

The tables below are intended to provide some guidance on the documentation required to evidence compliance with the NDQP self-assessment measures. The self-assessment measures are available on our website: [www.rcpch.ac.uk/diabetesquality](http://www.rcpch.ac.uk/diabetesquality)

When providing information ahead of the peer review **do not include patient data in any submissions.**

Hospital Measures		
Core Measure (*)	Measure Description	Guidance for Evidence <b>DO NOT INCLUDE PATIENT DATA IN ANY SUBMISSIONS</b>
	<b>H.1: Health Board / Trust wide Management Group:</b> There a single, children's services management team responsible for the co-ordination, quality, safety and development of the service responsible for the care of children and young people with diabetes in place	Provide minutes from the Health Board/Trust wide management group meetings for the last year. Should demonstrate managerial representation and communication pathways through the organisation structure. Not MDT/operational meetings.
	<b>H1.2: Health Board / Trust wide Management Group:</b> Does the group meet at least quarterly (some teams may want to meet more frequently)?	Provide the detail within the operational policy/annual report and minutes as above
	<b>H1.3: HB/T Mgt Group membership must include:</b> The trust manager with responsibility for CYPD services	Provide the detail within the operational policy/annual report and minutes as above
	<b>H1.4: HB/T Mgt Group membership must include:</b> Lead paediatric consultant for care of children and young people with diabetes	Provide the detail within the operational policy/annual report and minutes as above
	<b>H1.5: HB/T Mgt Group membership must include:</b> Lead paediatric specialist nurse for care of children and young people with diabetes	Provide the detail within the operational policy/annual report and minutes as above
	<b>H1.6: HB/T Mgt Group membership must include:</b> Lead paediatric specialist dietitian for care of children and young people with diabetes	Provide the detail within the operational policy/annual report and minutes as above
	<b>H1.7: HB/T Mgt Group membership must include:</b> Lead clinical psychologist, trained specifically to look after children, and who has an interest in the care of children and young people with diabetes	Provide the detail within the operational policy/annual report and minutes as above

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	<b>H1.8: HB/T Mgt Group membership must include:</b> Adult diabetes specialist consultant responsible for transition	Provide the detail within the operational policy/annual report and minutes as above
	<b>H1.9: HB/T Mgt Group:</b> The group has a reporting mechanism to the trust/health board Clinical Governance/Safety/ Quality Committee(s)	Provide the detail within the operational policy/annual report
*	<b>H2.1: 24-hour telephone advice services:</b> The hospital has agreed the CYPDN specification for 24 hours/seven day telephone advice services	Provide the 24 hour telephone advice policy which includes the three levels and recent rota; include Network spec where available
*	<b>H2.2: The three levels of service are in place:</b> For children/parents/carers	As above
*	<b>H2.3: The three levels of service are in place:</b> For ward based staff provided by local paediatric diabetes team	As above
	<b>H2.4: The three levels of service are in place:</b> Escalation policy to a diabetes centre supported by an on site paediatric intensive care unit	As above
	<b>H3.1: Device Download Facilities:</b> There are facilities available in all clinics, on all sites, to enable the download of information from insulin pumps, continuous blood glucose monitors and blood glucose meters in time for results to be discussed with all patients at their clinic appointment	Provide the detail within the operational policy
	<b>H4.1: Point of Care Testing for HbA1c:</b> There is point of care testing equipment available in all clinics, on all sites	Provide the detail within the operational policy
	<b>H4.2: Point of Care Testing for HbA1c:</b> The point of care testing equipment used across the Trust/Health Board for HbA1c measurement is tested regularly. This testing should be part of a recognised United Kingdom External Quality Assessment Service	Provide the detail within the operational policy including 3 months of certificates
	H4.3 Type	

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*	<b>H5.1: Paediatric Ward staff training programme for HCPs for all wards where CYP with diabetes may be admitted includes:</b> Management of children and young people newly diagnosed with diabetes	Provide the ward staff training programme materials including for each sub measure
	<b>H5.2: Paediatric Ward staff training for HCPs includes:</b> Use of all equipment used specifically for children and young people with diabetes including insulin pumps and glucose monitors	As above
	<b>H5.3 Paediatric Ward staff training for HCPs includes:</b> Principles of dietary management including offering Level 3 carbohydrate counting from diagnosis	As above
*	<b>H5.4 Paediatric Ward staff training for HCPs:</b> Management of hypoglycaemia	As above
*	<b>H5.5 Paediatric Ward staff training for HCPs:</b> Management of children and young people in diabetic keto-acidosis (DKA)	As above
	<b>H5.6 Paediatric Ward staff training for HCPs:</b> Care of children and young people with diabetes undergoing surgery	As above
	<b>H5.7 Paediatric Ward staff training for HCPs for all wards where CYP with diabetes admitted includes:</b> Are complete staff training records kept?	Provide record keeping details/attendance records
*	<b>H6.1 Outpatients' Clinic Management:</b> At each clinic appointment, is the CYP offered consultation with all members of the multidisciplinary team (MDT), defined as including a doctor, paediatric diabetes specialist nurse and paediatric diabetes specialist dietitian and paediatric psychologist	Provide the detail of MDT presence in clinic appointments in operational policy/annual report
	<b>H6.2 Outpatients' Clinic Management:</b> Is each appointment scheduled to last for at least 30 minutes?	Provide the detail in operational policy/annual report, this should include template or redacted clinic timetable

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MDT Measures		
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*	<b>M1.1.1: MDT core membership team must consist of:</b> There is a single named lead clinician for the CYPD MDT. Lead clinician has an agreed list of responsibilities for the role and time specified in their plan job plan	Provide the name of the individual within the operational policy/annual report
*	<b>M1.1.2: MDT core membership team must consist of:</b> Consultant paediatrician with appropriate training	Provide the name of the individual(s) within the operational policy/annual report including evidence of training
*	<b>M1.1.3: MDT core membership team must consist of:</b> Paediatric diabetes specialist nurse with appropriate training	As above
*	<b>M1.1.4: MDT core membership team must consist of:</b> Paediatric diabetes specialist dietitian with appropriate training	As above
*	<b>M1.1.5: MDT core membership team must consist of:</b> Clinical psychologist with appropriate training	As above
	<b>M1.1.6: MDT core membership team must consist of:</b> Secretarial support / administrative support	Provide the name of the individual(s) within the operational policy/annual report
	<b>M.1.2.1: Extended team members:</b> Link for child safeguarding	As above
	<b>M.1.2.2: Extended team members:</b> Inpatient ward link nurse	As above
	<b>M.1.2.3: Extended team members:</b> Adult diabetologist	As above
	<b>M.2: MDT workload:</b> How many CYP were registered for care on the 31 March during the review year?	Provide the number within the operational policy/annual report
	<b>M.3.1: Clinical Guidelines:</b> Have the clinical guidelines been reviewed by the regional CYPD Network as being in line with the most recent National Guidance?	Network meeting minutes which demonstrate discussion/endorsement of clinical guidelines or email/letter from network manager
	<b>M.3.2: Clinical Guidelines:</b> Care of CYP newly diagnosed, including that, for T1, offered insulin therapy MDI and L3CC	Provide clinical guideline / appendices (stating within the Op Policy that there is a guideline is not sufficient)

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	<b>M.3.3: Clinical Guidelines:</b> Care of children and young people with diabetes undergoing surgery	As above
	<b>M.3.4: Clinical Guidelines:</b> Care of children and young people with diabetic keto-acidosis (DKA)	As above
	<b>M.3.5: Clinical Guidelines:</b> Care of children and young people with hypoglycaemia	As above
*	<b>M.3.6: Clinical Guidelines:</b> Care of children and young people with diabetes with an HbA1c greater than 69 mmol/mol (8.5%) in line with NICE	As above
	<b>M.3.7: Clinical Guidelines:</b> Sick day rules	As above
	<b>M.3.8: Clinical Guidelines:</b> For T1 diabetes, the option of CGM (either on-going or intermittently) should be offered to patients who meet the NICE criteria	As above
	<b>M.4.1: Patient Pathways:</b> Have the patient pathways reviewed by the regional CYPD Network?	Network meeting minutes which demonstrate discussion/endorsement of clinical guidelines or email/letter from network manager
*	<b>M.4.2: Patient Pathways should include:</b> Referral of the newly diagnosed patient (aimed at Primary Care and General Paediatric services). Including that on diagnosis, discussed with senior member of MDT within 24h of presentation	Provide patient pathway / appendices (stating within the Op Policy that there is a pathway is not sufficient)
	<b>M.4.3: Patient Pathways should include:</b> That all new patients must be seen by a member of the specialist paediatric diabetes core team by the next working weekday	As above
*	<b>M.4.4: Patient Pathways should include:</b> The management of complications of diabetes including DKA and hypoglycaemia	As above
*	<b>M.4.5: Patient Pathways should include:</b> Final agreed pathways for the referral of newly diagnosed patients in primary care have been distributed to the CCGs/Health Board for onward distribution to GPs	Provide evidence of distribution (i.e. email from Network Manager/meeting minutes)

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	<b>M.5.1: Primary Care Communication:</b> The CYPD MDT policy - after a patient is given a diagnosis of diabetes, the patient's GP is informed of the diagnosis and medication prescribed by the CYPD MDT by the end of the second working day after discharge from hospital	Provide the policy
	<b>M.6.1: Patient Choice of Insulin Pump Therapy:</b> All patients who fulfil the NICE Technical Assessment CSII TA151 are offered the option for insulin pump therapy as an alternative to multiple daily injections (MDI)	Provide documentation/policy for access to insulin pump therapy
	<b>M.7.1: Continuous Glucose Monitoring (CGM):</b> All children and young people with T1 diabetes who have frequent severe hypoglycaemia and all other criteria as listed in the most recent NICE guidance, are offered on-going real-time continuous glucose monitoring with alarms	Provide documentation/policy for access to CGMS
*	<b>M.8.1: Four clinic appointments per year:</b> Each patient offered a minimum of 4 clinic appointments per year with an MDT, defined as PDSN, PD Dietitian, Paediatric Psychologist and doctor. At every visit, the patient must be seen by a doctor and at least one other member of the MDT	Detail to be provided within operational policy/annual report; other evidence as available
*	<b>M.9.1: Four haemoglobin HbA1C measurements per year:</b> Does the CYPD MDT offer each patient a minimum of four haemoglobin HbA1c measurements per year?	Detail to be provided within operational policy/annual report; other evidence as available
*	<b>M.10.1: One additional appointment per annum with a paediatric dietitian:</b> Does the CYPD offer each patient at least one additional appointment per year with a paediatric dietitian with training in diabetes, who is a core member of the MDT	Detail to be provided within operational policy/annual report; other evidence as available

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*	<b>M.11.1: Annual psychological assessment:</b> Each patient must have an assessment at least annually by their MDT as to whether input to their care by a clinical psychologist is needed, and access to psychological support, which should be integral to the team, as appropriate	Detail to be provided within operational policy/annual report; other evidence as available
*	<b>M.12.1: Additional contacts:</b> All patients are offered a minimum of eight additional contacts annually. These contacts are in addition to the MDT clinic visits and may consist of telephone contacts, emails/texts, school visits, home visits, troubleshooting, advice, support etc.	Detail to be provided within operational policy/annual report; other evidence as available
*	<b>M.13.1: Did Not Attend / Was Not Brought Policy:</b> There is a policy for the CYPD MDT for the management of non-attenders. The policy should take into account the Trust/Health Board DNA/WNB/Safeguarding Policy and Local Safeguarding Children Board (LSCB) guidance	Provide the DNA/WNB policy
	<b>M.14.1: Support for Children in Education:</b> Arrangements are in place for liaison with schools/academies and colleges	Provide the policy for support for children in education which covers the arrangements and liaison with education staff as well as associated documentation which demonstrates interactions with educational settings
	<b>M.14.2: Support for Children in Education policy must cover:</b> Agreement of a school, academy or college care plan for each child that is reviewed at least annually	As above
	<b>M.14.3: Support for Children in Education policy must cover:</b> Visits to the school, academy or college by a paediatric diabetes specialist nurse to discuss the care of each newly diagnosed child	As above

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	<b>M.14.4: Support for Children in Education policy must cover:</b> Training and assessment of competence of school, academy and college staff by the children and young people's diabetes team (including school day trips and residential trips)	Provide training materials e.g. presentations and documents which are used for training.
	<b>M.14.5: Support for Children in Education policy must cover:</b> Storage of medicines while in school, academy or college, including safe disposal of sharps	As above
	<b>M.14.6: Support for Children in Education policy must cover:</b> The responsibilities of school, academy and college staff for supervising the delivery of/or administering insulin and the supervising of/or testing of blood glucose levels	As above
	<b>M.14.7: Support for Children in Education policy must cover:</b> Guidelines on care of children with diabetes while in school, academy or college	As above
	<b>M.14.8: Support for Children in Education policy must cover:</b> Carbohydrate counting of meals	As above
	<b>M.14.9: Support for Children in Education policy must cover:</b> Management of physical activity	As above
	<b>M.14.10: Support for Children in Education policy must cover:</b> Guidelines on management of diabetic emergencies	As above
	<b>M.15.1: CYP with diabetes must be offered annual screening according to current NICE Guidance. In Type 1 for:</b> Coeliac disease at diagnosis	Provide the policy for annual screening for key care processes, include data, audit and action plans to address if appropriate
	<b>M.15.2: Annual screening according to NICE Guidance. In T1 for:</b> Thyroid disease at diagnosis and annually thereafter until transfer to adult services	As above

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*	<b>M.15.3: Annual screening according to NICE Guidance. In T1 for:</b> Retinopathy screening annually from the age of 12 years	As above
	<b>M.15.4: Annual screening according to NICE Guidance. In T1 for:</b> Moderately increased albuminuria (albumin: creatinine ratio [ACR] 3-30 mg/mmol; 'microalbuminuria') from 12 years	As above
	<b>M.15.5: Annual screening according to NICE Guidance. In T1 for:</b> Standard anthropometric data.	As above
	<b>M.15.6: Annual screening according to NICE Guidance. In T1 for:</b> Blood pressure annually from the age of 12 years	As above
	<b>M.15.7: Annual screening according to NICE Guidance. In T1 for:</b> Foot care advice under 12 years and assessment over 12 years	As above
	<b>M.15.8: Annual screening according to NICE Guidance. In T2 for:</b> Hypertension annually starting at diagnosis	Provide policy or documentation which outlines approach / records how undertaken for annual screening for patients with type 2 diabetes.
	<b>M.15.9: Annual screening according to NICE Guidance. In T2 for:</b> Dyslipidaemia annually starting at diagnosis.	As above
	<b>M.15.10: Annual screening according to NICE Guidance. In T2 for:</b> Retinopathy screening annually from age 12 years	As above
	<b>M.15.11: Annual screening according to NICE Guidance. In T2 for:</b> Moderately increased albuminuria (albumin: creatinine ratio [ACR] 3-30 mg/mmol; 'microalbuminuria') from diagnosis	As above

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	<b>M.16.1: Transition and Transfer Policy:</b> Has the MDT implemented an up to date transition and transfer to adult services policy that is in line with current national guidance on transition	Provide the transition policy which addresses all areas of measure M16, including clearly outlining involvement of adult diabetes team.
	<b>M.16.2: Transition and Transfer Policy:</b> At the start of transition there is a care plan that includes a person-specific programme of competencies to develop safe self-management of diabetes care prior to transfer	Provide the name and information of the specific programme used during transition e.g. ready steady go or templates where locally developed
	<b>M.16.3: Transition and Transfer Policy:</b> There are individualised transition and transfer arrangements agreed for patients with additional or complex needs	Provide the transition policy as above.
	<b>M.16.4: Transition and Transfer Policy:</b> The decision about the age of transfer to the adult service is based on the young person's physical development, emotional maturity, local circumstances and patient choice	Provide the transition policy as above.
	<b>M.16.5: Transition and Transfer Policy:</b> There are clear protocols and guidelines in place for 16-18 year olds with DKA admissions that have been agreed jointly with adult services	Provide the DKA guideline for 16-18 year old patients.
*	<b>M.17.1: Attendance at the Network Group:</b> At least one representative member of the CYPD MDT must attend at least 75% of CYPDN meetings	Detail to be provided within operational policy/annual report or provide attendance records / minutes / confirmation from Network Manager
	<b>M.18.1: Key Worker</b> There is a single, named key worker for the patient's care at any given time who is identified by the CYPD MDT for each individual patient and the name and contact number of the current key worker is recorded in the patient's case notes	Provide templates where available or ensure approach is included in operational policy
	<b>M.19.1: Patient Information and Support:</b> The CYPD MDT provides patients and carers with age/maturity appropriate written material, educational resources and a variety of support options	Detail to be provided within operational policy/annual report or share examples where possible

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	<b>M.20.1: Individualised Life Style Objectives. Policy agreed whereby each CYP has agreed, reviewed and updated objectives which cover:</b> Explanations about the benefits and effects of exercise on blood glucose levels and about strategies for avoiding hypo- or hyperglycaemia during or after physical activity	Detail to be provided within operational policy/annual report or share examples where possible
	<b>M.20.2: Individualised Life Style Objectives. Policy agreed (as 20.1):</b> Is there a system in place to establish if the CYP smokes and to offer referral to smoking cessation programmes?	Provide clinic template / other relevant templates / leaflets or resources
	<b>M.20.3: Individualised Life Style Objectives. Policy agreed (as 20.1):</b> Target blood glucose levels and how to achieve this through insulin.	Provide clinic template / other relevant templates / leaflets or resources as above
	<b>M.20.4: Individualised Life Style Objectives. Policy agreed (as 20.1):</b> Therapeutic interventions (pharmacological and non-pharmacological)	Provide clinic template / other relevant templates / leaflets or resources as above
	<b>M.20.5: Individualised Life Style Objectives. Policy agreed (as 20.1):</b> Self-care	Provide clinic template / other relevant templates / leaflets or resources as above
	<b>M.20.6: Individualised Life Style Objectives. Policy agreed (as 20.1):</b> Individualised healthy meal planning for the child/young person and their family including carbohydrate counting	Provide clinic template / other relevant templates / leaflets or resources as above
	<b>M.20.7: Individualised Life Style Objectives. Policy agreed (as 20.1):</b> Education and education plan covering, as a minimum, school attended, medication details, what to do in an emergency whilst in school, giving / supervision of injections by school staff and arrangements for liaison with the school	Provide clinic template / other relevant templates / leaflets or resources as above

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	<b>M.20.8: Individualised Life Style Objectives. Policy agreed (as 20.1):</b> Early warning signs of problems, especially high and low blood glucose levels, and what to do if these occur	Provide clinic template / other relevant templates / leaflets or resources as above
	<b>M.20.9. Individualised Life Style Objectives. Policy agreed (as 20.1):</b> Who to contact for advice and their contact details	Provide clinic template / other relevant templates / leaflets or resources as above
	<b>M.20.10: Individualised Life Style Objectives. Policy agreed (as 20.1):</b> Planned review date and how to access a review more quickly, if necessary	Provide clinic template / other relevant templates / leaflets or resources as above
*	<b>M.21.1: Diabetes Self-Management Education Programme. Policy for individualised, structured education programme that is updated as a continuous process, starting at the time of initial diagnosis and repeated according to the patients' age and maturity specific diabetes needs along the care pathway:</b> Do members of the CYPD MDT who have undertaken appropriate training in paediatric diabetes and self-management education, deliver the programme?	Provide the detail within the operational policy/annual report
	<b>M.21.2: Diabetes Self-Management Education Programme:</b> Is there a structured, written curriculum?	Provide the name of the self-management education programme/s and examples of curriculum / resources
	<b>M.21.3: Diabetes Self-Management Education Programme:</b> Is the programme adjusted to the personal preferences, emotional wellbeing and age and maturity of the child/young person	Provide templates/documents which reflect the adjustments made
	<b>M.21.4: Diabetes Self-Management Education Programme:</b> Does the programme fulfil the requirements of NICE NG18 2015 and NICE QS125 2016	Provide the detail within the operational policy/annual report

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	<b>M.21.5: Diabetes Self-Management Education Programme:</b> Does the programme have a named core member of the CYPD MDT who is responsible for organising the diabetes self-management education programme on behalf of the CYPD MDT	Provide the name of the core member of CYPD MDT who is responsible within the operational policy/annual report.
*	<b>M.21.6: Diabetes Self-Management Education Programme:</b> Does the programme commence within 3 months of diagnosis and level 3 CHO counting within 2 weeks	provide templates/documents which demonstrate Level 3 CHO counting commences within 2 weeks
	<b>M.21.7: Diabetes Self-Management Education Programme:</b> Is the programme reviewed annually	Provide the detail within the operational policy/annual report
	<b>M.22.1: Record of Care:</b> Are all patients offered a record of care	Provide the detail within the operational policy/annual report or template where available
	<b>M.23.1: Patient and Parent Reported Experience Measures:</b> The PREM results have been presented and discussed at a CYPD MDT meeting	Provide MDT meeting minutes which demonstrate latest PREM results have been discussed.
*	<b>M.23.2: Patient and Parent Reported Experience Measures:</b> Action plans for improvement have been agreed and implemented as appropriate including feedback on results to CYP and families	Provide the action plan and evidence of sharing results with CYP and families
	<b>M.24.1: Patient/Carer Experience of Transition and Transfer:</b> The results of the exercise have been presented and discussed at a CYPD MDT meeting	Provide details as appropriate (i.e. OP, transition policy) and meeting minutes which demonstrate results have been discussed
	<b>M.24.2: Patient/Carer Experience of Transition and Transfer:</b> Action plans for improvement have been agreed and implemented as appropriate	Provide the action plan.
	<b>M.25.1: National Paediatric Diabetes Audit (NPDA):</b> Having participated in the NPDA, the CYPD MDT has reviewed their individual unit report and annually submitted their NPDA results to the CYPDN for discussion and review of progress	Provide MDT meeting minutes which demonstrate results have been discussed and network meeting minutes which demonstrate results have been discussed and/or presentations

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	<b>M.25.2: National Paediatric Diabetes Audit (NPDA):</b> Agreed a programme for improvement	Provide the action plan.
	<b>M.26.1: CYPD MDT review of numbers of hospital admissions in the following categories:</b> Those with newly diagnosed diabetes	Provide MDT meeting minutes from the last 6 months which demonstrate hospital admissions for all sub-measures are discussed and any evidence on service-wide review of data/trends i.e. annual data within OP. <b>TEMPLATE OF MDT MEETING NOTES / STANDING AGENDA TEMPLATE IS NOT ENOUGH.</b>
	<b>M.26.2: CYPD MDT review of numbers of hospital admissions:</b> Children and Young People with DKA	As above
	<b>M.26.3: CYPD MDT review of numbers of hospital admissions:</b> Children and Young People with hypoglycaemia	As above
	<b>M.26.4: CYPD MDT review of numbers of hospital admissions:</b> Children and Young People for re-stabilisation	As above
	<b>M.26.5: CYPD MDT review of numbers of hospital admissions:</b> Are reviews held at least quarterly and recorded?	As above
	<b>M.27.1: Percentage of patients who were not brought / did not attend their hospital appointments:</b> Have DNA/WNB rates been reviewed across all clinics?	Provide MDT meeting minutes from the last 6 months which demonstrate DNA/WNB for all sub-measures are discussed and any evidence on service-wide review of data/trends i.e. annual data within OP. <b>TEMPLATE OF MDT MEETING NOTES / STANDING AGENDA TEMPLATE IS NOT ENOUGH.</b>
	<b>M.27.2: Was Not Brought / Did Not Attend:</b> Are DNA/WNB rates reviewed across different age bands?	As above
	<b>M.27.3: Was Not Brought / Did Not Attend:</b> Have DNA/WNB rates been discussed at the Trust / Health Board management group (ref question H1)	Provide meeting minutes which demonstrate DNA/WNB rates have been discussed and reviewed at trust/health board wide management group meetings from the last year.

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	<b>M.27.4: Was Not Brought / Did Not Attend:</b> Have actions been taken to improve patient surveillance?	Provide action plan or evidence of steps taken by other means
	<b>M.27.5: Was Not Brought / Did Not Attend:</b> Have the DNA/WNB rates been discussed at CYPDN?	Provide network meeting minutes which demonstrate DNA/WNB rates have been discussed at CYPDN

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