

<b>Subject:</b>	Organ Donation from deceased donors
<b>Prepared by:</b> <b>Sponsored by:</b> <b>Presented by:</b>	Dr Matt Williams, Clinical Lead for Organ Donation & ICU Consultant Liz Conway, Non Executive Director Liz Conway, Non Executive Director
<b>Purpose of paper</b>	To report on the activity of PHT's Organ Donation Committee
<p><b>Key points for Trust Board members</b></p> <p><i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i></p>	<ul style="list-style-type: none"> <li>• Organ donation is, mostly, considered “core business” as a possibility at the end-of-life in the ICU and Emergency Dept.</li> <li>• PHT has the second largest number of relevant deaths in the South Central region (on potential donor audit) from which deceased donors could come from.</li> <li>• PHT perform well against most of the KPI metrics used by NHS Blood and Transplant, particularly in respect of brainstem testing rates.</li> <li>• However, the referral rate to the NHSBT SN-OD team is the lowest in the region. This has not led to very many missed potential donors, but we should be careful not to miss any possible opportunity to facilitate donation. In addition the consent rate is below the National and expected (for region) targets.</li> <li>• 2013/14 (2012/13): 10 (8) deceased donors from PHT leading to 23 (17) patients being transplanted, having their lives changed and resulting in savings for the healthcare economy.</li> <li>• PHT's deceased donor rate has being maintained at the same level for the last 4 years (between 8-10) after an initial increase when ODC started work in 2009.</li> <li>• These donors have contributed to the progressive and sustained increase in deceased donors nationally.</li> <li>• The SN-ODs and CL-OD continue to offer regular education to staff members throughout the relevant areas in the hospital, of all healthcare backgrounds.</li> <li>• We've have even presented to one of the local WI groups!! The WI have adopted Organ Donation as its annual resolution for 2014/15.</li> <li>• An important new change is the commencement this week (w/c 19<sup>th</sup> January 2015) of the ALLIANCE tissue donation referral process. We hope this will lead to increased tissue donation, and perhaps consequently increased awareness of all types of tissue and solid organ donation.</li> </ul>
<p><b>Options and decisions required</b></p> <p><i>Clearly identify options that are to be considered and any decisions required</i></p>	<ul style="list-style-type: none"> <li>• Both CL-OD and ODC Chair have been in position for 4-5 years +. The ODC has struggled to maintain momentum with other pressures on members. It may be time to consider “new blood” to the membership.</li> <li>• SN-OD on site presence should be better with the return (January 2015) of a second SN-OD to the hospital after sabbatical. Undoubtedly, having daily weekday presence raises the profile and awareness of the possibility of organ</li> </ul>

	<p>donation as part of end-of-life care. NHSBT should be encouraged to maintain this presence.</p> <ul style="list-style-type: none"> <li>The new (July 2013) NHSBT strategy: "Taking organ transplantation to 2020" (see attached slides) details 4 broad areas to be worked on to further improve deceased donor rates.</li> </ul>
<p><b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i></p>	<ul style="list-style-type: none"> <li>Primarily, this paper is for noting publically, in part for information but importantly to "celebrate" and raise awareness of this significant part of end-of life practice.</li> <li>However, it may be that there are individuals identified that could contribute to the ODC work.</li> </ul>
<p><b>Consideration of legal issues (including Equality Impact Assessment)?</b></p>	<ul style="list-style-type: none"> <li>Continued awareness of high profile media cases, such as the recent donor case from Cardiff.</li> <li>There continue to be innovative developments to improve the rates and quality of organs donated; these sometimes offer ethical challenges to the donor hospital staff. These are less likely as NHSBT governance processes have been tightened. There are appropriate internal and external processes to mitigate these challenges.</li> </ul>
<p><b>Consideration of Public and Patient Involvement and Communications Implications?</b></p>	<ul style="list-style-type: none"> <li>PHT communications team involved in ODC, and any relevant workstreams. Often these are in partnership with the Living related donor programme of the PHT's renal transplant service.</li> <li>Bereavement and chaplaincy services represented on ODC.</li> <li>Would be helpful for increased public and patient/relative representation on the ODC.</li> </ul>

<b>Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register</b>	
<b>Strategic Aim</b>	N/A
<b>BAF/Corporate Risk Register Reference (if applicable)</b>	N/A
<b>Risk Description</b>	
<b>CQC Reference</b>	

<b>Committees/Meetings at which paper has been approved:</b>	<b>Date</b>
Organ Donation Committee	