

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION**

CTAG ADVISORY GROUP MEETING

Report from CT Peer Review Pilot and Proposals for Next Steps

Summary

NHS England has provided a draft report from the CT Peer Review, which includes: examples of good practice; areas of immediate/ serious/ minor concern; the challenges being faced; key messages.

NHSBT and CTAG should continue to take an active role in supporting local and national plans to address areas of concern and disseminating information/ lessons learned as a result of the peer review process.

NHS England has confirmed that:

- § CT Transplant Units will be revisited next calendar year
- § a joint NHSBT-NHSE one-day symposium will be held on the 17th December in York, to share best practice identified and actions to address areas of concern.
- § The Peer Review programme will be developed and extended to renal and liver Units

Recommendations

Members of CTAG are asked to:

1. To note the report of the CT Peer Review Pilot as provided at Annex A. Please note that this is shared with members in confidence and should not be circulated wider.
2. To note next steps for peer review as outlined above and actively engage in the further round of CT Peer Review visits next year, including refining and improving the current Measures.
3. Advise on the role that CTAG and NHSBT could have in supporting local and national plans to implement recommendations arising as a result of the CT Peer review.
4. Comment on the programme of the joint NHSBT-NHSE symposium

Background

Report from the CT Peer Review

The draft report of the CT Peer Review (provided at Annex A) highlights areas of both success and concern for adult and paediatric transplant services.

Dissemination of findings and sharing lessons learned.

We plan to continue to work with NHSE to support the dissemination of the findings of the CT Peer Review programme, so that examples of best practice can be rolled-out to other Units and lessons learned can be shared. We will use existing vehicles, such as CTAG, ODT CARE, AG Chairs etc.

We will also co-host a one-day dissemination symposium for all CT Units. The draft programme is provided at Annex B for comment.

Monitoring implementation of recommendations

NHSE also has a robust system for monitoring action against concerns. This includes:

- § National concerns: The NHSE Programme of Care Board reviews all Peer Review programme reports, advising on implementation at a national level and then monitoring on action against national recommendations.
- § Immediate concerns: Reported to Trust CE and relevant NHSE Commissioner immediately and action plans developed, agreed and commenced within short time frame.
- § Serious concerns: Reported within 5 days to the Trust CEO, who is required to provide an action plan to NHSE Quality Surveillance Team within 20 days. Following NHSE approval of the plan, the relevant Commissioner within NHSE is responsible for monitoring action taken at a local level and delivering work at a national level (where appropriate).
- § Concerns: Trusts are required to develop and implement a local action plan. Activity is usually monitored by NHSE through an annual desk-top exercise, although for CT Transplant Units, it is proposed to hold a further review meeting in July 2016 to review progress.

In addition to the above approach, NHSBT will use their available channels of communication, in particular CTAG and the quarterly meetings with NHSE, to monitor and support action at both national and local levels.

Roll-Out to other Units

NHSE is keen to build on the success of the CT pilot and will roll-out the now 'tried and tested' approach to renal and liver Transplant Units. Organ-specific Measures will need to be developed. This would deliver benefits in improvements in patient care and organ utilisation to the largest group of patients with organ failure, as well as help to realise the financial benefits associated with organ transplantation in comparison to dialysis.

Next steps

- § 17 December 2015 – One-day joint NHSBT/ NHSE symposium to share lessons learned from CT Peer Review.
- § Timing TBC by NHSE – establish and deliver Peer Review of Kidney and Liver Units and next round of visits to CT Units.

John Dark
National Clinical Lead for Governance
September 2015

Annex B

Proposals for a Joint NHS Blood and Transplant – NHS England Symposium

Aim

The 1-day symposium will aim to provide an arena for:

- § Sharing examples of best/ innovative practice identified as a result of the Peer Review Programme
- § Provide CT Units with the opportunity to share progress made/ planned as a result of the Peer Review programme and outcomes
- § Outline next steps for the CT Peer Review programme

Hosts

The event will be co-hosted by NHS England and NHS Blood and Transplant.

It will be Co-Chaired by:

- § John Dark – NHSBT Clinical Lead for Governance
- § Sally Edwards – NHSE Head of Quality Surveillance Team

Audience

Approximately 60 delegates comprised of:

- § CT Transplant Unit staff
 - Surgeons
 - Physicians
 - Nurses
 - Recipient Co-Ordinators
 - Unit Managers
- § UK Commissioners
- § Cardiac Surgery Clinical Reference Group
- § UK Health Departments
- § NHS Blood and Transplant
 - ODT Medical Team
 - ODT Senior Management Team
- § British Transplantation Society
- § Patient representative groups:
 - Cystic Fibrosis Trust
 - British Lung Foundation
 - British Heart Foundation
 - Cardiomyopathy Foundation

Timing

17 December 2015

Venue

London, York or Birmingham (precise venue to be confirmed)

Organisation

The Clinical and Support Services Team within NHSBT will be responsible for organising the event.

Finance

The event will be free to attend.

Delegates will have to cover their own travel costs and any overnight stays
NHSBT will cover the cost of the venue and catering.

Agenda

Time	Item	Speaker
10.00	Registration Tea and coffee available	
10.30	Welcome § Aims for the day § Timings	John Dark, NHSBT Clinical Lead for Governance
10.40	Context	Andre Simon, Clinical lead for CT Organ Utilisation
11.00	Approach	John Dark, NHSBT Clinical Lead for Governance
11.10	Report	Sally Edwards, NHSE
11.30	Examples of best practice § X § Y § Z	Chair: Steven Tsui – Chair CTAG Representatives from CT Units
12.30	Lunch	
13.15	Panel Discussion: Local Experience, Plans, Progress and Outcomes i. Paediatric § Great Ormond Street § Newcastle ii. Adult § Newcastle § Papworth § Royal Brompton and Harefield § Birmingham § Manchester § Glasgow	Chair: Kathleen Preston – CTAG Lay member Panel: John Wallwork; Jim Littlewood – President Cystic Fibrosis Trust rep; Derek Manas – Chair British Transplantation Society Speakers: Senior rep from each Unit
15.00	Next steps § England § Scotland	Chair: John Dark Speakers: Edmund Jessop, NHS England Mike Winter, National Services Scotland
15.20	Closing comments	John Dark; Sally Edwards
15.30	Close	
Papers to be provided: National Peer Review Report: Heart and Lung Transplant Services 2015		