Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
28th October 2010

TITLE	**Organ Donation**
EXECUTIVE SUMMARY	The paper explains the rationale for the establishment of an Organ Donation Committee at the Trust.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compliance with best practice.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The national Organ Donation Taskforce was assembled in 2006 with a UK wide remit. It looked at evidence from national opinion polls showing that over 90% of the UK population support organ donation.
EQUALITY AND DIVERSITY ISSUES	Donation rates elsewhere on the world are higher than in the UK. There are significant disparities between ethnic groups in the UK in terms of access to waiting lists, waiting times before transplantation and likelihood of a transplant.
LEGAL ISSUES	The Department of Health has an overarching strategic role in developing a sound ethical and legal framework for deceased donation.
The Trust Board is asked to:	Read and make note of the report.
Submitted by:	Dr. Pardeep Gill Clinical lead for Organ donation Mike Baxter Medical Director
Date:	20 September 2010
Decision:	For Noting

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Organ Donation Taskforce and Donation Committee: Ashford and St Peter's Hospitals NHS Trust.

1 Background:

The UK has one of the lowest records for Organ Donation in Western Europe, just 13 per million population. Spain has the highest rates of OD in Europe, 35 donors per million population. 15 years ago Spain were in exactly the same position as the UK until, with national and local support, they systematically addressed barriers.

The DoH Organ Donation Taskforce (ODTF) was set up in 2006 to address this issue. Following an extensive systematic review, the ODTF vision is that a 50% increase in donation after death is possible and achievable in the UK within 5 years. This 50% increase would enable an extra 1,200 transplants a year, over 700 would be kidney transplants with very significant cost savings.

The Organ Donation Taskforce made 14 recommendations all of which were accepted in full by Health Ministers. One of these is a requirement for every Trust to set up an Organ Donation Committee which must report regularly to the Trust Board.

2 St Peter's - Organ Donation Committee (ODC)

The Organ Donation Committee (ODC) will help Ashford and St Peter's achieve its Strategic Objectives and be 'one of the best healthcare Trusts in the country'.

- Political: Government Initiative – KPIs to follow
  St Peter's to be benchmarked against rest of Surrey. Trust organ donation rates will be more closely scrutinised. (Strategic Objective 3)

- Economic: Donation attracts income-£2000 per consent. This is to reimburse Trusts for the cost of caring for an organ donor. There is an expectation that the funds are used to support future donation activity.

  3% NHS budget is spent on Renal Services. Each kidney transplant saves £25,800 pa. Kidneys from Non Heart Beating donors are primarily offered to St George's and Guy's patients of whom some will be under the care of St Peter's, which will drive down dialysis costs. Additionally, a well organised donation programme would support any future renal service at Ashford and St Peter's. (Strategic Objectives 3+4)

- Societal – 90% of the population are in favour of donation. Organ Donation registrations are increasing. Donation needs to be a seamless service offered by St Peter's to all patients in end of life care, to improve the quality of the patient's experience. There is a reduced risk of complaints if staff are enabled to handle the possible donations sensitively and effectively. Service Improvement leading to positive public image. (Strategic Objectives 1+3)

- Legal obligations: The Human Tissue Act outlines consent as the fundamental principle. A person's wishes regarding donation must be sought by checking the Organ Donor register; if there is consent, donation must be considered. GMC guidance May 2010: 'Treatment and Care towards the End of Life' states 'clinicians are to follow national procedures in place

regarding organ/tissue donation i.e. notification of a potential donor.'(Strategic Objectives 1+4)

- Environmental: Improving staff experience. Contributing to the increased focus on improving patient experience. Increasing the options offered in Hospices i.e. Tissue Donation. Compete with other providers by offering unique services. (e.g. amniotic membrane donation, Maternity) (Strategic Objective 1)

3 Our Strategy – SMART objectives

6 Big Wins

- Increase Consent rates
- Increase Diagnosis of Brain Stem Death
- Increase donation after cardiac death
- Increase donation in Emergency Departments
- Increase Referral according to national notification criteria
- Increase quality and quantity of transplanted organs

4 Our Vision

" We wish to see organ and tissue donation become a usual rather than unusual event as part of end of life care across the Ashford and St Peter's Hospitals. Each individual should be given the choice and opportunity to offer their organs and tissues for the purposes of transplantation after their death. This choice should not be denied by the assumptions of NHS staff or a lack of facilities and infrastructure"

5 Committee

As none of the recommendations from the Organ Donation Taskforce can work in isolation and none will have the desired impact if hospital practice does not change, the Taskforce recommended that every acute hospital with potential for donations should establish a Donation Committee chaired by a non-clinical Champion

Terms of reference for the Donation Committee at Ashford and St Peter's Hospitals Trust are attached (appendix 1). These are based on a national template. The Chair will be Diana Manthorpe from the chaplaincy and a 6 monthly position statement will be included in the Board Quality report.

Appendix 1

Donation Committee
Terms of Reference

1. Purpose

- To influence policy and practice in order to ensure that organ donation is considered in all appropriate situations. To identify and resolve any obstacles to this.

- To ensure that a discussion about donation features in all end of life care, wherever located and wherever appropriate, recognising and respecting the wishes of individuals. This discussion should demonstrate sensitivity to and awareness of particular religious or cultural issues which may influence an individual's decision.

- To maximise the overall number of organs donated, through better support to potential donors and their families

2. Objectives

To ensure the purpose is achieved, the Committee is responsible for the following:

2.1 To lead on donation policy and practice across the hospital/Trust, to raise awareness, and to ensure that donation is accepted and viewed as usual, not unusual. To maximise organ donation.

2.2 To ensure local policies and all operational aspects of donation are reviewed, developed and implemented in line with current and future national guidelines and policies.

2.3 To monitor donation activity from all areas of the hospital - primarily from Critical Care areas, including Emergency Medicine. Rates of donor identification, referral, approach to the family and consent to donation will be collected through the UK Transplant Potential Donor Audit. To ensure submission of the data to NHSBT on an agreed basis and to receive and analyse comparative data from other hospitals.

2.4 To report to the Medical Director not less than quarterly, and to the Board not less than six monthly, on comparative donation activity and any remedial action required.

2.5 To participate in all relevant national audit processes; to review audit data on donation activity; to monitor standards, test adherence to local policy and instigate any required actions.

2.6 To actively promote communication about donation activity to all appropriate areas of the hospital and to ensure that the information is received and understood.

2.7 To ensure a discussion about donation features in all end of life care wherever appropriate and to ensure this is reflected in the local end of life policies, procedures and pathways.

2.8 To support the Donor Coordinator and Clinical Champion.

2.9 To identify and ensure delivery of educational programmes to meet recognised training needs

3. Membership

Chair - Diana Manthorpe, Chaplaincy

Clinical Donation Champion – Dr Pardeep Gill
Specialist Nurse Organ Donation – Jessica Gregory
Non Executive Director – Sue Ells (to attend when possible)
Matron / Deputy Sister –Den Hallett / Chris Tweddell
Matron – Wendy Daniels
Sister NICU – Lynn Parker
Consultant surgeon or physician representing organ transplantation
Lead nurse for palliative care Lesley Turner
End of Life Care / Multifaith Care – Rev Judith Allford / Diana Manthorpe
Operating theatre representative – Nick Ellis
Service Improvement – Anna Scott (Comms)
Patient Group – Jackie Mansell (Transplant Recipient)
Bereavement Office – Alison Alan
Mortuary – Suzie Jane

4. Quorum

Chair -
CLOD - Dr Pardeep Gill
SNOD - Jessica Gregory
This is a strategic group, and whilst deputies can attend, they will not count towards a quorum.

5. Frequency of Meetings

Meetings held on the first Wednesday of every 2nd Month. To be agreed with the Medical Director, but should not be less than quarterly. To be reviewed at the end of the first year of operation. To be moved to quarterly after first year.

6. Authority

The Donation Committee will have the authority to make and implement decisions on donation policy and practice ensuring full consultation with clinical and management staff as integral to the implementation process.

7. Reporting Procedures

The Donation Committee will report six monthly to the Board through the usual clinical governance process and the Medical Director, Mike Baxter. The report will in due time be part of the healthcare regulator assessment. Benchmark data will be made available for comparison.