

# National Paediatric Diabetes Audit

**Project Board**

**TERMS OF REFERENCE**

# **The National Paediatric Diabetes Audit (NPDA) Project Board**

## **TERMS OF REFERENCE**

The purpose of the National Paediatric Diabetes Audit (NPDA) is to examine the quality of care received by children and young people with diabetes in England and Wales. The audit reports on whether units are providing a high standard of care in accordance with national guidelines for diabetes treatment, and provides recommendations for health professionals quality improvement.

A Project Board has been established to provide direction for the work of the National Paediatric Diabetes Audit (NPDA) Project Board.

### **PURPOSE AND REMIT**

The purpose of the NPDA Project Board is to ensure that the audit programme accurately and effectively measures and reports on annual data submitted by Paediatric Diabetes Units (PDUs), and that such data is disseminated and made available to all relevant audiences.

The Project Board is designed to be a decision-making board with responsibility for providing clinical judgement to help set priorities and feeding in industry insight and context to the project team for use in annual reports.

The remit should include:

- To ensure the audit is well-positioned to work towards improvement of treatment outcomes for paediatric diabetes patients
- To support the NPDA in provision of a complement of reports for different audiences
- To assess whether reports and information materials are accurate and useful tools for the intended audience
- To provide clinical judgment on procedures for collection of meaningful data
- To ensure clinically meaningful analysis is accessible for relevant stakeholder groups
- To advise the College on required resources
- To use data derived from the reports to drive engagement of regional networks and other stakeholders
- To provide clinical advice and support to help progress project work
- To work closely with stakeholders and health bodies to ensure interests are aligned
- To support college communication of the project across the sector
- To support and facilitate the sharing of project data for third party research
- Agree terms and requirements of specialist advisory groups, for example for dataset or PREM

## MEMBERSHIP

Membership of the Project Board is based on expertise, knowledge and potential contribution in the development of the NPDA and is not intended to be representative of all the project stakeholders.

Membership consists of the following:

Title
RCPCH Clinical officer - Chair x 1
NPDA Clinical Lead with expertise in care of paediatric diabetes x 1
Senior clinical practitioners (consultant endocrinologists or diabetologists or Sr. specialist nurses) x (1 to 3)
Paediatric diabetes Specialist Nurse x 1
Parent Representative x 2
NDA representative x 1
Diabetes UK representative x 1
Medical trainee x 1
NPDA data analyst x 1
Healthcare Quality Improvement Partnership x 2
External stakeholder* x 1
Lay representative x 1
NPDA Project Team x (2 to 4)
Clinical Standards Programme Manager, RCPCH x 1

Member responsibilities:

- Attend group meetings and participate in teleconferences
- Provide expert comment on documents circulated between meetings
- Advise on project methodology, as appropriate
- Provide clinical advice to help undertake project work
- Help develop project reports and recommendations
- Draft supporting documents or charts based on clinical expertise
- Provide a clinical rationale or response to stakeholder comments
- Complete actions as proposed and agreed at meetings
- Ensure that RCPCH is appropriately acknowledged in relevant promotional materials, tools, publications and correspondence.

\*PB to agree new stakeholder organisations to invite onto Board

Term of membership: 3 years, with an option for up to a 2-year extension

## Chair's responsibilities:

- Chair Project Board meetings, nominating another clinical member to deputise in case of absence.
- Recruit the Project Board members, with support from the College and project management team.
- Provide strategic oversight of the project.

Term of chairperson: 3 years, with an option for up to a 2-year extension

## **ATTENDANCE**

Project Board members are requested to attend all meetings as their schedule permits, and to send apologies to the project administrator if they are unable to attend a meeting. Members are expected to attend and contribute to two thirds of meetings each year in person or via teleconference.

The RCPCH clinical standards team will attend meetings to advise on methodology and to take minutes.

## **QUORUM**

Quorum for a meeting shall be not less than half of the group members (8 or more). Those attending via videoconference or teleconference are considered part of quorum.

## **FREQUENCY OF MEETINGS**

Face to face Project Board meetings will take place quarterly. It may be necessary to have additional face to face meetings or teleconferences on an ad hoc basis. Members will be given advance notification of any likely additional meetings.

## **AUTHORITY AND REPORTING**

The Project Board and advisory groups will report to the College via the Clinical Standards department or the Clinical Standards Board, once established. The RCPCH Clinical Standards Board will report to the RCPCH Executive Committee, the College's governing body.

## **DECISION MAKING**

The Project Board will aim to achieve consensus amongst members on decisions taken on agenda items and the Chair will clarify the decision(s) for the minute taker. Where consensus cannot be reached the Chair may ask members to vote on an issue when the number present (including those attending by tele or video conference) meets the agreed quorum.

Where such a vote takes place there will be one vote per agreed number of board members for each organisation as indicated above. There will be occasions where a particular organisation may bring additional observers to a meeting but they will not be able to have a vote.

## **ADMINISTRATION**

All administration will be carried out by the NPDA Project Team within the RCPCH Clinical Standards department.

Meetings shall usually be held at RCPCH Offices.

## **Agenda**

The RCPCH NPDA team shall maintain an accurate forward look of all standing and ad-hoc agenda items.

All agenda items should be submitted for approval to the Chair before the meeting.

Standard order of business shall be;

- approve the draft minutes as a correct record, to be signed by the Chair;
- agenda items;
- other business as agreed by the Chair;
- Date of the next meeting.

## **Working group papers**

All papers are confidential, unless otherwise stated.

- a. Papers should be submitted to the NPDA team in the correct format five working days before the meeting.
- b. The NPDA team will ensure papers are correctly numbered and formatted prior to issue.
- c. Papers will be distributed by the NPDA team in an electronic format no later than five calendar days before each meeting; hard copies by request only.

## **Minutes**

- a. Minutes will be prepared by the RCPCH clinical standards team for approval by the Chair of the Project Board within ten calendar days and circulated to working group within fourteen calendar days of the meeting.
- b. The minutes shall record Members present, brief discussion of business items where it is appropriate to do so and all actions arising from the discussions by Committee.
- c. Minutes of the previous meeting shall be signed by the Chair, once approved by Board at the subsequent meeting.

## **BUDGET**

Activities of the Project Board will be monitored by the project funders HQIP. Elements of the project which require additional funding will be subject to approval from the College Executive Committee.

## **TRAVEL EXPENSES**

Members may request reimbursement for reasonable travel expenses (normally standard class travel) for scheduled Project Board meetings through the RCPCH claim for reimbursement form. The College expects early booking for rail and air travel and for accommodation so as to take advantage of any significant discounts.

## **RECOGNITION OF MEMBERSHIP**

It is envisaged that the exchange of information through the Project Board will benefit all group members. Group members will be named and acknowledged in the final version(s) of materials.

## **CONFIDENTIALITY**

Group members should not disclose, extract, re-utilise or reproduce information obtained from the guideline update or the RCPCH for any purpose than set out without permission.

Group members will declare all conflicts of interest relating to the project.