

NHSBT Board
March 2017

**Specialist Requester Role in Organ Donation and Transplantation
Update Paper**

1. Status – For Information

2. Executive Summary

This paper outlines the background to the introduction of the Specialist Requester role within Organ Donation; the internal and external consultations to socialise the role; role pilot and the rationale for taking the role from pilot into business as usual. The paper outlines the benefits for Organ Donation that are anticipated from this change to working practice for Specialist Nurses – Organ Donation.

3. Action Requested

The Board is asked to:

Note the content of the paper and the transition of the Specialist Requester role into business as usual within Organ Donation and Nursing.

4. Purpose of the paper

Following from a commitment in the Taking Organ Donation and Transplantation to 2020 Strategy (TOT2020) to “seek to provide a workforce that is focused on supporting the conflicting demands of providing a service to the donor family, donor management and donor co-ordination which may be configured in one or more roles” the Workforce Design Project was initiated in November 2013 and presented to the NHSBT Board on 2 October 2014. This paper reviews the work undertaken within that project to consider the potential for such a role to be introduced in Organ Donation and Transplantation (ODT) and subsequent work to pilot that role in two regions. The paper provides an overview of the benefits of the role the Board is asked to note the contents of the paper and the work to transition the role into business as usual.

5. Background

- 5.1 The Specialist Nurse – Organ Donation (SN-OD) workforce is committed to supporting families’ pre and post donation and developing organ donation within their embedded hospitals. Their role has become complex and far reaching, requiring them to manage every aspect of a

lengthy and multi-faceted donation process. This demands a diverse set of skills encompassing clinical, pastoral, organisational and logistical skills and the breadth of the role makes it difficult for each SN-OD to gain real expertise across the entire donation pathway. Feedback was being received from SN-ODs that they felt that one Nurse completing this entire pathway was not optimal and that a solution needed to be found to 24 hour working. Some cited 24 hour working as a reason for leaving the SN-OD role.

- 5.2 Alongside the recognised staffing pressures from the donation pathway, ODT had an obligation under the TOT2020 strategy to:
- Develop a workforce model to deliver a family orientated donor service with the ability to effectively support increased consent/authorisation rates.
- 5.3 The ODT Workforce Design Project examined the working processes within Organ Donation and Nursing to consider whether different staffing configurations would offer an improved donor and family experience, increase consent / authorisation and address staff concerns about the length and complexity of the donor facilitation process.
- 5.4 During Phase 1 of the project a number of different research methodologies were used gather information, explore options and make recommendations. The key recommendation was to pilot a dedicated requester role. Before the pilot began a comprehensive programme of socialisation of the role took place with events across the country to which all SN-ODs were invited and with the Critical Care community to allay any concerns about how such a role, even in a pilot, would operate.

6. The Specialist Requester Role Pilot

- 6.1 Phase 2 saw the pilot run from 31 April 2015 to 31 December 2015 in the North West and Yorkshire Organ Donation Regional Teams. Expressions of Interest were sought from SN-ODs in those regions. Requesters were selected from the existing SN-OD workforce and were recruited for their enthusiasm to undertake the role, above average consent rates and geographical location (to enable attendance at as many referrals as possible). These staff had additional training in the family approach process and were placed on a Specialist Requester Rota which ran concurrently with a SN-OD rota. When available the Specialist Requesters were deployed to donor referrals except where a family had proactively expressed support for donation. In such a case the SN-OD on the Rota was sent. Through this period the Specialist Requesters undertook the difficult referrals which came in during their working hours, thereby allowing them to build experience through the number of approaches which would not be possible for a SN-OD.

- 6.2 Data gathered during the pilot was analysed. Whilst there was an increase in the regional consent rate it was not statistically possible to prove that it was due to the introduction of the Specialist Requester role. In order to show a statistically significant difference in consent rates the pilot would have needed to run for a much longer period of time. The data was not the only determinant in whether the role should be adopted and the pilot revealed other significant benefits of the role which formed part of the post pilot decision making process.
- 6.3 Specialist Requesters reported that their confidence had increased during the pilot and that they felt confident even when approaching complex family scenarios. They also reported that other SN-ODs had seen them as an expert resource and had consulted them for advice before and during their own approaches.
- 6.4 The role also had an impact upon 24 hour working as SN-ODs were able to be mobilised later in the donation process and could therefore work a later on-call shift. SN-ODs also benefited from only being mobilised to consented donors thereby reducing unnecessary travel and time out of their embedded hospitals.
- 6.5 As a consequence of the various impacts of the Specialist Requester role both for family care and staffing requirements the decision was taken in the final Requester Pilot report that the role should be established within Organ Donation and Nursing and that work should begin to transition the role into business as usual.

7 Specialist Requester Role into Business as Usual

- 7.1 The Specialist Requester role is a variation of the SN-OD role and retains the same terms and conditions. Staff can be rotated between the two roles (expected after 2 years but on a case by case basis) which allows for maximum flexibility within individual regional teams and the potential to react to individual staff circumstances.
- 7.2 The Specialist Requester role has now been rolled out in 4 regional, the two 'pilot' regions of North West and Yorkshire plus London and Midlands where the role is likely to have the greatest impact. Numbers of Requesters in these regions are as follows:
- | | |
|-------------|---------|
| London: | 4 WTE |
| Midlands: | 4 WTE |
| North West: | 6 WTE |
| Yorkshire: | 5.6 WTE |
- 7.3 Many SN-ODs have shown interest in the role with Nurses from across the UK attending a recent 'Requester Taster Day' and with a number of regions holding expressions of interest from SN-ODs who are keen to apply as soon as the role reaches their region. The plan is that the role

will be extended into other regions as and when staffing and financial resources allow

8. Recommendations

8.1 That the Board note the contents of this report.

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