

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 23 FEBRUARY 2012**

Title:	APPROVAL OF THE ORGAN DONATION COMMITTEE'S TERMS OF REFERENCE
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Sarah Snowden, Corporate Affairs Assistant ext 14323

Purpose:	To review and approve the Organ Donation Committee's terms of reference
Confidentiality Level & Reason:	None.
Medium Term Plan Ref:	N/A
Key Issues Summary:	The Organ Donation Committee's terms or reference have been reviewed to ensure they remain up-to-date and comply with regulatory requirements.
Recommendations:	To <u>APPROVE</u> the terms of reference

Signed:	Date: 17 February 2012
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Board of Directors Organ Donation Committee Terms of Reference

(Approved by the Board of Directors [] v2.0/02 2012)

Reference to “the Committee” shall mean the Organ Donation Committee.

Reference to “the Board” shall mean the Board of Directors unless otherwise specified.

Reference to “the Trust” shall mean the University Hospitals Birmingham NHS Foundation Trust.

1. Constitution

The Board hereby resolves to establish a Committee of the Board to be known as the Organ Donation Committee. The Committee has the executive powers delegated in these Terms of Reference.

2. Purpose

2.1. The purpose of the Committee is to:

- 2.1.1. To influence policy and practice in order to ensure that organ donation is considered in all appropriate situations. To identify and resolve any obstacles to this;
- 2.1.2. To ensure that a discussion about donation features in all end of life care, wherever located and wherever appropriate, recognising and respecting the wishes of individuals; and
- 2.1.3. To maximise the overall number of organs donated, through better support to potential donors and their families.

3. Duties

To ensure the purpose is achieved, the Committee is responsible for the following:

- 3.1. To lead on donation policy and practice across the hospital/trust, to raise awareness, and to ensure that donation is accepted and viewed as usual, not unusual. To maximise organ donation;
- 3.2. To ensure local policies and all operational aspects of donation are reviewed, developed and implemented in line with current and future national guidelines and policies;
- 3.3. To monitor donation activity from all areas of the hospital - primarily from Critical Care areas, including Emergency Medicine. Rates of donor identification, referral, approach to the family and consent to donation will be collected through the UK Transplant Potential Donor Audit. To ensure submission of the data to NHSBT on an agreed basis and to receive and analyse comparative data from other hospitals;
- 3.4. To report to the Medical Director not less than quarterly, and to the Board not less than six monthly, on comparative donation activity and any

- remedial action required;
- 3.5. To participate in all relevant national audit processes; to review audit data on donation activity; to monitor standards, test adherence to local policy and instigate any required actions;
 - 3.6. To actively promote communication about donation activity to all appropriate areas of the hospital and to ensure that the information is received and understood;
 - 3.7. To ensure a discussion about donation features in all end of life care wherever appropriate and to ensure this is reflected in the local end of life policies, procedures and pathways;
 - 3.8. To support the Donor Coordinator and Clinical Champion; and
 - 3.9. To identify and ensure delivery of educational programmes to meet recognised training needs.

4. Membership

- 4.1. The Committee shall comprise:
 - 4.1.1. Chair - a Non-Executive Director, appointed by the Board of Directors;
 - 4.1.2. Clinical Donation Champion;
 - 4.1.3. The senior Donor Transplant Coordinator;
 - 4.1.4. Senior nurse – ICU;
 - 4.1.5. Senior nurse – Emergency Medicine ;
 - 4.1.6. Consultant representing organ transplantation;
 - 4.1.7. Lead nurse for Bereavement care;
 - 4.1.8. End of Life Care Pathway lead – Birmingham Commissioning Cluster representative;
 - 4.1.9. Operating theatre representative - Senior nurse;
 - 4.1.10. Operational Manager from Division B; and
 - 4.1.11. Two members of the Council of Governors (one Patient Governor and one Public Governor, appointed by the Governors.
- 4.2. In the absence of the Committee Chairman and/or an appointed deputy, the remaining members present shall elect one of their number to chair the meeting.
- 4.3. The Committee shall be supported administratively by the Foundation Secretary, or his/her nominee, whose duties in this respect will include:
 - 4.3.1. Agreement of agenda with Chairman and attendees and collation of papers; and
 - 4.3.2. Arranging for the taking the minutes & keeping a record of matters arising and issues to be carried forward.

4.4. If a regular member is unable to act due to absence, illness or any other cause, they may nominate a deputy to attend in their place. Deputies shall not have any right to vote and will not count towards the quorum.

4.5. Care should be taken to minimise the risk of any conflict of interest that might be seen to give rise to an unacceptable influence. Members must declare at the beginning of any meeting any interest in any items for that meeting.

5. Frequency

Meetings shall be held not less than four times a year and at such other times as the Chairman of the Committee shall require.

6. Quorum

The Committee shall be deemed quorate if there is representation of a minimum of five members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

7. Authority

7.1. The Donation Committee will have the authority to make and implement decisions in accordance with the Organ Donation Policy and practice ensuring full consultation with clinical and management staff as integral to the implementation process.

8. Agendas and Reporting

8.1. Meetings of the Committee shall be summoned by the Foundation Secretary or the person nominated by them under section 4.3 above, at the request of the Chairman of the Committee.

8.2. Agendas and briefing papers should be prepared and circulated in sufficient time for Committee Members to give them due consideration.

8.3. Minutes of Committee meetings should be formally recorded and distributed to Committee Members within 10 working days of the meetings. Subject to the approval of the Chair, the Minutes will be submitted to the Board of Directors at its next meeting and may be presented by the Committee Chair.

8.4. The Committee will report six monthly to the Board through the usual clinical governance process and the Medical Director. The report will in due time be part of the healthcare regulator assessment. Benchmark data will be made available for comparison.

8.5. The Committee should also report to the Board of Directors as appropriate, to inform the Board of any issues that require resolution by the Board.

9. Conduct of Business

The conduct of business will conform to guidance set out in the Board of Directors' Standing Orders, unless alternative arrangements are defined in these Terms of Reference.