Irish Audit of Paediatric Diabetes (IAPD) Terms of Reference

Under the Governance Board of NOCA, the Irish Audit of Paediatric Diabetes (IAPD) Steering Committee has been convened.

Role of the IAPD Steering Committee

The role of the IAPD Steering Committee is to oversee all matters relating to the IAPD. The Audit Steering Committee is not responsible for any executive functions and is not vested with any executive powers.

Responsibilities of the IAPD Steering Committee

The responsibilities of the Audit Steering Committee are **to**

- Act as a change champion to support audit development
- Engage with their local healthcare community to garner support for the audit
- Actively participate in committee meetings offering insights on behalf of their area of expertise or represented group
- Advise on proposed audit methodology, data collection and audit implementation and management plans
- Offer guidance on both local and national contexts relevant to the audit.

The Audit Steering Committee may delegate specific roles to a sub- committee e.g., preparation of a national/topic specific report, but retain overall responsibility for the role(s) in question.

Membership

Membership of the Audit Steering Committee is multidisciplinary and representative of the core stakeholders. An outline of the membership is included in Table 1.

Table 1: Membership

Name	Committee Role	Represented Group/Title
Core Members		
Dr Niamh McGrath	Chair/ Clinical Expert	Consultant Paediatric Endocrinologist, GUH
TBD	Deputy Chair	

Dr Kate Gajewska	Patient and Public Interest (PPI)	Clinical Manager for Advocacy and Research, Diabetes Ireland
Christine Deane	Patient and Public Interest (PPI)	Parent Representative
Veronica O'Donnell	Patient and Public Interest (PPI)	Parent Representative
Prof Sean Dinneen	Clinical Expert	Consultant Endocrinologist, HSE Clinical Lead, National Diabetes Registry
Prof Michael O'Grady	Clinical Expert	Clinical Lead, National Clinical Programme for Paediatric Diabetes
Dr Vincent McDarby	Clinical Expert	Psychologists in Paediatric Diabetes, Clinical Psychologist, CHI
Prof Edna Roche	Clinical Expert	Consultant Paediatric Endocrinologist, CHI, ICDNR
Laura O'Shea	Clinical Expert	Senior Dietitian, GUH
Aisling Egan	Clinical Expert	RANP, CHI
Claire Maye	Clinical Expert	RANP, SUH
Conor Cronin	Clinical Expert	RANP, CUH
Dr Jennifer Brady	Clinical Expert	Consultant Biochemist, CHI, Association of Clinical Biochemists in Ireland
Dr Orla Neylon	Clinical Expert	Consultant Endocrinologist, Faculty of Paediatrics (RCPI)
Dr Lisa Devine	Clinical Expert	Irish College of General Practitioners (ICGP) HSE Integrated Care Lead for Diabetes
Prof Colin Hawkes	Clinical Expert/ International Experience	Consultant Endocrinologist, CUH, International Experience – Children's Hospital of Philadelphia
Helen Kavanagh	Health care professional	Programme Manager, Diabetic RetinaScreen Programme
Jacqueline de Lacy	Health care professional	Programme Manager, National Clinical Programme for Paediatric Diabetes

Dr Sinead McGlacken Byrne	Researcher/ Methodological International Subject Matter Expert Audit QI Lead	Consultant in Paediatric Endocrinology & Diabetes Great Ormond St Hospital / Institute for Child Health UCL, United Kingdom
Prof Nuala Murphy	NOCA Clinical Lead	Consultant Paediatric Endocrinologist, CHI
Lauren Churchill	NOCA Audit Project Manager	Project Manager, NOCA
Attending Members		
Marina Cronin	NOCA Staff	Head of Quality Improvement and Audit Development
Karina Hamilton	NOCA staff	Paediatric Audit Manager

- **Tenure** - Membership of the NOCA Audit Steering Committee is for two years, normally renewable once by agreement with the Audit Steering Committee and relevant member organisation. The following exemptions apply:
    - Time served as Chair
    - Two-year term does not apply to the NOCA Audit Project Manager and Clinical Lead.

  Where a member has a unique role, they may be asked to remain on the committee
- **Chair's Term**

  The term of the Chair is two years, normally renewable once by agreement with the Audit Steering Committee and relevant member organisation. When a new Chair is appointed, their organisation is invited to nominate another member to sit on the NOCA Audit Steering Committee for the term of the Chair.
- **Resignation** - Resignation before completion of tenure shall be tendered in writing to the Chair, no less than two months prior to the proposed resignation date. In the case of resignation of an individual, who may have been involved, or offering specific advice or guidance in respect of the completion on any particular audit or review of audit data, the Member shall be requested, where possible to ensure all obligations are fully discharged before proposed date of resignation.

Management of NOCA Steering Committee Meetings

- **Attendance**

The NOCA Audit Steering Committee meets quarterly with additional meetings where necessary. Prior notice is issued by email. A record of attendance is maintained at every meeting, and this is published in the NOCA audit reports.

In the event that a member is not in a position to attend, apologies should be sent to the NOCA Audit Project Manager in advance. If a member cannot attend, it may be appropriate to designate an alternate provided prior approval has been secured from the Chair. Inability to attend and contribute to two consecutive meetings will require review of membership and possible re-nomination by from the relevant member organisation.

- **Quorum**

The NOCA Audit Steering Committee requires the presence of 50% plus one of core members in attendance to establish a quorum for any meeting convened for decision making purposes. The quorum should be maintained throughout the meeting for decision making. In the absence of a quorum and at the direction of the Chair, decisions can be confirmed by email subsequent to meeting.

- **Decision Making**

NOCA Audit Steering Committee decisions are made by consensus following discussion by members. In the absence of consensus, members are requested to vote on the decision with the Chair having the casting vote. The NOCA Clinical Lead and Audit Project Manager have one vote each on the NOCA Audit Steering Committee. Some decisions are reserved for to the NOCA Governance Board e.g. endorsement of a report, changes to established policies/ procedures. In these cases, the NOCA Audit Steering Committee reviews and makes a recommendation to the NOCA Governance Board.

Duty of Care

- **Duty of Care - Potential patient safety concern and or poor professional performance (not directly related to a NOCA audit)**

Should NOCA become aware of a potential patient safety concern and /or poor professional performance (Medical Practitioners Act 2007) they have a duty of care to escalate to the relevant accountable person to ensure appropriate action is taken (PRO 17, Management of patient safety concerns notified to NOCA)

- **Duty of Care – Statistical Outliers**

If a healthcare provider does not engage with NOCA or comply with the NOCA process to review an outlier signal, the NOCA Audit Steering Committee will escalate according to the PRO 18: Monitoring of statistical outliers in national clinical audit and registries.

Management of conflicts of interest

In order to ensure the NOCA Audit Steering Committee operates in a transparent and unbiased way, all committee members are required to declare any conflict of interest to the Chair in line with the NOCA Governance procedures (PRO 16 Effective management of conflicts of interests in NOCA).

Confidentiality

Members of the NOCA Audit Steering Committee nominated by professional bodies / representative group shall keep the nominating body informed of about developments in the NOCA Audit. The operation of the NOCA meetings is otherwise confidential. It is a breach of professional confidentiality to divulge any information about specific quality of care issues discussed at the NOCA Governance Committee.

Indemnity

The Clinical Indemnity Scheme (CIS) will indemnify NOCA, its clinical staff and its officers and the convened members of the Governance Board and respective Audit Steering Committees of NOCA in respect of all clinical audit activity conducted by NOCA. This indemnity is unlimited and the State Claims Agency (SCA) will handle any clinical claims arising to completion.

Accountability & Reporting Relationships

The NOCA Audit Steering Committee is accountable to the NOCA Governance Board. The NOCA executive team furnish regular status reports on behalf of the NOCA Audit Steering Committee to the NOCA Governance Board.

Expenses

NOCA Audit Steering Committees are convened as voluntary committees and as such no member will be paid for their time. Limited funding will be retained by NOCA for PPI representatives to cover allow for vouched travel expenses.

Performance

The NOCA Audit Steering Committee shall carry out an assessment of its role, performance and functioning. This will be facilitated by the NOCA Executive Team on an annual basis.

Administrative Support

The Chair and the Audit Project Manager are responsible for the administration of the NOCA Audit Steering Committee.

Approval and Review Date

The NOCA Audit Steering Committee approves its responsibilities and terms of reference at time of set up and reviews performance annually.

NOCA National Office of Clinical Audit

Chair Name	Dr Niamh McGrath
Chair Signature	Niamh McGrath
Date	24/01/25