



Implementation Steering Group for Organ Utilisation (ISOU) Closure Report

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Executive summary

The Implementation Steering Group for Organ Utilisation (ISOU) was established to drive forward the 12 recommendations set out in the Organ Utilisation Group (OUG) [Honouring the gift of donation: utilising organs for transplant report](#), aiming to improve transplantation outcomes across the UK. This report summarises the work of the ISOU as the programme draws to a close.

The ISOU programme sought to address systemic barriers to organ utilisation, including variation in clinical practice, workforce, infrastructure, and system-wide needs such as robust patient engagement, standardised pathways, collaborative working, digital transformation, innovation, and commissioning. Through a patient-centred approach, patient partners were embedded in all workstreams and contributed equally to decision-making alongside clinical, operational and policy leaders. In addition, the Patient Engagement Best Practice and Stakeholder Forums were established to ensure that patient voices shaped both strategy and delivery.

Key achievements include the establishment of Trust-level strategies for board-level visibility and improvement, the funding and development of Assessment and Recovery Centre (ARC) pilots, the scaling of regional transplant collaboratives and establishment of Clinical Leads for Organ Utilisation in all transplant centres as standard practice to lead local improvements and support shared learning and collaboration across transplant centres. In addition, annual reporting and conferences were established and continue to support the sharing of best practice.

Lessons learned include the critical importance of meaningful patient engagement, collaborative working, clear governance and transparent communication. These insights will inform future policy and programme delivery.

As ISOU concludes, delivery has transitioned to NHS England (NHSE), NHS Blood and Transplant (NHSBT) and Trusts, with each organisation operating through its own established governance arrangements. The Transplant Oversight Group and the National Transplant Clinical Panel also provide oversight for relevant cross-system issues. Activity and progress will be monitored through DHSC's quarterly accountability meetings with NHSBT, and integrated governance structures between DHSC and NHSE. Immediate priorities for system partners at the point of closure included: (i) launching ARC pilots from February 2026; (ii) finalising and implementing the national workforce template with relevant Royal Colleges; (iii) further embedding Trust Organ Utilisation Strategies; and (iv) ongoing implementation of the cardiothoracic transplantation transformation programme, with clear milestones against which timely delivery at pace can be monitored.

Foreword

The Implementation Steering group for Organ Utilisation (ISOU) was established to take forward the recommendations of the Organ Utilisation Group in honouring the gift of organ donors and their families by ensuring high levels of transplant, where safe to do so. Over the past three years, ISOU has brought together clinicians, patients and carers, commissioners, operational leaders, and officials from NHS England, NHS Blood and Transplant, and the UK Health Departments to address long-standing challenges in organ utilisation.

As someone who has spent much of my career working as a transplant and vascular surgeon in Glasgow, I have seen first-hand the transformative impact transplantation can have for patients and families. This report summarises progress achieved against the 12 Organ Utilisation Group recommendations, role modelling strengthened patient and Trust engagement, enabled utilisation of innovation, recommending improved clinical leadership and oversight, knowledge sharing and collaboration and considered the future transplant workforce and digital needs. These achievements provide a strong foundation for ongoing improvement across the system.

At the final meeting of ISOU, I emphasised the importance of equity, transparency and maintaining momentum as the programme comes to a close. The time invested by members must continue to translate into meaningful and sustained action for those awaiting transplant. ISOU has demonstrated what can be achieved when system partners work together with a shared purpose, but it also underscored the need for continued pace.

I am grateful to all ISOU members, sub-groups, symposium and workshop participants, patient representatives and wider stakeholders for their commitment and expertise throughout the programme. Their contributions have ensured that delivery is grounded in evidence, lived experience and collaboration.

As ISOU concludes, responsibility for ongoing delivery has transferred to NHS England, NHS Blood and Transplant, and Trusts, supported by established governance and oversight. Maintaining momentum will be essential to continue to improve organ utilisation and achieving better outcomes for patients and families across the UK.

A handwritten signature in black ink, appearing to read 'Z. Ahmed', is written over a horizontal line.

Dr Zubir Ahmed MP

Parliamentary Under-Secretary of State for Health Innovation and Safety


Acknowledgements

Over the past three years, ISOU has brought together patient and carer representatives, clinicians, policy makers and operational leaders in order to deliver the programme's wide range of work. It was heartening that many colleagues commended ISOU as a model of collaboration, transparency and inclusivity.

The programme has successfully brought the system and stakeholders together with a shared purpose, aligning efforts despite complexity and operational pressures.

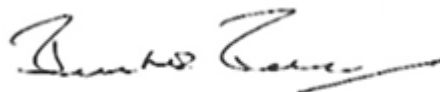
On behalf of the Department, we extend our thanks to all members of ISOU, its sub-groups, symposium participants and wider stakeholders who contributed their time, expertise and lived experience throughout this programme. We particularly acknowledge the co-chairs of the ISOU sub-groups for their leadership and stewardship across complex areas of work (see Annex A for a list of all sub-groups and their co-chairs).

We are grateful for colleagues' continued commitment to improving organ utilisation across the UK.



William Vineall, Director of NHS Quality,
Safety, Investigations, DHSC

Policy Co-Chair of ISOU



Professor John Forsythe, Honorary
Professor of Surgery,

Clinical Co-Chair of ISOU

Introduction

The Organ Utilisation Group (OUG), chaired by Professor Sir Stephen Powis (the then National Medical Director, NHSE), identified 12 recommendations aiming to maximise the potential for organ transplantation and provide a premier healthcare system that delivered equity, excellence and innovation to meet the needs of those on the transplant waiting list.

The Implementation Steering Group for Organ Utilisation (ISOU) brought together the organisations with a key role in delivering on these 12 recommendations, to align approaches and coordinate action. Delivery of these recommendations has significant implications beyond transplantation, with the methods applicable to many other disciplines.

The OUG's remit was limited to England, but it was acknowledged that patients cross UK borders for care and that any changes in England would impact other constituent nations in the UK. Representatives from Scotland, Wales and Northern Ireland governments and commissioners were observers within the group.

Background and context

NHS England, NHS Blood and Transplant (NHSBT), and individual NHS Trusts each play distinct but critically interconnected roles in how organ transplantation is delivered across England. At a high level, NHSBT coordinates donation, retrieval and allocation across the UK, NHSE commissions and sets policy for all solid organ transplantation in England and NHS Trusts provide the clinical services that assess patients and carry out transplant procedures.

Adult renal replacement therapy (transplantation and dialysis) commissioning was delegated to Integrated Care Boards in April 2025 to align with the end-to-end patient pathway. Commissioning of renal replacement therapy remains the responsibility of NHS England for children.

In 2008, the Organ Donation Taskforce published recommendations on how to maximise the potential for organ donation through improvements to the clinical infrastructure, development of policies and guidance to inform clinical practice and support for donor families. A comprehensive, successful programme of activity was undertaken to implement the recommendations, as a result of which organ donation rates increased every year before the impact of COVID-19, with donor rates increasing by 95% since the report was published.

Prior to the pandemic, transplant activity had improved but was not keeping pace with the increase in organ donors. This reflected increasing clinical and operational complexity, including donor age and comorbidity, recipient suitability, and service capacity. As a result,

while donation rose significantly, not all organs could be safely utilised and some potential recipients continued to deteriorate on the waiting list despite overall improvements in transplant rates.

In 2021, the Secretary of State for Health and Social Care established the [Organ Utilisation Group \(OUG\)](#), to report to all Ministers of Health in the UK. The OUG aimed to deliver recommendations on how to maximise the potential for organ transplantation and provide a premier healthcare system that delivered equity, excellence, and innovation to meet the needs of those on the transplant waiting list. It was also intended to address how the barriers to organ transplantation could be overcome so that the UK was able to continue as a world-leader in innovation in the field of transplantation and no opportunity for a successful transplant was missed.

When the group was established, there had been significant improvements in organ donation rates, with the number of organ donors increasing by 56% over a ten-year period. The introduction of opt-out legislation in England in May 2020 delivered further improvements in the consent rate, however these have not been sustained. Although transplant activity recovered in steps after the pandemic, demand continues to outstrip supply, and increasing donor and recipient complexity (including age and comorbidity) continues to make successful organ utilisation more challenging.

The OUG undertook an extensive programme of activities to identify the barriers to transplantation and best national and international practice. This included: patient focus groups, site visits, meetings with expert advisors and reviews of the available data and literature. Following this, the group set out its recommendations in its report - [Honouring the gift of donation: utilising organs for transplant](#), published in 2023.

The [Implementation Steering Group for Organ Utilisation \(ISOU\)](#) was established to oversee and coordinate the implementation of these recommendations. ISOU was co-chaired by a senior DHSC official and an independent senior clinical leader in the field of transplantation. ISOU reported directly to DHSC ministers, brought together the organisations with a leading role in delivering the OUG recommendations and included patient and lay representatives, as well as representation from the devolved governments.

Given the cross-cutting themes and co-dependencies within the OUG report recommendations, fixed-term ISOU sub-groups were established to provide strategic steers to aid implementation, particularly on some of the more complex areas of work. Two symposiums and a workshop were also held, to consider key issues of commissioning, workforce and digital transformation respectively. See Annex A for a list of all ISOU sub-groups, co-chairs and events.

Programme delivery overview

Significant progress was made across all recommendations. Key areas included:

Patient engagement (OUG Recommendation 1 and 2)

The ISOU Patient Engagement sub-group was established to deliver OUG Recommendations 1 and 2, with a defined remit to ensure that patient and carer perspectives directly shaped implementation decisions across the ISOU programme. The sub-group undertook structured, evidence-based engagement with transplant recipients, donors and people on waiting lists. This included visits to five transplant units and ongoing engagement through the Patient Engagement Best Practice Forum, bringing together representatives from national and condition-specific transplant patient organisations. Their efforts focussed on embedding patient engagement from the outset to improve transplant programmes, build trust and develop relationships, shape service priorities and strengthen communication to achieve successful transplants and safeguard patients' quality of life.

In its report, [Improving Patient Engagement in Organ Transplantation: Recommendations for Best Practice](#), the sub-group set out a defined set of recommendations for NHSE, NHSBT and transplant centres to enhance patient choice, increase national representation in patient groups, and streamline pathways to support access to care closer to home where appropriate. Certain elements of this delivery are co-dependent on the delivery of Trust Organ Utilisation Strategies, set out under OUG Recommendation 10. These will, in part focus on strengthening patient engagement.

The recommendations directly informed system-level action. In 2025, NHSBT appointed an Associate Medical Director for Patient Engagement to help to deliver these recommendations, and to work with NHSE and transplant centres to ensure patient perspectives are embedded in service design, governance and delivery. In addition, NHSBT established a Patient Advisory Group to run alongside their Solid Organ Advisory Groups, with all groups requiring at least one patient in attendance to be considered quorate and NHSE embedded Patient and Public Voice representation within transplant governance structures, including the Transplant Oversight Group and the National Transplant Clinical Panel.

Sustained patient involvement within ISOU enabled patient voices to shape strategy and delivery. Through a consistent approach, and with respect for their time, expertise and skills, ISOU built trust with patient representatives, which meant they felt empowered to raise concerns constructively, including in relation to patient engagement approaches across both NHSBT and NHSE. This led to specific organisational commitments. NHSBT committed to the development of an organisation-wide patient engagement strategy, and

NHSE took action to widen patient participation in the cardiothoracic transplant transformation programme even further.

Finally, NHSE, working in partnership with NHSBT and DHSC, committed to delivering an event in 2026 that will bring PPVs and other stakeholders together, in a similar fashion to those of ISOU to contribute and support ongoing work on transplantation.

Standardised patient pathways (OUG Recommendation 3)

OUG recommendation 3 called for the implementation of standardised patient pathways to ensure consistency and equity in organ transplantation across the UK. The [Clinical Leads for Utilisation \(CLU\) scheme](#) was embedded, comprising a network of senior transplant clinicians empowered to report and address barriers to organ utilisation. Every transplant centre now has a Clinical Lead for Utilisation, and the National Organ Utilisation Conference (NOUC), held annually by NHSBT, provides an opportunity for CLUs to showcase their work towards improving organ utilisation. The Transplant Oversight Group (TOG), co-chaired by NHSBT and NHSE, oversees the development of agreed transplant standards including monitoring compliance and supporting improvement across the system. This recommendation will be supported through the revision of existing service specifications to enable consistency, and standardised pathways are also a focus of NHSE's cardiothoracic transformation programme (see recommendation 5).

Lessons from COVID-19 on collaborative working (OUG Recommendation 4)

Building on lessons from COVID-19, this recommendation promoted collaboration between transplant centres to make sure no patient missed out on the opportunity of transplantation. NHSBT delivered on this recommendation via formal establishment of CLUs to provide peer support and sharing best practice. They also strengthened the [Transplant Collaborative](#) infrastructure which provides opportunities for transplant professionals to work together on a regional basis, promoting best practice by developing shared patient pathways and focusing on the whole patient journey. This addressed health inequalities and inequity of access, while reducing unwarranted variation and improving patient outcomes. Renal transplantation collaboratives were established work in close collaboration with renal networks across England.

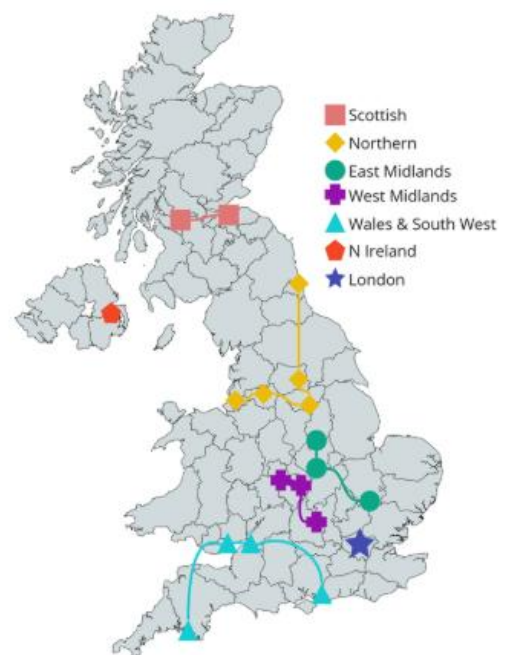


Figure 1: Map of UK Kidney Collaboratives, which were established in 2024, building on existing collaborative working across the UK, while complementing the work of the national kidney networks.

They also helped to address ongoing challenges around resilience and capacity. By the close of 2025, renal and liver collaboratives were fully established and enabling learning and transplants via mutual aid. For example, The London Transplant Collaborative for kidneys had enabled 16 patients to receive a kidney transplant using mutual aid pathways. NHSBT was supporting the establishment of cardiothoracic and pancreas transplant collaboratives.

The Trust Engagement sub-group also made recommendations that best practice is shared between transplant centres (see OUG recommendation 10).

Review of the cardiothoracic transplantation service (OUG Recommendation 5)

Recommendation 5 of the OUG report stated that NHS England should undertake a comprehensive review of cardiothoracic services to ensure that services in place were sufficiently sustainable and resilient and are able to provide the best possible outcome for patients.

To inform the review, DHSC led a Cardiothoracic Information Collation Exercise (CT ICE) including collation of existing quantitative data and online patient and clinical surveys. These surveys received high levels of engagement, with over 600 patient survey responses and 176 clinical survey respondents, in addition to responses from Centre Clinical Directors, which all centres completed.

The evidence was reviewed by three independent international experts, who also met with heart and lung patients and carer representatives, all transplant unit representatives and clinical leaders. The output from this was published on the [ISOU webpage \(ISOU webpage \(under papers – CT ICE report\)\)](#). It summarised the international experts' considerations regarding where there was potential to improve the service for patients, providers and cost-effectiveness. This report was sent to NHS England on 17 July 2024 to inform the formal review that they are undertaking. Upon request of ISOU patient representatives, additional analysis of the survey elements of this exercise was provided by DHSC analysts and was published on [GOV.UK](#).

The NHSE Transformation Programme was established in November 2024 upon the appointment of three clinical leads and three Patient & Public Voice representatives. This also marked the start of the 'diagnostic phase' of the programme. The team visited all heart and lung transplant centres, reviewed literature including international guidelines, met a range of international experts and relevant professional bodies, and engaged patient stakeholder charities and patient representatives from all English centres. This enabled the team to articulate key issues and understand their root causes, with a view to determining the most effective potential interventions.

In June 2025, the NHSE team ran a patient engagement event and consulted with all transplant centres on a set of 19 ambitions for the programme. The ambitions covered the foundations for change needed, alongside a set of clinical or pathway priorities. There was strong support for the ambitions, and good consensus on which ambitions were the most important. Following decision at the NHSE Programme Board, ambitions were published on the NHSE website [NHS England » From ambition to action – improving heart and lung transplant services in England](#) on 31st July 2025. Clinically-led workstreams were established in September 2025, and detailed programme deliverables were approved in October and November. Proposals for a long-term approach to quality improvement are also being developed. Analytical outputs have been shared and plans for delivery through a range of task-and-finish groups have been agreed and are being reported against. Individuals can sign up as a [registered stakeholder](#) to keep up to date as this work progresses.

In addition, at the 2025/26 NHSE Annual Clinical Meeting, adult heart and lung transplant centres based in England reflected on findings from the CT ICE patient survey, alongside wider patient feedback. Actions reported by the centres in response to feedback include: strengthening psychological and psychosocial support through expanding psychology capacity including targeted interventions (such as support for trauma and sleep disturbance); and actions to improve the clarity and consistency of information provided to patients, particularly in outpatient communication and discussions of transplant options. Centres also described efforts to embed patient involvement and peer support, including re-establishing patient groups, delivering engagement workshops and expanding peer-support offers. In parallel, several centres are developing more systematic approaches to capturing and using patient-reported measures, including new questionnaires, dashboards and structured use of patient experience and quality-of-life data to guide and monitor improvement over time. This activity indicates a clear programme of improvement focused on patient experience and wellbeing.

At the final ISOU meeting the Chairs noted that it was vital that this work continued at pace. As DHSC and NHSE move towards becoming a single organisation, they will seek to ensure that wherever helpful, Joint Executive and Ministerial support will be provided to instil the criticality of this work and to maintain momentum.

Transplant workforce template (OUG Recommendation 6)

On 7 May 2025, the ISOU Workforce Template Symposium brought together stakeholders from across the transplant landscape to address recommendation 6 from the Organ Utilisation Group, which sets out the need for a sustainable transplant workforce template that is fit for the future.

The meeting was introduced by Dr Zubir Ahmed MP, the then Parliamentary Private Secretary to the Secretary of State for Health and Social Care. He was followed by a range of speakers who shared their perspectives. The workshop sessions considered the barriers to an effective, safe and resilient transplant workforce and the required skills mix for current and future demands.

The agreed actions focussed on refining and finalising a high-level workforce template, to be used as a guidance tool for recruitment, training, and retention as set out in the [ISOU Workforce Template Symposium report](#). The report noted that supporting advice will be co-produced by NHSE and NHSBT to ensure practical application. ISOU Co-chairs have engaged with Royal Colleges to address job planning, promote transplant fellowships, and advocate for enhanced surgical training, including recognition of transplant surgery as a distinct specialty. Postgraduate programmes would be encouraged to provide rotations that equip trainees for Certificate of Completion of Training (CCT). Additional actions included improvement to trust communications, development of job descriptions and competency frameworks for transplant coordinator roles, and promotion of early exposure to the multidisciplinary transplant workforce, including psychosocial provision, across professional training.

Move to digitise and standardise data throughout the transplant pathway (OUG Recommendation 7)

The ISOU Digital Workshop was held on 18 November 2025 to consider OUG recommendation 7 regarding the provision of data to provide access to complete, accurate and standardised data and information to patients and clinicians at critical decision points throughout the donation to transplantation pathway.

At the workshop, delegates explored the current state of digital infrastructure, identifying significant barriers such as inadequate Wi-Fi, outdated technology, and limited system interoperability. The workshop focussed on opportunities for improvement including the creation of the NHS Single Patient Record (SPR) for integrated access across care settings, the digitisation and unification of data systems, and the adoption of national data standards to ensure secure information flow. Delegates highlighted the importance of including genomic and compatibility data, and of future-proofing systems to support advanced analytics and artificial intelligence in matching donors and recipients. The need for a central, plain-language repository for patient information was also emphasised. To deliver these improvements, the workshop advocated for co-production of solutions with patients, organisational collaboration, and sustained investment in digital infrastructure and change management.

The actions arising from the [ISOU Digital Workshop report](#) are to be taken forward by NHSE and NHSBT.

Assessment and Recovery Centres (ARCs) (OUG Recommendation 8)

A key innovation in transplantation is the use of machines to assess and repair donated organs prior to transplantation.

The ISOU Assessment and Recovery Centres sub-group was set up to provide strategic direction for the implementation of OUG report recommendations 8 and 9, relating to national multi-organ centres for assessment and repair to maximise the number and quality of organs available for transplant. The group strongly supported the establishment of ARCs in the UK for the benefit of patients, the NHS and the wider UK economy, and detailed a recommended approach for their set up and governance as outlines in the [Assessment and Recovery Centres sub-group report](#).

Initial investment from DHSC had enabled NHSBT to mobilise an ARC Programme, building on the work undertaken by colleagues in NHSBT and the ISOU sub-group. NHSBT's ARCs programme was progressing towards pilot launch in February 2026, with governance structures established and clinical pathway design in development. Initial pilots were planned to focus on lungs, liver and kidney pathways. A call for research to support ARC model development was issued in October 2025, and shortlisted applications would be invited to submit full research applications later this year. The programme aimed to increase organ utilisation, improve equity across the UK, reduce unwarranted variation and embed sustainability by minimising environmental impact. It was anticipated that the ARCs programme alone would deliver 36 additional transplants by March 2027, and at full roll out, up to 750 additional transplants per year. As well as clear health equity benefits, there was expected to be a significant economic impact from reduced demand for kidney dialysis as a direct result of the ARCs service.

Oversight of innovation (OUG Recommendation 9)

Histocompatibility and immunogenetics

The ISOU Histocompatibility and Immunogenetics (H&I) sub-group provided independent advice on the collaborative use of new technology and service provision related to H&I and solid organ transplantation, to deliver the OUG recommendation 9. The group heard from subject matter experts and industry providers. It then proposed recommendations, which aim to enable better matching of organs, with reduced risk of rejection, resulting in improved patient outcomes as outlined in the [report of the ISOU Histocompatibility and Immunogenetics sub-group](#).

Recommendations include:

- Improving the digital capture of high-resolution HLA typing data using this data to improve donor/recipient compatibility assessments, thereby improving patient outcomes
- Evaluating of other technologies such as artificial intelligence and donor-derived cell-free DNA (dd-cfDNA)

Actions are to be taken forward by NHSBT and DHSC.

Xenotransplantation

The ISOU Xenotransplantation (XT) sub-group was established to evaluate and make recommendations relevant to the safe and ethical introduction of xenotransplantation technology in the UK. The group, with input from members and invited external subject matter experts, addressed its mandate through detailed discussions at theme-specific meetings. They also held engagement sessions with a diverse focus group of lay people and with current leading providers of this technology from the USA and Germany.

In parallel, the National Institute of Health Research (NIHR) funded Policy Innovation and evaluation Research Unit (PIRU) undertook the [largest known survey in Europe of public attitudes to XT in the UK](#). Key findings included a high overall level of support for XT, on the basis it could save lives that would otherwise have been lost, the level of support rose when respondents were provided with more information about XT and the importance of trust in independent oversight (e.g., by MHRA) and the regulation of such activity. With this rich and varied input, the advisory group was able to draw theme-specific recommendations.

The advisory group's recommendations, as set out in the [ISOU Xenotransplantation Sub-group Recommendations report](#), reflect how XT (from pigs as source animals) could be part of the range of solutions to address the current demand-supply gap in organ and tissue transplantation but also the need for safe and robust systems to introduce and evaluate this biotechnology in the UK. This included the classification of XT as an Advanced Therapy Medicinal Product (ATMP) which would be subject to regulation applicable to ATMPs by the Medicines and Healthcare products Regulatory Agency (MHRA) as the lead regulator.

The group also recommended ethical and legal guidance be updated and noted further research should be undertaken to explore patient attitudes to XT, particularly patients on organ transplant waiting lists. DHSC committed to establishing a time-limited advisory committee to take this work forward, and to advise UK Ministers and Health Departments, to ensure a coordinated and safe introduction of XT in the UK.

Trust utilisation strategies (OUG Recommendation 10)

The ISOU Trust Engagement sub-group was set up in response to OUG recommendation 10 which stated: 'All NHS Trusts with a transplant programme must have a transplant utilisation strategy to maximise organ utilisation'. Having consulted clinicians, patient representatives, senior Trust Executives and commissioners, the group produced a [report with recommendations](#). These recommendations included Trusts developing strategies every five years, with an annual Trust report to track progress from transplant units towards their strategic aims. The group also produced [guidance for Trusts](#) regarding strategies and annual reports. The oversight of Trust Utilisation Strategies is being led by the Transplant Oversight Group, a joint committee in parallel across NHSE and NHSBT. In addition, a new National Transplant Clinical Panel has been established to act as the primary forum for reviewing outcome data and providing expert clinical advice on utilisation strategies.

In 2025, Trusts completed a survey on their progress in strategy development. The responses informed understanding about any challenges or barriers to progress so that necessary support could be provided. A small group of Trusts were on track to submit their strategies by late 2025, with the remainder to follow. This phased approach was viewed positively, allowing NHSE and NHSBT to review early submissions, share feedback, and disseminate learning to support other Trusts. A webinar is planned for early 2026 to provide practical advice and address common challenges.

National outcome measures (OUG Recommendation 11)

An inter-organisational working group, with input from universities, researchers and third sector representatives, committed to meet every six weeks to provide oversight to the development of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). The group focuses on:

1. Developing a kidney transplant PREM and PROM,
2. Reviewing and updating of the previously developed Liver PREM
3. Developing a Kidney Donor Reported Experience Measure (DREM) and Donor Reported Outcome Measure (DROM)
4. Developing a single solid organ PROM and a cardiothoracic PREM

A Delphi study to define the term 'optimal organ utilisation' was initiated, in partnership with the Council of Europe. The definition would enable transplantation colleagues to better assess and evaluate the success of clinical practice and would enable the development of UK and European metrics (or a suite of indicators) for ongoing

benchmarking, assessment and performance monitoring, and informing any future development of organ utilisation “targets”. The Delphi study was expected to conclude in late 2026, with a consensus definition of the term ‘optimal organ utilisation’ as an output.

Commissioning (OUG Recommendation 12)

On 6 November 2024, the ISOU Commissioning Symposium brought together representatives from across the transplant landscape to discuss the future of transplant commissioning. The symposium opened with presentations from Professor Sir Stephen Powis (the then National Medical Director, NHSE), Fiona Loud (Policy Director, Kidney Care UK) and Robbie Burns (the then Cardiothoracic Transplant Advisory Group (CTAG) – Patient Group Chair). This was followed by perspectives from NHSE, NHSBT, Integrated Care Board leads and senior Trust Executives. The symposium included workshops to identify the current barriers to transplantation, and how they might be overcome. The report of the symposium outlined an approach for implementing recommendation 12 on establishing joint commissioning for transplantation as set out in [the ISOU Commissioning Symposium report](#).

As part of the integration of NHSE and DHSC, there is ongoing work about future arrangements for commissioning. Amongst wider aims of this work, actions from ISOU will support ongoing improvements to equity of access to transplant. As of January 2026, the current legislative position is, with the exception of adult kidney transplant services which were delegated to Integrated Care Boards in April 2025, that all transplant services (along with all other ‘highly specialised services’) will continue to be nationally commissioned. Future commissioning arrangements are expected to be set out in forthcoming legislation, likely to be introduced in spring 2026.

Lessons learned

A number of important lessons emerged from the work of the Implementation Steering Group for Organ Utilisation. These are relevant for future policy development and programme delivery in transplantation and beyond.

Strong partnerships, enabled by a national programme, can drive system-wide change. ISOU demonstrated the value of coordinated partnership working across DHSC, NHS Blood and Transplant, NHS England, Trusts, clinicians and patients, enabled by a clear national mandate. Operating as a time-limited national programme helped raise the profile and priority of organ utilisation and transplantation across the system, supporting shared understanding, collective ownership and more consistent engagement. This combination of partnership working and national leadership was important in aligning stakeholders around common objectives and accelerating progress in a complex, highly specialised area of care.

Meaningful patient involvement is essential to sustainable change. Early and ongoing patient involvement was essential for building trust, improving communication, and achieving sustainable, meaningful change. Patient and lay representatives were full members of ISOU and its sub-groups, contributing equally to decision-making alongside clinical, operational and policy leaders. Embedding patient partners across all workstreams from the outset led to a more inclusive, equitable, and patient-centred approach, grounded in co-production. Regular patient and stakeholder engagement forums, along with feedback mechanisms such as the newsletters, ensured that patient voices shaped both strategy and delivery.

Clear governance and accountability drive delivery. The ISOU's multi-agency governance model, with clear lines of accountability to DHSC Ministers and oversight groups, was instrumental in maintaining momentum and ensuring delivery of the recommendations. Defined roles, responsibilities and escalation routes was essential for effective programme delivery and risk management.

Transparency and communication underpin trust and sustained improvement. Publishing annual reports, sharing best practice, and maintaining open channels with stakeholders, including patients, clinicians, and Trusts, supported transparency and continuous improvement. Regular, accessible communication and transparent reporting were fundamental to stakeholder confidence and programme legacy.

Joined-up data and outcomes are critical to measuring progress. The programme highlighted the importance of having coherent, system-wide data and agreed outcome measures to monitor progress, benchmark performance and drive improvement, in line with approaches used for other clinical conditions. Strengthening data integration and reporting will be essential to sustaining improvements beyond the lifetime of ISOU.

Next steps and handover

Responsibility for delivery of ISOU recommendations transitioned to NHS England, NHS Blood and Transplant, and individual Trusts.

The National Transplant Clinical Panel leads work on Trust Organ Utilisation Strategies, which are being embedded, with the Transplant Oversight Group providing overall assurance and oversight of transplant outcomes, quality and emerging concerns. Where appropriate, DHSC will provide continued oversight of delivery through quarterly DHSC accountability reviews, with integrated governance structures between DHSC and NHSE. See the implementation plan at Annex D for details on action owners, oversight and remaining ISOU actions.

NHSBT's [Annual Report on Organ Utilisation](#), details data on organ utilisation, including organ offer acceptance rates, reasons for non-utilisation and comparative performance across transplant centres. These data will be monitored to track progress.

DHSC will work with the British Transplantation Society to oversee the refinement and finalisation of the transplant workforce template, and to engage with Royal Colleges and professional societies to strengthen transplant exposure and training for early-career professionals.

DHSC will establish a time-limited Advisory Committee to guide the safe introduction of xenotransplantation, update relevant guidance, and work with the MHRA on regulatory preparedness. Collaboration with NICE will continue in reviewing the prioritisation of donor-derived cell-free DNA technologies.

Future arrangements for commissioning will be clarified in upcoming legislation, with ongoing stakeholder engagement to ensure a smooth transition.

Minister Ahmed, Parliamentary Under-Secretary at the Department of Health and Social Care, attended the final ISOU and praised the group's achievements, emphasising the importance of equity, and stressing that the time invested in the programme must result in continued action. The final forum was also an opportunity to introduce Professor Douglas Thorburn, interim National Clinical Director for Transplantation for NHS England. Formal programme closure will occur following the issuance of Ministerial letters to action owners outlining ongoing responsibilities, timelines, and reporting requirements. All final reports, minutes, and supporting documents will be published on the ISOU website and will be shareable within the transplant community and beyond. While delivery against OUG recommendations remains ongoing, DHSC will update the implementation plan annually and share it with interested stakeholders.

About this publication

This report sets out the work of the Implementation Steering group for Organ Utilisation to deliver the 12 recommendations of the Organ Utilisation Group. While the OUG's formal remit related to England, transplantation services operate across UK borders and the group acted with UK-wide clinical input. The principles and approaches set out in the report are therefore relevant to transplant services across all four nations with implementation routes reflecting respective governance and commissioning arrangements.

Microsoft 365 Copilot was used to assist with editing and improving clarity, and to draft the glossary of terms. All content was reviewed, validated and approved by Department of Health and Social Care officials who remain responsible for the final text.

Annex

Annex A: List of all ISOU groups and events

Sub-groups, co-chairs and roles at the time of service

- Patient Engagement
 - Jessica Jones - Co-Chair, ISOU Cardiothoracic Patient Representative
 - Dr Claire Fuller MRCGP - Co-Chair, Medical Director for Primary Care, Professional Standards and Performers Lists, NHS England
- Assessment and Recovery Centres (ARCs)
 - John Casey - Co-chair, Consultant Transplant Surgeon, University of Edinburgh
 - Shamik Ghosh - Co-chair, ISOU Lay Representative and NHSBT Lay Member, Cardiothoracic Advisory Group and Retrieval Advisory Group
- Histocompatibility and Immunogenetics (H&I)
 - Rommel Ramanan - Co-chair (ISOU member), Consultant Nephrologist, NHSBT Representative / Research Subject Matter Expert (SME) / Clinical (Kidney)
 - Richard Battle - Co-chair, Scotland Representative, Consultant Clinical Scientist and National H&I Manager
- Xenotransplantation
 - Prof Sir John Iredale - Co-Chair, Professor of Experimental Medicine, Bristol Medical School
 - Anthony Clarkson - Co-Chair, Director of Organ and Tissue Donation, NHSBT
- Trust Engagement
 - Mark Cubbon – Co-Chair, CEO of Manchester University NHS Foundation Trust
 - Chris Callaghan – Co-Chair, Consultant Transplant Surgeon, Guy's Hospital

Events

- Commissioning Symposium
- Workforce Template Symposium
- Digital Workshop

Annex B: Glossary

This glossary supports the ISOU Closing Report (January 2026). It defines key terms, organisations and programmes referenced in the report and its supporting documents.

Abdominal Normothermic Regional Perfusion (A-NRP) — A machine perfusion technique that perfuses abdominal organs at normal body temperature after death in donation after circulatory death donors to improve organ viability.

Advanced Therapy Medicinal Product (ATMP) — A UK regulatory classification for certain innovative products. Xenotransplantation from pigs as source animals has been classified as an ATMP, to be regulated by the MHRA.

Assessment and Recovery Centres (ARCs) — National multi-organ centres for assessment and repair prior to transplantation, designed to maximise the number and quality of deceased donor organs available for transplant; ARC pilots commence February 2026.

Cardiothoracic Information Collation Exercise (CT ICE) — A DHSC-led evidence collation (quantitative data and patient/clinician surveys) reviewed by international experts to inform NHSE's formal review of heart and lung transplant services.

Clinical Leads for Utilisation (CLUs) — Senior transplant clinicians in each transplant unit who identify and address barriers to organ utilisation and support standardised pathways; work is showcased at the National Organ Utilisation Conference.

Cold Ischaemic Time (CIT) — The acceptable time donor organs can be stored cold without undue damage; CIT will constrain ARC logistics and centre geography.

Council of Europe – Delphi study (Optimal Organ Utilisation) — A multi-round expert consensus process, initiated with the Council of Europe, to define 'optimal organ utilisation' and underpin UK/European metrics for benchmarking and performance monitoring.

Department of Health and Social Care (DHSC) — UK Government department; co-chair of ISOU, retains quarterly accountability/liaison oversight with NHSBT and coordinates handover actions (e.g., digital, workforce, xenotransplantation).

Donor-Derived Cell-Free DNA (dd-cfDNA) — Fragments of transplanted donor DNA detectable in the recipient's blood; an emerging non-invasive biomarker for transplant monitoring under consideration for NICE prioritisation.

Histocompatibility and Immunogenetics (H&I) — Discipline underpinning donor–recipient compatibility in transplantation.

Human Leucocyte Antigens (HLA) — Cell-surface proteins used in matching donors and recipients; high-resolution HLA typing improves compatibility assessment and outcomes.

Implementation Steering Group for Organ Utilisation (ISOU) — Fixed-term DHSC programme established to drive delivery of the OUG's 12 recommendations, bringing together NHSE, NHSBT, Trusts and patient representatives; now handing over delivery to system bodies.

Integrated Care Board (ICB) — Statutory NHS body to which adult kidney transplant services were delegated in April 2025.

Medicines and Healthcare products Regulatory Agency (MHRA) — UK regulator for medicines and medical devices; identified as lead regulator for xenotransplantation under the ATMP framework.

Mutual Aid (Transplant Collaboratives) — Operational collaboration between centres (e.g., London Kidney Collaborative) to share capacity/resources and enable transplants that might otherwise not proceed, reducing unwarranted variation.

National Institute for Health and Care Excellence (NICE) — Evidence body providing guidance and technology appraisal; engaged on prioritisation of dd-cfDNA technologies for transplant monitoring.

National Organ Utilisation Conference (NOUC) — Annual NHSBT conference for CLUs and wider stakeholders to share best practice and utilisation improvement work.

National Transplant Clinical Panel (NTCP) — Joint NHSBT/NHSE clinical forum (reporting into the Transplant Oversight Group) that reviews outcome data, quality issues, risks and emerging concerns, and advises on Trust Organ Utilisation Strategies.

NHS Blood and Transplant (NHSBT) — Special health authority leading organ donation and transplantation operations; co-chairs TOG, runs ARC pilots, publishes the Annual Organ Utilisation Report, and has strengthened patient engagement.

NHS England (NHSE) — National commissioner and system leader for specialised services; leads the cardiothoracic transformation programme, oversees standardised pathways with NHSBT via TOG.

Organ Utilisation Group (OUG) — Independent group that produced 12 recommendations to maximise transplantation in the UK; ISOU was created to oversee implementation.

Patient & Public Voice (PPV) Representatives / Patient Partners — Individuals embedded across programme and governance structures (e.g., NTCP, TOG, CT programme working groups) to ensure meaningful involvement and co-production.

Patient-Reported Experience Measures (PREMs) — Measure of patient experience of services; kidney and liver tools are under development/update in the national outcomes programme.

Patient-Reported Outcome Measures (PROMs) — Measure of patient-reported outcomes after interventions (e.g., transplant); part of the national outcomes work alongside PREMs and disease-specific tools.

Solid Organ Advisory Groups (SOAGs) — NHSBT advisory groups for solid organ transplantation; complemented by a Patient Advisory Group.

Transplant Oversight Group (TOG) — Joint NHSE/NHSBT board providing oversight of transplant outcomes, quality and concerns, and leading oversight of Trust Organ Utilisation Strategies; NTCP is its primary clinical forum.

Xenotransplantation (XT) — Transplantation of cells, tissues or organs from animals into humans (e.g., pig organ transplanted into a human).

Annex C: Further Reading

- Annual Report on Organ Utilisation - NHSBT have recently published the Second [Annual Report on Organ Utilisation](#), which provides information on the use of organs that have been offered. This report looks at patterns of usage of the five major solid organs from deceased donors that meet UK organ offering criteria.
- NHSBT Annual Activity Report - [Annual Activity Report - ODT Clinical - NHS Blood and Transplant](#)
- Report of the Organ Utilisation Group (OUG), Honouring the gift of donation: utilising organs for transplant - [Honouring the gift of donation: utilising organs for transplant - GOV.UK](#)



Annex D: ISOU Implementation Plan - as of January 2026.

- Actions here are not an exhaustive list, further plans are held by lead organisations
- The table provides an indication of whether ISOU as a group has concluded it's work on a recommendation and handed over to others for continued delivery of activity. Work will continue to deliver the recommendations under 'business as usual' activity.
- Delivery and impact will continue to be monitored through standard reporting infrastructures into DHSC and Ministers.

OUG recommendation and Progress	Owner & Oversight	ISOU Status and remaining action
<p>1 and 2 (Patient Engagement)</p> <p>Patient Engagement sub-group conducted visits to transplant centres and established and worked closely with the Patient Engagement Best Practice Forum, which included representatives from transplant patient support groups across the UK.</p> <ul style="list-style-type: none">• Patient Engagement sub-group recommendations were approved by ISOU members and DHSC Ministers and is available on the ISOU webpage.• NHSBT appointed an Associate Medical Director for Patient Engagement to help deliver these recommendations in partnership with NHSE and transplant centres.• Trust Utilisation strategies would capture work from centres to support patient engagement.	<p>Recommendations for NHSE, transplant centres and NHSBT</p> <p>Oversight by NHSBT Board / Transplant Oversight Group (TOG)</p>	<p>Status: Closed</p> <p>Communication lines between ISOU Secretariat and ISOU patient representatives to remain open following ISOU closure to allow for feedback on ongoing patient engagement.</p>

<ul style="list-style-type: none"> In autumn 2025, DHSC officials held meetings with both NHSE and NHSBT to discuss approaches to patient engagement, in response to feedback raised from patient representatives. In response to patient and DHSC feedback: <ul style="list-style-type: none"> NHSBT would develop of an organisation-wide patient-engagement strategy, with performance measures and systems for monitoring adherence. NHSE would continue to embed Patient and Public Voice (PPV) membership in forums across the system, including on the recently established National Transplant Clinical Panel and the Transplant Oversight Group (TOG). Building on feedback, NHSE co-produced, with PPV representatives, a proposal to widen patient participation in the cardiothoracic transplant transformation programme. Finally, NHSE, in partnership with NHSBT and DHSC, committed to delivering an event in 2026 that will bring PPVs and other stakeholders together, in a similar fashion to those of ISOU to contribute and support ongoing work on transplant. 		
<p>3 (Standardised Patient Pathways)</p> <ul style="list-style-type: none"> The Clinical Leads for Utilisation (CLU) scheme is now in place, comprising a network of senior transplant clinicians empowered to report and address barriers to organ utilisation. Every transplant centre now has a Clinical Lead for Utilisation. The National Organ Utilisation Conference (NOUC) would be held annually by NHSBT, to provide an opportunity for CLUs to 	<p>Delivery split between NHSE and NHSBT</p> <p>TOG to oversee continued NHSE implementation of standardised patient pathways.</p>	<p>Status: Closed</p>

<p>showcase their work towards improving organ utilisation and share learning.</p> <ul style="list-style-type: none"> Trust Engagement sub-group recommendations report was approved by ISOU members and DHSC Ministers and published on the ISOU webpage This recommendation would be supported through NHSE revision of existing service specifications to enable consistency, and standardised pathways are also a focus of NHSE's cardiothoracic transformation programme. 		
<p>4 (Collaborative Working)</p> <ul style="list-style-type: none"> NHSBT has delivered on this recommendation via: formal establishment of CLUs to provide peer support and sharing best practice; strengthening the Transplant Collaborative infrastructure to support movements of resources or patients to enable transplantation to proceed; improved dissemination of data and performance monitoring. The Trust Engagement Group has also made recommendations in its report that best practice is shared between transplant centres. 	NHSBT	Status: Closed
<p>5 (Cardiothoracic Transplant Service Review)</p> <ul style="list-style-type: none"> Cardiothoracic (CT) Information Collation Exercise run by DHSC in spring 2024 and findings shared with NHSE in July 2024. Report on UK Heart and Lung Transplantation Services: An Independent Information Collation Exercise by International Experts has been published on the ISOU website. NHSE has established a Transformation Programme, appointing PPV leads and clinical leads in October 2024. A 	<p>NHSE</p> <p>NHSE/ Specialised Commissioning governance structure oversight including NHSBT and DHSC colleagues.</p>	Status: Closed

<p>subsequent diagnostic phase including in-depth review of evidence and engagement (including international) to determine issues and root causes concluded in July 2025.</p> <ul style="list-style-type: none"> Transformation Programme board structure was established in April 2025 to oversee this review for both adult and paediatric CT services Following consultation at a PPV event, with national stakeholders and with staff across the cardiothoracic centres, the NHSE Programme Board met in July to agree a set of priority ambitions. These have been published on the NHSE website, marking the shift between the Programme’s diagnostic and delivery phases. Clinically-led workstreams, including PPV representation and members of all units' teams were stood up in September and detailed programme deliverables were approved in October and November 2025. Proposals for a long term approach to quality improvement are also being developed. Analytical outputs have been shared and plans for delivery through a range of task-and-finish groups have been agreed and are being reported against. The programme will conclude in March 2027. 		
<p>6 (Transplant Workforce Template)</p> <ul style="list-style-type: none"> Symposium held 7 May 2025. The Workforce Symposium report was approved by ISOU and DHSC Ministers and is available on the ISOU webpage. DHSC colleagues are working together to ensure this work feeds into wider 10 Year Plan for the NHS workforce discussions. 	<p>DHSC/NHSE</p> <p>Oversight by DHSC (until handover) to BTS</p>	<p>Status: Open</p> <p>DHSC now working to oversee handover to BTS and delivery of the agreed actions. This includes updates to the draft workforce template and engagement with the most</p>

<ul style="list-style-type: none"> Letters have been issued to relevant organisations (e.g. Royal Colleges) to take this action forward. The British Transplantation Society will be acting as a pivot point to coordinate this work going forward. DHSC is working with attendees of the Workforce Symposium to further update the draft workforce template as agreed. 		relevant professional societies.
<p>7 (Digital Transformation)</p> <ul style="list-style-type: none"> On Tuesday 18th November 2025, ISOU held a digital workshop, bringing together stakeholders from across the transplant landscape to identify and accelerate digital enablers that can help us honour the gift of donation and maximise organ use. To deliver these improvements, the workshop advocated for co-production of solutions with patients, organisational collaboration, and sustained investment in digital infrastructure and change management. The actions arising from the ISOU Digital Workshop report are to be taken forward by NHSE and NHSBT. Recommendations approved by ISOU and DHSC Ministers. and is available on the ISOU webpage. 	<p>DHSC</p> <p>Oversight by DHSC (until handover)</p>	<p>Status: Closed</p> <p>DHSC will oversee handover of actions to responsible owners (NHSE / NHSBT)</p>
<p>8 (Assessment and Recovery Centres)</p> <ul style="list-style-type: none"> Assessment and Recovery Centre (ARC) sub-group recommendations were approved by ISOU and DHSC Ministers and is available on the ISOU webpage. Spending Review 2025/26 confirmed seed-funding from DHSC to NHSBT to begin work on an ARC programme. 	<p>NHSBT</p> <p>Oversight by DHSC-NHSBT Quarterly accountability/liason meetings (as appropriate)</p>	<p>Status: Closed</p> <p>DHSC to continue to monitor the delivery of the ARCs programme via quarterly accountability meetings.</p>

<ul style="list-style-type: none"> At the point of closure, the ARC Programme team had mobilised, and ARC pilot launch was scheduled for February 2026. 		
<p>9 (Histocompatibility & Immunogenetics and Xenotransplantation)</p> <ul style="list-style-type: none"> Histocompatibility and Immunogenetics (H&I) sub-group recommendations approved by ISOU and DHSC Ministers. Report of the ISOU Histocompatibility and Immunogenetics (H&I) Sub-Group was published on the ISOU website. The ISOU Xenotransplantation sub-group report and recommendations were approved by ISOU and DHSC Ministers was published on the ISOU webpage National Institute for Health and Care Research (NIHR) Policy Innovation and evaluation policy Research Unit (PIRU) public attitudes to xenotransplantation survey findings were published in the Lancet on 5 September. DHSC to establish a time-limited Advisory Committee to advise UK Ministers and Health Departments (and, where relevant, other Departments, e.g. DEFRA) to ensure the coordinated and safe introduction of XT in the UK. MHRA would continue to be engaged with as the recommended regulator. 	<p>NHSBT/DHSC as appropriate</p>	<p>Status: Open</p> <p>DHSC to deliver remaining actions of the H&I and Xeno sub-group reports:</p> <ul style="list-style-type: none"> establishment of a time-limited Advisory Committee on xenotransplantation, working with MHRA to ensure they are prepared to oversee this area updating 2006 DH Xeno guidance working with NICE Sponsorship team on the prioritisation of donor derived cell-free DNA
<p>10 (Trust Utilisation Strategies)</p> <ul style="list-style-type: none"> Trust Engagement sub-group recommendations and template were approved by ISOU and DHSC Ministers. Report of the ISOU Trust Engagement Sub-Group and "Developing a Trust Organ Utilisation Strategy: Guidance Document" is available on the ISOU webpage. 	<p>National Transplant Clinical Panel</p> <p>TOG (a committee in parallel overseen by NHSBT/NHSE governance structures)</p>	<p>Status: Closed</p> <p>DHSC will monitor the actioning of utilisation strategies from all UK transplanting Trusts via NHSBT accountability</p>

<ul style="list-style-type: none"> • Guidance has been issued to Trusts on next steps and TOG used a survey to understand progress and inform further work with Trusts. • A new National Transplant Clinical Panel was established to report directly into TOG, which will be the primary place to review outcome data and to make recommendations into TOG. • A joint letter was issued to CEOs of all transplant providers to provide an update on joint NHSE/NHSBT work and outlining the role of TOG on 30 June 2025. A webinar was planned for early 2026 to discuss ongoing work around trust organ utilisation strategies and provide updates around other relevant work e.g. Cardiothoracic transformation programme. 		<p>meetings and through joint working with NHSE colleagues over the next 6 months to provide assurance this is being suitably actioned and implemented.</p>
<p>11 (National Outcome Measures)</p> <ul style="list-style-type: none"> • An inter-organisational working group, with input from universities, researchers and third sector representatives, meets 6-weekly to provide oversight to the development of Patient Report Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). • A Delphi study to define the term ‘optimal organ utilisation’ was initiated, in partnership with the Council of Europe. 	<p>NHSBT</p> <p>Oversight using DHSC-NHSBT Quarterly accountability/liaison meetings (as appropriate)</p>	<p>Status: Closed</p>
<p>12 (Commissioning)</p> <ul style="list-style-type: none"> • ISOU Commissioning Symposium held in November 2024. Recommendations approved by ISOU and DHSC Ministers. and is available on the ISOU webpage. 	<p>NHSE/DHSC</p> <p>DHSC Minister responsible for the NHS Reform Bill</p>	<p>Status: Open</p> <p>DHSC/NHSE colleagues to continue to work in partnership.</p>

- Future arrangements for commissioning will be clarified in upcoming legislation, with ongoing stakeholder engagement to ensure a smooth transition

