

Action Plan

Actions from Investigation Report into the Death of Two Renal Transplant Recipients from a Donor acquired Encephalitis\*  
 Serious Untoward Incident Number INC 423

Desired Outcome (s)	Action to be taken	Responsible person(s)	Completion date	Progress - completed or date extended	Date closed
1. NHSBT to review the information sent out accompanying a fast track organ offer	Establish a working group to review the information that accompanies a fast track organ offer  The working group to review the information in its entirety, but in particular review the necessity for a "reason for decline" to be stated on each organ that is fast tracked  Co-Opt surgical expertise onto the working group as subject matter experts as required  Findings and recommendations to be presented to the Solid Organ Advisory Groups for endorsement  Implementation of findings by the Duty Office, NHS Blood and Transplant	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	31.10.14   01.04.15 01.04.15	Completed	28.10.14

\* This Action Plan contains the recommendations for NHSBT as identified in a report completed as a result of an investigation into the death of two recipients at a transplant centre. The report dated April 2014 (revised July 2014) is entitled "Investigation into events surrounding the deaths of two renal transplant recipients in Cardiff from a donor-acquired encephalitis in December 2013". The report was authored by Professor Chris Watson, Professor John Forsythe and Mrs Gill Hollis. The desired outcomes have been taken directly from the report.

<p>2. NHSBT to consider whether offers of organs that are offered in a very marginal situation (such as against the recommendations of SABTO), should be accompanied by a "red flag signal" when transmitted to transplant centres</p>	<p>NHSBT have considered this action at their Clinical Audit Risk and Effectiveness meeting on 7<sup>th</sup> October 2014. A consensus decision has been made that NHSBT will not implement this action.  The rationale for this decision making is documented in Appendix 1 of this Action Plan</p>	<p>[REDACTED]</p>	<p>31.10.14</p>	<p>See Appendix 1, attached</p>	<p>07.10.14</p>
<p>3. Specialist Nurses in Organ Donation should be apprised of the SABTO guidance with particular reference to those donors who are considered at high risk for disease transmission of donor disease.</p>	<p>Write to all Specialist Nurses providing them with up-to-date SABTO guidance  Re-iterate the need to provide as much information as possible on EOS to aid decision making at transplant centres  Continue with the Inclusion of the SABTO guidance in Specialist Nurse training and Induction</p>	<p>[REDACTED]</p>	<p>12.11.14</p>	<p>Completed</p>	<p>12.11.14</p>
<p>4. All Clinicians considering organ offers should have the ability to access information on NHSBT Electronic Offering System at any time</p>	<p>Ensure that all clinicians have access to EOS at all times Impart Information required via The Associate Medical Directors Communications on how to gain access for clinicians who may not have access to EOS.</p>	<p>Prof. James Neuberger [REDACTED]</p>	<p>12.11.14</p>	<p>Completed</p>	<p>10.11.14</p>
<p>5. The UK Departments of Health should make sure that the relevant SABTO Guidelines are updated, made more</p>	<p>Liaise with relevant individuals to ensure that SABTO guidelines are updated and accessible. Raise awareness of the guidelines within all</p>	<p>Prof. James Neuberger</p>	<p>31.13.14</p>		

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<p>prominent and accessible, and that awareness is raised regarding these guidelines at all transplant centres</p>	<p>Transplant centres</p>				
<p>6. Access to and knowledge of the SABTO guidelines should be available to all clinicians evaluating organ offers</p>	<p>Re-send the link to the SABTO guidelines via The Associate Medical Directors (AMD) communications           Re-distribute the link to the ODT micro site highlighting the SABTO guidelines via The Associate Medical Directors (AMD) communications</p>	<p>Prof. James Neuberger</p>	<p>12.11.14</p>	<p>Completed</p>	<p>10.11.14</p>

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## Appendix 1

### Action 2

*NHSBT to consider whether offers of organs that are offered in a very marginal situation (such as against the recommendations of SaBTC), should be accompanied by a “red flag signal” when transmitted to transplant centres.*

Members of NHSBT’s Organ Donation and Transplantation Directorate’s Clinical Audit Risk and Effectiveness (ODT CARE) Committee discussed the above action and agreed this action point would not be accepted and taken forward by NHSBT.

It is well established that solid organ transplantation is associated with inherent risk and this includes the risk of transmitted disease from the donor to the transplanted recipient. In accordance with the Quality and Safety of Organs Intended for Transplantation Regulations 2012, NHSBT is responsible for ensuring that the transplanting surgeon receives details of the donor (medical, social and behavioural history) and information regarding donor characterisation prior to implantation.

The role of NHSBT’s specialist nurses is to facilitate the referral of all organ and tissue donors, which involves collating information that is available on the donor’s medical, behavioural and travel history at the time of donation. It is the responsibility of the specialist nurse to ensure that this information is entered on the Electronic Offering system (EOS), and transmitted to the transplant centres so a decision can be made on organ suitability for potential recipients. It is not however the responsibility of the specialist nurse to state whether organs from a donor are or are not suitable for transplantation.

The role of the implanting surgeon is to review the information on EOS prior to accepting the organ offered. In some circumstances, surgeons will seek the view of other medical colleagues who are aware of the clinical condition of the intended recipient before a final decision on acceptance is made.

The availability of donor organs is a precious resource within the United Kingdom. Additionally, donors are becoming older and present with additional co-morbidities, factors that may increase the risk to intended recipients. Although screening of donors prior to transplantation and inspection of organs during the retrieval process may reduce these risks, they cannot be abolished. Some donor risks are identifiable at the time of donation, others are unpredictable. Every donor and the presenting information should be considered on a case by case basis as clinical need will change constantly.

It is the implanting surgeon who has the difficult decision whether to accept the organ offered for a potential recipient or decline that offer, with the risk that the patient may become too sick or die before another more suitable organ is available. The implanting surgeon may make this decision having sought the input of his medical colleagues within the transplant centre. The implanting surgeon should be aware of current guidance for accepting or rejecting an organ but has the ultimate responsibility for deciding not to follow this guidance where he considers that to be in the patient’s best interest. (Responsibilities for clinicians for the acceptance of organs from deceased donors: NHSBT and British Transplant Society Guidance)

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It therefore follows that it is not within the sphere of competence of the specialist nurse to make decisions on whether the donor is marginal or high risk. Risks are not always clear and the specialist nurses are not medically qualified to assess such risks. The decision on whether an organ is marginal or high risk should be made by the implanting surgeon having had regard to the intended recipient's clinical status.

The ODT CARE committee has therefore decided that marginal donors will not be "flagged" by the specialist nurse. As such, having considered the recommendation made as well as all the relevant factors, NHSBT cannot accept the recommendation that organs that are offered in a very marginal situation (such as against the recommendations of SABTO) should be accompanied by a "red flag signal" when transmitted to transplant centres.

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