

# **NHS BLOOD AND TRANSPLANT**

## **TRANSPLANT POLICY REVIEW COMMITTEE**

### **TERMS OF REFERENCE**

#### **1. Constitution**

The Board has resolved to establish a Committee of the Board of NHSBT (“the Board”) to be known as the Transplant Policy Review Committee (“the Committee”). The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated to it by the Board in these Terms of Reference.

#### **2. Membership**

The Committee shall be appointed by the Board and will consist of Accountable Members and Advisory Members. Accountable members are the voting Directors of NHSBT and Advisory members are those who do not have substantial or honorary contracts with NHSBT and whose role is to provide expert clinical advice to the Committee. Accountable Members of the Committee will be two Non-Executive Board Directors who do not have direct clinical transplant experience, the Medical and Research Director of NHSBT, the Director of Organ Donation and Transplantation and the Associate Medical Director for Organ Donation and Transplantation. Advisory Members of the Committee will be the Chairs of the Advisory Groups for Kidney, Liver, Pancreas, Bowel and Cardiothoracic organs, Ocular Tissues; the Chair of the National Organ Donation Committee; the Chair of the National Retrieval Group; the Chair of the Research, Innovation and Novel Technologies Advisory Group; and the National Clinical Lead for Governance. The Associate Medical Director for Organ Donation and Transplantation will act as Secretary.

Each of the Accountable and Advisory Members may appoint a deputy (“a Deputy”) to represent him/herself at any meeting of the Committee, provided that prior notice is given to the Committee Chair. Those deputising for the two Non-Executive Board Directors should also be Non-Executive Board Directors.

A quorum shall be five members: four Accountable Members, which must include one Non-Executive Board Director (or a Deputy) and the Associate Medical Director of ODT, and one Advisory Member (or his/her Deputy). The Advisory Member should normally be the Chair of the Group whose policy is under consideration, or his/her nominee. All quorum members must be present when a decision is to be made; other members may attend for specific items. The Board will appoint one of the Non-Executive Directors as Chair of the Committee.

#### **3. Decision Making**

Normally it is expected that the Committee will reach a decision by consensus of Accountable and Advisory Members. There may, however, be exceptional circumstances where this proves impossible. In such circumstances the Accountable Members will refer the policy back to the relevant Advisory Group for further consideration. Should this consideration be required urgently then NHSBT will support the Advisory Groups to consider the matter using teleconferencing and email. The amended policy will then be reconsidered by the Committee.

In the unlikely event that the Committee chooses a path of action which does not accord with the majority of clinical advice, then this shall be notified to the Board (see paragraph 7) by the Committee Chair together with the reason why that decision was taken; this will ensure that the views of the Advisory members are appropriately represented.

#### **4. Attendance**

Directors, Senior Managers and other interested parties will also be requested to attend to support the Agenda of the Committee.

Secretarial support will be provided to record the minutes of meetings.

#### **5. Frequency**

Meetings shall be held not less than twice a year, with further meetings called at the discretion of the Chair of the Committee. A minimum of six weeks' notice will normally be given. Where the Chair deems it appropriate, members of the Committee may attend by telephone conference or meetings may be held by email.

#### **6. Purpose**

The purpose of the Committee is to consider and approve, on behalf of the Board, those policies and standards developed by the Solid Organ and Ocular Tissue Advisory Groups, the National Organ Donation Committee, the National Retrieval Group **and the Research, Innovation and Novel Technologies Advisory Group** and which relate to potential organ donor selection, organ donor management, patient selection and organ allocation. The Committee will ensure that the policies meet all legal, regulatory and ethical requirements and standards, recognising that many of these policies have considerable impact on individuals awaiting transplantation.

#### **7. Authority**

The Committee is authorised by the Board to review, request amendment if necessary, and approve all policies and standards of NHSBT which relate to potential organ donor selection, organ donor management, patient selection and organ allocation and investigate any activity within its terms of reference. The Committee will ensure that all policies approved meet all legal, regulatory and ethical requirements and standards. The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. The Committee will advise the Board when there is failure of the Accountable and Advisory members to agree or when there is the potential for reputational damage to donation or transplantation.

It is expected that referral to the Board will be exceptional.

The Associate Medical Director may authorise changes to the policies, after consultation with the Chair of TPRC, when either there is an over-riding clinical urgency or when minor adjustments are made in the light of clinical knowledge – examples would include minor adjustment of weighting in the allocation algorithm or modification of a blood analyte for inclusion or exclusion criteria. Such changes should be recorded at the next meeting.

## **8. Duties**

The duties of the Committee can be categorised as follows:

- maintain a repository of all relevant policies considered by the Committee
- ensure all policies considered by the Committee are held in the document control system maintained by NHSBT and are reviewed as agreed by the initiating Group
- review, suggest revision if necessary, and approve all changes to these policies
- review, suggest revision if necessary, and approve all new policies
- agree and publish a date on which new policies come into effect
- request new policies to be developed
- in exceptional circumstances refer policies to the full Board.
- the Minutes of the Committee meetings will be formally recorded and submitted to the Board

## **9. Governance**

Where any member of the Committee becomes aware that there has been a breach of policies, they shall be responsible for making the Committee aware of any such breach, and any findings of concern arising from audits of compliance. The Committee may request that an audit be performed to review compliance with the policies. ODT CARE will review all policies prior to their consideration by TPRC and advise on any issues with implementation. Following approval by TPRC the policies will be shared with NHSBT CARE for information.

## **10. Reporting**

The Chair of the Committee shall draw to the attention of the Committee any issues that require disclosure to the full Board, or require fuller discussion or executive action. An Annual Report from the Committee will be submitted to the July Board meeting.

## **11. Other Matters**

The Associate Medical Director of ODT will provide support to the Committee and will in turn be supported by appropriate administrative support. Support provided will include:

- Agreement of agenda with Chair and attendees
- Collation and distribution of papers for meetings
- Advising the Committee on pertinent areas and briefing the Chair as appropriate.