National Diabetes Inpatient Audit – Harms, 2018

Data Quality Statement

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Introduction

The National Diabetes Inpatient Audit (NaDIA) is part of the National Diabetes Audit (NDA) portfolio within the National Clinical Audit and Patient Outcomes Programme (NCAPOP), commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England.

NaDIA-Harms is a new continuous collection of serious inpatient harms that can affect people with diabetes. NaDIA-Harms began collection of data on 1 May 2018. All acute hospitals in England with diabetic inpatients are eligible to participate. The Welsh government decided not to participate in the first year of the harms collection. Consequently, health services in Wales are not eligible to participate.

NaDIA-Harms is the companion to the annual NaDIA snapshot audit of diabetes inpatient care in England and Wales, which has been undertaken since 2010. The 2018 NaDIA snapshot report, which focuses on hospital characteristics, is published here: http://digital.nhs.uk/pubs/nadia2018.

Relevance

NaDIA-Harms collects data on occurrences of the following serious inpatient harms that only affect people with diabetes:

- hypoglycaemia requiring rescue treatment
- diabetic ketoacidosis (DKA)
- hyperglycaemic hyperosmolar state (HHS)
- new diabetic foot ulceration (DFU)

The objective of NaDIA-Harms is to help reduce the rates of these serious inpatient harms by providing case-mix adjusted benchmarked feedback to hospital trusts to inform quality improvement work. Monitoring and improving participation are important first steps towards meeting this objective. Consequently, the first NaDIA-Harms report focuses on participation and provides a simple count of the number of participants and harms submitted in the first six months of data collection (May to October 2018).

This report will be of interest to the public, especially to people with diabetes. Health planners and policy makers, as well as acute NHS Trusts, Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs), Sustainability and Transformation Partnerships (STPs), Clinical Networks (CNs; formerly Strategic Clinical Networks or SCNs) and other providers and commissioners of specialist diabetes services will also make use of the information in this report.

Timeliness and Punctuality

The NaDIA-Harms collection opened on 1 May 2018. The draft NaDIA-Harms participation report was built using outputs from the NaDIA-Harms database at the end of November 2019. The final report was then refreshed with outputs from a final data extract taken on 14 February 2019. Counts of harms and participating organisations are derived from harms that occurred between 1 May 2018 and 31 October 2018 (the cohort), covering the first six months of data collection. The national level report was published on 9 May 2019. The time lag to the publication of the main report was seven months after the end of the cohort (31
October 2018) and six months after the initial outputs were generated (end of November 2018).

**Accuracy and Reliability**

Participation in NaDIA-Harms is voluntary, but encouraged, for all acute NHS trusts in England admitting patients with diabetes. 99 NHS trusts registered for NaDIA-Harms between 1 May 2018 and 14 February 2019. 77 of these 99 NHS trusts participated in NaDIA-Harms between 1 May 2018 and 31 October 2018 (the audit period). An NHS trust is classed as having participated if they either:

a) submitted one or more harm; or
b) confirmed a null return for one or more month

during the audit period.

For comparison, 134 NHS trusts in England submitted to the established NaDIA snapshot audit in 2017, suggesting NaDIA-Harms participation is around 50-60 per cent of applicable NHS trusts. The 2018 NaDIA snapshot was not used as a benchmark because it is known that participation in the 2018 collection was lower than normal.

750 harms were recorded in NaDIA-Harms during the audit period. Based on comparable data collected in the NaDIA snapshot, the real number of patient harms is likely to be considerably higher, though an assessment of completeness has not been undertaken at this early stage in the NaDIA-Harms lifecycle.

**Coherence and Comparability**

**Comparability over time**

This report is the first NaDIA-Harms report, so no comparison with previous reports is possible.

**Comparability with other sources**

Since 2010 the NaDIA snapshot audit has collected information on the incidence of patient harms during a specified week in September, including the four patient harms collected in the continuous NaDIA-Harms audit. The last NaDIA snapshot data on patient harms was collected in September 2017 and published in the 2017 NaDIA report.

Patient harms in the NaDIA snapshot are reported as a proportion of inpatients experiencing the harm during their hospital stay (diabetic ketoacidosis (DKA), hyperglycaemic hyperosmolar state (HHS), new diabetic foot ulceration (DFU)) or in the previous seven days of their hospital stay (hypoglycaemia requiring rescue treatment). The actual number of harms is not reported in the snapshot, nor is there any adjustment to account for different lengths of hospital stay. Consequently, direct comparison with counts in the continuous NaDIA-Harms collection are not possible from the published outputs.

Direct comparison between the collections would be possible using standardisation to adjust for the methodology and collection periods, though this has not been pursued for the first NaDIA-Harms report. Provisional analysis suggests that, when adjusted appropriately, more patient harms are reported to the NaDIA snapshot than to the NaDIA-Harms continuous collection. This is to be expected in this early stage of the NaDIA-Harms collection and,
though planned for future reports, direct comparisons between collections would not be useful at this point.

No other data source provides equivalent information about the incidence of inpatient harms in England.

**Accessibility and Clarity**

The main report is presented in both PowerPoint and PDF formats on the NHS Digital website, with supporting data accompanying the report as Excel spreadsheets. A CSV of data from England organisations at national-level is available on the NHS Digital website and through data.gov.uk. All the above reports are available on the NHS Digital website at: http://digital.nhs.uk/pubs/nadia-harms2018.

Information about the NaDIA snapshot can be found here: https://digital.nhs.uk/nadia.


The NaDIA-Harms patient information leaflet is available at: https://digital.nhs.uk/binaries/content/assets/website-assets/clinical-audits/nadia_harms/nadia_harms18_patinfo_v5.pdf.

**Assessment of User Needs and Perceptions**

The NaDIA advisory group (consisting of patient representatives, healthcare professionals, administrators, researchers and analysts, including representation from Diabetes UK and NHS Digital) provide advice on the content of the reports as well as the direction and development of the audit.

The wider National Diabetes Audit (NDA) team has an active role in the National Cardiovascular Intelligence Network (NCVIN) workshops to gain a better understanding of how Clinical Commissioning Groups (CCGs) and localities use the data and how we can improve the NDA programme’s publications and supporting information. These workshops are conducted quarterly and are co-ordinated by Public Health England (PHE) and bring together epidemiologists, analysts, clinicians and patient representatives.

NHS Digital is keen to gain a better understanding of the users of this publication and of their needs. Your feedback is welcome and may be sent to enquiries@nhsdigital.nhs.uk (please include ‘National Diabetes Inpatient Audit’ in the subject line).

Alternatively, you can call our contact centre on 0300 303 5678

Or write to:

NHS Digital,
1 Trevelyan Square,
Boar Lane,
Leeds,
LS1 6AE.
Performance, Cost and Respondent Burden

NaDIA-Harms is designed to be a low-burden collection, with only four data items required from submitters:

- NHS number: for data validation and linkage (for future reports)
- harm type: hypoglycaemia requiring rescue treatment, diabetic ketoacidosis (DKA), hyperglycaemic hyperosmolar state (HHS), new diabetic foot ulceration (DFU)
- date the harm occurred
- hospital site at which the harm occurred

The audit team acknowledges that participation in the audit involves costs in both time and organisation for the providers that take part, and thanks them for their efforts. The audit continues to look at ways in which to reduce respondent burden and increase ease of participation and welcomes comments and suggestions (see contact details above).

Confidentiality, Transparency and Security

Audit information is held securely and with restricted access. Audit data may be released to researchers with formal research approval for work related to the improvement of care for people with diabetes: http://digital.nhs.uk/DARS

A Patient Information Leaflet for NaDIA-Harms is available from the NHS Digital website. All patients may choose not to take part and should inform clinical staff of their decision in the first instance.

It is expected that, through the audit collection, all organisations will continue to follow existing NHS codes of practice about patient confidentiality, information security management, record management and other legal obligations.

A risk assessment has been carried out on the audit publication to identify risks to patient confidentiality. Rounding has been used for numbers derived from harms records to reduce the risk of patient identification; numbers 1-7 are shown as 5, while all other numbers are rounded to the nearest 5. Although not used in this report, percentages will be calculated using rounded numerators and denominators and shown to one decimal place. The calculated value will not be shown in cases where the denominator is less than 20.

As part of the government transparency agenda, NHS Digital provides national level data taken from the audit, in CSV format, both as part of the audit publication available through the NHS Digital website, and also through the UK open data portal, data.gov.uk.