UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 27 JULY 2017

Title:	**ORGAN DONATION COMMITTEE – ANNUAL REPORT**
Responsible Director:	Andrew McKirgan, Director of Partnerships
Contact:	Andrew McKirgan, Director of Partnerships

Purpose:	To update the Board of Directors on activities undertaken by the Organ Donation Committee.
Confidentiality Level & Reason:	None
Annual Plan Ref:	N/A
Key Issues Summary:	• Overall the Trust has broadly maintained performance and donor numbers in 2016/17 despite 100 fewer audited deaths. • There have been significant improvements in a number of performance metrics including patient approach and DCD (Donors after Circulatory Death) consent rates. • A number of new initiatives have been introduced including the implementation of national screening tools. • There continues to close working with the committee members but also the wider Trust making donation prominent throughout the Trust. • The ODC has worked with clinical teams in the Trust and externally to promote organ donation to the BAME population.
Recommendations:	The Board of Directors is requested: a) To **note** the progress made. b) To **endorse** the proposed actions.

Approved by	Andrew McKirgan	**Date:**	19 July 2017

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 27 JULY 2017

ORGAN DONATION COMMITTEE – ANNUAL REPORT

PRESENTED BY THE DIRECTOR OF PARTNERSHIPS

1. Introduction

The purpose of this paper is to update the Board of Directors on the work of the Trust's Organ Donation Committee (ODC), the Clinical Lead for Organ Donation (CLOD) and the Specialist Nurses for Organ Donation (SNOD) in optimising organ donation both within the hospital and the wider population. This paper follows a Board of Directors Seminar on Organ Donation held in July 2016.

The work of the ODC is underpinned by the recommendations of the National Organ Donation Task Force report in 2008 and the Taking Organ Transplantation to 2020 published in 2014. The initial Taskforce recommendations are provided in Appendix 1.

2. UHB Donation Activity & Performance 2016/17

2.1 Overall donation activity in year 2016/17 is summarised in the table below along with the figures for the previous year.

Table 1 - UHB Donors, Patients Transplanted and Organs per Donor

	UHBFT	
DBD	**2016/17**	**2015/16**
Proceeding DBD* donors	17	17
Number of Organs Retrieved and transplanted	3.5	3.9
Number of Patients Transplanted	50	59
DCD	**UHBFT**	
Proceeding DCD* donors	6	5
Number of Organs Retrieved and transplanted per donor	3.0	2.8
Number of Patients Transplanted	16	13

* Donors after Circulatory Death (DCD) and Donors after Brain Death (DBD)

Overall the Trust has broadly maintained performance and donor numbers in 2016/17 despite 100 fewer audited deaths. The Trust continues to perform on a par with the three other Major Trauma centres in the region, Nottingham, Coventry and Stoke.

The transplantable organs achieved per DBD Donor was slightly below target. However three donors, despite being within the age criteria, had complex medical conditions that precluded cardio-thoracic transplantation. The number of DCD organs achieved per donor was slightly above the national rate. This may be explained by there being no DCD donors where the liver was excluded due to age.

2.2 A system of organ donation audit and performance monitoring is in place. The audit is conducted by the In-house Donor Coordinators and results are fed back to NHS Blood & Transplant (NHSBT). National standardised performance reports are issued to Trusts on a 6 monthly basis. The audits allow easier identification of missed donation opportunities and areas for improvement. This data is presented at the Trust's Organ Donation Committee meeting and actions to deliver sustained improvement are agreed. Performance against national indicators relating to process for both Donors after Circulatory Death (DCD) and Donors after Brain Death (DBD) for 2016/17 is summarised in the table below.

Table 2 – Performance Key Performance Indicators 2016/17

	DBD				DCD			
	QEHB	MIDS	UK	TARGET	QEHB	MIDS	UK	TARGET
Referral Rate	97%	93%	96%	n/a	86%	81%	86%	79%
Brain Stem Death Test (BSDT)	88%	77%	86%	n/a	n/a	n/a	n/a	n/a
Family Approached	93%	90%	92%	n/a	65%	47%	42%	47%
Family Approached with SNOD	92%	84%	91%	n/a	65%	71%	81%	75%
Consent	74%	66%	69%	72%	50%	53%	59%	58%

a) Patients Referred

All eligible DBD patients in Critical Care and ED were referred when potentially Brain Stem Dead (BSD) or with brain injury such that BSD would be a likely outcome. The Trust has adopted both the local trigger (best practice) and is working in accordance with NICE guidance for identification and referral of potential donors.

The introduction in December 2015 of a national DCD screening tool has helped to streamline decision making when DCD patients were referred. Disseminated to the Consultants and the nursing staff it has produced a rise in DCD referral rates from 75% to 86%, with the biggest increase from within Area A Critical Care. The use of the screening tool means that confirmation of donor suitability is significantly quicker. Previously confirmation would have been through contacting with Transplant team.

(b) Brain Stem Death Testing (BSDT)

Failure to undertake BSDT testing in DBD patients where it is a possible diagnosis is a major cause of "losing" potential donor organs. BSDT should be carried out on all eligible patients. This has been much improved over recent years and in 2016/17, 3 patients did not have BSDT. Whilst this is above the National rate it is a reduction on

the previous year. On review these patients all had clear clinical exclusions to BSDT and there was no evidence that testing was only being undertaken if donation was occurring.

(c) Approach with Specialist Nurses in Organ Donation (SNOD)

SNOD involvement in approaches has significantly improved for DBD donors especially and a SNOD has been present for 92% of approaches. DCD approaches involve the SNOD in 65% of cases and the SNOD team are continuing to promote early involvement with referrals. A number of initiatives to deliver further improvement are now in place including:

- There is Specialist requestor service 9.00-21.00 weekdays who will attend wherever possible.
- Ongoing Medical and Nurse Education in both Critical care and more recently ED ensures staffs of all grades are aware of the referral process and criteria for donation.

(d) Consent Rates

The DBD consent rate was slightly below the National Target of 72% at 69% but this is in line with the rate achieved nationally and higher than the expected rate of 67% when ethnicity is accounted for.

DCD consent was 50% which was an improvement from the 38% achieved the previous year. Performance is however below the national rate of 58% and the target 68%.

The identification of potential DCD donors remains a challenge due to the difficulty defining a planned withdrawal of treatment due to the complex medical conditions our patients have compared to other hospitals**.** QEHB is unique within the region due to the range of medical specialties. The other Major Trauma Centres have a very different case mix as they do not provide hepatology, complex cardiac surgery, transplantation or burns. Unfortunately many of these patients are medically unsuitable for donation but do not have the currently defined absolute contraindications of CJD and HIV disease.

3. Policy and Procedures

3.1 The Organ Donation Policy was reviewed and revised in 2016 to reflect new guidance on BSDT, identification and referral. There is now an Organ Donation page on the Intranet which links to key documents relating to Organ Donation and contains relevant policy documents.

3.2 Collaborative working with the Theatre Department and Transplantation has ensured that all practices in relation to Organ Donation and Transplantation are compliant with The Human Tissue Authority whose recent review and report found there were no areas for concern.

4. Education and Training

The delivery of an effective education programme has also been a key priority for the year and significant progress has been made in this area. Examples are included in Appendix 3.

5. Research

In order to develop and improve our organ donation practice the team have actively supported a number of research studies:

- The Trust participates in the QUOD study which is taking samples throughout the donation process and is undertaken jointly by the SNOD's and the National Organ Retrieval team (NOR's).

- The NORS retrieval team are also involved in novel therapies and a perfusion trial (COPE) and the QE SNOD's are the link between the SNOD team and the transplant team.

- The QE team are also supporting work by Mr Flint, neurosurgery in the very early stage to potentially retrieve and transplant olfactory bulbs.

6. Working with Clinical Teams & Other Organisations

6.1 There has been a drive to promote organ donation amongst Black, Asian and Minority Ethnic groups and ODC members have been involved with this work.

- Majid Mukadam and Louise Fellows have worked closely with Neerja Jain and her Kidney Research UK peer educators in promotion work with the Pakistani Muslim community culminating in Majid receiving an award.

- Steffen Kroll and Janice Bayliss have worked with NHSBT to help develop a peer educator programme for the African Caribbean and Black community, including the delivery of training to peer educators.

- Muslim community peer educators from Kidney Research UK hold a monthly Atrium stand slot to help boost engagement in the Muslim community.

6.2 In addition the Trust in the Future and news@QEHB featured a live kidney donor story which follows NHSBT's push for more living donation (these went out on social media, too): https://www.uhb.nhs.uk/Downloads/pdf/TifSpring17.pdf

6.3 The ODC team also co-ordinated Organ Donation Week where teams from across the specialties (renal, liver, heart and lung, BAME/KRUK) got involved to hold an Atrium stand across a week, signing up over 300 new donors. http://www.uhb.nhs.uk/news/turn-an-end-into-a-beginning-by-becoming-an-organ-donor.htm

6.4 Looking forward the Trust and the SNOD's will be involved with Transplant Games 2018 at Birmingham University.

7. Recommendations

The Board of Directors is requested:

7.1 To **note** the progress made.

7.2 To **endorse** the proposed actions.

Andrew McKirgan
Director of Partnerships

APPENDIX 1

Recommendations of the Organ Donation Task Force Report (2008)

i. A UK-wide Organ Donation Organisation (ODO) should be established.

ii. The establishment of the Organ Donation Organisation should be the responsibility of NHS Blood and Transplant (NHSBT).

iii. Urgent attention is required to resolve outstanding legal, ethical and professional issues in order to ensure that all clinicians are supported and are able to work within a clear and unambiguous framework of good practice. Additionally, an independent UK-wide Donation Ethics Group should be established.

iv. All parts of the NHS must embrace organ donation as a usual, not an unusual event. Local policies, constructed around national guidelines, should be put in place. Discussions about donation should be part of all end-of-life care when appropriate. Each trust should have an identified clinical donation champion and a trust donation committee to help achieve this.

v. Minimum notification criteria for potential organ donors should be introduced on a UK-wide basis. These criteria should be reviewed after 12 months in the light of evidence of their effect, and the comparative impact of more detailed criteria should also be assessed.

vi. Donation activity in all trusts should be monitored. Rates of potential donor identification, referral, and approach to the family and consent to donation should be reported. The trust donation committee should report to the trust Board through the clinical governance process and the medical director, and the reports should be part of the assessment of trusts through the relevant healthcare regulator. Benchmark data from other trusts should be made available for comparison.

vii. BSD testing should be carried out in all patients where BSD is a likely diagnosis, even if organ donation is an unlikely outcome.

viii. Financial disincentives to trusts facilitating donation should be removed through the development and introduction of appropriate reimbursement.

ix. The current network of DTCs should be expanded and strengthened through central employment by a UK-wide Organ Donation Organisation. Additional co-ordinators, embedded within critical care areas, should be employed to ensure a comprehensive, highly skilled, specialised and robust service. There should be a close and defined collaboration between DTCs, clinical staff and trust donation champions. Electronic on-line donor registration and organ offering systems should be developed.

x. A UK-wide network of dedicated organ retrieval teams should be established to ensure timely, high-quality organ removal from all heartbeating and nonheartbeating donors. The Organ Donation Organisation should be responsible for commissioning the retrieval teams and for audit and performance management.

xi. All clinical staff likely to be involved in the treatment of potential organ donors should receive mandatory training in the principles of donation. There should also be regular update training.

xii. Appropriate ways should be identified of personally and publicly recognising individual organ donors, where desired. These approaches may include national memorials, local initiatives and personal follow-up to donor families.

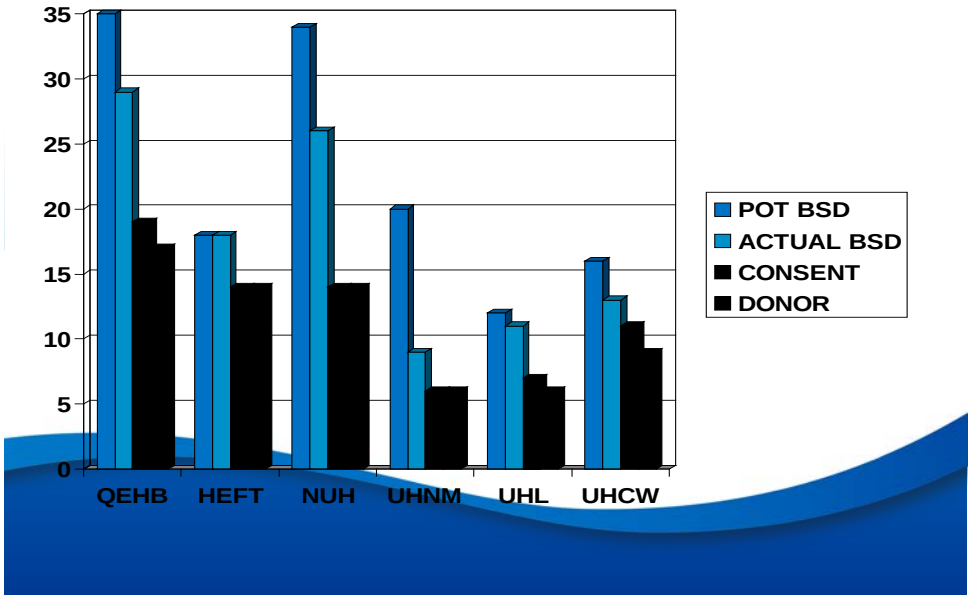
xiii. There is an urgent requirement to identify and implement the most effective methods through which organ donation and the ‘gift of life’ can be promoted to the general public, and specifically to the BAME population. Research should be commissioned through Department of Health research and development funding.

xiv. The Department of Health and the Ministry of Justice should develop formal guidelines for coroners concerning organ donation.

APPENDIX 2 – Performance Comparison with Other Trusts

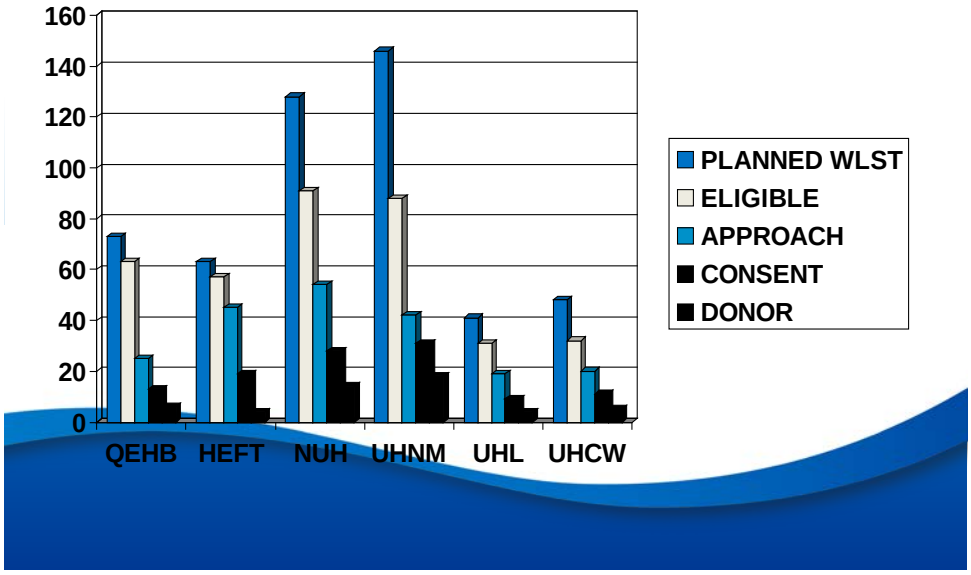
How do we compare to other trusts - DBD

NHS Blood and Transplant



How do we compare to other trusts - DCD

NHS Blood and Transplant



Key:

NUH	Nottingham
UHNM	Stoke
UHL	Leicester
UHCW	Coventry

APPENDIX 3 – Education Activities 2016/17

- Dr Steffen Kroll has developed a module for medical trainees starting on Critical Care.

- The SNOD's are giving regular teaching to the New Starter Development Programme for Band 5 Critical Care Nurses.

- There is an update to the Critical Governance meeting Bi-annually by the SNOD and/ or CLOD.

- There is an increasing amount of teaching to all grades across all units and ED from the SNOD's.

- Dr Steffen Kroll has established teaching for regional 3rd year medical students at Birmingham University and intercalating students have been supported in organ donation focused projects.

- There is regular teaching for our 5th year medical students joining QEHB for the AIP (Acutely ill patient) module.

- Following the successful multidisciplinary day there has been a Link nurse study day.

- The SNOD's have had the opportunity to work with new starter recipient coordinators to ensure we have insight into each other's roles.

- QEHB SNOD's provide teaching to Birmingham City University to both the Critical Care Course and the Hepatology Course. They also provide 1:1 shadowing experience.

- SNOD Janice Bayliss has presented MSc work regarding BME donor and Harpreet Matharu has undertaken BAME teaching for NHSBT.