

Terms of Reference

<p>Description</p>	<p>The UKOA is a membership organisation open to all UK NHS providers of secondary ophthalmic care with associate membership/stakeholders from or relevant to the ophthalmic sector invited at the discretion of the Board.</p> <p>These terms of reference have been discussed by the membership and approved by the Board.</p>
<p>Purpose</p>	<p>The purpose of the UKOA is to forge collaboration between professional groups, care providers, ophthalmic organisations and patients to improve efficiency, effectiveness and safety in ophthalmic care. This will be achieved through sharing best practice, reducing unwarranted variation, co-development of standards (where they go beyond the remit of traditional standard setting bodies such as the Colleges or require multiple organisations to contribute) and input into / support for implementing recommendations of national transformation programmes for eye care.</p> <p>The benefits:</p> <ul style="list-style-type: none"> • Consistent practice, improved productivity, reduced costs, increased quality. • Improving communication and relationships between managers and clinicians, improved understanding of clinical aspects by managers, better clinical leadership and management skills • A go-to source of expertise in delivering, and driving improvement in, eye care services for patients • Improving morale and motivation of eye unit staff through support by their peers across the country. • Reducing risk and improving patient safety, sharing learning, potential reduction litigation and indemnity costs • Improving partnership between patients and clinicians to achieve safer, patient centred services • A unified voice to support and promote the importance of, and appropriate resourcing for, ophthalmic care at a national level
<p>Membership</p>	<p>All UK NHS secondary care or hospital ophthalmic units are eligible to join and will be invited to become members by letter to the CEO, Medical Director and ophthalmic Clinical Lead.</p> <p>Members should provide a minimum of 3 senior contacts: medical, managerial, nursing/non-medical HCP who will act as the primary links for communications and dissemination of information. All stakeholders/associate members should provide at least one senior person to be the primary link for communications.</p> <p>Membership costs will be kept as low as possible and based on actual costs of maintaining the organisation's activities and number of members.</p>

	<p>This is a membership organisation for which there is an annual fee payable from 1st April for each financial year and paid via invoice.</p>
<p>Benefits of membership</p>	<p>UKOA membership entitles you to the following:</p> <ul style="list-style-type: none"> • A unique opportunity to work with other trusts to participate in developing best practice guidance and shaping national improvement programmes in ophthalmology (including direct links and contribution to the NHS ophthalmology outpatient transformation programme team) • Access to quarterly national meetings/events with themed sessions of importance for its members • Access to developing standards and best practice guidance documentation within the private members only area • Access to case studies and service improvement learning from peers • Support in implementation of national guidance and improvement recommendations • Work collaboratively with clinical leads and key stakeholders across the UK • Be at the forefront of innovations in ophthalmology • Access to 'Members Only' area of the UKOA website • Attendance and participation at key strategic events, training and workshops • Bespoke regional hosted meetings on specific themes
<p>Stakeholders/Associate members</p>	<p>National organisations with relevance to ophthalmic care will be invited to join as stakeholders at the discretion of the Board. These can include:</p> <ul style="list-style-type: none"> • Professional bodies such as medical, nursing and optometric Colleges, BIOS • NHS such as NHSEI, GIRFT, CRG • National case-mix office, national procurement towers • Large ophthalmic patient charities and support organisations. • Others as relevant
<p>Board</p>	<p>The Board is the main decision-making body of the UKOA.</p> <p>Currently the Chair and Vice Chair (who are the co-founders of the Alliance) will each and down by choice, after a maximum of 7 years or at request of the Board and/or majority of members.</p> <p>Future chairs will be appointed by self-nomination and appointment by informal interview by the Board / election by members and stakeholders with a term of 3 years renewable once.</p> <p>Board members are self-nominated founder members. Going forward, Board members will be appointed from stakeholder or member organisations and can be invited to join via the Board or will self-nominate via a short application form. If more than one applies, the current Board members will agree either a phone or</p>

	<p>face-to-face interview. Board members are expected to be leaders or senior figures in their trust, unit or organisation. The Board consists of 6-10 multidisciplinary members with a maximum term of 5 years, renewable for 2 years more by mutual agreement:</p> <ul style="list-style-type: none"> • Chair • UKOA representative(s) on RCOphth Professional Standards Committee At least 1 ophthalmic nurse • At least 1 ophthalmic manager/COO/CEO • At least 1 optometrist or orthoptist • At least 1 patient or charity rep • At least 1 consultant ophthalmologist <p>The Board will meet, mainly via teleconference at least three times per year. The Chair reserves the right, in agreement with other Board members to ask a Board member to step down if they are not actively engaged with the UKOA work.</p> <p>The Board will be quorate at 4 members. Notes of Board meetings will be disseminated to all Board members and available on the private members area of the website.</p> <p>The Chair currently receives no remuneration for their role in the UKOA and provides their leadership and guidance on goodwill. It may be necessary to review this arrangement on an annual basis, and/or where there is a change in Chair or Vice Chair responsibility. Minimal costs attributed for the role of the Vice Chair, which again will be reviewed on the same basis.</p> <p>Expenses: The Board is not entitled to claim expenses for travel/other costs attributed to the UKOA Board meetings or event attendance.</p> <p>Register of interests</p> <p>The UKOA is committed to openness and transparency in its work and decision-making. As part of that commitment, we maintain this Register of Interests, which draws together Declarations of Interest made by members of the Board.</p>
<p>Frequency of meetings</p>	<p>The UKOA will hold quarterly meetings open to all members and stakeholders to update on the work, gain member and stakeholder input on key decisions and share best practice and learning. Other meetings will be held nationally or regionally at the discretion of the Board and as required. Most meetings will be virtual.</p> <p>Board members are expected to call into at least 2 of the three to four national member meetings and will be expected to help set strategy, support the meeting agendas and present items, support regional meetings and be actively involved in workstreams.</p> <p>The calendar of meetings will be published one year in advance.</p>

<p>Workstreams</p>	<p>The workstreams of the UKOA will concentrate on areas which offer practical benefit, where existing national bodies are not best placed to address and where there are advantages of working across traditional boundaries e.g. manager-clinician, provider to provider, multidisciplinary, professional-patient etc. under the following categories:</p> <p>Data and costs e.g. procurement, IT, coding, benchmarking surgical productivity</p> <p>Quality and safety e.g. learning from and preventing harm (claims, serious incidents, never events), patient standards, patient support, quality standards</p> <p>Staff and services e.g. clinical management and leadership, care pathways and protocols, multidisciplinary team working, sharing case studies of services and service improvement.</p> <p>A key part of the workstreams will be seeking, supporting and helping local implementation of major eye care transformation and improvement programmes.</p>
<p>Reporting and review</p>	<p>Following each quarterly meeting the slides +/- brief notes if appropriate will be provided to all members and stakeholders via the website. Updates will also be sent usually alerting to new information or news on the UKOA website.</p> <p>The Board will carry out an annual assessment of its effectiveness against these terms of reference and the ToR will be reviewed and updated at minimum annually or in between as required. Any material changes to the ToR will be consulted with members and stakeholders and agreed with members</p> <p>A designated ophthalmologist member will report to the Royal College of Ophthalmologists Professional Standards Committee to ensure good communication between both institutions.</p>
<p>Secretariat</p>	<p>Gill Salter - Gillian.salter1@nhs.net</p> <p>As the UKOA is hosted by the RNOH (Royal National Orthopaedic Hospital) it provides project management and administrative support for the Alliance on a part-time basis in the day-to-day activities, membership and email communications, website management and organisation of all meetings and events. The RNOH as the host organisation is also home to the UKOA website, and provides both finance and email/IT support for the Alliance.</p>
<p>Funding</p>	<p>For any queries relating to funding or membership, please email the UKOA : rnoh.ukoa@nhs.net</p> <p>All budgetary and financial information relating to the UKOA is overseen by the RNOH Finance Director to ensure transparency at all times. An annual financial report will be available to the Board and shared in the members' area of the website.</p>

	<p>The annual fee for the 2021/22 financial year will be £600 per member trust and will be required to be paid by 1st April 2021 for membership for that financial year. The cost of membership will be reviewed annually in line with the running costs of the Alliance. Should there be any unspent income, the Board will agree if additional investment in clinical resource would be beneficial, or if a reserve would be created for other development work/costs.</p> <p>The annual membership fee is offers access to the full benefits for its members as listed and we feel represents the best value for money.</p>		
Approved by the board	X 2021	Date of next review	X 2022