

## TRUST BOARD

<b>Date of Meeting:</b> 25/06/2013	<b>Agenda Item No:</b> 9.1	<b>Enclosure:</b> 15
<b>Intended Outcome:</b>		
<b>For noting</b>	<b>For information</b>	<b>For decision</b> ✓
<b>Title of Report:</b> Organ Donation Annual Report		
<b>Aims:</b>  To update Board on last year's progress on Organ Donation		
<b>Executive Summary:</b>  <ul style="list-style-type: none"> <li>• The data for the 2012-2013 regional report are currently being validated.</li> <li>• Attached is the Executive Summary for the 2012/13 Plan</li> <li>• The OD rates in 2011/12 bear comparison to equivalent sites in the region</li> <li>• The CLOD retired in April 2013 and the post is being advertised internally this week, also the SNOD took up a new role last month and interviews for replacement are being held July 2<sup>nd</sup>.</li> <li>• Since the last OD Annual Report the Business Units have been formed and it is recommended 2012/13 OD figures are discussed by the CLOD (or pending CLOD appointment the CD ITU) at ITU board and EMOB, who should take operational responsibility for implementation of OD Board recommendations.</li> </ul>		
<b>Overview of key areas for consideration or noting:</b>  Change of leadership which is both a risk to current performance, but also an opportunity to improve.		
<b>Specific implications and links to the Trust's Strategic Aims:</b>		
<b>We deliver excellent clinical outcomes along closely integrated pathways</b>		✓
<b>We provide excellent patient-centred services</b>		
<b>We deliver excellence in safety, quality and regulatory compliance</b>		
<b>We deliver efficient care and work within budgets</b>		
<b>Recommendations:</b>  The Board note the OD referral rates and approve the paper		
<b>Prepared by:</b> Dr Jeremy Rushmer Interim Medical Director	<b>Presented by:</b> Dr Jeremy Rushmer Interim Medical Director	

## **North Cumbria University Hospitals NHS Trust Annual Organ Donation Plan 2012-2013 Trust Board June 2013**

### **Executive Summary**

The purpose of this document is to set out the annual plan for organ donation at Cumberland Infirmary Carlisle and West Cumberland Hospital for the financial year 2012/2013. The plan addresses the following areas:

- We must make organ donation usual, not unusual.
- The consideration of organ and/or tissue donation for every patient approaching end of life means that assessment of donation potential must be part of our official End of Life pathway.
- The number of donations within the trust has increased year on year over the past three years. We should make every effort to achieve the maximum number of donations possible within the trust.
- Pre-existing local guidelines for potential donor management have been successful in increasing our referral rates, but have been superseded by NICE Guidance (CG135) which should now be fully adopted in their place.
- While the Trust already broadly complies with NICE Guidance (CG135) in most respects, we do not yet comply regarding: 1) the stabilisation of every patient in a critical care environment while donation potential is assessed, and 2) the approach to those near to the potential donor for consent.
- An audit of NICE CG 135 compliance (scheduled to start on August 1<sup>st</sup> 2012)
- Staff awareness/education sessions (ongoing) by all members of the Donation Committee will continue, but particularly by Specialist Nurse-Organ Donation (SN-OD) and Clinical Lead, Organ Donation (CLOD).

- A memorial to past and future North Cumbrian organ donors is planned by the Committee; £2000 has already been donated after fund raising by the friends and family of a local organ donor. Further funding is available and separate locations at CIC and WCH will be required. Finally, our local Potential Donor Audit (PDA) shows that while the increase in the number of donations within the trust is better than the national average, potential donors can still be missed if guidance is not followed. We request the support of the Trust Board to ensure that any future measures necessary to increase organ donation are fast tracked through the necessary committee and division approval.

## Organ Donation Rates / PDA Benchmarking 2011/12

### Donation after Brain Death

<b>2011/12 (2010/11 figs in brackets)</b>	<b>DBD Critical Care</b>	<b>DBD Emergency Dept.</b>
Patients with Suspected Neurological Death	2 ( 3 )	0 ( 0 )
Referred	2 ( 3 )	0 ( 0 )
BSDT Performed	2 ( 2 )	0 ( 0 )
Confirmed BSD and Medically Suitable	2 ( 3 )	0 ( 0 )
Family Approached	2 ( 2 )	0 ( 0 )
Authorisation Given	1 ( 2 )	0 ( 0 )
Donation Proceeded	1 ( 1 )	0 ( 0 )
Organs Retrieved	3 ( 4 )	0 ( 0 )
Identification of Neurological Death (ND)%	100 (66)	( )
Neurological Death Testing (NDT) %	100 (100)	( )
Referral Rate of Patients Confirmed %	100 (100 )	( )
Approach Rate%	100 (100 )	( )
Authorisation Rate %	50 ( 100)	( )
Conversion Rate %	50 (100 )	( )

### Donation after Circulatory Death

<b>2011/12 (2010/11 figs in brackets)</b>	<b>DCD Critical Care</b>	<b>DCD Emergency Dept.</b>
No. Patients for whom Imminent Death was Anticipated	35 (51)	1 (3)
Referred to the SNOD	30 (19)	1 (0)
No. Where Treatment was Withdrawn	35 (50)	1 (3)
No. Potential DCD Donors	24 (24)	1 (2)
Family Approached	8 (4)	1 (0)
Authorisation to Donation	4 (1)	0 (0)
Donation Proceeded	4 (1)	0 (0)
Organs Retrieved	9 (5)	0 (0)
Referral Rate %	86 (37)	100 (0)
Approach Rate %	33 (17)	0 (0)
Authorisation Rate %	50 (25)	0 (0)
Conversion Rate %	11 (4)	0 (0)