

Organ Donation Policy

CATEGORY:	Policy
CLASSIFICATION:	Clinical
PURPOSE	The Organ Donation Policy has been produced in order to ensure the quality of care to potential deceased organ donors and their families and to support Trust staff to identify opportunities for Organ Donation in the Trust.
Controlled Document Number:	674
Version Number:	3.0
Controlled Document Sponsor:	Director of Partnerships
Controlled Document Lead:	Chairperson of Trust Organ Donation Committee
Will this Controlled Document impact upon any contracts held by the Trust?	<input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No
Approved By:	Board of Directors
On:	July 2019
Review Date:	July 2022
Distribution:	
Essential Reading for:	All Staff involved in any aspect of Organ Donation
Information for:	All other Clinical Staff

¹ If this Controlled Document will have an impact on any contracts held by the Trust, once approved, this will need to be sent to the Procurement Team requesting that it be added to the Procurement Policy Portal

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1 Policy Statement

- 1.1 University Hospitals Birmingham NHS Foundation Trust (the 'Trust') is committed to ensuring that best Organ Donation practice is delivered.
- 1.2 The objectives of this policy are to ensure that:
 - 1.2.1 All opportunities for Organ Donation of patients are identified in a timely manner;
 - 1.2.2 All checks with the Organ Donor Register are made and families are approached in the correct way with appropriate consent being obtained and recorded properly; and
 - 1.2.3 Organ Donation is carried out in full compliance with legislation and appropriate guidance.

2 Scope

- 2.1 This policy applies to all individuals employed by the Trust, including contractors, volunteers, students, locum agency staff, bank staff and staff employed on honorary contracts, who are involved in any aspect of Organ Donation.
- 2.2 This Policy does not apply to live donors.

3 Framework

- 3.1 This section describes the broad framework for Organ Donation. Detailed instructions are provided in the associated procedural documents.
- 3.2 The Trust Organ Donation Committee shall approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.
- 3.3 Potential deceased Organ Donation patients are admitted to critical care although the process can exceptionally begin in the emergency department. The donation always takes place in the operating theatres.
- 3.4 **Definition of Organ Donation Best Practice**

Organ Donation must be seen as a routine part of end of life care, ensuring that all patients who are eligible to become organ donors are recognised and that their wishes are respected through accessing the Organ Donation Register and discussing the option of organ or tissue donation with families at an appropriate time. Best practice is defined by NHS Blood and Transplant.

3.5 Staff supporting Organ Donation

The Trust has a number of roles which support Organ Donation processes and families:

- Specialist Nurses for Organ Donation
- Specialist Requestors
- Link Nurses on the following Trust's sites:
 - QEHB: Critical Care and Emergency Department;
 - BHH: Critical Care; Theatres and Emergency Department; and
 - GHH: Critical Care and Emergency Department.

3.6 Identifying and Consenting for Organ Donors

A flowchart of the Organ Donation process is provided in the accompanying procedures.

The Trust will:

- Have Specialist Nurses for Organ Donation who provide a weekday service;
- Have a regional on call rota of Specialist Nurses for Organ Donation run by NHS Blood and Transplant (NHSBT) who will attend the Trust during out of hours;
- Using the Trigger referral process, as set out in the Deceased Organ Donation Procedure Appendix A: Identification and Referral of Potential Organ Donor, identify all those eligible for Organ Donation;
- Liaise with the family in accordance with the Deceased Organ Donation Procedure Appendix B: Midlands Integrated Care Guide for Deceased Organ and Tissue Donation and obtain appropriate consent as well as ensuring that all matters are recorded appropriately.

3.7 Legislation

The Trust will ensure its Organ Donation practice complies with the legal frameworks set out in the Human Tissue Act (2004) and the Mental Capacity Act (2005) and legal issues relevant to Non-heart Beating Organ Donation Guidance (2009) from the Department of Health.

4 Duties

4.1 Organ Donation Committee (ODC)

The main objective of the Organ Donation Committee is to promote the highest standards of practice throughout the Trust with regards to Organ Donation.

The Organ Donation Committee will:

- 4.1.1 Have representatives from all the major groups involved in Organ Donation within the Trust and appropriate ethical and lay representation from other organisations involved with donation;
- 4.1.2 Report to the Board of Directors annually; and
- 4.1.3 Ensure that the Trust complies with legislation and guidance related to Organ Donation as set out in section 3.7.

4.2 Clinical Lead for Organ Donation

The Clinical Lead for Organ Donation is responsible for ensuring that:

- 4.2.1 The policy and its associated procedures are complied with; and
- 4.2.2 Audit reports on compliance are provided to the Organ Donation Committee.

4.3 Specialist Nurse for Organ Donation (SNOD)

The SNOD is responsible for ensuring that:

- 4.3.1 This policy and Trust processes relating to Organ Donation are complied with in accordance with the duties for the SNOD listed in Appendix B of the Organ Donation Procedure; and
- 4.3.2 Audits of deaths occurring in Critical Care and the Emergency Department are performed, to monitor the donor potential and details of any missed opportunities.

4.4 Specialist Requestor (SR)

The Specialist Requestor is responsible for ensuring that best practice is followed in relation to approaching families.

4.5 **Clinical Service Leads, Associate Directors of Nursing, Senior Nurses and Link Nurses**

4.6

They will ensure that:

4.6.1 The Organ Donation Policy is incorporated into their working practices;

4.6.2 Arrangements are in place so that staff can effectively implement this policy; and

4.6.3 Compliance with audits related to Organ Donation is followed.

4.7 **Staff**

Staff involved in any aspect of Organ Donation will ensure that:

4.7.1 They are trained to undertake their roles and responsibilities as outlined in the policy; and

4.7.2 This policy and associated procedures within their practice.

5 **Implementation and Monitoring**

Implementation

5.1 This policy will be available on the Trust's Intranet site. The policy will also be disseminated through the management structure within the Trust;

5.2 All staff involved with Organ Donation will be supported with appropriate training delivered by the embedded Specialist Nurse for Organ Donation and the Clinical Lead for Organ Donation, with dissemination via Link Nurses in each relevant clinical area.

Monitoring

5.3 Appendix A provides full details on how the policy will be monitored by the Trust.

6 **References**

Academy of Medical Royal Colleges (2008) *A Code of Practice for The Diagnosis and Confirmation of Death.*

NHS Blood and Transplant (2013) *Approaching the families of potential organ donors best practice guidance.*

National Institute for Health and Clinical Excellence (2011) *Organ Donation for Transplantation: Improving donor identification and consent rates for deceased Organ Donation.*

Coroners and Justice Act (2009).

NHS Blood and Transplant (2012) Timely identification and Referral of potential organ donors: A strategy for implementation of best practice.

UK Donation Ethics Committee (2011) Ethical framework for controlled donation after circulatory death.

Department of Health London (2008) Organs for Transplant A report from the Organ Donation Taskforce.

General Medical Council (2010) Treatment and Care towards the End of Life: Good Practice in Decision making.

Human Tissue Authority (2004) Human Tissue Act .

Mental Capacity Act (2005).

NHS Blood and Transplant (2013) Taking Organ Transplantation to 2020: A detailed strategy.

NHS Blood and Transplant (2013) Donor Optimisation Guideline for the Management of the Brainstem Dead Donor (Adult).

Department of Health (2009) Legal issues relevant to non-heart beating Organ Donation.

Advisory Committee on the Safety of Blood, Tissues and Organs (2011) Guidance on the microbiological safety of human organs, tissues and cells used in transplantation.

7 Associated Procedural Documentation

The following procedures must be read in conjunction with this policy:

Deceased Organ Donation Procedure

Deceased Organ Donation Procedure Appendix A: Identification and Referral of Potential Organ Donor.

Deceased Organ Donation Procedure Appendix B: Midlands Integrated Care Guide for Deceased Organ and Tissue Donation.

Appendix A

Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Oversight, delivery and audit of the policy	Clinical Lead for Organ Donation	Chair of the Organ Donation Committee	<p>The SNOD will analyse the Organ Donation data collected to check that potential donors were identified, all relevant data was collected, consent was obtained and that the Organ retrieval was done appropriately.</p> <p>RCA of any missed donation opportunities will be examined and reported to the Organ Donation Committee when it meets.</p>	Quarterly
The Organ Donation Committee will compare its performance to other Trusts	Clinical Lead for Organ Donation	Chair of the Organ Donation Committee	Analysis of Trust performance that is benchmarked against other regional Trusts and the national average.	Every 6 months
The Organ Donation Committee will provide assurance to the Board of Directors that the Trust is complying with legislation and guidance related to Organ Donation.	Chair of the Organ Donation Committee	Board of Directors	Provide the Board of Directors with a report that demonstrates compliance with the process as set out in this Policy and its associated Procedures.	Annually