

NHSBT – Advisory Groups

Terms of Reference for Organ Specific Advisory Groups

Bowel Advisory Group

The major role of the organ advisory groups is to advise NHSBT is to help promote all aspects of organ transplantation and ensure equity of access and best outcomes for all patients.

1.0 Membership

1.1 Chair:

- 1.1.1 Appointment: applications will be invited from transplant health care professionals and the Chair will be appointed by NHSBT.
- 1.1.2 Tenure: The Chair will be appointed for 3 years in the first instance, with the possibility of renewal for a subsequent term.
- 1.1.3 Support: The Chair, and the Advisory Group, will have defined administrative and statistical support from NHSBT to help deliver the aims of the group.
- 1.1.4 Appraisal: the Chair will meet the Associate Medical Director for Organ Donation and Transplantation (ODT) every year for a formal review of progress made, to agree targets for future work and a work plan.

1.2 Members:

- 1.2.1 Membership of the Advisory Group will include:

Chair

Associate Medical Director ODT

Relevant NHSBT Statistician

Voting members:

Two representatives from each of the four designated Intestine Transplant Centre
(one physician and one surgeon)

Paediatric Gastroenterology / BSPGHAN Representative

Adult small bowel failure centres / BAPEN Representative

Paediatric Intensive Care Representative

Representative from Liver Advisory Group

Representative from Donation Advisory Group

Representative from Pancreas Advisory Group

Non-voting members:

Representative from NCG/commissioning groups

Representatives from the national Departments of Health

Head of Nursing Development, (ODT)

Recipient Co-ordinator Representative

ODT IT Representative

Duty Office Manager

Specialist Nurse – Organ Donation Representative

Others who may attend:

Director of Organ Donation and Transplantation (ODT)

Associate Director for Statistics and Clinical Audit

Assistant Director, Organ Donation (ODT)

National Clinical Leads for Retrieval and for Donation

The Chair, in discussion with voting members of the Group, may include representatives from relevant professional bodies, societies and Colleges.

- 1.2.2 Members will be responsible for bringing to the Advisory Group any relevant concerns or suggestions from the centres they represent and items for the agenda. They are also

responsible for circulating minutes and other items of relevance within their organisation (to clinicians, managers and other relevant parties).

- 1.2.3 Members of the Group will also be responsible for responding to relevant items on the agenda brought forward by the Chair or Associate Medical Director (ODT).
- 1.2.4 Deputy Chair: the Advisory Group will agree a Deputy Chair who will assume the role and duties of the Chair when the Chair is unavailable or when there are possible conflicts of interest or at the request of the Chair.
- 1.2.5 Selection and allocation: the Group will be responsible for developing and reviewing policies for selection of patients for intestinal transplantation and allocation of grafts. These policies will be proposed to the AMD of ODT for adoption by NHSBT. These policies must be developed after discussion with patient groups and representatives.
- 1.2.6 The Chair (or nominated deputy) will, together with the AMD ODT, meet with patients and Patient Groups every year, to discuss election, allocation and other issues relevant to donation and transplantation.

2.0 Voting:

- 2.1 Each centre will have one vote each. If an agreement cannot be reached by consensus, a vote will be taken: a majority will be binding.
- 2.2 The Chair will have a casting vote but will not take part in the initial vote.

3.0 Frequency of meetings

- 3.1 The Advisory Group will meet at least twice a year at a venue to be agreed.

4.0 Sub-committees

- 4.1 It is anticipated that the Advisory Groups will have sub-committees to address specific aspects of transplantation or issues; the nature, membership, frequency, lifetime and venue of these meetings will be at the discretion of the Advisory Group. Teleconference work is encouraged.
- 4.2 These sub-committees will report formally to the Advisory Group.

5.0 Minutes

- 5.1 The minutes of each meeting will be taken by the NHSBT Secretariat.
- 5.2 The minutes and all papers of the Advisory Group meetings that could be requested under the Freedom of Information Act will be published (when approved) on the NHSBT website, unless they contain patient-identifiable material.
- 5.3 Minutes will be circulated electronically to centres.

6.0 Budget, Statistical and Analytic support

- 6.1 The group 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 the Group but the budget will be held within ODT.
- 6.2 Each Advisory group will be allocated an agreed level of support from NHSBT Directorate of Statistics and Clinical Audit to support the activities of the group: 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 Advisory Group, the Associate Director of Statistics and Clinical Audit and the Associate Medical Director ODT.

- 6.3 The Chair of the Group, Associate Director of Statistics and Clinical Audit and Associate Medical Director will meet at least every 6 months to agree the agenda, new projects agreed and assign priorities.
- 6.4 Administrative Support
- 6.4.1 The Corporate 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.

7.0 Role of Advisory group

- 7.1 The Advisory Group will:
1. Consider formally at each 6-monthly meeting and advise NHSBT on operational aspects of transplantation including:
 - Organ retrieval
 - Recipient selection criteria
 - Methods of organ allocation
 - Data analysis with respect activity and outcome
 2. Recommend, as necessary, promote and implement changes to the nationally agreed protocols
 3. Advise NHSBT and other bodies on appropriate methods of monitoring outcomes and interpretation of findings
 4. 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
 5. Identify and promote areas of audit and research.
 6. Remit to ODT matters of practice or policy that require consideration within a broader framework.
 7. Liaise as necessary with the British Transplantation Society and other professional bodies in the development of national standards
 8. Provide 6 monthly reports of clinical governance
 9. Respond to and advise on implementation of aspects of donation and transplant policy that arise from legal and/or policy developments both within the UK and more widely.