Northern Health and Social Care Trust
Annual Organ Donation Plan 2013-2014

Dr Ronald Bailie
Consultant Anaesthetist
Clinical Lead – Organ Donation

Mary McAfee
Specialist Nurse – Organ Donation
Causeway Hospital

Prof Dorothy Whittington
Chair of Organ Donation Committee

Joanne Byrne
Specialist Nurse – Organ Donation
Antrim Area Hospital
## Contents

1. Executive Summary.................................................................3-4
2. Report from the Organ Donation Committee (ODC)..................5-6
3. Hospital Organ Donation Team Structure................................7
4. Organ Donation Rates / PDA Benchmarking 2011/12..................8-11
5. Performance against 2012/13 Objectives.................................12-16
6. Strategic Direction and Issues to be addressed..........................17-19
7. Objectives for 2013/14 and Monitoring Arrangements...............20-23
8. Risks to Delivery of Objectives and Mitigating Actions...............24-25
9. Any Other Information.........................................................26
1. Executive Summary

The purpose of this report is to review our achievements during 2012/13 and set out the annual plan for organ donation at NHSCT for the financial year 2013/2014.

The plan addresses the following areas:

- A review of Trust Organ Donation Committee activities and outline of Organ Donation structures and responsibilities across the Trust.
- A review of the data on Trust activity relating to both donation after brainstem death (DBD) and donation after circulatory death (DCD) for 2012-2013 including comparisons from the previous year and benchmarking with national performance.
- A strategy to deliver world class performance in organ donation within the Northern Trust with focus on increasing consent rates for both DBD and DCD, while maintaining the DBD referral rate and increasing DCD referral
- We will also continue to focus on referral from the Trust’s Emergency Departments.
- A trust wide programme to increase public awareness and inform attitudes regarding the benefits of donation, and to enhance public recognition of donor families’ generosity.

Highlights of the year include the following:

- In 2012-13 the NI Donor Services Team and the NI Collaborative for Organ Donation achieved an 81.8% increase on our base year (2007-08). This was well above the target set by the Organ Donation Taskforce, to increase deceased donation by 50% over five years. In the NHSCT we are pleased to report that in 2012-13 we had seven donors. This demonstrates the greatest number of donors in one year for the Trust within the last 10 years. The lives of 21 individuals were subsequently transformed through the gift of a transplant from these donors.

- For the third year in succession we achieved a high level of performance in potential donor identification and referral for both DBD (100%) and DCD (75%). Brain stem tests were performed in all appropriate cases and 82% of potential DBD donor families were offered the opportunity to donate organs for transplant. 62% of potential DCD donor families were given the opportunity to donate. Consent rates increased to 66% for DBD donation and 40% for DCD. The year ended with a 75%
increase in donor numbers from the previous year achieving five DBD donors and two DCD donors. The two DCD donors - one on each site were the first since the introduction of our DCD programme in Northern Ireland.

- There were significant advances in collaborative working between the SNOD and clinicians. The SNOD was involved in all DBD and DCD approaches demonstrating a 100% improvement from the previous year.

- In collaboration with the Trust Communications Department and the BBC the Trust Snoods organised a series of interviews involving a doctor, a donor family representative, a transplant recipient and a person awaiting a transplant. Their stories covered organ donation from various perspectives and were broadcast on television, radio and the BBC website following the Regional Thanksgiving and Remembrance Service last November.
2. **Report from the Organ Donation Committee (ODC)**

The NHSCT Organ Donation Committee met on three occasions in 2012–2013, in June, October and March. The June meeting noted the recent appointment of Dr Ronnie Bailie as NHSCT Clinical Lead for Organ Donation and the October meeting noted the appointment of Joanne Byrne as Antrim based Specialist Nurse for Organ Donation during Leona Laverty’s period of maternity leave. Both the overall OD service and the OD committee’s deliberations have benefited greatly from their contributions.

During the year committee membership was extended to include additional relevant ward managers and it was also agreed that a representative from the Emergency Departments would be helpful. Efforts to identify a suitable person continue. An invitation to join the committee was also accepted by a faith group representative but there has been difficulty in ensuring his attendance and a different approach may prove necessary.

Formal strategies and action plans have been approved and monitored over the year for OD activities per se and also for relevant communication and education activities. Each meeting has received reports on performance against objectives; on regional performance and benchmarks; and on UK wide performance. Strategic issues reflected in national and international debate and development has been regularly considered. The committee has been grateful for the very thoughtful contributions made by members from their wide range of experience.

OD activities now have an appropriately high profile in the Trust and structures for their support are firmly in place. Budgetary arrangements have been formalised and relevant income is now transferred to a ring-fenced budget held by OD staff. A number of policies and protocols have also been formally recognised including those reflecting recent NICE guidance. In November Dr Bailie and his SNOD colleagues were invited to present their work to Trust Board as a complement to the presentation of the OD Annual Report. The presentation was extremely well received and Board members declared themselves to be much better informed about OD in the Trust and more generally. A number of non-executives have subsequently found opportunities to advance the principles of donation in other organisations and contexts.

At a more operational level the committee has noted the steady achievement of objectives and completion of the work plan. As detailed later in this report the overall picture is one of considerable success as measured against both regional and national comparators. There is of course room for improvement but colleagues are to be congratulated on their excellent
performance and on the consolidation of the culture of commitment, enthusiasm and innovation noted in this section of last year’s report.

The year has also been notable for the sequence of highly successful communication and publicity initiatives undertaken. Internally, OD staff have worked closely with nursing and medical education colleagues to develop and deliver a systematic programme of education and training tailor made for colleagues with differing expertise and levels of OD involvement. Substantial numbers of staff have now undertaken appropriate parts of the programme and OD is increasingly a ‘usual’ part of the care the Trust provides. In further reflection of this ‘normalisation’, agreement has been secured for the design and installation of OD relevant artwork on both Antrim and Causeway sites. These pieces will be completed and ‘launched’ in 2013-2014.

External publicity has included a local newspaper feature on ‘A Day in the Life of a SNOD’ (based on Mary McAfee); an article in the national ‘OK’ magazine on donor families featuring committee member Stephen Carter; and a week long series of items in BBC Newline programmes featuring OD activities in the Trust and concentrating particularly on donor families – again involving Stephen Carter. Finally, colleagues supported and participated in the regionally organised Service of Remembrance for donors who attracted considerable media interest and coverage. The Trust Communications Department provided very significant input to all of these activities and the committee’s gratitude for their unstinting support was noted at each meeting.

As noted last year the Chair is now a member of the Public Health Agency’s regional OD Committee. The committee met twice in 2012-2013 and the Chair reported back to the Trust Committee on each occasion. There was particular discussion of school-based activities, reflecting good practice in Scotland that stimulated discussion of both regional and Trust parallels. The second meeting was largely devoted to reflection on the development of new regional and national strategies and to related political initiatives. The NI Assembly in particular is due to consider potential change to legislation on consent and both the debate itself and any outcomes will have major implications for OD in NI as a whole and in NHSCT.

More generally the committee has facilitated liaison and exchange of good practice with regional and UK wide colleagues. To this end the Trust has been represented at a number of Regional Collaborative meetings and at the Annual NHSBT National Congress.
3. **Hospital Organ Donation Team Structure**

**TRUST**

**TRUST BOARD**

**HOSPITAL MANAGEMENT TEAM**

*Trust wide ITU & Anaesthetics*
- Dr Greg Furness (Clinical Director of Anaesthetics and Theatres)
- Dr Chris Nutt (Clinical Lead for AAH ICU)
- Dr Chris Watters (Clinical Lead for Causeway ICU)
- Dr Geoff Wright (Clinical Lead for Causeway ICU)

**REGIONAL CLINICAL LEAD**
- Dr Paul Glover

**REGIONAL MANAGER**
- Liz Waite

**TEAM MANAGER**
- Monica Hackett
- Eleanor Boyce

**DONATION COMMITTEE CHAIR**
- Professor Dorothy Whittington

**CLINICAL LEAD (CLOD)**
- Dr Ronald Bailie

**SPECIALIST NURSE (SNOD)**
- Mary Mc Afee (CAUS)
- Leona Laverty (AAH)
- Joanne Byrne (AAH)

**Northern Health and Social Care Trust DONATION COMMITTEE**

**CRITICAL CARE**
- Dr Ronald Bailie
  - Consultant AAH
- Dr Chris Watters
  - Consultant CAUS
- Kay Johnston
  - Lead Nurse/Ward Manager (AAH)
- Kate Mc Cusker
  - Ward Manager (CAUS)
- Sheila Kinouly
  - Clinical Educator

**EMERGENCY DEPARTMENT**
- Dr Andrew McCullough-Cau
  - Lead Nurse
- Angela Mc Erlane
  - Ant Lead Nurse
- Donna Hanna
  - Cau Lead Nurse
- Mary Adams
  - Ward Manager AAH
- Patricia Mc Keever
  - Ward Manager CAUS

**THEATRES**
- Kate Agnew
  - Lead Nurse
- Rosemary Mc Auley
  - Ward Manager AAH
- Sr Irene McLaughlin
  - Ward Manager Cau

**END OF LIFE Facilitators**
- Gwyneth Peden
- Trust Bereavement Service Coordinator
- Rev Father Gregory Cormician

**EDUCATION REPRESENTATIVE**
- Elizabeth Graham
  - Assistant Director Nursing

**DONOR FAMILY REPRESENTATIVE**
- Stephen Carter

**MORTUARY REPRESENTATIVE**
- Eddie Harrington

**COMMUNICATIONS REPRESENTATIVE**
- Claire Scullion

**HEAD OF GOVERNANCE & PATIENT SAFETY**
- Suzanne Pullins
4. **Organ Donation Rates / PDA Benchmarking 2012/13**

**Donation after Brain Death**

<table>
<thead>
<tr>
<th>2012/13 (2011/12 figs in brackets)</th>
<th>DBD Critical Care</th>
<th>DBD Emergency Dept.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with Suspected Neurological Death</td>
<td>11(9)</td>
<td>1(2)</td>
</tr>
<tr>
<td>Referred</td>
<td>11(8)</td>
<td>1 (0)</td>
</tr>
<tr>
<td>BSDT Performed</td>
<td>11(7)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Confirmed BSD and Medically Suitable</td>
<td>11(7)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Family Approached</td>
<td>9(6)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Consent Given</td>
<td>6(4)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Donation Proceeded</td>
<td>5(4)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Organs Retrieved</td>
<td>19(12)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Identification of Neurological Death (ND)%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Neurological Death Testing (NDT) %</td>
<td>100 % (78%)</td>
<td>-(-)</td>
</tr>
<tr>
<td>Referral Rate %</td>
<td>100 % (89%)</td>
<td>100% (-)</td>
</tr>
<tr>
<td>Approach Rate%</td>
<td>82 % (86%)</td>
<td>- (-)</td>
</tr>
<tr>
<td>Consent Rate %</td>
<td>67 % (67%)</td>
<td>- (-)</td>
</tr>
<tr>
<td>Conversion Rate %</td>
<td>45 % (57%)</td>
<td>- (-)</td>
</tr>
</tbody>
</table>
## Donation after Circulatory Death

### 2012/13
*(2011/12 figs in brackets)*

<table>
<thead>
<tr>
<th>Category</th>
<th>DCD Critical Care</th>
<th>DCD Emergency Dept.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Patients for whom Imminent Death was Anticipated</td>
<td>27(28)</td>
<td>1(3)</td>
</tr>
<tr>
<td>Referred to the SNOD</td>
<td>20(13)</td>
<td>1(0)</td>
</tr>
<tr>
<td>No. Where Treatment was Withdrawn</td>
<td>26(26)</td>
<td>0(2)</td>
</tr>
<tr>
<td>No. Potential DCD Donors</td>
<td>8(5)</td>
<td>0(1)</td>
</tr>
<tr>
<td>Family Approached</td>
<td>5(3)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Consent to Donation</td>
<td>2(1)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Donation Proceeded</td>
<td>2(0)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Organs Retrieved</td>
<td>4(0)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Referral Rate %</td>
<td>74(46%)</td>
<td>100 % (0%)</td>
</tr>
<tr>
<td>Approach Rate %</td>
<td>62(60%)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Consent Rate %</td>
<td>40(33%)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Conversion Rate %</td>
<td>25% (0%)</td>
<td>0(0)</td>
</tr>
</tbody>
</table>
### Organ Donation Rates / PDA Benchmarking 2012/13

#### Donation after Brain Death

<table>
<thead>
<tr>
<th>2012/13 (2011/12 figs in brackets)</th>
<th>NHSCT</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with Suspected Neurological Death</td>
<td>12(9)</td>
<td>1,633(1,653)</td>
</tr>
<tr>
<td>Referred</td>
<td>12(8)</td>
<td>1,495(1,507)</td>
</tr>
<tr>
<td>BSDT Performed</td>
<td>11(7)</td>
<td>1,267(1,233)</td>
</tr>
<tr>
<td>Confirmed BSD and Medically Suitable</td>
<td>11(7)</td>
<td>1,187(1,169)</td>
</tr>
<tr>
<td>Family Approached</td>
<td>9 (6)</td>
<td>1,096(1,1090)</td>
</tr>
<tr>
<td>Consent Given</td>
<td>6 (4)</td>
<td>743(694)</td>
</tr>
<tr>
<td>Donation Proceeded</td>
<td>5 (4)</td>
<td>676(636)</td>
</tr>
<tr>
<td>Organs Retrieved</td>
<td>19(12)</td>
<td>2770(2441)</td>
</tr>
</tbody>
</table>

| Identification of Neurological Death (ND)% | 100 % (73%) | 92 % (91%) |
| Neurological Death Testing (NDT) %        | 92% (64%)   | 64 % (74%) |
| Referral Rate of Patients Confirmed %     | 100% (73%)  | 92 % (91%) |
| Approach Rate%                            | 82% (86%)   | 92 % (93%) |
| Consent Rate %                            | 67% (67%)   | 68 % (64%) |
| Conversion Rate %                         | 45% (100%)  | 91 % (92%) |

There have been significant improvements from 2011/12. All patients with neurological death suspected were referred to the SNOD. Testing was performed in all cases except one in which the clinician was unable to stabilise the patient to facilitate testing. In two cases the families were not approached as, following assessment by the SNOD, it was deemed that both patients had medical contraindications. Three families declined donation; one did not want surgery, one family felt their relative had suffered enough and one family said their relative would not have wanted to donate. In five out of six cases donation proceeded. One case did not proceed when organs were deemed unsuitable by transplant centres.
Donation after Circulatory Death

<table>
<thead>
<tr>
<th>2012/13</th>
<th>NHSCT</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2011/12 figs in brackets)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. Patients for whom Imminent Death was Anticipated</td>
<td>28 (33)</td>
<td>6,941(6,901)</td>
</tr>
<tr>
<td>Referred to the SNOD</td>
<td>21 (15)</td>
<td>4,338(3,627)</td>
</tr>
<tr>
<td>No. Where Treatment was Withdrawn</td>
<td>26 (30)</td>
<td>6501(6456)</td>
</tr>
<tr>
<td>No. Potential DCD Donors</td>
<td>8 (7)</td>
<td>3,114(2,933)</td>
</tr>
<tr>
<td>Family Approached</td>
<td>5 (3)</td>
<td>1,810(1,598)</td>
</tr>
<tr>
<td>Consent to Donation</td>
<td>2 (1)</td>
<td>927(794)</td>
</tr>
<tr>
<td>Donation Proceeded</td>
<td>2 (0)</td>
<td>449(309)</td>
</tr>
<tr>
<td>Organs Retrieved</td>
<td>4 (0)</td>
<td>1326(900)</td>
</tr>
<tr>
<td>Referral Rate %</td>
<td>75% (45%)</td>
<td>62 % (53%)</td>
</tr>
<tr>
<td>Approach Rate</td>
<td>63% (43%)</td>
<td>58 % (54%)</td>
</tr>
<tr>
<td>Consent Rate %</td>
<td>40% (33%)</td>
<td>51 % (50%)</td>
</tr>
<tr>
<td>Conversion Rate %</td>
<td>25% (0)</td>
<td>48 % (49%)</td>
</tr>
</tbody>
</table>

Last year’s figures demonstrate a significant increase in the number of potential DCD patients referred to the SNOD (from less than 50% to 75%). Treatment withdrawal was planned in 28 cases and donation could have been explored in eight cases. Three of these cases were not referred to the SNOD, although one family was approached by the clinician without the presence of the SNOD. In both cases it was assumed by staff that no organs were suitable. Referral and approach rates are both above the national rates; however the consent rate (40%) remains below the national rate. Families declined for several reasons. One family felt their relative would have made their wishes clear while alive if they had wanted to donate, one family did not want surgery to take place and one family felt their relative had suffered enough.
## 5. **Performance against 2012/13 Objectives**

<table>
<thead>
<tr>
<th>Objectives for 2011/12</th>
<th>Actions Required to Deliver Objective</th>
<th>Measurable Outcome / Milestones</th>
<th>Delivery Lead</th>
<th>Completion Date</th>
<th>Outcome</th>
</tr>
</thead>
</table>
| 1. 85% of potential DBDs will be referred to the SN-OD team. | 1. Development of ED sub-group and Strategy to address Trust operational issues.  
2. Establish protocols and policies across the Trust with a minimum referral criterion.  
3. Collaborative working with CLOD to review performance and address issues of non-compliance.  
4. Regularly update resource file for critical care. Develop resource file for ED.  
5. Continue nursing staff education and develop education programme with CLOD for medical staff in critical care and ED. | Potential Donor Audit (PDA). Monthly regional KPIs. Follow up of non-referrals. Benchmark against other Trusts. | CLOD SNODs | On going | Last year 100% (12/12) of potential DBDs were referred to the SN-OD team including one case referred from ED. Policies and guidelines to support donation activity, which reflect NICE guidance, have been endorsed by Trust PSG Committee. Resource files have been updated to include new polices and guidelines. Three-year education programme ongoing. CLOD has commenced education programme for medical colleagues. Clinical representation from ED now on ODC. |
| 2. 40% of potential DCDs will be referred to the SN-OD team. | 1. Development of ED sub-group and strategy to address Trust operational issues.  
2. Establish protocols and policies across the Trust with a minimum referral | PDA Monthly regional KPIs. Follow up of non-referrals. Benchmark against other Trusts. | CLOD SNODs | On going | Last year 75% (6/8) of potential DCDs were referred to the SNOD team. This was well above our target of 40%. Policies and guidelines, which reflect NICE guidance, |
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
<th>Responsible Party</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Minimum 76% testing of all patients who meet criteria for establishing death by Neurological testing</td>
<td>1 Development of ED sub-group and Strategy to address Trust operational issues</td>
<td>PDA, CLOD, SNODs</td>
<td>Last year 92% of patients with neurological death suspected had brain stem tests performed. Brain stem death was confirmed in all cases. Brain stem testing forms have been updated to include ARCOP guidelines. Now endorsed by the Trust for use within ICU.</td>
</tr>
<tr>
<td></td>
<td>2 Collaborative working with CLOD to review performance and address issues of non-compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Development of education programme for medical staff when training needs analysis completed by CLOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tissue donation to be offered to 50% of bereaved families as part of end of life care pathway.</td>
<td>Resident SNODs to monitor number of families offered option to donate tissues. Tissue protocol to be developed. Staff education to be continued</td>
<td>PDA, CLOD, SNODs Tissue Services</td>
<td>55% of patients’ families from critical care, who were eligible to donate corneas, were approached. Ten families consented to corneal donation and in four cases corneal donation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
continued.
In-house resource files to be updated when tissue referral protocol endorsed. Non referrals to be investigated and concerns addressed.

<table>
<thead>
<tr>
<th>5. Training for critical care nurses in all aspects of organ donation</th>
<th>Resident SNOD’s to lead on development of training programme. Resident SNODs to deliver training on The Role of the SNOD, Organ Donation after Brain Stem Death and Circulatory Death and tissue donation. Develop and regularly update resource files for critical care, ED and</th>
<th>Audit uptake of training Audit Evaluation Forms</th>
<th>SNODs</th>
<th>March 2014</th>
</tr>
</thead>
</table>

McMillan unit referred 5 potential corneal donors and in 2 cases corneal donation proceeded. Tissue referral protocol implemented following endorsement by Trust PSG committee. Referral Protocol now included in resource files.

Education programme for nursing staff will continue. Third Party Tissue Licence approved by Bristol Eye Bank to allow new Retrievers to perform eye retrieval within the trust. It is planned that two Trust staff will attend the Corneal Retriever’s Course in Manchester this September.

An Education Programme for critical care staff re organ donation has been developed with training on going. Training is delivered at four levels and involves partnership with the Nurse Education and Development Consortium (NEDC) and In-service medical education training providers, input from the SNOD and CLOD and
| 6. Increasing awareness for potential of organ donation in Emergency Departments (ED) within the Trust. | Resident SNOD for ED appointed (regional remit). Staff education on organ donation within ED; role of SNOD; how to make a referral etc. Development of ED sub-group and strategy to address Trust and Regional issues. | Monthly regional KPIs. PDA. Referrals of potential donors made to SNOD team from ED. | ED lead SNODs CLOD Team managers Regional Manager | March 2014 | One potential DBD identified and referred from ED. Unable to perform brain stem tests as patient was dying an uncontrolled death. Resident SNOD available to provide support to staff and family. Ongoing education programme with ED staff re organ/tissue donation and how to refer to Organ |
Donation Services Team and Tissue Coordinator.
Clinical representation from ED now on ODC.
Discussions have taken place regarding the development of a referral protocol and care pathway for potential donors from the ED. ODC still needs to identify a clinician from Antrim ED to assist with development of referral triggers and care pathways.
6. **Strategic Response to Issues to be addressed**

Within the NHSCT consideration will be given to:

- Maintaining high level of donor Identification and referral in line with NICE guidance
- Increasing consent rates for DBD and DCD in line with NICE guidance
- Improving donor optimisation
- Increasing identification and referral rates from the Emergency Department
- Increasing the number of families offered the opportunity to consider corneal donation as part of end of life care

1. **Maintaining high levels of donor identification and referral for DBD and DCD donation**

   NICE clinical guideline CG1315 ‘Organ Donation for Transplantation: improving donor identification and consent rates for deceased organ donation’ has been endorsed by the DHSPSS and is applicable in Northern Ireland. NHSBT Strategy for implementation of best practice regarding “Timely Identification and Referral of Potential Organ Donors” was also issued in September 2012. Organ donation should be considered as a usual part of end of life care therefore the potential for organ donation should be explored in all cases once referral triggers have been met. DBD and DCD policies for critical care incorporate the clinical triggers endorsed by NICE guidance and so promote the referral of patients to the SNOD once these triggers have been met. The Trust is required to assess their compliance with the NICE guidance on Organ Donation. A systematic approach, endorsed by Trust policies, will identify potential donors to the SNOD as early as possible. Actions to address identification and referral rates include a high SNOD presence within critical care to facilitate informal referrals and regular visits to the ED by the embedded SNOD. CLOD and SNODs will also renew efforts to engage with ED staff and to seek attendance at future Organ Donation Committee meetings. They will continue to try to collaborate with ED stakeholders to develop ED referral triggers and care pathways for potential donors. The CLOD will discuss variance from these standards with individual clinicians as it arises. PDA data and Trust reports will continue to be circulated to ICU clinicians and relevant senior nursing staff.

2. **Increasing consent rates for DBD and DCD in line with NICE guidance**

   Increasing consent rates for organ donation is the key message from NHSBT’s strategic plan 2013-18. Over the last five years, very considerable gains have been made towards maximising organ donation in the Trust. This has been the result of giving due attention to all parts of the donor pathway from initial identification and referral through to better donor management, and is attributable to the development of a DCD programme. A small number
of donors have been identified and referred from Emergency Department. Despite improvements in some elements of the pathway, there is one crucial outcome that has proven resistant to change, namely the proportion of families who give consent for organ donation to take place. Recent data from NHSBT reveal that consent rates for donation after DBD are static at just over 60%, whilst those for DCD are actually falling and now stand at just over 50%. Non consent represents the biggest ‘step down’ in loss of potential donors. “Approaching the Families of Potential Organ Donors” was issued by NHSBT in March 2013 providing guidance for clinicians. This document advocates that SNODs should always be involved in planning the family approach and wherever possible in the initial discussions that raise the possibility of organ donation as a part of end-of-life care. Current Trust policies are consistent with the planned and collaborative approach described by NHSBT and NICE guidance. PDA data for 2012-13 has shown a 100% collaborative approach. When a collaborative approach involved the SNOD consent rates for DBD was 67% and 40% for DCD. Any variance from best practice will be discussed with the CLOD and relevant staff. The Trust Education Strategy and rolling training programme will support best practice in planning family approach for consent. Local policies endorse the benefits of multidisciplinary planning and early SNOD involvement. Staff attendance at Regional events will further strengthen the implementation of Trust policies and NICE guidance. Raising public awareness and modifying attitudes regarding the benefits of donation need to be addressed if there are to be any improvements in achieving higher consent rates for donation. With the support of Corporate Communications it is envisaged that a robust strategy will be developed and implemented to raise public and staff awareness and to improve attitudes with regard to organ donation.

3. Improving donor optimisation

There are several aspects that are specific to the management of potential organ donors that have been shown to increase the number of transplantable organs. Management depends on which organs are being considered for transplantation. Donor care bundles have been developed by NHSBT and will be implemented within the Trust as part of a regional rollout plan. In the meantime Trust policies provide donor management advice and support for critical care staff.

4. Increasing identification and referral rates from the Emergency Department

Some progress has been achieved in relation to involving key individuals from ED to lead on the development of referral triggers and care pathways for all potential donors within the Trust EDs.
5. Increasing the number of families offered the opportunity to consider corneal donation as part of end of life care

The development of a Trust tissue only policy and training package for nursing staff has led to an increased number of corneal referrals and four tissue only donors last year. An e-learning training package is currently in development and should be ready for dissemination to staff sometime later this year. Also the planned training for two trust staff to facilitate requests from mortuary staff to retrieve corneas will benefit families who wish to donate tissues.
## Objectives for 2013/14 and Monitoring Arrangements

<table>
<thead>
<tr>
<th>Objectives for 2013/14</th>
<th>Actions Required to Deliver Objective</th>
<th>Measurable Outcome / Milestones</th>
<th>Monitoring Method</th>
<th>Delivery Lead</th>
<th>Delivery Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 92% of potential DBD patients based on the national referral triggers are identified and referred. <em>(as a minimum, based on last year's performance)</em></td>
<td>Embedded SNOD/CLOD Staff education Adherence of operational guidelines In-house resource file Non referrals addressed, discussed with CLOD Debriefing sessions with staff involved</td>
<td>Monthly regional KPIs Follow up of non referrals Benchmark against other Trusts Increased referral rates Increased SNOD presence Increased consent rates Increased conversion rates</td>
<td>Completion of PDA Maintain local records KPI meetings Team reflection Review at ODC</td>
<td>CLOD SNOD DCC</td>
<td>March 2014</td>
</tr>
<tr>
<td>2. 65% of potential DCD patients based on the national referral triggers are identified and referred.</td>
<td>Embedded SNOD/CLOD Staff education Adherence of operational guidelines In-house resource file Non referrals addressed, discussed with CLOD Debriefing sessions with staff involved</td>
<td>Monthly regional KPIs Follow up of non referrals Benchmark against other Trusts Increased referral rates Increased SNOD presence Increased consent rates Increased conversion rates</td>
<td>Completion of PDA Maintain local records KPI meetings Team reflection Review at ODC</td>
<td>CLOD SNOD DCC</td>
<td>March 2014</td>
</tr>
<tr>
<td>3. To offer 70% of families the opportunity to consider corneal only donation within critical care</td>
<td>On going staff education re tissue donation Dissemination of operational guidelines In-house resource file</td>
<td>Benmark against other Trusts Increased number of families being offered the option of tissue donation as</td>
<td>Teaching staff Feedback sessions Maintain local records Review activity at ODC</td>
<td>SNOD</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
| 6. Increase referral of DBD/DCD Donation from the ED | Contact details visible within the unit and regular visits to department by Embedded SN-OD
Referral triggers endorsed by Trust in accordance with NICE guidelines.
Development of referral pathways of potential donors from ED.
Staff education
Adherence of operational guidelines
In-house resource file
Non referrals addressed, discussed with CLOD
Debriefing sessions | Potential Donor Audit (PDA)
Monthly regional KPIs
Follow up of non referrals
Benchmark against other Trusts
Increased referral rates from ICU and ED
Increased identification of all suitable donors
Increased SNOD presence
Increased conversion rates | Completion of PDA
Maintain local records.
KPI meetings
Team reflection
Review at ODC | CLOD
SNOD
ED SNOD
Clinical Lead for ED
Ongoing |
|---|---|---|---|---|
| 7. Raise public awareness and attitudes regarding the benefits of donation | Review Trust Communications Strategy Plan and deliver a programme to modify public perceptions of donation
Plan Trust and public events to encourage people to join the ODR.
Share positive stories from donor families Trust wide and via local press
Engage with donor family Rep on ODC to plan new | Increase ODR registrations
Increased consent rates | Feedback sessions
Audit number of new registrations on ODR
Review at ODC | CLOD
SNOD
Corporate Communication Representative
Ongoing |
<table>
<thead>
<tr>
<th>events</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Public Recognition for donor families</td>
</tr>
<tr>
<td>Meet with Trust artists and other key individuals to plan on how best to lead on project</td>
</tr>
<tr>
<td>Share ideas with ODC members</td>
</tr>
<tr>
<td>Agree on artwork to be produced</td>
</tr>
<tr>
<td>Plan opening ceremony</td>
</tr>
<tr>
<td>Display artwork outside Trust critical care areas</td>
</tr>
<tr>
<td>Review at ODC</td>
</tr>
<tr>
<td>ODC CLOD SNODs Trust artists</td>
</tr>
</tbody>
</table>
### 8. Risks to Delivery of Objectives and Mitigating Actions

<table>
<thead>
<tr>
<th>Objectives for 2013/14</th>
<th>Risk to Delivery</th>
<th>Action to be Taken to Minimise Risk</th>
<th>Delivery Lead</th>
</tr>
</thead>
</table>
| Organ Donation is considered as part of end of life care for all patients dying in ICU and ED | Failure of clinical staff to identify and refer potential patients (DBD/DCD) to the SNOD              | Adherence to guidelines/referral protocols  
Increased awareness of trigger criteria  
Discuss non referrals  
Staff education/ e-learning                                                                                      | CLOD  
SNOD                   |
| Donation from the ED                                                                    | Workload pressures on ED staff  
No guidelines or referral pathways in place  
Lack of SNOD presence  
Lack of ICU beds                                                                                                     | Development of pathway for identification and referral of all potential donors in ED to the SNOD  
Development of a pathway for transfer/management of all potential donors from the ED to the ICU  
Increased awareness of trigger criteria  
Discuss non referrals  
Staff education  
Identify an ED clinician to address issues regarding organ donation within the ED  
Develop an ED subgroup                                              | CLOD  
SNOD  
Clinical Lead for ED                |
| Families of all potential donors have a collaborative approach for consent to organ donation | Lack of clinician engagement with SNOD  
Late referral to SNOD  
Lack of availability of SNOD  
Workload / time constraints, particularly in EDs                                                                    | Discuss variance with clinicians  
Timely referral to SNOD  
Development of pathway for management of potential donors                                                            | CLOD  
SNOD                    |
| Corneal Only Donation | Workload pressures to ICU staff  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ICU staff not trained on corneal donation</td>
</tr>
<tr>
<td></td>
<td>ICU staff concerns/anxiety about</td>
</tr>
<tr>
<td></td>
<td>approaching staff</td>
</tr>
<tr>
<td>Adherence to corneal referral protocol</td>
<td>Teaching staff</td>
</tr>
<tr>
<td>Feedback sessions</td>
<td></td>
</tr>
<tr>
<td>Local records</td>
<td></td>
</tr>
<tr>
<td>SNOD ICU Staff</td>
<td></td>
</tr>
</tbody>
</table>
9. **Any Other Information**

Trusted may wish to add any additional information in this section that could not be incorporated into previous sections or to meet the needs of a specific audience for this report.

There has been an increase of over 50% in the organs made available for transplantation across the UK since the taskforce report. Northern Ireland has an even better record having achieved an overall 81% increase. Within Northern Ireland NHSCT has done particularly well. This was noted at the regional collaborative day where the presentation from the Trust was very well received. NHSCT was widely congratulated on its remarkable referral rate and on having increased its donation rate by 700% over the last five years.