



**West Midlands
Paediatric Diabetes Network**

Quality Standards

Care of Children and Young People with Diabetes

Version 1.2

June 2012

These Quality Standards may be reproduced and used freely by NHS and social care organisations in the West Midlands for the purpose of improving health services for residents of the West Midlands and those who use West Midlands' services. No part of the Quality Standards may be reproduced by other organisations or individuals or for other purposes without the permission of the West Midlands Quality Review Service. Organisations and individuals wishing to reproduce any part of the Quality Standards should email the West Midlands Quality Review Service on: swb-tr.SWBH-GM-WMQRS@nhs.net.

Whilst the West Midlands Quality Review Service has taken reasonable steps to ensure that these Quality Standards are fit for the purpose of reviewing the quality of services in the West Midlands, this is not warranted and the West Midlands Quality Review Service will not have any liability to the service provider, service commissioner or any other person in the event that the Quality Standards are not fit for this purpose. The provision of services in accordance with these Standards does not guarantee that the service provider will comply with its legal obligations to any third party, including the proper discharge of any duty of care, in providing these services.

Review by: December 2016 at the latest

Version No.	Date	Change from previous version
V1	13.6.2012	N/A
V1.1	20.6.2012	Reference numbers changed for (new ref) Qs JC-203 and 204 (previously JC-202 and 203).
V1.2	28.6.2012	QS JR-106: Note 3 added QS JR-601d: Change of wording Minor amendments: QS JR-601 note 3 & JR-602 note.

CONTENTS

Introduction	3
QUALITY STANDARDS	6
Primary Care	6
Acute Trust-Wide	7
Paediatric Diabetes Services	8
Information and Support for Children, Young People and Families	8
Staffing	11
Support Services	13
Facilities and Equipment	13
Guidelines and Protocols	14
Service Organisation and Liaison with Other Services	15
Governance	17
Commissioning	18
Appendix 1 Steering Group	20
Appendix 2 References	21
Appendix 3 Cross-References to Care Quality Commission and NHS Litigation Authority Standards	23
Appendix 4 Presentation of Evidence for Peer Review Visits	25
Appendix 5 Glossary of Terms and Abbreviations	27

INTRODUCTION

These Quality Standards aim to improve the quality of services for children and young people with diabetes. They help to answer to the question: “For each service, how will I know that national guidance and evidence of best practice have been implemented?” and are suitable for use in service-specifications, self-assessment and peer review visits. The Quality Standards describe what services should be aiming to provide and all services should be working towards meeting all applicable Quality Standards within the next two years.

The Standards have been developed by a Sub-Group of the West Midlands Paediatric Diabetes Network chaired by Dr Chizo Agwu (Appendix 1). The Quality Standards are based on and support implementation of national strategies and guidance, including NICE guidance and Quality Standards. Appendix 2 lists relevant national guidance and links it to each of the Quality Standards. Appendix 3 cross references each of the Quality Standards to the Care Quality Commission’s *Essential Standards of Quality and Safety*, (March 2010) and the NHS Litigation Authority’s *Risk Management Standards 2012-13* (2012).

We hope that through the quality standards and peer review programme:

- a. Children and young people with diabetes and their families will know more about the services they can expect.
- b. Commissioners will be supported in assessing and meeting the needs of their population, improving health and reducing health inequalities, and will have better service specifications.
- c. Service providers and commissioners will work together to improve service quality.
- d. Service providers and commissioners will have external assurance of the quality of local services.
- e. Reviewers will learn from taking part in review visits.
- f. Good practice will be shared.
- g. Service providers and commissioners will have better information to give to the Care Quality Commission and Monitor.

These Quality Standards link with other WMQRS Quality Standards, in particular those for:

- Care of Critically Ill and Critically Injured Children in the West Midlands
- Care of People with Long-Term Conditions

The latest versions of these Quality Standards are available on the WMQRS website:

www.wmqi.westmidlands.nhs.uk/wmqrs/

STRUCTURE OF THE QUALITY STANDARDS

Each Quality Standard is structured as follows:

<p>Reference Number (Ref)</p>	<p>This column contains the reference number for each Quality Standard which is unique to these standards and is used for all cross-referencing. Each reference number is composed of two letters (the first identifying the care pathway and the second the service to which a standard applies) and three digits (the first identifying the relevant section and the last two being unique to that Quality Standard).</p> <p>The reference also includes a guide to how the Quality Standard will be reviewed:</p> <table border="1" data-bbox="678 602 1302 779"> <tr> <td>BI</td> <td>Background information to review team</td> </tr> <tr> <td>Visit</td> <td>Visiting facilities</td> </tr> <tr> <td>MP&S</td> <td>Meeting children, young people, families and staff</td> </tr> <tr> <td>CNR</td> <td>Case note review</td> </tr> <tr> <td>Doc</td> <td>Documentation should be available</td> </tr> </table> <p>The shaded area indicates the approach that will be used to reviewing the Quality Standard.</p> <p>Appendix 4 summarises the evidence needed for review visits.</p>	BI	Background information to review team	Visit	Visiting facilities	MP&S	Meeting children, young people, families and staff	CNR	Case note review	Doc	Documentation should be available
BI	Background information to review team										
Visit	Visiting facilities										
MP&S	Meeting children, young people, families and staff										
CNR	Case note review										
Doc	Documentation should be available										
<p>Quality Standard (QS)</p> <p><i>Notes</i></p>	<p>This describes the quality that services are expected to meet.</p> <p><i>The notes give more detail about either the interpretation or the applicability of the standard.</i></p>										

Pathway and Service Letters

The Quality Standards are in the following sections:

JA-	Long-Term Conditions Pathway	Primary Care
JC-	Long-Term Conditions Pathway	Acute Trust-Wide
JR-	Long-Term Conditions Pathway	Paediatric Diabetes Services
JZ-	Long-Term Conditions Pathway	Commissioning

Topic Sections

Each section covers the following topics:

-100	Information and Support for Children, Young People and Families
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

TERMINOLOGY

Children and Young People:

The Quality Standards use 'children and young people' to refer to all those aged under 19 who are cared for by paediatric diabetes services. For simplicity, in some Standards this is abbreviated to 'young people'.

Families:

'Families' is used to refer to parents, grandparents and siblings but should be taken to include those with close, supportive relationships of children and young people with diabetes. This includes those providing care for 'looked after' children and young people.

School:

Throughout the Quality Standards the term 'school' is used. This should be taken as referring to pre-school, school, college and other education providers. 'School Care Plan' should similarly be taken as the plan for ensuring ongoing involvement in education in all settings.

Policies, Protocols, Guidelines and Procedures:

The Quality Standards use the words policy, protocol, guideline and procedure based on the following definitions:

Policy	A course or general plan adopted by an organisation, which sets out the overall aims and objectives in a particular area.
Protocol	A document laying down in precise detail the tests or steps that must be performed.
Guidelines	Principles which are set down to help determine a course of action. They assist the practitioner to decide on a course of action but do not need to be automatically applied. Clinical guidelines do not replace professional judgement and discretion.
Procedure	A procedure is a method of conducting business or performing a task, which sets out a series of actions or steps to be taken.

For simplicity, some Standards use the term 'guidelines and protocols' which should be taken as referring to policies, protocols, guidelines and procedures. All clinical guidelines should be based on NICE guidance, other national guidance or other evidence of effectiveness. Local guidelines and protocols should specify the way in which national guidance will be implemented locally and should show consideration of local circumstances.

Appendix 5 gives a glossary of terms and abbreviations used in the Quality Standards.

REVIEW PROCESS

Proposals for the way in which the Quality Standards will be used to review services in the West Midlands in 2012/13 are described in the '*Care of People with Long-Term Conditions – Quality Review Process*' available on the WMQRS website: www.wmqi.westmidlands.nhs.uk/wmqrs/

COMMENTS ON THE QUALITY STANDARDS

The Quality Standards will be revised as new national guidance becomes available and as a result of experience of its use in peer review. Comments on the Quality Standards are welcomed and will be taken into account when it is updated. Comments should be sent to swb-tr.SWBH-GM-WMQRS@nhs.net.

More information about WMQRS and its Quality Standards and reviews is available at www.wmqi.westmidlands.nhs.uk/wmqrs/ or 0121 507 2891.

QUALITY STANDARDS

PRIMARY CARE

These Quality Standards for primary care aim to help general practices achieve their role in the care of children and young people with diabetes as reflected in the Quality and Outcomes Framework.

Ref	Standard					
STAFFING						
JA-298 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Primary Care Development Programme <p>General practices should participate in the local programme of training and development of primary care staff in early identification of children and young people with diabetes.</p> <p><i>Notes:</i></p> <p>1 This QS is not specific about the frequency, format or content of this programme but reviewers may comment on this.</p> <p>2 This QS links with QS JZ-298. Evidence of compliance should be given only once.</p> <p><i>CQC cross reference: 14A</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
GUIDELINES AND PROTOCOLS						
JA-502 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Primary Care Referral Guidelines – Diabetes in Children <p>Guidelines on the identification and referral of children and young people with suspected diabetes mellitus should be in use. Guidelines should include:</p> <ol style="list-style-type: none"> Same day telephone referral to the paediatric diabetes service Contact details for the paediatric diabetes service <p><i>CQC cross reference: 1D, 16E</i> <i>NHSLA cross reference: 2.8</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICES						
JA-605 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Sharps Disposal <p>GP practices should be aware of local arrangements for disposal of ‘sharps’ used at home and should ensure families of young people with diabetes are aware of these.</p> <p><i>CQC cross reference: 14A</i> <i>NHSLA cross reference: 4.7</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

ACUTE TRUST-WIDE

Ref	Quality Standard
STAFFING	
JC-203 BI Visit MP&S CNR Doc	<p>Board Level Lead for Care of Children</p> <p>A Board level lead for children’s services should be identified.</p> <p><i>Note: This QS overlaps with WMQRS ‘Standards for the Care of Critically Ill and Critically Injured Children in the West Midlands’ but is repeated here because of the importance of senior leadership of children’s services.</i></p> <p>CQC cross reference: 4B, 13A, 14D,14J NHSLA cross reference: 1.1</p>
JC-204 BI Visit MP&S CNR Doc	<p>Paediatric Ward Link Nurse and Staff Training</p> <p>Each paediatric ward should have a link nurse for diabetes who should have a lead role in liaison with the paediatric diabetes service and for ensuring training and education of paediatric ward staff in:</p> <ol style="list-style-type: none"> Equipment used for newly diagnosed children and young people with diabetes Management of low blood glucose (hypoglycaemia) Management of a child in diabetic keto-acidosis Carbohydrate counting <p>CQC cross reference: 13A, 14D, 14F,14J NHSLA cross reference: 3.1, 3.2</p>
GUIDELINES AND PROTOCOLS	
JC-502 BI Visit MP&S CNR Doc	<p>24/7 Advice – Paediatric Diabetes</p> <p>If arrangements for 24/7 advice for children and young people with diabetes and their families involve paediatric ward staff then guidelines should be in use covering advice to be given, and indications and arrangements for contacting the paediatric diabetes team.</p> <p><i>Note: This QS is not applicable if 24/7 advice arrangements do not involve paediatric ward staff.</i></p> <p>CQC cross reference:6A, 6F NHSLA cross reference: 2.8</p>
SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICES	
JC-606 BI Visit MP&S CNR Doc	<p>Trust-wide Group: Diabetes in Children</p> <p>The Trust should have a group responsible for coordination and development of care of children with diabetes. The membership of this group should include at least:</p> <ol style="list-style-type: none"> Lead consultant and lead nurse for children with diabetes (QS JR-201) Lead dietician and psychologist (QSs JR-202 and JR-301) Lead consultant and lead nurse for care of adults with diabetes Trust lead for point of care testing (or representative) Manager of children’s services <p>The accountability of this group should include the Trust Board lead for children’s services (QS JC-203).</p> <p><i>Note: This group may be combined with the health economy Local Network for Diabetes in Children (QS JZ-707) or may be separate.</i></p> <p>CQC cross reference:6C, 13A NHSLA cross reference:</p>

PAEDIATRIC DIABETES SERVICES

Ref	Quality Standard							
INFORMATION AND SUPPORT FOR CHILDREN, YOUNG PEOPLE AND FAMILIES								
<p>JR-101</p> <table border="1" data-bbox="193 488 276 667"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>General Support for Patients and Carers</p> <p>Children and their families should have easy access to the following services. Information about these services should be easily available:</p> <ol style="list-style-type: none"> a. Interpreter services, including access to British Sign Language b. PALS and complaint procedures c. Social workers d. Benefits advice e. Spiritual support f. <i>HealthWatch</i> or equivalent organisation <p><i>Notes:</i></p> <p>1 Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of the patients, including developmentally appropriate information for young people. Information for young people should meet the 'You're Welcome Quality Criteria' (DH, 2007).</p> <p>2 This QS is about 'signposting' to relevant services. The actual services available may be different in different areas.</p> <table border="1" data-bbox="312 1088 1417 1122"> <tr> <td>CQC cross reference: 1A, 1H</td> <td>NHSLA cross reference: 2.3, 2.10</td> </tr> </table>	CQC cross reference: 1A, 1H	NHSLA cross reference: 2.3, 2.10
BI								
Visit								
MP&S								
CNR								
Doc								
CQC cross reference: 1A, 1H	NHSLA cross reference: 2.3, 2.10							
<p>JR-102</p> <table border="1" data-bbox="193 1160 276 1339"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Service Information</p> <p>Each service should offer children and their families information covering:</p> <ol style="list-style-type: none"> a. Organisation of the service, such as clinic times b. Staff and facilities available c. How to contact the service for help and advice, including out of hours <table border="1" data-bbox="312 1339 1417 1368"> <tr> <td>CQC cross reference: 1H</td> </tr> </table>	CQC cross reference: 1H	
BI								
Visit								
MP&S								
CNR								
Doc								
CQC cross reference: 1H								

Ref	Quality Standard					
<p>JR-103</p> <table border="1" data-bbox="193 277 276 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Condition-Specific Information</p> <p>Children and families should be offered discussion and written information about diabetes, including:</p> <ol style="list-style-type: none"> Brief description of the condition and its impact Treatments available (pharmacological and non-pharmacological) Management of high and low blood glucose crises Management of diabetes during times of illness, including “sick day rules” Lifestyle advice, including exercise, smoking cessation, use of alcohol and recreational drugs, sexual health and contraception, pre-conception care and driving (where applicable) Nutritional advice Possible complications and how to prevent these (including vaccinations) Local arrangements for sharps disposal Benefits and disabled parking advice Travel advice ‘Looking to the Future’ plan Local Support Groups (if available) Where to go for further information, including useful websites Transition to adult care <p><i>Notes:</i></p> <p>1 As JR-101</p> <p>2 Information may be in paper or electronic / e-learning formats. Written guidance on how to access information is sufficient for compliance so long as this points to easily available information of appropriate quality</p> <p>3 Information may be combined with the patient education programme (QS JR-107).</p> <p>4 Identifying and, if necessary, changing beliefs about illness and health-related behaviours and should be considered when giving lifestyle advice.</p> <p>5 Information may be given at different stages in the patient pathway.</p> <p>CQC cross reference: 1H</p>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>JR-104</p> <table border="1" data-bbox="193 1368 276 1545"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Personal Care Record</p> <p>Each young person should have a written Personal Care Record which is updated regularly covering:</p> <ol style="list-style-type: none"> Agreed goals, including life-style goals Target blood glucose and how to achieve this through insulin adjustment Therapeutic interventions (pharmacological and non-pharmacological) Self-care School Care Plan covering, at least, school attended, medication details, what to do in emergency whilst in school, giving / supervision of injections by school staff and arrangements for liaison with the school Early warning signs of problems, especially high and low blood glucose, and what to do if these occur Who to contact for advice and their contact details Planned review date and how to access a review more quickly, if necessary <p><i>Note: Personal Care Records may be in a variety of formats and levels of detail so long as these meet the requirements of the Quality Standard. This QS may be met by a hand-held record or by clinic letters copied to the young person or their family.</i></p> <p>CQC cross reference: 1A, 1H, 1F,4B, 4E, 4I, 21A</p> <p>NHSLA cross reference: 1.8, 2.8</p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Quality Standard							
JR-105 <table border="1" data-bbox="193 282 277 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Three Monthly Review</p> <p>The young person's care should be reviewed at least three monthly covering:</p> <ol style="list-style-type: none"> a. HbA1c measurement b. Target blood glucose and insulin adjustment (if necessary) <p>The young person and their family should be offered any additional information (QS JR-103) appropriate to their needs and stage of development and their Personal Care Record should be updated.</p> <table border="1" data-bbox="304 524 1426 562"> <tr> <td data-bbox="304 524 868 562"><i>CQC cross reference: 1A, 1H,1F, 4A, 4E, 4I</i></td> <td data-bbox="868 524 1426 562"><i>NHSLA cross reference: 1.8, 2.8</i></td> </tr> </table>	<i>CQC cross reference: 1A, 1H,1F, 4A, 4E, 4I</i>	<i>NHSLA cross reference: 1.8, 2.8</i>
BI								
Visit								
MP&S								
CNR								
Doc								
<i>CQC cross reference: 1A, 1H,1F, 4A, 4E, 4I</i>	<i>NHSLA cross reference: 1.8, 2.8</i>							
JR-106 <table border="1" data-bbox="193 607 277 781"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Annual Review</p> <p>A formal review of the young person's plan of care should be undertaken at least annually covering:</p> <ol style="list-style-type: none"> a. Target blood glucose and insulin adjustment (if necessary) b. HbA1c measurement c. Agreed goals, including life-style goals d. Lifestyle advice, including exercise, smoking cessation, use of alcohol and recreational drugs, sexual health and contraception, pre-conception care and driving (where applicable) e. Check of self-care competences, including injecting and carbohydrate counting, and plan for development of self-care f. Education and School Care Plan g. Annual blood screening in accordance with National Paediatric Diabetes Audit standards h. Psychological well-being i. Screening for disease complications including: <ol style="list-style-type: none"> i. Foot examination ii. Microalbuminuria iii. Blood pressure measurement iv. Retinal screening <p>The young person and their family should be offered any additional information (QS JR-103) appropriate to their needs and stage of development and their Personal Care Record should be updated.</p> <p><i>Notes:</i></p> <p><i>1 The School Care Plan should cover, at least, school attended, medication details, what to do in emergency whilst in school, giving / supervision of injections by school staff, arrangements for liaison with the school and contact details for the paediatric diabetes service.</i></p> <p><i>2 More detail of National Paediatric Diabetes Audit standards is available on http://www.rcpch.ac.uk/npda</i></p> <p><i>3 Annual reviews should either be undertaken at a single visit or there should be a robust system of recording and communicating each aspect of the review to all involved in the care of the young person.</i></p> <table border="1" data-bbox="304 1682 1426 1720"> <tr> <td data-bbox="304 1682 868 1720"><i>CQC cross reference: 1A, 4A, 4E,4I</i></td> <td data-bbox="868 1682 1426 1720"><i>NHSLA cross reference: 1.8, 2.8</i></td> </tr> </table>	<i>CQC cross reference: 1A, 4A, 4E,4I</i>	<i>NHSLA cross reference: 1.8, 2.8</i>
BI								
Visit								
MP&S								
CNR								
Doc								
<i>CQC cross reference: 1A, 4A, 4E,4I</i>	<i>NHSLA cross reference: 1.8, 2.8</i>							

Ref	Quality Standard						
JR-107 <table border="1" data-bbox="193 277 276 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p data-bbox="320 248 831 275">Education and Self-Management Programmes</p> <p data-bbox="320 300 1410 405">A range of education and self-management programmes should be available, covering all aspects of JR-103. These should be offered to all young people and their families at diagnosis and at appropriate care and developmental stages thereafter.</p> <p data-bbox="320 430 384 456"><i>Note:</i></p> <p data-bbox="320 468 1410 573"><i>1 Education and self-management programmes may combine informal education during consultations with formal face-to-face or e-learning approaches. Programmes should cover different stages of the pathway and be appropriate to young people's ages and developmental stages.</i></p> <p data-bbox="320 580 1382 757"><i>2 Programmes should include structured education, continuing telephone support, frequent self-monitoring, adjusting doses, understanding diet, managing hypoglycaemia, managing acute changes in plasma glucose control values, support from an appropriately trained and experienced healthcare professional, injection technique including site selection and care, and managing sick days.</i></p> <p data-bbox="320 770 592 797"><i>CQC cross reference: 4A, 4E, 4I</i></p>	
BI							
Visit							
MP&S							
CNR							
Doc							
JR-199 <table border="1" data-bbox="193 842 276 1021"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p data-bbox="320 813 727 840">Involving Young People and Families</p> <p data-bbox="320 864 587 891">The service should have:</p> <ul style="list-style-type: none"> <li data-bbox="336 902 1161 929">a. Mechanisms for receiving feedback from young people and their families <li data-bbox="336 940 1398 1003">b. Mechanisms for involving young people and families in decisions about the organisation of the service <li data-bbox="336 1014 1390 1077">c. Examples of changes made as a result of feedback and involvement of young people and their families <p data-bbox="320 1106 1362 1211"><i>Note: The arrangements for receiving feedback may involve surveys, focus groups and/or other arrangements. They may involve Trust-wide arrangements so long as issues relating to the paediatric diabetes service can be identified.</i></p> <p data-bbox="320 1225 580 1252"><i>CQC cross reference: 1J,4I, 16E</i></p> <p data-bbox="879 1225 1161 1252"><i>NHSLA cross reference: 2.3, 2.10</i></p>	
BI							
Visit							
MP&S							
CNR							
Doc							
STAFFING							
JR-201 <table border="1" data-bbox="193 1391 276 1570"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p data-bbox="320 1361 679 1388">Lead Consultant and Lead Nurse</p> <p data-bbox="320 1413 1410 1552">The service should have a nominated lead consultant and lead nurse responsible for staff training, guidelines and protocols, liaison with other services and audit in relation to paediatric diabetes. The lead consultant and lead nurse should have regular clinical involvement in the care of children and young people with diabetes.</p> <p data-bbox="320 1568 651 1594"><i>CQC cross reference: 4B, 13A, 14D,14J</i></p> <p data-bbox="879 1568 1114 1594"><i>NHSLA cross reference: 1.9</i></p>	
BI							
Visit							
MP&S							
CNR							
Doc							

Ref	Quality Standard							
<p>JR-202</p> <table border="1" data-bbox="193 280 276 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Staffing Levels and Skill Mix</p> <p>The service should have sufficient staff with appropriate competences for the usual number of children and young people cared for by the service, including:</p> <ol style="list-style-type: none"> Consultant paediatricians (see note 1) Diabetic specialist nurses (see note 2) Dietetic staff with competences in the care of children and young people with diabetes Psychologist <p>Staffing levels should be sufficient for the care of newly diagnosed patients, three monthly and annual reviews, diabetes administration, Continuous Subcutaneous Insulin Infusion (if provided), support to ward staff during admissions and input to education and self-management programmes (QS JR-107). Staff should have time allocated in their job plan (or equivalent) for their work with children and young people with diabetes. Cover for absences should be available for each role in the service.</p> <p><i>Notes:</i></p> <p>1 Recommended medical staffing levels are one paediatric consultant per 100 children with diabetes (SWEET, 2010). Paediatric diabetes consultants should normally have 0.5 PA per week for diabetes administration in addition to clinic sessions. New appointments to consultant posts should normally have completed the Royal College of Paediatrics and Child Health Level 3 special study module in paediatric diabetes (or equivalent) or should acquire equivalent competences within one year of appointment. All paediatric diabetes consultants should do regular clinical work and Continuing Professional Development of relevance to paediatric diabetes, and should be members of a relevant professional body (for example, BSPED, ACDC, ISPA or ESPE).</p> <p>2 Recommended nurse staffing levels are one whole time equivalent diabetic specialist nurse per 70 children with diabetes (RCN, 2011, Health care service standards in caring for neonates, children and young people).</p> <p>3 Cover arrangements may involve members of the team providing cover for each other so long as a) agreements are in place that these staff are not away at the same time or b) alternative arrangements cover times when several members of the team are away.</p> <table border="1" data-bbox="304 1323 1425 1361"> <tr> <td data-bbox="304 1323 863 1361">CQC cross reference: 13A, 14D, 14F, 14G, 14H, 14J</td> <td data-bbox="863 1323 1425 1361">NHSLA cross reference: 1.9, 3.1, 3.2</td> </tr> </table>	CQC cross reference: 13A, 14D, 14F, 14G, 14H, 14J	NHSLA cross reference: 1.9, 3.1, 3.2
BI								
Visit								
MP&S								
CNR								
Doc								
CQC cross reference: 13A, 14D, 14F, 14G, 14H, 14J	NHSLA cross reference: 1.9, 3.1, 3.2							
<p>JR-203</p> <table border="1" data-bbox="193 1406 276 1581"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Competence Framework and Training Plan</p> <p>A competence framework should describe the competences expected for roles within the service, including, at least, competences in care of children and young people with diabetes, motivational interviewing, supporting self-care and safeguarding. If the service offers Continuous Subcutaneous Insulin Infusion then certified training on this should be included within the competence framework. A training and development programme should ensure that all staff are working towards or have, and are maintaining, these competences (QS JR-202).</p> <p><i>Notes:</i></p> <p>1 The competence framework does not need to cover consultant paediatricians (see note 2) or doctors in training but should cover any non-consultant, non-training grade doctors. The competence framework should cover all other staff identified in QS JR-202.</p> <p>2 Skills for Health Competences may be helpful in the development of this competence framework http://www.skillsforhealth.org.uk/competences/</p> <p>3 Training courses appropriate for diabetes specialist nurses include those run at Birmingham, Warwick and York.</p> <table border="1" data-bbox="304 1960 1425 1998"> <tr> <td data-bbox="304 1960 863 1998">CQC cross reference: 13A, 14A, 14B, 14G, 14H</td> <td data-bbox="863 1960 1425 1998">NHSLA cross reference: 3.1, 3.5, 5.5</td> </tr> </table>	CQC cross reference: 13A, 14A, 14B, 14G, 14H	NHSLA cross reference: 3.1, 3.5, 5.5
BI								
Visit								
MP&S								
CNR								
Doc								
CQC cross reference: 13A, 14A, 14B, 14G, 14H	NHSLA cross reference: 3.1, 3.5, 5.5							

Ref	Quality Standard					
JR-204 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>24/7 Advice - Diabetes</p> <p>24/7 advice for children and young people with type 1 diabetes and their families should be available. If these arrangements involve paediatric ward staff then QS JC-502 should also be met.</p> <hr/> <p><i>CQC cross reference: 6A, 6F</i> <i>NHSLA cross reference: 2.8</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
JR-299 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Administrative and Clerical Support</p> <p>Administrative, clerical and data collection support should be available.</p> <p><i>Note: The amount of administrative, clerical and data collection support is not defined. Clinical staff should not, however, spending unreasonable amounts of time which could be used for clinical work on administrative tasks.</i></p> <hr/> <p><i>CQC cross reference: 13A, 14A</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
SUPPORT SERVICES						
JR-301 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Support Services</p> <p>Timely access to the following services should be available to support the care of young people with diabetes:</p> <ol style="list-style-type: none"> a. Psychologist (if not provided in QS JR-202) b. Chiropody and Podiatry c. Ophthalmology d. Pharmacy e. Smoking cessation f. Weight reduction g. Social work <p><i>Note: 'Timely' is not strictly defined but should include arrangements for urgent access as well as routine referrals.</i></p> <hr/> <p><i>CQC cross reference: 13A</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
JR-302 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Pathology Services</p> <p>Timely access to pathology services should be available, including appropriate point-of-care testing equipment. All point-of-care testing equipment should be part of a quality assurance programme.</p> <p><i>Note: 'Timely' is not strictly defined but availability of pathology results should not delay the patient pathway.</i></p> <hr/> <p><i>CQC cross reference: 11A</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
FACILITIES AND EQUIPMENT						
JR-401 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Facilities and Equipment</p> <p>Services should be provided from appropriate facilities and equipment. Services should have easy access to:</p> <ol style="list-style-type: none"> a. Blood glucose meters for personal use b. Insulin pumps (if provided by the service) <p><i>Note: Required facilities and equipment are not strictly defined but should be appropriate for the usual number of patients cared for by the service.</i></p> <hr/> <p><i>CQC cross reference: 4I, 11A, 11C, 11D, 11E, 11G</i> <i>NHSLA cross reference: 5.4</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Quality Standard					
JR-402 <table border="1" data-bbox="193 280 276 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>IT System</p> <p>An IT system for recording and manipulating data on children with diabetes should be available. This system should meet the specification of the National Diabetes Audit. The system should also ensure that all staff involved in the care of children with diabetes have access to up to date information about their care, including the latest plan of care (QS JR-104).</p> <p><i>CQC cross reference: 6A, 6G,16E, 21A</i> <i>NHSLA cross reference: 1.7</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>GUIDELINES AND PROTOCOLS</p> <p><i>All guidelines should be based on NICE guidance, other national guidance or other evidence of effectiveness. Guidelines should be localised to show how national guidance will be implemented in the local situation.</i></p>						
JR-501 <table border="1" data-bbox="193 701 276 875"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Clinical Guidelines – Diabetes in Children</p> <p>Guidelines should be in use covering the following aspects of care of children with diabetes:</p> <ol style="list-style-type: none"> Care of children and young people newly diagnosed with diabetes Surgery Diabetic keto-acidosis Hypoglycaemia High HbA1c <p><i>CQC cross reference: 1D, 4B, 16E</i> <i>NHSLA cross reference: 2.8, 5.7</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
JR-502 <table border="1" data-bbox="193 1025 276 1200"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Transition</p> <p>Guidelines should be in use covering transition to adult care including:</p> <ol style="list-style-type: none"> Involvement of the young person and, where appropriate, their family in the decision about transfer to adult care Involvement of the young person’s general practitioner in planning the transfer Joint meeting between paediatric and adult services in order to plan the transfer Allocation of a named coordinator for the transfer of care Responsibilities for giving relevant information about transfer to adult care (QS JR-103) A preparation period prior to transfer Arrangements for monitoring during the time immediately after transfer <p><i>CQC cross reference: 1D, 4B, 6M, 16E</i> <i>NHSLA cross reference: 2.8,</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Quality Standard					
SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICES						
<p>JR-601</p> <table border="1" data-bbox="193 376 276 546"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Operational Policy</p> <p>The service should have an operational policy covering, at least, arrangements for ensuring:</p> <ol style="list-style-type: none"> a. All referrals are seen on the day of referral by a consultant paediatrician or senior decision-maker within the paediatric service b. All referrals are discussed with a member of the paediatric diabetes team within 24 hours of referral c. All referrals are seen by a member of the paediatric diabetes team, at the latest, by the end of the next working day after referral d. Daily contact (home visits or telephone contact) with the child and their family for at least one week after diagnosis and, if needed, for two weeks e. Allocation of a key contact for advice and queries f. Three monthly and annual reviews (covering all aspects of QS JR-105 and QS JR-106) g. Dietetic input to the care of newly diagnosed patients and annual reviews h. 24/7 advice for children with diabetes and their families (QS JR-204) i. Follow up, including of children who do not attend appointments j. Indications for referral to the service providing Continuous Subcutaneous Insulin Infusion (if not provided locally) k. Referral to adult services, liaison with and referral back of any young women who become pregnant l. Arrangements for cover for absences (QS JR-202) m. Arrangements for involving children and young people and their families in the organisation of the service (QS JR-199) n. Arrangements for obtaining feedback from GPs about the organisation of the service <p><i>Notes:</i></p> <p>1 A senior decision-maker within the paediatric service will normally be a middle-grade doctor or consultant.</p> <p>2 Children and young people with diabetes should be offered at least four out-patient appointments a year (ie a minimum of three monthly reviews) and at least eight other contacts with members of the paediatric diabetes team.</p> <p>3 The operational policy may be combined with clinical guidelines (Qs JR-501 and JR-502) and the policy on education of children with diabetes (QS JR-602) or may be separate.</p>
BI						
Visit						
MP&S						
CNR						
Doc						
CQC cross reference: 1D, 4A, 4B, 6C	NHSLA cross reference: 2.8,4.9, 4.10					

Ref	Quality Standard					
JR-602 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Education of Children with Diabetes</p> <p>The service should have a policy on education of children with diabetes covering responsibilities and arrangements for ensuring children and young people with diabetes are supported to continue their education covering:</p> <ol style="list-style-type: none"> a. Arrangements for liaison with schools and colleges b. Agreement of a School Care Plan (QS JR-104) for each child c. Visits to the school or college by a diabetes specialist nurse to discuss the care of each newly diagnosed child. d. Training and assessment of competence of school and college staff by the paediatric diabetes team e. Storage of medicines while in school or college f. Disposal of 'sharps' g. Responsibilities of school and college staff for supervising injections and giving injections h. Guidelines on care of children with diabetes while in school or college i. Guidelines on management of diabetic emergencies <p><i>Notes: This policy should be based on the local agreement (QS JZ-605). Details of arrangements for education of children with diabetes may be part of the operational policy or may be a separate agreement. In either case, all aspects of QS JZ-605 should be covered.</i></p> <p><i>CQC cross reference : 6A, 6C</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
JR-603 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>High Dependency Care for Children with Diabetes</p> <p>Services should meet the in-patient and high dependency care Standards of the WMQRS Quality Standards for the Care of Critically Ill and Critically Injured Children (V4).</p> <p><i>CQC cross reference: 1D, 4B, 16E</i> <i>NHSLA cross reference: 2.8, 4.8</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
JR-604 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Local Network Attendance</p> <p>The service should regularly attend meetings of the Local Network (or equivalent) with responsibility for improving services for children and young people with diabetes (QS JZ-707).</p> <p><i>CQC cross reference: 6A, 6C</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
JR-605 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Regional Network Attendance</p> <p>At least one representative of the service should regularly attend meetings of the Regional Network (or equivalent) with responsibility for improving services for children and young people with diabetes.</p> <p><i>CQC cross reference: 6A, 6C</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
JR-699 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Primary Care Training and Development</p> <p>The service should contribute to primary care training and development programmes (QS JA-298).</p> <p><i>CQC cross reference: 14A</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Quality Standard					
GOVERNANCE						
JR-701 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Data Collection Regular data collection and monitoring should cover: <ol style="list-style-type: none"> a. Number of children diagnosed with type 1 and type 2 diabetes b. Percentage of children with newly diagnosed type 1 diabetes who present in diabetic keto-acidosis c. Achievement of expected timescales for care (QS JR-601) d. Submission of data to National Diabetes Audit
BI						
Visit						
MP&S						
CNR						
Doc						
<p style="margin: 0;"><i>CQC cross reference: 6B, 6G, 16A, 16E, 21A</i> <i>NHSLA cross reference: 2.1</i></p>						
JR-702 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Audit The service should have a rolling programme of audit, including actions following analysis of results of national audit programmes. <i>Note: The rolling programme should ensure that action plans are developed following audits and their implementation is monitored.</i>
BI						
Visit						
MP&S						
CNR						
Doc						
<p style="margin: 0;"><i>CQC cross reference: 6B, 6G, 16A, 16E, 21A</i> <i>NHSLA cross reference: 2.1</i></p>						
JR-798 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Review and Learning The service should have multi-disciplinary arrangements for review of, and implementing learning from, positive feedback, complaints, outcomes, incidents and ‘near misses’. First presentation of a child or young person with diabetes in ketoacidosis should be considered as a clinical incident if there is evidence of delayed referral. <i>Note: These arrangements should include feedback to operational staff and should link with Trust-wide (or equivalent) governance arrangements.</i>
BI						
Visit						
MP&S						
CNR						
Doc						
<p style="margin: 0;"><i>CQC cross reference: 4B, 4M, 16A, 16E</i> <i>NHSLA cross reference: 2.2, 2.3, 2.5, 2.6</i></p>						
JR-799 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Document Control All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.
BI						
Visit						
MP&S						
CNR						
Doc						
<p style="margin: 0;"><i>CQC cross reference: 6A, 6E, 6G, 16E, 21A</i> <i>NHSLA cross reference: 1.2</i></p>						

COMMISSIONING

These Quality Standards apply to Clinical Commissioning Groups as commissioners of services for children and young people with diabetes working with the National Commissioning Board commissioners of general practice and specialised services.

Ref	Quality Standard					
STAFFING						
JZ-298 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Primary Care Development Programme</p> <p>Commissioners should ensure that a programme of training and development of primary care staff in early identification of children and young people with diabetes is available (QS JA-298).</p> <p><i>Notes:</i></p> <p>1 This QS is not specific about the frequency, format or content of this programme but reviewers may comment on this.</p> <p>2 This QS links with QS JA-298. Evidence of compliance should be given only once.</p> <p><i>CQC cross reference: 14A</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						
GUIDELINES AND PROTOCOLS						
SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICES						
JZ-604 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Commissioning: Diabetes in Children</p> <p>Services to meet the needs of children with type 1 diabetes and those at risk of type 2 diabetes should be commissioned, including:</p> <ol style="list-style-type: none"> a. Paediatric Diabetes Service b. Paediatric Diabetes Service caring for children with diabetes who require Continuous Subcutaneous Insulin Infusion (Insulin Pump) c. Multi-component weight management programmes for obese children and young people <p><i>Note: Services for children requiring continuous subcutaneous insulin infusion may be commissioned from the same provider as care for other children with diabetes or from a different provider.</i></p> <p><i>CQC cross reference: 1D, 4A</i></p> <p><i>NHSLA cross reference: 2.8</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

APPENDIX 1

STEERING GROUP

Dr Chizo Agwu (Chair)	Consultant Paediatrician	Sandwell and West Birmingham Hospitals NHS Trust
Lawrence Kent	Network Coordinator	Birmingham Children's Hospital NHS Foundation Trust
Dr Jeremy Kirk	Network Chair/Paediatric Endocrinologist	Birmingham Children's Hospital NHS Foundation Trust
Dr John Scanlon	Consultant Paediatrician	Worcestershire Acute Hospitals NHS Trust
Emma Day	Clinical Nurse Specialist	Birmingham Children's Hospital NHS Foundation Trust
Lorna Rowes	Paediatric Diabetes Dietician	Sandwell and West Birmingham Hospitals NHS Trust
Lizbeth Hudson	Paediatric Diabetic Specialist Nurse	Sandwell and West Birmingham Hospitals NHS Trust
Dr Ash Reynolds	Clinical Psychologist	Black Country Partnership NHS Foundation Trust
Dr Kathryn McCrea	Consultant Paediatrician	Shrewsbury and Telford Hospital NHS Trust
Dr Parakkal Raffeeq	Consultant Paediatrician	University Hospital of North Staffordshire NHS Trust
Hazel Malcolm	Senior Children's Commissioner	Birmingham and Solihull NHS Cluster
Peter Shorrick	Diabetes UK	
Dr Melanie Kershaw	Consultant Paediatrician	Birmingham Children's Hospital NHS Foundation Trust
Gail Higgins	Paediatric Diabetes Nurse	Sandwell & West Birmingham Hospitals NHS Trust

APPENDIX 2 REFERENCES

NICE is in the process of updating Clinical Guideline 15 (CG15): *Type 1 Diabetes: diagnosis and management of type 1 diabetes in children, young people and adults*, and is producing a NICE Quality Standard on diabetes in children. The WMQRS Quality Standards and references will be updated when these publications are available.

- 1 Department of Health, 2006, *Care Planning in Diabetes: Report of a Joint Department of Health and Diabetes UK Care Planning Working Group*.
- 2 Department of Health, 2006, *Diabetes Commissioning Toolkit*.
- 3 Department of Health, 2007, *National Service Framework for Diabetes Standards 5, 6 & 7*.
- 4 Department of Health, 2007, *You're Welcome quality criteria: making health services young people friendly*.
- 5 Department of Health and Department for Children, Schools and Families, 2009, *Healthy lives, brighter futures – The strategy for children and young people's health*.
- 6 Department of Health, 2010, *National Service Framework for Children, Young People and Maternity Services – Diabetes Type 1 in childhood*.
- 7 Department of Health, 2010, *Six Years On: Delivering the Diabetes National Service Framework*.
- 8 Diabetes UK and NHS Diabetes, 2011, *2010 Diabetes Specialist Nursing Work Force Survey Report*.
- 9 Diabetes UK and NHS Diabetes, 2010 *Emotional and Psychological Support and Care in Diabetes: Report from the emotional and psychological support working group of NHS Diabetes and Diabetes UK*.
- 10 Diabetes UK, 2007, *Involving children and young people in designing diabetes services*.
- 11 Diabetes UK, 2009, *Improving supported self-management for people with diabetes*.
- 12 Diabetes UK, 2010, *Children's charter for diabetes*.
- 13 National Institute for Health and Clinical Excellence, 2003, *Guidance on the use of patient education models in diabetes*.
- 14 National Institute for Health and Clinical Excellence, 2004, *Clinical Guideline 15 (CG15) Type 1 diabetes: diagnosis and management of type 1 diabetes in children, young people and adults*.
- 15 National Institute for Health and Clinical Excellence, 2008, *Clinical Guideline 63 (CG63) Diabetes in pregnancy: management of diabetes and its complications from pre-conception to the postnatal period*.
- 16 National Institute for Health and Clinical Excellence, 2008, *Technology Appraisal Guidance TA 151 Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus*.
- 17 Royal College of Paediatrics and Child Health, 2009, *Growing up with Diabetes; children and young people with diabetes in England*.
- 18 The NHS Information Centre, 2008, *National Diabetes Audit Executive Summary: Key findings about the quality of care for children and young people with diabetes in England and Wales – Report for the audit period 2007 – 2008*.
- 19 Medical Conditions At School, 2008, *Medical Conditions at School Policy Resource Pack*.
<http://medicalconditionsatschool.or.uk/>
- 20 Dr Tabitha Randell, 2012, *Paediatric Diabetes Best Practice Tariff Criteria*.
- 21 SWEET, 2010, *European Report: Treatment and Care of Diabetes in Children*. <http://sweet-project.eu/Pagelimages/Draft%20Report%20WP2.pdf>

- 22 International Society for Paediatric and Adolescent Diabetes, 2009, *Consensus guidelines for the management of type 1 diabetes mellitus in children and adolescents*, 10 (12). www.ispad.org
- 23 Royal College of Nursing, 2009, *Supporting children and young people with diabetes, Guidance for nurses in schools and early years settings*.
- 24 Royal College of Nursing, 2011, *Health care service standards in caring for neonates, children and young people*.
- 25 Royal College of Nursing, 2011, *Children and young people with diabetes: RCN guidance for newly-appointed nurse specialists*.
- 26 Healthcare Commission. Standards for Better Health. London: DH; (2004) <http://www.dh.gov.uk/silo/files/final-making-a-real-difference-report.pdf>
- 27 WMQRS 2011, Standards for the Care of Critically Ill and Critically Injured Children in the West Midlands, V3.
- 28 Royal College of Nursing, 2003, *Defining Staffing Levels for Children's and Young People's services*.

The following table gives the main reference source/s for each Quality Standard. Where no reference source is given, the Standard is based on the consensus view of the Steering Group, following West Midlands-wide consultation.

QS	References	QS	References
JA-298	3, 12, 14, 18	JR-401	13, 16, 23
JA-502	3, 14	JR-402	
JA-605	23	JR-501	7, 14, 15, 16, 20, 21, 22
JC-203	27	JR-502	3, 4, 7, 12, 20, 22
JC-204	4, 13, 14	JR-601	1, 6, 7, 12, 20
JC-502	3, 14	JR-602	3, 6, 19, 22, 23 24
JC-606	20	JR-603	
JR-101	4, 11	JR-604	7, 12, 20
JR-102	4, 11	JR-605	7, 20
JR-103	3, 4, 6, 11, 19, 22, 25	JR-699	3, 12, 14, 18
JR-104	1, 3, 4, 6, 7, 11, 20, 22, 23, 25	JR-701	7,20
JR-105	1, 3, 4, 6, 7, 11, 14	JR-702	12
JR-106	1, 3, 4, 6, 7, 11, 14, 15, 19, 20, 22, 23	JR-798	26
JR-107	1, 3, 6, 7, 11, 13, 14, 19, 20, 22, 23	JR-799	26
JR-199	1, 3, 4, 10, 12	JZ-298	3, 12, 14, 18
JR-201		JZ-604	2, 3, 17
JR-202	4, 6, 8, 14, 15, 17, 23, 25, 28	JZ-605	3, 7
JR-203	1, 3, 4, 6, 15, 17, 21, 24, 25, 28	JZ-707	20
JR-204	11, 20	JZ-708	2
JR-299		JZ-709	2, 5, 6, 7
JR-301	9, 11, 12, 14, 17, 25	JZ-710	2
JR-302			

APPENDIX 3

CROSS-REFERENCES TO CARE QUALITY COMMISSION AND NHS LITIGATION

AUTHORITY STANDARDS

Shaded boxes show where a section of the Quality Standards addresses one of the Care Quality Commission's *Essential Standards of Quality and Safety*, (March 2010) and the NHS Litigation Authority's *Risk Management Standards 2012-13* (2012).

QS	CQC Essential Standards of Quality and Safety													NHSLA Risk Management Standards 2012/2013
	Respecting and involving people who use services	Care and welfare of people who use services	Meeting nutritional needs	Co-operating with other providers	Cleanliness and infection control	Management of medicines	Safety and suitability of premises	Safety, availability and suitability of equipment	Requirements relating to workers	Staffing	Supporting workers	Assessing and monitoring the quality of service provision	Records	
	1	4	5	6	8	9	10	11	12	13	14	16	21	
JA-298														
JA-502														2.8
JA-604														4.7
JC-203														1.1
JC-204														3.1, 3.2
JC-502														2.8
JC-606														-
JR-101														2.3, 2.10
JR-102														-
JR-103														-
JR-104														1.8, 2.8
JR-105														1.8, 2.8
JR-106														1.8, 2.8
JR-107														-
JR-199														2.3, 2.10
JR-201														1.9
JR-202														1.9, 3.1, 3.2
JR-203														3.1, 3.5, 5.5
JR-204														2.8
JR-299														-
JR-301														-

QS	CQC Essential Standards of Quality and Safety													NHSLA Risk Management Standards 2012/2013
	Respecting and involving people who use services	Care and welfare of people who use services	Meeting nutritional needs	Co-operating with other providers	Cleanliness and infection control	Management of medicines	Safety and suitability of premises	Safety, availability and suitability of equipment	Requirements relating to workers	Staffing	Supporting workers	Assessing and monitoring the quality of service provision	Records	
	1	4	5	6	8	9	10	11	12	13	14	16	21	
JR-302														-
JR-401														5.4
JR-402														1.7
JR-501														2.8, 5.7
JR-502														2.8
JR-601														2.8, 4.9, 4.10
JR-602														-
JR-603														2.8, 4.8
JR-604														-
JR-605														-
JR-699														-
JR-701														2.1
JR-702														2.1
JR-798														2.2, 2.3, 2.5, 2.6
JR-799														1.2
JZ-298														-
JZ-604														2.8
JZ-605														-
JZ-707														-
JZ-708														-
JZ-709														2.8
JZ-710														2.2, 2.3, 2.5, 2.6

APPENDIX 4 PRESENTATION OF EVIDENCE FOR PEER REVIEW VISITS

Each Quality Standard includes a box which illustrates how compliance will be reviewed.

Background information: This means that the information should be included in the background report or self assessment.

Visiting facilities: Reviewers will look for the information while they are visiting the service.

Meeting patients, carers and staff: These Standards will be discussed with patient, carers and /or staff as appropriate.

Case Note Review: A few Standards require reviewers to look at case notes or other clinical information.

Documentation: These are policies, guidelines and other documentation which reviewers will need to see.

More detailed advice on presentation of evidence for peer review visits is given in the 'Care of People with Long-Term Conditions – Quality Review Process' available on the WMQRS website:

www.wmqi.westmidlands.nhs.uk/wmgrs/

QS	Background report	Visit	Meeting Patients & Staff	Case Note review	Documentation needed	Illustration of Documentary Evidence Required
	BI	Visit	MP&S	CNR	DOC	
JA-298			X			
JA-502			X		X	Guidelines: Primary care referral
JA-604			X			
JC-203	X					
JC-204		X	X			
JC-502		X	X			
JC-606			X		X	Minutes of meeting of Trust-wide group
JR-101		X				
JR-102		X				Patient Information about the local pathway
JR-103		X				
JR-104			X	X		Personalised care records (viewed at the visit)
JR-105			X	X		Personalised care records (viewed at the visit)
JR-106			X	X		Personalised care records (viewed at the visit)
JR-107	X	X	X	X		
JR-199		X	X		X	Examples of changes made as a result of feedback
JR-201	X					

QS	Background report	Visit	Meeting Patients & Staff	Case Note review	Documentation needed	Illustration of Documentary Evidence Required
	BI	Visit	MP&S	CNR	DOC	
JR-202	X		X			
JR-203			X		X	Competence Framework and Training Plan: <ul style="list-style-type: none"> Competence framework describing the competences expected for roles within the service. Training and development plan to show how staff will achieve and maintain competences
JR-204	X		X			
JR-299	X		X			
JR-301	X		X			
JR-302		X	X			
JR-303		X	X			
JR-401		X	X			
JR-402		X	X			
JR-501		X	X		X	Guidelines: Diabetes in Children
JR-502		X	X		X	Guidelines: Transition
JR-601		X	X		X	Operational policy
JR-602			X		X	Policy covering education of children with diabetes
JR-603		X	X			
JR-604			X		X	Local network meeting minutes
JR-605			X			
JR-699			X			
JR-701	X		X		X	Examples of data showing compliance with 'a-d'
JR-702			X		X	Audit programme or plan Examples of completed audits, action plans and monitoring.
JR-798			X		X	Documentation depends on local arrangements, for example, minutes of service review and learning meetings.
JR-799					X	Compliance determined from documentation presented.
JZ-298			X		X	Primary care development programme
JZ-604	X		X			
JZ-605			X		X	Policy covering education of children with diabetes
JZ-707			X		X	Minutes of Local Network meetings or equivalent
JZ-708			X		X	Needs assessment
JZ-709			X		X	Local Strategy
JZ-710			X		X	Quality monitoring report

APPENDIX 5

GLOSSARY OF TERMS AND ABBREVIATIONS

ACDC	Association of Children’s Diabetes Clinicians
BI	Background information to review team
BSPED	British Society for Paediatric Endocrinology and Diabetes
Carer	Throughout the Quality Standards the term ‘carer’ applies to both family carers and paid carers or support workers.
CNR	Case note review or clinical observation
Commissioner	A commissioner decides how NHS and / or social care resources are spent, with the aim of improving health, reducing inequalities, and enhancing patient experience.
CQC	The Care Quality Commission is the independent regulator of health and social care in England.
DH	Department of Health
Doc	Documentation should be available
ESPE	European Society for Paediatric Endocrinology
GP	A GP is a medical doctor, sometimes called a family doctor. They are usually the first person patients see for their health care, and they help patients to access other services.
HbA1c	Glycated hemoglobin is a form of haemoglobin that is measured to identify the average blood sugar over a period of time.
ISPA	International Society of Paediatric and Adolescent Diabetes
IT	Information technology
Monitor	Monitor is the independent regulator of NHS Foundation Trusts.
MP&S	Meeting patients, carers and staff
NHSLA	NHS Litigation Authority
NICE	National Institute for Health and Clinical Excellence.
PA	Programmed Activity
PALS	Patient advice and liaison service
Provider	A health or social care organisation which provides services to patients and service users.
QS	Quality Standard
RCN	Royal College of Nursing
School	Pre-school, school, college and other education provider.
Service provider	<i>See ‘Provider’.</i>
Service commissioner	<i>See ‘Commissioner’.</i>
SWEET	SWEET is a European project to improve secondary prevention, diagnosis and control of Type 1 and Type 2 diabetes in children and adolescents by supporting the development of centres of reference for paediatric and adolescent diabetes services across the EU.
Trust	A NHS Trust, NHS Foundation Trust or other organisation with management responsibility for the service
Visit	Visiting facilities
WMQRS	West Midlands Quality Review Service