Faculty of Natural and **Mathematical Sciences** Department of Informatics

King's College London Strand Campus, London, United Kingdom



7CCSMPRJ

Individual Project Submission 2024 - 2025

Siddharth Kishor Samarth Name:

Student Number: K24012370

Degree Programme: MSc. Advanced Computing

Project Title: GluCORRECT - Harnessing Artificial Intelligence to

scrutinize Hypoglycemia in hospitalised patients with

diabetes to classify, anticipate and analyse hypoglycemic

episodes [Knowledge Exchange Project with NHS England]

Supervisor: Dr. Rita Borgo

Word Count: ==== Word count goes here ====

RELEASE OF PROJECT

Following the submission of your project, the Department would like to make it publicly available via the library electronic resources. You will retain copyright of the project.

✓ I agree to the release of my project

☐ I do not agree to the release of my project

Signature:

Date: August 5, 2025



Department of Informatics King's College London United Kingdom

7CCSMPRJ Individual Project

GluCORRECT - Harnessing Artificial
Intelligence to scrutinize Hypoglycemia in
hospitalised patients with diabetes to classify,
anticipate and analyse hypoglycemic episodes
[Knowledge Exchange Project with NHS
England]

Name: **Siddharth Kishor Samarth** Student Number: K24012370 Course: MSc. Advanced Computing

Supervisor: Dr. Rita Borgo

This dissertation is submitted for the degree of MSc Advanced Computing.

Acknowledgements

I would like to express my sincerest gratitude towards my project supervisor, Dr. Rita Borgo, for her invaluable advice and consistent direction throughout the course of this project. Her mentorship and ideas have been instrumental in shaping the development of this work, leading to its successful completion.

I am also deeply thankful & appreciative of my industry advisor, Dr. Piya Sen Gupta, for providing the dataset that has served as the foundation of this work. Her contributions have significantly enhanced the practical relevance and quality of this project.

Ultimately I would like to thank my friends and my parents, especially my dad, without whose sacrifices I would not be where I am today.

Abstract

<u>Project Variant:</u> Variant 4 - Develop a weighted score and design score to predict risk of a hypoglycaemic episode before it occurs.

It is well known that hypoglycemia as well as hyperglycemia are common adverse events in patients who receive blood sugar control medication, and they are also one of the most frequently cited causes of hospital admissions in people with diabetes. National quality improvement programmes from the Healthcare Quality Improvement Partnership (HQIP) and the study of ambulance call-out data have shown that lack of awareness by both affected individuals and their attendants is associated with a dramatically increased rate of complications, amongst other factors. Guy's & St. Thomas' NHS Foundation Trust (hereafter referred to as GSTT) has found, after careful deliberation and departmental review, that hypoglycemic episodes have been occurring with unusual frequency. The Trust now seeks to take measures to resolve such problems with a greater focus on prevention combined with early corrective action. This research project has been undertaken in close collaboration with GSTT, one of the largest NHS trusts in the UK and an indispensable element of London's healthcare system, with almost 24000 staff across 5 major hospitals, handling over 3 million patients a year and generating an annual turnover of over £3 billion.

This analytical study serves as a foundation and proof-of-concept to aid GSTT in preemptively reducing hypoglycemia within hospitalised inpatients, by utilising statistics & machine learning techniques. Through exploratory data analysis I draw out relevant conclusions about the dataset around patient age, ethnicity and

I go on to identify the significant factors responsible for hypoglycemia within the dataset provided by the industry advisor from GSTT through exploratory data analysis, while also . I explore how they can be utilized to devise a risk score, to classify patients based on their risk of hypoglycemia.

RESULTS: HbA1c values identified as risky - 56 or so eGFR ethnicity major is glucose value

In conclusion, exhibit my findings with potential ways of applying them in practise in hospitals.

All abbreviations and symbols used in the report must be listed and defined in alphabetic order.

Nomenclature

GSTT Guy's and St Thomas' NHS Foundation Trust HQIP Healthcare Quality Improvement Partnership

"Hypo" or "Hypos" Hypoglycemic episode(s)

"Inpatient" Referring to the the fact that a patient is required to stay overnight

in order to be treated (in case of surgeries or long term observation for example)

NCAPOP National Clincal Audit & Patient Outcomes Programme

NDA National Database Audit

NDISA National Diabetes Inpatient Safety Audit

NHS The publicly funded healthcare system of the United Kingdom,

the National Health Service.

a The number of angels per unit area

A The area of the needle point

c Speed of light in a vacuum inertial frame

h Planck constant

LMI Linear Matrix Inequalities

N The number of angels per needle point

Contents

1	Introduction	1
	1.1 Clinical Overview	1
	1.2 Background	1
	1.3 Aims and Objectives	3
	1.4 Report Structure	
	1.4.1 Dissertation Length	
2	Literature Survey & Review	5
3	Dataset	6
4	Methodology and Implementation	8
5	Main Results and Findings	9
	5.1 Interpretation Analysis and Evaluation	9
6	Math equations	9
	6.1 Maths	9
	6.2 Figures	9
7	Legal, Social, Ethical and Professional Issues	11
8	Conclusion	12
R	eferences	13
\mathbf{A}	Appendix	15
	A 1 Dataset	15

List of Figures

1	This is the caption for the figure	9
2	This is the caption for the figure which is not even present	10
3	Another caption	10
4	Raw dataset	15
5	Dataset with cleaned features (this is in addition to the fields of the raw	
	dataset)	16

List of Tables

1 Introduction

1.1 Clinical Overview

Hypoglycaemia (also known as a "hypoglycaemic episode" or a "hypo" for short) is the condition that occurs when the human body's blood glucose (sugar) level drops below the normal healthy range of 4.0 to 6.0 mmol/L. While it can affect anyone, it is most common in diabetic individuals who are prescribed drugs like insulin or metformin to inhibit glucose. Hypoglycaemic events are relatively simple and straightforward to resolve, but they need to be treated immediately to avoid serious damage to the brain and heart as a result of loss of consciousness or arrhythmias. High-sugar consumables are generally effective in correcting mild cases and are commonly recommended for immediate treatment, but severe cases of hypoglycaemia such as when the person is unconscious or having a seizure can only be resolved with an urgent, immediate glucagon injection to prevent them from deteriorating into a coma (or in rare cases, even leading to death).

To underscore how and why this matters, diabetes is one of the most significant and expensive long-term health conditions faced by the NHS, with recent figures from Diabetes UK suggesting that over 5.8 million people in the UK are living with diabetes, regardless of a formal diagnosis. It is estimated to cost the NHS over £10.7 billion a year, approximately 10% of its entire annual budget, which could go up to £18 billion by 2035 [1]. A stark finding is that almost 60% of this cost (around £6.2 billion) is spent on treating the largely preventable complications of diabetes, such as heart attacks, strokes, blindness, and so on, including hypoglycaemia [2]. Hypoglycaemic instances make up a major component of these preventable costs, mainly accounting for the emergency, ambulance, and acute care expenses associated with diabetes. The Local Impact of Hypoglycaemia Tool (LIHT) suggests that hypoglycaemia can cost up to £2,195 per episode, possibly increasing substantially with a longer stay in hospital [3], and it is estimated that there are up to 100,000 ambulance callouts annually according to the Diabetes Research and Wellness Foundation (DRWF) [4]. DRWF's study hinted that 1 in 10 individuals that experience a severe hypo (meaning requiring medical intervention or resuscitation) have considerable chances of another one within a fortnight.

1.2 Background

After introspective analysis supported by information from the National Diabetes Inpatient Safety Audit (NDISA) it has been recognized that severe hypoglycaemia and recurrent severe hypoglycaemia have been occurring relatively frequently across GSTT medical facilities. The NDISA forms part of the National Diabetes Audit (NDA), and it maintains that "The prevalence of diabetes continues to increase. In England

1.2 Background 2

between 2017-18 and 2021-22 prevalence of type 1 diabetes went up from 248,240 to 270,935 and the prevalence of type 2 and other diabetes from 2,952,695 to 3,336,980", as of 2022 [5].

GSTT administers upwards of 500,000 point-of-care glucose tests (POCT) annually, in addition to kidney function and glycated haemoglobin (HbA1c) tests as well. The Trust also possesses blood glucose / ketone data with additional linked data including demographics, dates of admission and discharge, patient as well as family history and current or previous medications. They have two major kinds of patient records, inpatient records for patients that have to stay over the course of one or multiple nights (for example, in case of surgeries or for long term care), and outpatient records where the patient doesn't require overnight stay. The Trust manages all of this data through their electronic health record management system called Epic, and facilitates patient access to their own records through the MyChart web application.

Hypoglycaemia is a frequent complication amongst inpatients having complex health conditions, especially within those in intensive care settings that have been / are critically ill due to advanced diseases or comorbidities, or in patients following major surgical interventions. The Trust is undertaking proactive measures to identify and mitigate the risk of hypoglycaemic episodes at an early stage, to support better planning, reduce healthcare costs, efficiently allocate hospital resources and also schedule operations optimally. The ideal way to assess risk would along the lines of developing tools to predict individualized risk scores for inpatients after considering all relevant factors. However, this presents a herculean task due to the sheer volume and complexity of factors involved, compounded by the challenges of producing reliable results even within small populations — such as those in remote areas — while also adhering to legal and governmental regulations:

- 1. Weighing up the risk of hypoglycaemia depends upon numerous aspects such as lifestyle, renal function, recent food intake, blood glucose history and current medication to name a few, making this a highly complicated modelling problem. In addition to this, patients differ widely in age, comorbidities, ethnic factors and even insulin sensitivity. This variability makes it a formidable challenge to develop a model that is generalizable, dependable and unbiased.
- 2. Any such analytical tool in the vicinity of patient healthcare requires medical evaluation and approval, validation trials, governance oversight as well as ethical considerations. Even a good model may fail if it does not fit the clinical workflow. Initial skepticism towards AI, the effort required to train staff, defining clear responsibilities and limits of liability, and rehearing procedures or plans of action for every possible scenario will all produce appreciable organizational inertia.

Successfully implementing even a small-scale solution, within GSTT to begin with, would be a significant strategic breakthrough that serves as a foundational model which other

NHS trusts or institutions could adapt and build upon. This positions this research initiative which is a Knowledge Exchange Project (KEP) with Guy's & St.Thomas' NHS Foundation Trust, an indispensable constituent of London's healthcare system, as a valuable and worthwhile research endeavour.

1.3 Aims and Objectives

This research project has the following objectives:

- To extract insights from provided dataset for the given time period and population. GSTT has expressed a strong interest towards gaining a deeper understanding of their inpatient population. The dataset they have provided includes demographic details, length of hospital stay, and ward information in addition to the main clinically relevant variables such as glycated haemoglobin levels, renal function measurements, patient age and so on. This enables a comprehensive, multifaceted analysis. The knowledge gained from this study, such as identifying which hospital wards have more vulnerable or at-risk patients, will be used to enhance staff training, in turn improving both future admissions routines as well as post-discharge support for patients. Every observation, regardless of scale, holds potential to refine hospital processes and operating procedures.
- To identify the main influencing / contributing factors for hypoglycaemia and develop a weighted risk score to predict episodes (Variant 4 KEP). The Trust is establishing and implementing measures to "pre-assess" inpatients to evaluate their risk of a hypoglycaemic episode, which will allow medical professionals to design protocols and policies to prevent episodes from occurring as well as take early remediative action as soon as possible to resolve an episode should it occur. I aim to find data-backed values for the key features responsible for hypoglycaemia, through statistical tests and machine learning algorithms, in order to create a risk score. This risk score can then be applied in hospital to determine the best course of action based on the patient's reason for being admitted.

1.4 Report Structure

Section 2 contains a comprehensive, detailed review of similar research carried out by other universities, teaching hospitals and medical facilities including references to relevant medical literature. I have compared and contrasted datasets used, approaches taken and results obtained.

Section 3 delves deeper into the dataset provided by GSTT, elaborating on the raw features provided and those that were derived from them for analysis.

Section 4 (Methodology & Implementation) outlines the statistical and mathematical theory behind the concepts used for analysis, ranging from machine learning algorithms to hypothesis testing methods.

Sections 5 (Main Results) onwards discuss the main research executed within the project and deliberates on the results achieved

Section 6 (Ethical Professional Legal Social issues)

Section 7 (Conclusion and Applicability)

1.4.1 Dissertation Length

This dissertation comprises a total of wordcount XXXX words excluding references and appendices.

2 Literature Survey & Review

Various kinds of different prediction models have already been devised and developed for predicting hypoglycemia. Yi Wu and others have systematically compared, and evaluated the applicability of models in clinical practice in a paper in Biological Research for Nursing[1] where it was found that the major predictors were age, HbA1c, history of hypoglycemia, and insulin use. Lin Yang, Zhiguang Zhou have carried out similar research in the Frontiers in Public Health journal[2] uncovering risk factors that could possibly lead to hypoglycemic events, after employing various data driven models based on ML techniques such as neural networks, autoregressive / ensemble learning and such.

In silico proof of concept studies like the one from Zecchin[3] have also been researched to investigate how continuous glucose monitoring short-term glucose prediction algorithms could be exploited to recognise the run up to hypoglycemic episodes, allowing the patient to take appropriate countermeasures to mitigate events. They found that there was a significant reduction in both the time spent in a hypoglycemic event as well as the number of hypoglycemic events.

As this is a Knowledge Exchange Project (KEP) with NHS England I have been provided a real world dataset from GSTT. Medical data is difficult to obtain, and it rarely fits a research objective without needing much modification.

3 Dataset

Our industry advisor from GSTT has graciously provided a year's worth of data in multiple .xlsx files, which have been combined into one for the purposes of analysis and research for this project. The **raw fields provided** within the data were:

- UniqueID: Unique identifier for the patient and test, which is just a number. Meant to identify same patients (not personally) when considered together with Order Time, Order Date and Age, as same patients can have multiple blood glucose tests during their stay.
- Order Date: The date when the glucose measurement was ordered or taken
- Order Time: The timestamp at which the glucose measurement was ordered or taken
- Inpatient Admission Date: The date at which the patient was admitted into the medical facility
- Discharge Date: The date the patient was discharged from the medical facility
- Length of Stay: The amount of time the patient has spent in the medical facility in days and hours (for eg. "5d 6h")
- Ward: The ward that the glucose measurement was taken in, usually matches the ward that the patient was admitted to
- Last Lab Test Results: The result of the glucose measurement in mmol/L. Most values in this column are of the format "Manual blood glucose: 8.70 mmol/L" or "POCT Glucose Blood Manually: 2.7 mmol/L".
- Age: Age of the patient at the time of measuring blood glucose in years
- Ethnicity: Specific ethnicity of the patient, values ranging from "South American Columbian" to "Black or Black British Nigerian" to "Other" or even missing.
- Gender Identity: Gender of the patient.
- **HbA1c:** Numerical value of HbA1c in mmol/mol.
- HbA1c Date: Date the HbA1c test was done for that patient
- eGFR: Estimated Glomerular Filtration rate, which is a measurement of how well the kidneys are functioning. This is a percentage from 0 to 90, with anything 91 and over displayed by the NHS electronic health record system (Epic) as ">91" because an eGFR of 91 percent and above indicates healthy renal function.
- eGFR Date: The date the eGFR test was conducted.

The variables derived from these features were:

- Age_Range: Categorical variable to store the age category of the patient based on their age to aid in visualisation. Possible values for this column are: "Young (1 to 25)", "Adult / Middle Aged (26-50)", "Older Adult / Old (51-75)" and "Elderly (76-100)"
- Has_Hypoglycemia: Binary variable to store whether the patient has hypoglycemia. A glucose measurement of 4mmol/L and below means the patient is hypoglycemic and has 1 in this column, 0 otherwise.
- Glycemia_Type: Categorical variable to store the type of glycemia based on the patient's glucose measurement. For the purposes of this project, the classes we have been instructed to use are (all units in mmol/L):
 - 1. "Severe Hypoglycemia" for blood glucose values 2.2 and below
 - $2.\,$ "Hypoglycemia"- for blood glucose values from 2.3 to 4 both inclusive
 - 3. "Target Range"- for blood glucose values from 4.1 to 11 both inclusive
 - 4. "Hyperglycemia" for blood glucose values above 11
- eGFR_Category: Categorical variable that shows how serious the loss of kidney function is, based on the eGFR percentage. The possible values for this column are:
 - 1. "eGFR less than 20 Kidney Failure" for eGFR less than or equal to 20%
 - 2. "eGFR between 20 & 40 Critical Loss of Kidney Function"- for eGFR above 20% but less than or equal to 40%
 - 3. "eGFR between 40 & 60 Significant Loss of Kidney Function"- for eGFR above 40% but less than or equal to 60%
 - 4. "eGFR between 60 & 80 Moderate Loss of Kidney Function"- for eGFR above 60% but less than or equal to 80%
 - 5. "eGFR between 80 & 90 Minor Loss of Kidney Function"- for eGFR above 80% but less than or equal to 90%
 - 6. "eGFR above 90 Normal kidney function"- for eGFR above 90% (data has been processed to only include "91" for this class as healthy eGFR is 91% and above).
- Wider_Ethnic_Group: Categorical variable to store the overarching ethnic group based on the one specified in the ethnicity column, as that had a total of 57 unique values. Possible values are: "Unknown or Not Stated", "White", "Mixed", "Asian or Asian British", "Black or Black British" and "Other Ethnic Groups".

Note that columns obtained after cleaning the original data to extract a numerical value (such as blood glucose) have been omitted for brevity.

Please see Appendix A subsection A.1 for screenshots of the dataset(s).

4 Methodology and Implementation

It presents and justifies the methodology used to deal with the problem and describes in detail the implementation procedures. The background theory presented in the previous chapter can be recalled to support the proposed implementation. The originality, novelty and contribution are to be demonstrated with the discussion of the strengths and limitations.

The content of "Main results" is in "\contents\introduction.tex"

5 Main Results and Findings

The chapter reports the contributions of your work. For example, it could contain the following sub-sections to summarise the contribution of the project such as Theoretical Development, Analysis and Design, Implementation and Experimental Work, Results, Observation and Discussion.

5.1 Interpretation Analysis and Evaluation

It summarises the results obtained from the proposed design and methodology. The way to obtain the results should be described in detail. Analysis and evaluation have to be performed. Comparisons should be made. It should justifies if the project aims, objectives, requirements and specifications have been achieved.

6 Math equations

This section is for demonstration of equations, figures, tables, which is not required for the report.

6.1 Maths

$$\frac{\mathrm{d}S_t}{S_t} = r\mathrm{d}t + \sigma\mathrm{d}W_t, \qquad S_0 > 0, \tag{6.1}$$

The equation $\sigma = ma$ follows easily [?].

6.2 Figures

Here is an example [?] of how to insert a picture:

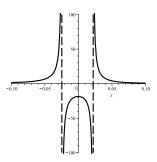


Figure 1: This is the caption for the figure.

Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero

6.2 Figures 10

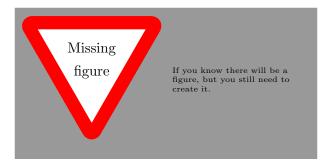


Figure 2: This is the caption for the figure which is not even present.

eos et accusam et justo duo dolores et ea rebum. Stet clita kasd gubergren, no sea takimata sanctus est Lorem ipsum dolor sit amet. Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero eos et accusam et justo duo dolores et ea rebum. Stet clita kasd gubergren, no sea takimata sanctus est Lorem ipsum dolor sit amet.

or two side-by-side pictures:

-0.10

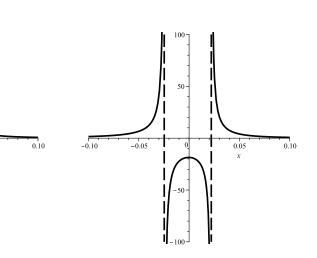


Figure 3: Another caption

This is a small Todo, please take care!

7 Legal, Social, Ethical and Professional Issues

Research and projects within the medical domain are always inherently sensitive regardless of the kind of data involved or the presence of human participants. This sensitivity is amplified when a highly prominent industry stakeholder such as the NHS is interested, in view of the fact that it oversees public health across all of the UK. Right from the start, I have prioritized regular and transparent communication with our industry advisor through recurring meetings, while upholding implicit confidentiality agreements regarding the nature of the data and the project's specific objectives. All analysis was conducted within the agreed-upon scope. All deliverables were presented in a coherent and actionable format, thereby reflecting my commitment to their distinct requirements and towards fostering a trustworthy working relationship. Being cognizant of my social and ethical responsibility in this undertaking to advance public welfare, I have submitted an application in KCL's Research Ethics Management Application System (REMAS) which should supplement the agreements and principles established at the time of inception of the project, considering that the project is a KEP with industry (NHS England). According to KCL and REMAS guidelines, this project is classed as "Minimal Risk" [ref], in that it involves the study of pre-existing data that is not available to the general public, but is fully anonymous at the point which I as a researcher gain access to it. The industry advisor has kindly provided us the necessary data after complete anonymization, which removes any risk of personal identification. (Still submitted a Full Application Form instead of a minimal risk application) To further support this and in line with the guidelines listed in the General Data Protection Regulation (GDPR) as well as the Data Protection Act (DPA) 2018, the data was both shared with me and only accessed through secure organization / university credentials, meaning that it did not need to be fetched at all through any resource or API calls, eliminating the risk of interception. It was stored locally for on-machine data analysis and modelling through frequently used, open-source Python libraries, without the involvement of any online tools where the data has to be uploaded for research. Efforts have been taken to determine whether the project requires approval from any external entities, for example the Health Research Authority[ref] https://www.hra.nhs.uk/planning-and-improving-research/researchplanning/student-research/. This was found to be not necessary. No recruitment of human participants was in the picture. Every care was taken to prevent any conflicts of interest from occurring, whether around other similar research, intellectual property, project objectives or any other sectors. I have also considered reliability measures to minimize the possibility of any kind of "reverse engineering" that may be carried out on my work. This substantiates that I have displayed special adherence to the British Computer Society (BCS) Code of Conduct and Code of Practise[ref], especially the directives regarding "Public Interest" and "Professional Competence and Integrity".

The content of "Conclusion" is in "\contents\conclusion.tex"

8 Conclusion

It is a chapter to sum up the main points and findings of the work; how you achieve the project aims and address the research questions; the contributions and results you have achieved. Future plan and development can be mentioned in this section as well. It is normally in one or two pages.

References 13

References

[1] Diabetes UK, "Cost of devastating complications highlights urgent need to transform diabetes care in the UK." URL. Accessed: 2025-07-07.

- [2] Diabetes Professional Care, "Almost 60costs are for 'preventable' complications." URL. Accessed: 2025-07-07.
- [3] Hospital Pharmacy Europe, "Data from health economic model shows cost of managing hypoglycaemia." URL. Accessed: 2025-07-07.
- [4] Diabetes Research and Wellness Foundation, "Emergency call-outs for diabetesrelated condition reduced following hypos education campaign." URL. Accessed: 2025-07-07.
- [5] NHS Digital, "National diabetes audit 2021-22, report 1: Care processes and treatment targets, detailed analysis report." National Diabetes Audit 2021-22. Accessed: 2025-07-07.

References 14

A Appendix

A.1 Dataset

Marche Content Con	A					F G	H	-	J K	1	Σ	z		Р
20. 06.06.20.22 Colo.20.22.2 Colo.20.20.2 Colo.20.22.2 Colo.20.22	1 UniqueID O	Irder Date	Order Time (npt Admsn Date Di	ischarge Date Length of St.	ay Ward		Age Ethnicity	Gender Identity	Last HbA1c	ast HBA1C Dt	Last eGFR	EGFR Date Admit Weight
20. E. O. CARDONIO LITELEZ DE SERESSEZ DE CARDONIO CARDONIO VARIAD Munual blood glucose 1.000 mmol. 2.00 millo de la citata la companya de la comp	266 265	05,06,2025	10:58:03	248956356	05,06,2025	06,06,2025 1d 9h	GH RICHARD BRIGHT WARE	Manual blood glucose: 6.20 mmol/L	64 Not stated/Undefined	Male	82	19,12,2024	23	27,06,2025
	262	05,06,2025	11:02:08	248958252	05,06,2025	06,06,2025 1d 9h	STH GYNAECOLOGY WARD	Manual blood glucose: 10.80 mmol/L	52 Black or Black British - Unspecified	Female			77	06,06,2025
200 (20,00,202) 1131-1315-1315 38886373-10 6,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,202 13,00,00,00,202 13,00,00,00,202 13,00,00,00,202 13,00,00,00,202 13,00,00,00,202 13,00,00,00,202 13,00,00,00,202 13,00,00,00,202 13,00,00,00,202 13,00,00,00,202 13,00,00,00,00,00 13,00,00,00,00	267	05,06,2025	11:02:22		05,06,2025	06,06,2025 1d 9h	STH GYNAECOLOGY WARD	Manual blood glucose: 12.00 mmol/L	52 Black or Black British - Unspecified	Female			11	06,06,2025
200 00,00,2020 11,518-18 3,898,988-88 3,40,2020 3,74 35 TH HULLMA OLIU, WARD Manual blood gloones 3,20 mmol/l. 8 bill seed belief with the background Choose not to office one 3. 4 0,00,2020 11,52,2024 3 0,00,2020 12,52,52 3,00,2020 </td <td></td> <td>05,06,2025</td> <td>11:21:12</td> <td></td> <td>05,06,2025</td> <td>05,06,2025 3h</td> <td>STH ADMISSIONS WARD</td> <td>Manual blood glucose: 10.10 mmol/L</td> <td>56</td> <td></td> <td></td> <td></td> <td>78</td> <td>05,06,2025</td>		05,06,2025	11:21:12		05,06,2025	05,06,2025 3h	STH ADMISSIONS WARD	Manual blood glucose: 10.10 mmol/L	56				78	05,06,2025
4 0.06,2020 12.64.23 26.06,2020 12.64.23 26.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.65.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.64.24 25.06,2020 12.65.24 25.06,2020 12.65.24 25.06,2020 12.65.24 25.06,2020 12.65.25 25.06,2020 12.06,2020		05,06,2025	11:58:35		24,01,2025	157d 18h	STH WILLIAM GULL WARD	Manual blood glucose: 5.20 mmol/L	59 Black or Black British - African	Female	43	20,01,2024	28	01,07,2025 121 kg
20 50 20<	271 3	05,06,2025	11:59:38	248987330	25,05,2025	18,06,2025 24d 2h	STH WILLIAM GULL WARD	Manual blood glucose: 10.40 mmol/L	88 White - Any other White background	d Choose not to disclose		30,04,2024	59	
20. 06.06.2029 21.254.2024 20.00.2024 20		05,06,2025	12:06:47	248990954	05,06,2025	06,06,2025 1d 9h	GH RICHARD BRIGHT WARE	Manual blood glucose: 5.70 mmol/L	64 Not stated/Undefined	Male	82	19,12,2024	23	
213 60.06, 2025 21.45.42 28901141 11.05, 2025 46.46 pill 57.1 (10.05, 2025) 21.45.22 28901141 11.05, 2025 20.05, 2025 21.05, 2025 20.05,		05,06,2025	12:21:30		16,05,2025	27,06,2025 42d 1h	STH SARAH SWIFT WARD	Manual blood glucose: 11.90 mmol/L	76 White - British				61	27,06,2025
11 0 G.06,2023 134312 3954315 11.0.5.0.5.0.2. 3 361 361 361 STH VILLARIA MARD Manual blood glucose 4.58 mmol/L 21 VIVA Whete - English Male a Seeker 11 O G.06,2025 14.0.5.0.2. 3 361 361 361 STH VILLARIA MARD Manual blood glucose 4.58 mmol/L 21 VIVA Whete - English Male 200,000 200 200 200 200 200 200 200 200		05,06,2025	12:54:34		17,05,2025	42d 9h	STH HILLYERS WARD	Manual blood glucose: 7.40 mmol/L	74 Black or Black British - Caribbean		\$	22,04,2024	50	30,06,2025 95 kg
275 0.00,00,002 3. 5412646 24905273 1 00,00,00,202 3.6.3 9. 07,00,40,202 3.6.3 9. 07,00,40,202 3.6.3 9. 07,00,40,202 3.6.3 9. 07,00,40,202 3.6.3 9. 07,00,40,202 3.0 9. 07,00,4002 3.0 9. 07,00,		05,06,2025	13:43:17	249031415	31,05,2025	30d 18h	STH WILLIAM GULL WARD	POCT Glucose Blood Manually En: 7.	52 White - English			^	>90	27,06,2025 55 kg
270 Co.05, 2025 15,577.23 20,905,2025 Co.05, 2025 Co.		05,06,2025	14:16:46		04,06,2025	07,06,2025 3d 3h	GH FLORENCE WARD	Manual blood glucose: 4.80 mmol/L	74 White - English	Male			32	24,06,2025
270 Co.S. 6, 2023 1, 20, 20, 2023 2, 20, 4, 2023 3, 20, 4, 2023 <td></td> <td>05,06,2025</td> <td>15:07:28</td> <td></td> <td>04,06,2025</td> <td>20,06,2025 16d</td> <td>STH GI PAGE WARD</td> <td>Manual blood glucose: 7.20 mmol/L</td> <td>81 Not stated/Undefined</td> <td></td> <td>61</td> <td>13,11,2023</td> <td>82</td> <td></td>		05,06,2025	15:07:28		04,06,2025	20,06,2025 16d	STH GI PAGE WARD	Manual blood glucose: 7.20 mmol/L	81 Not stated/Undefined		61	13,11,2023	82	
28 6.06,2025 1542-22 2498982255 60.05,2025 10.0 STHAADMISTON WARPO Natural blood gluccae; 5.0 mmol/L 5.0 Black or Black Britts ¹ . Affrican Male 6.0 5.0 STA CARLO STA		05,06,2025			01,06,2025	06,06,2025 5d 16h	STH ALEXANDRA WARD	Manual blood glucose: 6.50 mmol/L	78 Black or Black British - Caribbean	Female	39	24,04,2025	5	
279 55,6,6,2025 25,6,6,2025 6,6,6,2025 6,0,6,2025 6,0,6,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 6,0,0,2025 1,0,0,0,0,2025 1,0,0,0,0,2025 1,0,0,0,0,2025 1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0		05,06,2025	15:42:24	249082295	06,06,2025	06,06,2025 16h	STH ADMISSIONS WARD	Manual blood glucose: 9.60 mmol/L	68 Black or Black British - African	Male	47	03,05,2024	28	06,06,2025
280 05.05 221 51.05.2 259912565 0 05.06.2023 1d.10h 0 GH.ASTON KEYWARD Manual blood glucose; 6.30 mm/l, 1.2 Black or Black Girtish -Gribbean Male Grant College Colleg		05,06,2025	15:56:30	249087656	01,06,2025	09,06,2025 8d 17h	STH ALBERT WARD	Manual blood glucose: 5.70 mmol/L	34 Black or Black British - African	Male		^	>30	25,06,2025
281 65.06,2023 1635942 606,052025 Id109 GHOVARCECLOCKOVARD Manual blood glucose: 5.30 mmol/l. 72 Black or Black Britsh- Unspecified Female 6 1704,0204 606 60202 Id109 GHOVARCECLOCKOVARD Manual blood glucose: 5.30 mmol/l. 69 White- Britsh Caribbean Male 8 1704,0204 9 60 60,0202 Id109 GHOVARCECLOCKOVARD Manual blood glucose: 5.30 mmol/l. 69 White- Britsh Any other Black Female 6 109 10.06,2025 90 61 10.05,2025 10.05,2025 Id109 GHOVARCECLOCKOVARD Manual blood glucose: 5.30 mmol/l. 69 White- Britsh Any other Black Female 7 10.05,2025 90 61 10.05,2025 10.05,2025 Id109 GHOVARCECLOCKOVARD Manual blood glucose: 5.00 mmol/l. 69 Black Caribbean Male 6 109 10.06,2025 90 61 10.05,2025 Id109 GHOVARCECLOCKOVARD Manual blood glucose: 5.00 mmol/l. 69 Black Caribbean Male 6 10.05,2025 Id109 GHOVARCECLOCKOVARD Manual blood glucose: 5.00 mmol/l. 69 Black Caribbean Male 6 10.05,2025 Id109 GHOVARCECLOCKOVARD Manual blood glucose: 5.00 mmol/l. 69 Black Caribbean Male 6 10.05,2025 Id109 GHOVARCECLOCKOVARD Manual blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD Manual blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD Manual blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD Manual blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD Manual blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD MANUAL Blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD MANUAL Blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD MANUAL Blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD MANUAL Blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD MANUAL Blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD MANUAL Blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD MANUAL Blood glucose: 5.00 mmol/l. 69 White- English Male 6 10.05,2025 Id109 GHOVARD MANUAL Blood glucose: 5.00 m		05,06,2025	16:07:02	249091566	05,06,2025	06,06,2025 1d 10h	GH ASTON KEY WARD	Manual blood glucose: 6.10 mmol/L	72 Black or Black British - Caribbean	Male	43	17,04,2024	9	06,06,2025
267 CO. Go. 2022 173-636.9 450-60.202 CO. Go. 2022 GO. Go. 2022 <	281	05,06,2025	16:59:47	249109429	05,06,2025	06,06,2025 1d 9h	STH GYNAECOLOGY WARD		52 Black or Black British - Unspecified	Female			77	06,06,2025
281 65,06,2025 11,55,500 24912117 65,06,2025 14,04,2025 70,95 71,04,2024 90 281 65,06,2025 18,05,42 491,204,2025 20,04,2025 40.9 71,04,2024 90 71,04,2024 90 282 65,06,2025 18,05,224 291,06,2025 40.9 71,04,2024 40.9 71,04,2024 40.9 71,04,2024 90 285 65,05,2025 13,05,2025 10,06,2025 40.0 54,64 51,14111,145KR WARD Manual blood glucose: 5.00 mmol/L 78 lack or Black or Black Rittish. Any orther Black Remaile 52 20,4,2024 90 110 65,05,202 12,05,2025 62,11 51441114 Manual blood glucose: 13.00 mmol/L 78 lack or Black Rittish. Carlobean 54 72,4,2024 90 281 65,05,202 12,05,2025 60,05,202 14,11 5144,04,2025 77 74 71 714,04 714,04 714,04 714,04 714,04 714,04 714,04 714,04 714,04 714,04 714,04 714,04 714,04<		05,06,2025	17:36:36		05,06,2025	06,06,2025 1d 10h	GH ASTON KEY WARD	Manual blood glucose: 6.30 mmol/L	72 Black or Black British - Caribbean	Male	43	17,04,2024	09	06,06,2025
284 65,002 31,004,2025 704 9h 71H ARK WARPD Manuab blood glucoses: 5.10 mmol/L 68 White - British Art 20,40,2025 40,00,2025	281	05,06,2025	17:55:00		05,06,2025	06,06,2025 1d 1h	GH SARAH WARD	Manual blood glucose: 6.50 mmol/L	69 White - English			^	>90	05,06,2025
28 G. 66, 2025 19-27-24 24912-2405 G. 03-06, 2025 4 C. 14 Maruab look glucose: 1.0.8 mmol/L 6 Natural blook glucose: 1.0.8 mmol/L 6 Natural 8 Natural blook glucose: 1.0.8 mmol/L 6 Natural 8 Natural	284	05,06,2025	18:03:54		22,04,2025	46 boz	STH MARK WARD	Manual blood glucose: 5.10 mmol/L	68 White - British		47	12,04,2024 >	>90	30,06,2025 75 kg
118 05.06,2025 1925-37 249134793 0.06,02025 10.06,2025	282	05,06,2025	19:02:34		03,06,2025	07,06,2025 4d 13h	GH ASTON KEY WARD	Manual blood glucose: 10.80 mmol/L	50 Black or Black British - Any other Bla	nck Female	109	10,06,2025 >	>90	10,06,2025
10 50.6,2025 19:278.42 24913473 0,50,6,2025 12.06,2025 6 021h STH WILLIAM GULL WARD Marual blood glucose: 1.10 mmol/L S S S S S S S S S S S S S S S S S S S		05,06,2025	19:25:07	249134589	17,05,2025	45d 9h	STH HILLYERS WARD	Manual blood glucose: 6.00 mmol/L	74 Black or Black British - Caribbean		54	22,04,2024	20	30,06,2025 95 kg
28 65,602.02 19.27-27.2 49134791 30,04,2025 61d 17h STH WILLIAM GULL WARD Manual blood glucose: 3.30 mmol/L 51 White- Any other Ewhite background Male 72 72 72 72 72 72 73		05,06,2025	19:26:43	249134739	05,06,2025	12,06,2025 6d 21h	STH WILLIAM GULL WARD	Manual blood glucose: 11.10 mmol/L	65 White - English	Male			70	
12 G5,06,2025 19-56-11 7551386 G 05,06,2025 14h STH ADMISSIONIS WARD Manual blood glucoses: 9.20 mmol/L 31 Black or Black British - Caribbean Age 140,4,2025 140,4,20		05,06,2025	19:27:27	249134791	30,04,2025	61d 17h	STH WILLIAM GULL WARD	Manual blood glucose: 13.00 mmol/L	59 White - Any other White background	d Male			72	26,06,2025 62.3 kg
290 0.5.06,2025 20.43.210 29140609 14.04,2025 77d 17h STH SOMRESET WARD Manual blood glucose; 3.00 mmol/L 35 Any Other Ethnic Group Male Male PRISON MARSET WARD Manual blood glucose; 3.00 mmol/L 35 Any Other Ethnic Group Male 90.00,2023 20	112	05,06,2025	19:56:11	75513886	05,06,2025	06,06,2025 14h	STH ADMISSIONS WARD	Manual blood glucose: 9.20 mmol/L	41 Black or Black British - Caribbean				63	06,06,2025
148 05.06,2025 2043-348 24914042 0 14,04,2025 14 134	290	05,06,2025	20:42:10		14,04,2025	77d 17h	STH SOMERSET WARD	Manual blood glucose: 3.40 mmol/L	35 Any Other Ethnic Group	Male			81	29,06,2025 77 kg
148 G.5,6,2025 210-74-21 249140759 G.6,6,2025 16h 77 PA DANISSIONS WARD POT Glucose Blood Marual blood glucose: 6.60 mmol/L 87 Black or Black British - Gribbean Female 40 G.6,2023 50 G.6,6,2025 16h 77 PA DANISSIONS WARD POT Glucose Blood Manually E:11. 68 Black or Black British - African Male 47 G.9,5,2024 58 S S S G.6,6,2025 16h G.6,2025 16h G.6,2025 16h G.6,2025 16h G.6,2025 12h G.6,2025	148	05,06,2025	20:42:48		14,04,2025	77d 17h	STH SOMERSET WARD	Manual blood glucose: 4.30 mmol/L	35 Any Other Ethnic Group	Male			81	29,06,2025 77 kg
239 65,02025 21:07-42 294942353 06,06,2025 (0.002) 50,000,2025 (0.002) 50,000,2025 (0.002) 50,000,2025 (0.002) 60,000,2025 (0.002) 60,000,2025 (0.000) 70,000,2025 (0.000)	148	05,06,2025	20:44:12		06,06,2025	07,06,2025 1d 13h	STH SOMERSET WARD	Manual blood glucose: 6.60 mmol/L	53 Black or Black British - Caribbean	Female	40	08,12,2023 >	>90	05,06,2025
279 Go, Go, 2025 21:07:45 49:142357 Go, Go, 2025 140 AG	293	05,06,2025	21:07:42		06,06,2025	06,06,2025 16h	STH ADMISSIONS WARD		68 Black or Black British - African	Male	47	03,05,2024	58	06,06,2025
279 GS,06,2025 21:16:33 249143099 05.06,2025 10.1 HALEAMBA WARD Manual blood glucose: 12.40 mmol/l. 80 White-English 590 970 50.06,2025 21:46:31 249144918 20.06,2025 21:46:31 249144918 20.06,2025 21:46:31 249144918 20.06,2025 21:46:31 249144918 20.06,2025 21:46:31 249144918 21.06,2025 21:46:31 249144918 21.06,2025 21:46:31 249144918 21.06,2025 21:46:31 24914918 21.06,2025 21:46:46:31 24914918 21.06,2025 21:46:46:31 24914918 21.06,2025 21:46:46:31 24914918 21.06,2025 21:46:46:31 24914918 21.06,2025 21:46:46:46:46:46:46:46:46:46:46:46:46:46:		05,06,2025	21:07:45	249142357	06,06,2025	06,06,2025 16h	STH ADMISSIONS WARD	POCT Glucose Blood Manually E: 11.	68 Black or Black British - African	Male	47	03,05,2024	28	06,06,2025
284 65,66,2025 21:43:01 249144918 21,05,2025 40.29h STH ALEXANDRA WARD Manual blood glucose: 6.20 mmol/L 88 White Any other White background Choose not to disclose 5.20 mmol/L 88 White Any other White background Choose not to disclose 5.30 mmol/L 88 White Any other White background Choose not to disclose 5.30 mmol/L 87 65,62025 21:43:61 249147818 24912491 14,42,2025 10,62,2025 71318 STH ALEXANDRA WARD Manual blood glucose: 5.30 mmol/L 72 faith Male Ward Manual blood glucose: 5.80 mmol/L 72 faith Male Ward Male 80,60,52025 10,62,2025 71 14,64,2025 71 18,64,		05,06,2025	21:16:33	249143099	05,06,2025	06,06,2025 1d 1h	GH SARAH WARD	Manual blood glucose: 12.40 mmol/L	69 White - English			^	>90	05,06,2025
297 65,66,2025 22:03:157 249146383 25,05,2025 24 24 b STH WILLIAM GULL WARD Manual blood glucose: 11.00 mmol/L SR White- Any other White background Choose not to disclose 53 30,04,2024 5 5 00,4,2024 5 15,04,2025 24 24 b STH WILLIAM GULL WARD Manual blood glucose: 5.00 mmol/L 72 states 22.4345 24914901 1,404,2025 24 13,04,2025 24 14,06,2025 10,06,2024 24 14,06,2025 10,06,2	284	05,06,2025	21:43:01	249144918	21,05,2025	40d 19h	STH ALEXANDRA WARD	Manual blood glucose: 6.20 mmol/L	82 Not stated/Undefined				53	01,07,2025 67.2 kg
4 05.06,2025 22:13:12 249147160 24.01,2025 44.94 STH WILLIAM GULL WARD Manual blood glucose: 6.10 mmol/L S Black or Black British - African Female 43 20.01,2024 58 13.05,2024 49 STH MARK WARD Manual blood glucose: 5.00 mmol/L 72 Asia 24914521 14.04,2025 74 18h STH SOMESET WARD Manual blood glucose: 5.00 mmol/L 72 Asia 24914521 14.04,2025 74 18h STH SOMESET WARD Manual blood glucose: 5.00 mmol/L 72 Asia 24914521 14.04,2025 74 18h STH ALEXANDRA WARD Manual blood glucose: 5.00 mmol/L 9 Black or Black or Black or Black British - Caribbean Female 75 And 18h STA 18h		05,06,2025	22:01:57		25,05,2025	18,06,2025 24d 2h	STH WILLIAM GULL WARD	Manual blood glucose: 11.00 mmol/L	88 White - Any other White background	d Choose not to disclose		30,04,2024	59	18,06,2025
3 05,06,2025 2246/05 24914981 06,06,2025 44914981 10,06,2025 44914981 10,06,2025 44914981 10,06,2025 44914981 10,06,2025 4491491 10,04,2025 4491491491 10,04,2025 449	299 4	05,06,2025	22:13:12		24,01,2025	157d 18h	STH WILLIAM GULL WARD	Manual blood glucose: 6.10 mmol/L	59 Black or Black British - African	Female	43	20,01,2024	58	01,07,2025 121 kg
300 05,06,2025 23:44:45 249152341 14,04,2025 77d 17h STH SOMERSET WARD Manual blood glucose: 5.80 mmol/L 99 Black or Black British - Caribbean Female 26 05,06,2025 16:48:01 77,06,2025 17d 18h STH ALEXANDRA WARD Manual blood glucose: 6.80 mmol/L 99 Black or Black British - Caribbean Female 26 26 26 27d 18h STH ALEXANDRA WARD Manual blood glucose: 6.80 mmol/L 99 Black or Black British - Caribbean Female 26 28 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29	8	05,06,2025	22:46:05		06,06,2025	10,06,2025 4d 9h	STH MARK WARD	Manual blood glucose: 9.20 mmol/L	72 Asian or Asian British - Arab	Male	49	13,05,2024	59	
16:48:01 29383951 07;06,2025 74.18h STHALEXANDRA WARD Manual blood glucose: 6.80 mmol/L 99 Black or Black British - Caribbean Female 26		05,06,2025	23:44:45		14,04,2025	77d 17h	STH SOMERSET WARD	Manual blood glucose: 5.80 mmol/L	35 Any Other Ethnic Group	Male			81	29,06,2025 77 kg
	302 148	06,06,2025	16:48:01	249383961	07,06,2025	14,06,2025 7d 18h	STH ALEXANDRA WARD	Manual blood glucose: 6.80 mmol/L	99 Black or Black British - Caribbean	Female			26	

Figure 4: Raw dataset

A.1 Dataset

Age Ethnicity 56 89 Black or Black British - African							
56 59 Black or Black British - African	Gender Identity La	st HbA1c La	Last HbA1c Last HBA1C Dt Last eGFR		EGFR Date Admit Weight Glucose Value Length of Stay (Ti Age_Range	Has_Hypo{ Glycemia_Type	eGFR_Category Wider_Ethnic_Group
59 Black or Black British - African				78 05,06,2025	10.1 0 days 03:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 60 & 80 - Moderate Loss of Kidney F Unknown or Not Stated
	Female	43	20,01,2024	58 01,07,2025 121 kg	5.2 157 days 18:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney Black or Black British
88 White - Any other White background Choose not to disclose	Choose not to disclose	23	30,04,2024	59 18,06,2025	10.4 24 days 02:00:00 Elderly (76-100)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney White
64 Not stated/Undefined	Male	82	19,12,2024	23 27,06,2025	5.7 1 days 09:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 20 & 40 - Critical Loss of Kidney Fun Unknown or Not Stated
76 White - British				61 27,06,2025	11.9 42 days 01:00:00 Elderly (76-100)	0 Hyperglycemia	eGFR between 60 & 80 - Moderate Loss of Kidney FWhite
74 Black or Black British - Caribbean		25	22,04,2024	50 30,06,2025 95 kg	7.4 45 days 09:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney Black or Black British
52 White - English			06<		7.5 30 days 18:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR above 90 - Normal kidney function White
74 White - English	Male			32 24,06,2025	4.8 3 days 03:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 20 & 40 - Critical Loss of Kidney Fun White
81 Not stated/Undefined		19	13,11,2023	82 20,06,2025	7.2 16 days 00:00:00 Elderly (76-100)	0 Target Range	eGFR between 80 & 90 - Minor Loss of Kidney Fund Unknown or Not Stated
78 Black or Black British - Caribbean	Female	39	24,04,2025	5 17,06,2025	6.5 5 days 16:00:00 Elderly (76-100)	0 Target Range	eGFR less than 20 - Kidney Failure Black or Black British
68 Black or Black British - African	Male	47	03,05,2024	58 06,06,2025	9.6 0 days 16:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney Black or Black British
34 Black or Black British - African	Male		06<	25,06,2025	5.7 8 days 17:00:00 Adult / Middle Aged (26-50)	0 Target Range	eGFR above 90 - Normal kidney function Black or Black British
72 Black or Black British - Caribbean	Male	43	17,04,2024	60 06,06,2025	6.1 1 days 10:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney Black or Black British
52 Black or Black British - Unspecified	Female			77 06,06,2025	7.5 1 days 09:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 60 & 80 - Moderate Loss of Kidney FBlack or Black British
72 Black or Black British - Caribbean	Male	43	17,04,2024	60 06,06,2025	6.3 1 days 10:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney Black or Black British
69 White - English			>90	05,06,2025	6.5 1 days 01:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR above 90 - Normal kidney function White
68 White - British		47	12,04,2024 >90	30,06,2025 75 kg	5.1 70 days 09:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR above 90 - Normal kidney function White
50 Black or Black British - Any other Black Female	c Female	109	10,06,2025 >90	10,06,2025	10.8 4 days 13:00:00 Adult / Middle Aged (26-50)	0 Target Range	eGFR above 90 - Normal kidney function Black or Black British
74 Black or Black British - Caribbean		54	22,04,2024	50 30,06,2025 95 kg	6 45 days 09:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney Black or Black British
65 White - English	Male			70 30,06,2025	11.1 6 days 21:00:00 Older Adult / Old (51-75)	0 Hyperglycemia	eGFR between 60 & 80 - Moderate Loss of Kidney FWhite
59 White - Any other White background Male	Male			72 26,06,2025 62.3 kg	13 61 days 17:00:00 Older Adult / Old (51-75)	0 Hyperglycemia	eGFR between 60 & 80 - Moderate Loss of Kidney FWhite
41 Black or Black British - Caribbean				63 06,06,2025	9.2 0 days 14:00:00 Adult / Middle Aged (26-50)	0 Target Range	eGFR between 60 & 80 - Moderate Loss of Kidney FBlack or Black British
35 Any Other Ethnic Group	Male			81 29,06,2025 77 kg	3.4 77 days 17:00:00 Adult / Middle Aged (26-50)	1 Hypoglycemia	eGFR between 80 & 90 - Minor Loss of Kidney Func Other Ethnic Groups
35 Any Other Ethnic Group	Male			81 29,06,2025 77 kg	4.3 77 days 17:00:00 Adult / Middle Aged (26-50)	0 Target Range	eGFR between 80 & 90 - Minor Loss of Kidney Func Other Ethnic Groups
53 Black or Black British - Caribbean	Female	40	08,12,2023 >90	05,06,2025	6.6 1 days 13:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR above 90 - Normal kidney function Black or Black British
68 Black or Black British - African	Male	47	03,05,2024	58 06,06,2025	0 days 16:00:00 Older Adult / Old (51-75)		eGFR between 40 & 60 - Significant Loss of Kidney Black or Black British
68 Black or Black British - African	Male	47	03,05,2024	58 06,06,2025	11.4 0 days 16:00:00 Older Adult / Old (51-75)	0 Hyperglycemia	eGFR between 40 & 60 - Significant Loss of Kidney Black or Black British
69 White - English			>90	05,06,2025	12.4 1 days 01:00:00 Older Adult / Old (51-75)	0 Hyperglycemia	eGFR above 90 - Normal kidney function White
82 Not stated/Undefined				53 01,07,2025 67.2 kg	6.2 40 days 19:00:00 Elderly (76-100)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney Unknown or Not Stated
88 White - Any other White background Choose not to disclose	Choose not to disclose	23	30,04,2024	59 18,06,2025	11 24 days 02:00:00 Elderly (76-100)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney White
59 Black or Black British - African	Female	43	20,01,2024	58 01,07,2025 121 kg	6.1 157 days 18:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney Black or Black British
72 Asian or Asian British - Arab	Male	49	13,05,2024	59 26,06,2025	9.2 4 days 09:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney Asian or Asian British
35 Any Other Ethnic Group	Male			81 29,06,2025 77 kg	5.8 77 days 17:00:00 Adult / Middle Aged (26-50)	0 Target Range	eGFR between 80 & 90 - Minor Loss of Kidney Func Other Ethnic Groups
99 Black or Black British - Caribbean	Female			26 16,06,2025	6.8 7 days 18:00:00 Elderly (76-100)	0 Target Range	eGFR between 20 & 40 - Critical Loss of Kidney Fun Black or Black British
76 White - British				61 27,06,2025	7.3 42 days 01:00:00 Elderly (76-100)	0 Target Range	eGFR between 60 & 80 - Moderate Loss of Kidney FWhite
88 White - British	Female	61	22,01,2024	49 10,06,2025	4.8 6 days 21:00:00 Elderly (76-100)	0 Target Range	eGFR between 40 & 60 - Significant Loss of Kidney White
71 White - British			>90	07,06,2025	6.2 3 days 08:00:00 Older Adult / Old (51-75)	0 Target Range	eGFR above 90 - Normal kidney function

Figure 5: Dataset with cleaned features (this is in addition to the fields of the raw dataset)