



SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT

BOARD OF DIRECTORS – 17 APRIL 2013

1. **RESEARCH, INNOVATION AND EDUCATION**

The Trust's strategy includes the aim – "Deliver excellent research, education and innovation". With the appointment of a Director for the Sheffield Clinical Research Office (Dr Peter Sneddon) and the development of the Yorkshire and Humber Academic Health Science Network, it is timely to identify a Board committee which can oversee the delivery of this aspect of the strategy.

The Terms of Reference for this committee are attached as Appendix 1.

The Board is requested to **APPROVE** the formation of this committee.

2. **INCREASE IN ORGAN DONORS**

It has been reported nationally that more than 3,100 lives were transformed by deceased donors in the last 12 months as the NHS hit the 50% increase in deceased organ donation, the challenge set by the Organ Donation Taskforce in 2008.

The number of deceased organ donors across the UK in 2012/13 hit 1212, representing a 50% increase since 2007/08 when the four UK governments accepted the recommendations of the 2008 Organ Donation Taskforce. There had been almost no increase in the number of deceased donors over the previous decade.

The increase in donated organs has led to a 30.5% boost in the number of people receiving a life saving or enhancing organ transplant in the last five years.

The full press release is attached as Appendix 2.

Sir Andrew Cash
Chief Executive
11 April 2013

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

TERMS OF REFERENCE

RESEARCH AND INNOVATION COMMITTEE1. PURPOSE

To establish the Trust as a nationally and internationally recognised leader of research and innovation. To improve the translation, spread and wide scale adoption delivering enhanced patient outcomes and experience whilst improving value for money and income from research and innovation.

2. DUTIES/RESPONSIBILITIES

- To actively participate in ensuring the success of the Academic Health Science Network for Yorkshire and the Humber (AHSN).
- To review current Research, Innovation and Education (RIE) infrastructure capacity and capability with a view to strengthening and focusing on the Trust's vision and strategic objectives for RIE.
- To lead the Trust's improvement against all national R&D metrics and the production of monthly data to be included in the Trust's existing performance report, including:
 - increase on the ratio of study grant applications won versus studies applied for i.e. the bid success rate
 - speed of study start up
 - time to first patient into study and to recruitment of full target numbers
 - reducing the cost of studies to national average
 - eliminating studies that are set up but do not recruit any patients
 - reducing the time from completion to submission of results / production of paper.
 - increasing the number of NIHR portfolio accruals so that SY CLRN and its Y & H successor is in the top five performers
 - increasing the value of grant and sponsorship income.
- To ensure the delivery of the Innovation, Health and Wealth pre-CQUIN qualifying high impact innovations.
- To become a recognised leading centre for commercial trials and studies.
- To review opportunities to establish an advanced health innovation centre in South Yorkshire and to develop systems and processes for an "innovation pipeline".
- To develop a longer term plan to re-establish Biomedical Research Units (BRUs) and Biomedical Research Centres (BRCs) in Sheffield within the next five years.
- To develop a strategic plan to create an Academic Health Science Centre (AHSC) based in Sheffield within ten years.
- To establish an international office to connect research programmes and commercial opportunities to the international markets.

3. **ACCOUNTABLE TO**

Board of Directors.

4. **REPORTS TO AND METHOD (INCLUDING MINUTES CIRCULATION)**

To the Board of Directors and Trust Executive Group (TEG).

Circulation:-To Board of Directors and Trust Executive Group.

5. **MEMBERSHIP - NAME/DESIGNATION/CHAIR OR DEPUTY**

➤ Members

NAME	DESIGNATION	CHAIR/DEPUTY
Tony Weetman	NED (pro vice chancellor university of Sheffield)	Co-Chair
Andrew Cash	Chief Executive, STHFT	Co-Chair
David Throssell	Medical Director, STHFT	
Hilary Chapman (or representative)	Chief Nurse/COO, STHFT	
Andrew Riley	Corporate Development Director, STHFT	
Peter Sneddon	Director of the Joint Clinical Research Office, STHFT	
Karen Bryan	Head of Faculty of Health and Wellbeing, Sheffield Hallam University	
Jon Nicholl	SCHARR	
Malcolm Whitfield	Director of the Centre for Health and Social Care Research, Sheffield Hallam University	
Wendy Tindale	Scientific Director, STHFT	
Simon Heller	Research Director, STHFT	

➤ Standing invitation

NAME	DESIGNATION
Paul Hellewell	Faculty Director of Research and Innovation
Sue Mawson	Director of NIHR CLAHRC for South Yorkshire Sheffield Teaching Hospitals NHS FT
George Kinghorn	Clinical Director, South Yorkshire Comprehensive Local Research Network
Chris Newman	Clinical Research Facility Director
Pam Shaw	Director of the Sheffield Institute of Translational Neuroscience
Mike Hounslow	Pro Vice Chancellor of Engineering, University of Sheffield
Representative of Academic Directorate	

➤ In attendance

NAME	DESIGNATION

➤ Serviced by

NAME	DESIGNATION
Neil Riley	Trust Secretary

➤ Lead Officer (If applicable)

NAME	DESIGNATION
Andrew Riley	Corporate Development Director

6. **QUORUM**

Minimum of four members of the Committee.

7. **MEETING FREQUENCY AND PROCEDURES**

Frequency of Meetings

Monthly

8. **DATE TERMS OF REFERENCE WERE APPROVED**

Board of Directors on 17 April 2013.

9. **REVIEW DATE**

April 2014

10. **PROCESS FOR REVIEWING EFFECTIVENESS**

Review of progress against duties/responsibilities set out above.

11. **REPORTING STRUCTURE**

No other groups report to this committee

NR/April 2013

Press Release: 11 April 2013

NHS achieves ground breaking 50% increase in deceased organ donors

More than 3,100 lives were transformed by deceased donors in the last 12 months as the NHS hit the 50% increase in deceased organ donation, the challenge set by the Organ Donation Taskforce in 2008.

“This is an outstanding achievement that few thought possible at the time this ambition was set. It is the result of the hard work and dedication of staff in hospitals and communities across the country,” Bill Fullagar, NHS Blood and Transplant Chairman, said today announcing the increase.

“We must also share our heartfelt thanks with every family who, at a great time of sadness, supported their loved one’s wish to donate their organs and transform the lives of up to nine other people.”

The number of deceased organ donors across the UK in 2012/13 hit 1212, representing a 50% increase since 2007/08 when the four UK governments accepted the recommendations of the 2008 Organ Donation Taskforce. There had been almost no increase in the number of deceased donors over the previous decade.

Dr Paul Murphy, an intensive care consultant in Leeds and NHS Blood and Transplant’s national lead for organ donation, said: “Delivering the 50% increase is a landmark event in donation and transplantation for the UK. It is testament to the changes we have made at every level in hospitals to deliver this, to the commitment of critical care and emergency department staff to donation, and most of all to the generosity of donors and their families. But we can and must do more, because patients continue to die needlessly waiting for an organ transplant.

“Now we have the foundation to push on and create a donation and transplantation service that we can be proud of. Too many families continue to say no, sometimes even overturning their loved one’s commitment to donate after death. For instance, in 2011/12 alone 125 families overruled the individual’s intention, recorded on the NHS Organ Donor Register, to become an organ donor. This is often because they were unaware that this was what they wanted and found it difficult to come to terms with at such an awful time of loss.”

The increase in donated organs has led to a 30.5% boost in the number of people receiving a life saving or enhancing organ transplant in the last five years. Professor Anthony Warrens, Professor of Renal Transplantation Surgery at Barts and The London and President of the British Transplantation Society said: “The professional transplant community is delighted that the target set by the 2008 Organ Donor Taskforce has been met. We salute the enormous effort of large numbers of people and the determined leadership given by NHS Blood and Transplant which has made this happen. There can be few greater

achievements than to have given life to those who were on the verge of death – but that is the reality of this achievement. Data show that an individual who donates his or her organs after death gives the recipients an aggregate of an additional 56 years of life. And despite the sadness of the moment, this usually becomes a major comfort to bereaved families as time passes.”

Since the Organ Donation Taskforce published its fourteen recommendations five years ago, new measures have been introduced by NHS Blood and Transplant to ensure that the 50% increase could be achieved. These included:

- Employing a network of 250 specialist nurses in organ donation who support families at a difficult time to consider organ donation
- Funding the appointment of a named clinical lead and a Donation Committee in each hospital or Trust across the UK to promote donation and ensure every potential donor is identified
- Creating specialist organ retrieval teams to facilitate donation whenever and wherever it may happen every day of the year
- Promoting donation and the need for society and individuals to commit to become organ donors through hard-hitting public awareness campaigns.

Sally Johnson, NHS Blood and Transplant’s Director of Organ Donation and Transplantation, commented:

“Although I am delighted that we have made such big advances in the UK, we can and must do more. We need a transformation in donor and family consent to organ donation because the UK’s family refusal rate remains one of the highest in Europe. Without that, there is only a limited amount more the NHS can do to offer further hope to those on the waiting list for an organ transplant.”.

NHSBT has consulted widely on a new strategy to be launched in the summer which will build on the recommendations of the original Organ Donor Taskforce and set new challenges to help the three people a day who are still dying due to lack of suitable available organs.

Ends

- For additional information please contact Andrea Ttofa, Head of Media and PR at NHS Blood and Transplant by calling 01923 367 600 or 07889 304 143.
- In office hours, you can contact the press office on 01923 367 600
- For out of hours enquiries please call: 0117 969 2444

Notes to editors

Deceased donors

Deceased organ donors, UK, 2012/13 compared with 2007/08 – by nation of donor hospital			
	2007/08	2012/13	% increase.
England	688	1026	49.1
Wales	45	52	15.6
Scotland	54	94	74.1
N Ireland	22	40	81.8
Total	809	1212	49.8

Please note that % increase for Wales for 2011/12 over the 2007/8 baseline was 49% (they had 67 deceased donors in that year).

Organ transplants

2,385 deceased donor transplants were carried out in the UK in 2007/8.

3,112 were carried out in 2012/13. These figures represent a 30.5% increase in deceased donor transplants.

- NHS Blood and Transplant (NHSBT) is a joint England and Wales Special Health Authority. Its remit includes the provision of a reliable, efficient supply of blood and associated services to the NHS in England and North Wales. It is also the organ donor organisation for the whole of the UK and is responsible for matching and allocating donated organs.
- The Organ Donation Task Force set out fourteen recommendations in its 2008 report. These were:
 - A UK-wide Organ Donation Organisation should be established
 - The establishment of the Organ Donation Organisation should be the responsibility of NHS Blood and Transplant
 - Urgent attention is required to resolve outstanding legal, ethical and professional issues in order to ensure that all clinicians are supported and are able to work within a clear and unambiguous framework of good practice. Additionally, an independent UK-wide Donation Ethics Group should be established
 - All parts of the NHS must embrace organ donation as a usual, not an unusual event. Local policies constructed around national guidelines should be put in place. Discussions about donation should be part of all end-of-life care when appropriate. Each Trust should have an identified clinical donation champion and a Trust donation committee to help achieve this.
 - Minimum notification criteria for potential organ donation should be introduced on a UK-wide basis. These criteria should be reviewed after 12 months in the light of evidence of their effect, and the comparative impact of more detailed criteria should be assessed.
 - Donation activity in all Trusts should be monitored. Rates of potential organ identification, referral, approach to the family and consent to donation should be reported. The Trust donation committee should report to the Trust Board through the clinical governance

process and the medical director and the reports should be part of the assessment of Trusts through the relevant healthcare regulator. Benchmark data from the Trusts should be made available for comparison.

- Brain stem death testing should be carried out in all patients where Brain stem death is a likely diagnosis, even if organ donation is an unlikely outcome.
- Financial disincentives to Trusts facilitating donation should be removed through the development and introduction of appropriate reimbursement.
- The current network of Donor Transplant Coordinators (now known as Specialist Nurses – Organ Donation) should be expanded and strengthened through central employment by a UK-wide Organ Donation Organisation. Additional co-ordinators embedded within critical care areas, should be employed to ensure a comprehensive, highly skilled, specialised and robust service. There should be a close and defined collaboration between DTCs, clinical staff and Trust donation champions. Electronic on-line donor registration and organ offering systems should be developed.
- A UK-wide network of dedicated organ retrieval teams should be established to ensure timely, high-quality organ removal from all heartbeating and non-heartbeating donors. The Organ Donation Organisation should be responsible for commissioning the retrieval teams and for audit and performance management.
- All clinical staff likely to be involved in the treatment of potential organ donors should receive mandatory training in the principles of donation. There should be regular update training.
- Appropriate ways should be identified of personally and publicly recognising individual organ donors, where desired. These approaches may include national memorials, local initiatives and personal follow-up to donor families.
- There is an urgent requirement to identify and implement the most effective methods through which organ donation and the ‘gift of life’ can be promoted to the general public, and specifically to the BME population. Research should be carried out through Department of Health research and development funding.
- The Department of Health and the Ministry of Justice should develop formal guidelines for coroners concerning organ donation.

You can download the report at:

<http://www.bts.org.uk/Documents/Publications/Organs%20for%20transplants%20-%20The%20Organ%20Donor%20Task%20Force%201st%20report.pdf>

- More than 19.5 million people in the UK have already signed onto the NHS Organ Donor Register. This records the details of people who have registered their wishes to donate organs and/or tissue after their death for transplantation. This information is used by authorised medical staff to establish whether a person wanted to donate.
- It's simple to join the ODR by:

- going to www.organdonation.nhs.uk
 - ringing 0300 123 23 23
 - texting **SAVE** to 62323
- Anyone can register on the ODR. Age isn't a barrier to being an organ or tissue donor and neither are most medical conditions. People in their 70s and 80s have become donors and saved many lives.
 - One donor can save or transform up to 9 lives and many more can be helped through the donation of tissues.
 - There are currently around 7,300 people in the UK waiting for an organ transplant. This figure changes constantly though as people join and leave the transplant waiting list.