Retrieval Advisory Group

Terms of Reference

1. Background

NHS Blood and Transplant (NHSBT) is responsible, amongst other roles, for the development and implementation of policies for organ retrieval from deceased donors in the UK. Other areas of responsibility include promotion and securing of effective organ donation, retrieval and transplantation for the health service, which also includes advising on clinical and operational issues, maintaining the national transplant waiting list, monitoring and publishing outcomes, and characterization of deceased donors for the purposes of transplantation.

The National Organ Retrieval Service (NORS) was established by NHSBT in April 2010 and plays a vital role within the transplantation pathway. As a key component of the Organ Donation and Transplantation infrastructure, it provides a national 24-hour service for retrieving organs from deceased donors across the UK. NHSBT uniquely commissions the service on behalf of the four UK Health Departments, who contribute funding for the provision of an integrated UK-wide retrieval service.

While NHSBT plays a significant role in the donation and transplantation pathways, the delivery of effective organ retrieval involves many people and organisations, including not only the Intensive Care and Emergency Department clinical staff, the NORS teams, the Transplant Centers, Commissioners, national Departments of Health and regulators but also the donors and donor families, patients and their families and carers, and patient, lay and professional bodies.

NHSBT is committed to become a world leader in donation and transplantation and, to achieve this goal, stakeholder participation is essential. The Retrieval Advisory Group (RAG) provides expert clinical and operational guidance to ensure the continued provision of a high quality, safe, and economical organ retrieval service.

2. Purpose and Scope

The major role of the Retrieval Advisory Group is to advise NHSBT to help promote all aspects of organ retrieval and ensure equity of access to retrieval services and best outcomes for all donors and recipients.

3. Membership

Chair

Appointment: The Advisory Group Chair will be appointed by NHSBT after consultation with the relevant Advisory Group. Applications for the post will be invited from transplant health care professionals with expertise in organ retrieval.

Tenure: The Chair will be appointed for 3 years in the first instance, with the possibility of renewal for a subsequent term of two years.

Remuneration: In recognition of the time spent working in the role of Chair, the Chair's employing institution will be reimbursed.

Support: The Chair, and the Advisory Group, will have defined administrative and statistical support from NHSBT to help deliver the aims of the group.

Appraisal: The Chair will meet the Associate Medical Director for Organ Donation and Transplantation every year for a formal review of progress made, to agree targets for future work and a work plan.

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, when there are possible conflicts of interest, or at the request of the Chair.

Members

Membership of the Retrieval Advisory Group will typically include:

Voting members:

- Chair
- Deputy Chair
- Associate Medical director for Organ Retrieval
- Representatives from NORS teams across the UK – ideally NORS leads, or their representative
- Representatives from transplant centres involved in organ retrieval
- Representatives from relevant surgical specialties (cardiothoracic, abdominal, multi-organ retrieval)
- Representative of perfusion services
- Representative of tissue services
- Representative of commission
- Representative of Clinical governance
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Non-voting members:

- Representatives from the commissioners of the 4 home nations
- Representatives from the national Departments of Health
- Director of Organ Donation and Transplantation (ODT)
- Associate Medical Director ODT

- Associate Director of Statistics and Clinical Studies
- Director of Donor Care & Co-ordination
- Clinical Leads for Retrieval and for Donation
- NORS Operations Manager
- Research Operational Feasibility Group
- Representation aNRP steering group
- Representation DCD heart steering group

Other members may be co-opted by the Advisory Group (may include representatives from relevant professional bodies, societies and Colleges). The Chair, in discussion with members of the Group, will include other appropriate members.

Members will be responsible for bringing to the Advisory Group any relevant concerns or suggestions from the NORS teams or centres they represent: where possible this should be in writing so that the paper can be circulated prior to the meeting. Members are also responsible for circulating minutes and other discussion items of relevance within their organisations (to clinicians, managers and other relevant parties).

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.

The representative(s) from each centre or NORS team will be determined by the Centre Director or team lead, who will also agree the tenure for each representative's membership.

Attendance

Members are expected to attend a minimum of 75% of meetings. Where a member is unable to attend, they should inform the secretariat and may nominate a deputy with appropriate knowledge and authority.

4. Voting

If an agreement cannot be reached by consensus, a vote will be taken: a majority will be binding.

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

5. Frequency of Meetings

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

6. Sub-groups

It is anticipated that the Advisory Group will have sub-groups to address specific aspects of organ retrieval; the nature, membership, frequency, lifetime and venue of these meetings will be at the discretion of the Advisory Group.

Sub-groups may include, but are not limited to:

- NORS training and education
- Quality assurance and clinical governance
- Retrieval techniques and technology
- Service development and innovation
- Multi-organ retrieval coordination

The Advisory Group may appoint a sub-group responsible to the Advisory Group and to ODT for assessing applications for data held by ODT: the sub-group should assess the scientific validity of the request, the analytical methodology, the output and ensure that all interested parties are in support of the application and are recognised in any output (such as an abstract or manuscript); the sub-group should also indicate the priority of each application so that the Associate Director of Statistics and Clinical Audit can prioritise the available resources.

These sub-groups will report formally to the Advisory Group.

7. Additional Meetings

Open meetings: It is recommended that the Advisory Group will consider holding open meetings where there will be a wider representation of the retrieval and transplant community, including NORS team members and transplant centre staff.

The Chair, together with the Associate Medical Director, may meet, as necessary, with relevant interested parties, including patient representative bodies, donor family representatives, and professional organisations.

8. Minutes

The minutes of each meeting will be taken by the NHSBT (ODT) Secretariat.

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 or commercially sensitive material.

Minutes will be circulated electronically.

9. Support

Budget

The Advisory 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.

Statistical and Analytical Support

The Advisory Group will be allocated an agreed level of support from the 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.

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 and assign priorities.

Administrative Support

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.

10. Role of Advisory Group

The Advisory Group will:

1. Consider formally at each meeting and advise NHSBT on operational and clinical aspects of organ retrieval including:
    - NORS service delivery and performance
    - Retrieval techniques and standards
    - Allocation of NORS teams to donors
    - Training and competency requirements for retrieval teams
    - Equipment and technology requirements
    - Coordination between NORS teams and transplant centres
    - Data analysis with respect to retrieval activity and outcomes
2. Recommend, as necessary, promote and implement changes to nationally agreed protocols for organ retrieval
3. Advise NHSBT and other bodies on appropriate methods of monitoring retrieval outcomes and interpretation of findings
4. Monitor and report on clinical governance with especial reference to:
    - Outcomes of organ retrieval and quality metrics
    - Deviations from agreed protocols in retrieval procedures
    - Equity of access to NORS services throughout the UK
    - Safety incidents and learning from adverse events
    - Evaluation and comments on issues raised by investigations into triggers from outcomes analysis, investigations, and other issues
5. Identify and promote areas of audit, research, and service improvement relating to organ retrieval
6. Review and advise on NORS workforce planning, recruitment and retention
7. Advise on the development and implementation of training programmes for NORS teams and transplant centre staff involved in retrieval

8. Promote best practice in organ retrieval across the UK and internationally
9. Remit to ODT matters of practice or policy that require consideration within a broader framework
10. Liaise as necessary with the British Transplantation Society, organ-specific Advisory Groups, and other professional bodies in the development of national standards for organ retrieval
11. Provide 6-monthly reports on clinical governance and service performance
12. Respond to and advise on or implement aspects of retrieval policy that arise from legal and/or policy developments both within the UK and more widely
13. Advise on the cost-effectiveness and sustainability of the NORS service

11. Relationship with Other Advisory Groups

The Retrieval Advisory Group will work collaboratively with the organ-specific Advisory Groups (Kidney, Liver, Heart, Lung, Pancreas and Bowel) to ensure that retrieval practices support optimal outcomes for transplantation. The Chair of the Retrieval Advisory Group may be invited to attend meetings of other Advisory Groups when retrieval-related matters are discussed.

Issues that are relevant across multiple Advisory Groups will be escalated to the Advisory Group Chairs Committee (AGCC) for cross-cutting consideration.

12. Reporting

The Retrieval Advisory Group will report to:

- The Associate Medical Director for Organ Donation and Transplantation
- The Advisory Group Chairs Committee (AGCC)
- NHSBT Board as required

The Chair will provide regular updates on the work of the Advisory Group and any recommendations requiring Board approval.

13. Review

These Terms of Reference will be reviewed every 3 years, or sooner if required by changes in legislation, policy or service delivery models.

Notes

Protocols and policies agreed by the Advisory Group will need ratification by the Board of NHSBT, prior to implementation.

Equity (in the context of this document) implies that organ retrieval services are accessible to all donor hospitals across the UK with consistent standards of service delivery, irrespective of geographical location. The allocation of NORS teams will be based on proximity, availability and clinical need to ensure timely and high-quality organ retrieval.

Clinical governance in organ retrieval encompasses the quality of surgical technique, organ preservation, coordination with donor hospitals and transplant centres, training and competency of teams, and adherence to safety and ethical standards.

The Advisory Group will identify areas where new or revised national guidelines relating to organ retrieval are needed; where appropriate, NHSBT will then commission the appropriate professional body to develop the guidelines and, if adopted, these guidelines will be endorsed by NHSBT. These guidelines must be focused on optimising donor and organ management and consistent with all current national legislation.