

DAFNE Consortium Board Terms of Reference

Overview

The DAFNE Consortium is a number of organisations which have come together and formalised their relationship by an agreement dated Jan 2021 (the "Consortium Agreement") for the purpose of ensuring the continuity of a specialised DAFNE service.

The objective of the DAFNE Consortium is to ensure that all Members receive a DAFNE service that meets agreed standards and the requirements of the Members.

The financial objective of the DAFNE Consortium is to recover year on year the full costs involved in providing the service. The provision of a service to all Members is at a price based on full cost, so that any over-recovery of fixed overheads will benefit Members.

The management of the DAFNE Consortium shall be vested in the DAFNE Consortium Board.

The Board will operate within an established organisation for administrative purposes and consequently will be hosted by Northumbria healthcare NHS Foundation Trust (the Host member).

The Board will operate within the constraints imposed upon it by being a hosted programme and the Consortium Agreement. As such, the DAFNE Consortium Board will operate in accordance with the principles and requirements of the Host Member's standing orders, standing financial instructions and financial procedures.

The Board operates within the terms of the Consortium Agreement and associated schedules and as set out in the Consortium Constitution.

Purpose

The purpose of the Board is to promote, develop and maintain the quality of the DAFNE programme on behalf of the DAFNE Consortium (the Consortium).

The Board works together as a team to provide strategic leadership for the Consortium to ensure that the DAFNE Mission Statement (see appendix A) is achieved within the terms of the DAFNE Consortium Constitution.

Duties

The duties of the Board are set out in clause 2.5 of the DAFNE Constitution:

- to constitute the executive of the DAFNE Consortium and be responsible for the execution through the officers of the central DAFNE team (CDT) of the authorised objectives of the DAFNE Consortium as set out in 2.2 of the Consortium Constitution;
- to approve the removal and addition of Members as set out in the Consortium Agreement
- to approve expenditure of any capital items (subject always to the approval of the Host Member and paragraph 2.4.3).
- to hold regular meetings at intervals of no more than four (4) months (the "DAFNE Consortium Board Meetings"). The DAFNE Programme Director will prepare an agenda based upon routine business needs and any items requested by Members; and

where necessary, to hold specific or urgent additional Board meetings when required either by the Host Member, Board Chair or any five (5) Board members submitting a request in writing (a "Specific Board Meeting"). Such request may be submitted at (a) short notice for item which needs consideration within [10 working days] or less; or (b) on reasonable notice (not less than [15] working days for all other items. Alternatively the Board may determine the need for a Specific Board Meeting upon the approval of a simple majority of those present and attending at a meeting of the Board.

Responsibilities

The Board responsibilities are set out in clause 2.6 of the Consortium Constitution, and has delegated responsibility for:

- setting and the achievement of the strategic and operational objectives of the central DAFNE team (CDT) for
- approving the annual budget for the CDT and agreeing how any surplus will be used for the development of the DAFNE programme for the benefit of the Members
- ensuring the quality of the DAFNE programme healthcare professional and patient training resources and materials and that these reflect current best practice
- ensuring the competencies of DAFNE educators and doctors at the point of DAFNE certification and registration and ongoing revalidation.

Mode of operation

The Board will operate within the bounds of the DAFNE Consortium Constitution.

The Board will meet 3 times per year (usually January, May, and October) to consider strategic management and current issues. In addition to the 3 annual meetings the Board will undertake a strategic meeting, for consideration of major strategic issues, undertake strategic review and develop solutions. The strategic meeting will usually be held in December.

These meetings will be held remotely using teleconferencing platforms. Occasionally a meeting may be face to face, if there is an identified need for this..

Board members are asked to notify the National Director in advance if they are unable to attend a Board meeting. Deputies are not required.

Specific Board meetings , may be called to progress issues between business meetings, if the issues cannot be resolved using email.

If any matters require an urgent decision of the Board in between meetings, then the [DAFNE Programme Director / DAFNE Consortium Chair] shall circulate by email the proposal to be considered by the Board along with a written resolution and all relevant information and explanatory notes to enable the Board members to reach a decision. The Board members shall consider the proposals sent to them and shall respond by email within seven (7) days of receipt of the written resolution, with their vote. The resolution(s) shall be passed if the majority of the Board members respond approving the proposals. The outcome of all resolutions will be recorded in the papers for the next Board Meeting.

Membership of the Board

The Board is structured is set out in clause 2.7 of the DAFNE Consortium Constitution, summarised as follows:

- will not normally exceed 25 in number;
- the Board Chair will be appointed by the Board;
- the Chair of the DAFNE research group will be nominated by the Research Group members and this will be authorised by the Board;
- a minimum of three (3) but no more than seven (7) DAFNE educators not including the Lead National Trainer and Quality Assessor and a minimum of three (3) and no more than seven (7) DAFNE doctors to include the Board Chair and chair of the Research Group and a minimum of three (3) and no more than seven (7) DAFNE graduate representatives.
- the DAFNE Programme Director (secretary and member of the CDT)
- the Lead national trainer and quality assessor (a member of CDT)
- a senior representative from the Host member;
- DAFNE educator, DAFNE doctor seats not filled by the Board Chair and Chair of the Research Group will be filled by elected representative from the DAFNE Consortium members and DAFNE graduate representative seats will be filled from DAFNE graduates ("Representatives").
- invited representatives from other interested parties at the discretion of the Board; and

Upon expiry of the Representative Term, a Representative can put themselves forward for election for a further two (2) additional Representative Terms ("Additional Term").

Applications by a Representative to serve for an Additional Term will be assessed and agreed by the Board and will be subject to the Representative having met the requirements of the role over the previous Representative Term. Representatives shall hold the position on the Board from the date of the first Board Meeting after which they are appointed to serve for the Additional Term.

Representatives may be nominated more than once and there shall be no limit on the number of times which a Representative can be nominated to serve on the Board. For the purpose of nominating Representatives, each Member shall be entitled to nominate one Representative (nominations can only be made by the Member's Lead DAFNE Educator). Voting will be by electronic ballot.

Quorum

No business shall be transacted at a meeting of the Board unless at least half of all DAFNE clinical (Educator and Dr) members of the Board including the Chair are in attendance at any meeting called under the Constitution.

In the absence of the Chair, the DAFNE Consortium Vice Chair shall become the Board Chair for the purposes of the meeting.

Sub group structure

The Board delegates the development of the DAFNE programme to the Research group.

The Chair of the Research group must sit on the Board. The Terms of Reference for the Research group will be developed by the National Director for ratification by the Board.

Minutes and reporting

The minutes of all meetings of the Board will be formally recorded by an administrator from the CDT as will an action log.

The agenda, papers, minutes and action log will be collated and appropriately filed by the CDT.

Approved minutes will be posted on the DAFNE Knowledge Base, and will be available to a Member upon making a request to the DAFNE Programme Director.

Conflict of interest

A member of the DAFNE Consortium Board shall not vote at a Board Meeting on any resolution concerning a matter in which they have, directly or indirectly, an interest or duty which is material and which conflicts or may conflict with the interests of the DAFNE Consortium.

Members of the Board must declare, annually, any conflict of interest (COI), which will be held in a standard register of interests maintained by the CDT, which will be updated annually at one Board meeting and minuted.

The Board members (except for the Board member declaring the conflict of interest) will then take a vote as to whether the Board member can participate.

Accountability

The Board is accountable to the Consortium.

Date for review

January 2026.

Appendix A – DAFNE mission statement

Our vision is to improve outcomes for people with type 1 diabetes through high quality structured education which is embedded in the health service.

We will use the DAFNE programme, including the DAFNE Educator Programme (DEP) and DAFNE Doctor Programme (DDP), assessment, quality assurance (QA) and audit as a framework in which to develop this patient centred model of care.

We will continue to improve and develop DAFNE through research and development (R&D) and collaboration with other groups, to understand the determinants of success.