

## 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 1 April 2015 (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.

### Purpose

The purpose of the DAFNE Executive Board (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 DAFNE Consortium Board are:

- 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
- to approve expenditure of any capital items (subject always to the approval of the Host Member and paragraph 2.4.3).

### Responsibilities

The DAFNE Consortium Board has delegated responsibility for:

- setting and the achievement of the strategic and operational objectives of the central DAFNE team (CDT) and managing associated risks accordingly.
- 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.

### **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 September/October) to consider strategic management and current issues. These meetings will be either face to face or remote using teleconference or video conferencing.

In addition to the 3 annual meetings the Board will undertake a strategic away day, for consideration of major strategic issues, undertake strategic review and develop solutions. The away day will usually be attached to the Sept/Oct meetings.

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

Extraordinary meetings (face to face or virtual), in addition to email, may be called to progress issues between business meetings.

### **Membership of the Board**

**The DAFNE Consortium Board is structured as follows:**

- will not normally exceed 20 in number;
- the DAFNE Consortium Board Chair will be appointed by the DAFNE Consortium Board;
- the Chairs of the DAFNE research group and Clinical audit database group. Each sub group will nominate a chair and this will be authorised by the Board;
- a minimum of five (5) but no more than seven (7) DAFNE Educators a minimum of five (5) and no more than seven (7) DAFNE Doctor representatives to include the DAFNE Consortium Board Chair and chairs of the sub groups
- the DAFNE Programme Director (a nonvoting secretary and member of the CDT);
- a senior representative from the Host member;
- 2 user representatives, nominated by the User Group; and
- DAFNE Educator and DAFNE Doctor seats not filled by the Consortium Board Chair and chairs of the sub groups will be filled by elected representative from DAFNE Consortium members (Representatives).
- invited representatives from other interested parties at the discretion of the DAFNE Consortium Board; and

Members will serve for a period of 2 or 3 years and can volunteer for a further term, usually not to exceed 3 periods. Additional terms will be agreed by the Board based on the individual member's record of meeting the requirements of the role over the previous term.

### **Quorum**

No business shall be transacted at a meeting of the Board unless more than half of all DAFNE clinical members, including the Chair, are present. In the absence of the DAFNE Consortium Chair, the DAFNE Consortium Vice Chair shall become the DAFNE Consortium Board Chair for the purposes of the meeting.

### **Sub group structure**

The Board delegates the oversight and development of the DAFNE programme to a series of specially convened sub groups for appropriate tasks. These currently include:

- Clinical audit database group
- Research group

Chairs of the sub-groups must sit on the Board. The Terms of Reference for each sub group will be developed by the National Director for ratification by the sub group and 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

All agendas and meeting minutes will be posted on the DAFNE healthcare professional website.

### **Conflict of interest**

All Board members are required to declare any conflict of interest which will be held in a standard register of interest maintained by the CDT, updated annually.

During meetings, the existence of a conflict of interest will be recorded by the minute taker, with the individual so conflicted invited to leave the meeting for the duration of the discussion on the confidential matter.

### **Accountability**

The Board is accountable to the Consortium.

### **Date for review**

June 2018.

## 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.