

NHS BLOOD AND TRANSPLANT ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

NATIONAL ORGAN DONATION COMMITTEE

FEEDBACK ON STRUCTURE OF ORGAN DONATION COMMITTEES

Paul Murphy asked me for my thoughts on the structure of the Organ Donation Committees following my attendance at a number of meetings. These are summarized below. I am very grateful to Amanda Gibbon for her input and support to this piece of work

1. Organ donation committees are operating across large, complex and stretched organisations. If the committees are to have an impact then their purpose and scope must be clear and understood by members and the wider community. The NHSBT website presents the 3 level structure clearly and also the Terms of Reference and structure for the NODC and information on the Local ODCs. It is recognized that there will be differences in ODCs due to the hospitals' experience of donation (eg retrieval, transplantation) but lists the common aspects. In addition, further information can be found in the Handbook for Organ Donation Committee Chairs.

The information on the Regional Collaboratives/Regional organ donation team shows information and Trust reports for their Region but does not explain the role in any detail so maybe this is something that could be explored. Having said this, the 17/18 Stretch Goals which were circulated recently provide focus for the Regional structure.

2. The 3 level structure is understandably required because of the numbers involved. The NHSBT website clearly presents the geographical regions which look like reasonable natural groupings of those involved. Communications and engagement are part of the skewer that holds the structure together and this two way flow should be covered in the role of the Regional Collaboratives.

3. ODC Chairs are invited to an annual Donation Congress. Otherwise they will only attend their Regional meeting (rather than the NODC) which underlines the importance of these meetings. The London Collaborative may not have been typical but as far as I could see it was more in the style of a conference/information sharing event than a good opportunity for engagement with Chairs, other than networking between sessions. This leads me to think that there should be a forum, maybe part of the Regional meetings, where ODC Chairs could share best practice and concerns. This was raised by the students in the feedback.

4. I noted from the student's work that Chairs of ODCs who are also on the Trust Board found it easier to influence the Trust than others. I wondered if this suggests that there are other Trusts where a Board member could be asked to lead for organ donation and liaise with the Chair the ODC. Amanda Gibbon has advised that in some Trusts this would be an unrealistic ambition as organ retrieval is just not important enough for every board to prioritise this.

5. In terms of best practice, I wonder it would be helpful for Chairs at ODC level to have an aide memoir/top tips for running successful meetings. This would ideally be created by a group of Chairs and would cover:

- Agreeing and communicating purpose and scope of meeting
- Agreeing roles and responsibilities of attendees
- Standing items
- Key issues
- Clinical governance
- Review of Potential Donor Audit
- Two way feedback
- Celebrating success

Under Key issues the UCLH ODC spent some time reflecting on the Opt Out Consultation and the impact on organ donations which provided valuable thinking time for the attendees.

Margaret Harrison
NODC Lay Member
23/2/18