

National Paediatric Diabetes Audit (NPDA) Project Board - Terms of Reference

Last updated: November 2025

1. Background

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.

The NPDA is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The NPDA is funded by NHS England and the Welsh Government and is currently commissioned until 2025.

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

2. Aims and Objectives

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.

3. 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:

- Chair – RCPCH Vice President for Science and Research
- RCPCH Research and Quality Improvement Associate Director
- RCPCH Head of Audits
- NPDA Clinical Lead
- NPDA Project Manager
- NPDA Project Coordinator
- NPDA Project Administrator
- NDPA Data Analyst
- RCPCH Audits Senior Data Analyst
- National CYP Diabetes Network representative x 1
- Senior clinical practitioners (consultant endocrinologists or diabetologists or senior specialist nurses) x 1 - 3
- Paediatric diabetes specialist nurse x 1
- Parent representative x 2
- National Diabetes Audit representative x 1
- Diabetes UK representative x 1
- Breakthrough T1D (formerly JDRF) representative x 2
- Medical trainee x 1
- Healthcare Quality Improvement Partnership representatives x 2
- Welsh CYP Diabetes Network representative x 1
- NHS England representative x 1

The project board may agree new stakeholder organisations to invite onto the Board.

Term of membership: 2 year term limit for medical trainees, with an option for up to a 2 year extension. Retired members are eligible to remain on the group for up to 3 years following clinical retirement, or longer if still involved in research or quality improvement activity at the discretion of the Chair and NPDA Project Manager.

No remuneration is offered in association with Project Board Membership. 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.

4. Chair's responsibilities

The Chair will serve a term of office equal to the length of the contract to deliver the NPDA held by the RCPCH. The Chair will be the RCPCH Vice President for Science and Research.

- 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.

5. Member responsibilities

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.

Members are expected to:

- 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.
- To declare all conflicts of interest related to the project.

6. Frequency of meetings

Project Board meetings will take place quarterly in either hybrid or virtual format. 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.

7. Authority and Reporting

The project board and advisory groups will report to the College via the Audits Team. The RCPCH Audits team will report to the RCPCH Executive Committee, the College's governing body.

8. Decision Making and Quorum

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 virtually) 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.

Quorum for a meeting shall be not less than half of the group members. Those attending virtually are considered part of quorum.

9. Administration

All administration will be carried out by the NPDA Project Team within the RCPCH Audits Team.

Agenda

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

Standard order of business shall be;

1. approve the draft minutes as a correct record
2. agenda items
3. other business as agreed by the Chair;
4. Date of the next meeting.

Working group papers

All papers are confidential, unless otherwise stated.

Papers should be submitted to the NPDA team in the correct format five working days before the meeting. The NPDA team will ensure papers are correctly numbered and formatted prior to issue. 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

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.

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.

10. 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.

Appendix A – Project Board Membership

Last updated August 2024.

Role	Responsibility	Name
Chair of the NPDA Project Board	Project Board Chair, overall organisational and contractual accountability	Professor Paul Dimitri, Vice President for Science and Research, RCPCH
NPDA Clinical Lead	Clinical input and leadership	Professor Justin Warner
NPDA Project Manager	Day to day management of the project in line with agreed deliverables	Amani Krayem, RCPCH
NPDA Project Coordinator	Day to day coordination of the project in line with agreed deliverables	Richard Shepherd, RCPCH
NPDA Project Data Analyst	Day to day data analysis of the project in line with agreed deliverables	Zhaonan Fang, RCPCH
RCPCH Audits Team Administrator	Day to day administration of the project in line with agreed deliverables	Tom Keiller, RCPCH
RCPCH Head of Audits	Senior project guidance and oversight	Calvin Down, RCPCH
RCPCH Audits Senior Analyst	Senior data analysis guidance	Saira Pons-Perez, RCPCH
Healthcare Quality Improvement Partnership (HQIP) Representatives x 2	Project accountability, monitoring of contract deliverables and budget in line with the agreed project contract and ownership as the data controllers and commissioners of the audit	Grace Cuff, Project Manager, HQIP Rachael Sample, Associate Director, HQIP
Senior Clinical Practitioner representative	To provide input and guidance to the audit, representing senior clinical practitioners working within paediatric diabetes units	Dr Neil Hopper, Consultant Paediatrician, South Tyneside and Sunderland NHS Foundation Trust Dr Mark Deakin, Consultant in Diabetes and General Paediatrics, Alder Hey Children's NHS Foundation Trust
Paediatric Diabetes Specialist Nurse representative x 1	To provide input and guidance to the audit, representing paediatric diabetes specialist	Rachel Harris, Paediatric Diabetes Specialist Nurse, Cardiff and Value University Health

	nurses working within paediatric diabetes units	Board
Parent representative x 2	To provide input and guidance to the audit, representing parents of children and young people with diabetes	Simon Lewthwaite Kate Cullen
Diabetes UK representative x 1	To provide input and guidance to the audit from organisations with represent the voice of children and young people with diabetes and their parents	Anthony Walker, Policy Lead, Diabetes UK
Breakthrough T1D (Formerly JDRF) representative x 2	To provide input and guidance to the audit from organisations with represent the voice of children and young people with diabetes and their parents	Caroline Schmutz, Research Partnerships Manager, Breakthrough T1D Sarah Berry, Research Partnerships Manager, Breakthrough T1D
National CYP Diabetes Network representative x 1	To provide input and guidance to the audit, representing the organisation that acts as a key central point for clinical communication and collaboration across regional diabetes networks.	Dr Fiona Campbell, Consultant in Paediatric Endocrinology and Diabetes, Leeds Teaching Hospitals NHS Trust
Welsh National CYP Diabetes Network representative x 2	To provide input and guidance to the audit, representing the organisation that acts as a key central point for clinical communication and collaboration across Wales.	Dr Simon Fountain-Polley, Consultant Paediatrician, Hywel Dda University Health Board Dr Davida Hawkes, Consultant Paediatrician, Aneurin Bevan University Health Board
National Diabetes Audit representative x 1	To provide input and guidance to the audit, representing the adult counterpart to the audit, delivered by NHS England.	Charlotte Skinner, Senior Case Manager, NHS England
NHS England representative x1	To provide input and guidance to the audit, representing the organisation that acts as a key central point for clinical communication and collaboration across England.	Fulya Mehta, National Clinical Lead for Children and Young People Diabetes at NHS England, Consultant Paediatrician, Alder Hey Children's NHS Foundation Trust
Medical trainee x 1	To provide input and guidance to the audit, representing paediatric medical trainees	Nway Htun Kyi, Paediatric Trainee, Cardiff and Vale University Health Board

	working within paediatric diabetes units	
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