Scout Project Steering Group
Note of Recommendations Made and Actions Arising
Wednesday 10th September, West End Donor Centre, London

Attendees Rutger Ploeg (Chair)
Karen Quinn
Dale Gardiner
Steven Tsui
Jenny Lannon
Claire Williment
James Neuberger
Roberto Cacciola
Sue Duncalf
Dave Metcalf

Apologies Ella Poppitt

Note of discussion/ actions arising

1. Introduction
The meeting was established to:

- To review the evidence from the Scout project
- Develop recommendations to the ODT Senior Management Team on next steps, to include:
    - Aims of any next steps
    - Measurements of success
    - Definitions ('donor optimisation', 'scout service' etc)
    - Approach
    - Timescales

2 (i). Review of evidence
Jenny Lannon summarised the analysis of the data from the scout project.

The following points were noted:

- The disproportionately low rate of heart transplants in the UK may explain why the predominant effect was seen with heart transplant activity and less so with lung transplant activity.
- There was a 2 hour reduction in the average theatre time for scouted donors.
- Introduction of donor care bundle may also have impacted on the increase in cardiac donation, as may the appointment of new Consultant CT Transplant surgeons at several units. It is assumed that both these factors, combined with the Scout project, may have impacted on the increase in cardiac donations.
- The data form did not capture what the Scouts actually did when they attended the donor. This needs to be documented in any future scout service evaluation.
- There was variation across the teams when scouts attended, how long they spent with the donor and when they stood down.

ACTION: Jenny to explore whether it would be possible to look at the length of time that Scouts attended donors (min time, max time, average time). If it is not possible to draw this data from the Scout form, then look at a further

survey. (Note – Steven Tsui has data from his team – concerning 30% of the Scout inclusions - which may be of use)

ACTION: Steven to provide Papworth data about Scout service teams duration of attendance on donor and retrieval times.

ACTION: If decision is to close down the Scout service, need to review data and see whether heart donation rate was different for scouted and non-scouted diabetics and non-diabetics separately. This review should be undertaken before the Scout service is formally shut down.

2(ii). Funding

Karen Quinn spoke to the paper, outlining funding implications of the Scout project.

It was emphasised that funding to cover the cost of travel and consumables would continue to be covered for any future Scout activity. However, there was no funding available to cover the cost of additional personnel to support the scout service.

The Steering Group recognised that funding may have an impact on the ability of teams to continue with Scout activities and participate in any future Scout project seeking to reach a definitive conclusion about whether this activity should become part of the essential NORS tasks. However, those that are able to can continue to the next phase. If additional funding is requested, it will have to be approved by the SMT.

Additional costs per organ retrieved will be a driving factor for any further steps/ benefits appraisal.

3. Recommendations for next steps

The group agreed that, as the evidence from the Scout Pilot was inconclusive, but suggested that the presence of a scout made a positive impact on the numbers of hearts retrieved/ transplanted, there should be a second phase, which would aim to:

- To determine whether a scout service can be established and adhere to requirements regarding attendance.
- To test the hypothesis that scout attendance leads to a higher proportion of donor hearts retrieved and transplanted ('primary endpoint'), in comparison to donors who are managed solely by intensive care staff.
- To evaluate evidence that as 'secondary endpoints' not only hearts but also more lungs and eventually other abdominal organs benefit from the scout activities.
- To identify how the presence of a scout impacts on cardiothoracic organs retrieved and transplanted.

- To provide an evidence base for who is best placed to undertake donor optimisation – what competencies are required and who could best undertake donor optimisation?

It was agreed that, as funding would only cover transport and consumables, participation in the Scout project would be voluntary and at the Transplant Unit's discretion.

A Scout Project Working Group would be established to agree the details of the second phase. Membership of the project team would include:

- Steven Tsui (Co-Chair)
- Karen Quinn (Co-Chair)
- Dale Gardiner
- Jenny Lannon
- Dave Metcalf (or nominated representative)
- Representatives from each CT NORS Team

Following the steer from the Working Group, an Operational Group, comprising of the above people with the exception of representatives from each CT NORS Team, would be responsible for monitoring progress and addressing any problems.

Suggestions for the project working group's consideration are provided at Annex A. In particular, the project group is asked to consider:

- Role of the Scout service
- Competencies required
- Criteria for attendance/ stand down times
- Timescales for attendance/ stand-down times
- Terms of engagement with ICU/ SN-OD
- Equipment needed by the Scout service
- Measures of success for the scout pilot: what data should be collated? How should the data be provided? How will the data be analysed? What will be the comparator data?
- How long should the Scout project run for, in order to ensure that there is sufficient evidence to assess the benefit of the Scout service and make recommendations regarding next steps?

ACTION: Claire Williment to organise meeting of Scout Project Working Group.

ACTION: Steven Tsui to provide update to CTAG on the 23rd September

ACTION: Claire Williment to draft letter to be sent from Rutger Ploeg to all CTAG members regarding the recommendations made at the meeting and noting that they will be asked to nominate a representative to participate in the Project Working Group.

ACTION: Jenny Lannon to develop parameters for the number of units/ donor numbers/ time etc required in order to effectively measure success.

Annex A: Scout project – Proposals for next steps

1. Should the Scout service continue?

Yes. The evidence was inconclusive regarding the potential impact of a scout service on increasing organs for donation was inconclusive, but suggested that the presence of a scout may have contributed to the increase in hearts available for transplant.

2. If so, what would be the aim of the continuation?

- To determine whether a Scout service can be established and adhere to requirements regarding attendance.
- To test the main hypothesis that scout attendance leads to a higher proportion of donated hearts retrieved and transplanted, in comparison to CT donors who are managed solely by intensive care staff.
- To identify how the presence of a scout impacts on CT organs retrieved and transplanted.
- To evaluate if Scout attendance affects retrieval and transplantability of abdominal organs.
- To provide an evidence base for who is best placed to undertake CT donor optimisation – what competencies are required and who could best undertake donor optimisation?

3. What would be the role of the Scout? (including any definitions – e.g. 'donor optimisation')

- The scout's job is to implement the full donor care bundle to optimise all potential CT donors.
- In cases of potential heart donation, using a suite of portable equipment, provide data to allow the assessment of appropriateness for heart donation.
- Scouts will work collaboratively and sensitively with the ICU staff, sharing the common aim of providing the potential CT donor with optimal care
- In liaison with the SNOD and local critical care staff, the Scout will assume elements of the management of potential organ donors preceding and during multi-organ retrieval procedures.
- They will be expected to seek advice from appropriate members of the team as and when necessary.
- They will work closely with the SNOD, transplant fellows, other members of the donor retrieval team and the clinician's assistants in transplantation.
- They will bring all necessary equipment and drugs required for donor assessment and optimisation.
- The responsibility for offering organs lies with the SN-OD, in line with agreed NHSBT protocols, criteria and procedures.
- Advice may be sought from the Scouts regarding the suitability of the potential donor, but the responsibility for offering organs lies with the SN-OD, in line with agreed NHSBT protocols, criteria and procedures.

4. What are the competencies required for a Scout service?

The scout function(s) could be executed by a number of halth professionals. In the current situation it can be expected that it is most likely that the Scout will be a Transplant Fellow/ Specialist Registrar. In the future and including

appropriate training, it is envisaged that other health professionals could take on the scout tasks as well.

To qualify as a Scout, an individual must be signed-off by a NORS Leader to meet the national or international standards for the following competencies:

- Ability to interpret and report findings on chest x-rays accurately and consistently.
- Ability to interpret and report findings on 12 lead electrocardiograms accurately and consistently
- Ability to acquire, interpret and report on basic trans-oesophageal echocardiography images.
- Ability to perform bronchoscopy and accurately report findings.
- A thorough understanding of the local Retrieval Protocol and the ability to conduct donor management according to the Extended Care Bundle.
- Ability to liaise with donor hospital staff and demonstrate a professional, empathic and efficient approach to donor relatives, colleagues at base hospital and all stakeholders.

In addition, the individual must be assessed by a NORS Leader to demonstrate the ability to liaise with the donor hospital ICU team and demonstrate a professional and efficient approach to colleagues in line with the following criteria:

1	Takes a lead role in initiating action and making decisions
2	Takes control of situations and events
3	Acts in a appropriately assertive manner
4	Ethical behaviour • Complies with legislation, professional and organisational codes • Shows integrity and fairness in decision making • Clearly identifies and raises ethical concerns relevant to the donor and the organisation • Works towards the resolution of ethical dilemmas, based on reasoned approaches
5	Interpersonal Management • Actively builds positive relationships with others • Makes time available to support others • Shows respect for the views and actions of others • Shows sensitivity to the needs and feelings of others
6	Communicating • Identifies the information needs of listeners • Listens actively, asks questions, clarifies points and re-phrases others' statements to check mutual understanding • Adopts communication styles appropriate to listeners and situations, including selecting an appropriate time and place • Presents difficult ideas and problems in ways that promote understanding • Modifies communication in response to feedback from listeners

7	Focusing on results • Maintains a focus on objectives • Tackles problems and takes advantage of opportunities as they arise • Prioritise objectives and schedules work to make best use of time and resources • Focuses personal attention on specific details that are critical to the success of the key event • Actively seeks to do things better • Uses change as an opportunity for improvement • Establishes and communicates high expectations of performance, including setting an example to others • Sets goals that are demanding of self and others • Monitors quality of work and progress against plans • Continually strives to identify and minimise barriers to excellence
8	Influencing others • Develops and uses contacts to share information and obtain support and resources • Presents oneself positively to others • Understands and works within the culture of the organisation
9	Managing self • Controlling emotions and stress • Accepts personal comments and criticism without becoming defensive • Remains calm in difficult or uncertain situations • Handles others' emotions without becoming personally involved with them • Takes responsibility for meeting own learning and development needs • Seeks feedback on performance to identify strengths and weaknesses • Learns from own mistakes and those of others • Changes behaviour where needed as a result of feedback • Reflects systematically on own performance and modifies behaviour accordingly • Develops self to meet the demands of changing situations • Transfers learning from one situation to another
10	Searching for information • Establishes information networks to search for and gather relevant information • Actively encourages the free exchange of information • Makes best use of existing sources of information • Seeks information from multiple sources • Challenges the validity and reliability of sources of information
11	Thinking and taking decisions

	• Breaks processes down into a task and activities • Identifies a range of elements in, and perspective on, a situation • Uses a range of ideas to explain the actions, needs and motives of others • Produces a variety of solutions before taking a decision • Produces own ideas from experience and practice • Takes decisions • Focuses on facts, problems and solutions when handling an emotional situation

5. In what circumstances should scouts attend?

The criteria for a Scout attendance would be:

§ All potential DBD CT donors
§ Age <65 years
§ Consent for solid organ donation given
§ No absolute contraindications for CT donation
§ No previous history of MI or IHD
§ Attendance would not require air travel (Unless the NORS team and Scout travel together)
§ Organs do not have to be offered in advance of Scout attendance.

6. In what timescales should a scout attend?

Scout team should depart within 1 hour of notification.
[When should they arrive at hospital? When should they arrive at the donor?]

7. In what circumstances should a scout stand down?

Scout stand-down should be in line with current NORS team requirements.

8. What are the 'terms of engagement' with ICU/ ED?

Scouts should be able to act independently, but should always work alongside and in collaboration with ICU staff and SNODs.

9. What equipment do they need?

TBC by the project group

10. What would be the measures of success?

Measures should be in line with the 'aims', as stated above.

Additional measures should include:

§ Number of organs which were originally refused, but were accepted after scout attendance
§ Process measurements (e.g. scout team established, all competencies met etc)
§ Impact on other organs retrieved and transplanted
§ Donor measurements pre and post scout attendance (to explore whether scouts are improving the functionality of the organs)
§ Number of teams who agree to continue with the Scout role.

11. How would success be measured (what data would be required? Who should collect the data? How would the data be collated, analysed? What would be the control group for comparison purposes? etc)

TBC by the project group

12. What financial support should NHSBT provide to the Scout service?

Cost of travel and consumables only.