



AGENDA ITEM

3.2.7

QUALITY & SAFETY COMMITTEE

ORGAN DONATION COMMITTEE ANNUAL UPDATE REPORT

Date of meeting

22/03/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

Dr Dom Hurford, Interim Medical Director

Approving Executive Sponsor

Executive Medical Director

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

CTMUHB

Cwm Taf Morgannwg University Health Board

DNC

Death by Neurological Criteria

NICE

National Institute for Health and Care Excellence

SNOD

Specialist Nurse - Organ Donation

CLOD

Clinical Lead for Organ Donation

ICU

Intensive Care Units

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Quality & Safety Committee with an overview of the Organ Donation activity across CTMUHB during 2021/22.
- 1.2 The ambition is that the Health Board misses no opportunity to make a transplant happen and that opportunities are maximised at every stage.
- 1.3 Donations are down in comparison to previous years, however referral rate remains constant (100%).
- 1.4 For the period 1st April – 30th September 2021, CTMUHB had five consented donors, however two donors did not proceed following consent (one – no organs accepted, two – patient deteriorated following consent). The three remaining donors proceeded as solid organ donors, resulting in four patients receiving a transplant.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Despite the COVID-19 pandemic having a devastating effect on Intensive Care Units, CTMUHB continues to refer patients for Organ Donation.
- 2.2 CTMUHB has a consistent process for referral, consent, and DNC testing.
- 2.3 As per NICE CG135 guidance, CTMUHB has consistent SNOD presence rates. All donor families in this period (1st April 2021 – 30th September 2021) were approached by a Specialist Nurse – Organ Donation (SNOD).
- 2.4 Good working relationships made across CTMUHB, with a Clinical Lead for Organ Donation (CLOD) present on each site.
- 2.5 Now part of the Bereavement Strategy Group. This group was established to develop a robust Bereavement service in CTMUHB, delivering a service with a consistent approach.
- 2.6 CTMUHB now part of the National SIGNET trial. The trial will evaluate the benefits of Simvastatin given to organ donors on outcomes in organ recipients.
- 2.7 Memory boxes and child bereavement books are now provided to Intensive Care Unit and occasionally Emergency Department.
- 2.8 Education sessions take place regularly for Junior Doctors across the Health Board.
- 2.9 A Donor Family Volunteer service (the first role of its kind in the UK) has been set up and will be utilised when COVID-19 restrictions ease.



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Only one SNOD working over three sites at present, however this is not expected to be long term.
- 3.2 Winter pressures, bed availability and staffing may affect the ability to facilitate organ donation but every effort will be made to facilitate.
- 3.3 Promotion opportunities limited due to infection risk, however media links are being utilised
- 3.4 COVID-19 pandemic and new variants have ongoing effects on bed availability, staffing, and potential recipients
- 3.5 Nursing staff education limited due to work and staffing pressures within Intensive Care Units and Emergency Departments. Currently liaising with ICU practice educator at Prince Charles Hospital to help organise drop-in sessions and bedside teaching.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Effective Care If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below. N/A
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 It is recommended that Quality & Safety Committee **NOTE** the content of this report.