Children and Young People's North East and North Cumbria Diabetes Network

Diabetes Technology Inequalities Project

2023 - 2024

MAY 2024

CYP NENC Diabetes Network
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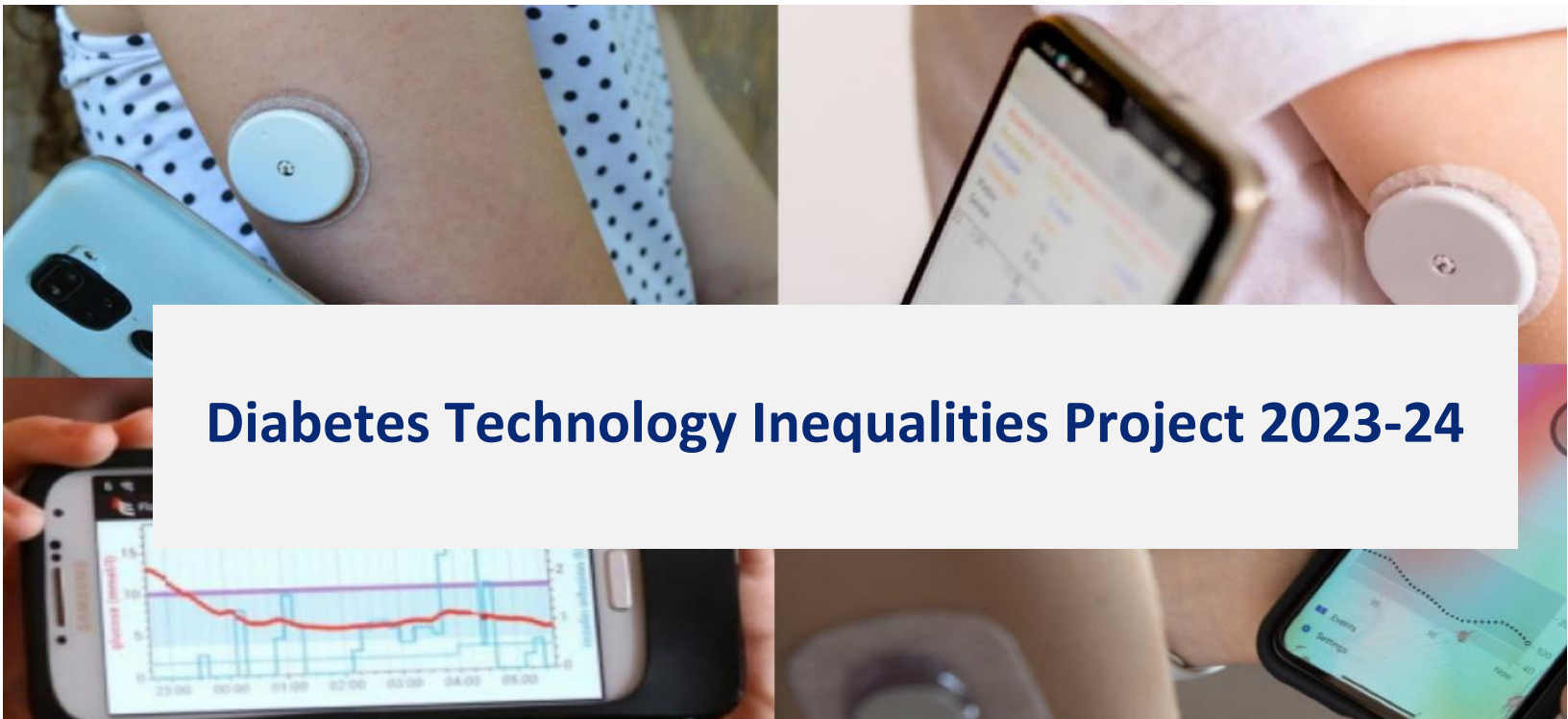
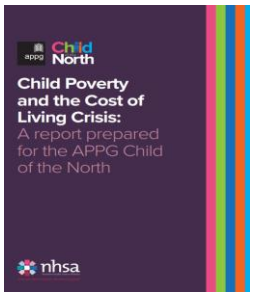


Diabetes Technology Inequalities Project 2023-24

Funding

The project was funded through the NHSE Children and Young Adults funding provision for ensuring equitable access to diabetes technology. The funding provision was established following the inclusion of equitable access to diabetes technology in the publication of the NHSE CYP CORE20PLUS5 Framework, and the availability of data from the NPDA which shows a year-on-year inequity in access to diabetes technology due to ethnicity and deprivation.

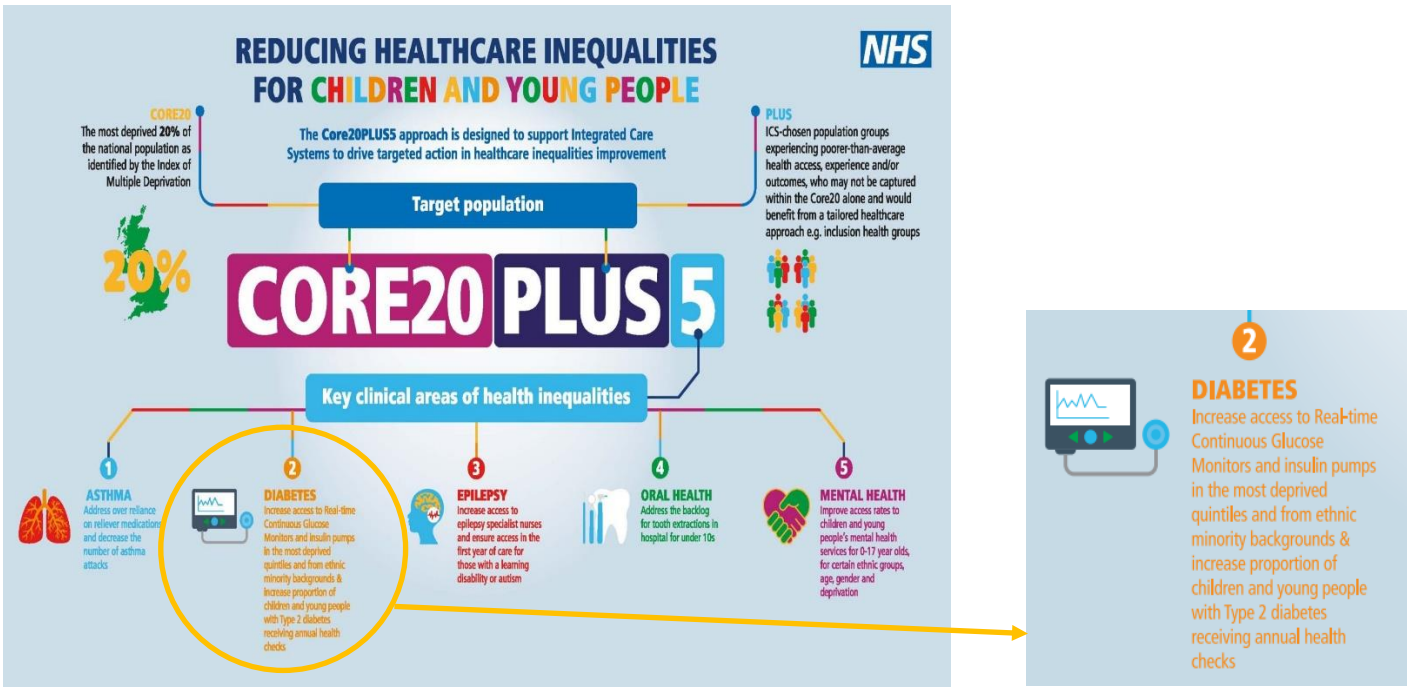
The CYP NENC Diabetes Network consists of 8 acute hospital trust paediatric diabetes units supporting 1788(at project start) children and young people under the age of 19 living with diabetes. The network reviewed local data and concluded that all CYP diabetes units were able to access diabetes technology and were offering it to their patients. We recognised that only 12.5 % of our patients are from ethnic minority groups and our experience with this cohort of patients was therefore limited, however, we could not ignore that according to the Child of The North Report published in December 2021[1] a child living in the North has a 27% chance of living in poverty and the more recently published (Jan 2023) Child Poverty and the Cost-of-Living Crisis Report[2] identified that 900,000 (34%) children in the North were living in poverty. Alongside this, we had embarked on a project to be the first healthcare setting to participate in a Poverty Proofing© Programme during which, children, young people and their families told us that the use of diabetes technology was causing considerable financial burdens, in particular the high cost of data, unreliable internet and phones not being compatible with the diabetes technology which increasingly requires high specification mobile phones.



[1] Child-of-the-North-Report-FINAL-1.pdf (thenhsa.co.uk)

[2] COTN-APPG.pdf (thenhsa.co.uk)

NHSE CORE20 PLUS 5 Framework



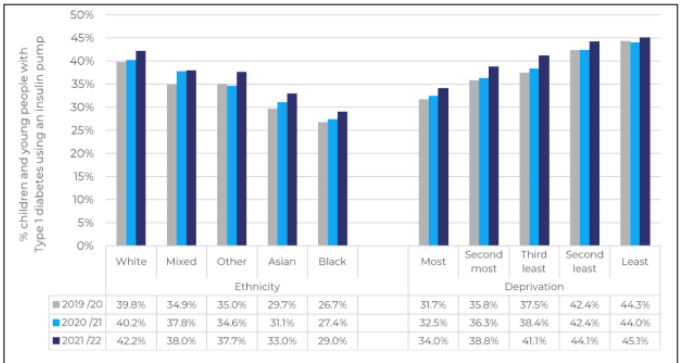
NPDA 21/22 National Data

There are persistent inequalities in uptake of treatment technologies

NHS 75

- Persistent inequalities by ethnicity in insulin pump and CGM uptake
- Widening inequalities in CGM uptake by deprivation

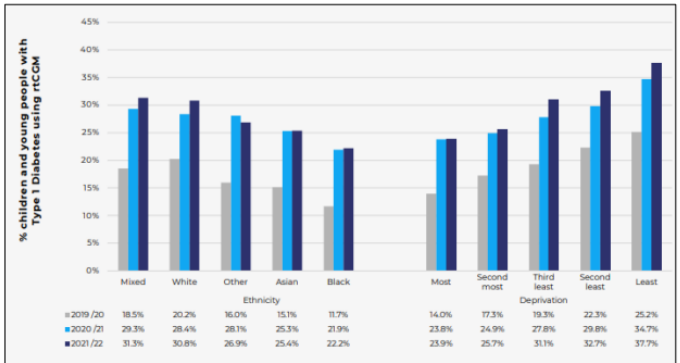
Insulin pumps



	White	Mixed	Other	Asian	Black	Most	Second most	Third least	Second least	Least
2019 /20	39.8%	34.9%	35.0%	29.7%	26.7%	31.7%	35.8%	37.5%	42.4%	44.3%
2020 /21	40.2%	37.8%	34.6%	31.1%	27.4%	32.5%	36.3%	38.4%	42.4%	44.0%
2021 /22	42.2%	38.0%	37.7%	33.0%	29.0%	34.0%	38.8%	41.1%	44.1%	45.1%

Figure 12: Use of insulin pump therapy by ethnic category and deprivation quintile amongst those with Type 1 diabetes: 2019- 2022

CGM



	Mixed	White	Other	Asian	Black	Most	Second most	Third least	Second least	Least
2019 /20	18.5%	20.2%	16.0%	15.1%	11.7%	14.0%	17.3%	19.3%	22.3%	25.2%
2020 /21	29.3%	28.4%	28.1%	25.3%	21.9%	23.8%	24.9%	27.8%	29.8%	34.7%
2021 /22	31.3%	30.8%	26.9%	25.4%	22.2%	23.9%	25.7%	31.1%	32.7%	37.7%

Figure 11: Use of rtCGM by ethnic category and deprivation quintile amongst those with Type 1 diabetes: 2019- 2022.

With all of this in mind, the NENC Diabetes Technology Inequalities Project objective was developed.

Diabetes Technology Inequalities Project

Project Objective

Diabetes technology is rapidly developing, insulin pumps and continuous glucose monitors increasingly require high specification mobile phones and laptops for them to be used efficiently and effectively.

The high level of deprivation across the NE and N Cumbria is creating a barrier for some families to access this life-changing technology.

Simultaneously, hospital trusts need to consider the environmental impact of unneeded IT equipment disposal.

This project brings these two seemingly unconnected challenges together, creating a solution for them both by donating repurposed NHS equipment to families so they can access diabetes technology and improve outcomes.

"Some of our families are unable to access the diabetes technology on offer to them, or use the full functionality of the technology they have because they cannot afford a compatible mobile device or laptop"

CYP DIABETES HEALTHCARE PROFESSIONALS FROM ACROSS THE NORTHEAST AND NORTH CUMBRIA

Project Team – Responsibilities

A project team was developed, and responsibilities were clearly defined.

CYP NENC Diabetes Network - Project Oversight/Management

CYP NENC Network Manager took oversight of the project and focused on engaging the wider NENC healthcare community whilst identifying processes that would ensure the project was sustainable following the pilot. Network Chair gave clinical leadership and insight and was crucial in initiating the involvement of GHFT.

Type 1 Kidz at Investing in Children - Project Delivery

Project Managers and Assistant Project Workers supported the development of the processes and were responsible for key elements including the flow of devices from the point of refurbishment through to the delivery to patients. Type 1 Kidz were also responsible for the collection of data from healthcare teams and families and response to queries from those who had received devices.

Gateshead Health NHS Foundation Trust - Device Donation

Head of Digital Solutions and Technical Services supported the inclusion of donation of devices into the project through contractual arrangements with local ITAD company. The CYP Diabetes Clinical Lead at GHFT was also Clinical Lead for the project providing valuable direction and insight whilst coordinating comms and engagement with the IT department.

Town and Community CIC - Process and Project Management Support was provided by the Managing Director, whose vast experience in similar projects in NENC provided us with expert advice and guidance in key areas of the project including contractual arrangements with ITAD company, online safety for families, Contract with ITAD device refurbishment company and Asset Management.

CYP NENC Diabetes Multi-Disciplinary Teams – Referral of families into the project. Healthcare Professionals from all eight NENC hospital teams in engaged in the project and offered a referral to everyone to support them to access diabetes technology.

Original Processes

1. Device Donation Process
2. Referral Process
3. Device Received Process

The original processes were purposefully designed to be simple with very few steps. We did not want the project to create additional work for healthcare professionals.

Full process maps and standard operating procedures can be found at the end of the report.

Device Donation Process

1. Contract between Gateshead Health NHS Foundation Trust (GHFT) and locally based ITAD (IT Asset Disposal) Company.
2. Phones and laptops collected by ITAD company from GHFT, and process of data removal and device cleaning completed to ADISA Certified standards.
3. Compatible devices delivered to Type 1 Kidz

Referral Process

1. Referrals of families into the project so they can access a piece of equipment – referrals are not means tested and available to **ALL FAMILIES**
2. HCP within Diabetes MDT complete referral form (live MS DOCS)
3. Referral form received by project delivery team at Type 1 Kidz

Device Received Process

1. Phone matched to device requested on referral form.
2. Where availability allows, an appropriate device is provided to patient within 3 weeks (in-person and with support to set up if required)
3. Patient uses alongside diabetes technology to optimise their diabetes management

Referral Form

Tackling Inequalities: Diabetes Devices Pilot, NENC

Please complete this referral form to apply for devices to support the use of technology for children and young people with Type 1 Diabetes in the North East and North Cumbria. Please be advised that mobile phones and laptops will be allocated based on availability.

The information provided will be submitted to Type 1 Kidz, Investing in Children and will be held securely. Please ensure that the information supplied is accurate.

Anonymised information will be used to measure the impact of the pilot.

If you have any issues, please contact the Investing in Children team on 0191 307 7030 or email info@investinginchildren.net

* Required

Referrer Information

Referrers must be clinical staff from diabetes teams in the North East and North Cumbria region.

1. Referrer name *

2. Clinic *

3. Contact details (please include email **and** phone number) *

4. Please tick the box below to confirm that you have discussed this referral with the family and they have consented to their details being shared with Investing in Children. *

- ◯ Yes, I confirm I have done this

Child's details

This information will be held by Investing in Children. Only anonymised data will be shared for project reporting and evaluation.

5. Child's name *

6. Child's date of birth *

7. Child's ethnicity *

8. Child's gender *

9. Child's HbA1c at time of referral *

10. Time since diagnosis (approximate) *

Contact Details

This information will be held by Investing in Children and will be used to deliver the device(s) to the family. Anonymised data will be used for project reporting and evaluation.

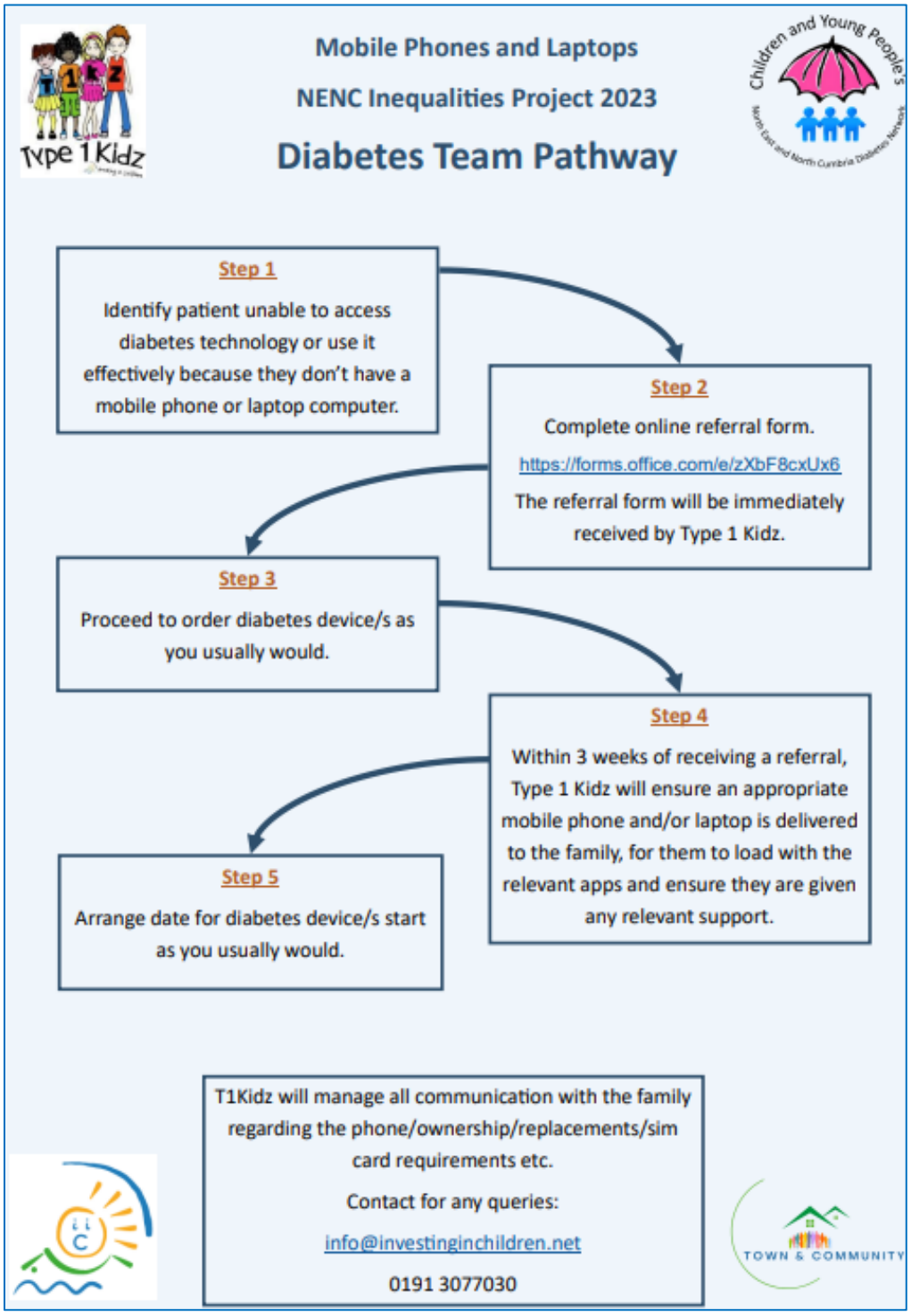
11. Key contact name and relationship to child *

12. Key contact's telephone number *

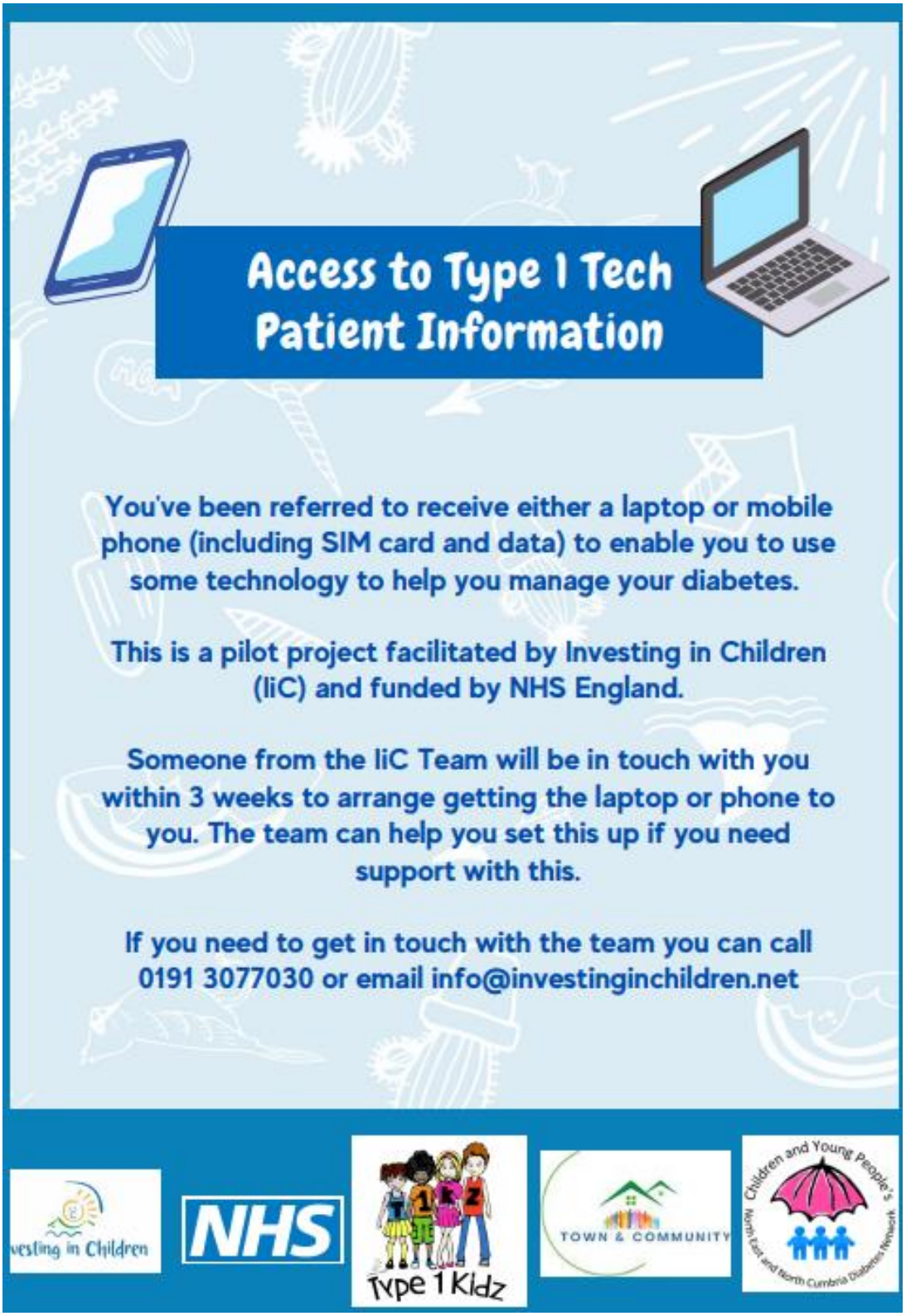
13. Key contact's email address *

14. Address, including post code *

Poster to healthcare professionals explaining referral process

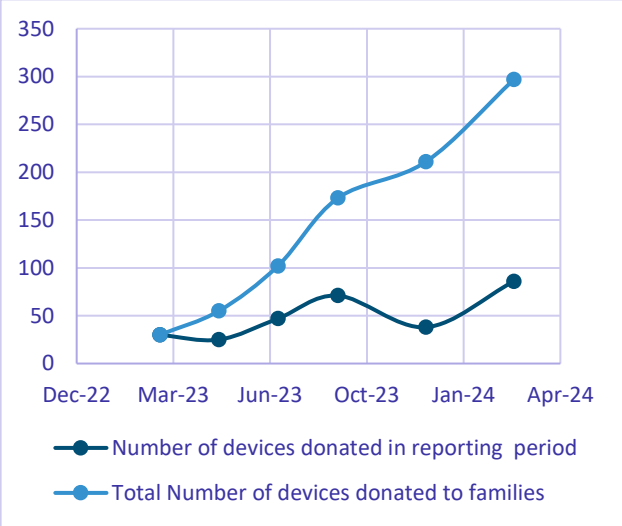


Leaflet to family following referral



Progress of Total Referrals from March 2023 to March 2024

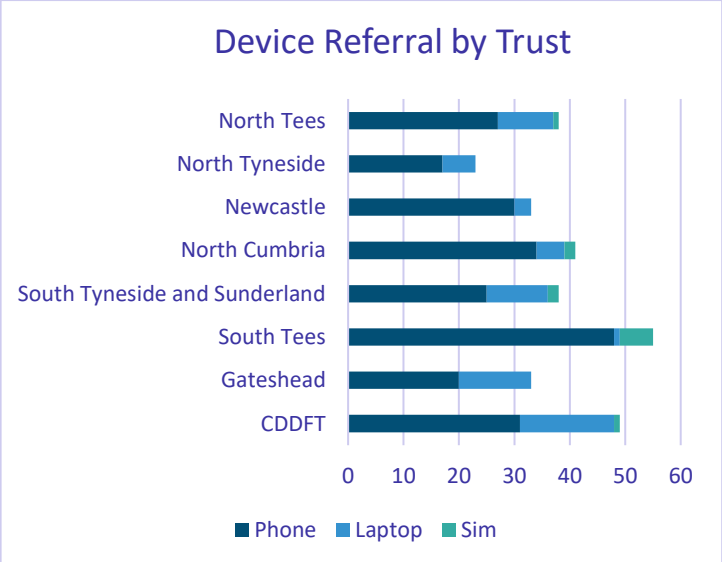
As confidence grew in the processes and we began to see proof in the concept and the value of the project, the number of referrals steadily increased (with exception of an expected dip at Christmas).



Project Month	Calendar Month	Number of devices donated to families during reporting period	Cumulative number of devices donated to families
1	Mar -23	30	30
3	May -23	25	55
5	July -23	47	102
7	Sept -23	71	173
9	Dec -23	38	211
12	Mar -24	86	297

Progress of Referrals by Trust from March 2023 to March 2024

Referrals were received by every Trust within the CYP NENC Diabetes Network area (NENC ICB) and as expected most referrals came from the Trust that serves the most deprived area of our population, South Tees and the fewest referrals came from the least deprived area, North Tyneside.



Requested	Phone*	Laptop	Sim Card	Total
Durham	31	17	1	49
Gateshead	20	13	0	33
South Tees	48	1	6	55
S Tyneside Sunderland	25	11	2	33
Cumbria	34	5	2	41
Newcastle	30	3	0	33
North Tyneside	17	6	0	23
North Tees	27	10	1	38
NENC TOTAL	232	66	12	310

* all phones were provided with a sim card

Reason for Referral

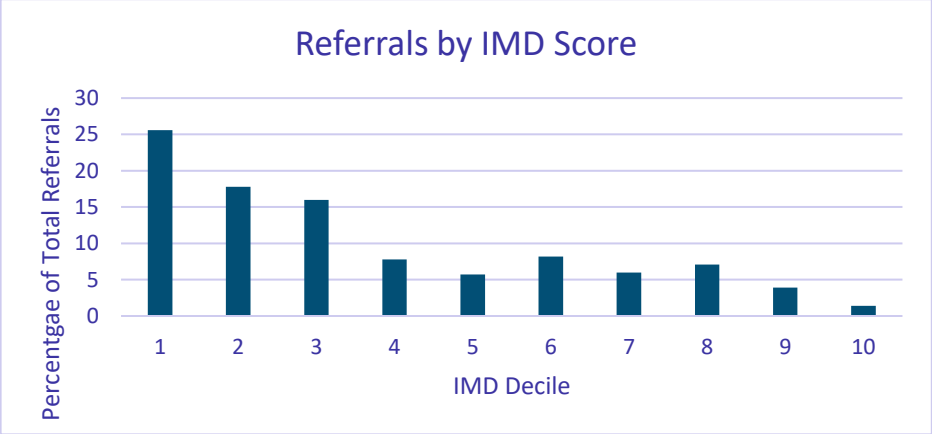
We recognised that it was important to understand the reason that referrals were requested, we categorised all the individual requests and have summarised them below.

Reason for referral	Percentage
To enable start on appropriate diabetes tech (either completely new tech user or a move to more appropriate tech)	**51%**
Already on tech but needs phone/laptop to support downloading	**16%**
Already on tech but using with handset	**13%**
Already on tech but family/carer can't 'follow'	**11%**
Various other answers including – needs sim card, needs for bolus calculator	**9%**

Over half of those accessing this project have now been able to begin using the most appropriate diabetes technology for them.

Referral by IMD Score

In 2023 healthcare professionals from CYP Diabetes teams across the NE and N Cumbria participated in Poverty Proofing© Training with the charity Children NE. During the training we learned about the impact of living in poverty and the shame associated with accepting what could be perceived as 'charity'. At the outset of this project, we agreed to offer equipment to ALL families, no means testing and no assumptions. The results show that by offering to all, we have reached those living in the highest areas of deprivation.



IMD Decile	Percentage
1	25.6
2	17.8
3	16
4	7.8
5	5.7
6	8.2
7	6
8	7.1
9	3.9
10	1.4

Referral by Ethnicity

82.5% of referrals were for families who were categorised as White British, this reflects the NE and N Cumbria population.

Key Project Highlights and a Key Challenge

The data -

- 310 referrals received between March '23 and March '24 – this filled the inequalities gap/met the unmet need, we continue to meet the ongoing need.
- Referrals received from every CYP Diabetes MDT across NENC ICB footprint
- 297 referrals were met - 232 phones, 66 laptops, 12 sim only
- Reasons for 13 referrals not met – no longer needed, unable to gain contact with family, no compatible phone for requested device
- Most referrals (55) came from South Tees, serving families in the highest deprived area of NENC and 5th most deprived local authority area in England – South Tees had previously received VSO donations of laptops during COVID and had therefore closed some of their inequality gap prior to this project starting.
- 60% of all referrals were for families noted as living in IMD deciles 1-3, (25% living in IMD decile 1)
- 95% of devices were donated by Gateshead Health NHS Foundation Trust with some higher specification phones coming via VSO partner who is conducting a personal staff phone amnesty with North Tees and Hartlepool NHS Foundation Trust.

Other information –

- Identified ways to sustain the project over the long term
- Working with Health Innovation Network within NENC ICB to develop a system of accessing Trust equipment for all ages and all conditions which we will be able to access – we are acting as advisors with this project being highlighted and shared as 'proof of concept/value'
- Highlighted as one of 4 projects within the NENC Child Health and Wellbeing Network (CHWBN) Digital Divide Programme, monthly high-level report to the CHWBN Operational Oversight Group

- Questionnaires completed in large numbers by participating HCPs and families
- Evaluation of the project is being developed in several formats – final lessons learned/ high level report including process maps and Standard Operating Procedures, formal evaluation and published paper, video review, final report including feedback from families and life-changing stories
- Discussion with various local authority, public health colleagues to identify opportunities to access equipment – in one case, discussion with local transport company has led to donation of travel cards for families to access some free travel in the area.

Awards, Presentations, Articles -

- Winner of QiC Award – Equality, Diversity and Health Equalities Category
- Finalist in two categories of HSJ Digital Awards (winners announced June 2024)
- Poster presentation and award for Dr Judith Reid, Clinical Lead for the project at the NENC SAS Conference March 2024

Many presentations over 12 months to various colleagues and stakeholders. Highlights include -

- Inclusion in Parliamentary Round-Table discussion on tackling inequalities in access to diabetes technology
- Article in the Diabetes UK website January 2024 - Diabetes technology transforms hundreds of lives in North East and North Cumbria | Diabetes UK
- Presentation to NHS Providers October 2023
- Press Release by Gateshead Health NHS Foundation Trust - January 2024
- Presentation at the Diabetes UK Professional Conference - April 2024
- Presentation at Public Policy Projects event 'Adopting Diabetes Technology in the NHS' - May 2024
- Presentation at Government Events Conference 'Improving Health Outcomes in Marginalised Communities 2024'- May 2024
- Presentation at CYP National Diabetes Network Access to Technology Study Day – May 2024
- Presentation at NW NHSE Regional Technology Event - June 2024

Key Challenge: *'Shy Bairns Get Nowt'*

Early in the project we discovered that the phones being donated by Gateshead Health NHS Foundation Trust (GHFT) had a nuance in the model specification which meant they were not compatible with the most requested diabetes technology. For any area looking to replicate this project this is something to be acutely aware of and therefore we are sharing the specifics of this challenge.

Most of the donated phones from GHFT were listed as 'Motorola G8' when checked against the compatibility list of diabetes devices they were compatible with several of the most requested devices. On closer inspection and following the testing process, it became apparent that the phones had a slight nuance in the model specification and were actually 'Motorola G8 *Power*' which were not compatible.

This posed a huge problem, the project now had over 300 phones which could not be matched to many of the requests coming through. A decision was quickly made to approach the relevant diabetes device company and ask them what the process would be to have the phones checked and potentially added to the compatibility list.

A business case was submitted to the relevant industry R&D department, some sample Motorola G8 Power phones were sent to the R&D team in the US and with a little bit of testing and tweaking, they made the necessary amendments, and the phones were added to the compatibility list.

This was a real turning point, right at the beginning of the project which reminded us that 'if you don't ask, you don't get' *(shy bairns get nowt)* and gave us additional motivation to ensure the success of the project.

Feedback from Patients and Healthcare Professionals

Throughout the project and during the final evaluation, healthcare professionals and families have been providing us with feedback on how the project has impacted them.

Hi, the laptop is working great & we now have the Glooko downloader on there, meaning we can do uploads for My Son's Diabetic team. Thank you very much. Month 1 of project

My Daughter is managing great with the phone she was given, it makes life a lot easier as we don't have to keep finger pricking to get a BG, we can just use the app set up on the handset. Also, because we received a sim card too, we have very little worries about payments and internet usage, it's also allowed us the freedom to allow her to go out and spend time at family and friends without us parents having to tag along as she can use the apps herself and an adult just watches over her to make sure there's no issues.

We as parents can't thank you enough for the phone Month 2 of project

"Being able to download diabetes digital devices at home enables CYP and their families/carers to download before clinic and between clinic this enables timely remote individualised advice to be given when required between clinics. Downloading at home prior to clinic or real time data transfer to the cloud from a phone enables clinics to run more efficiently and reduces the clinic associated cost to the family by shortening clinic waiting times and therefore parking costs, childcare costs for other children and time off work. ***It has been fantastic that 29 CYP have been supported with laptops and phones to date from our clinic and that this hasn't been a barrier to us delivering equitable care and ensuring that we are poverty proofing our diabetes service."***

Dr Judith Reid, Associate Specialist, Gateshead Month 2 of project

'I am quite new to the diabetes world and role as a Transition PDSN; however, it is quite evident that good technology helps our young people manage their diabetes management. ***The phone and laptop pilot has ensured that young people who would have had a barrier to technology now have not, and this is worth its weight in gold'***

Kate Gowland, PDSN, County Durham and Darlington Month 5 of project

'This family was able to link up Dexcom very quickly, Glooko, NovoPens and meters for us to use in clinic ***which means they were not disadvantaged in accessing diabetes care at all.*** *It means the young lady in question could take control of her own care as soon she felt able.* ***It made a massive difference to us as a team knowing we were able to offer that family the same care as more well-off families.***

Kelvin Green, PDSN, North Cumbria Month 6 of project

My patient is a 13 yr old who has severe autism, who is unable to communicate verbally. He has recently become very sensory sensitive and can get upset when people need to approach him, he struggles to sleep all through the night.

He is on the Medtronic 780g pump with Guardian 4 sensor. Staff at school and at the respite home he stays at 2 nights per week, must disturb him to look at pump to check his glucose levels. This is a huge problem on a night as staff disturb his sleep.

Through this project we have obtained a phone for him so he can have the MiniMed mobile app on his phone, this allows staff at the respite home to leave the phone outside his room to check his levels so not disturbing him. The Staff at school can now look at phone on the teacher's desk rather than approaching him.

Parents have the follow up app and can keep monitor his levels form home.

This phone has benefited my patient and his cares is so many ways, we can't thank you enough.

Debbie McHugh, PDSN, North Tees and Hartlepool Month 3 of project

Some quotes from the final evaluation

The phone and laptop pilot has ensured that young people who would have had a barrier to technology now have not, and this is worth its weight in gold

Without the phone XX would not have been able to access Dexcom, use the carbs and cals app, start on Omnipod 5, maintain his independence. His health outcomes have improved in just 6 weeks. Thank you to the project on behalf of XX, his family and the Newcastle CYP Diabetes Team

His HbA1c has been amazing, and he is now a happy little boy who needs less intervention due to diabetes in his daily life. It has taken so much worry from me as a parent and has eased the financial pressure of being able to access this technology.

This family have two children with a type 1 diagnosis, this project has allowed mum to 'follow' and support both of them without financial burden

It made a massive difference to us as a team knowing we were able to offer that family the same care as more well-off families

It's also allowed us the freedom to allow her to go out and spend time at family and friends without us parents having to tag along as she can use the apps herself and an adult just watches over her to

This phone has benefited my patient, and his carers in so many ways, we can't thank you enough.

Lessons Learned

Challenge	Solution or Learning
Difficulty engaging Trust IT departments in conversation about donating devices. **IT Trusts in current IT disposal contracts reluctant to discuss – this should not be a barrier to having a conversation.**	This project demonstrates proof of concept and that it can be done safely, within IG protocols and without risk. We will use what we have learned from this project to engage more hospitals. Support needed from NHSE to look at long-term strategies for Trusts to donate no longer needed IT equipment back into the system, for all ages and all conditions.
Difficulty sourcing phones compatible with Libre and Dexcom G7. Some patients chose to use G6 instead, thus limiting their choice.	Found alternative donation site(s) Local VSO equipment refurbishment scheme. This will be an ongoing problem as devices require increasingly high spec phones.
No phone chargers were provided, and most families didn't have one suitable.	Traded in some incompatible donated phones for chargers.
When a batch of phones was received each one had to be charged and checked they were unlocked. For the iPhones we had to create an Apple ID and login to each phone. This was very time consuming.	No short-cut for this – try and include within contract with refurbing company.
For some patients two members of clinical team put in 2 separate referrals as they did not track / check who had been referred.	In the beginning there was no process to check who had been referred so this had to be implemented.
Some patients damaged multiple phones.	We took an individual approach for each patient – see relevant process map
Some phones were locked to a network.	Ensure donated phones are unlocked and not attributed to specific network. Work with network providers to manage unlocking/sim card donation.

Record keeping at MDT level of which patients had received a referral was not implemented from the start of the project, leading to time-consuming processes further into the project.	Ensure adequate record-keeping at all points in the process.
500 sim cards with 6-month data were donated to project, one was given out with each phone and replaced at 6 months. This was an unexpected workload / cost and consideration needs to be given of what will happen once all sim cards are used.	Only provide sim cards to those that request them alongside the phone. Continuously seek donation opportunities from sim providers and charities. Most sim providers will only take requests from registered charities – use hospital charity to make request.

The Project Manager has delivered presentations and engaged in many discussions with colleagues across the diabetes healthcare community during the project delivery period. The ambition of refurbishing NHS/Hospital Trust equipment has been met with huge enthusiasm across the system.

The information which is most-commonly requested is how to engage with Trust IT departments and what questions should be asked. The below should help but also, share this report with them, it is proof that it can be done and encourage them to think about the life-cycle of their equipment and the community of patients they could directly help.

- Find out who takes responsibility for IT Asset Disposal (ITAD) within your Trust.
- Ask what happens to Trust equipment when it is no longer needed.
- If a contract is already in place, this is not a reason to stop the conversation - ask what happens to the equipment when it leaves the Trust.
- In some cases, it will be destroyed as there is no life left in it, or it will be refurbished and sold/donated and in some cases, Trusts may receive a reimbursement.
- Often, IT departments do not know what happens to the equipment once it leaves the Trust into the hands of the ITAD company, this may need further investigation.
- IT departments will be concerned about Information Governance and the risk involved in refurbishing equipment for re-use by patients – tell them about **ADISA Certification - ADISA**

Case Study

With thanks to Carly Blagojevic, PDSN at the Great North Children's Hospital for sharing this case study which demonstrates the impact of this project on health outcomes. (Please magnify to view)

THE great north CHILDREN'S HOSPITAL

Case Study

- John- 14 years of age
- Diagnosed with Type 1 Diabetes in March 2022, aged 12. Admitted in severe DKA and remained in hospital for 1 month due to neurological and mobility issues. Unable to go back to school until July
- Lives with both parents and younger sister
- The family have a very low income with neither parents working due to ill health
- All 4 family members shared 1 mobile phone

Follow up

- Initially managed on MDI and fingerpricking.
- Follow up of glucose levels was tricky. Family unable to access Diasend on their only home PC
- Commenced on Dexcom with a receiver in August 2022 but unable to download at home
- HbA1c 32-40mmols/ mol between May-November 2022
- By August 2023 - HbA1c had risen to 87mmols/ mol with irregular use of the Dexcom. He agreed to try and use it more. Resistant to pump therapy

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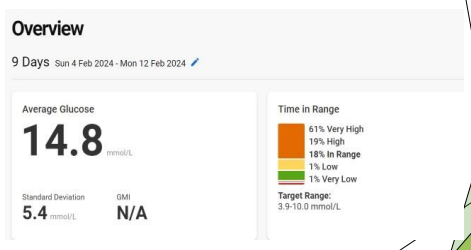
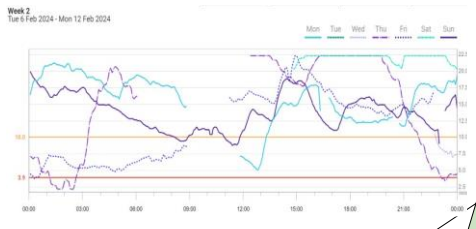
Follow up…..

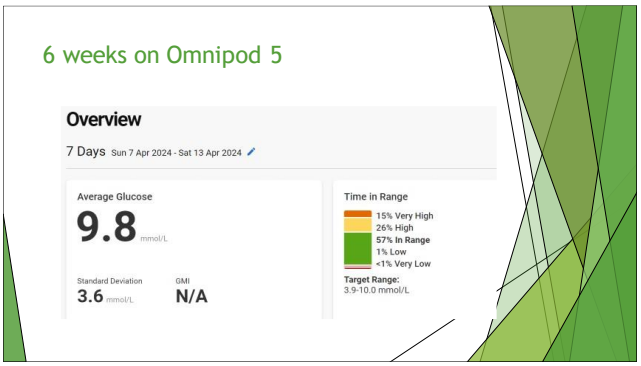
- October 2023- HbA1c was now 95mmols/mol. John's Dexcom receiver had been stolen. He was given a phone through the project enabling him to continue with Dexcom and the team to provide remote support with glucose levels . He was also able to access the carbs and cals app. Invited to pump showcase
- November 2023- John and mum attended the pump showcase and chose the Omnipod 5.
- January 2023- Pre pump training in school. John hadn't been using the charity phone as he had swapped the SIM in to the family phone so he could play games. Explained to John about the contract regarding appropriate use of the phone.
- Commenced Omnipod 5 on 13th February

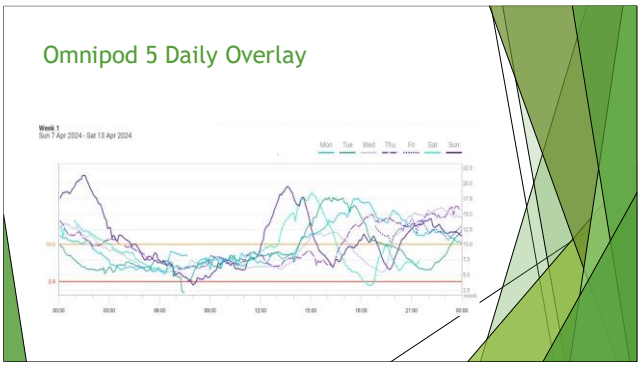
Pre pump Time in Range

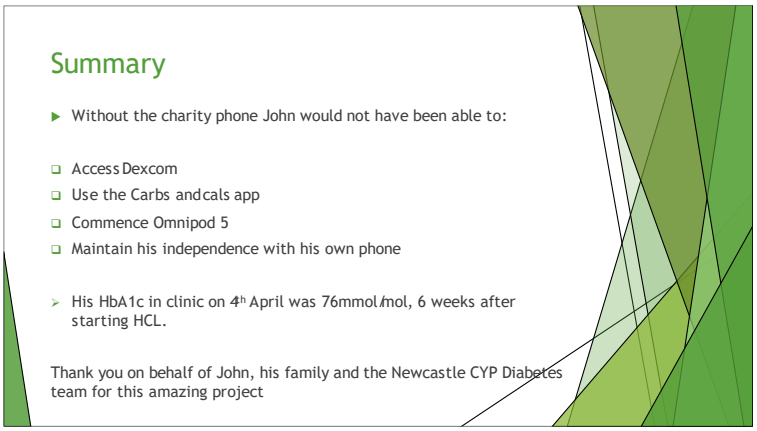


Pre pump Daily overlay









The Last Word

It seems appropriate to finish this report with some lovely words provided by a mum of a young boy who is living with both Type 1 Diabetes and Autism. Her words reflect why we committed to this project and why we have committed to continue.

Being granted a phone from this pilot scheme has changed our whole family's life for the better.

It meant my son had faster access to his new tubeless system. This had a huge, positive impact on his overall diabetes control & management. His HbA1c has been amazing since using the system & he's a happy little boy who needs less intervention, due to diabetes, in his daily life.

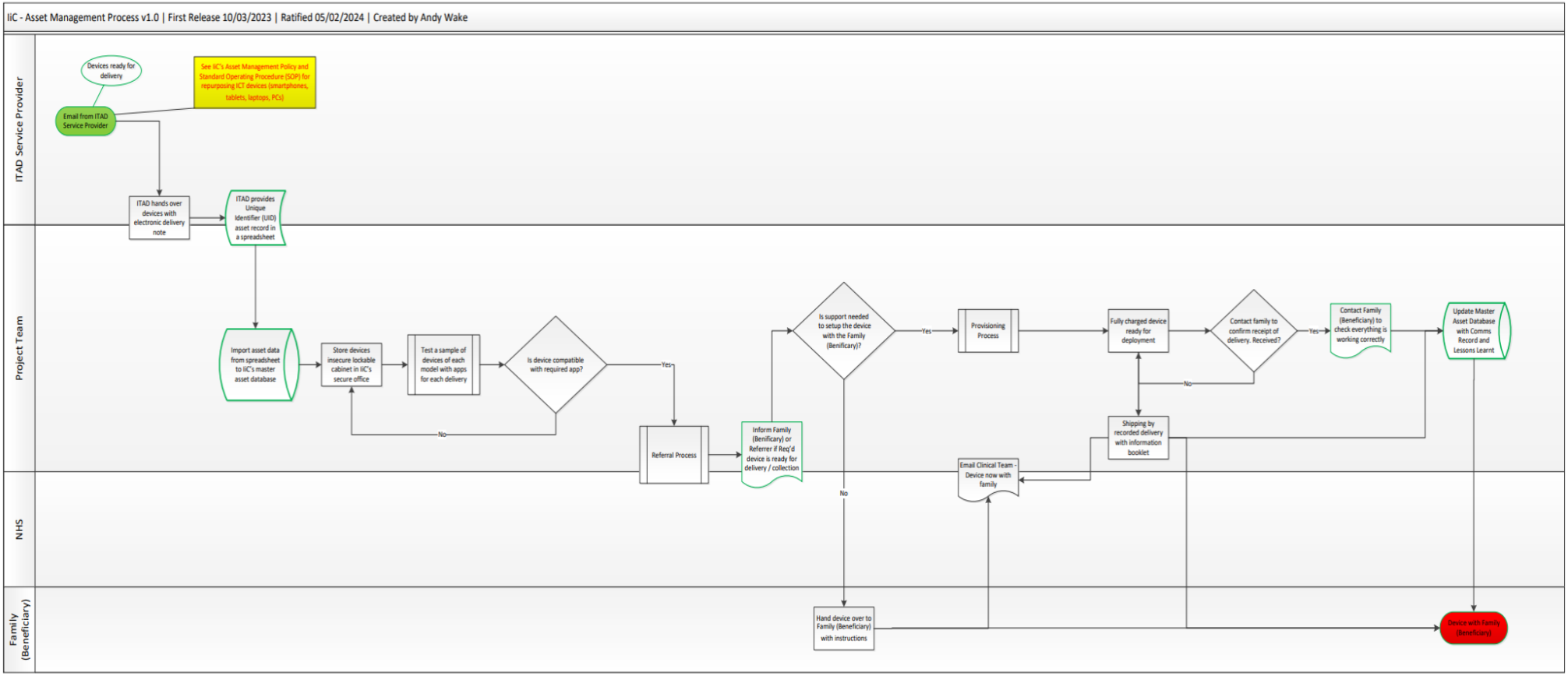
It has taken away so much worry for me as a parent & has eased the financial pressure over being able to access this technology. I've found that I'm not constantly thinking about diabetes now & I'm able to sleep better, knowing he's ok.

It has given us more flexibility as a family, I'm able to spend more quality time with all my children now & it's given my son a better life.

I'm incredibly thankful for everything.

NENC
Diabetes Technology Inequalities Project 2023 - 2024
Standard Operating Procedures and Process Maps

SOP Title	Asset Management
Author(s)	Jenny Foster, Chloe Brown, Andy Wake
Date	Feb 2024
Review Date	Feb 2026
Objective:	It is important for the project team to understand the steps that are taken immediately prior to the digital equipment being received by them. Once they have the equipment there are further steps that they need to understand and deliver prior to the digital equipment being received by the family.
Scope:	This SOP applies to the management of the digital equipment that is donated into the CYP NENC Diabetes Network Inequalities Project. For the purposes of this project, that includes the receipt of digital equipment from Gateshead Health NHS Foundation Trust by Protech. This SOP also covers the steps following the receipt of refurbished digital equipment by the project team and the steps taken by them for the digital equipment to reach the family.
Terminology:	**SOP:** Standard Operating Procedure(s) **The project team:** the collective description of the team at Investing in Children (T1Kidz) who are delivering the project and are the conduit between all constituent parts. **The donation site:** the collective description of where the digital equipment originates. For the purposes of this SOP, the donation site is Gateshead Health NHS Foundation Trust **The ITAD Service Provider:** the collective description of where the digital devices are repurposed. For the purposes of this project, the ITAD (IT Asset Disposal) service provider are Protech an ICO approved, ADISA certified asset disposal company working with Gateshead Health NHS Foundation Trust to refurbish and dispose of their digital equipment. **Digital equipment:** collective description of the phones, laptops and sim cards that could be received by a family through this project.
Responsibilities:	**The ITAD Service Provider** is responsible for giving each piece of digital equipment a unique identifier code (UIC) and supplying the UIC with the equipment to the Project Team. **The project team** are responsible for ensuring the digital equipment is logged on the asset management database (spreadsheet) and securely stored on site. Once the digital equipment is matched to a referral the project team are responsible for updating the asset management database and following the appropriate next steps.
Process:	The complete process can be followed on the attached process map.



Shape Border Colour Key IT Systems:

1) **Microsoft 365** - Green

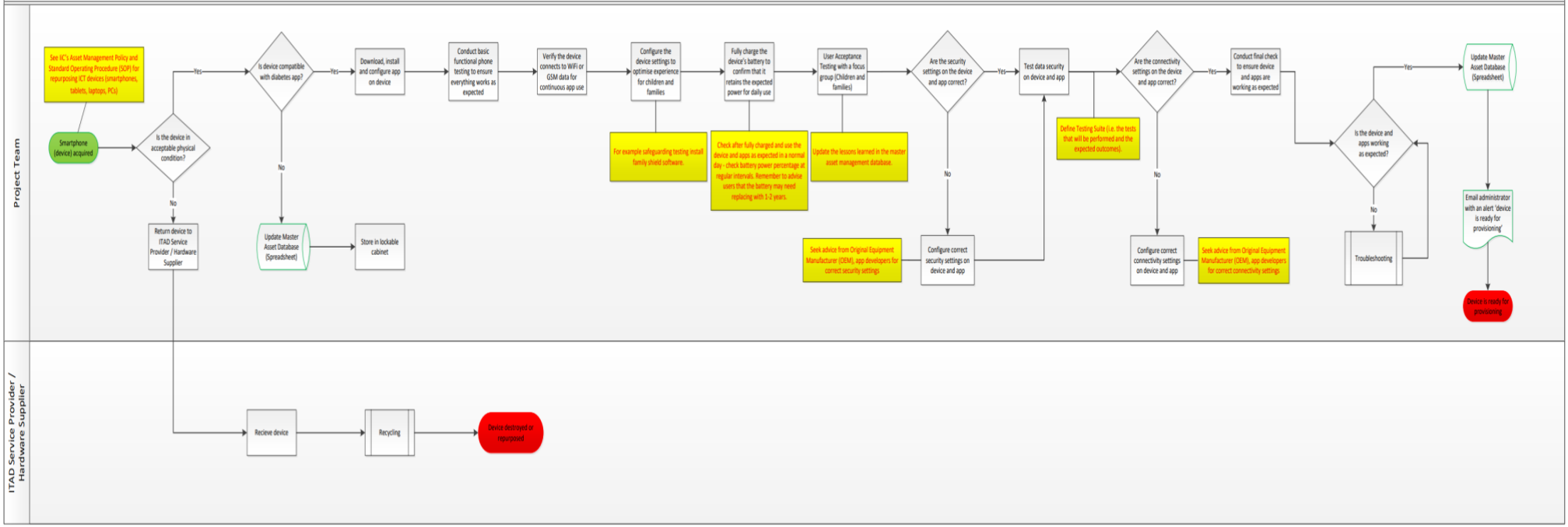
Shapes Key:

Start or Stop | Process | Pre-defined Process | Decision | Data | Document | Stored Data | Direct Data | On Page Reference or Note

Investing In Children (IiC)	Asset Management Process			
	Version: 1.0	Revision: 4	Date: 05/02/24	Initials: AW

SOP Title	Digital Equipment Testing
Author(s)	Jenny Foster, Chloe Brown, Andy Wake
Date	Feb 2024
Review Date	Feb 2026
Objective:	It is important for the project team to understand the steps needed to test the digital equipment for the purposes of this project, ensuring they are fit-for-use by a child or young person with diabetes.
Scope:	This SOP applies to the testing of the digital devices that are received by the Project Team from the ITAD Service Provider. It includes reviewing the physical condition of the equipment, the testing of battery power, compatibility with relevant applications, connectivity via Bluetooth and Wi-Fi and correctly setting the security settings and what to do if any of the steps fail.
Terminology:	**SOP:** Standard Operating Procedure(s) **The project team:** the collective description of the team at Investing in Children (T1Kidz) who are delivering the project and are the conduit between all constituent parts. **The ITAD Service Provider:** the collective description of where the digital devices are repurposed. For the purposes of this project, the ITAD (IT Asset Disposal) service provider are Protech an ICO approved, ADISA certified asset disposal company working with Gateshead Health NHS Foundation Trust to refurbish and dispose of their digital equipment. **Digital equipment:** collective description of the phones, laptops and sim cards that could be received by a family through this project. **Diabetes Device:** collective description for insulin pumps, continuous glucose monitors and apps. The digital equipment is needed to connect-to and/or download the diabetes device.
Responsibilities:	**The project team** are responsible for completing the steps to appropriately test the digital equipment that is received into the project and manage any testing fails before it is supplied to a family. **The ITAD Service Provider** is responsible for accepting any digital equipment that fails testing and arranges appropriate recycling or disposal.
Process:	The complete process can be followed on the attached process map.

IIC – Device Testing Process v1.0 | First Release 16/03/2023 | Ratified 05/02/2024 | Created by Andy Wake



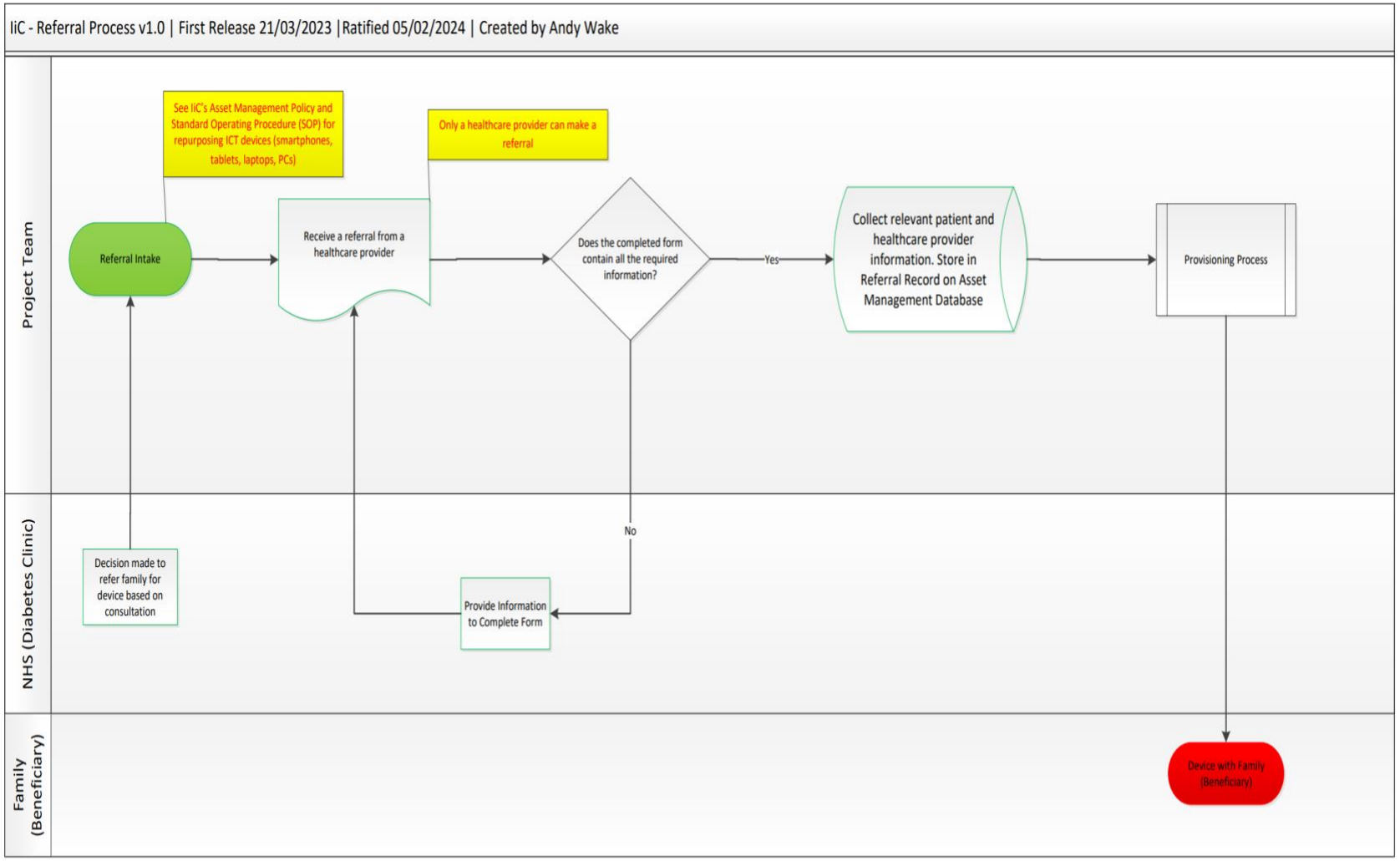
Shape Border Colour Key ITSM:

1) Microsoft 365 - Green

Shapes Key:

Investing In Children (IIC)	Device Testing Process			
	Version: 1.0	Revision: 3	Date: 05/02/24	Initials: AW

SOP Title	Referral
Author(s)	Jenny Foster, Chloe Brown, Andy Wake
Date	Feb 2024
Review Date	Feb 2026
Objective:	Key process within the project. It is important for the healthcare teams, the project delivery team and the families to understand the steps involved in the referral process to ensure appropriate, timely referrals are made and met.
Scope:	This SOP applies to all referrals from healthcare teams for a family to receive a piece of digital equipment as part of the CYP NENC Diabetes Network project; it outlines the process of making a referral for the healthcare teams to follow and the subsequent steps for the project delivery team to make before the referral is matched to a piece of digital equipment.
Terminology:	**SOP:** Standard Operating Procedure(s) **The family:** the collective description for the parents/carers of a child or young person with diabetes who has been referred into the project and has received a piece of donated digital equipment. **The project team:** the collective description of the team at Investing in Children (T1Kidz) who are delivering the project and are the conduit between all constituent parts. **The healthcare team:** the collective description of the paediatric diabetes team working within one of the 8 acute hospital trusts across NENC. The healthcare team refer the families into the project and ensure they can access the relevant diabetes technology. **Digital equipment:** collective description of the phones, laptops and sim cards that could be received by a family through this project. **Diabetes Device:** collective description for insulin pumps, continuous glucose monitors and apps. The digital equipment is needed to connect-to and/or download the diabetes device.
Responsibilities:	**The family** is responsible for confirming they would like to be referred into the project to access a piece of digital equipment, this will be confirmed with their specialist diabetes healthcare professional during a clinic or call. **The project team** are responsible for receiving the referral, update the referral record within the asset management database and match a piece of digital equipment to the referral before moving onto the provisioning process. They are responsible for ensuring that all relevant information is received from the healthcare team. **The healthcare team** are responsible for offering a referral into the project to all the families within their caseload that are supported to manage their diabetes with access to a diabetes device(s). They are also responsible for the comprehensive completion of the online referral form.
Process:	The complete process can be followed on the attached process map.



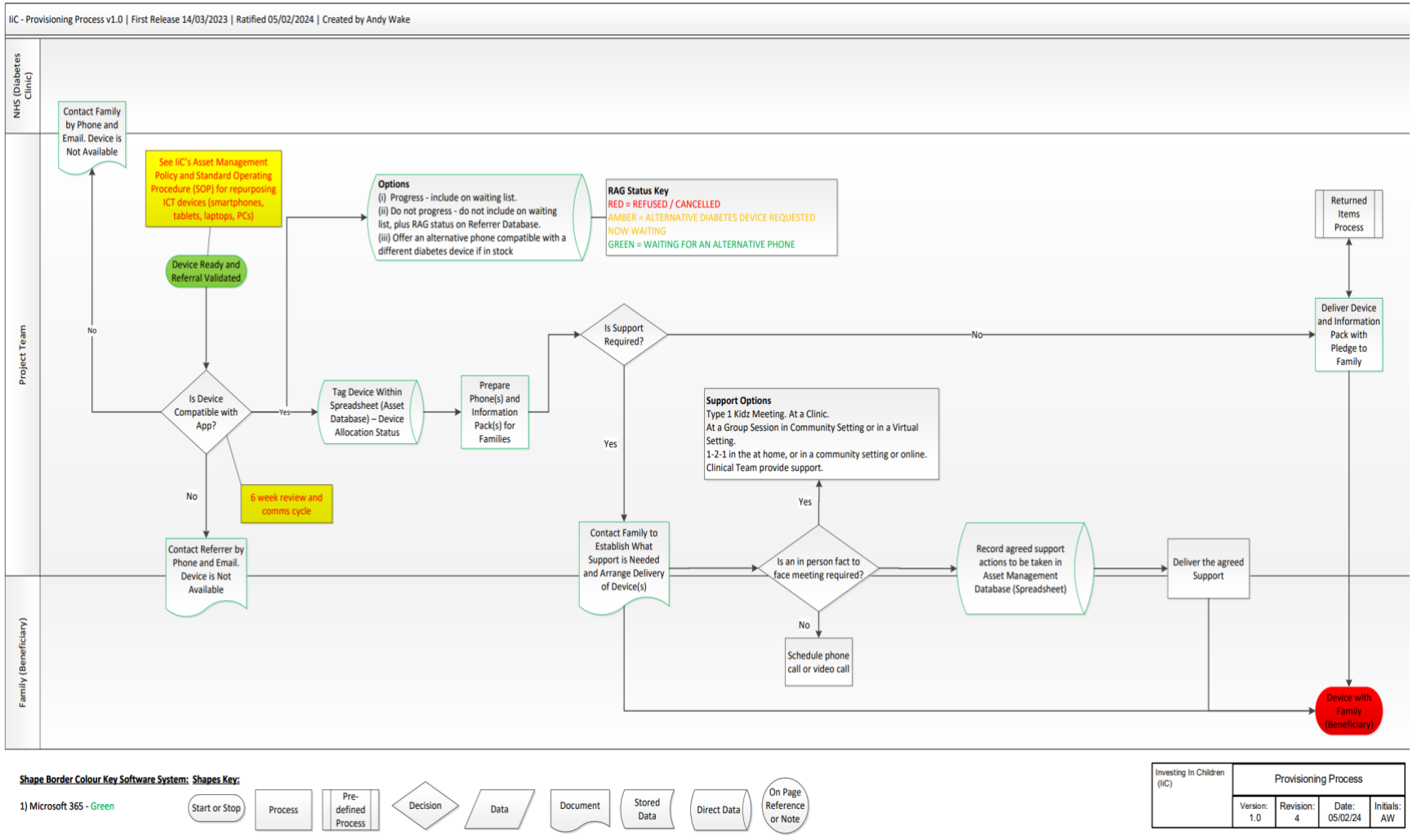
Shape Border Colour Key ITSM:

1) Microsoft 365 - Green

Shapes Key:

Investing In Children (IiC)	Referral Process			
	Version: 1.0	Revision: 3	Date: 05.02.24	Initials: AW

SOP Title	Provisioning
Author(s)	Jenny Foster, Chloe Brown, Andy Wake
Date	Feb 2024
Review Date	Feb 2026
Objective:	Key process within the project. It is important for the project team to understand the steps needed once a referral has been received.
Scope:	This SOP applies to all referrals from healthcare teams for a family to receive a piece of digital equipment as part of the CYP NENC Diabetes Network project; it supports the project team to ensure the appropriate piece of digital equipment is matched to each referral and an appropriate method of delivery and support to set up is offered to the family.
Terminology:	**SOP:** Standard Operating Procedure(s) **The family:** the collective description for the parents/carers of a child or young person with diabetes who has been referred into the project and has received a piece of donated digital equipment. **The project team:** the collective description of the team at Investing in Children (T1Kidz) who are delivering the project and are the conduit between all constituent parts. **The healthcare team:** the collective description of the paediatric diabetes team working within one of the 8 acute hospital trusts across NENC. The healthcare team refer the families into the project and ensure they can access the relevant diabetes technology. **Digital equipment:** collective description of the phones, laptops and sim cards that could be received by a family through this project. **Diabetes Device:** collective description for insulin pumps, continuous glucose monitors and apps. The digital equipment is needed to connect-to and/or download the diabetes device.
Responsibilities:	**The family** is responsible for communicating with the project team to ensure an appropriate method of delivery is arranged and any support is provide for setting up the equipment. **The project team** are responsible for communicating with the family to arrange an appropriate method of delivery is confirmed and completed. They are also responsible for offering support to set up the digital equipment and arranging for this to take place when needed. The project team will maintain the asset management database to reflect met referrals and available equipment. **The healthcare team** are responsible for communicating with the family if an appropriate piece of digital equipment is not available.
Process:	The complete process can be followed on the attached process map.



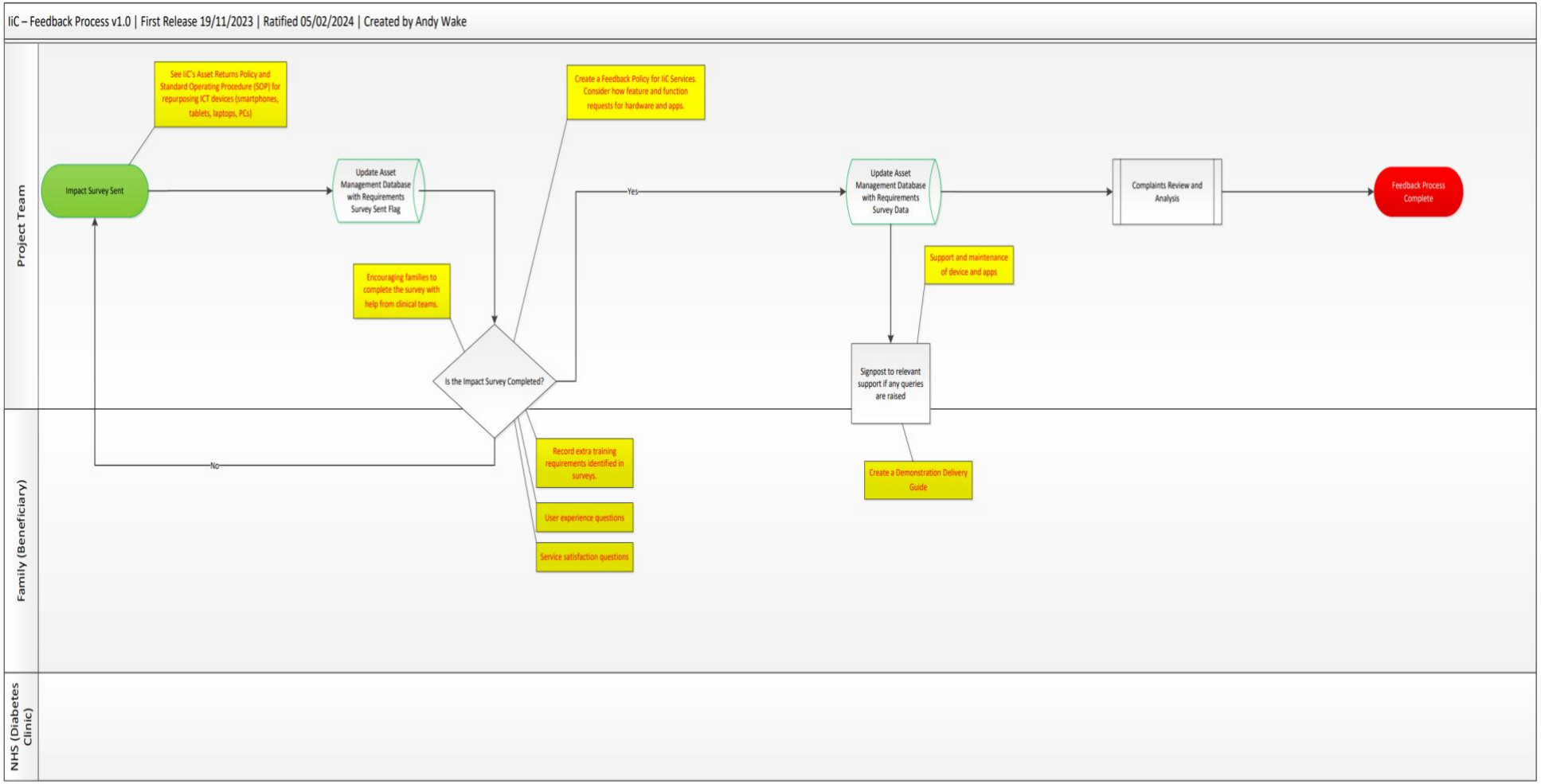
Shape Border Colour Key Software System: **Shapes Key:**

1) Microsoft 365 - Green

Start or Stop | Process | Pre-defined Process | Decision | Data | Document | Stored Data | Direct Data | On Page Reference or Note

Investing In Children (IiC)	Provisioning Process			
	Version: 1.0	Revision: 4	Date: 05/02/24	Initials: AW

SOP Title	Feedback
Author(s)	Jenny Foster, Chloe Brown, Andy Wake
Date	Feb 2024
Review Date	Feb 2026
Objective:	It is important for the project to have a robust feedback process so success can be quantified, and problems can be mitigated – if followed, this process will ensure maximum responses from families on the impact of the project.
Scope:	This SOP applies to the steps needed to be taken by the project team to ensure maximum completion of the feedback forms.
Terminology:	**SOP:** Standard Operating Procedure(s) **The family:** the collective description for the parents/carers of a child or young person with diabetes who has been referred into the project and has received a piece of donated digital equipment. **The project team:** the collective description of the team at Investing in Children (T1Kidz) who are delivering the project and are the conduit between all constituent parts. **The healthcare team:** the collective description of the paediatric diabetes team working within one of the 8 acute hospital trusts across NENC. The healthcare team refer the families into the project and ensure they can access the relevant diabetes technology. **Digital equipment:** collective description of the phones, laptops and sim cards that could be received by a family through this project. **Diabetes Device:** collective description for insulin pumps, continuous glucose monitors and apps. The digital equipment is needed to connect-to and/or download the diabetes device.
Responsibilities:	**The project team** are responsible for completing the steps to ensure provision and completion of the feedback forms from families together with the compilation of the data extracted from the feedback forms which will inform the final project outcomes report.
Process:	The complete process can be followed on the attached process map.



Shape Border Colour Key ITSM:

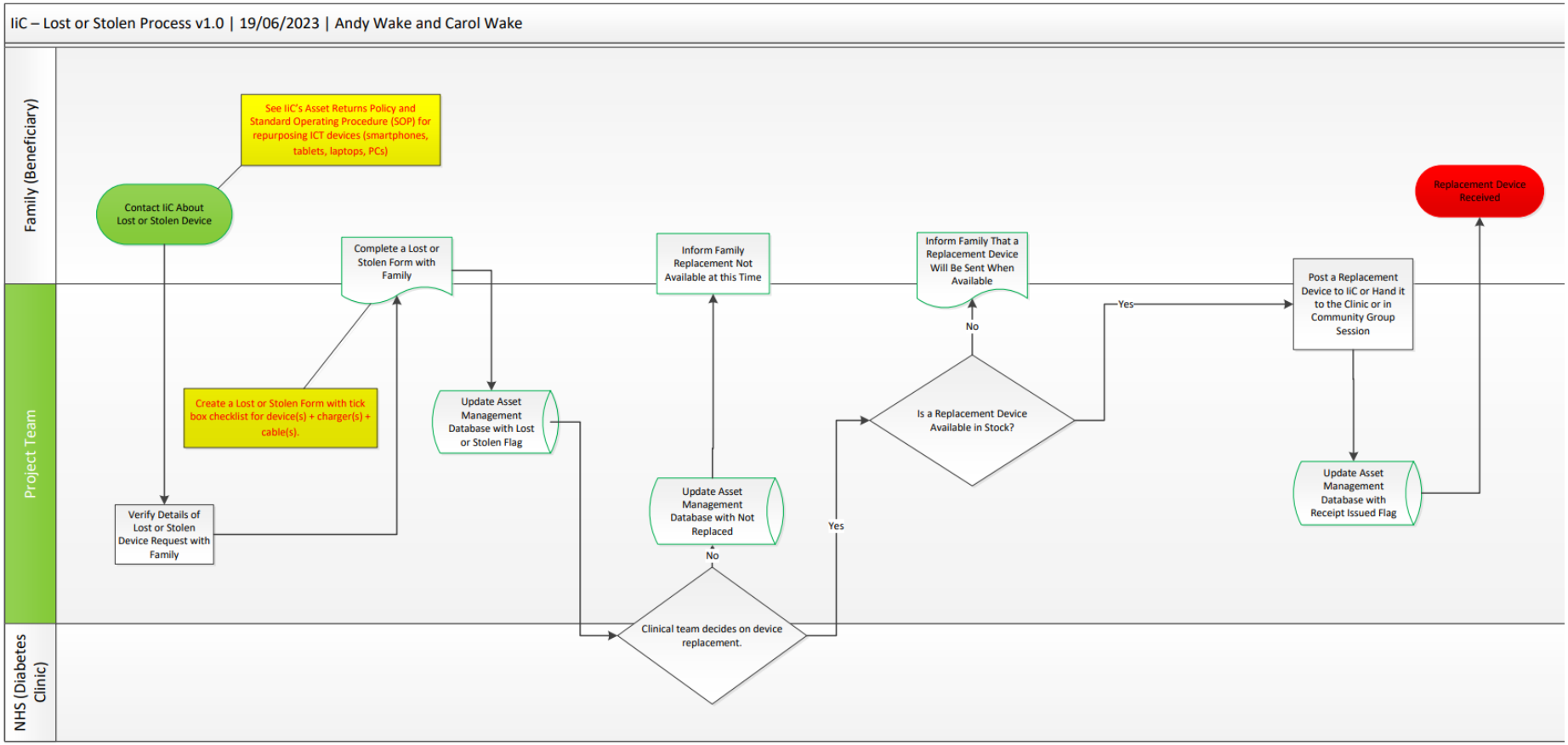
1) Microsoft 365 - Green

Shapes Key:

Start or Stop | Process | Pre-defined Process | Decision | Data | Document | Stored Data | Direct Data | On Page Reference or Note

Investing In Children (IiC)	Feedback Process			
	Version: 1.0	Revision: 2	Date: 05/02/24	Initials: AW

SOP Title	Lost, Broken or Stolen
Author(s)	Jenny Foster, Chloe Brown, Andy Wake
Date	Feb 2024
Review Date	Feb 2026
Objective:	It is important to set the expectations of the families when they are in receipt of a digital equipment through this project. If their digital equipment is lost or broken, this SOP provides guidance for the family, the project team, and the healthcare team to follow.
Scope:	This SOP applies to all digital equipment that is donated through the CYP NENC Diabetes Network Inequalities Project. It provides guidance to the healthcare team to make a judgement on digital equipment replacement.
Terminology:	**SOP:** Standard Operating Procedure(s) **The family:** the collective description for the parents/carers of a child or young person with diabetes who has been referred into the project and has received a piece of donated digital equipment. **The project team:** the collective description of the team at Investing in Children (T1Kidz) who are delivering the project and are the conduit between all constituent parts. **The healthcare team:** the collective description of the paediatric diabetes team working within one of the 8 acute hospital trusts across NENC. The healthcare team refer the families into the project and ensure they can access the relevant diabetes technology. **Digital equipment:** collective description of the phones, laptops and sim cards that could be received by a family through this project. **Diabetes Device:** collective description for insulin pumps, continuous glucose monitors and apps. The digital equipment is needed to connect-to and/or download the diabetes device.
Responsibilities:	**The family** is responsible for communicating the details of the loss or damage of the digital equipment and returning the digital equipment to the project team. **The project team** are responsible for providing the details to the healthcare team and replacing the equipment once a decision is made. **The healthcare team** are responsible for understanding the situation that led to the loss or damage and deciding on replacement.
Process:	The complete process can be followed on the attached process map.



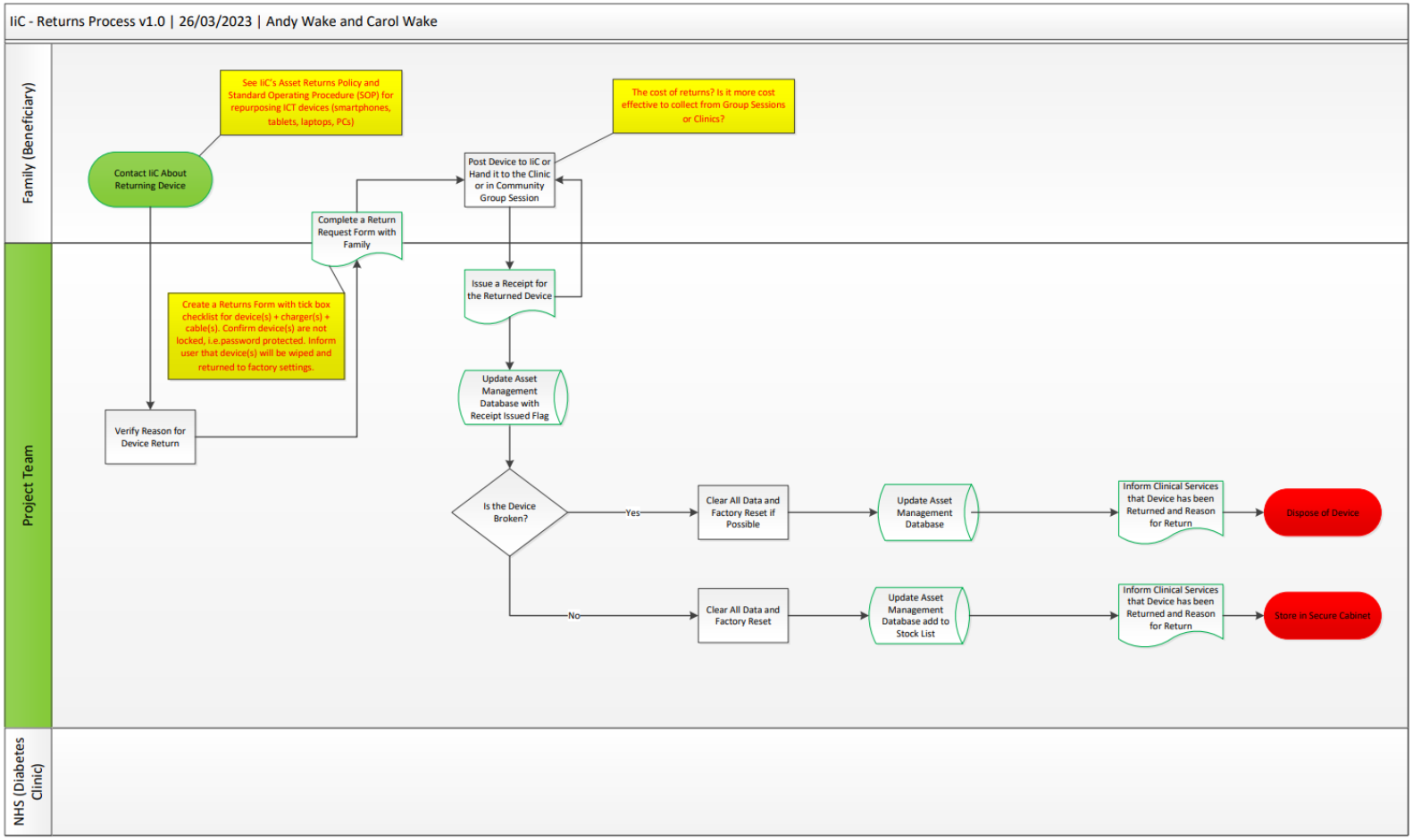
Shape Border Colour Key ITSM:

1) Microsoft 365 - Green

Shapes Key:

Investing In Children (IiC)	Lost or Stolen Process			
	Version: 1.0	Revision: 2	Date: 22/01/24	Initials: AW

SOP Title	Returns Process
Author(s)	Jenny Foster, Chloe Brown, Andy Wake
Date	Feb 2024
Review Date	Feb 2025
Objective:	It is important to set the expectations of the families when they are in receipt of a digital equipment through this project. If their digital equipment needs to be returned, this SOP provides guidance for the family, the project team, and the healthcare team to follow.
Scope:	This SOP applies to all digital equipment that is donated through the CYP NENC Diabetes Network Inequalities Project. It provides guidance to the project team on steps to take when digital equipment is returned.
Terminology:	**SOP:** Standard Operating Procedure(s) **The family:** the collective description for the parents/carers of a child or young person with diabetes who has been referred into the project and has received a piece of donated digital equipment. **The project team:** the collective description of the team at Investing in Children (T1Kidz) who are delivering the project and are the conduit between all constituent parts. **The healthcare team:** the collective description of the paediatric diabetes team working within one of the 8 acute hospital trusts across NENC. The healthcare team refer the families into the project and ensure they can access the relevant diabetes technology. **Digital equipment:** collective description of the phones, laptops and sim cards that could be received by a family through this project. **Diabetes Device:** collective description for insulin pumps, continuous glucose monitors and apps. The digital equipment is needed to connect-to and/or download the diabetes device.
Responsibilities:	**The family** is responsible for communicating the details of the loss or damage of the digital equipment and returning the digital equipment to the project team. **The project team** are responsible for verifying the reason for the return and arranging for the device to be returned. The device should then be checked for damage and if it can be re-used it should be returned to factory settings and re-entered on the asset database (stock list). If the returned item is damaged it should be disposed of appropriately. **The healthcare team** have no direct involvement in this process.
Process:	The complete process can be followed on the attached process map.



Shape Border Colour Key ITSM:

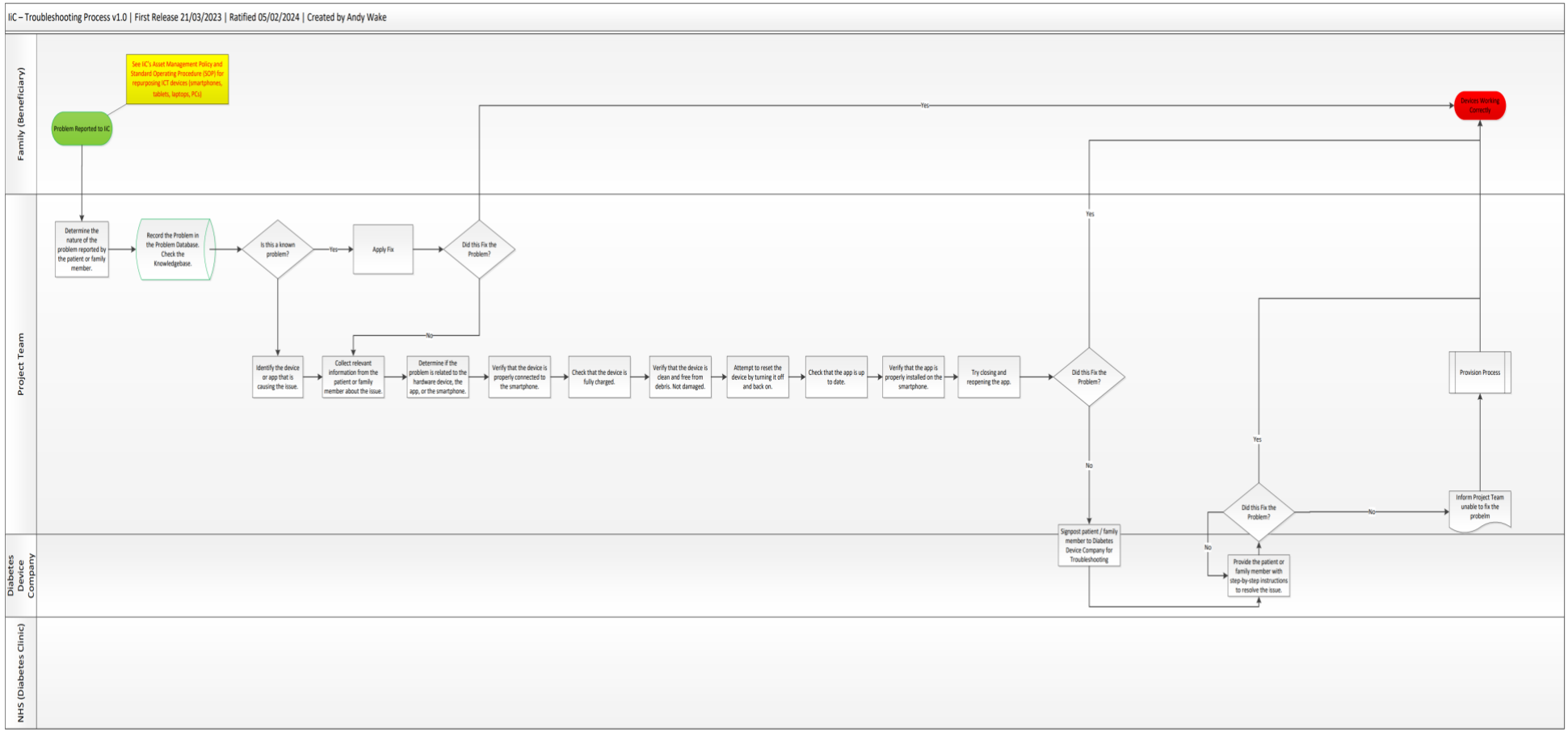
1) Microsoft 365 - Green

Shapes Key:

Investing In Children (IiC)	Returns Process			
	Version: 1.0	Revision: 2	Date: 22/01/24	Initials: AW

SOP Title	Troubleshooting
Author(s)	Jenny Foster, Chloe Brown, Andy Wake
Date	Feb 2024
Review Date	Feb 2025
Objective:	It is important to set the expectations of the families when they are in receipt of a digital equipment through this project. If they experience a problem with their digital equipment, this SOP provides guidance for the family, the project team, and the healthcare team to follow.
Scope:	This SOP applies to all digital equipment that is donated through the CYP NENC Diabetes Network Inequalities Project. It provides guidance to the project team on steps to take when a problem is identified with a piece of digital equipment that has been donated through the project.
Terminology:	**SOP:** Standard Operating Procedure(s) **The family:** the collective description for the parents/carers of a child or young person with diabetes who has been referred into the project and has received a piece of donated digital equipment. **The project team:** the collective description of the team at Investing in Children (T1Kidz) who are delivering the project and are the conduit between all constituent parts. **The healthcare team:** the collective description of the paediatric diabetes team working within one of the 8 acute hospital trusts across NENC. The healthcare team refer the families into the project and ensure they can access the relevant diabetes technology. **Digital equipment:** collective description of the phones, laptops and sim cards that could be received by a family through this project. **Diabetes Device:** collective description for insulin pumps, continuous glucose monitors and apps. The digital equipment is needed to connect-to and/or download the diabetes device.
Responsibilities:	**The family** is responsible for communicating the details of any problem associated with the use of a piece of digital equipment provided through the project. **The project team** are responsible for determining the source of the problem and identifying an appropriate fix where possible, this could include signposting the family to online support if the problem is associated with the apps required to manage the diabetes device(s). If the problem cannot be solved, the project delivery team are responsible for the replacement of the digital device. **The healthcare team** have no direct involvement in this process.
Process:	The complete process can be followed on the attached process map.

IIC – Troubleshooting Process v1.0 | First Release 21/03/2023 | Ratified 05/02/2024 | Created by Andy Wake



Shape Border Colour Key ITSM:

1) Microsoft 365 - Green

Shapes Key:

Investing In Children (IIC)	Troubleshooting Process			
	Version: 1.0	Revision: 3	Date: 05/02/24	Initials: AW