

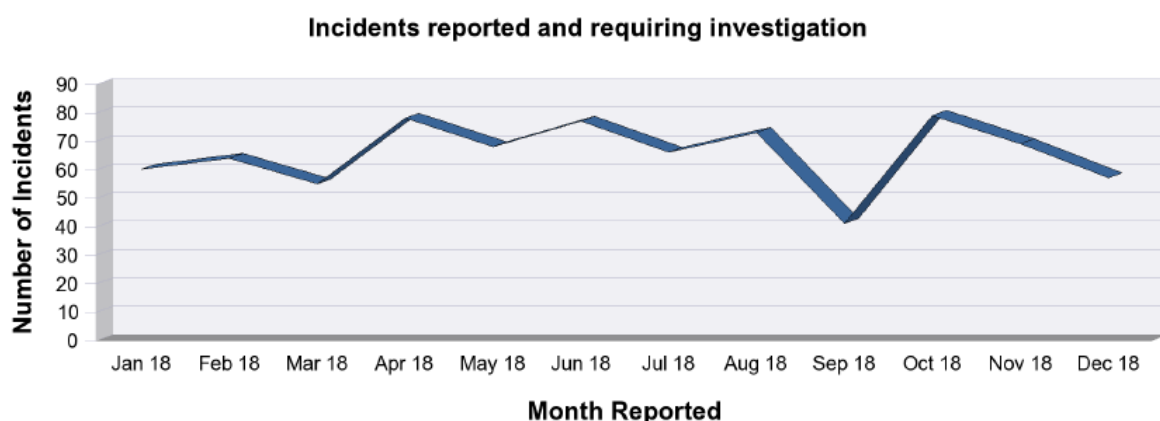
Cardiothoracic (Lung) Advisory Group ODT Clinical Governance Report March 2019

1. Status – Confidential

2. Action Requested

CTAG (Lung) are requested to note the findings within this report

3. Data



4. Learning from reports

Below is a summary of the findings and learning from key clinical governance reports submitted to ODT:

Date reported: 13th September 2019

Reference: INC 3502

What was reported
CT NORS declined to stay and retrieve lungs for specific research following all centre decline for transplantation prior to cross clamp.
Findings investigation
This incident has been highlighted with ODT Commissioning who confirmed that the CT NORS team may retrieve for research if all transplant centres have declined the organs (and appropriate consent is in place) but it could mean they need to stay an additional several hours for cross clamp and sometimes this is not possible if the NORS team is required elsewhere.
Learning
This is highlighted at CTAG (Lung) as members may be involved in lung research and this raises awareness that the NORS teams are potentially required to stay at a retrieval when organs are being retrieved for research and not transplantation. The decision to stay is on is case by case and the

NORS team to make the appropriate decision at the time.

Date reported: 28th Nov 2018 – 4th February 2019

Reference: INC 3671, 3730, 3766 & 3798

What was reported
Number of reports related to late decline of lungs (unrelated to deteriorating lung function) following acceptance which have then impacted on retrieval timings, donor hospitals and donor family.
Findings investigation
These are currently being investigated to gain full information.
Learning
Whilst these cases are currently under review, due to the increase in the reported late declines it was felt beneficial to raise for awareness. Any detailed findings or learning will be highlighted at the next CTAG (Lung)

5. Summary from National Lead for Clinical Governance

The issue of retrieval for research is not easy to resolve. On the one hand, it is a part of the NORS contractual responsibility. Research with whole organs is aimed at increasing understanding of the donor lung, with direct potential benefit to patients. The conflicting pressures on the time of NORS teams are well understood, but retrieval of lungs for research is key to improving utilisation and outcome. It is requested that unless there are overwhelming clinical reasons for not staying, the NORS teams should aid this endeavour wherever possible

There has been a rash of reports (still being investigated) of late decline, sometimes revolving around very optimistic assessment of theatre and ITU availability. Centres are asked to have a realistic approach to multiple donor acceptance, and to try to have uniform views on what can be used for transplant. An appreciation of the relative tolerance of the lung to cold ischaemia may help decision making when late offers are received

6. Requirement from CTAG Lung

Note the findings within this report

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