SUMMARY REPORT

ABMU University Health Board

Health Board
ABMU

28th July 2016
Agenda item: 3vi

Report Title
Organ Donation Annual Summary Report

Prepared by:
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Approved by:
ABMU Organ Donation Committee

Presented by:
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Purpose
To provide the Board with a summary of ABMU’s organ donation activity from 1 April 2015 to 31 March 2016 and the work already undertaken and planned to improve organ donation rates in 2016-17.

Corporate Objectives

<table>
<thead>
<tr>
<th>Excellent Population Health</th>
<th>Excellent Population Outcomes</th>
<th>Sustainable &amp; Accessible Service</th>
<th>Strong Partnerships</th>
<th>Excellent People</th>
<th>Effective Governance</th>
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Executive Summary

The donation of organs by Health Boards is essential to support the national programme for transplantation. Between 1 April 2015 and 31 March 2016, ABMU had nine deceased solid organ donors, resulting in 30 patients receiving a transplant, both an increase compared with the same period last year. The average numbers of organs donated per donor has increased significantly at 4.6 compared with the UK average of 3.4. The number of deaths on the organ transplant waiting list per million population for ABMU patients has continued to fall, now below the average for Wales for the first time since contemporary records began in 2010.

The Wales Transplantation Advisory Group (WTAG) provides National leadership and monitors progress made by the LHB with compliance in implementing UK and Welsh strategies, and delivery of actions required from the Wales Action Plan. WTAG has recently stated that there should be six priorities for Health Boards over the next twelve months:

- Taking action to address variation in application of best practice to maximise deceased donor rates;
- Taking action to address variation in referral/access for patients with kidney failure for pre-emptive live kidney transplant;
- Develop targeted outcomes for individual transplant patients;
Taking action to address variation in application of best practice to maximise deceased donor rates;

Taking action to address variation in referral/access for patients with kidney failure for pre-emptive live kidney transplant;

Develop targeted outcomes for individual transplant patients;

Developing and implementing clear pathways to ensure facilitation of donation from the emergency department;

Developing and implementing clear pathways to ensure facilitation of donation from neo-natal and paediatric donors;

Developing a comprehensive communications strategy for organ donation and transplantation, including living donation, post 2015.

Key Recommendations

- Support organ donation throughout ABMU Health Board, taking it into account when planning future ITU provision.
- Implement recommendations and guidance from the Welsh Transplant Advisory Group.
- Support the review of the terms of reference of the Organ Donation Committee in line with the recommendations made in the Welsh Government review.
- Approve the Review of 2015/16 and Action Plan for 2016/17 Report (yet to be completed) before it is submitted to the Welsh Government at the end of August, and on approval to publish it on the ABMU website.

Next Steps

- The Organ Donation Committee will continue to monitor organ donation activity and adherence to agreed organ donation pathways.
- The Committee will ensure that mechanisms are in place to enable clinical teams to learn from missed donation opportunities.
- Outcomes will be assessed against targets set out in Taking Organ Transplantation to 2020 – a UK strategy and Taking Organ Transplantation to 2020 – Wales Action Plan.
- ABMU Organ Donation Report for 2015/16 and Action Plan for 2016/17 to be submitted for approval by the HB by the end of August. The report to be published on the HB website in accordance with WG policy.
1. PURPOSE
To provide the Board with a summary of ABMU’s organ donation activity from 1st April 2015 to 31st March 2016 and the work already undertaken and planned to improve organ donation rates.

2. BACKGROUND
In 2008 the Department of Health (DH), with the support from the Welsh Assembly Government, published the document “Organs for Transplant – A report from the organ donation taskforce.” The 14 recommendations within this report were aimed at increasing organ donation by 50% within 5 years, and this target broadly was achieved.

“Taking Organ Transplantation to 2020 – a UK strategy,” published by the DH in 2013, has superseded this report and again is supported by Welsh Government; it focuses on improving four broad outcomes that will increase further the number of successful transplants. In January 2014 the Welsh Government published “Taking Organ Transplantation to 2020 – Wales Action Plan" which is more specific about the actions necessary to improve donation further by 2020, and the timescales for each. Every Health Board has developed its own local plan to implement these actions.

The ABMU LHB Organ Donation Committee (ODC) is responsible for ensuring that organ donation achieves its potential, to examine aspects of the processes that may be hindering that aim, and implement changes needed to improve organ donation rates. The experiences of other NHS organisations in the UK show that Board representation on their Organ Donation Committee is important to ensure that organ donation has a high profile. Mrs Chantal Patel, Head of Interprofessional Studies at Swansea University, in her role as a Non Officer Member of the Health Board has joined the ODC as the Board representative.

The ODC has set out a number of actions to improve referral, approach and consent rates as well as supporting teaching about organ donation to staff directly and indirectly involved in organ donation. In September 2014, the All Wales Medical Director’s Group agreed that a review of health board (HB) donation committees should be undertaken. The review has been published and circulated to Medical Directors. The review made twelve recommendations relating to the membership,
function and reporting arrangements of ODCs to strengthen their role. A key recommendation is that the Donation Committee chair should be appointed on a fixed term basis for three years with the option to undertake a fourth year, that they should be from a non-clinical background and be a Board member. The current chair of ABMU’s ODC has a clinical background and is not a Board member. The ABMU ODC will be reviewing its terms of reference at its next meeting in late September to take account of the recommendations.

The Wales Transplantation Advisory Group (WTAG) provides National leadership and will monitor progress by the LHB in implementing UK and Welsh strategies, and delivery of actions required from the Wales Action Plan. WTAG has described six priorities for Health Boards over the next twelve months:

- Taking action to address variation in application of best practice to maximise deceased donor rates;
- Taking action to address variation in referral/access for patients with kidney failure for pre-emptive live kidney transplant;
- Develop targeted outcomes for individual transplant patients;
- Developing and implementing clear pathways to ensure facilitation of donation from the emergency department;
- Developing and implementing clear pathways to ensure facilitation of donation from neo-natal and paediatric donors;
- Developing a comprehensive communications strategy for organ donation and transplantation, including living donation, post 2015.

These priorities, to a varying extent, are incorporated in the Health Board’s Integrated Medium Term Plan, as directed by WTAG. The Organ Donation Committee will also continue to support Welsh Government, Public Health Wales and NHS Blood & Transplant (NHSBT) awareness-raising and education programmes, such as Transplant Week, as well as continuing to provide speakers to community-based organisations.

A key change in the law in Wales is intended to make it easier for people who live in Wales to become organ donors. The Human Tissue Transplantation Wales Act received Royal Assent on 10 September 2013. On 1 December 2015 Wales became the first UK country to introduce a “soft opt-out” system for organ and tissue donation. People who do not opt out will be deemed to have given their consent for their organs to be donated. The aim of the Act is to increase the number of organs and tissues made available for transplant. This will benefit the people of Wales by reducing the number of people who die whilst waiting for a suitable organ to become available and improving the quality of life of others. In anticipation of the changes taking effect the Specialist Nurses for Organ Donation (SNODs) and Clinical Leads for Organ Donation (CLODs) have been pro-active in delivering training to healthcare professionals that may be involved in the donation processes.

The primary aim of the legislative changes was to increase the yearly number of consented donors across Wales by 15, providing an extra 45 organs donated. The changes are being monitored, and recent WTAG data suggests that 18 donors have
consented under deemed consent in the first 6 months. There are no figures yet available for individual Health Boards. As of 26 May 2016 167,198 people in Wales have opted-out on the organ donation register, which is 5.4% of the estimated population.

3. KEY ISSUES

3.1 Organ Donation Performance

NHSBT provide a yearly report to each Health Board summarising potential and actual organ donors and comparing the organisation’s performance with National targets and rates. The Health Board has recently received the report covering 1 April 2015 – 31 March 2016 that includes comparative data for the same periods in 2013/14 and 2014/15.

Between 1 April 2015 and 31 March 2016, ABMU had nine deceased solid organ donors, resulting in thirty patients receiving a transplant. This is a slight improvement from the previous year.

All patients who have the potential to become organ donors must have already undergone tracheal intubation for mechanically assisted ventilation. Donation can occur in two different circumstances:

- Donation after brain death (DBD) – the patient suffers an intracranial catastrophe that results in the death of the brainstem (confirmed after doing 2 sets of clinically based brainstem death tests). Time of death occurs at the time the first set of tests has shown no brainstem activity. Mechanical ventilation is continued and failing organs are assisted until donation occurs in theatre; the heart remains beating until the organs are harvested.

- Donation after cardiac death (DCD) – withdrawal of life-sustaining treatment (WLST) is undertaken; primarily cardiovascular and ventilation support is removed, and donation proceeds five minutes after asystole occurs (absent beating of the heart).

There has been an improvement in DBD in the last year. Overall Brainstem death testing, Specialist Nurse for Organ Donation (SNOD) involvement and consent have been higher than the UK average. Referral and approach rate have been lower than average, and vary between Morriston and the Princess of Wales Hospitals. This is because those not referred or approached had medical contraindications to donation - the clinical practice was appropriate even though it has affected the statistical analysis. No potential DBD donation was missed, and no likely brainstem dead patients were identified in Emergency Department that were not admitted to the general Intensive Therapy Units (ITUs).

There has also been an improvement in DCD in the last recorded period compared to the previous data collection. Referral, approach, SNOD involvement and consent have all increased, but referral and consent are still below the UK average. The referral rates are reasonable for the general ITUs but poor for the Morriston Emergency Department. Consent rates are particularly poor for DCD when the patients’ wishes are unknown. It is hoped that deemed consent may assist with consent discussions in the future. There have also been incidences in ABMU (and elsewhere in South Wales and the UK) where patients have overridden express consent by potential donors (family
refusal even though the patient opted-in). NHSBT are looking at whether legislative changes can prevent “overrides” in the future.

### 3.2 Improvement actions

**Consistent application of best practice and donation pathways**

- Pathways already in place for identification and referral of potential patients from the Emergency Department. Patients with non-operable, severe intracranial events are admitted as routine to the general ITU for further assessment and management in accordance with national guidance on best practice rather than premature withdrawal of life sustaining treatment (WLST) in the Emergency Department (ED). This is primarily to allow 72 hours for observation, management and prognostication in line with best clinical practice rather than admission primarily for organ donation; however it is likely that this practice will also result in increased organ donation potential. ABMU ITU has taken the lead for this practice across South Wales (information from Karen Morgan – Welsh Transplantation Advisory Group) which all Morriston ITU consultants have agreed to.

- Dr Ranga Mothukuri has been appointed to a substantive post as an Emergency Department and Intensive Care Medicine consultant. He is taking the lead for donation in Emergency Department and we are trying to get funding from NHSBT to appoint him to a formal, part-time Clinical Lead for Organ Donation position.

- All intubated patients in ED for whom there is consideration of WLST to be discussed by an ED consultant and ITU consultant prior to treatment withdrawal in case there is potential for organ donation.

- Patients in ITU where WLST may be indicated referred early to the SNODs as a matter of routine.

- Organ donation is part of the shift handover information.

- Brainstem death testing performed and documented in line with recent guidance from the Academy of Medical Royal Colleges.

- Analysis and discussion of organ donation at the monthly ITU Clinical Governance meetings, and at the quarterly Organ Donation Committee meetings.

- It has been agreed that the Clinical Leads for Organ Donation will be available to provide advice to clinicians, even when not on duty. They will provide assistance and support when they are able to do so. Clinical Leads for Organ Donation are notified by Specialist Nurses for Organ Donation when they are informed of a potential donation within ABMU hospitals so that they can provide assistance if necessary.

- A collaborative approach to the family about donation involving the Specialist Nurse for Organ Donation is now the normal standard across the Health Board. All the ITU consultants comply with this best practice since it has conclusively been shown to improve consent rates.

- ABMU is leading the South Wales Regional Collaborative Stretch Goal to improve DCD consent to 60% by 2018, concentrating on early referral to SNODs and a timely approach to families. This work has been shared at a joint collaborative meeting with the South West Regional Organ Donation Collaborative in Bristol.
Performance management and escalation arrangements

- Despite capacity issues in ED and ITU and intense workload pressures on all staff in these areas there have been no cases where organ donation has not proceeded as a result. Patients requiring ICU management following a non-operable neurological event or an out-of-hospital cardiac arrest have been admitted regardless of capacity issues. Increasing pressure for ITU admission for elective surgical cases and support for other tertiary referrals (such as post cardiology interventions) may mean this may not always be the situation.
- ED and ITU admissions, and all cases where patients die, are analysed for possible missed donation potential and then these cases will be escalated to ABMU in the yearly organ donation report and NHSBT for data collection and possible action.

Education and communication

- Routine rolling programme of training to ITU nursing staff by the SNOD.
- Formal CLOD teaching to ITU, ED and anaesthetic medical staff at Morriston about current practice and recent legislative changes on presumed consent has been done.
- Sharing of data and cases by CLOD to consultant ITU colleagues done at monthly governance meetings.
- Regular attendance by the Morriston CLOD at the Welsh Transplant Advisory Group (WTAG), and at regional and national collaborative meetings.
- The Morriston CLOD is leading the Welsh Government Stretch Goal initiative on early identification, referral and approach.
- Dates for discussion and training by SNOD and CLOD have been arranged with Morriston burns ITU and Singleton neonatal ITU staff who may be unaware of potential for organ donation within their practice and the processes involved.
- A communication workshop is planned for staff to improve communication with patients and families about end of life issues, including organ donation, to ensure that organ donation becomes a routine consideration in end of life management.

RECOMMENDATIONS

The Board is asked to:

- Support organ donation throughout ABMU Health Board, taking it into account when planning future ITU provision.
- Implement recommendations and guidance from the Welsh Transplant Advisory Group.
- Support the review of the terms of reference of the Organ Donation Committee in line with the recommendations made in the Welsh Government review.
- Approve the Review of 2015/16 and Action Plan for 2016/17 Report (yet to be completed) before it is submitted to the Welsh Government at the end of August, and on approval to publish it on the ABMU website.

LINKS TO REFERENCES
1. Taking Organ Donation to 2020 – A UK Strategy
   http://www.nhslt.nhs.uk/to2020/get-the-strategy/
2. Taking Organ Donation to 2020 – Wales Action Plan
   http://wales.gov.uk/topics/health/nhswnes/organ/guidance/transplant/?lang=en