

**NHS BLOOD AND TRANSPLANT
RENAL & PANCREAS RECIPIENT TRANSPLANT CO-
ORDINATOR AND HUB OPERATIONS MEETING
THURSDAY 13TH OCTOBER 2022, MS TEAMS 11:00-12:00**

Present:		
Laura Stamp	LS	Lead Nurse Recipient Coordinator (LS)
Alice Greenwood	AG	Transplant Coordinator Leeds
Rachel Summers	RS	Transplant Coordinator Leeds
Kate Brady	KB	Transplant Coordinator Leeds
Clare Ecuyer	CE	Transplant Coordinator Leeds
Heather Roberts	HR	Transplant Coordinator Leeds
Fiona Sharples	FS	Transplant Coordinator London
Veronique Nelson	VN	Transplant Coordinator Birmingham
Anna Brotherton	AB	Transplant Coordinator Birmingham
Orla Maguire	OM	Transplant Coordinator Belfast
Malcolm Greenwood-Morgan	MGM	Transplant Coordinator Manchester
Lorraine McClean	LM	Transplant Coordinator Manchester
Ruth Gibson	RG	Transplant Coordinator Manchester
Reena John	RJ	Transplant Coordinator Bristol
Kim Carey	KC	Transplant Coordinator Addenbrookes
Leanne Stannard	LS	Transplant Coordinator Plymouth
Apologies:		
None provided		

No.	Item	Action
1.	Hub Update	LS
1.1	<p>LS welcomed all to the meeting.</p> <p>It was advised that staffing issues within the hub persist, therefore hub representatives may be unable to attend today's meeting.</p> <p>Service development is currently paused. An all-hands-on deck approach is currently underway as management are involved in covering shifts. It was felt there may be a need to stagger donor activity if on a particularly low staffed shift.</p>	
2.	NHSBT Lead Recipient Co-ordinator Update	LS
2.1	<p>Point raised about delays with kidneys not leaving donor hospitals approximately an hour after anatomy provided by HO to centre.</p> <p>Examples:</p> <ul style="list-style-type: none"> • 06/10/2022- Royal Blackburn, 157251 anatomy accepted at 10:07 kidney left the hospital at 11:00 • 06/10/2022- Bristol South Mead, 157237 anatomy accepted at 14:34 kidney left donor hospital at 15:45 <p>There are problems with delays, IMT are there well in advance, but tag numbers are not on boxes so the organs can't leave until they are ready.</p> <p>LS asked if other centres could feedback their experience? The extent of the issue needs to be understood know how to escalate further.</p> <p>Potential solution HO call centres with anatomy rather than paging for the centre to call in to HO. It was asked if SNODs could also give a call to the centre with anatomy? A direct conversation would provide a reminder to the SN to get the tags insitu as soon as possible.</p> <p>The Hub is currently looking at the anatomy process and how you receive this information, and how you respond, this is work in progress.</p> <p>LS suggested that centres review their paperwork and documents to check if they are seeing timing issues as a recurrent theme.</p> <p>Potential solution There were considerations to explore the use of WhatsApp groups for organ updates in an effort to reduce waiting times however it was noted that this could be problematic as it has potential to be disruptive.</p>	<p>ALL</p> <p>ALL</p>

2.2

Increasing Waiting Lists

Waiting lists are increasing across the board however, there is a particularly high proportion of suspensions in liver and kidney (renal).

Kidney:

On average, 43% of patients are suspended on kidney lists which varies from 20-60% suspension. Medical teams are trying to understand why this is happening.

The following potential causes have been identified and considered:

-Early activation to allow patients to accrue waiting time.

- (Reverse incentives, need to address the knowledge gap - time on dialysis contributes to waiting list credit.)

-Have patients been forgotten once suspended?

- (Need a systematic approach. Need data on patients suspended for more than 12 months. Need to clean up list)?

LS advised members that a list of all recipients who have been suspended for a year or more will be sent to their centres for review in the coming weeks. Please review anyone who should be activated or not suspended etc.

Centres work with different EGFR's which influences patients positioning on lists.

A number of centres advised that they work with different EGFR's which influence patients positioning on lists, many centres don't list patients unless they fall below 15. Non-compliance with dialysis is an influencing factor to be considered.

-Are Covid suspensions not being reactivated? Why might this be?

It was advised that some patients had been suspended during covid due to fear and they have not had the confidence to go back yet. Some patients are non-compliant with Dialysis treatment.

ALL

2.3

Never Event

The 'Never Event' in early September, with the ABO donor group being typed incorrectly as O instead of B after a massive blood transfusion, we were already in the process of updating our policy on 'Indeterminate blood groups'.

There are lots of complex actions ongoing.

As a result of this, a three-pronged approach will be established; looking at the donor hospital, NHSBT's processes and what happened at the transplant centre. These will be fed back once conclusive learnings are found.

<p>2.4</p> <p>2.5</p> <p>2.6</p>	<p>How often is the donor ABO group documented on crossmatch report? When it is present on crossmatch form. Do you rely on it as an additional source for confirming donor ABO group?</p> <p>Some members advised that they only used the hard copy as they do not feel they are able to trust the transcriptions on EOS due to historical errors.</p> <p>LS wanted to understand if centres rely on this as an accurate source of information for donor blood group. If available, donor hard copies can be used and cross checked on EOS and the cross-matching report. It should be noted that if centres are using the cross-matching report as an additional source of assurance to cross check, the information comes from the same source as EOS.</p> <p>The group felt it would be beneficial for a Renal Coordinator presence at NHSBT working groups when discussing these issues.</p> <p>Access to EOS web Further access requests are being denied, this is because it compromises the capabilities of the server due to extremely limited bandwidth when Citrix access is required. This feeds into many other vital IT platforms that NHSBT use. Users are being ‘bumped off the system’ when there are too many users.</p> <p>HHV8 update Colleagues will have noticed a space on EOS for result under micro section. Roll out of HHV8 testing in deceased donors is currently awaiting ministerial approval. Once the process has been formalised, virtual training to all RTCs will be given.</p> <p>BTS Congress 2023 Support for renal colleagues, particularly more from nursing and coordinator backgrounds to attend in the future and to become members. We will be asking for support from the Organ Donation Committees and are writing to them to ask them to expect your request for funding to attend.</p> <p>Colleagues are encouraged to write an approximately 300-word abstract, this could focus on a project or something positive that’s happened at the centre or something the individual feels they do well. Support can be provided if needed. The deadline for this is the 25th of November.</p>	
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3	AOB	
3.1	<p>The screening tool for kidneys seems only to be used for DCD donors. When screening is initiated for reasons related to PMH for example, the DBD or DCD status often forces the same decision about acceptance or decline.</p> <p>Renal centres that provide the screening service would like the screening tool to be explored as to whether it can include DBD donors.</p> <p>This may need to go to KAG</p> <p>LS will take this forward</p>	LS