NHS England

Terms of Reference Transplant Oversight Group

June 2025

Contents

Document Name:		**Terms of Reference**	
Meeting Title		Transplant Oversight Group	
Co-Chairs		Matt Day - Director, Clinical Commissioning, National Specialised Commissioning, NHS England Anthony Clarkson - Director of Organ Donation and Transplantation, NHS Blood and Transplant	
Secretariate		Quality and Nursing Team, NHSE	
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Document Management

Revision History

Version	Date	Summary of changes
0.5	21/05/2024	Fiona Marley edited document.
0.6	03/06/2024	Laura Urbina formatted document.
0.7	16/08/2024	Fiona Marley edited document and added updated governance structure diagrams
1	22/08/2024	Document edits from further feedback, finalisation.
2	03/03/2025	Updated membership, finalisation
3	12/06/2025	Addition to appendix A, addition of Co-Chair

Approved By

This document must be approved by the following people:

Name	Title	Date	Version
Matt Day	Director, Clinical Commissioning, National Specialised Commissioning, NHS England		3
Ailsa Willens	Deputy Director, Clinical Commissioning (Highly Specialised Services) NHS England		3

Related Documents

Title	Owner	Location

Document Control

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Purpose

1. Section 3B (1) of the National Health Service Act 2006[1] creates a power for the Secretary of State (SofS) to require **NHS England** to commission services. The SofS does this through regulations. The relevant regulations are the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012. Regulation 11 requires NHS England to commission specified services for rare and very rare conditions. This includes all solid organ transplantation services.

2. Within the list of c.150 services for rare and very rare conditions, there are around 80 that are designated as 'highly' specialised, all of which are 'retained'/nationally commissioned by the Highly Specialised Commissioning Team (HSCT). The portfolio includes all solid organ transplants except adult kidneys, which the NHS England Board agreed in March 2024 should be delegated to Integrated Care Boards (ICBs) to commission from April 2025. It remains NHS England's role to set national standards for all specialised services, whether they are delegated or not, and to include these in service specifications/revisions to service specifications, using the published NHS England process[2].

3. **NHS Blood and Transplant** (NHSBT) was established through the NHS Blood and Transplant (Establishment and Constitution) Order 2005. This includes the function of '…facilitating, providing and securing the provision of services to assist tissue and organ transplantation' and, specifically in section 3 that NHSBT must 'lead the development of donation and transplant standards and monitor the maintenance of such standards by NHS bodies'. The Human Tissue Authority is accountable for the management of serious adverse events or reactions in relation to the safety and quality of organs intended for transplantation. This responsibility is delegated to NHSBT, who report any relevant cases to the HTA[3]. Whilst this function is out of the governance scope of TOG, reports can be provided to TOG for information and consideration given as to whether NHS England is required to take any corrective action, for example, if a service specification is not met.

[1] https://www.legislation.gov.uk/ukpga/2006/41/section/3B
[2] NHS England » Methods: National Service Specifications
[3] Serious Adverse Event or Reaction (SAEARs) | Human Tissue Authority

4. On 21 February 2023, DHSC published the Report **Honouring the gift of donation: utilising organs for transplant Report of the Organ Utilisation Group (OUG)**[4] (the 'OUG Report'). This document sets out recommendations for improving organ utilisation across the UK by making the best use of available resources; driving improvements in transplantation infrastructure; and supporting innovation.

5. Whilst the publication of the OUG Report (and the corresponding need to translate an agreed subset of the OUG Report recommendations into standards and then jointly oversee (across NHS England and NHSBT) the monitoring and delivery of compliance against these standards in providers/transplant teams (see Appendix A) has provided an impetus to establish the **Transplant Oversight Group** (TOG), it also now provides a broader vehicle in which NHS England and NHSBT can jointly oversee all transplant outcomes.[5]

Governance Structure

6. The TOG is a 'committee in parallel' across NHS England and NHSBT. This means that, at the TOG, both organisations have discussions in which they have regard to the other organisation but each of them reports through their usual individual business structures in respect of TOG business (see governance structure at Appendix B). The TOG is one of the joint functions that are included in a framework Memorandum of Understanding between the two organisations. In the case of NHS England, actions in respect of *retained* transplantation services will need to be taken under the auspices of the NHS Standard Contract that NHS England holds with the provider in question. Actions in respect of adult kidney transplantation services (which is delegated from April 2025) will need to be undertaken by the relevant ICB. Actions in respect of services commissioned by NHSBT will be undertaken through the contracts that it holds with individual providers.

7. It is anticipated that contracts for retained highly specialised services will be held directly by NHS England and those for delegated services (in this case adult kidney transplant

[4] Honouring-the-gift-of-donation-utilising-organs-for-transport-OUG-report-print-ready.pdf (publishing.service.gov.uk)
[5] In time, the remit of TOG may be extended to include corneal transplants and transplanted tissue such as bone and heart valves.

services) will be held by ICBs. An ICB may act as an overall 'coordinating' commissioner (on behalf of a number of ICBs[6]) for a provider, through the **Model Collaborative Commissioning Agreement**[7].

8. The Board of NHS England has established a forum known as the **National Commissioning Group** (NCG) for Specialised, Health and Justice and Armed Forces Services to support the discharge of the organisation's duties, powers and responsibilities in respect of *retained* Specialised Services, Health & Justice Services and Armed Forces Services. There is a parallel group called the **Delegated Commissioning Group** (DCG) that has responsibility for *delegated* Specialised Services.

9. DHSC runs the **Implementation Group for Organ Utilisation** (ISOU), which is the group responsible for overseeing and coordinating the implementation of the recommendations of the Report.

Membership

10. The membership of TOG is as follows:
    - Director, Clinical Commissioning NHS England (co-chair)
    - Director, Organ & Tissue Donation & Transplantation, NHSBT (co-chair)
    - Medical Director, Organ & Tissue Donation & Transplantation, NHSBT
    - Medical Advisor, Highly Specialised Services, NHS England
    - National Clinical Director (NCD), Internal Medicine Programme of Care, NHS England
    - Head of Quality and Nursing, National Specialised Commissioning Team, NHS England
    - Quality representative, NHSBT
    - Director-level representatives from the three NHS England Retained Geographical Units (for discussions about all organs except adult kidneys)
    - A senior representative from each of the nine NHS England Joint Committees (for discussions about adult kidneys), i.e. a representative from the ICB-hosted specialised commissioning team

[6] There are 42 ICBs and 19 providers of adult kidney transplant services
[7] 21-nhssc-mcc-commissioning-agreement-single-v7.docx (live.com)

- A Trust Chief Executive
- Two patient and public voice representatives from the transplant community

11. The following individuals are in attendance at meetings:
    - Deputy Director, Clinical Commissioning (Highly Specialised Services), NHS England
    - Highly Specialised Services Commissioning Manager with responsibility for commissioning heart, lung, liver, pancreas and small bowel transplants, NHS England
    - National Programme of Care Manager, Internal Medicine, with responsibility for commissioning renal transplants, NHS England
    - National Programme of Care Manager, Women & Children, with responsibility for commissioning paediatric renal transplants, NHS England
    - Commissioning representative, NHSBT
    - Representative, Workforce, Training & Education Directorate, NHS England (as required)
    - Representative, Transformation Directorate, NHS England (as required)
    - National Healthcare Inequalities Improvement, NHS England (as required)
    - A senior commissioning representative from each of the three devolved Nations

12. Other officers from NHS England and NHSBT attend meetings as necessary.

13. NHS England and NHSBT may draw on expert advice outside of the meetings, for example, from the NHSBT Advisory Groups (Kidney, Liver, Cardiothoracic, Pancreas, Multi-visceral), from the NHS England NCDs for Renal Services, Cardiac Services and Respiratory Services, from the National Specialty Advisor for Hepatobiliary and Pancreas Services, from NHS England groups such as the NHS England Internal Medicine and Women & Children Programmes of Care (and their associated Clinical Reference Groups) and the Renal Clinical Networks. Governance structures are provided at Appendix B, together with a summary of the roles of the groups to assist in determining which might be best placed to provide advice.

14. Whilst the TOG is primarily established to consider outcomes in transplant services delivered in England (some of which are utilised from patients in the devolved

administrations), colleagues from the devolved administrations may use the TOG processes to monitor services outside England. It is for the devolved administrations to manage any resulting governance processes.

Meeting Arrangements

15. Ex officio members may nominate equivalently qualified deputies.

16. It is anticipated that recommendations to NCG/DCG will be made through consensus. In the unlikely event that consensus cannot be reached, the NCG/DCG will review all of the relevant information and make a decision.

17. Meetings will generally be held virtually with papers circulated a week in advance.

18. TOG papers are marked:
    - Confidential TOG members only – for sensitive or confidential material; papers should not be shared or published without the express agreement of the secretariat.
    - TOG discussion – papers can be shared with a ‘colleague/s’ in order that a member can bring a considered perspective to the meeting; papers should not be published without the express agreement of the secretariat.
    - No restrictions – paper can be freely shared and published.

19. The secretary will minute the proceedings of all meetings of the TOG, including recording the names of those present and in attendance.

20. Meetings will be held quarterly. Where there is a requirement for Chair’s action in between meetings, any actions will need to be agreed by both chairs.

21. There will be two parts to the meeting: Part A will comprise discussions about adult kidney transplant services and Part B will comprise discussions about all other solid organ transplants.

Declarations of Interest

22. Members must declare any conflicts of interest at the start of each meeting and may be required to absent themselves from the relevant discussions.

Duties of the Transplant Oversight Group

23. The Transplant Oversight Group (TOG) will:

- Oversee the **development of the standards** from an agreed subset of the actions as set out in the OUG Report (some of which would be led by NHS England and some by NHSBT) and standards in relation to all other aspects of transplantation.
- Oversee the development of the **processes by which compliance with all standards would be monitored**, to include self-assessment, site visits, peer review, etc.
- Develop approaches for **mitigating actions** when providers/transplant teams are non-compliant, for example, site visits, building for example on the Regional renal peer review process.
- **Assess and rate** each provider/transplant team against an initial set of standards to establish a **baseline position**, using information from self-assessments, NHSBT and other sources.
- In the event that a transplant team/provider is not compliant with a standard/standard, make recommendations about actions **that do not have a financial or contractual implication.**
- In the event that a transplant team/provider is not compliant with a standard/standard, make recommendations about actions **that have a financial or contractual implication.**
- Following the initial assessment, agree which providers/transplant teams should be prioritised for **review and re-review.**
- **Monitor compliance** against the initial standards and further standards, and rate providers/transplant teams, using information from self-assessments, NHSBT and other sources.
- Agree approaches for **improving the quality of services.**
- Agree approaches for **sharing best practice.**

24. In the event that an action is recommended that has a contractual or financial implication in a **retained** service, this would be signed off by the NCG. The recommendation would then be communicated from the TOG to the relevant NHS England Regional representative so that a joint approach is agreed across the HSCT and local commissioners.

25. In the event that an action is recommended that has a contractual or financial implications in a **delegated** service, this would be communicated from the TOG to the relevant ICB through the relevant Joint Committee representative.

26. In the event that an action is recommended that has a contractual or financial implication in a service commissioned by NHSBT, this would be signed off by Organ Donation and Transplantation Senior Management Team and communicated directly to the Provider.

27. The TOG must meet the Triple Aim set out in the Health and Care Act 2022, which sets out the requirement for all health bodies to cooperatively pursue:
    - the health and wellbeing of the people of England (including inequalities in that health and wellbeing).
    - the quality of services provided or arranged by both themselves and other relevant bodies (including inequalities in benefits from those services).
    - the sustainable and efficient use of resources by both themselves and other relevant bodies.

Reporting Responsibilities

28. In the case of NHS England, the TOG reports to the NCG and the DCG (see Appendix B for governance structure).

29. In the case of NHSBT, the TOG reports to the Organ Donation and Transplantation Senior Management Team.

30. In general terms, sign off by the NCG is required when the TOG recommends an action in a retained service that has contractual or financial implications.

31. Appendix C sets out the decision framework across the TOG, the NCG and the DCG.

Other Matters

32. The TOG will review on an annual basis its own performance and terms of reference to ensure that it is operating effectively. It will agree an annual workplan.

Appendix A: List of providers that deliver solid organ transplant teams in England

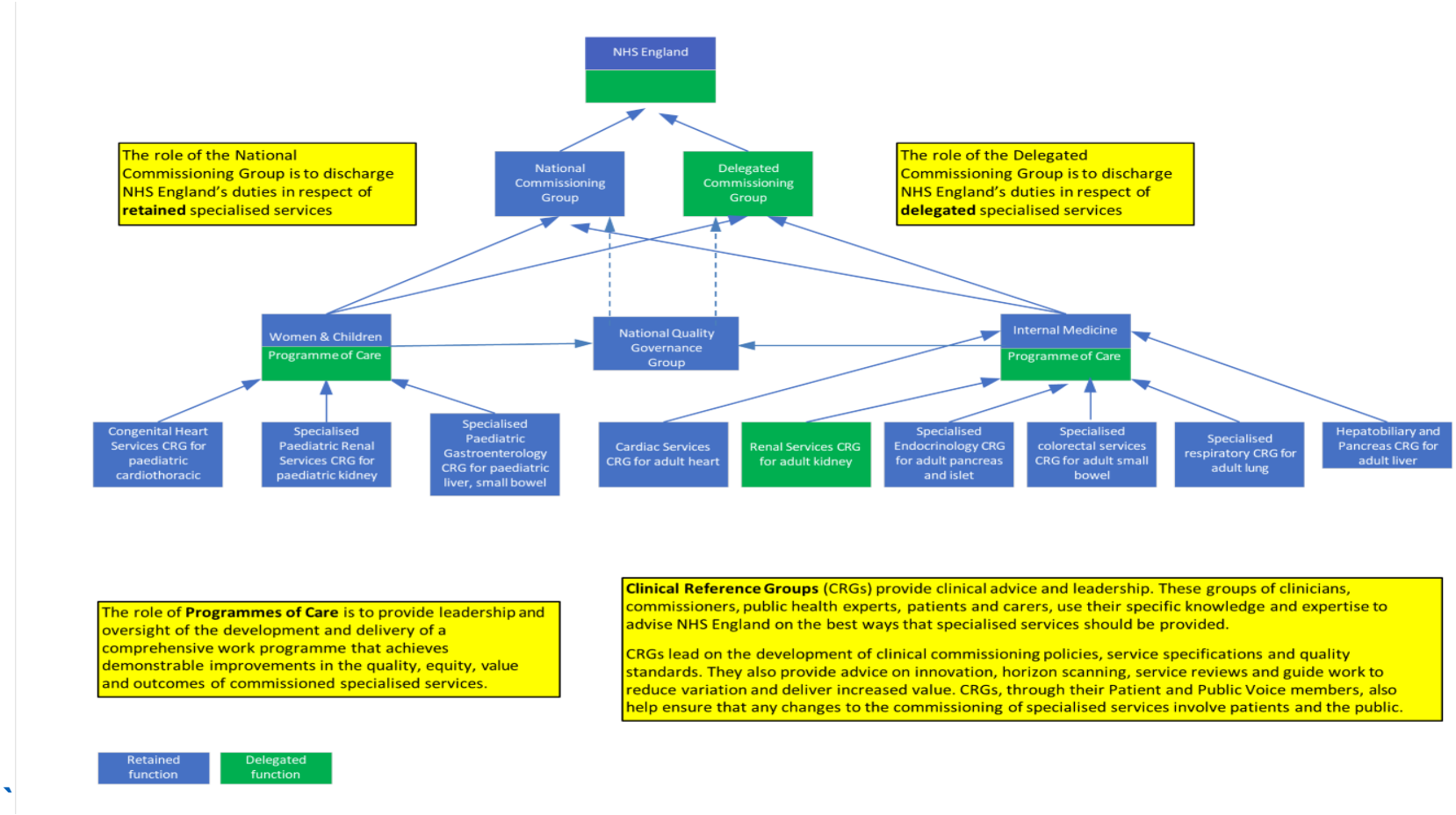
Region	Trust	Transplant team(s)	National Organ Retrieval Team
East of England	Cambridge University Hospitals NHS Foundation Trust	Kidney (adult) Intestine (adult) Liver (adult) Pancreas (adult)	Abdominal
East of England	Royal Papworth Hospital NHS Foundation Trust	Heart (adult) Lung (adult)	Cardiothoracic
Midlands	Birmingham Women's & Children's NHS Foundation Trust	Intestine (paediatric) Kidney (paediatric) Liver (paediatric)	No
Midlands	Nottingham University Hospitals NHS Trust	Kidney (adult) Kidney (paediatric)	No
Midlands	University Hospitals Birmingham NHS Foundation Trust	Heart (adult) Kidney (adult) Liver (adult) Lung (adult)	Abdominal Cardiothoracic
Midlands	University Hospitals Coventry and Warwickshire NHS Trust	Kidney (adult)	No
Midlands	University Hospitals of Leicester NHS Trust	Kidney (adult)	No
London	Barts Health NHS Trust	Kidney (adult)	No

Region	Trust	Transplant team(s)	National Organ Retrieval Team
London	Great Ormond Street Hospital for Children NHS Foundation Trust	Heart (paediatric) Kidney (paediatric) Lung (paediatric)	No
London	Guy's and St Thomas' NHS Foundation Trust	Kidney (adult) Kidney (paediatric) Pancreas	No
London	Guy's & St Thomas' NHS Foundation Trust (Royal Brompton and Harefield Hospitals)	Heart (adult) Lung (adult)	No
London	Imperial College Healthcare NHS Trust	Kidney (adult) Pancreas	No
London	King's College Hospital NHS Foundation Trust	Intestine (paediatric) Liver (adult) Liver (paediatric)	Abdominal
London	Royal Free London NHS Foundation Trust	Kidney (adult) Liver (adult)	Abdominal
London	St George's University Hospitals NHS Foundation Trust	Kidney (adult)	No
North East & Yorkshire	Leeds Teaching Hospitals NHS Trust	Kidney (adult) Kidney (paediatric) Liver (adult) Liver (paediatric)	Abdominal
North East & Yorkshire	Sheffield Teaching Hospitals NHS Foundation Trust	Kidney (adult). *Also commissioned to*	No

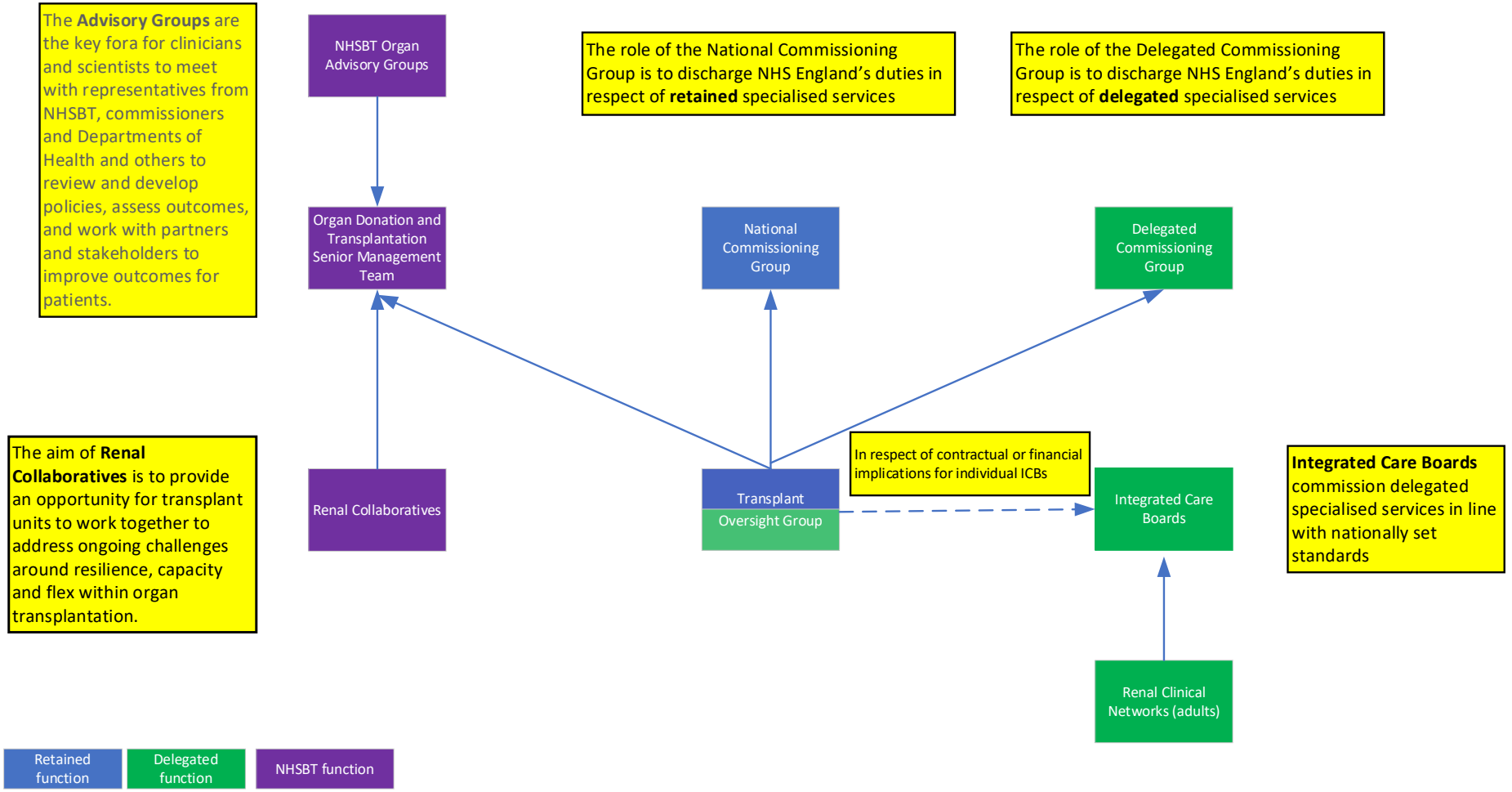
Region	Trust	Transplant team(s)	National Organ Retrieval Team
		provide follow-up care for heart and lung transplant recipients (adult)	
North East & Yorkshire	The Newcastle upon Tyne Hospitals NHS Foundation Trust	Heart (adult) Heart (paediatric) Kidney (adult) Kidney (paediatric) Lung (adult) Lung (paediatric) Pancreas	Abdominal Cardiothoracic
North West	Liverpool University Hospitals NHS Foundation Trust	Kidney (adult)	No
North West	Manchester University NHS Foundation Trust	Heart (adult) Kidney (adult) Kidney (paediatric) Lung (adult) Pancreas	Abdominal Cardiothoracic
South East	Oxford University Hospitals NHS Foundation Trust	Kidney (adult) Intestine (adult) Pancreas	Abdominal
South East	Portsmouth Hospitals NHS Trust	Kidney (adult)	No
South West	North Bristol NHS Trust	Kidney (adult)	No

Region	Trust	Transplant team(s)	National Organ Retrieval Team
South West	University Hospitals Bristol and Weston NHS Foundation Trust	Kidney (paediatric)	No
South West	University Hospitals Plymouth NHS Trust	Kidney (adult)	No

Appendix B: Governance Structures



The **Advisory Groups** are the key fora for clinicians and scientists to meet with representatives from NHSBT, commissioners and Departments of Health and others to review and develop policies, assess outcomes, and work with partners and stakeholders to improve outcomes for patients.



The role of the National Commissioning Group is to discharge NHS England's duties in respect of **retained** specialised services

The role of the Delegated Commissioning Group is to discharge NHS England's duties in respect of **delegated** specialised services

Integrated Care Boards commission delegated specialised services in line with nationally set standards

The aim of **Renal Collaboratives** is to provide an opportunity for transplant units to work together to address ongoing challenges around resilience, capacity and flex within organ transplantation.

The eight Renal Clinical Networks support the delivery of the following priorities:
1. Promoting equity of access and reducing health inequalities
2. Quality of care, autonomy and wellbeing for those living with kidney disease
3. Quality improvement, across the whole care pathway
4. Value in healthcare

Appendix C: Decision Framework across the TOG, the NCG and the DCG

Type of business item	TOG	NCG (for retained services)	DCG (for delegated services)
Development of the standards from the actions as set out in the OUG Report and all other transplant outcomes	Yes	Yes – sign off	Yes – sign off
Development of the processes by which compliance with the standards would be monitored, to include self-assessment, site visits, peer review, etc	Yes	Yes – sign off	Yes – sign off
Development of approaches for mitigating actions when providers/transplant teams are non-compliant, for example, site visits, building for example on the Regional renal peer review process	Yes	Yes – sign off	Yes – sign off
Assessment and rating of each provider/transplant team against an initial set of standards to establish a baseline position, using information from self-assessments, NHSBT and other sources	Yes	No	No
In the event that a transplant team/provider is not compliant with a standard/standards, making recommendations about actions that do not have a financial or contractual implication	Yes	No	No
In the event that a transplant team/provider is not compliant with a standard/standards, making recommendations about actions that have a financial or contractual implication	Yes	Yes – sign off[8]	No
Following the initial assessment, agreement about which providers/transplant teams should be prioritised for review and re-review	Yes	No	No
Monitoring of continuing compliance against the initial standards and further standards, and rating of providers/transplant teams, using information from self-assessments, NHSBT and other sources	Yes	By exception	No

[8] Where this is within a delegated service, the TOG secretariat will contact the relevant ICB through the Joint Committee member.

Type of business item	TOG	NCG (for retained services)	DCG (for delegated services)
Agreement of approaches for improving the quality of services	Yes	No	No
Agreement of approaches for sharing best practice	Yes	No	No