

NHS BLOOD AND TRANSPLANT

MINUTES OF THE TWENTY-FIRST MEETING OF THE ADVISORY GROUP CHAIRS COMMITTEE HELD AT 10 AM ON TUESDAY, 12th JULY 2016 AT CORAM CHILDRENS CHARITY, CORAM CAMPUS, 41 BRUNSWICK SQUARE, LONDON WC1N 1AZ.

PRESENT:

Prof John Forsythe, Associate Medical Director, ODT, NHSBT (**Chair**)
 Mr Roberto Cacciola, Associate National Lead for Organ Retrieval
 Mr Chris Callaghan, National Clinical Lead for Organ Utilisation (Abdominal)
 Mr John Casey, Pancreas Advisory Group Chair
 Prof Peter Friend, Bowel Advisory Group Chair
 Mr Ben Hume, Assistant Director, Transplantation Support Services, ODT
 Mrs Rachel Johnson, Head of Organ Donation & Transplantation Studies, NHSBT
 Ms Sally Johnson, Director of ODT, NHSBT
 Prof Derek Manas, BTS Representative
 Ms Lorna Marson, Kidney Advisory Group Deputy Chair, Deputising for C Watson
 Mr Jeremy Monroe, TPRC Chair & Non-Executive Director, NHSBT
 Dr Paul Murphy, National Organ Donation Committee Chair
 Prof John O'Grady, Liver Advisory Group Chair
 Mr Gabriel Oniscu, Research, Innovation & Novel Technologies Advisory Group Chair
 Prof Rutger Ploeg, National Clinical Lead for Organ Retrieval
 Mr Andre Simon, National Clinical Lead Organ Utilisation (Cardiothoracic)
 Mr Steven Tsui, Cardiothoracic Advisory Group Chair
 Mrs Claire Williment, Head of Transplant Development, ODT

IN ATTENDANCE:

Mrs Lucy Newman, Clinical & Support Services, ODT (Observer)
 Mrs Kathy Zalewska, Clinical & Support Services, ODT (Secretary)
 Mr Mark Roberts, Head of Commissioning Development, ODT

ACTION

1 WELCOME & APOLOGIES

Apologies were received from:

Mr John Asher, Medical Health Informatics Lead, ODT
 Prof John Dark, National Clinical Lead for Governance ODT
 Dr Gail Mifflin, Medical & Research Director, NHSBT
 Mr Aaron Powell, Chief Digital Officer, NHSBT
 Mr Anthony Snape, Head of Service Management, ICT, NHSBT
 Ms Helen Tincknell, Lead Nurse Recipient Co-ordination, ODT
 Mr Derek Tole, Ocular Tissue Advisory Group Chair
 Prof Chris Watson, Kidney Advisory Group Chair

1.1 Declarations of Interest – AGChC(16)17

There were no declarations of interest.

2 MINUTES OF THE MEETING HELD ON 26TH APRIL 2016 - AGChC(M)(16)2

The minutes of the previous meeting were agreed as a correct record.

3 ACTION POINTS & MATTERS ARISING – AGChC(AP)(16)3

3.1

AP1 – ODT Performance Report: Completed – ‘Caring for Multi-Ethnic Communities’ document has been circulated.

AP2 – ODT National Hub: Ongoing.

AP3 – Advisory Group High Level Priorities: Consent to be discussed at the BTS symposium in Harrogate.

AP4 – Improving recording of reasons for organ offer decline: Completed – comments fed back to J Asher

AP5 – Guidance on Sharing Images: C Callaghan reported that the most suitable organs for sharing images are the fast-tracked deceased donor kidneys, which have the highest rate of discard. D Manas emphasised the need for a similar pilot for livers and C Callaghan agreed to share the survey with D Manas in order to adapt for livers.

C Callaghan

3.2

AP6 – Pregnancy Policy: P Murphy reported that both the ICS and the FICM had agreed to alter their standards to include testing for pregnancy in female potential donors on admission to ICU; following this the NHSBT pregnancy policy will be updated. The second question was the lawfulness of organ retrieval from a brain stem dead donor with a foetus of a certain age. NHSBT lawyers have recommended seeking further guidance and correspondence has been drafted to send to the Department of Health. The interim guidance is to convert the donor to a DCD donor. It is legal to withdraw support for a female patient with a live foetus but retrieval can only take place once foetal arrest has taken place, which can be up to 30 minutes following maternal arrest.

AP7 – Testing of routine samples of perfusion fluid: With the exception of CTAG all Advisory Groups supported the routine testing of perfusion fluid. A letter is being drafted to notify retrieval teams and transplant centres of what organisms should be noted and reported (fungal organisms/unusual organisms) and who should be alerted (Duty Office). All centres received organs from a donor where the gut has been breached should be alerted and this must be documented on the HTA form.

AP8 – Survey on resource availability within transplant centres – Ongoing. S Johnson reported that the Department of Health had asked NHSBT to assess the impact of the referendum result on all NHSBT services and to provide an estimate of EU nationals working within transplant centres in order to identify potential capacity issues.

Matters arising

There were no further matters arising.

UPDATES ON PREVIOUS ITEMS

4 TOT2020: STRATEGIC PERFORMANCE UPDATE

4.1

ODT Performance Report – AGChC(16)

- The year started well in terms of donor numbers and reasonably well in terms of transplant numbers. However, the last month has been very quiet.
- The overall consent rate was 65% in May with an impressive DBD consent rate of 76%.
- Challenges persist with regard to consent from black and Asian families. ODT now has one BAME manager on a fixed term appointment.
- No increases in numbers of living donors.
- There is a high turnover of SNODs so the rate of training is being increased with efforts to over-establish in some of the smaller teams.

Chairs were asked to report on issues from each of their Groups:

Liver Advisory Group:

- Numbers of liver transplants have increased by 9.7% over the past year.
- Concerns around capacity
- Peer review to start in November which it is hoped will help to provide data on capacity.

Cardiothoracic Advisory Group:

- The formal report from the first cardiothoracic peer review has been circulated to centres but has yet to be published
- The report from the second cardiothoracic peer review is still awaited.
- A business case for commissioning DCD heart retrievals is being prepared

Bowel Advisory Group:

- No current issues to raise

Kidney Advisory Group:

- Review of 2006 Kidney Allocation Scheme – A meeting is scheduled for the end of September to bring together the recommendations from the various workstreams.
- Establish a process for the accrual of waiting time points from the start of dialysis and the management of pre-emptively listed patients.
- Offering of very small (<10kg) paediatric donor kidneys to be restricted to a small number of transplant centres – location and number to be agreed.

National Organ Donation Committee

- Level of engagement with professional bodies is very good – looking at a pregnancy policy, as well as the management of patients with catastrophic brain injury based on guidance from the USA.
- Interrogation of data – Rather than looking at where patients die it would be better to look at those patients who die of common causes. P Murphy to bring a brief paper to the next meeting.

Research, Innovation & Novel Technologies Advisory Group

- Prioritising research studies for access to organs – preliminary proposal to be circulated and applied to current studies and trialled for 6 months for evaluation.
- Service evaluations for NRP and EVLP are ongoing and due to close by the end of the financial year for consideration by SMT.

Pancreas Advisory Group

- Discarded pancreas study due to start soon and will run for a few months.
- Now listing for simultaneous islet and kidney transplantation.

National Retrieval Group

- NORS review recommendations have been successfully implemented. Work is ongoing on how to integrate and certify individuals for the combined scrub nurse role.
- No longer zonal teams within NORS – a rapid improvement event needs to identify common sense principles on top of algorithms.
- Novel technologies – working with RINTAG Chair on how much blood is required.
- Paediatric and multi-visceral transplantation now falls within the remit of NHSBT governance as part of NORS.

5 BUSINESS CHANGE UPDATE**5.1 ODT National Hub: Progress update**

A presentation on the progress of the Hub was given, including a demonstration of the new organ offering system. Details of the new cardiothoracic offering system will be delivered to the transition team within the next 8 weeks. J Asher will involve the cardiothoracic reference group in deployment of the changes. A working prototype of the digital waiting list is planned for March 2017. Within 3 months of this date the programme should be live. It is hoped to complete this for all organ types but as a minimum this will be completed for cardiothoracic and liver patients.

Work on the electronic HTA A and B forms is likely to be undertaken in Year 3 (the end of March 2017) and the pilot will continue in the meantime.

6 SURGEONS' SURVEY – AGChC(16)19

C Callaghan presented feedback from a survey of UK consultant abdominal transplant surgeons on donor organ utilisation issues. The aims of the survey were to:

- Seek colleagues' views on factors that impact on their willingness to accept deceased donor organs for transplantation
- Identify barriers to accepting higher risk organs
- Identify actions that NHSBT can take to improve organ utilisation
- Improve communication between NHSBT and 'front-line' transplant surgeons

A response rate of 52% was recorded with responses from all but two centres. Donor, retrieval, recipient and process factors were the most common reasons for accepting/declining an organ. There was strong support for:

- A national 24/7 histopathology service;
- Improved evidence base;
- Improved offering, allocation and transport
- More information on organ appearance.

Members discussed the difficulties of demonstrating to surgeons how NHSBT is able to support those who are prepared to take risks with extended criteria organs.

Work is taking place on how to use the data on decline and utilisation rates to raise the profile within Trusts. R Johnson confirmed that monthly reports are sent to all centres on organs turned down but then accepted by another centre but this data may not necessarily be disseminated to all transplant surgeons within centres.

7 ORGAN UTILISATION**7.1 Abdominal – AGChC(16)20**

7.2 C Callaghan outlined the aims of his role as National Clinical Lead for Abdominal Organ Utilisation, looking at livers, pancreas and kidneys from consented actual donors. The prime aim is to increase the usage of abdominal organs in line with TOT2020 aims, which will be achieved by a reduction in the discard rate of donated deceased donor organs.

Cardiothoracic

A Simon summarised work undertaken in his role as National Clinical Lead for Cardiothoracic Organ Utilisation. Visits have taken place to the majority of centres with constructive discussions and some common denominators emerging. Findings from the visits will be reported back to J Forsythe with details of planned changes at either local, NHSTB or supra NHSBT level. Centres will need to be revisited once the changes from the NORS review have been in place for a time.

ACTION

- 8 WEBSITE DEVELOPMENTS: MICROSITE – AGCHC(16)22**
Members noted a paper submitted by J Asher on planned changes to the ODT Microsite in order to ensure it meets the needs of all of its potential users. Members were asked to view the prototype site mentioned in the document and feed back any comments to J Asher or Claire Williment by the beginning of September 2016. **All**
- 9 ODT LAY MEMBERS - AGCHC(16)23**
J Forsythe shared with members a paper he had recently submitted to the ODT Senior Management Team outlining the concerns of ODT Lay Members around their role within the organisation, together with proposed solutions. The following recommendations were approved and work is in hand to implement these:
- Inclusion of Lay Members when building an ambassador programme
 - Invitations to individual Lay Members at some meetings of Advisory Group Chairs Committee
 - Liaison with local transplant centres to visit and possibly attend an MDT meeting
 - Liaison with local Donation Committee Chairs/CLODs
- P Murphy supported that Lay Members should be given the opportunity to join their local Organ Donation Committee or the Committee of their local Level 1 hospital.
- Chairs were asked to feed back to J Forsythe on the performance of the Lay Members on their particular Group. **AG Chairs**
- 10 GOVERNANCE UPDATE:**
10.1 **Governance re Retrieval**
A summary of work in progress in retrieval governance was received. There are several components of a system to ensure quality and safety in organ retrieval, which include:
- Mandatory, contractual elements of the arrangements between NORS teams and NHSBT.
 - Quality elements of the performance of the NORS team.
 - Damage reporting via the HTA-A form.
 - Pilot of electronic HTA-A form – a key development for the future
 - Incident reporting system, which overlaps with a number of other areas.
- The first two points are in the process of finalisation by NORS implementation working group 3. The incident reporting system will be continuously refined and used to give feedback to various interested groups.
- 11 NORS STANDARDS REVIEW**
A complete review of the NORS Standards is due to take place in autumn 2016 and will involve interested parties, including members of Advisory Groups.
- 12 KIDNEYS FOR MULTI-ORGAN OFFERING - AGCHC(16)24**
Following a review of changes made to kidney offering last year to more readily facilitate offers for combined liver/kidney patients, an incident was identified where both kidneys were offered for multi-organ patients, which was not in line with policies. During a Root Cause Analysis investigation into the cause of this incident it was found that the understanding of multi-organ offering policies involving a kidney was unclear. Members received a paper explaining in what circumstances both kidneys may be offered to multi-organ recipients or when one kidney should be offered through the National Kidney Allocation Scheme regardless of potential multi-organ transplant recipients.

ACTION

For the first kidney from a donor it has been agreed that multi-visceral patients, urgent heart patients, routine heart patients, lung patients and liver patients needing a kidney will take priority (in that order). SPK patients are currently prioritised after clinically urgent paediatric kidney patients, long waiting patients and patients in Tiers A-C on the kidney matching run. Members were asked to agree the priorities for the second kidney and agreed that this should always be offered for kidney only/SPK patients.

13 FOEDUS UPDATE – AGChC(16)25

M Roberts joined the meeting to speak to a paper which was submitted to the ODT Senior Management Team updating on FOEDUS and the use by NHSBT of the European electronic organ offering system developed during the project to facilitate cross-border organ exchange. The system is in the final stages of development and due to be released imminently. NHSBT has agreed, along with 11 other EU countries, to use this platform for organ offers from other EU countries.

14 ANY OTHER BUSINESS

J O'Grady raised an issue on behalf of a Consultant Histopathologist at King's College Hospital re indemnity insurance to inform a donor assessment policy. S Johnson confirmed that advice re this query was being sought from the Finance Director of NHSBT.

15 DATE OF NEXT MEETING:

Post meeting note: The next meeting has been rescheduled for Tuesday, 29th November 2016 at a London venue to be confirmed.

August 2016