NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

MINUTES OF THE TENTH MEETING OF THE NATIONAL RETRIEVAL GROUP (FORMERLY CLINICAL RETRIEVAL GROUP) FRIDAY 27TH JUNE 2014, 10:00 – 15:00 AT BIRKBECK, UNIVERSITY OF LONDON

PRESENT:

Rutger Ploeg	National Clinical Lead for Organ Retrieval **(Chair)**
Karen Quinn	Assistant Director – UK Commissioning, ODT **(Co-Chair)**
Emma Billingham	Senior Commissioning Manager, ODT
Roberto Cacciola	Associate National Clinical Lead for Organ Retrieval
John Dark	National Clinical Lead for Governance and Organ Utilisation
Rachel Johnson	Head of Organ Donation & Transplantation Studies, NHSBT
Derek Manas	British Transplantation Society, Representative for LAG & PAG
Fidelma Murphy	National Quality Manager, ODT
Paul Murphy	National Clinical Lead for Organ Donation
James Neuberger	Associate Medical Director, ODT
Sally Rushton	Statistics & Clinical Studies, NHSBT
Rajamiyer Venkateswaran	Deputy for S Tsui, Cardiothoracic Advisory Group Rep
Chris Watson	Kidney Advisory Group Representative
Julie Whitney	SNOD Representative
Claire Williment	Head of Transplant Development, ODT

IN ATTENDANCE:

Trudy Monday	Clinical & Support Services, ODT

ACTION

WELCOME & APOLOGIES

Apologies were received from:
Magdy Attia, NORS Retrieval Teams Representative
Peter Friend, Pancreas Advisory Group Representative
Gerlinde Mandersloot, National Clinical Lead – Donor Optimisation
Dave Metcalf, Divisional Finance Director, ODT
Darius Mirza, Bowel Advisory Group Representative
Steven Tsui, Cardiothoracic Advisory Group Representative
Fiona Wellington, Regional Manager, Organ Donation Services

R Ploeg announced that in terms of governance of these meetings deadlines for receipt of agenda items and papers must be adhered to. The deadline for receipt of papers is 5pm on the ninth day before the meeting date and members are asked to respect this going forward.

1 DECLARATIONS OF INTEREST

1.1 There were no declarations of interest.

2 MINUTES OF THE CLINICAL RETRIEVAL GROUP MEETING HELD ON 28TH MARCH 2014 – CRG(M)(14)1

2.1 The minutes of the previous meeting were agreed as a correct record, subject to the following:

- Page 4, item 6.2: line 2 and 3 – replace ‘HOT A and HOT B forms’ with ‘HTA forms’.
- Page 5, item 6.4: line 6 should read ‘…the obligation is to make sure the patient is ready to put asleep…’.
- Page 7, item 9.1: correct the spelling: ‘Jonathan Beard’, not ‘Beird’.

ACTION

2.2 **Action Points - NRG(AP)(14)2**

AP1: Development of a protocol supported by the data on the use of Transmedics devices in retrievals: There is no time line in place yet. K Quinn agreed to remind clinicians involved to write a proposal of need including criteria of use for the Transmedics device, to be discussed at the next NRG meeting. **K Quinn**

AP7: Skin flap research: P Friend to discuss and work out a way forward regarding how the skin flap research can be piloted, and discuss with C Brailsford regarding the research protocol part of it before being submitted to ODT CARE for going through the research approval process. A meeting has been organised in July between P Friend, C Brailsford and J Whitney. P Friend to submit a proposal to the next NRG meeting. **P Friend**

AP8: Abdominal wall protocol: In hand. A meeting has been arranged to discuss the protocol with Peter Friend – feedback at the next meeting. **P Friend / F Wellington**

AP19: Pregnancy in Donation policy: Completed: the document has been amended re. layout/presentation. This policy is being submitted to the Society of Obstetricians and Gynaecologists at a meeting in early August, with an anticipated completion date of early autumn.

2.3 **Matters arising, not separately identified**
There were no further matters arising.

3 ADVISORY GROUP PRIORITIES

- **Bowel:** The issue of the lack of small donors ie: donors under two years, was raised at the BAG meeting in April. J Dark is undertaking an audit on small bowel donors.

- **Cardiothoracic:** Concerns have been raised over ischemia times as this is the only factor affecting PGD. Data from table 3 (paper NRG(14)22) shows mortality to 90 days for transplants with PGD being at just over 40%. Some recipient centres choose to use mechanical support at an early stage of donor management, and if used too late there is no benefit, accounting for some of the differences of PGD between centres. Organ transport time also has an impact on PGD, and therefore timing of retrieval should take place at cross clamp.

  To reduce PGD, CTAG have agreed that the implant needs to be performed within 40 minutes, and a different technique used. R Venkateswaran agreed to discuss with R Cacciola and report back to NRG a plan re. cross clamp time, and to look at relevant costs in hospitals and how it all impacts on NRG. **R Venkateswaran / R Cacciola**

- **Kidney:** C Callaghan is setting up a study on kidneys which are being discarded, and is also looking at where kidneys are being transplanted singly as well as in pairs; some kidneys are damaged but still useable.

- **Liver:** The following were reported:
  - There are a number of Fixed Term Working Groups (FTWG) set up:
    - Alex Gimson is leading on Allocation System 'Backbone'
    - Alastair McGilchrist is leading on Allocation System – Exceptions and Alternate Clinical Indications
    - Murat Akyol is leading on Hepatocellular carcinoma
    - Nigel Heaton is leading on Optimising Organ Utilisation
    - Derek Manas is leading on Adult Living Donation
    - Ken Simpson is leading on Acute Liver Failure
  - It has been noted that Birmingham are being overrun with work and will be discussed at the Core Group meeting. Thamara Perera is looking at livers being turned down and not used, however it was noted that livers are not being

ACTION

discarded as much as thought.
- The issue of fatty livers will be looked at in more detail in July. The aim is for recipient centres to be informed of how much fat there is.

- **Pancreas:** The following were reported:
  - PAG are currently looking at pancreas damage.
  - It was noted that utilisation has gone down – P Friend has been asked to set up a group to undertake a national study on this with all centres involved.
  - A transportation device using oxygen is being considered by Newcastle, involving C Callaghan, P Friend and D Manas. A meeting took place in October 2013 and most people agreed that the device could be transported easily. J Neuberger explained that if funding were required for this then a business case would have to be made illustrating benefit, higher yield, more transplants, etc, and should be described as 'service development'. The proposal would need to be submitted to NRG first.

4 NHSBT UPDATE

J Neuberger reported the following:

- Finance: no news currently.
- National Donation Congress: this will be arranged for 2015, probably in March, to engage intensive care specialists and surgeons. The venue is likely to be Warwick Conference Centre again. P Murphy emphasised that these training and development events are extremely important and should not be seen as 'optional extras'. D Manas will raise the possibility of having this congress scheduled straight after the BTS Congress in the spring. **D Manas**

P Murphy expressed concern over the downward trend of DCD donors over the last few months, however the utilisation rates of DCD donor organs have improved. In contrast, DBD donor numbers have increased slightly. The question was raised regarding whether new interventions are needed when it comes to family liaison re. consent. Some patients are transferred directly to trauma centres, therefore more donors come from these centres. There is also the question around surgeons not performing donor management treatment at the appropriate time.

4.1 Update on Novel Technologies in Organ Transplantation

The Novel Technologies in Organ Transplantation (NTOT) came from the TOT2020 Strategy and is chaired by Gabi Oniscu. A meeting was held on 16th June looking at new research for the introduction of technology for all organs. Sub-groups are now looking at the technology advice in order to make recommendations via the Advisory Groups. At the meeting on 29th June final reports will be presented for review with the aim of sign off at the meeting on 29th September for implementation in early 2015; all Advisory Group Chairs will be invited to this meeting and a report will be submitted to NRG. The final report will include consideration of costs and a summary with all of the available options, following which a company will be contracted.

4.2 Supporting service/development for research:

4.2.1 Novel Therapeutics Intervention approval process (MPD1085 and Dat2591)

These documents have been revised by C Brailsford and circulated for comment. It was confirmed that appeals will be submitted to ODT CARE first for review; if someone appeals then it will go to NHSBT CARE, Chaired by the Medical Director. J Whitney agreed to make these changes. **J Whitney**

J Neuberger confirmed that there is a back-up system for prioritising competing research requests. C Watson agreed to raise this matter under AOB at the next Advisory Group Chairs meeting. 'Service Developments' will be included on the same document – a phrase will be added to the introduction to state the inclusion of 'Novel Projects'. **C Watson** **J Whitney**

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F Murphy confirmed that donor family consent is required for organs to be used for research, and agreed to enquire at the HTA re. what should happen to those organs which are not used. **F Murphy**

4.2.2 **Research Approval Process (MPD1029 and INF1204)**
The changes agreed at the last meeting have been incorporated. As per discussions at item 4.2.1 above, the section 6.3 in MPRD1029 regarding appeals needs to be changed also. **J Whitney**

4.2.3 **Pancreas skin flap**
R Ploeg will ask P Friend to prepare a protocol and description for the next NRG meeting. **P Friend**

4.3 **New appointments**
The new Chief Executive is Ian Trenholm and will be in post from 1st July. There is an induction programme in place and visits will be arranged for him to visit the renal units.

5 Update on histopathology audit

R Cacciola reported that the six-month audit ran from 1st October 2013 to 31st March 2014. A preliminary analysis on trend has been carried out, however data is awaited from two units. NHS England has reviewed the utilisation of services, and R Cacciola has met with J Martin who is leading on this project. It was acknowledged that a 24/7 Histopathology Service may only have a marginal impact on the increase in organ utilisation. Once the final analysis is carried out R Cacciola will confirm whether it is advantageous to build a business case for a 24/7 service. R Cacciola to report the final analysis and eventual business case at the next NRG. **R Cacciola**

6 Clinical Governance

6.1 **Review of organ damage rates: 1st April 2012 to 31st March 2014**
R Johnson announced that C Murphy is no longer providing the statistical support to this group, and that Sally Rushton is now taking over that role. R Ploeg asked R Johnson to thank C Murphy for her commitment and excellent support. **R Johnson**

Members received a report presenting results of analyses of data reported on the damage of organs retrieved by NORS Teams during a 24 month period (1st April 2012 to 31st March 2014). It was agreed that this report be produced every six months in future to give a more meaningful analysis. **R Johnson**

There were "signalling" Centres and the process for addressing this was discussed. It was agreed that results will be reviewed at every Commissioning Contract Review Meeting going forward, and both the report and the centre's feedback reported to NRG. A letter will be sent to centres stipulating the process. The policy for outcomes also requires amendments and is to be finalised for use from 1st August 2014. **K Quinn / E Billingham** **K Quinn**

6.2 **Damage reporting and quality assurance in organ retrieval**
J McNeill intends to build the electronic damage reporting by NORS teams and quality check of documentation by recipient centres at time of transplantation on the existing processes. R Ploeg is awaiting feedback regarding the meeting with Eurotransplant and the Dutch Transplant Foundation to allow a demonstration and inform James McNeill about the approximate time needed to integrate/add the existing software in/to EOS.

ACTION

6.3 **Clinical Governance**

6.3.1 **Trends**

Members received a paper outlining types of incidents, identified trends, examples of feedback and conclusions. J Dark explained that as reporting incidents is entirely voluntary the analysis is actually flawed, however categories of problems can be reviewed. It was agreed that a solution for situations involving surgical teams changing their mind regarding acceptance of an organ should be that the surgeon who accepts should perform the transplant.

Heparin and DCD donors: P Murphy reported that T Norman has asked NHSBT on behalf of the Department of Health to carry out a review of the issues raised by UKDEC and the use of Heparin. NHSBT is hoping to hold a one day consensus-type event to gauge views, and information is required on the effects of Heparin. R Ploeg will contact Mike Boss at the Dutch Health Council for some information to help with this. **R Ploeg**

6.3.2 **Organ Utilisation**

J Dark explained how this paper maps out the developments planned in Organ Utilisation over the next 12 months. It was highlighted that there are big discrepancies on centres using lungs, and R Ploeg confirmed that recurring incidents will be reviewed.

6.4 **Retrieval delays: paper for comment**

R Cacciola reported that this document was a response from a number of incidents, the fundamental driver being ischemia time, mechanical device issues, and controlling the time of cross-clamp. It has been discussed at CTAG and aims to improve the communication and synchronisation between NORS teams before retrieval starts. The agreement is to start retrieval at the time the implanting centre is ready to accept the organs.

Members agreed that the NORS Standards should be modified to incorporate the changes described, and come back to NRG – R Cacciola, J Whitney and M Attia will review the current process and manage the changes together with an Abdominal Representative from PAG and a Cardiothoracic Representative. The current document should be fed back to SNODs to aid planning. **R Cacciola / J Whitney / M Attia**

7 Commissioning

Commissioning visits were discussed in detail. After discussion to enhance effectiveness, NRG decided that it was very important that during the visits on-site of NORS teams, medical and managerial expertise from NHSBT should always be represented. It was seen as crucial that R Cacciola as Associate National Clinical Lead for Organ Retrieval and E Billingham as Senior Commissioning Manager should lead the visit and engage with all medical members as well as managers involved in the respective commissioned centre. To increase efficiency, NHSBT data including KPIs and injury concerning the NORS team to be visited, could be prepared by R Johnson's team prior to the visit and discussed during the meeting. The presence of K Quinn during these visits will depend on the situation and issues involving the respective team. **R Cacciola / E Billingham** **S Rushton**

7.1 **NORS Review**

The first NORS Review Board Meeting took place on 5th June. Some minor amendments were made to the Terms of Reference. The Workstreams have been identified and will be concentrating on the following areas: workforce, capacity, commissioning (including funding), and future service requirements. The Stakeholders Event is taking place on 17th July where all interested parties have the opportunity to get involved.

ACTION

7.2 **Monitoring of NORS: 9 months: 1st April 2013 - 31st March 2014**

Members received a report providing comparative data for the most recent 12 months versus the two years prior, with several key messages highlighted for discussion. Going forward this report will be produced annually to include data up to the end of the financial year. **Sally Rushton**

The number of retrievals performed out of zone is of concern, and K Quinn confirmed that retrievals involving OCS are not permitted out of zone. A message needs to be reiterated to SNODs that the first on-call team should be used first. A letter will be drafted to all teams, to remind them that cardiothoracic teams should only retrieve out of zone when the zonal team are already out retrieving, and that any teams working outside this standard will not have travel costs reimbursed nor any consumables used for non-commissioned devices. **K Quinn / R Ploeg**

7.2.1 **Percentage share of donors according to second team on call**

S Rushton reported that to account for the disparity in the team out of zone percentage shares of donors and consequently the out of zone activity, changes to the second on-call, third on-call and possibly the later on-call hospital allocations are recommended at the next review of hospital to NORS team allocations. This is likely to be considered in the NORS review and as such will be reviewed again at a later date.

7.2.2 **DCD stand-down times**

Members received a report providing detail of cases where teams stood-down but the patient died within three hours. The results of a three-month audit of reasons for teams standing-down early were included and the report provided further information about the donations that proceeded after the teams waited at least two hours. Following discussion, it was agreed that SNODs will be asked to record the time of death for each patient after withdrawal of treatment over a three-month period; J Whitney will lead on this work with F Wellington. **J Whitney / F Wellington**

7.3 **Procurement update**

Organ Box Tender – Some evaluation has been carried out on the ice boxes, and the next decision needs to be regarding the type of box to be used.

Perfusion Fluid – The ingredients need to match that of the specification. Suppliers will be invited to submit their contract proposals, with the aim to have a contract in place by the end of 2014. R Cacciola reported that the Perfusion Protocol may be modified in the autumn.

8 Donor Management/Procedures

8.1 **Cardiothoracic NORS Scout Pilot Programme: Update**

Members received an analysis update which is being undertaken by J Lannon. This paper will be circulated to CTAG members for discussion to evaluate the approach and risk factors. The paper has been sent today to Heads of Cardiothoracic Transplant Units asking for comments by 4th July on the proposed approach to be undertaken. Following the analysis, R Ploeg will Chair a small, short term working group to review the outcome of the project, the role and competency of the scouts and make recommendations. Guidance is required to be submitted to the NORS Review, and also advice for NHSBT and the retrieval teams about actions to be taken between now and April 2015. **R Ploeg**

8.2 **Coroner's report update**

A prospective study will be carried out via a survey to collate information including timings and factors influencing the coroner. It was noted that it is the local team's responsibility to establish relationships with coroners, and that coroner refusals are still being monitored.

ACTION

9 Training and competencies

9.1 Future training and accreditation

R Ploeg and C Williment have met with J Beard at the Royal College of Surgeons. The College did welcome this initiative and expressed its enthusiasm to support this project as both the training and accreditation programme is inline with the College's remit and certification process. Information from surgeons collated to date now needs to be examined to determine a list of those who are competent and those who are in training. To confirm, involvement in five multi-organ retrieval procedures (either abdominal or cardiothoracic) per year are required to maintain competency.

9.2 Process for Organ Retrieval Master Class bid (2015 - 17)

This year's Organ Retrieval Masterclass is being held on 11th and 12th December. For future years the Royal College of Surgeons have invited the Masterclass to take place on their site. It was noted that the course was originally held there however the cost will have to be explored before further plans are made. Involvement of the RCS as a site for the Masterclass will also depend on its intention to support our attempts to establish certification for the training system in place for organ retrieval. If the RCS options turn out to be unrealistic, an official request for expression of interest will be sent to all NORS teams to enquire who wants to organise the Organ Retrieval Master Class.

10 Update on Clinical Retrieval Forum

The autumn meeting is more of an 'operational' meeting involving NORS Clinical Leads and will focus on the NORS Review. R Cacciola will discuss a suitable date for the next CRF with D Manas. It was discussed that an important issue to be discussed at CRF this year is the NORS review and how NORS teams envision future workforce, capacity and commissioning. **R Cacciola / D Manas**

11 Update on Clinical Reference Groups

There was a 'stop' or 'pause' on current developments whilst NHS England undertakes a review of key priorities until September. Nothing else to report currently.

12 Retrieval Team Dispatch Process and Decisions Workshop

Central Co-ordination of National Organ Retrieval Services, Phase 1 Proposal was received by members. Information about retrievals on a national basis will remain in the Duty Office from the beginning of August. E Billingham will be writing to NORS teams in July to communicate the changes. **E Billingham**

It was confirmed that there will be a one hour turn-around time when teams arrive back to base. J Neuberger commented that the dispatch process will need to be audited. This has to be communicated with A Powell. **S Rushton / A Powell**

13 For information

13.1 Retrieval KPI summary

Members noted the National Organ Retrieval Service Key Performance Indicators summary paper for information.

14 Any other business

None raised.

15 Dates of next meeting in 2014:

The date of Friday 10th October 2014 now has to be rescheduled. It was agreed **T Monday**

that London is a convenient location to meet for NRG meetings.

Post meeting note:
The date of the next NRG meeting is now Monday 3rd November 2014, 10am to 3pm. The venue is Room RUS 102, 30 Russell Square, Bloomsbury, London WC1B 5DT

June 2014