Appendix A

NHS England

Date published: 28 February, 2024
Date last updated: 28 February, 2024

NHS leadership competency framework for board members

Publication (/publication)

Content

1. Introduction

1.1 Context

Leaders in the NHS help deliver better health and care for patients by setting the tone for their organisation, team culture and performance.

We have worked with a wide range of leaders from across the NHS to help describe what we do when we operate at our best. We have engaged with stakeholders including NHS Providers, NHS Employers and NHS Confederation, and built in best practice from other industries. We have used the feedback to design the 6 competency domains in the Leadership Competency Framework (the framework) to support board members to perform at their best.

The competency domains reflect the NHS values (https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#nhs-values) and the following diagram shows how they are aligned:

Working together for patients*	Compassion
Building a trusted relationship with partners and communities	Creating a compassionate, just and positive culture
Respect and dignity	**Improving lives**

Promoting equality and inclusion and reducing health and workforce inequalities	Setting strategy and delivering long term transformation Driving high quality sustainable outcomes
Commitment to quality of care	**Everyone counts**
Driving high quality and sustainable outcomes Setting strategy and delivering long term transformation	Promoting equality and inclusion and reducing health and workforce inequalities Creating a compassionate, just and positive culture
Providing robust governance and assurance	

*Wherever the word "patient" is used in this document, this refers to patients, service users and carers.

The competency domains are aligned to Our NHS People Promise (https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/), Our Leadership Way (https://www.leadershipacademy.nhs.uk/organisational-resources/our-leadership-way/) and the Seven Principles of Public Life (https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2) (Nolan Principles). A high-level summary of the values and concepts from these documents is in Appendix 1.

(https://www.england.nhs.uk/wp-content/uploads/2024/02/leadership-competency-framework.png)

1.2 Background

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed'. This framework responds to that recommendation and forms part of the NHS England Fit and Proper Person Test Framework (https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/) for board members (FPPT).

The framework takes account of other NHS England frameworks and strategies including:

- NHS England Operating Framework (https://www.england.nhs.uk/publication/operating-framework/)
- NHS National Patient Safety Strategy (https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/)
- NHS Long Term Workforce Plan (https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/)
- NHS Equality, Diversity and Inclusion Improvement Plan (https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/#high-impact-action-1)
- National Quality Board Shared Commitment to Quality (https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/)
- NHS Well Led Framework (https://www.england.nhs.uk/well-led-framework/)
- The statutory framework of the Health and Care Act 2022 (https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted)

1.3 Purpose

Being an NHS board member means holding an extremely demanding yet rewarding leadership responsibility. NHS board members have both an individual and collective role in shaping the vision, strategy and culture of a system or organisation, and supporting high-quality, personalised and equitable care for all now and into the future.

This framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future. It is designed to:

- support the appointment of diverse, skilled and proficient leaders
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce
- help organisations to develop and appraise all board members
- support individual board members to self-assess against the six competency domains and identify development needs.

People taking on first-time director roles, in particular, are unlikely to be able to demonstrate all the competency examples. However, this framework should provide a guide by which, over time, directors can measure themselves and develop proficiency in all areas. Where development areas are identified, commitment to working on these will be important.

As non-executive directors have different roles and responsibilities to those of executive directors, and there are differences between executive director roles, the framework supports the assessment of board members in their role as part of a unitary board. All six competency domains should be considered for all board members, taking account of any specific role related responsibilities and nuances.

Achievement against the competency domains supports the Fit and Proper Person assessment for individual board members.

2 The six leadership competency domains

2.1 Driving high-quality and sustainable outcomes

The skills, knowledge and behaviours needed to deliver and bring about high quality and safe care and lasting change and improvement – from ensuring all staff are trained and well led, to fostering improvement and innovation which leads to better health and care outcomes.

2.2 Setting strategy and delivering long-term transformation

The skills that need to be employed in strategy development and planning, and ensuring a system wide view, along with using intelligence from quality, performance, finance and workforce measures to feed into strategy development.

2.3 Promoting equality and inclusion, and reducing health and workforce inequalities

The importance of continually reviewing plans and strategies to ensure their delivery leads to improved services and outcomes for all communities, narrows health and workforce inequalities, and promotes inclusion.

2.4 Providing robust governance and assurance

The system of leadership accountability and the behaviours, values and standards that underpin our work as leaders. This domain also covers the principles of evaluation, the significance of evidence and assurance in decision making and ensuring patient safety, and the vital importance of collaboration on the board to drive delivery and improvement.

2.5 Creating a compassionate, just and positive culture

The skills and behaviours needed to develop great team and organisation cultures. This includes ensuring all staff and service users are listened to and heard, being respectful and challenging inappropriate behaviours.

2.6 Building a trusted relationship with partners and communities

The need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities, and our workforce. Strengthening relationships and developing collaborative behaviours are key to the integrated care environment.

3 Using the framework

3.1 Recruitment

The competency domains should be incorporated into all NHS board member* job/role descriptions and recruitment processes. They can be used to help evaluate applications and design questions to explore skills and behaviours in interviews, presentations and other aspects of the recruitment and assessment process.

* 'Board member' refers to all board members – executive and non-executive.

3.2 Appraisal

The competency domains in section 5 should form a core part of board member appraisals and the ongoing development of individuals and the board as a whole. The framework should be applied as follows – a new Board Member Appraisal Framework incorporating the competencies will be published to support this:

Chairs should:

- Carry out individual appraisals for the chief executive and non-executive directors, based on the framework and other objectives
- Assure themselves that individual board members can demonstrate broad competence across all 6 domains and that they have the requisite skills, knowledge and behaviours to undertake their roles
- Assure themselves there is strong, in-depth evidence of achievement against the competency domains collectively across the board, and ensure that appropriate development takes place where this is not the case
- Ensure the findings feed into the personal development plans of non-executive directors
- As and when required, include relevant information in the Board Member Reference (https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2023%2F08%2FPRN00238-ii-appendix-2-the-board-member-reference-template.docx&wdOrigin=BROWSELINK) when a board member leaves

Chief executives should:

- Carry out individual appraisals for the executive directors based on the framework and other objectives
- Ensure the findings feed into the personal development plans of the executive directors

The senior independent director (or deputy chair) should:

- Carry out the appraisal for the chair based on the framework and other objectives
- Ensure the findings feed into the personal development plan of the chair

Board members should:

- Self-assess against the six competency domains as preparation for annual appraisal
- Identify and plan development activity as part of ongoing continuous professional development (CPD), taking into account any professional standards that are also applicable for specific board member roles
- Review the self-assessment with their line manager and obtain feedback

All board members will have more detailed individual, team and organisational objectives. The 6 domains identify competency areas and provide examples of leadership practice and behaviours which will support delivery against objectives.

3.3 Development

Even the most talented and experienced individuals are unlikely to be able to demonstrate how they meet all the competencies in this framework all of the time. However, it should provide a means by which, over time, individuals can measure themselves and develop proficiency in all areas.

The competency domains will be built into national leadership programmes and support offers for board directors and aspiring board directors. All board members should actively engage in ongoing development to enable continued and greater achievement across the competency domains over time, and should be supported to do so.

Board members should refer to the [directory of board level learning and development opportunities (https://www.england.nhs.uk/long-read/directory-of-board-level-learning-and-development-opportunities/)](https://www.england.nhs.uk/long-read/directory-of-board-level-learning-and-development-opportunities/) for existing development offers.

3.4 Scoring guide

Appendix 2 is an optional scoring guide for individual board members to use when self-assessing against the competency domains.

4 Next steps

The Board Member Appraisal Framework will be published by autumn 2024. It will reflect the competency domains in this framework, as well as other performance objectives. It will also provide guidance on how to assess performance against the 6 competency domains, including for experienced board members and those who have been in post less than 12 months.

The LCF will continue to be kept under review, and may be updated periodically to reflect changes in the NHS operating environment, as well as feedback received from users. Feedback can be sent to [england.karkimplementationteam@nhs.net (mailto:england.karkimplementationteam@nhs.net)](mailto:england.karkimplementationteam@nhs.net).

5 Detailed leadership competency domains

The individual competencies are expressed as 'I' statements. This is to indicate personal actions and behaviours that board members will demonstrate in undertaking their roles. However, it is recognised that, including in the context of a unitary board, high performance and delivery against objectives is also achieved through effective team working and collaboration.

1. Driving high-quality and sustainable outcomes

What does good look like?

I am a member of a unitary board which is committed to ensuring excellence in the delivery (and / or the commissioning) of high quality and safe care within our limited resources, including our workforce. I seek to ensure that my organisation* demonstrates continual improvement and that we strive to meet the standards expected by our patients and communities, as well as by our commissioners and regulators, by increasing productivity and bringing about better health and care outcomes with lasting change and improvement.

* All references to "organisation" also refer to systems for board members of integrated care boards.

Competencies

1. I contribute as a leader:

a. to ensure that my organisation delivers the best possible care for patients

b. to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation

2. I assess and understand:

a. the performance of my organisation and ensure that, where required, actions are taken to improve
b. the importance of efficient use of limited resources and seek to maximise:

i. productivity and value for money

ii. delivery of high quality and safe services at population level

c. the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements

3. I recognise and champion the importance of:

a. attracting, developing and retaining an excellent and motivated workforce
b. building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles
c. retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate

4. I personally:

a. seek out and act on performance feedback and review, and continually build my own skills and capability
b. model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training

2. Setting strategy and delivering long-term transformation

What does good look like?

I am a member of a unitary board leading the development of strategies which deliver against the needs of people using our services, as well as statutory duties and national and local system priorities. We set strategies for long term transformation that benefits the whole system and reflects best practice, including maximising the opportunities offered by digital technology. We use relevant data and take quality, performance, finance, workforce intelligence and proven innovation and improvement processes into account when setting strategy.

Competencies

1. I contribute as a leader to:

a. the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities
b. ensure there is a long-term strategic focus while delivering short-term objectives
c. ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates
d. ensure effective prioritisation within the resources available when setting strategy and help others to do the same

2. I assess and understand:

a. the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments
b. the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy
c. clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans

3. I recognise and champion the importance of long-term transformation that:

a. benefits the whole system
b. promotes workforce reform
c. incorporates the adoption of proven improvement and safety approaches
d. takes data and digital innovation and other technology developments into account

4. I personally:

a. listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same
b. seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies

3. Promoting equality and inclusion, and reducing health and workforce inequalities

What does good look like?

I am a member of a unitary board which identifies, understands and addresses variation and inequalities in the quality of care and outcomes to ensure there are improved services and outcomes for all patients and communities, including our workforce, and continued improvements to health and workforce inequalities.

Competencies

1. I contribute as a leader to:

a. improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care
b. ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes
c. reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups

2. I assess and understand:

a. the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6)

3. I recognise and champion:

a. the need for the board to consider population health risks as well as organisational and system risks

4. I personally:

a. demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds
b. encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities.

4. Providing robust governance and assurance

What does good look like?

I understand my responsibilities as a board member and how we work together as a unitary board to reach collective agreement on our approach and decisions. We use a variety of information sources and data to assure our financial performance, quality and safety frameworks, workforce arrangements and operational delivery. We are visible throughout the organisation and our leadership is underpinned by the organisation's behaviours, values and standards. We are seen as a Well Led organisation and we understand the vital importance of working collaboratively.

Competencies

1. I contribute as a leader by:

a. working collaboratively on the implementation of agreed strategies
b. participating in robust and respectful debate and constructive challenge to other board members
c. being bound by collective decisions based on objective evaluation of research, evidence, risks and options
d. contributing to effective governance and risk management arrangements
e. contributing to evaluation and development of board effectiveness

2. I understand board member responsibilities and my individual contribution in relation to:

a. financial performance
b. establishing and maintaining arrangements to meet statutory duties, national and local system priorities
c. delivery of high quality and safe care
d. continuous, measurable improvement

3. I assess and understand:

a. the level and quality of assurance from the board's committees and other sources
b. where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making
c. how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements
d. the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks – including, for example, incident data; surveys; external reviews; regulatory intelligence; understanding variation and inequalities.

4. I recognise and champion:

a. the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders

b. working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement

5. I personally:

a. understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same

5. Creating a compassionate, just and positive culture

What does good look like?

As a board member I contribute to the development and ongoing maintenance of a compassionate and just learning culture, where staff are empowered to be involved in decision making and work effectively for their patients, communities and colleagues. As a member of the board, we are each committed to continually improving our approach to quality improvement, including taking a proactive approach and culture.

Competencies

1. I contribute as a leader:

a. to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues

b. to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement

c. to improve staff engagement, experience and wellbeing in line with our NHS People Promise (for example, with reference to equality, diversity and inclusion; freedom to speak up; personal and professional development; holding difficult conversations respectfully and addressing conflict)

d. to ensure there is a safe culture of speaking up for our workforce

2. I assess and understand:

a. my role in leading the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture

3. I recognise and champion:

a. being respectful and I promote diversity and inclusion in my work

b. the ability to respond effectively in times of crisis or uncertainty

4. I personally:

a. demonstrate visible, compassionate and inclusive leadership

b. speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice

c. challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe, or staff or people being excluded in any way or treated unfairly

d. promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention

6. Building trusted relationships with partners and communities

What does good look like?

I am part of a board that recognises the need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities and our workforce. We are seen as leading an organisation that proactively works to strengthen relationships and develop collaborative behaviours to support working together effectively in an integrated care environment.

Competencies

1. I contribute as a leader by:

a. fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners
b. identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest

2. I assess and understand:

a. the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems
b. the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners

3. I recognise and champion:

a. management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues

b. open and constructive communication with all system partners to share a common purpose, vision and strategy

Appendix 1: Values and concepts from key documents which form an anchor for this framework

Our people promise

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

NHS values

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Our leadership way

We are compassionate

- We are inclusive, promote equality and diversity, and challenge discrimination
- We are kind and treat people with compassion, courtesy and respect.

We are curious

- We aim for the highest standards and seek to continually improve, harnessing our ingenuity
- We can be trusted to do what we promise

We are collaborative

- We collaborate, forming effective partnerships to achieve our common goals
- We celebrate success and support our people to be the best they can be

Health and Care Act 2022

- Collaborate with partners to address our shared priorities and have the core aim and duty to improve the health and wellbeing of the people of England.
- Improve the quality, including safety, of services provided.
- Ensure the sustainable, efficient use of resources for the wider system and communities

Seven principles of public life

- Selflessness
- Integrity
- Objectivity

- Accountability
- Openness
- Honesty
- Leadership

Appendix 2: Optional scoring guide for individual self-assessment against the competencies

Download a word copy of this scoring guide (https://www.england.nhs.uk/wp-content/uploads/2024/02/B0496i-app-2-optional-scoring-guide-for-individual-self-assessment-against-the-competencies.docx).

Publication reference: B0496i

Date published: 28 February, 2024
Date last updated: 28 February, 2024

Appendix B

Appendix 2: Optional scoring guide for individual self-assessment against the competencies

Domain 1: Driving high quality, sustainable outcomes

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	**I contribute as a leader:**					
1a	to ensure that my organisation delivers the best possible care for patients					
1b	to ensure that my organisation creates the culture, capability and approach for continuous improvement, applied systematically across the organisation					
2	**I assess and understand:**					
2a	the performance of my organisation and ensure that, where required, actions are taken to improve					

2b	the importance of efficient use of limited resources and seek to maximise:
	   i. productivity and value for money
	  ii. delivery of high quality and safe services at population level					

2c	the need for a balanced and evidence-based approach in the context of the board's risk appetite when considering innovative solutions and improvements					
3	**I recognise and champion the importance of:**					
3a	attracting, developing and retaining an excellent and motivated workforce					
3b	building diverse talent pipelines and ensuring appropriate succession plans are in place for critical roles					
3c	retaining staff with key skills and experience in the NHS, supporting flexible working options as appropriate					
4	**I personally:**					
4a	seek out and act on performance feedback and review, and continually build my own skills and capability					
4b	model behaviours that demonstrate my willingness to learn and improve, including undertaking relevant training					

Domain 2: Setting strategy and delivering long term transformation

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	**I contribute as a leader to:**					
1a	the development of strategy that meets the needs of patients and communities, as well as statutory duties, national and local system priorities					
1b	ensure there is a long-term strategic focus while delivering short-term objectives					
1c	ensure that our strategies are informed by the political, economic, social and technological environment in which the organisation operates					
1d	ensure effective prioritisation within the resources available when setting strategy and help others to do the same					
2	**I assess and understand:**					
2a	the importance of continually understanding the impact of the delivery of strategic plans, including through quality and inequalities impact assessments					
2b	the need to include evaluation and monitoring arrangements for key financial, quality and performance indicators as part of developing strategy					
2c	clinical best practice, regulation, legislation, national and local priorities, risk and financial implications when developing strategies and delivery plans					
3	**I recognise and champion the importance of long-term transformation that:**					
3a	benefits the whole system					
3b	promotes workforce reform					
3c	incorporates the adoption of proven improvement and safety approaches					
3d	takes data and digital innovation and other technology developments into account					
4	**I personally:**					
4a	listen with care to the views of the public, staff and people who use services, and support the organisation to develop the appropriate engagement skills to do the same					
4b	seek out and use new insights on current and future trends and use evidence, research and innovation to help inform strategies					

Domain 3: Promoting equality and inclusion, and reducing health inequalities

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	**I contribute as a leader to:**					
1a	improve population health outcomes and reduce health inequalities by improving access, experience and the quality of care					
1b	ensure that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes					
1c	reduce workforce inequalities and promote inclusive and compassionate leadership across all staff groups					
2	**I assess and understand:**					
2a	the need to work in partnership with other boards and organisations across the system to improve population health and reduce health inequalities (linked to Domain 6)					
3	**I recognise and champion:**					
3a	the need for the board to consider population health risks as well as organisational and system risks					
4	**I personally:**					
4a	demonstrate social and cultural awareness and work professionally and thoughtfully with people from all backgrounds					
4b	encourage challenge to the way I lead and use this to continually improve my approaches to equality, diversity and inclusion and reducing health and workforce inequalities					

Domain 4: Providing robust governance and assurance

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	**I contribute as a leader by:**					
1a	working collaboratively on the implementation of agreed strategies					
1b	participating in robust and respectful debate and constructive challenge to other board members					
1c	being bound by collective decisions based on objective evaluation of research, evidence, risks and options					
1d	contributing to effective governance and risk management arrangements					
1e	contributing to evaluation and development of board effectiveness					
2	**I understand board member responsibilities and my individual contribution in relation to:**					
2a	financial performance					
2b	establishing and maintaining arrangements to meet statutory duties, national and local system priorities					
2c	delivery of high quality and safe care					
2d	continuous, measurable improvement					
3	**I assess and understand:**					
3a	the level and quality of assurance from the board's committees and other sources					
3b	where I need to challenge other board members to provide evidence and assurance on risks and how they impact decision making					
3c	how to proactively monitor my organisation's risks through the use of the Board Assurance Framework, the risk management strategy and risk appetite statements					
3d	the use of intelligence and data from a variety of sources to recognise and identify early warning signals and risks					

4	**I recognise and champion:**					
4a	the need to triangulate observations from direct engagement with staff, patients and service users, and engagement with stakeholders					
4b	working across systems, particularly in responding to patient safety incidents, and an understanding of how this links with continuous quality improvement					
5	**I personally:**					
5a	understand the individual and collective strengths of the board, and I use my personal and professional knowledge and experience to contribute at the board and support others to do the same					

Domain 5: Creating a compassionate, just and positive culture

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	**I contribute as a leader:**					
1a	to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues					
1b	to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement					
1c	to improve staff engagement, experience and wellbeing in line with our NHS People Promise					
1d	to ensure there is a safe culture of speaking up for our workforce					
2	**I assess and understand:**					
2a	my role in leading the organisation's approach to improving quality, from immediate safety responses to creating a proactive and improvement-focused culture					
3	**I recognise and champion:**					
3a	being respectful and I promote diversity and inclusion in my work					
3b	the ability to respond effectively in times of crisis or uncertainty					
4	**I personally:**					
4a	demonstrate visible, compassionate and inclusive leadership					
4b	speak up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when I might be the only voice					
4c	challenge constructively, speaking up when I see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe; or staff or people being excluded in any way or treated unfairly					
4d	promote flexible working where possible and use data at board level to monitor impact on staff wellbeing and retention					

Domain 6: Building trusted relationships with partners and communities

	Competencies	Almost always	Frequently	Occasionally	Rarely or never	No chance to demonstrate
1	**I contribute as a leader by:**					
1a	fostering productive partnerships and harnessing opportunities to build and strengthen collaborative working, including with regulators and external partners					
1b	identifying and communicating the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest					
2	**I assess and understand:**					
2a	the need to demonstrate continued curiosity and develop knowledge to understand and learn about the different parts of my own and other systems					
2b	the need to seek insight from patient, carer, staff and public groups across different parts of the system, including Patient Safety Partners					
3	**I recognise and champion:**					
3a	management, and transparent sharing, of organisational and system level information about financial and other risks, concerns and issues					
3b	open and constructive communication with all system partners to share a common purpose, vision and strategy					

Appendix C

NHS
England

Date published: 1 August, 2023
Date last updated: 2 August, 2023

Directory of board level learning and development opportunities

This document is part of the NHS England Fit and Proper Person Test Framework for board members (https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/).

Publication (/publication)

Content

- Board director support offers
- Programmes and networks from other organisations

This is a directory of support offers for executive and non-executive board directors. These offers have been considered against a set of quality assurance criteria. The list is not exhaustive but is a compilation of support offers where there is sufficient information available – either via desktop research or through dialogue with providers – to include with confidence that they offer support commensurate with the level. In some cases, the offer is a network, in which case the aims, purpose and inclusivity of the network have been considered.

There is repetition in this list as some offers are applicable to more than one staff group.

Offers from within the NHS and from organisations supporting the NHS.

Board director support offers

Offers applicable to all board roles

Provider: NHS Leadership Academy
Programme title: Collaborate Well Podcast
Audience: Available to all board members
Description:

- Resources about and sharing learning on integrated care system development.
- Series of podcasts and webinars – topics include clinical leadership, complex needs, inequalities.

Link: Collaborate well – podcast playlist (https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/)

Provider: Healthcare Financial Management Association
Programme title: Healthcare Financial Management
Audience: Available to all board members
Description:

- Healthcare Financial Management Association provides an assortment of resources and learning including bitesize sessions.
- Support for roles working in NHS finance at board level.

Link: Healthcare Financial Management Association (https://gbr01.safelinks.protection.outlook.com/?
url=https%3A%2F%2Fwww.hfma.org.uk%2F&data=05%7C01%7Charminder.basra1%40nhs.net%7Cd0068a1849e44336d4e708db76f0d634%7C37c354b285b047f5b22207b48d774ee3%7C

Provider: Independent network
Programme title: Disabled NHS Directors Network
Audience: Open to new directors who meet the criteria
Description:

- Designed for executives and non-executives providing mentoring and coaching support to strengthen collective impact and voice of disabled leaders' network.
- Toolkit commissioned for recruitment and retention of disabled non-executive directors for boards.

Link: Disabled NHS Directors Network (https://disablednhsdirectorsnetwork.nhs.uk/)

Offers for CEOs and newly appointed CEOs

Provider: NHS Leadership Academy
Programme title: Explore and Rethink through the CEO lens
Audience: Newly appointed CEOs
Description:

Resources to support the first 100 days in role. Three modules:

- Transitioning into role
- Systems leadership
- Leading an effective executive team

Link: Create account and log in via Newly appointed CEO support – Leadership Academy (https://www.leadershipacademy.nhs.uk/newly-appointed-ceo-support/)

Provider: NHS Confederation
Programme title: First time Chief Executives programme
Audience: First time CEOs
Description:

- Peer support and development for first time CEOs.

- Bi-monthly meetings with national leaders from across the system

Link: First-Time Chief Executives Programme | NHS Confederation (https://www.nhsconfed.org/first-time-CEO)

Provider: NHS Leadership Academy
Programme title: Chief Executives Development Network
Audience: Open to new CEOs
Description:

- Three, two-day development days per annum – coming soon.
- Access to online resources.
- A dedicated transition coach who will meet you twice yearly, initially to welcome you into the network and then to help progress your personal learning agenda and shape Network events.

Link: Chief Executive Development Network – Leadership Academy (https://www.leadershipacademy.nhs.uk/senior-leadership-support-and-development/chief-executive-officers/chief-exec-development/)
Information on joining by email to ceo@leadershipacademy.nhs.uk (mailto:ceo@leadershipacademy.nhs.uk)

Provider: NHS Leadership Academy
Programme title: Peer to Peer support
Audience: Open to new CEOs
Description:

- Support for new CEOs from existing, experienced CEOs
- Confidential and practical support, hosted by NHS England but confidential to the peer to peer relationship.

Link: Can register for support at Peer-to-peer Support: Expression of Interest – Leadership Academy (https://learninghub.leadershipacademy.nhs.uk/peertopeernetwork-eoi/)

Provider: NHS Leadership Academy
Programme title: Transition Coaching
Audience: New CEO
Description:

Access and support to a dedicated transition coach, to welcome to the network and to help progress personal learning agenda and shape network events

Link: Register for a transition coach at ceo@leadershipacademy.nhs.uk (mailto:ceo@leadershipacademy.nhs.uk)

Provider: NHS Leadership Academy
Programme title: Collaborate Well Podcast
Audience: CEO
Description:

- Resources looking at and sharing learning about ICS development.
- Series of podcasts and webinars – topics include clinical leadership, complex needs, inequalities.

Link: Collaborate well – podcast playlist (https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/)

Provider: NHS Leadership Academy
Programme title: Mentoring offer
Audience: Available to all CEOs
Description:

Experienced former NHS chairs and CEOs who offer mentoring services to current NHS chairs and CEOs

Link: Please contact karen.robinson23@nhs.net (mailto:karen.robinson23@nhs.net)

Provider: NHS Providers
Programme title: Network
Audience: Chairs and CEOs of NHS trusts and foundation trusts
Description:

One of 12 networks run by NHS Providers for members. The events are specifically designed to help members get the information, guidance and inspiration they need.

Link: Networks home page Member networks – NHS Providers (https://nhsproviders.org/networks)

Offers for chairs and new in post chairs

Provider: NHS Providers
Programme title: Chairs Onboarding
Audience: New Chairs
Description:

Part of the NHS Providers board development suite of offers:

- One-day onboarding event
- Six-month induction programme
- Chair mentoring support network

Link: Chair Induction Programme (NHS Providers) (https://nhsproviders.org/development-offer/board-development/what-is-board-development) Dates published on the website.

Provider: NHS Leadership Academy
Programme title: Chairs Development Network
Audience: Chairs

Description:

The Chair Development Network (CHADN) is designed to provide personalised, flexible and accessible learning. It offers the following core elements:

- Three two-day network meeting days per annum – coming soon
- Access to online resources
- Access to coaching and mentoring (if required).

First-time chairs are also offered a dedicated Transition Coach.

Link: Chair Development Network – Leadership Academy (https://www.leadershipacademy.nhs.uk/senior-leadership-support-and-development/chair-and-ned-development/chair-development-network/)

Provider: NHS Leadership Academy
Programme title: Aspirant Chair
Audience: Current NEDs aspiring to a chair role
Description:

- A new programme for current non-executive directors planning to step into chair roles in the next 12-18 months.
- Aims to support a strong, diverse pipeline of candidates for chairs on NHS provider Boards.

Link: New Aspirant Chair Programme – NHS Senior Leadership Onboarding and Support (https://senioronboarding.leadershipacademy.nhs.uk/new-aspirant-chair-programme/#:~:text=NHS%20England%20has%20developed%20the%20Aspirant%20Chair%20Programme,chair%20role%20following%20completion%20of%20this%20development%20pr

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Provider: NHS Leadership Academy
Programme title: Collaborate Well Podcast
Audience: Available to all board roles including chairs
Description:

- Resources looking at and sharing learning about ICS development.
- Series of podcasts and webinars – topics include clinical leadership, complex needs, inequalities.

Link: Collaborate well – podcast playlist (https://senioronboarding.leadershipacademy.nhs.uk/working-collaboratively/podcasts-and-webinars/)

Provider: NHS Leadership Academy
Programme title: Mentoring offer
Audience: Available to all chairs
Description:

Experienced former NHS chairs and CEOs who offer mentoring services to current NHS Chairs and CEOs.

Link: Please contact karen.robinson23@nhs.net (mailto:karen.robinson23@nhs.net)

Provider: Disabled NHS Directors Network
Programme title: Disabled NHS Directors Network
Audience: Available to all board roles including Chairs
Description:

- Designed for executives and non-executives providing mentoring and coaching support to strengthen collective impact and voice of disabled leader's network.
- Toolkit commissioned for recruitment and retention of disabled NEDs for Boards.

Link: Disabled NHS Directors Network (https://disablednhsdirectorsnetwork.nhs.uk/)

Provider: Seacole Group
Programme title: Network for BAME NEDs and Chairs
Audience: Available to all BAME NEDs and chairs in the NHS
Description:

- Designed for aspiring/existing NEDs from Black, Asian, and other minority ethnic backgrounds.
- Associate membership is open to Non-Executive Directors from other backgrounds who are interested in learning about and supporting the objectives of the group

Link: Seacole Group | National Network for Black, Asian and Other ethnic NEDS and Chairs in the NHS (https://www.seacolegroup.com/)

Offers for new directors of finance

Provider: One Finance (Future Focussed Finance])
Programme title: First Time Chief Finance Officers
Audience: Chief Finance Officer
Description:

- For first time CFOs in post
- Designed to support and provide new leaders in first year in post with the knowledge and skills required to become high-performing directors

Link: First time in post CFO programme (https://onenhsfinance.nhs.uk/new-in-post-fd-cfo/)

Offers for aspiring directors (from NHS England only)

Provider: NHS Leadership Academy
Programme title: Aspiring Director
Audience: Aspiring Director
Description:

• Nye Bevan programme for aspiring leaders who demonstrate readiness for the next steps.
• Open to Aspiring Board members from all clinical and non-clinical roles.
• Register interest via the link.

Link: Nye Bevan Programme (https://www.leadershipacademy.nhs.uk/programmes/nye-bevan-programme/)

Provider: NHS Leadership Academy
Programme title: Aspiring Executive Director
Audience: Aspiring Executive Director
Description:

Programme for those demonstrating high potential and interest in executive director on NHS trust Board within the next 12–24 months.

Link: Executive Director Pathway (https://www.leadershipacademy.nhs.uk/executive-director-pathway-2/)

Offers for non-executive directors

Provider: NHS People and Culture Board level Development and Careers
Programme title: NExT Director programme
Audience: Aspiring Non-Executive Director
Description:

- 6-12 month programme giving insight into the role and responsibilities, bridge knowledge gaps, supporting better performance at future NED interviews.
- Scheme provides support to under-represented on trust boards with the skills and expertise to take the step into the NHS board room.

Link: NExT Programme (https://www.england.nhs.uk/non-executive-opportunities/improving-non-executive-diversity/next-director-scheme-supporting-tomorrows-non-executives/)

Provider: NHS Providers in partnership with NHS England
Programme title: Board Development Programme – Non-Executive Director Induction
Audience: Non-Executive Directors
Description:

- Face-to-face and virtual options.
- Essential one-day induction programme specifically for new NEDs of NHS trusts and foundation trusts.
- Developed to provide deeper understanding of board roles.

Link: Board development course dates – NHS Providers (https://nhsproviders.org/development-offer/board-development/board-development-course-dates)

Provider: NHS Providers
Programme title: Network for NEDs in NHS trusts and foundation trusts
Audience: Non-Executive Directors
Description:

- National networking events for NHS board members which meet several times a year.
- Specifically designed to help members get the information, guidance and inspiration they need.

Link: Member networks – NHS Providers (https://nhsproviders.org/networks)

Provider: NHS Confederation
Programme title: Non-Executive Leaders networks
Audience: Non-Executive Directors
Description:

A range of networks for non-executive leaders from across different health sectors including Mental Health Chairs, Independent ICS Chairs and Community Chairs.

Link: Non-Executive Leaders Network | NHS Confederation (https://www.nhsconfed.org/leadership-support/non-executive-leaders). To join the network or find out more contact fiona.claridge@nhsconfed.org (mailto:fiona.claridge@nhsconfed.org)

Provider: NHS Leadership Academy
Programme title: Senior Leader Onboarding for Non-executive Directors
Audience: Non-Executive Directors
Description:

A range of resources for new and existing non-executive directors including:

- NED competencies and appraisal, values and behaviours support and further reading.
- Induction, development framework, governance and support offers.
- Designed as a support resource for newly appointed board members in the first year of the role.

Link:

- New NED and chair competencies and appraisals – NHS Senior Leadership Onboarding and Support (https://senioronboarding.leadershipacademy.nhs.uk/new-ned-and-chair-competencies-and-appraisals/)
- Non-executive opportunities in the NHS » Support for current chairs and non-executives (https://www.england.nhs.uk/non-executive-opportunities/chair-non-executives-support/)
- New Chairs and Non Executive Directors – NHS Senior Leadership Onboarding and Support (https://senioronboarding.leadershipacademy.nhs.uk/new-chairs-and-non-executive-directors/)

Provider: Seacole Group
Programme title: Network for BAME NEDs and Chairs
Audience: Available to all BAME NEDs and Chairs in the NHS health system
Description:

- Designed for aspiring/existing NEDs from Black, Asian and other minority ethnic backgrounds.
- Associate membership is open to non-executive directors from other backgrounds who are interested in learning about and supporting the objectives of the group.

Link: Seacole Group | National Network for Black, Asian and Other ethnic NEDS and Chairs in the NHS (https://www.seacolegroup.com/)

Programmes and networks from other organisations

Also considered were offers from the following – either organisations aligned to healthcare, or offering executive education and support with connections to the public sector which are offered at no cost

Provider: The King's Fund
Programme title: Strategic Clinical Leaders
Audience: Board level Clinical Leaders
Description:

- Designed for senior clinical and professional leaders (medical director, chief nursing officer, or similar level).
- Learning includes expert insight/challenge, reflection, critical knowledge, problem solving. Waiting list and taking bookings into 2025.

Link: SCL: Strategic Clinical Leaders | The King's Fund (https://www.kingsfund.org.uk/courses/strategic-clinical-leaders)

Provider: The King's Fund
Programme title: Building Collaborative Leadership across health and care organisations
Audience: Senior leaders working in systems
Description:

- A programme enabling senior leaders to collaborate the newly integrated health and care landscape.
- Designed to give participants the opportunity to consider how to best lead ICSs.

Link: Building collaborative leadership across health and care organisations | The King's Fund (https://www.kingsfund.org.uk/courses/building-collaborative-leadership)

Provider: The King's Fund
Programme title: Release Your Potential: A Programme for New Leaders*
Audience: Those new to leadership. (May be useful for senior managers who aspire to board but have not undertaken leadership development specifically)
Description:

- For aspiring leaders across health, social care, voluntary, third sector and public health.

*Included as many senior managers tell us they have never undertaken formal leadership development.

Link: Release your potential | The King's Fund (https://www.kingsfund.org.uk/courses/release-your-potential-programme-new-leaders)

Provider: The King's Fund
Programme title: Clinical Directors and Lead Clinicians
Audience: Existing clinical directors, lead clinicians, and those stepping into roles or considering them
Description:

Addresses the knowledge, skills and behaviours you need to lead both operationally and strategically as a clinical director or lead clinician.

Link: Clinical directors and lead clinicians | The King's Fund (https://www.kingsfund.org.uk/courses/clinical-directors-lead-clinicians)

Provider: The King's Fund
Programme title: Top Manager Programme
Audience: Senior people in health and social care, public, private and third sector for existing directors
Description:

Focus is on connecting with and creating shared purpose and developing the political and emotional intelligence needed when leading in senior roles in an increasingly demanding environment

Link: Top manager programme | The King's Fund (https://www.kingsfund.org.uk/courses/top-manager-programme)

Provider: The King's Fund
Programme title: The Circles Programme: Leadership Development for Women
Audience: Women leaders of all levels
Description:

- Designed irrespective of role or experience to respond to leadership challenges facing women.
- Open to under-represented diverse groups.

Link: The Circles programme: leadership development for women | The King's Fund (https://www.kingsfund.org.uk/courses/circles-programme-leadership-development-women)

Provider: The King's Fund
Programme title: The Circles Programme: Leadership Development for Women, Online Speakers Series
Audience: Women leaders of all levels
Description:

Online speaker series 2023-2024 for all women regardless of seniority or experience.

Link: Circles | The King's Fund (kingsfund.org.uk) (https://www.kingsfund.org.uk/events/circles-speaker-series-2023) Speaker sessions are in addition to the above programme

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Provider: Social Care Institute for Excellence
Title: Health and social care integration webinar
Audience: CEOs and Chairs
Description:

Series of webinars looking at ICS development, sharing good practice and learning.

Link: Webinars on integration with NHS England (https://www.scie.org.uk/integrated-care/delivering/nhs-england-webinars)

Provider: The Civil Service College
Title: CEO and Deputy CEO programme
Audience: CEOs and Deputies
Description:

Short courses and programmes to develop skills, knowledge and networks for chief executive officers, deputy-CEOs and their equivalents in public service.

Link: CEO and deputy CEO-level development (https://www.gov.uk/guidance/ceo-and-deputy-ceo-level-development)

Provider: The Local Government Association
Title: The IGNITE programme
Audience: New and existing CEOs
Description:

- The programme is supported by the LGA and delivered in partnership with Collaborate CIC.
- Aim is to build stronger relationships with peers that can support deeper collaboration across local government and in systems.

Link: IGNITE – a Solace leadership programme for chief executives | Local Government Association (https://www.local.gov.uk/our-support/leadership-workforce-and-communications/officer-development/ignite-solace-leadership)

Provider: Healthcare Financial Management Association
Title: Healthcare Financial Management
Audience: Existing board level leaders
Description:

- Offers to support financial skills for non-executive directors.
- Healthcare Financial Management Association provides an assortment of resources and learning.
- Support for roles working in NHS finance at Board level.

Link: Healthcare Financial Management Association (https://www.hfma.org.uk/)

Provider: The Leadership Centre
Title: The Future Vision programme
Audience: Existing board level leaders
Description:

- Delivered in collaboration with the Leadership Centre and the Birmingham Leadership Institute.
- This programme offers development for senior leaders who recognise that what they already know and how they already lead is not sufficient to meet the nature of the challenges they are facing.

Link: Future Vision | Leadership (https://www.leadershipcentre.org.uk/ourwork/future-vision/)

Date published: 1 August, 2023

Date last updated: 2 August, 2023

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1. **Introduction**
   1.1. Recognition of a patient's wishes regarding organ donation and discussion with nominated representatives was highlighted as part of End-of-Life Care Pathways in the Department of Health End of Life Care Strategy, published in 2008.
   1.2. The ESHT organ donation committee oversees policy, education, and publicity to educate and support organ donation within ESHT and East Sussex.

2. **Background**
   2.1. On the 31st March 2023 there were 6959 people on the active transplant list in the UK. Over the last year 441 patients in the UK have died whilst waiting for a transplant; 23 across the South East Coast.
   2.2. In 2008 the Organ Donation Taskforce published 'Organs for Transplants' which set recommendations with the target of increasing deceased donor rates. By 2013 donation rates had increased by 50% with a 30.5% increase in transplants.
   2.3. In 2013 The 'Taking Organ Transplantation to 2020 UK Strategy' was published. This built on the changes initiated in 2008. The aim of the strategy was to 'pursue consistently excellent practice in the care of every potential donor and maximise the use of every available organ'.
   2.4. In England following public consultation, the Organ Donation (Deemed Consent) Bill received Royal Assent on the 15th March 2019 and was passed into law on the 20th May 2020. This means that all competent adults who are freely resident in England for >1 year are now considered as potential donors unless they specifically chose to opt out or are excluded. Under the law donation will still be discussed with families to ensure that the most up to date individual wishes are known and respected. People are still able to register their decision – either to donate their organs or to decline donation, via the NHS organ donor register. On the 31st March 2022, 27 751 289 people had registered their decision to opt-in to organ donation across the UK.
   2.5. Organ Donation and Transplantation 2030: Meeting the Need is a 10-year vision for organ donation and transplantation rolled out by NHSBT since 2020 which takes in to account the introduction of 'opt-out' legislation and the impact of the COVID-19 pandemic.

3. Main content

3.1. NHS Blood & Transplant Report 1st April 2022 to 31st March 2023:

Summary:

Figure 2.1 Key rates on the potential for organ donation including UK comparison, 1 April 2022 - 31 March 2023
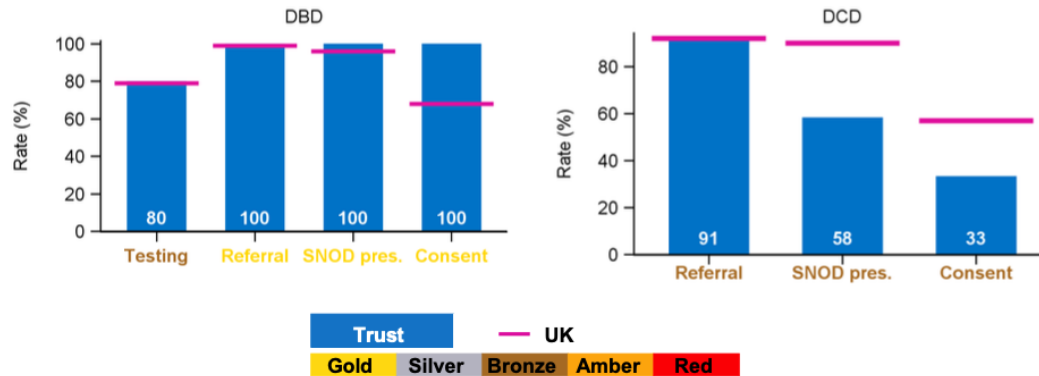

Figure 2.2 Trends in key rates on the potential for organ donation, 1 April 2018 - 31 March 2023
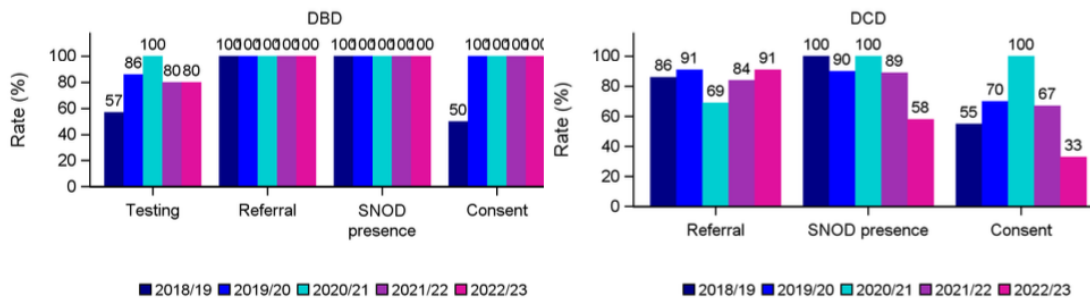

Table 2.1 Key numbers, rates and comparison with national rates, 1 April 2022 - 31 March 2023

	DBD Trust	DBD UK	DCD Trust	DCD UK	Deceased donors Trust	Deceased donors UK
Patients meeting organ donation referral criteria¹	5	1980	35	5307	38	6910
Referred to Organ Donation Service	5	1965	32	4886	35	6482
Referral rate %	G 100%	99%	B 91%	92%	B 92%	94%
Neurological death tested	4	1556				
Testing rate %	B 80%	79%				
Eligible donors²	3	1439	21	3467	24	4906
Family approached	3	1244	12	1691	15	2935
Family approached and SNOD present	3	1190	7	1526	10	2716
% of approaches where SNOD present	G 100%	96%	B 58%	90%	B 67%	93%
Consent ascertained	3	846	4	959	7	1805
Consent rate %	G 100%	68%	B 33%	57%	B 47%	61%
- Expressed opt in	3	476	2	578	5	1054
- Expressed opt in %	100%	95%	50%	84%	71%	89%
- Deemed Consent	0	284	2	306	2	590
- Deemed Consent %	N/A	63%	40%	52%	40%	57%
- Other*	0	86	0	74	0	160
- Other %*	N/A	60%	N/A	38%	N/A	47%
Actual donors (PDA data)	3	783	3	636	6	1419
% of consented donors that became actual donors	100%	93%	75%	66%	86%	79%

¹ DBD - A patient with suspected neurological death
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

* Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation decision in accordance with relevant legislation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

3.2. Referrals & Missed Opportunities:
3.2.1. Referrals:
Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135 and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors.

Of 5 potential Donation after Brainstem Death (DBD) donors, all patients were referred to the Specialist Nurse for Organ Donation (SN-OD). Of these patients only 4 patients underwent neurological death tests with 1 patient not tested due advice from the specialist nurse. Of 35 potential Donation after Circulatory Death (DCD) donors, 32 patients were referred to the SN-OD and 12 families were approached regarding donation.

Figure 3.2 Number of patients meeting referral criteria, 1 April 2018 - 31 March 2023
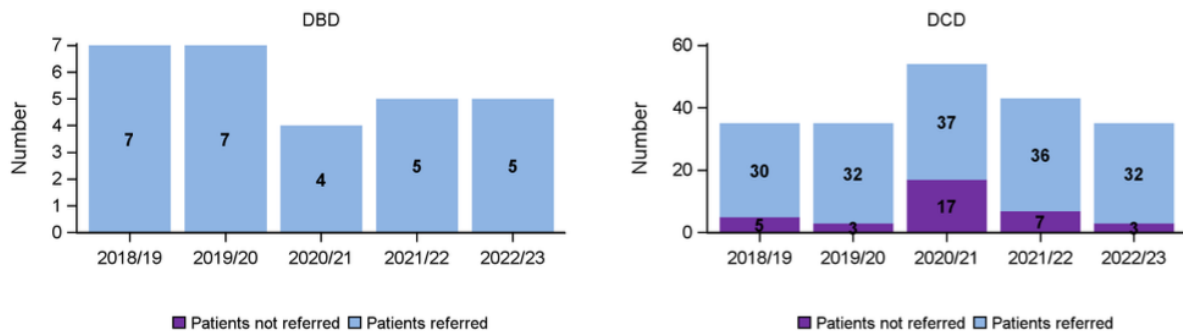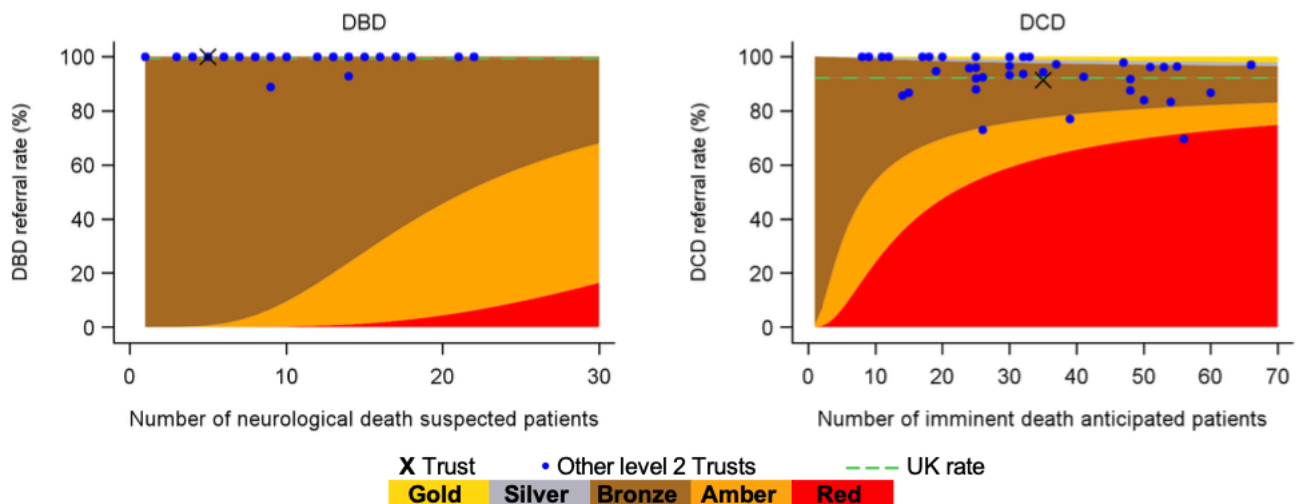

Figure 7.1 Funnel plots of referral rates, 1 April 2022 - 31 March 2023

ESHT has been rated as excellent for potential DBD donors and average for referrals for potential DCD donors. Of the patients not referred, 1 had medical contraindications and 2 were not considered. The clinical lead and specialist nurse continue to provide training for ICU staff to raise awareness of organ donation with the aim of achieving 100% referrals.

3.2.2.Neurological Testing:
Goal: Neurological death tests are performed wherever possible.

Of 5 potential patients with suspected neurological death and potential for Donation after Brainstem Death, 4 patients underwent neurological testing and one did not undergo testing following advice from the specialist nurse that they were not suitable.

Figure 3.1 Number of patients with suspected neurological death, 1 April 2018 - 31 March 2023
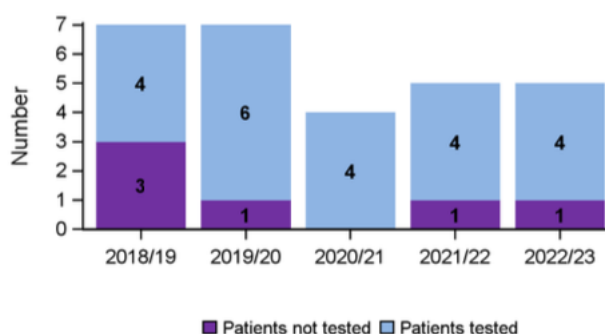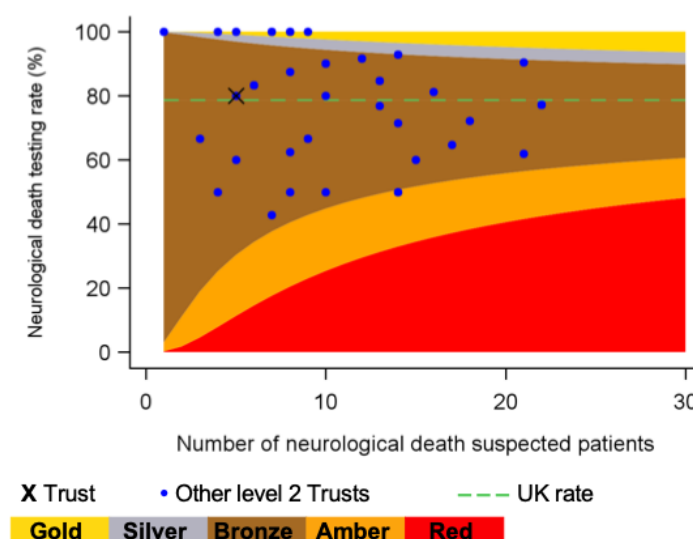

Figure 4.1 Funnel plot of neurological death testing rate, 1 April 2022 - 31 March 2023

3.2.3.Specialist Nurse For Organ Donation presence:
Goal: A SNOD should be present during the formal family approach as per NICE CG135 and NHSBT Best Practice Guidance.

During this report period, there were 5 families approached to discuss organ donation without a specialist nurse present. Best practice is that a specialist nurse should be present to answer any questions from the family. While ESHT remains within bronze (average) performance, it represents a significant drop in performance when compared with previous performance at ESHT and with other trusts of a similar size. The reasons for this drop in performance have been explored with the Critical Care teams and identified themes include late referrals from the ICU to the specialist nurses and reduced staffing levels within NHS blood & transplant that increases the specialist nurse workload and therefore increases mobilisation times. Several interventions are currently being trialled to attempt to improve specialist nurse presence, including a daily phone call to the nurse in charge of ICU and regular discussion of organ donation at ICU M&M meetings and the effectiveness of these interventions will be assess over the next financial year.

Figure 3.3 Number of families approached by SNOD presence, 1 April 2018 - 31 March 2023
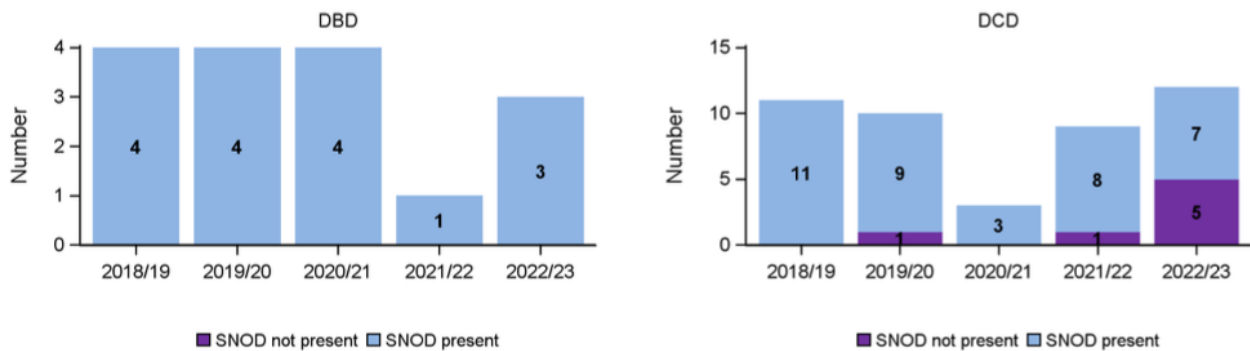

DBD

| SNOD not present | SNOD present |

DCD

| SNOD not present | SNOD present |

Figure 4.3 Funnel plot of SNOD presence rate, 1 April 2022 - 31 March 2023

X Trust   • Other level 2 Trusts   − − − UK rate

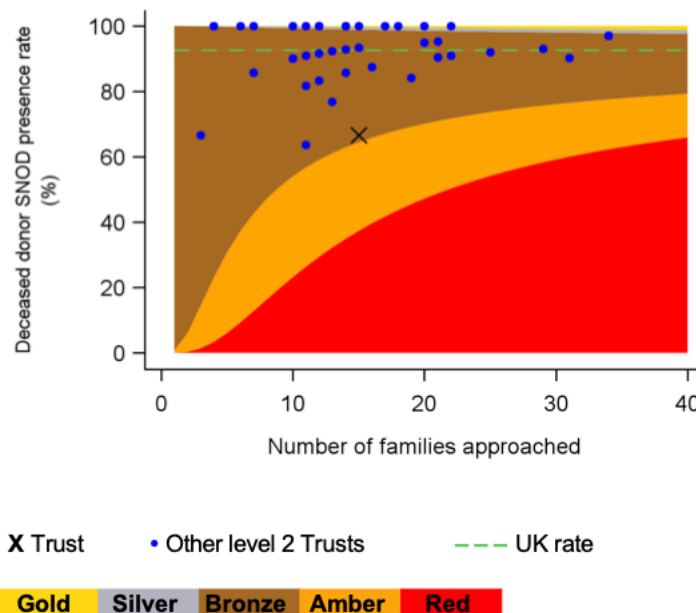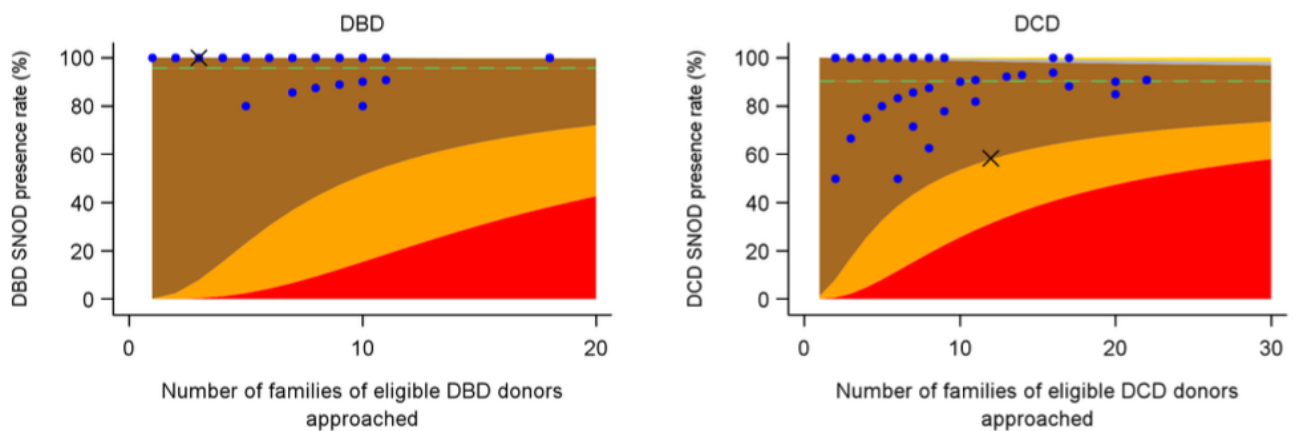| Gold | Silver | Bronze | Amber | Red |

Figure 7.2 Funnel plots of SNOD presence rates, 1 April 2022 - 31 March 2023

3.2.4.Consent:

The consent rate of families approached to consider Donation after Circulatory death at ESHT this year was below the national average at just 33%. While the number of families approached is low and therefore any change in percentage should be interpreted with caution, this drop would be consistent with findings from national research on consent rates when families are approached by ICU specialists alone compared to an MDT approach that includes a specialist nurse from the organ donation team. It is hoped that this rate will be influenced by any action taken to improve specialist nurse presence and by local social media awareness campaigns that have been undertaken on the organ donation committee's behalf by the trust communications team.

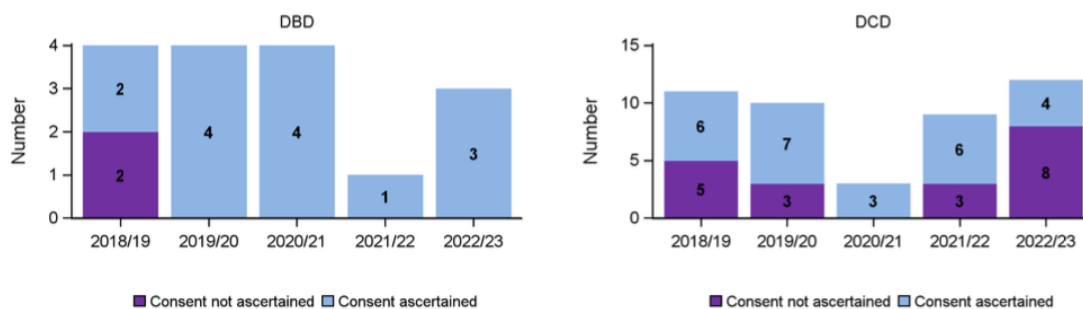**Figure 3.4 Number of families approached, 1 April 2018 - 31 March 2023**

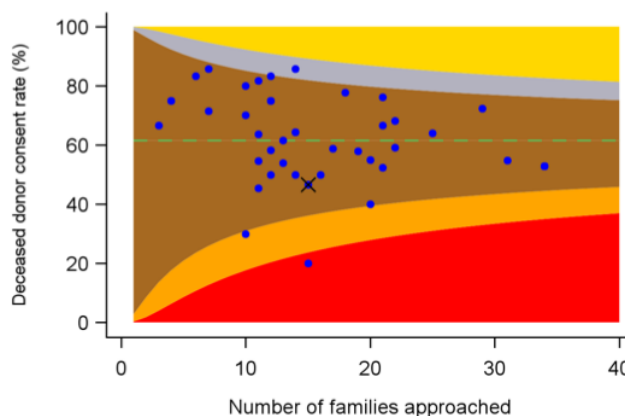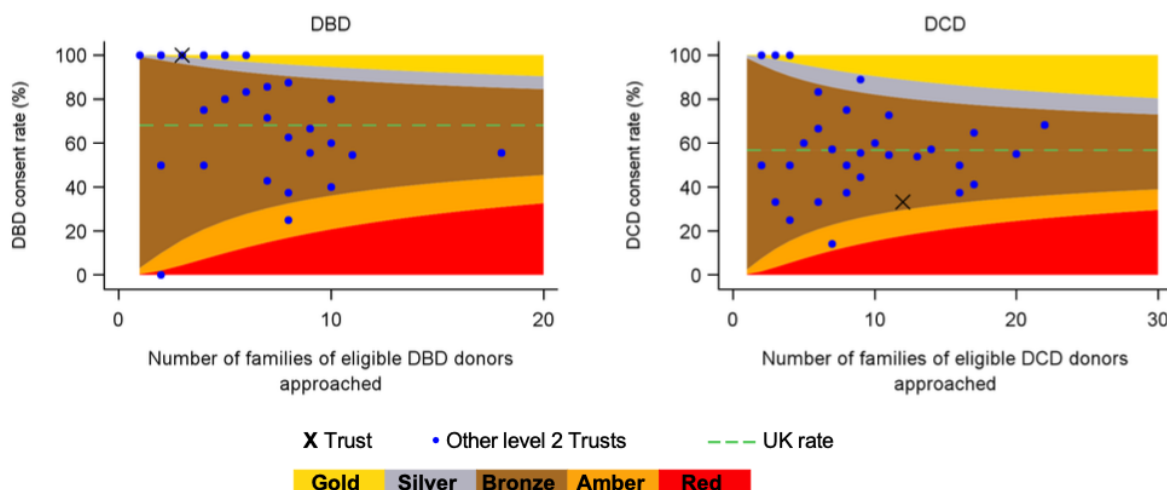**Figure 4.4 Funnel plot of consent rate, 1 April 2022 - 31 March 2023**

Figure 7.3 Funnel plots of consent rates, 1 April 2022 - 31 March 2023

3.2.5.Emergency Department:
Goal: No one dies in ED meeting referral criteria and is not referred to NHSBT's Organ Donation Service.

In 2021-22 there was 1 patient identified as a potential patient from A&E across ESHT but not referred. There is a new ED nurse representative on the organ donation committee and going forwards, training with the ED teams is planned.

3.3.   Training:
The organ donation team (SNOD & CLOD) continue to undertake teaching sessions for Anaesthetic & ICU trainees & consultants, ICU nursing teams as well as Foundation Year 1 & 2 Doctors. Since January 2023, ICU has been holding a monthly teaching and M&M meeting and this has been an opportunity for regular updates on the outcome from proceeding donations. The aim of these updates is to raise awareness of the impact of actions taken within ESHT critical care on patients on transplant waiting lists at other trusts.

In the new financial year, it is hoped to expand out training to include A&E teams on both sites. The Clinical Lead for Organ Donation has also been in contact with the Palliative Care team to look at greater discussion on tissue donation within trust wide end of life training. While donation of organs is only appropriate for a select group of patients, dying within A&E or critical care, tissue donation can be considered in many patients up to 24-48hrs after death. There is currently a national shortage of corneal tissue and therefore raising awareness of tissue donation and the impact that it can have on patients (restoration of sight in the case of corneal transplant) is crucial.

3.4.   Finances:
Funding received by the organ donation committee, while not charitable funds, is allocated to the trust with the intended benefit of raising awareness of organ donation and improving the environment and support provided to family members at an extremely difficult time. Historically it has helped fund a "tea trolley" for use in theatres to provide refreshments to relatives while they remain with their loved ones.

In the last financial year, the organ donation committee agreed to fund the installation of a memorial bench by the lake at Conquest Hospital with the intention that this would provide families and staff with a quiet space for reflection. The committee was kindly gifted a wooden bench by the work colleagues of our lay member, and this was installed along with a commemorative plaque and 2 Himalayan Cherry trees which have been planted either side of the bench, all funded by donor recognition funds.

Funding is currently allocated to trusts based on the number of proceeding donors and is ordinarily sent to trusts at the end of the first financial quarter. Without remaining funds rolled over from previous years it means that the organ donation budget either runs in a deficit for up to 4 months or the committee has to decline requests for funding in this time. Additionally, it remains challenging to plan larger scale projects using donor recognition funding such as the request from Eastbourne ICU to help renovate the relatives' room which has, currently, insufficient comfortable seating for relatives who may be spending prolonged periods on ICU during their relatives' final days. The committee asks that the trust board reconsider the decision not to roll over funds at the end of the financial year.

3.5.   Publicity:
Over the last year we have had excellent collaboration between the organ donation committee, especially our lay member, and the hospital communications team. The team have been working on a media strategy to increase awareness on issues surrounding organ donation, especially during national campaigns such as organ donation week and more local events such as Eastbourne Airbourne.

To mark the end of organ donation week in September 2022, the organ donation committee arranged a non-denominational service of remembrance which was held at the remembrance bench with the families of local donors invited to attend. It is hoped that this will become a regular event to mark the end of National Organ Donation week each year. It is also intended that a suitable site could be identified at Eastbourne, once building works have been completed, so that families local to Eastbourne have a place to remember and reflect on their loved ones.

4. Conclusions & Recommendations

4.1. ESHT has been categorised as a level 2 trust by NHS Blood & Transplant (NHSBT). This is based on the average number of donors proceeding each year and remains unchanged from the previous years.

4.2. While improvements in referral rates for patients suitable for donation after circulatory death have improved, rates of specialist nurse presence and consent have dropped considerably. The organ donation committee has reviewed this performance and several interventions have been instigated. The outcome of these interventions will be reviewed in the next financial year.

4.3. Funding for larger scale projects remains challenging and the committee requests that the trust position around role over of funds from previous financial years is reviewed.

5. References

5.1. End of life care strategy (2008) Department of Health

5.2. Organs for Transplant – a report from the Organ Donation Taskforce (2008) Department of Health.

5.3. Taking Organ Transplantation to 2020. A UK strategy (2013) NHS Blood & Transplant & Department of Health.

5.4. Organ Donation and Transplantation 2030: Meeting the Need. A 10-year vision for organ donation and transplantation in the UK.

5.5. NICE Clinical Guidelines CG135, 2011

5.6. www.nhsbt.nhs.uk