Northern Devon Health care NHS trust
Annual Organ and Tissue Donation report 2013-14
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1. **Executive Summary**

The purpose of this document is to set out the annual plan for organ and tissue donation at Northern Devon Healthcare Trust (NDDH) for the financial year 2014/2015 and review the previous year achievements 2013-14. This covers the following:

- **Report from the organ donation committee (ODC).**
  This reflects the national data showing a continued increase in organ donation and transplantation and a slight fall in the transplant waiting list. The committee has been active in seeking to apply NICE guidance on organ donation as well as national guidance on referral and consent for organ donation. There continues to be an active program of education concerning organ donation within the trust.

- **Benchmarking against the national potential donor audit (PDA).**
  In the financial year 2013-14, NDDH facilitated 2 donations, resulting in 5 patients receiving a life-saving transplant from deceased donors at NDDH. These figures are discussed in more depth in section 4.

- **Tissue donation figures.**
  These figures show an increase in the referral rates to the tissues services. This is due a change in deceased paperwork which now offers tissue donation throughout the NDDH site.

- **Review of objectives from 2013-2014.**
  This demonstrates good progress in achieving the objectives set in last years plan.

- **Strategic response to issues to be addressed.**
  For 2013/14 NHSBT has four key strategies that North Devon District Hospital will need to consider;
  - 100% identification and referral of all potential donors in a timely fashion.
  - 100% neurological death testing in all patients who present with a catastrophic brain injury and demonstrate lose of cranial nerve function.
  - 100% SNOD involvement in the approach to families of potential donors when seeking consent / authorisation.
  - Making donation the usual and not the unusual as part of our end of life care.

- **Objectives and monitoring arrangements for 2014-2015.**
  This details the key objectives of the ODC for the coming year, namely; ensuring compliance with NICE guidance on donor identification and referral, ensuring SNOD (Specialist nurse in organ donation) is present for first approach to the family of a potential organ donor, to increase brain stem testing rates and to implement a care
bundle to ensure early optimisation and optimum testing of potential brain stem dead patients.

- **Challenges**
  Nationally there are different coronial practices around the UK with regard to permission to donation (organs and tissue). This is reflected locally with our own coroner’s preferences.
  Local promotional activity within NDDH has been carried out within the permitted remit of the trust.

The overarching aim is to ensure all potential organ donors are identified and referred under NICE (CG 135) and that the option of organ and/or tissue Donation becomes the normal part of the end of life care that is provided at North Devon District Hospital.

2. **Report from the Organ Donation Committee (ODC)**

**Introduction**

The NDDH Organ Donation Committee annual report aims to provide insight into the strategic plan and vision for the future in developing organ donation services throughout the trust. Since the publication of the organ donation taskforce recommendations in 2008, NDDH is proud to have supported NHSBT to achieve the 50% increase in organ donation since 2008. We now look to the 2020 NHSBT strategy to guide our practice.

**National and Local Activity**

National donation and transplant activity is reflected in the graph below. This demonstrates a rise in the number of organ donors and a slight reduction in the active transplant waiting lists, however a significant deficit remains between organs transplanted and patients awaiting transplant.
The transplant waiting lists currently has over 7000 people in need of a life saving transplant. However this graph does not reflect those individuals who are currently suspended from the active waiting list due to a combination of reasons, but predominantly due to being unfit for surgery. It is documented that fewer than 5000 people a year die in the circumstances which enable the option of organ donation to be explored, and with a current UK family refusal rate of 40%, the gap between those able to donate and those who need a life saving transplant is still too wide. Locally there are 17 people in the North Devon and Torridge area who are in need of a life saving organ transplant. Currently 1000 people die each year waiting for the opportunity of a transplant, this equates to approximately 3 people dying per day.

In the financial year 2013-14, NDDH facilitated 2 organ donors, resulting in 5 patients receiving a life-saving transplant from deceased patients at NDDH (The total number of organs donated was 6 as one patient received 2 organs). The South West region achieved 107 donors who contributed to 270 organs available for transplant for this timeframe.
Timely referrals to the SNOD team were noted as an objective from last year’s plan which has been reflected in a rise in referrals from 59% (2012/13) to 67% (2013/14). Despite staffing limitations, the South west Organ Donation Team (SWODT) has worked hard to maintain presence within the trust, providing education for both the nursing and medical teams. North Devon District Hospital forms a “buddy scheme” with the neighbouring hospitals of Royal Devon and Exeter and Musgrove Park in Taunton. This ensures that despite annual leave or sickness, a close support network is available from the neighbouring SNOD's.

The Organ Donation Committee, Clinical Lead and Specialist Nurse roles are all in their seventh year of establishment; NDDH has had a SNOD presence since 2007. Sarah Fuller is the current embedded SNOD and is employed on a part time basis since 2011 to provide support at NDDH. Part of the embedded SNOD role involves the national potential donor audit (PDA). This audits all patients under the age of 85 years who die within the Critical Care and Emergency Medicine Departments and identifies those patients who fulfil the referral criteria for both Donation after Brain Death (DBD) and Donation after Circulatory Death (DCD). The Clinical lead for organ donation (CLOD) and SNOD meet regularly to review mortality and discuss individual cases, feeding back to the nursing and medical team as required.

The primary focus for this year is achieving 100% Specialist Nurse (SNOD) involvement at the approach to families in line with the NICE guidance (CG135) and recently published recommendations from NHSBT relating to both identification and approach of families for organ donation. Families will only be approached by someone who is specifically trained and

<table>
<thead>
<tr>
<th>Donor type</th>
<th>Number of donors</th>
<th>Number of patients transplanted</th>
<th>Average number of organs donated per donor Trust</th>
<th>Average number of organs donated per donor UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBD</td>
<td>1 (2)</td>
<td>3 (7)</td>
<td>4.0 (3.5)</td>
<td>4.0 (3.9)</td>
</tr>
<tr>
<td>DCD</td>
<td>1 (3)</td>
<td>2 (8)</td>
<td>2.0 (3.0)</td>
<td>2.6 (2.6)</td>
</tr>
<tr>
<td>DBD and DCD</td>
<td>2 (5)</td>
<td>5 (15)</td>
<td>3.0 (3.2)</td>
<td>3.4 (3.4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Donor type</th>
<th>Kidney</th>
<th>Pancreas</th>
<th>Liver</th>
<th>Heart</th>
<th>Lung</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBD</td>
<td>2 (4)</td>
<td>1 (1)</td>
<td>1 (2)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>DCD</td>
<td>2 (5)</td>
<td>0 (0)</td>
<td>0 (1)</td>
<td>0 (0)</td>
<td>0 (2)</td>
</tr>
<tr>
<td>DBD and DCD</td>
<td>4 (10)</td>
<td>1 (1)</td>
<td>1 (3)</td>
<td>0 (0)</td>
<td>0 (2)</td>
</tr>
</tbody>
</table>
competent in this role. SNOD involvement at the donation conversation is known to increase the consent rate when compared to no SNOD.

The committee have actively promoted organ donation awareness through a variety of activities. This included visiting all the local secondary schools to give them a free teaching resource pack linked to the national curriculum, talking to the fifth form at West Buckland School, providing promotional t-shirts for the local rugby team and joining forces with the palliative care team during dying matters week in May. As of the 27th May 2014 there were 38,919 people residing in the North Devon District postcode area on the UK Organ Donor Register and a further 18,757 in Torridge (area defined by the ONS NHS Postcode Directory).

**Policy and documentation**
The NDDH local organ and tissue donation policies are reviewed annually to ensure compliance with local and national guidance. Due to the recent national strategy implementation, the previous NDDH organ donation policy expired in September 2013, this has been updated reflecting the NICE guidance and will be in use until April 2017. The majority of organ donation documentation is available via the trust intranet, but recent documents and guidance require trust approval to be used fully on the trusts website. This is a continuing process as NHS blood and transplant will be implementing new strategies to increase the rates of organ donation.

**Summary of financial activity 2013-2014**
The trust receives £2086 reimbursement per donor, this is paid into the Critical Care Unit budget to reimburse the nursing care provided to donors and families. In total for the financial year 2013-2014 the families of 2 potential donors consented to organ donation and had organs offered to a transplant centre, therefore the hospital was eligible for a reimbursement. Net balance for reimbursement received for 2013-2014 = £4172
This has been used to support the ITU and ED departments in a number of ways; 13 members of staff have been supported through study days, promotional items have been ordered which will be used during transplant week (these include pens and key fobs), and to support the décor of the new ITU relatives room which is currently underway.
3. **Hospital Organ Donation Team Structure**

**TRUST**

**TRUST BOARD**

**HOSPITAL MANAGEMENT TEAM**
- Anthony Martin (Divisional Manager)
- TBC (Medical Director)

**ITU & Anaesthetics dept**

**NHSBT**

**ASSISTANT DIRECTOR**
- Anthony Clarkson

**REGIONAL MANAGER**
- (Karen Morgan)

**TEAM MANAGER**
- (Jacqueline Spencer and Rachel Stodard-Murden)

**DONATION COMMITTEE CHAIR**
- (Dr Tim Douglas Riley) CBE OStJ

**CLINICAL LEAD (CLOD)**
- (Dr Andrew Walder)

**SPECIALIST NURSE (SNOD)**
- (Sarah Fuller)

**NORTH DEVON DISTRICT HOSPITAL NHS TRUST**

**DONATION COMMITTEE**

**CRITICAL CARE**
- Senior Nurse Matron: Donna Knight.
- Senior sister: Alison Tollified.
- Senior sister: Stephanie Harris.

**EMERGENCY DEPARTMENT**
- Emergency Care Matron: Jo Hope.
- Clinical lead: Dr Liam Kevern
- Link nurses; Sister: Michele Scott.
- Staff nurse: Nicola Mountjoy.
- Staff nurse: Sarah Weston.
- Staff nurse: Michelle Whelihan.

**THEATRES**
- Staff Nurse: Clare Stevens.
- Sister: Andrea Johns.

**END OF LIFE**
- Facilitators
  - Palliative Care nurse specialist: John Fletcher Cullum.

**MORTUARY**
- Manager: Lee Luscombe.

**BRISTOL TISSUE CO-ORDINATORS**
- Senior Tissue Co-ordinator: Claire Smith.

**COMMUNICATIONS REPRESENTATIVE**
- Jim Bray.
4. **Organ Donation Rates / PDA Benchmarking 2013/14**

### Donation after Brain Death

<table>
<thead>
<tr>
<th></th>
<th>2013/14 (2012/13 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>3 (4)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>Referred</td>
<td>3 (4)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>BSDT performed</td>
<td>2 (4)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>Confirmed BSD and medically suitable (eligible DBD)</td>
<td>2 (2)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>Family approached</td>
<td>1 (2)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>Consent/authorisation given</td>
<td>1 (2)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>Donation proceeded (as reported through PDA)</td>
<td>1 (2)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>DBD donors (as reported through UKTR)</td>
<td>1 (2)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>DBD organs retrieved (as reported through UKTR)</td>
<td>4 (7)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>Neurological death testing (NDT) %</td>
<td>67% (100)</td>
<td>- (-)</td>
<td></td>
</tr>
<tr>
<td>Referral rate %</td>
<td>100% (100)</td>
<td>- (-)</td>
<td></td>
</tr>
<tr>
<td>Approach rate %</td>
<td>50% (100)</td>
<td>- (-)</td>
<td></td>
</tr>
<tr>
<td>Consent/authorisation rate %</td>
<td>100% (100)</td>
<td>- (-)</td>
<td></td>
</tr>
<tr>
<td>Conversion rate %</td>
<td>50% (100)</td>
<td>- (-)</td>
<td></td>
</tr>
</tbody>
</table>

**Performance explained:**

- 3 patients presenting with catastrophic brain injury and loss of cranial nerves were referred to the SNOD.
- 1 patient was too unstable to carry out brain stem death testing.
- 2 were tested according to BSDT criteria and death was confirmed in both cases. 1 patient then became so unstable that when the on call SNOD arrived in the afternoon, there had been irreversible organ damage resulting in the patient being too unstable to fully explore the options for organ donation, therefore the family were not approached. The other patient became a donor following brain stem death (DBD). The SNOD was involved in this approach. The patient donated 4 organs for transplant. The coroner’s officer gave permission in principal for donation.
Donation after circulatory death

<table>
<thead>
<tr>
<th>2013/14 (2012/13 figs in brackets)</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>12 (15)</td>
<td>0 (2)</td>
</tr>
<tr>
<td>Referred</td>
<td>8 (10)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>No. where treatment was withdrawn</td>
<td>12 (14)</td>
<td>0 (1)</td>
</tr>
<tr>
<td>No. eligible DCD donors</td>
<td>5 (13)</td>
<td>0 (1)</td>
</tr>
<tr>
<td>Family approached</td>
<td>2 (8)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Consent/authorisation given</td>
<td>1 (5)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Donation proceeded (as reported through PDA)</td>
<td>1 (3)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>DCD donors (as reported through UKTR)</td>
<td>1 (3)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>DCD organs retrieved (as reported through UKTR)</td>
<td>2 (9)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Referral rate %</td>
<td>37% (67)</td>
<td>- (-)</td>
</tr>
<tr>
<td>Approach rate %</td>
<td>33% (62)</td>
<td>- (-)</td>
</tr>
<tr>
<td>Consent/authorisation rate %</td>
<td>50% (63)</td>
<td>- (-)</td>
</tr>
<tr>
<td>Conversion rate %</td>
<td>20% (23)</td>
<td>- (-)</td>
</tr>
</tbody>
</table>

Performance explained

From the 12 patients where imminent death was anticipated, 8 were referred to the SNOD. There were 4 who were not referred;

- 3 had a listed absolute contraindication to organ donation (1x lymphoma, 1x myeloma, and 1 x carcinoma).
- 1 patient who fulfilled the criteria for referral to the service was not referred. This patient was a 72 year old, being treated for Acute Renal Failure with haemofiltration. Treatment was considered futile and life supporting therapies were withdrawn. His family were not local and had gone back home but withdrawal of treatment was discussed over phone. The family agreed to tissue donation following death. Potentially a referral should have been made and the options explored with a transplant surgeon due to his history. At the time this was not considered and was discussed in house by the CLOD.

Out of the 12 patients whom imminent death was anticipated, 5 were identified as eligible donors (no absolute contraindications to donation). Out of these 5 patients only 2 had discussions with the family to explore the available options for donation. The other 3 patients
were unsuitable for organ donation following exploration of their medical history and discussions between the SNOD and transplant recipient specialists, therefore this option was never explored with their families.

The 2 families who were approached for organ donation resulted in;

- 1 family declined the option. This was a consultant only approach and the family states that it was not what the patient would have wanted.
- 1 family wanting to pursue the option. This was a SNOD approach and the patient became a DCD donor. Permission was requested from the coroner’s officer at the time, and agreement for donation in principal made, wanting full referral the following day (after donation had happened).
Non donors are those donor that are referred to the Tissue Donor Co-ordinators but do not proceed to donation.

2013/2014 figures do not include organ donors that have been considered for tissue donation.
REFERRING DEPARTMENT

HOW THE REQUEST FOR DONATION WAS MADE
REASONS FOR NON DONATION

EYE RETRIEVAL

25 donors were referred to the eye retrievers

50 eyes retrieved

OUTCOME OF EYE DONATION
HEART VALVE DONATION

Of the 25 tissue donor referrals 22 were automatically excluded from heart valve donation due to being too old to donate heart valves. The age limit for heart valve donors is 65 years.

Of the remaining 3 referrals;

1 had a contraindication to heart valve donation but did donate their eyes

1 > 48 hours until the PM

1 DONOR (PM took place at the RUH in Bath. This occurred due to an Avon coroner giving permission as it co-insided with the movement of the body for PM)
## 5 Performance against 2012/13 objectives

<table>
<thead>
<tr>
<th>Objectives for the next year</th>
<th>Actions required to deliver objective</th>
<th>Measurable outcome/KPIs</th>
<th>Person responsible for leading action</th>
<th>Completion date</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to use minimal identification and notification documentation within ITU and incorporate NICE guidance.</td>
<td>Staff training – ED and ICU Continue Potential donor audit to reflect practice.</td>
<td>100% identification and referral of all patients as specified by NICE.</td>
<td>Dr Andy Walder Sarah Fuller</td>
<td>Continual PDA</td>
<td>To plan a teaching programme which targets key staff in the ED and ITU departments. All patients who fit the criteria for referral have been referred to the SNOD</td>
</tr>
<tr>
<td>Continue to do Potential Donor Audit (PDA)</td>
<td>Access to patients notes Access to NDDH PAS systems.</td>
<td>Quarterly NHSBT reports Monthly KPI updates at SWODT KPI meetings.</td>
<td>Sarah Fuller</td>
<td>Ongoing PDA as per national audit requirements. NDDH data is comparable to other hospitals in the south west and contributes to the south west regions overall KPI data.</td>
<td></td>
</tr>
<tr>
<td>Continue to provide Organ &amp; Tissue donation training within the Trust to staff in ED, ITU &amp; MAU</td>
<td>Organise regular teaching sessions in all ward areas. New guides have been issued to ITU, ED and MAU to help with the new deceased patient forms. To continue information delivery to all ward areas weekly.</td>
<td>Record of attendance PDA data Programme of delivery</td>
<td>Dr Andy Walder &amp; Sarah Fuller</td>
<td>Ongoing review at Trust Donation Committee Meetings</td>
<td>All wards offer tissue donation using the new deceased patient forms. Study sessions were provided but poorly attended therefore SF visited wards where possible to provide training. SF has been training on the QCF HCA</td>
</tr>
<tr>
<td>Continue public awareness in line with the national publicity i.e. Transplant Week.</td>
<td>Liaise with communication team, Patient Advice &amp; Liaison Service (PAL’s), Information Technology (IT), NHSBT. Obtain promotional materials. Involvement of recipients. Involvement in schools for discussion and awareness.</td>
<td>Increase number of people on the organ donation register. Increase awareness amongst staff and patients and service users of the NDDH trust.</td>
<td>Trust Donation Committee</td>
<td>Ongoing review annually</td>
<td>PAL’s service has contact details for donation service and has a guide to what is offered in NDDH. Transplant week 2013 had stands in hospital. Key fobs produced.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Ongoing promotion of tissue donation</td>
<td>Update Tissue Donation Policy</td>
<td>Use of deceased patient form and monitor tissue donation rates.</td>
<td>Sharon Bates, Claire Smith, Leanne Sarney, Sarah Fuller + Link nurses from departments.</td>
<td>Ongoing review of the new deceased patient forms.</td>
<td>Teaching around the new deceased patient forms continues. Leaflets have been given to MAU, Glossop ward, ITU and ED for families. A guide on tissue donation is also attached to the deceased patient guide, and information on BOB.</td>
</tr>
<tr>
<td>To ensure no missed opportunities for tissue donation.</td>
<td>100% request rate for offering the option of tissue donation in ITU and ED departments.</td>
<td>PDA data, audit of deceased patient forms. Referral data from Bristol tissue co-ordinators.</td>
<td>Leanne Sarney, Claire Smith, Sarah Fuller and Link nurses on ward.</td>
<td>Ongoing review.</td>
<td>Some changes to eye retrieval age criteria have changed and are communicated through BOB website.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>How to facilitate a donor from ED</td>
<td>Form the pathway</td>
<td>Pathway in place. Referral data from ED</td>
<td>Liam Kevern Sarah Fuller</td>
<td>Requires updating for Sept 2014</td>
<td>Requires review in Sept 2014 due to new strategy and guidance recently released.</td>
</tr>
<tr>
<td>Improve ITU relatives room to support families of potential organ donors</td>
<td>Directorate &amp; Executive sign up to plan New Relatives room. Relative/patient survey</td>
<td></td>
<td>Sharon Bates/Andy Walder/Donna Knight</td>
<td>Awaiting contractor</td>
<td>Funding agreed and works underway.</td>
</tr>
<tr>
<td>Develop working relationships with NDDH, Musgrove Park &amp; Royal Devon &amp; Exeter Hospital (RD&amp;E) SNOD’s to look at publicity within the community hospitals</td>
<td>Communication between SNODS Delivery of leaflets to community hospitals</td>
<td></td>
<td>Sarah Fuller</td>
<td>2014</td>
<td>SF has also been covering MPH in Taunton. Possibility for tissue donation in community hospitals next year – led by the eye technicians at RD&amp;E.</td>
</tr>
<tr>
<td>Engage external training as appropriate to support staff</td>
<td>Notification of appropriate study days. Promote training to staff. Staff survey results (to highlight the support to staff in relation to organ donation)</td>
<td></td>
<td>Sharon Bates/ Sarah Fuller and Liam Kevern.</td>
<td>Implement a regular training schedule from September 2013 for ED and ITU.</td>
<td>Targeted training for all staff in ITU and ED departments has commenced.</td>
</tr>
<tr>
<td>Ensure that all patients are fully assessed to determine their donation pathway (DBD/DCD).</td>
<td>Identify all Potential BSD patients in ITU and ED and test as per guidelines.</td>
<td>PDA/ Donation rates</td>
<td>ITU and ED lead to ensure Hospital and national policies for brain stem death testing are followed.</td>
<td>Review 6 monthly. Reports from SHA shown no missed referrals or potential donors.</td>
<td>All potential DBD donors identified and referred. 1 complex DCD not referred which prevented full assessment of donor potential. This was investigated and found to be a very borderline potential donor.</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Ensure that Organ Donor management is initiated early to optimise the number of organs available for transplant.</td>
<td>Training for medical and nursing staff with Donor management guidelines in ITU and ED</td>
<td>Increased number of organs retrieved from organ donors measurable from the PDA and KPI’s.</td>
<td>Andy Walder, Sarah Fuller and Liam Kevern (ED)</td>
<td>Implement DBD care bundle by December 2013</td>
<td>ITU and ED have access to brain stem death care bundle via BOB website and paper copy.</td>
</tr>
<tr>
<td>Set up an organ donation intranet and internet site for use by internal staff and information for external visitors to NDDH website.</td>
<td>Ensure all guidelines used in NDDH are up to date and ratified before uploading to BOB site.</td>
<td>Measure website use through hospital IT services. All sponsored documents (NHSBT) are authorised for use in NDDH.</td>
<td>Sarah Fuller and Andy Walder</td>
<td>Completed. Web site regularly reviewed to update new information.</td>
<td>Site is on BOB with links and information being updated regularly. New documentation related to donation has been approved for submission to the site.</td>
</tr>
<tr>
<td>Encourage the presence of a Specialist Nurse in Organ Donation at the initial approach for donation</td>
<td>Early identification and referral to the SNOD team of the potential donor, to ensure timely arrival on unit. Use of embedded SNOD.</td>
<td>PDA KPI data reflecting consent rate. Increased consent rate.</td>
<td>Sarah Fuller Andy Walder Liam Kevern</td>
<td>December 2013</td>
<td>SNOD presence at all donation conversation. Following NICE guidance the clinician has lead on futility discussion and SNOD offered the donation option.</td>
</tr>
</tbody>
</table>
6. **Strategic Response to Issues to be addressed**

In July 2013 NHSBT announced a new strategy to take organ donation through to 2020 and make the UK a world leader in deceased organ donation. For 2013/14 NHSBT has four key strategies that North Devon District Hospital will need to consider;

- 100% identification and referral of all potential donors in a timely fashion.
- 100% neurological death testing in all patients who present with a catastrophic brain injury and demonstrate loss of cranial nerve function.
- 100% SNOD involvement in the approach to families of potential donors when seeking consent / authorisation.
- Making donation the usual and not the unusual as part of our end of life care.

These key issues will be addressed by:

- Ensuring compliance with NICE guidance and implementing the latest guidance from NHSBT. Trust guidelines are in place, these follow the NICE guidance and staff have had education concerning their use. Consultants in ITU and ED areas will receive educational material from NHSBT, this will be backed up by on going education by SNOD and CLOD.

- Increasing Brain Stem Testing Rates and implement care bundle to ensure early stabilisation and optimum testing. We are trialling the nationally endorsed guidelines on the neurological determination of death and optimisation of the brain-stem dead donor with a view to having them adopted by the trust later in the year when involved clinicians are happy with their content.

- Ensuring SNOD is ALWAYS present to make first approach to possible organ donor family. Much work has already been done on this, it is now a stated goal in our trust organ donation policy and we are starting to see greater SNOD involvement. The latest guidance and educational material from NHSBT further stresses the importance of SNOD involvement and it will continue to be actively promoted by the SNOD and CLOD.

- Making donation the usual at NDDH through tissue donation. All wards at NDDH have the deceased patient forms to ensure staff address this option and provide documentation for the notes to evidence this as normal practice.
7.  **Any Other Information**

**Education**

Education is an on-going focus in relation to organ donation. Sessions highlighting identification and referral are on-going in both the Emergency Department and Critical Care departments. Both planned and impromptu sessions will be available for all healthcare professionals working within these environments.

The close working relationship between the Specialist Nurses in Organ Donation and support from National Health Service Blood and Transplant has enabled us to move forward enabling the Trust to contribute to the 50% national increase in Organ Donation by 2013. The positive impact of this will not only be seen nationally by helping to prevent 1000 deaths a year, but will also ensure our local transplant waiting list population will benefit, by reducing waiting times for a transplant.