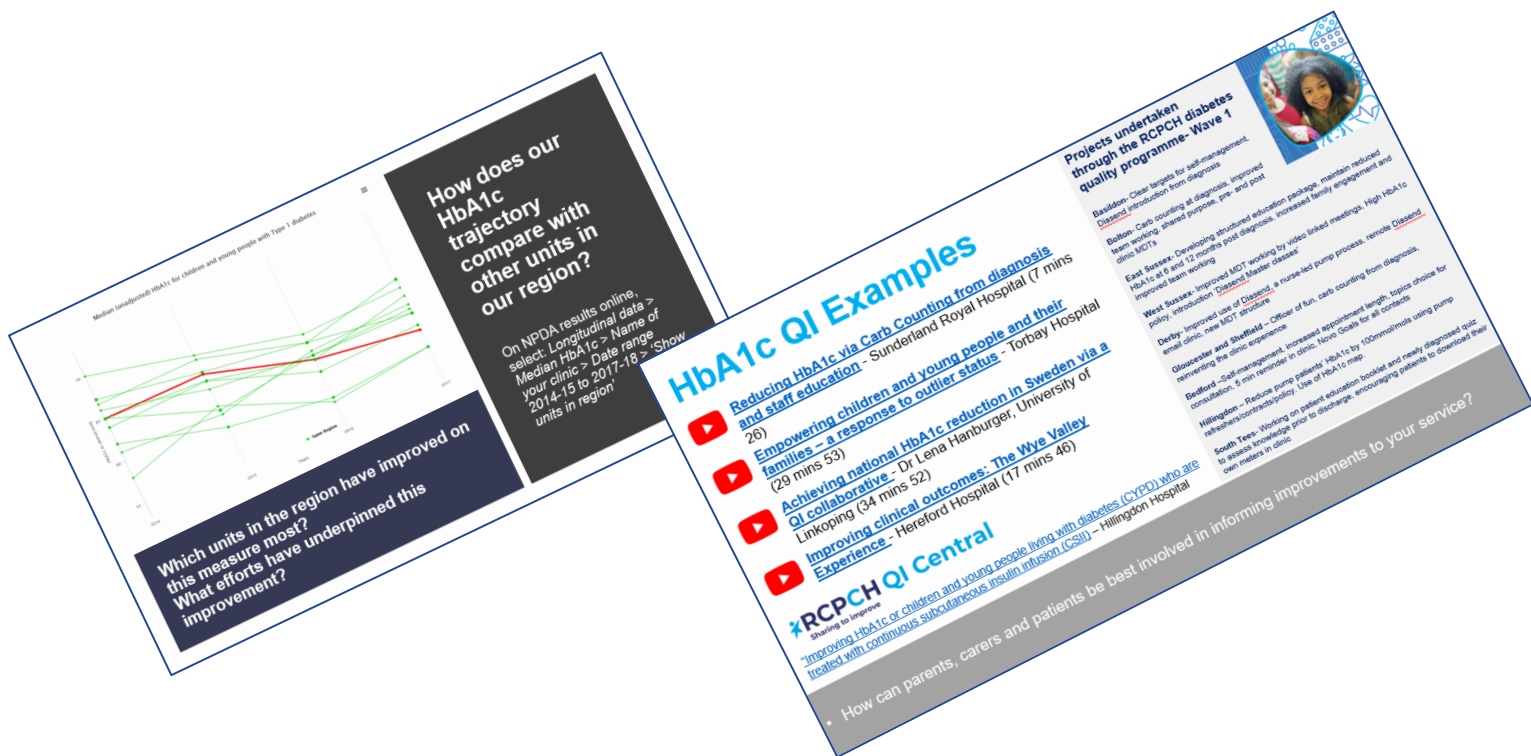


**Figure 5:** Funnel plot within PDU-level results summary showing PDU performance on the case mix-adjusted mean HbA1c metric.

Alerting the clinical leads, Chief Executives and Medical Directors of the negative outlier status of their PDU ensures organisational awareness of challenges to good paediatric diabetes care locally and stimulates improvement activity via the production of an action plan, which must then be submitted to the CQC or Welsh government depending on the location of the PDU.

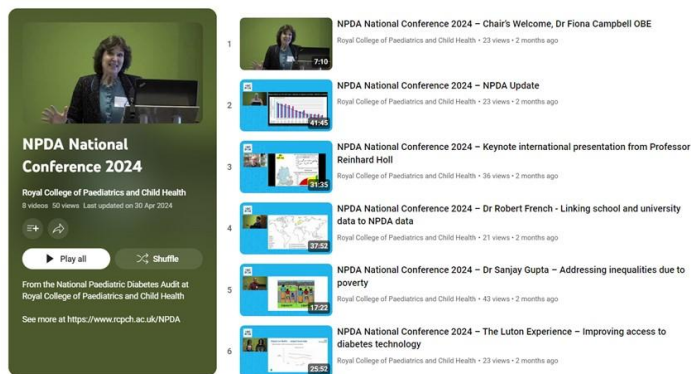
#### 4. Improvement tools

The majority of the PDUs participating in the NPDA also participated in the National Children and Young People's Diabetes Quality Programme (NCYPDQP), which provided teaching and encouragement of the use of improvement tools including run charts, PDSA cycles, and driver diagrams as part of its quality improvement collaborative. In order to avoid duplication, the improvement tools promoted by the NCYPDQP were largely created by the NPDA team and were based around NPDA results. These included a slide deck for PDU staff to use in the context of a team meeting to help them identify necessary improvements, find relevant improvement resources, and collectively plan actions:



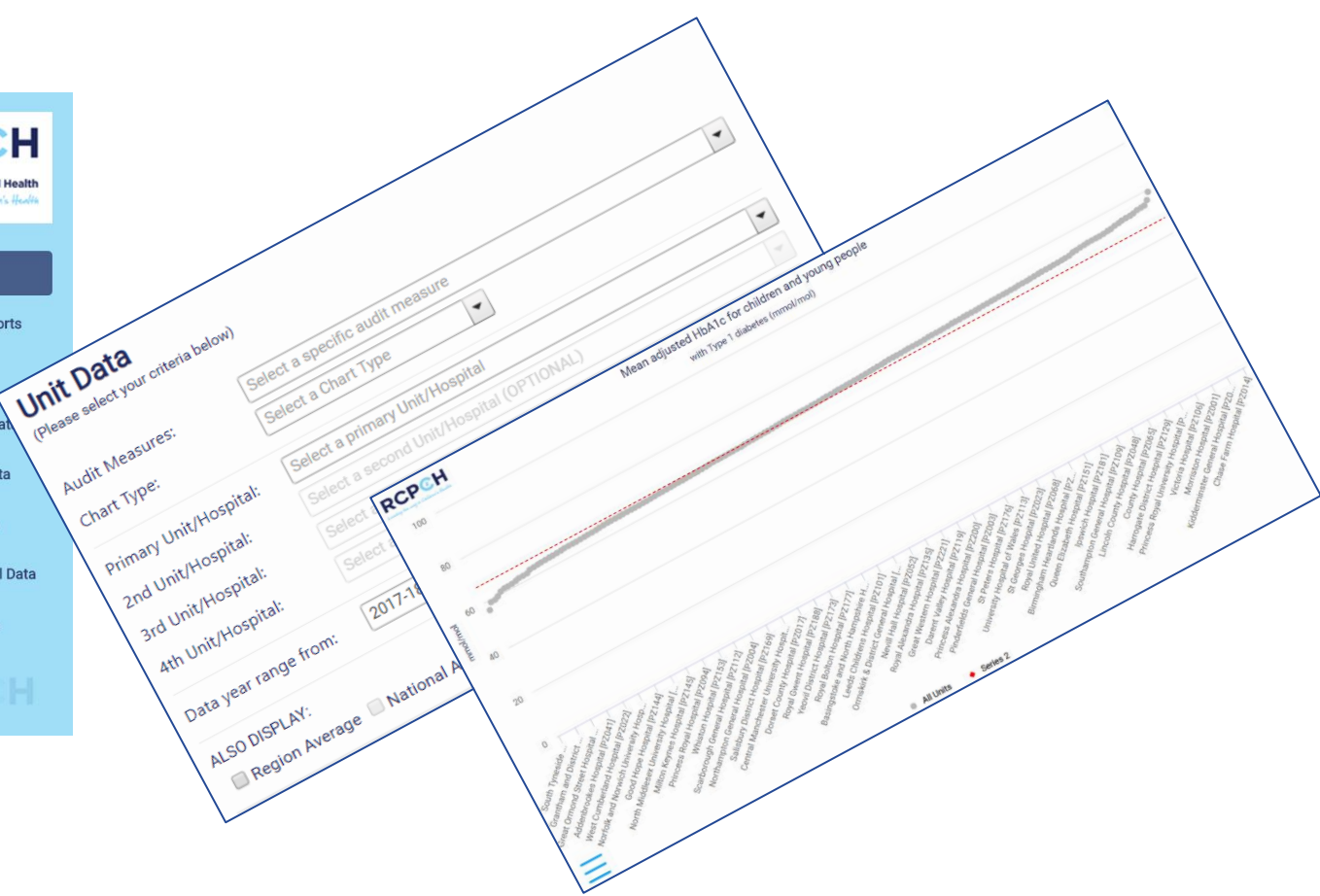
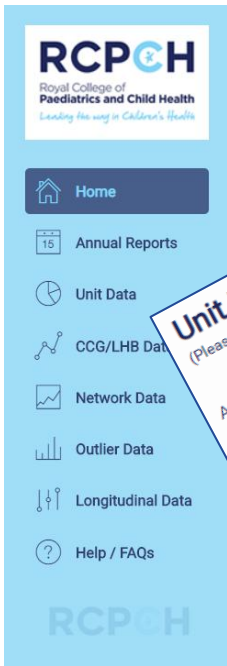
The slide deck presents a selection of QI ideas generated through the national quality programme, and directs staff towards [QI Central](#), the repository for QI projects being developed by RCPCH including a selection from PDUs, and the large [repository of presentations from the latest NPDA annual conference](#).

The annual NPDA conference brings together MDT members of staff working in PDUs across England and Wales to receive updates on the findings of the audit, national QI priorities for improvement revealed by the audit, and to learn about successful practice trialled in other PDUs. The most recent NPDA conference took place in January 2024.



NPDA conference feedback surveys consistently show nearly all attendees leave the conference with at least one idea to trial in their PDU.

The NPDA continues to develop our interactive online reporting tool, [NPDA Results Online](#), which enables comparison of units, regions, and CCGs/LHBs on key audit measures, enabling trend identification and motivating QI through public benchmarking of named PDUs. The platform was updated in 2024 to display the results of the NPDA State of the Nation report on 2022/23 Care processes and outcomes, published in April 2024 and will be updated again in (month) with the results from the 2023/24 report.



In July 2024 the NPDA team launched the NPDA Key Performance Indicator (KPI) Dashboard in the public domain.

The Dashboard includes data on the NPDA key performance indicators for children with Type 1 and Type 2 diabetes in England and Wales, covering the period from 1st April 2023 to 31st March 2024. The Dashboard is updated quarterly, within 10 days after the end of each quarter.

KPI data is available at several layers within the Dashboard, including: PDUs, Health Boards/Integrated Care Services, Regional networks, NHS England Regions, and nationally. All other analyses are performed at the end of the audit year when preparing the annual reports.

**NPDA**  
National Paediatric  
Diabetes Audit

Home

England and Wales

Health checks

HbA1c median

Treatment targets

Health Pump

CLM

Closed loop system

EKA at diagnosis

EKA post diagnosis

EKA per 100 children

### NPDA quarterly reporting dashboard

Welcome to the National Paediatric Diabetes Audit (NPDA)'s quarterly reporting dashboard, presenting results based on data submitted directly by paediatric diabetes units (PDUs) in England and Wales on a number of key audit metrics. Results can be viewed per quarter (with 21 of every year commencing on the 1st April), or cumulatively (based on all data submitted within the audit year up until the end of the reported period).

Current reporting period 01/04/2023-31/03/2024	No. of PDUs submitting data for current reporting period (out of 172) <b>171</b>	Next quarterly update to be published <b>Q1 2024/25: 30 August 2024</b>	Deadline for submission of next quarter <b>Q2 2024/25: 07 October 2024</b>
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**About the dashboard**

Several levels of reporting are available within this dashboard. You can generate results for PDUs, Local Health Boards (LHBs), Integrated Care Boards (ICBs), regional networks, NHS England regions, England and Wales, with comparison against the overall national result for each key metric.

The validated results for each audit year from the wider NPDA dataset collected are available via [NPDA Results Online](#) and detailed PDU level reports from the most recently reported annual audit are available [here](#). Please visit the [NPDA website](#) for further information about the audit and to view and download our national reports.

Please note that the NPDA is exempt from the National Data Opt Out. Privacy information, including your rights to opt out of having your child's data included in the audit is available within our [privacy statement](#).

Use the tabs on the left to navigate between the key performance indicators.

**Please note that the data reported in this dashboard have not been subject to the same validation and cleaning processes that the core NPDA dataset is subjected to as part of the production process for annual reports. Results may therefore be subject to change between dashboard updates and before annual report publications.**

Contact: If you have any queries or questions, please feel free to contact the NPDA team at [npda@rpch.ac.uk](mailto:npda@rpch.ac.uk) or 020 7092 6167

Press the ? button below to view in full screen mode

## 5. Patient and public involvement

The NPDA has conducted four national patient and parent reported experience measures (PREMs) activities. In 2023, the NPDA implemented data collection for its latest parent and patient reported experience measure (PREM), for which the data entry window closed on 23 January 2024. This latest PREM focused on the first year from diagnosis. Results help paediatric diabetes teams to understand what matters to children and young people with diabetes, and their parents/carers, when first learning how to manage diabetes. The resulting

report was published in November 2024. The PREMs give children and young people attending PDUs and their families the opportunity to provide structured feedback on the care they receive and make suggestions for improvements. They also provide quantitative data enabling benchmarking at unit level on key domains of care prioritised by children and young people with diabetes and their families at a workshop held at the beginning of the PREM production process. Unit level results are displayed publicly in clinic posters and within local reports available from the NPDA website.

Historically, the NPDA hosted workshops to elicit the views of children and young people with diabetes and their parents and carers. However, our preferred methodology is now to commission 'clinic chats' facilitated by members of the RCPCH Children and Young People Engagement Team who have a wealth of experience in delivering effective engagement activities.. These involve youth workers travelling to participating paediatric diabetes clinics to chat to willing patients and parents about the topic of interest, which removes many of the barriers to participation in organised workshops experienced by marginalised groups.

Finally, parent representation on our Project Board and Dataset and Methodology groups ensures that parents can influence NPDA Quality Improvement plans and initiatives on an equal footing with MDT diabetes professionals.

## 6. Communications

Regular email updates to participating PDUs and regional network managers enable the NPDA team to communicate QI activities and raise awareness of available QI tools. We also use Twitter to promote the use of our tools, and the use of NPDA data in QI planning.



Bi-annual presentations to the National Children and Young People's Diabetes Network enable us to directly promote use of audit QI tools and audit data, as does our annual conference. Quarterly Board, Dataset and Methodology Meetings and contract review meetings ensure that QI plans are guided and monitored by key stakeholders.

Our main communications for parents are via Twitter or downloadable materials for display in patient waiting areas within PDUs, including lay summary reports in English and Welsh containing information on what high quality care looks like and how to support services to provide it. We have created a clinic poster pdf generator for PDUs to use to display their most recent NPDA core report data to help raise awareness of the audit amongst families with diabetes and to help them understand their clinic's performance.

There are a wide range of resources on the [NPDA website](#) to support PDU staff to get the most out of available audit tools, including a lunch and learn [webinar](#) which, amongst other topics, provides an overview of the work the NPDA does around inequalities in outcomes of paediatric diabetes patients. The NPDA has also created its

own [driver diagram](#) aimed at increasing the percentage of children and young people with optimal diabetes management and receiving all recommended health checks. This has been uploaded to the NPDA website and shared via email to promote the use of driver diagrams and to promote wider understanding of the functions and methodologies of the audit.

## 7. Evaluation

The total impact of the NPDA and other national and local QI initiatives is demonstrated within the annual core NPDA national report, which presents each year's results against those of previous years.

Quarterly Board, Dataset and Methodology Group and contract review meetings with HQIP as the commissioners of the NPDA ensure regular review of progress towards implementation of QI initiatives by the team and our stakeholders and stimulate ideas for new ones.

The annual feedback survey for PDU staff enables benchmarking of user satisfaction and enables us to monitor the uptake and impact of our communications and support tools each year. In addition to collecting quantitative satisfaction data, comments are also sought on communication from the team, resources produced to support submission of data, data completeness/data quality reporting and our publications. These are considered by the team and at Board meetings, before implementation of appropriate and feasible actions, which are then fed back in a 'you said we did' document.

## 8. Conclusion

A culture of continual quality improvement (CQI) underpins all NPDA team processes and outputs and is promoted to all PDUs participating in the audit.

The NPDA and the National Children And Young People's Diabetes Network continue to work together to provide a unique, comprehensive, and strategic approach to improving the care and outcomes for children and young people with diabetes, with support from NHS England, NHS Wales, HQIP, and the NHS long term plan. We look forward to evidencing the impact of our initiatives in upcoming rounds of audit and are proud to operate within an exemplar model for improving care for long term conditions nationally.

## 9. 2023 - 2024 Update

As part of an annual process, the National Paediatric Diabetes Audit Healthcare Quality Improvement Strategy was reviewed by project board members to provide an update on audit activity, evaluate progress against the healthcare quality improvement goals and ensure the strategy continues to be aligned with the needs of children and young people with diabetes and support clinical and stakeholder priorities.

### Healthcare Quality Improvement Goals

The progress made against the Healthcare Quality Improvement Goals in 2023-24 are outlined in the table below. The annual report for the 2022-23 audit year was published in March 2024, and reports on the care and outcomes for children and young people seen in paediatric diabetes units between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2024.

No.	NPDA Improvement Goal	2023-24 Update
1	To reduce the national median HbA1c by 3 mmol/mol over three years based on a fall of 10 mmol/mol over the previous 10 years.	The national median HbA1c in 2022/23 was 60.0mmol/mol, down from 60.5 mmol/mol in 2021/22.
2	The percentage of children and young people receiving all key health checks for Type 1 or Type 2 diabetes to increase by 4% each audit year based on ~40% improvement over the previous 10 years.	63.4% of those with Type 1 diabetes aged 12 and above received all six 'key' annual health checks. compared to 59.7% in 2021/22. 36.0% of those with Type 2 diabetes aged 12 and above received all six 'key' health checks, compared to 33.0% in 2021/22.
3	The percentage of those with Type 1 diabetes living in the most deprived areas/of Black and Asian ethnicity using an insulin pump to increase by 3% each audit year.	The percentage of children and young people living in the most deprived areas using an insulin pump increased to 28.8% in 2022/23, from 34.0% in 2021/22.  In 2022/23, 33.0% of CYP of Black ethnicity and 39.5% of CYP of Asian ethnicity were using an insulin pump, an increase from 29.0% and 33.0% respectively.
4	The NPDA to develop a minimal staffing dataset for incorporation into the clinical lead sign off form and submitted annually to monitor equity of staffing.	The minimal staffing dataset was collected in the sign off form for 2022/23 and 2023/24.  The <a href="#">staffing dataset for 2022/23</a> has been published online.
4	The NPDA to host at least two events (online and/or face to face) per audit year where audit findings and best practice are shared.	In January 2024, the NPDA hosted it's annual conference, with approximately 100 in-person attendees and 300 virtual attendees.  In February 2024, the NPDA hosted a reporting webinar to discuss how the audit data is cleaned, analysed and reported, and to describe upcoming plans for quarterly reporting.
5	The NPDA to engage young people in the review of audit results and in planning strategies to improve them.	The NPDA are developing plans to engage with children, young people, and families to review audit results and how we can best create lay summaries for maximum impact and accessibility.

Unit-level reports for the 2022-23 audit year have been published, allowing units to benchmark their performance against their previous years results and against regional and national data.

## 10. 2024 - 2025 Update

As part of an the extension of the audit's contract into 2025-27, the National Paediatric Diabetes Audit Healthcare Quality Improvement Strategy was reviewed by project board members to provide an update on audit activity, evaluate progress against the healthcare quality improvement goals and ensure the strategy continues to be aligned with the needs of children and young people with diabetes and support clinical and stakeholder priorities.

### Hybrid Closed Loop

Hybrid closed loops (HCLs), referred to as 'artificial pancreases', link continuous glucose monitors and insulin pumps to automatically adjust insulin delivery based on blood glucose levels. The NPDA has found that HCLs are associated with improved HbA1c outcomes when compared to other treatment regimens.

As of April 2024, NHS England will reimburse ICBs for HCLs provided to patients within their regions. To enable this, the NPDA is sharing data with NHS England quarterly to monitor the roll-out of HCLs within each ICB. This will ensure funding is not a barrier to equitable access to HCLs in England.

### NPDA Dashboards

The NPDA provides two different dashboards:

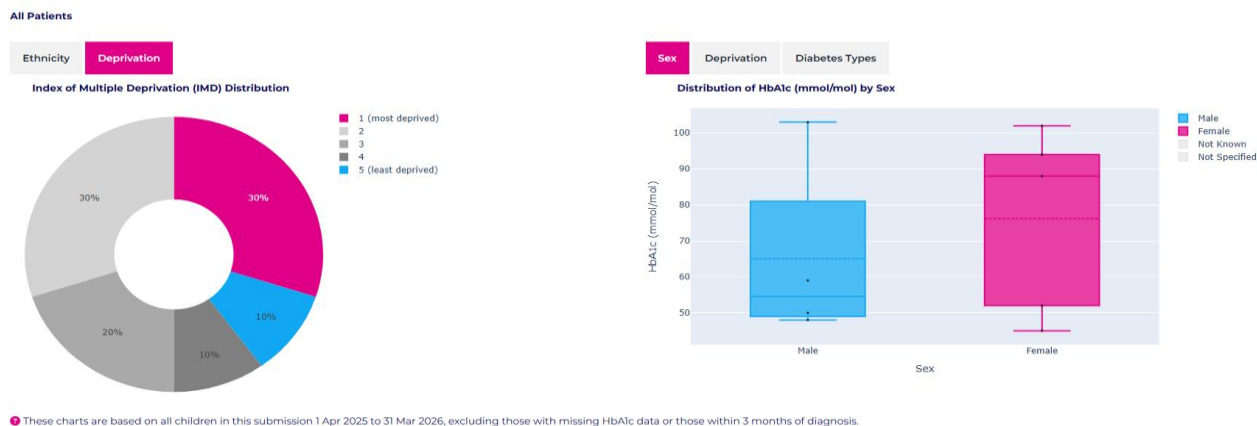
- **Quarterly Reporting Dashboard:** This dashboard presents results on key performance indicators and is updated each quarter. It follows a request from our commissioner, HQIP (on the behalf of NHS England and the Welsh Government), to refresh data at frequent intervals in the public domain.
- **NPDA Annual Dashboard:** This dashboard presents final results for the audit year and is published alongside the annual report. It replaces our previous platform, NPDA Results Online.

### New NPDA Platform – 2025/26 Audit Year Onwards

A new NPDA platform was launched for the 2025/26 audit year, replacing the previous software. The new platform offers a range of improvements in usability, performance, and functionality. These include:

- A more intuitive interface and improved navigation,
- Streamlined data entry processes, reducing the data entry burden
- Improved reporting, allowing users to better spot data quality issues
- Higher standards of cybersecurity to protect confidential patient data
- Flexibility, allowing new features to be added as needed, and
- Reduced cost.

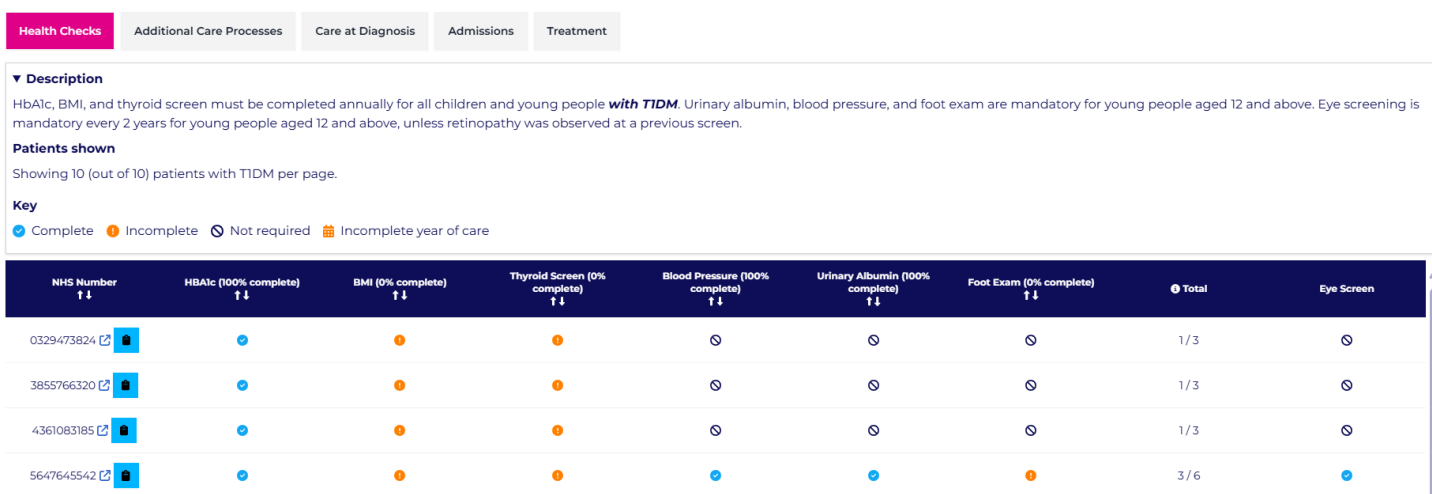
Examples of the enhanced reporting tools are provided below. These provide clearer insights into submitted data, allowing for data quality issues to be addressed, and provide real-time data to support local quality improvement efforts.



**Figure 6:** Unit-report, showing patient demographics at unit-level and inequalities in outcomes. Users can also see unit-level reporting in access to technologies, diabetes type, and rates of new diagnoses.

\*This is not real patient data.

### Patient Report



**Figure 7:** Patient-report, showing patient-level completion of key health checks. Users can also see patient-level demographics (including deprivation quintile), outcomes, and treatment regimen.

\*This is not real patient data.

Feedback from users has been positive, particularly in relation to the platform's improved accessibility and the added value of its analytical capabilities compared to the previous NPDA portal.

### Quality Improvement Goals

The progress made against the Healthcare Quality Improvement Goals in 2024-25 are outlined in the table below. The annual report for the 2023-24 audit year was published in March 2025, and reports on the care and outcomes for children and young people seen in paediatric diabetes units between 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024.

No.	NPDA Improvement Goal	2024-25 Update
1	To reduce the national median HbA1c by 3 mmol/mol over three years based on a fall of 10 mmol/mol over the previous 10 years.	The national median HbA1c for all types of diabetes in 2023/24 was 60.0mmol/mol, the same as in 2022/23.  The median HbA1c for CYP with Type 1 diabetes in 2023/24 was 60.0 mmol/mol, down from 60.5 mmol/mol in 2022/23
2	The percentage of children and young people receiving all key health checks for Type 1 or Type 2 diabetes to	66.0% of those with Type 1 diabetes aged 12 and above received all six 'key' annual health checks. compared to 63.4% in 2022/23. 37.0% of those with Type 2 diabetes aged

	increase by 4% each audit year based on ~40% improvement over the previous 10 years.	12 and above received all six 'key' health checks, compared to 36.0% in 2022/23.
3	The percentage of those with Type 1 diabetes living in the most deprived areas/of Black and Asian ethnicity using an insulin pump to increase by 3% each audit year.	<p>The percentage of children and young people living in the most deprived areas using an insulin pump increased to 50.0% in 2023/24, from 38.8% in 2022/23.</p> <p>In 2023/24, 41.8% of CYP of Black ethnicity and 49.8% of CYP of Asian ethnicity were using an insulin pump, an increase from 33.0% and 39.5% respectively.</p>
4	The NPDA to develop a minimal staffing dataset for incorporation into the clinical lead sign off form and submitted annually to monitor equity of staffing.	<p>The minimal staffing dataset was collected in the sign off form for 2022/23 and 2023/24.</p> <p>The <a href="#">staffing dataset for 2023/24</a> has been published online.</p>
4	The NPDA to host at least two events (online and/or face to face) per audit year where audit findings and best practice are shared.	<p>In January 2025, the NPDA hosted its annual conference, with approximately 90 in-person attendees and 300 virtual attendees.</p> <p>In December 2024, the CYP Diabetes Network Winter Meeting was held at the RCPCH headquarters. The event provided an opportunity for stakeholders to network and share ideas, with part of the meeting dedicated to discussions around the NPDA and its ongoing work.</p>
5	The NPDA to engage young people in the review of audit results and in planning strategies to improve them.	<p>The NPDA have commissioned RCPCH&amp;Us engage with children, young people, and families with the aim to:</p> <ul style="list-style-type: none"> <li>• Increase awareness of the NPDA</li> <li>• Develop guidance for creating resources for CYP with diabetes. This will be used by the NPDA to develop lay resources and will be published publicly for PDUs to use.</li> <li>• Meet our duties under the UNCRC to ensure that CYP have access to appropriate communication support and information, the right to be involved in decisions that affect them from individual care decisions through to shaping health services that they might use, and the right to the best health and care possible.</li> </ul> <p>As of April 2025, 49 CYP and families have been involved across 5 in-person workshops and 4 online workshops.</p>

Unit-level reports for the 2023-24 audit year have been published, allowing units to benchmark their performance against their previous years results and against regional and national data.

## 11. 2025 - 2026 Update

As part of an annual process, the National Paediatric Diabetes Audit Healthcare Quality Improvement Strategy was reviewed by project board members to provide an update on audit activity, evaluate progress against the healthcare quality improvement goals and ensure the strategy continues to be aligned with the needs of children and young people with diabetes and support clinical and stakeholder priorities.

### Healthcare Quality Improvement Goals

The progress made against the Healthcare Quality Improvement Goals in 2025-26 are outlined in the table below. The annual report for the 2024/25 audit year was published in March 2026, and reports on the care and outcomes for children and young people seen in paediatric diabetes units between 1<sup>st</sup> April 2024 and 31<sup>st</sup> March 2025.

No.	NPDA Improvement Goal	2025/26 Update
1	To reduce the national median HbA1c by 3 mmol/mol over three years based on a fall of 10 mmol/mol over the previous 10 years.	<p>The national median HbA1c for all types of diabetes in 2024/25 was 58.0mmol/mol, down by 2 mmol/mol from 2023/24.</p> <p>The median HbA1c for CYP with Type 1 diabetes was 58 mmol/mol, also down by 2 mmol/mol in 2023/24.</p>
2	The percentage of children and young people receiving all key health checks for Type 1 or Type 2 diabetes to increase by 4% each audit year based on ~40% improvement over the previous 10 years.	72% of those with Type 1 diabetes aged 12 and above received all six 'key' annual health checks. compared to 66% in 2023/24. 40% of those with Type 2 diabetes aged 12 and above received all six 'key' health checks, compared to 37% in 2023/24.
3	The percentage of those with Type 1 diabetes living in the most deprived areas/of Black and Asian ethnicity using an insulin pump to increase by 3% each audit year.	<p>The percentage of children and young people living in the most deprived areas using an insulin pump increased to 68%, from 50% in 2023/24</p> <p>In 2024/25, 59% of CYP of Black ethnicity and 68% of CYP of Asian ethnicity were using an insulin pump, an increase from 42% and 50% respectively.</p>
4	The NPDA to develop a minimal staffing dataset for incorporation into the clinical lead sign off form and submitted annually to monitor equity of staffing.	<p>The minimal staffing dataset was collected in the sign off form for 2024/25 and is currently being collected for 2025/26.</p> <p>The <a href="#">staffing dataset for 2024/25</a> has been published online.</p>
4	The NPDA to host at least two events (online and/or face to face) per audit year where audit findings and best practice are shared.	<p>In January 2026, the NPDA hosted its annual conference, with approximately 70 in-person attendees and 250 virtual attendees.</p> <p>In December 2025, the CYP Diabetes Network Winter Meeting was held at the RCPCH headquarters. The event provided an opportunity for stakeholders to network and share ideas, with part of the meeting dedicated to discussions around the NPDA and its ongoing work.</p> <p>In September 2025, the NPDA organised a webinar for paediatric diabetes units submitting data providing an overview of the new data capture platform and the reporting available to users in real time.</p>

5	The NPDA to engage young people in the review of audit results and in planning strategies to improve them.	<p>In January 2025, the NPDA published the <a href="#">Youth Communications Bank</a>, developed by the RCPCH&amp;Us with input from children, young people, and families in the audit.</p> <p>These resources provide CYP perspectives on the ways that audit information can be shared with children and young people living with diabetes, as well as their families.</p> <p>The NPDA will now use this guidance to review how audit findings can be communicated to CYP and families in upcoming audit years.</p>
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Unit-level reports for the 2024/45 audit year have been published, allowing units to benchmark their performance against their previous years results and against regional and national data. The annual dashboard has also been updated to include additional metrics on patient demographics and inequalities in technology uptake.