

## Organ and Tissue Donation Policy

<b>Department / Service:</b>	Organ Donation Services Team
<b>Originator:</b>	Organ Donation Services Team
<b>Accountable Director:</b>	Dr Steven Haynes, CLOD
<b>Approved by:</b>	Divisional Management Team's Business Approval Meeting
<b>Date of approval:</b>	27 <sup>th</sup> August 2021
<b>Review Date:</b>	3 <sup>rd</sup> May 2025
<b>This is the most current document and should be used until a revised version is in place</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	Critical Care, ED
<b>Target staff categories</b>	All staff involved in any aspect of organ donation

### Policy Overview:

This policy is intended for reference throughout the Critical Care areas of the Trust (specifically the ED, Intensive Critical Care Units) where patients may meet the clinical criteria (as detailed) for Deceased Organ Donation. This policy is also for use in any clinical area where patients may be referred for Deceased Tissue Donation, i.e. the wider inpatient ward areas. The policy and the attached documents are intended to guide clinicians (doctors, nurses, AHPs) seeking further information about the Deceased Organ and Tissue Donation pathways, and to provide a clinical protocol for the facilitation of these.

### Latest Amendments to this policy:

27<sup>th</sup> August 2021- New document approved for 3 years  
 3<sup>rd</sup> December 2024 – Document extended for 6 months whilst under review and discussed with colleagues

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## 1. Introduction

1.1 Worcestershire Acute Hospitals NHS 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 of this document

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.

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### 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:
  - Worcester Royal Hospital: Critical Care Unit
  - Alexandra Hospital Redditch

### 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. Responsibility and 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:** These will ensure that:

- 4.5.1 The Organ Donation Policy is incorporated into their working practices;
- 4.5.2 Arrangements are in place so that staff can effectively implement this policy; and

4.5.3 Compliance with audits related to Organ Donation is followed.

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

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

4.6.2 This policy and associated procedures within their practice.

## 5. Documents and Implementation/ Policy Detail

**5.1 Please see Appendix 1 and 2 for policy documents:**

-“Identification and Referral of Potential Organ Donors”

-“Midlands Integrated Care Guide for Referral and Consideration of Adult Deceased Organ Donors”.

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

5.3 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.

## 6. Monitoring and compliance

6.1 Embedded Specialist Nurses for Organ Donation will carry out a continuous monitoring programme to ensure Trust-wide compliance. Auditing of deaths within ITU/A&E areas will be carried out on a weekly basis using data provided by the Trust Bereavement Officers, and amalgamated within the Potential Donor Audit database documents.

6.2 Embedded Specialist Nurses will share their resulting findings with the Clinical Lead for Organ Donation and the Organ Donation Committee during quarterly Committee Meetings, running reports and providing data analysis as required.

6.3 The above reports to be shared annually with the Trust Executive Board.

## 7. Policy Review:

7.1 Embedded SNODS/SRs will review policy annually, in collaboration with the CLOD and ODC.

## 8. 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.

## 9. Background

### 9.1 Equality requirements

[A brief description of the findings of the equality assessment Supporting Document 1]

### 9.2 Financial risk assessment

[A brief description of the financial risk assessment Supporting Document 2]

### 9.3 Consultation

[This section should describe an appropriate consultation process which should involve stakeholders]

#### Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Clementine Stott

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Divisional Management Team's Business Approval Meeting

### 9.4 Approval Process

This section should describe the internal process for the approval and ratification of this Policy.

### 9.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:

## Appendices

### Appendix 1 Identification and Referral of Potential Organ Donors



Identification and referral of potential o

### Appendix 2 Midlands Integrated Care Guide for the Referral and Consideration of Adult Deceased Organ



Midlands Integrated Care Guide - Form Ma

### Appendix 3 Tissue Donation in End of Life Care



Appendix 3 Tissue donation flow chart.p

## Deemed Consent for Organ Donation in England

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From 20 May 2020, all adults in England will now be considered to have agreed to be an organ and tissue donor when they die unless they have recorded a decision not to donate or are in one of the excluded groups. This is also referred to as an 'opt out' system. This means that if a patient has not confirmed whether they want to be an organ donor – either by recording a decision on the NHS Organ Donor Register or by speaking to friends or family – it will be considered that they agree to donate their organs when they die. Organ donation remains an act of great generosity and patients still have the right to choose whether to be an organ donor. Patients' families will still be consulted about organ donation following a referral to the SN-OD.

The Organ Donation (Deemed Consent) Act 2019 was introduced to make amendments of the Human Tissue Act 2004 concerning consent to activities done for the purpose of transplantation; and for connected purposes. The Act amends the 2004 Act to introduce provisions that would allow for consent to organ and tissue donation in England to be deemed to have been given by a potential adult organ donor before their death unless they had expressly stated that they did not wish to be a donor or an exception applies. This is often referred to as an "opt-out" system of consent as people may "opt-out" of becoming an organ donor if they do not consent. The Act does not change rules on consent to organ donation in respect of children under 18 or people who have expressly made a decision on consent before their death (either by recording their decision to give or refuse consent or appointing someone to make that decision on their behalf). This Act also does not change consent concerning living donations. Further, the Act sets out that deemed consent will not apply where a person in a qualifying relationship to the deceased (partners, certain family members or a friend of long standing) provides information that would lead a reasonable person to conclude that the deceased potential organ donor would not have consented to be a donor. The Act also provides exceptions applicable to the following groups of adults, in respect of whom the deemed consent provisions will not apply:

- people who are short-term visitors or temporarily resident in England for less than 12 months immediately before dying. Examples include overseas workers, students, overseas Armed Forces personnel
- people who lack the capacity to fully understand the consequences of deemed consent for a significant period before dying.

Deemed consent will not apply to all organs and tissues. Organs and tissues that are to be excluded from deemed consent are set out in regulations made by the Secretary of State. These will cover transplants that are currently rare or novel and many may not regard as normal to donate.

The following document is relevant to the Act and can be found at:

- Human Tissue Act 2004 - <http://www.legislation.gov.uk/ukpga/2004/30/contents>



**Supporting Document 1 – Equality Impact Assessment form**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
 Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>Clementine Stott / Victoria Ker</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Clementine Stott	SNOD/SR	<a href="mailto:Clementine.stott@nhsbt.nhs.uk">Clementine.stott@nhsbt.nhs.uk</a>
	Victoria Ker	SNOD	Victoria.ker@nhsbt.nhs.uk
<b>Date assessment completed</b>	<b>23/02/2021</b>		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Organ Donation Referral Pathway</b>		
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure an equitable approach to donor referral		
Who will be affected by the development &	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____

implementation of this activity?	<input checked="" type="checkbox"/> Visitors	<input type="checkbox"/>
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	<p>NHS Blood and Transplant Diversity and Inclusion resources: BAME network, LGBTQ+ network, Disability and Wellbeing Network</p> <p>NHSBT Diversity and Inclusion Factsheets: <a href="https://nhsbloodandtransplant.sharepoint.com/sites/DiversityandInclusion/Shared%20Documents/Forms/AllItems.aspx?viewid=91139c27-7e03-42f2-97d0-8d543d525c85&amp;id=/sites/DiversityandInclusion/Shared%20Documents/Diversity%20and%20Inclusion%20Factsheets">https://nhsbloodandtransplant.sharepoint.com/sites/DiversityandInclusion/Shared%20Documents/Forms/AllItems.aspx?viewid=91139c27-7e03-42f2-97d0-8d543d525c85&amp;id=/sites/DiversityandInclusion/Shared%20Documents/Diversity%20and%20Inclusion%20Factsheets</a></p>	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Consultation carried out within organisation on national level.	
Summary of relevant findings		

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability	<input checked="" type="checkbox"/>			Information available in range of presentational media to accommodate range of learning needs and styles
Gender Reassignment		<input checked="" type="checkbox"/>		NHSBT promotes organisational awareness of patients/service users with history of gender reassignment
Marriage & Civil Partnerships		<input checked="" type="checkbox"/>		NHSBT assigns equal consideration to marriages and civil partnerships
Pregnancy & Maternity		<input checked="" type="checkbox"/>		NHSBT has developed range of resources for supporting referral of patients/service users in

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				pregnancy
<b>Race including Traveling Communities</b>	✓			NHSBT has developed range of educational resources raising organisational awareness of potential racial inequalities within referral system
<b>Religion &amp; Belief</b>	✓			NHSBT has produced resource materials for SNODs enabling them to provide bespoke religious/faith support for patients/service users and their families
<b>Sex</b>		✓		Referral system does not discriminate in terms of gender of referred patient/service user
<b>Sexual Orientation</b>		✓		Referral system does not discriminate in terms of gender of referred patient/service user
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		As above
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		As above

## Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				

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<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	

## **Section 5** - Please read and agree to the following Equality Statement

### **1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	C Stott
<b>Date signed</b>	23/02/2021
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	

**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

