

Data Provision Notice

National Diabetes Inpatient Audit (NaDIA) harms

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Background

The Health and Social Care Act 2012 (the Act) gives the Health and Social Care Information Centre now known as NHS Digital and hereafter referred to by this name, statutory powers, under section 259(1), to require data from health or social care bodies, or organisations that provide health or adult social care in England, where it has been directed to establish an information system by the Department of Health and Social Care (DHSC) (on behalf of the Secretary of State) or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice, is required to support a direction from NHS England to NHS Digital. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose of the collection

NHS England has directed NHS Digital to establish and operate a system for the collection and analysis of the National Diabetes Audit (NDA) including the National Diabetes Inpatient Audit (NaDIA). The NDA is commissioned by and funded by NHS England and the Welsh Government, managed by the Healthcare Quality Improvement Partnership (HQIP) and delivered NHS Digital working with Diabetes UK.

The National Diabetes Inpatient Audit (NaDIA) is an annual snapshot audit of diabetes inpatient care in England and Wales and is open to participation from hospitals with medical and surgical units. NaDIA allows hospitals to benchmark hospital diabetes care and to prioritise improvements in service provision that will make a real difference to patients' experiences and outcomes. This new continuous harms audit supplements the existing NaDIA audit and allows for continuous collection and feedback of key harms.

The audit findings are used to make recommendations to hospitals regarding how care could be improved. This harms collection will be able to contribute to Quality Improvement work on a regular basis and will help hospitals compare themselves to the national average and benchmark themselves against others.

Benefits of the collection

The purpose of this collection is to collect data on key harms that can befall patients with diabetes. By continuously collecting and reporting these events it gives trusts the ability to monitor local levels and act accordingly to reduce, or ideally, eliminate further events, thus improving the care for patients with diabetes when in hospital. Analysis and reporting will allow trusts to benchmark their performance against others and identify and share good practice, thus raising standards in diabetes care.

Legal basis for the collection, handling, publication and dissemination

NHS Digital has been directed by NHS England under section 254 of the Health and Social Care Act 2012 to establish and operate a system for the collection and analysis of the information specified for this service. A copy of the Directions has been published here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614686/170518_National_Diabetes_Audit_Directions_issued.pdf

Under section 254 of the 2012 Act, NHS Digital is required to:

- Share aggregate data at site/Trust level collected under this Direction (in accordance with NHS Digital's mandatory standards or Anonymisation Standard for Publishing Health and Social Care Data) with NHS England and the Healthcare Quality Improvement Programme (HQIP) and publish on the NHS Digital website.

This information is required by NHS Digital under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all NHS providers must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of NHS Digital's duties under section 259(8).

Persons consulted

Following receipt of a direction to establish a system to collect NaDIA harms, NHS Digital has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- Clinical staff working within acute hospital sites at the 2017 Diabetes Professional Conference and at workshops at the 2017 Diabetes Inpatient Conference.
- NHS England
- Healthcare Quality Improvement Partnership
- Welsh Government
- National Clinical Directors
- Patient representatives
- Diabetes UK
- Research community

- The Standardisation Committee for Care Information¹ (SCCI), which included representatives from the UK Data Standards Panel, the Department of Health, the Medicines and Healthcare products Regulatory Agency, the National Institute for Health and Care Excellence, NHS Employers, NHS England, NHS Improvement, NHS Northern Ireland, the Professional Records Standards Body (PRSB), techUK and NHS Digital

Scope of the collection

Under section 259(1) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on the following persons:

- Any NHS acute care provider in England.

Under section 259(5) of the Health and Social Care Act 2012 the organisation types specified in the above Scope must comply with the Form, Manner and Period requirements below:

Form of the collection

A list of the data items to be collected can be found on the NaDIA harms web page by clicking on the [National Diabetes Audit Programme Technical Specification](https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/our-clinical-audits-and-registries/national-diabetes-in-patient-audit-nadia-harms) document at: <https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/our-clinical-audits-and-registries/national-diabetes-in-patient-audit-nadia-harms>

The following information is included in the collection:

- NHS Number
- Date of harm
- Type of harm
- Organisation code

Manner of the collection

Data will be submitted by providers using the NHS Digital secure online Clinical Audit Platform (CAP).

A link to the system is available here: <https://clinicalaudit.hscic.gov.uk/>

Staff submitting data to CAP will be required to register in order to use the system by creating a Single Sign On (SSO) account with NHS Digital and completing and submitting a registration form which needs to be signed off by the Caldicott Guardian of the provider organisation.

¹ SCCI closed on 31 March 2017. The Data Coordination Board (DCB) took over responsibility from SCCI in assuring all data collections, extractions and standards; these new national governance arrangements came into effect from 01 April 2017.

The registration form and operational guidance can be found under User Documents on the NaDIA harms webpage: <https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/our-clinical-audits-and-registries/national-diabetes-in-patient-audit-nadia-harms>

It is advised that data is captured electronically on CAP, as close as possible to the harm occurring and before the monthly submission window closes (see Period of the Collection). Local processes should be agreed as to how the data collection is to be completed.

All data items are mandatory and should be known by the data provider at the time of entering data into CAP.

Period of the collection

The harms collection was launched on 1 May 2018 and will be an ongoing monthly collection. Local processes will need to be agreed as to when data is entered into the system before each monthly submission deadline date. A timetable of the monthly cut-off dates will be made available and published on the NaDIA Harms website when available.

Data quality

The quality of the data within CAP will be reviewed on a monthly basis during report production and any data quality issues will be fed back to providers. Any user guidance will also be reviewed and updated.

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

In seeking to minimise the burden it imposes on others, in line with sections 253 (2a) and 265(3) of the Health and Social Care Act 2012, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This assessment is carried out by the Data Standards and Assurance Service (DSAS) which carries out a Detailed Burden Assessment (DBA) and reports findings and recommendations, as part of the overarching Data Coordination Board (DCB) process. The DCB oversees the development, assurance and acceptance of information standards, data collections and data extractions for the health and social care system in England.

Detailed burden assessment findings

Assessed costs

The associated burden of the data collection is:

Burden on providers	£808k	Includes all providers
Set up costs for the data collection	£498k	Includes NHS Digital and supplier costs, representing a maximum estimate.
Other costs of the data collection	£14k	Training costs (Clinical Audit Platform)

These provider costs cover total time taken per month per trust to provide the data based on initial assessments carried out with a sample of providers by NHS Digital.

Help us to identify inappropriate collections

NHS Digital's Challenging Burden Service (CBS) offers a Collection Referral Service which is a simple and confidential way to allow data providers to refer data collections they feel would benefit from further scrutiny.

For more details and information on how to refer a collection, please visit:

<https://digital.nhs.uk/services/the-challenging-burden-service/collection-referral-service>

Help us to improve this product

We are continually looking at ways to improve the products that we provide to our customers. By taking a few minutes to complete the following questions you will help us to improve future DPN's.

To complete the short survey, please visit:

<https://nhs-digital.citizenspace.com/rocr/ef5cf941>

For further information

www.digital.nhs.uk

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