

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE**

Terms of Reference for Cardiothoracic Advisory Group

The statutory obligations of NHSBT with respect to organ donation and transplantation are set out in the Directions. The Solid Organ Advisory Groups (SOAGs) play a highly valued and essential role in providing NHSBT with the necessary clinical advice on organ donation and transplantation. In addition, they work with NHSBT and other organisations to increase the quality and number of solid organ transplants in the UK.

Although the major role of the Solid Organ Advisory Groups is to advise NHSBT to help promote all aspects of organ transplantation and ensure equity of access to transplant and optimal patient outcomes, it is recognised that the SOAGs provide a much broader resource to help promote deceased and living organ donation and transplantation in the UK and internationally, and to provide a unique forum for all those involved in organ transplantation in the UK to meet and to discuss and promote evidence based improvements in patient outcomes.

The work of the SOAGs is integral to organ donation and transplantation: the SOAGs are integrated into the structure of the Directorate of Organ Donation and Transplantation (ODT) through the Chairs of the Advisory Groups Committee and to the Senior Management Team of ODT. Policies relating to organ donation, patient selection for transplant listing and transplantation are reviewed and agreed by the Transplant Policy Review Committee (TPRC) on behalf of the NHSBT Board. The Advisory Group Chairs are members of the TPRC.

In 2012, NHSBT commissioned an independent review of the SOAGs which recognised the value of the contribution of the SOAGS. Recommendations included the establishment of Wider and Core Groups. After wide discussion with stakeholders, a number of recommendations were made. In particular, the SOAGs would consist of a Wider Group and a smaller Core Group (termed Working Group). The Wider Group would agree, publish and oversee implementation of the work plan and the Working Group would carry out tasks for the Wider Group and make recommendations to the Wider Group. In addition, each SOAG would host an annual Stakeholders' Meeting.

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CARDIOTHORACIC ADVISORY GROUP

TERMS OF REFERENCE

1. Wider Group

The Cardiothoracic Advisory Wider Group will comprise of two sections:

- i. one section to advise on issues related to heart transplantation
- ii. one section to advise on issues related to lung transplantation

Membership

1.1 Chair:

1.1.1 Appointment: applications will be invited from transplant health care professionals (see person specification in Appendix 1).

1.1.1.1 The Chair will be appointed by NHSBT through a formal appointment committee with a panel of at least three people and will include the Associate Medical Director (AMD) of ODT and the President (or nominee) of the British Transplantation Society.

1.1.1.2 The AMD will develop the Job Plan and Person Specification for the Chair

1.1.2 Tenure:

1.1.2.1 The Chair will be appointed for 3 years.

1.1.2.2 The Chair may apply and be re-appointed for a second and final two year-term.

1.1.2.3 A person who has been Chair may re-apply at any date more than three years after standing down.

1.1.3 Remuneration: NHSBT will agree with the employer of the Chair to receive a Special Duty Payment equivalent of 1 PA to allow the Chair to devote time to carry out their duties.

1.1.4 Appraisal: the Chair will meet the AMD of ODT annually for a formal review of progress made and to agree future work plans and associated targets.

1.1.5 The roles of the Chair will include

Chairing the six-monthly meeting of the Wider Group

Chairing the two-monthly meetings of the Working Group

Attending the annual meeting with patient/lay members

Attending the four-monthly meetings of the Clinical Retrieval Group

Attending the quarterly meetings of the Chairs of the Advisory Group Committee

Chairing the annual Stakeholders' Meeting including lay members and patients

Helping the AMD of ODT assess response to signals from outcomes monitoring

Providing ad hoc advice to ODT

1.1.5.1 Where appropriate, the Chair may nominate a Deputy to attend on behalf of the Chair; the nominated Deputy will have the full authority of the Chair.

1.2 Membership of Wider Group:

1.2.1 Membership of the Wider Group will include:

1.2.1.1 Chair

1.2.1.2 Voting members:

Each section of CTAG (Heart) and CTAG (Lung) will have one representative from each designated cardiothoracic transplant centre

Two lay representatives

One manager from a transplant centre

1.2.1.3 Non-voting members:

One representative from each of the Commissioning groups for the four UK nations

One representative from each of the national Departments of Health

One representative nominated by the British Transplantation Society

Director of Organ Donation and Transplantation (ODT)

Associate Medical Director ODT

Associate Director of Statistics and Clinical Studies / Head of Organ Donation and Transplantation Studies

ODT Scientific Advisor

National Clinical Leads for Retrieval, Governance, Living Donation and for Organ Donation as required

Organ Donation Services Team representative

Recipient Co-ordinator representative

Other members co-opted by the Wider Group (may include representatives from relevant professional bodies, societies and Colleges)

1.2.1.4 The Chair, in discussion with members of the Group, may include other appropriate members.

1.2.1.5 Representatives from the Republic of Ireland will be welcome as observers (unless selection and allocation is shared between UK and Ireland).

1.3.1 Members will be responsible for:

1.3.1.1 Bringing to the Wider Group any relevant concerns or suggestions from the centres they represent: where possible this should be in writing so that the paper can be circulated prior to the meeting.

1.3.1.2 Circulating minutes and other discussion items and items of relevance within their organisations (to clinicians, managers and other relevant parties).

1.3.1.3 Responding to relevant items on the Agenda.

1.3.2 The Chair will nominate a Deputy Chair from the CTAG (Heart) Wider Group and a Deputy Chair from the CTAG (Lung) Wider Group after discussion with other unit representatives.

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- 1.3.2.1 An incoming CTAG Chair will nominate his/her Deputy Chair(s).
- 1.3.2.2 The Deputy Chair will assume the role and duties of the Chair when the Chair is unavailable, when there are possible conflicts of interest or at the request of the Chair.
- 1.3.2.3 On occasions when the Deputy Chair assumes the chairing role, it would be appropriate for their unit to be represented by another unit representative.
- 1.3.2.4 Each Deputy Chair will be appointed for one year, renewable
- 1.3.2.5 When a Deputy Chair ceases to be the CTAG Wider Group representative for their own transplant centre, they will also demit from being Deputy Chair
- 1.3.3 The representative(s) from each transplant centre will be determined by the Centre Director(s) in collaboration with senior clinicians in their centre(s) who will also agree the tenure for each representative's membership.
 - 1.3.3.1 It is recommended that the representation should be for four years.
- 1.3.4 Members unable to attend should send a deputy who will have the same voting rights as the member.
- 1.3.5
 - 1.3.5.1 Members will be expected to attend at least 80% of the meetings.
 - 1.3.5.2 The Minutes will include attendance records of each member during their tenure.
- 1.3.6 The Transplant Centres will agree the Manager who will be appointed for four years.
- 1.3.7 The patient/lay representatives will be appointed through an independent process (to be agreed).
 - 1.3.7.1 Patient/lay representatives will be appointed for a four year term and this is not renewable (although following introduction of the patient/lay representative, one will be appointed for five years to ensure some continuity).
- 1.4 Role of Wider Group
 - 1.4.1 The role of the Wider Group will be to provide a forum whereby clinicians and other interested parties (including commissioners, regulators and non-clinical stakeholders) can work with NHSBT and other organisations to improve the number and quality of organs donated and transplanted and improve the outcome of patients awaiting and following transplantation.

Delivery of this aim will include:

Agree a rolling 2 year work plan and review progress annually

Agree membership of the Working Group with additional expertise co-opted as required (it is not necessary that members of the Working Group are all members of the Wider Group)

Task the Working Group to investigate and report on specific issues in a given timeframe

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Review, approve or amend recommendations from the Working Group

Review relevant current guidelines and policies at least annually and advise NHSBT on operational aspects of transplantation including:

- Organ retrieval

- Recipient selection criteria

- Organ allocation schemes

- Organ offering

- Transplant activity and outcome

Recommend, as necessary, promote and implement changes to the nationally agreed protocols

Advise NHSBT and other bodies on appropriate risk factors and context for outcome monitoring and interpretation of findings

Monitor and report on clinical governance with especial reference to outcomes and deviations from expected outcome

Deviation from agreed protocols in selection and/or allocation

Equity of access of patients to transplantation throughout the UK

Evaluation and comments on issues raised by investigations into triggers from outcomes analysis, investigations and other issues

Identify and promote areas of audit and research

Remit to ODT matters of practice or policy that require consideration within a broader framework.

Liaise as necessary with the British Transplantation Society and other professional bodies in the development of national standards

Provide six-monthly reports of clinical governance

Respond to, advise on or support implementation aspects of organ donation and transplantation policy that arise from legal and/or policy developments both within the UK and more widely.

Co-ordinate a programme of peer review (with other appropriate bodies)

1.5 Reporting

The CTAG will report to the Senior Management Team of ODT.

2. Voting:

2.1 If an agreement cannot be reached by consensus, a vote will be taken of the voting members: a 60% majority will be binding.

2.2 The Chair will have a casting vote but will not take part in the initial vote.

2.3 Where a consensus is not reached on policies, then the Chair must ensure that the Chair of the Transplant Policy Review Committee is informed of the centres and nature of concerns of those who did not support the policy.

3. Frequency of meetings

- 3.1 The Wider Group will meet at least twice a year at a venue to be agreed.
- 3.2 The CTAG Wider Group meeting will be in three parts:
 - 3.2.1 One part is for the CTAG (Heart) section members to discuss matters pertaining to heart transplantation
 - 3.2.2 One part is to discuss issues common to both CTAG (Heart) and CTAG (Lung)
 - 3.2.3 One part is for the CTAG (Lung) section members to discuss matters pertaining to lung transplantation

4. CTAG Core Group

- 4.1 The Chair of the Wider Group, or deputy, will chair the Core Group.
- 4.2 Membership of the Core Group will comprise of:
 - 4.2.1 The Clinical Directors, or deputy, of each of the Transplant Unit
 - 4.2.2 The relevant statistical lead
- 4.3 The Core Group will meet every 8 weeks following the CTAG Wider Group meetings at a venue to be agreed / by telecon as agreed by the Group.
- 4.4 The main roles of the Core Group are to:
 - 4.4.1 Monitor the progress of tasks as required by the Wider Group and report back to that Group.
 - 4.4.2 Review performance of centres to identify outliers, suggest corrective action and improvements to working practice, and monitor implementation.

5. CTAG Clinical Audit Group

The main role of the CTAG Clinical Audit Group is to oversee specific and rolling audit projects as required by the Wider Group.

- 5.1 The CTAG Clinical Audit Group will meet every quarter at a venue/by telecon as agreed by the Group.
- 5.2 The Chair of the Wider Group, or Deputy, will chair the CTAG Clinical Audit Group.
- 5.3 The membership of the CTAG Clinical Audit Group will be selected by the voting members of CTAG, representing:
 - 5.3.1 heart transplantation
 - 5.3.2 lung transplantation
 - 5.3.3 paediatric cardiothoracic transplantation
 - 5.3.4 donor organ retrieval
 - 5.3.5 mechanical circulatory support
 - 5.3.6 the relevant statistical lead
- 5.4 Members of the Clinical Audit Group are expected to attend at least 80% of the meetings:

- 5.4.1 Members of the Clinical Audit Group will not act as representatives of their own centre.
- 5.4.2 Members unable to attend may nominate a deputy who will have the same rights as the member.
- 5.5 The Clinical Audit Group may invite other members of NHSBT and others as required.
- 5.6 The Clinical Audit Group will also, on behalf of the Wider Group, assess applications for access to data for research and advise statisticians as required.

6. Working Group

The prime role of a Working Group is to carry out work requested by the Wider Group in an agreed time frame

- 6.1 The Working Group will meet every 8 weeks at a venue to be agreed / by telecon as agreed by the Group.
- 6.2 The Chair of the Wider Group, or deputy, will chair the Working Group
- 6.3 Membership: the membership of the Working Group will consist of no more than six members (excluding the Chair) selected by the voting members of the wider group of CTAG.
 - 6.3.1 Membership will be for four years.
 - 6.3.1.1 Initially, it is recommended that two members are appointed for three years, two for four years and two for five years so there will be continuation of experience
 - 6.3.1.2 It is recommended that the membership should consist of surgeons and physicians with varying experience and length of service. Members may wish to include those with other expertise such as Intensive Care or Nursing
 - 6.3.1.2.1 Membership of the Working Group is not restricted to members of the Wider Group
 - 6.3.1.3 Members of the Working Group are expected to attend at least 80% of the meetings:
 - 6.3.1.3.1 Members of the Working Group will not act as representatives of their own centre
 - 6.3.1.3.2 Members unable to attend may nominate a Deputy who will have the same rights as the member
 - 6.3.1.3.3 Members will be nominated and approved by the Wider Group. When more people are nominated than there are vacancies, members will be selected using a process of single transferable voting (managed by Clinical & Support Services)
- 6.4 The relevant statistical lead will attend as a non-voting member.
- 6.5 The Working Group may invite other members of NHSBT and others as required to consider specific topics. For 2013/14:
 - Heart Allocation
 - Lung Allocation

7. Stakeholders' Meeting

- 7.1 The CTAG will host an annual meeting for stakeholders.
- 7.1.1 The AMD ODT (or deputy) should attend the Stakeholders' Meeting to represent NHSBT
- 7.2 Stakeholders include representatives from the designated transplant centres, those centres referring patients to transplant centres and/or sharing follow-up of transplanted patients, H&I laboratories (where appropriate), professional organisations, Royal Colleges, Commissioners, Regulatory Bodies, National Bodies, patients and patient groups
- 7.2.1 The Chair will be responsible for ensuring that non-clinical representatives are given an effective input into these meetings.
- 7.3 The purposes of this meeting include opportunities:
 - 7.3.1 For the wider stakeholder community to inform the Wider Group and NHSBT of any concerns or issues.
 - 7.3.2 For NHSBT and the Wider Group to discuss proposals on patient selection, organ allocation, follow-up and outcomes.

8. Minutes and publication of papers on the ODT website

- 8.1 The Minutes of each meeting will be taken by the NHSBT (ODT) Secretariat.
- 8.2 Publication of Minutes and Papers:
 - 8.2.1 The Agenda, Papers and agreed Minutes of the Wider Group meetings will be published on the ODT website.
 - 8.2.2 The Agenda, Minutes and papers of the Stakeholders' Meeting will be published on the ODT website.
 - 8.2.3 Meeting papers for the Working Group will not be published as these will be work in progress although reports to the Wider Group will be included in the Minutes of the Wider Group
 - 8.2.4 The Agenda and Papers will be published on the ODT website when these are circulated to members of CTAG. Minutes will be published after they have been approved.
 - 8.2.5 Redacted papers will be published only if the originals contain patient-identifiable material, commercially sensitive or published details would preclude publication in a peer-reviewed journal.
- 8.3 Minutes will be circulated electronically.

9. Support

- 9.1 Budget:
 - 9.1.1 CTAG will be allocated an agreed budget, administered by NHSBT, which will include travel expenses, hosting of meetings, working parties, consensus meetings and other relevant activities. Accountability for the budget will be with the Chair of CTAG but the budget will be held within ODT.

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- 9.2 Statistical and analytical support:
 - 9.2.1 CTAG will be allocated an agreed level of support from the Directorate of Statistics and Clinical Studies to support the activities of CTAG: this support will be used for analysis of outcomes, audit, governance issues, service evaluation, modelling of alternative methods of service delivery and other projects, agreed with the Chair of the Wider Group, the Associate Director of Statistics and Clinical Studies / Head of ODT Studies and the Associate Medical Director ODT.
 - 9.2.2 The Chair of CTAG, Associate Director of Statistics and Clinical Studies / Head of ODT Studies and Associate Medical Director will meet at least every six months to agree the agenda, new projects and assign priorities.
 - 9.2.3 The statistical lead will prepare and circulate at each Wider Group meeting an outline of projects agreed and estimated completion dates.
- 9.3 Administrative support:
 - 9.3.1 The Clinical & Support Services section of ODT will provide an agreed level of administrative support, to help with the planning and organisation of meetings, minute taking and other relevant matters.

Appendix 1

Person Specification for Chair of Solid Organ Advisory Group

The Chair will

1. be currently active in the relevant field of solid organ transplantation
2. have a knowledge of donation and transplantation both in the UK and internationally
3. be registered with the General Medical Council
4. have a substantive or honorary Clinical Contract at Consultant status with a hospital/Trust/Board within the UK
5. have at least 5 years experience in organ transplantation at a Consultant level (or equivalent)
6. have the support of the clinicians and scientists in the relevant field of transplantation
7. have support from his/her employer to devote the necessary time to act as Chair
8. Able to devote sufficient time to fulfil role.