

A brief report on the ODT Hub Programme and on Hub Operations for the National Organ Donation Committee meeting 5th June 2018

ODT Hub Programme Update

Among the numerous plans for 2018/19 are 4 key objectives which will directly impact on the service received by donating and transplanting hospitals.

Donor referral and assessment will become an interactive digital process within donor path and will go live within this calendar year. This will help SNODs to take a referral and to make a decision on donation potential and will help referring clinicians who will receive a standardised timely response to each referral.

New digital systems within Hub Operations will revolutionise matching, offering and allocating organs from donors resulting in a smoother, timelier and safer process for service users.

A new kidney and pancreas allocation policy will be introduced in autumn using predictor tools which will prioritise those recipients who we know will wait a long time for a transplant due to HLA incompatibility.

Digital HTA A and B forms will be introduced to replace current paper forms, this will improve safety by increasing information held about the retrieval surgery and will speed up the transplant process as forms can be viewed instantly.

For full detail on last year's achievements and this year's plans please visit the ODT Hub Programme pages at www.odt.nhs.uk.

ODT Hub Operations Update (formerly duty office update)

Hub Operations took over the role of organ offering from SNODs throughout 2017/18 and we have been monitoring organ offering to organ acceptance (or organ decline) timings as part of service improvement. Current average times for the offering process are under 3 hours for heart, lung and liver however these timings do not reflect user experience. We know the process is affected by late declines after initial acceptance and the availability of retrieval teams, but we have also found a large increase in organs being accepted subject to further information being gathered and a longer than expected time from organ acceptance to retrieval surgery. Hub Operations are working with the length of donation process team and SNOD side to understand and prevent these issues.

Donation time points are changing with the majority of consents happening in the afternoon and the majority of donors registering at midnight, which means most organ offering happens overnight which in-turn impacts on retrieval times. Hub Operations have increased front line staffing by 50% to cope with the increased workload overnight but our colleagues on transplant side are unable to respond in such a manner. We are working with the length of donation process team and SNOD side to discover ways to improve this situation as this bottle neck of activity negatively impacts on the donation process.

The 03000 national referral line number has been operational for 3 months and Hub Operations are taking calls from donating hospitals and relaying a message out the appropriate regional teams. SNODs at embedded units still take direct referrals when on site and there are no plans to change this. Overall the system is working well and we are taking between 30 and 45 calls per day but we have had rare cases where a referral has been sent to the wrong regional SNOD team resulting in a delay for the donating unit in talking to the appropriate people; a new system has been put in place to prevent this happening again. If you would like to give any feedback on the service you receive you can do this with your embedded SNODs, through clinical governance reporting or directly to me at Jacqueline.newby@nhsbt.nhs.uk

Jacqueline Newby

Head of Referral and Offering. NHSBT