

- 5.1 Organ Donation Annual Report 2019-20 / Adroddiad Blynyddol Rhoi Organau 2019-20
Presenter: Andrew Carruthers
SBAR HDdUHB Organ Donation Annual Report 2019/20
Detailed Report - Actual and Potential Deceased Organ Donation 2019/20
Action Plan Organ Donation and Transplantation Wales 2020/21



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHSBT Organ Donation: Review of Actual and Potential Deceased Organ Donation 01/04/2019 – 29/02/2020*.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Kathy Rumbelow, Specialist Requester (SR) and Rea John, Specialist Nurse Organ Donation (SNOD).

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report will provide an overview of Hywel Dda University Health Board's (HDdUHB) performance against the priorities we set ourselves for 2019/20 regarding organ donation. Referenced throughout is the detailed report attached with the action plan for 2020/21.

The Board is asked to note that the performance data for 2019/20 runs from April 2019- Feb 2020* and therefore excludes the period most significantly impacted by COVID-19.

Cefndir / Background

In January 2014, Welsh Government published 'Taking Organ Transplantation to 2020 – Wales Action Plan', which specified the actions necessary to improve donation by 2020 and the timescales for each action. Every Health Board has developed its own local plan to implement these actions.

Our priorities for organ donation for 2019/20 were:

- Continue to educate and promote best practice to refer all patients that meet the minimum notification criteria for donation, with support from the Clinical Lead Organ Donation (CLOD) engagement
- To look at all missed opportunities and explore to ensure actions identified are implemented to prevent further occurrences.
- Maintain a 100% referral rate for potential DBD (Donation after brain death) and DCD (Donation after circulatory death) with Specialist Requester (SR) and Specialist Nurse Organ Donation (SNOD) involvement for collaborative approaches.
- Maintain a 100% testing for death using neurological criteria (NDT) previously referred to as Brain Stem Death testing (BSDT) rate.
- Maintain a 100% consent rate for DBD and continue to raise the consent rates for DCD.
- Continue to work closely with link staff and plan for further study day to ensure that they are up to date with organ donation.
- SNOD to promote organ donation across the four sites using organ donation week as a platform to promote deemed consent and encourage ODR (Organ Donor Register) registrations.

- Continue to support and foster good working relationships to promote organ donation and aid education in the wider community.
- Up-date organ donation policy and organ donation pathway

Asesiad / Assessment

The report attached identifies our performance against the priorities set for 2019/20:

- **Continue to educate and promote best practice to refer all patients that meet the minimum notification criteria for donation.**

Critical care and ED staff continue to receive teaching sessions regarding organ donation. Teaching sessions have also been delivered to Doctors throughout the Health Board and organ donation has been presented and discussed at audit meetings in the past year. However, referral barriers from A&E resuscitation have been identified through audit, CLOD support is required to educate medical teams of the Devastating Brain Injury protocol (DBI).

The Health Board had a total of 5 donors (7 the previous year) resulting in 15 patients receiving lifesaving transplants.

- **To look at all missed opportunities and explore to ensure actions identified are implemented to prevent further occurrences.**

NHSBT have an ambition to have no missed opportunities to make a transplant happen and that opportunities are maximised at every stage. Unfortunately, there was 1 further patient audited that was not referred as a potential DCD. On further investigation this took place on a weekend under the care of a locum consultant who was unaware of the hospital policy; educational factors have been highlighted.

- **Maintain a 100% referral rate for potential DBD (Donation after brain death) and DCD (Donation after circulatory death) with Specialist Requester (SR) and Specialist Nurse Organ Donation (SNOD) involvement for collaborative approaches.**

Measures on page 6 of the attached report demonstrate that Hywel Dda's referral rate for patients with suspected neurological death was maintained at 100%. The gold standard is that there should be a SNOD present during the formal family approach as per NICE CG135 and NHSBT best practice guidelines. SNOD involvement for these approaches is 100% (see page 8).

- **Maintain a 100% testing for death using neurological criteria (previously referred to as Brain Stem Death testing (BSDT)) rate.**

Measures on page 5 of the attached report show that a 100% testing of neurological death is maintained in all patients who are suspected to be neurologically dead.

- **Maintain a 100% consent rate for DBD and continue to raise the consent rates for DCD.**

The DBD consent rate this year was 83% compared to 100% the previous year. 6 patients were neurologically tested, 6 families were approached with 4 consenting donors. Consent was not obtained from 2 families, reasons identified as family unsure whether the patient would have agreed to donation, and patient had previously expressed a decision not to donate. Priorities for 2020/21 will be to increase DBD consent rates.

The DCD consent rates have dropped slightly to 77% from 80% the previous year; 2 families were approached with 1 consenting donor, and consent was not obtained on one occasion as the family felt the length of process would be too long (see page 9 of the attached report).

There were 37 potential patients referred, 21 patients met the criteria. There were 8 organ donation discussions with family, with 5 consenting donors, 1 DCD and 4 DBD.

- **Continue to work closely with link staff and plan for further study day to ensure that they are up to date with organ donation.**

The SR and SNOD continue to work closely with link staff who can disseminate training within their department to ensure staff are up to date. The SNOD would wish to organise a study day for HDdUHB with guest speakers/ donor families

- **SNOD to promote organ donation across the four sites using organ donation week as a platform to promote deemed consent and encourage ODR (Organ Donor Register) registrations.**

Organ donation was promoted with a stand in Glangwili General Hospital during organ donation week, together with virtual promotional campaigns available on the intranet. Future work to capture promotional strategies across the 4 sites is needed for next year.

- **Continue to support and foster good working relationships to promote organ donation and aid education in the wider community.**

The SNOD is currently in the process of collaboratively working with local artists in developing an organ donation memorial feature to be placed in the National Botanic Gardens of Wales with the aim of raising awareness to a greater target audience.

- **Up-date organ donation policy and organ donation pathway**

The SNOD has updated the organ donation policy with minor wording changes and abbreviations. Referenced within this is an organ donation pathway which gives a structured overview and “tick box guide” of the organ donation process from referral to theatre and last offices.

Argymhelliad / Recommendation

The Board is asked to discuss and note the Health Board's performance against the priorities set for 2019/20 and the action plan for 2020/21

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

N/A.

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):
[Hyperlink to NHS Wales Health & Care Standards](#)

2. Safe Care
3. Effective Care
4. Dignified Care
5. Timely Care

Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Taking Organ Transplantation to 2020 – Wales Action Plan, Welsh Government
Rhestr Termiau: Glossary of Terms:	BSDT – brain stem death testing DNC- death by neurological criteria DBD – donation after neurological death DCD – donation after circulatory death HDdUHB – Hywel Dda University Health Board ODR – Organ Donor Register SNOD – Specialist Nurse Organ Donation. SR – Specialist Requester. ODC- organ donation committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Organ Donation Committee.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A.
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the report.
Gweithlu: Workforce:	No impact.
Risg: Risk:	None.
Cyfreithiol: Legal:	There are no legal implications contained within the report.
Enw Da: Reputational:	Media interest in view of ongoing organ donation advertising campaigns.
Gyfrinachedd: Privacy:	None identified.
Cydraddoldeb: Equality:	There are no equality and diversity implications contained within the report.

Detailed Report

Actual and Potential Deceased Organ Donation

1 April 2019 - 31 March 2020

Hywel Dda University Health Board



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*Data from the Potential Donor Audit (PDA) on the quality of care data in organ donation has been restricted to exclude the period most significantly impacted by the COVID-19 pandemic. Data presented include activity from 1 April 2019 to 29 February 2020.

- Appendix A.1 contains definitions of terms and abbreviations used throughout this report and summarises the main changes made to the PDA over time.
- The latest Organ Donation and Transplantation Activity Report is available at <https://www.organdonation.nhs.uk/supporting-my-decision/statistics-about-organ-donation/transplant-activity-report/>
- The latest PDA Annual Report is available at <http://www.odt.nhs.uk/statistics-and-reports/potential-donor-audit/>
- Please refer any queries or requests for further information to your local Specialist Nurse - Organ Donation (SNOD)

Source

NHS Blood and Transplant: UK Transplant Registry (UKTR), Potential Donor Audit (PDA) and Referral Record. Issued June 2020 based on data meeting PDA criteria reported at 8 June 2020.

1. Donor Outcomes

A summary of the number of donors, patients transplanted, average number of organs donated per donor and organs donated.

Data in this section is obtained from the UKTR, 1 April 2019 - 31 March 2020

Between 1 April 2019 and 31 March 2020, Hywel Dda University Health Board had 5 deceased solid organ donors, resulting in 15 patients receiving a transplant. Additional information is shown in Tables 1.1 and 1.2, along with comparison data for 2018/19. Figure 1.1 shows the number of donors and patients transplanted for the previous ten periods for comparison.

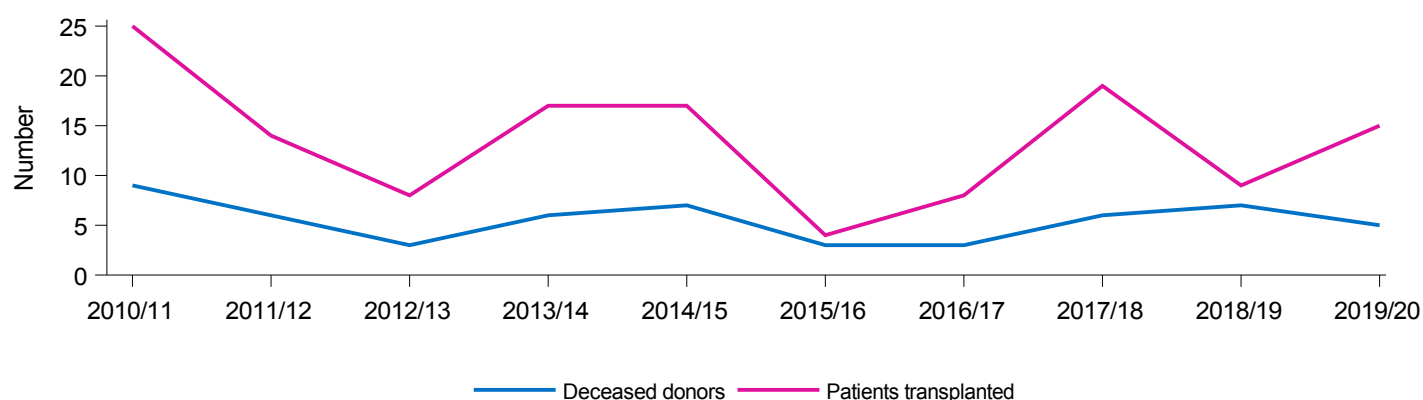
**Table 1.1 Donors, patients transplanted and organs per donor,
1 April 2019 - 31 March 2020 (1 April 2018 - 31 March 2019 for comparison)**

Donor type	Number of donors		Number of patients transplanted		Average number of organs donated per donor	
					Health Board	UK
DBD	4	(4)	12	(6)	3.3 (2.3)	3.5 (3.5)
DCD	1	(3)	3	(3)	4.0 (2.7)	2.7 (2.7)
DBD and DCD	5	(7)	15	(9)	3.4 (2.4)	3.2 (3.2)

**Table 1.2 Organs transplanted by type,
1 April 2019 - 31 March 2020 (1 April 2018 - 31 March 2019 for comparison)**

Donor type	Number of organs transplanted by type									
	Kidney		Pancreas		Liver		Heart		Lung	
DBD	6	(3)	1	(0)	3	(3)	1	(0)	2	(0)
DCD	2	(3)	1	(0)	1	(0)	0	(0)	0	(0)
DBD and DCD	8	(6)	2	(0)	4	(3)	1	(0)	2	(0)

Figure 1.1 Number of donors and patients transplanted, 1 April 2010 - 31 March 2020



2. Key Numbers in Potential for Organ Donation

A summary of the key numbers on the potential for organ donation

Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

This section presents key numbers in potential donation activity for Hywel Dda University Health Board. This data is presented in Table 2.1 along with UK comparison data. Your Health Board has been categorised as a level 3 Health Board and therefore percentages in this section are only presented on a national level. A comparison between different level Health Boards is available in the Additional Data and Figures section.

It is acknowledged that the PDA does not capture all activity. In total there were 10 patients referred in 2019/20 who are not included in this section onwards because they were either over 80 years of age or did not die in a unit participating in the PDA. None of these are included in Section 1 because they did not become a solid organ donor.

**Table 2.1 Key numbers comparison with national rates,
1 April 2019 - 29 February 2020**

	DBD		DCD		Deceased donors	
	H. Board	UK	H. Board	UK	H. Board	UK
Patients meeting organ donation referral criteria ¹	6	1845	16	5676	22	7324
Referred to Organ Donation Service	6	1828	15	5235	21	6876
<i>Referral rate %</i>		99%		92%		94%
Neurological death tested	6	1615				
<i>Testing rate %</i>		88%				
Eligible donors ²	6	1542	15	3985	21	5527
Family approached	6	1368	2	1712	8	3080
Family approached and SNOD present	6	1315	2	1528	8	2843
<i>% of approaches where SNOD present</i>		96%		89%		92%
Consent ascertained	4	983	1	1099	5	2082
<i>Consent rate %</i>		72%		64%		68%
Actual donors (PDA data)	4	876	1	598	5	1475
<i>% of consented donors that became actual donors</i>		89%		54%		71%

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

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. Best quality of care in organ donation

Key stages in best quality of care in organ donation

Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

This section provides information on the quality of care in your Health Board at the key stages of organ donation. The ambition is that your Health Board misses no opportunity to make a transplant happen and that opportunities are maximised at every stage.

3.1 Neurological death testing

Goal: neurological death tests are performed wherever possible.

Figure 3.1 Number of patients with suspected neurological death, 1 April 2015 - 29 February 2020

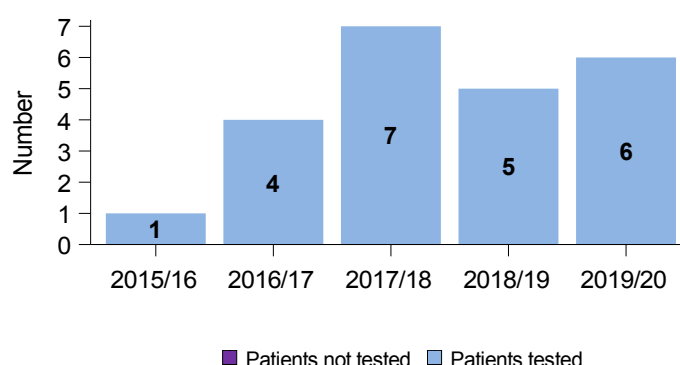


Table 3.1 Reasons given for neurological death tests not being performed, 1 April 2019 - 29 February 2020

	Health Board	UK
Biochemical/endocrine abnormality	-	24
Clinical reason/Clinicians decision	-	56
Continuing effects of sedatives	-	6
Family declined donation	-	16
Family pressure not to test	-	9
Inability to test all reflexes	-	18
Medical contraindication to donation	-	4
Other	-	14
Patient had previously expressed a wish not to donate	-	1
Patient haemodynamically unstable	-	67
SN-OD advised that donor not suitable	-	5
Treatment withdrawn	-	7
Unknown	-	3
Total	-	230

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.2 Referral to Organ Donation Service

Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors².

Aim: There should be no purple on the following charts.

Note that patients who met the referral criteria for both DBD and DCD donation will appear in both bar charts and both columns of the reasons table.

Figure 3.2 Number of patients meeting referral criteria, 1 April 2015 - 29 February 2020

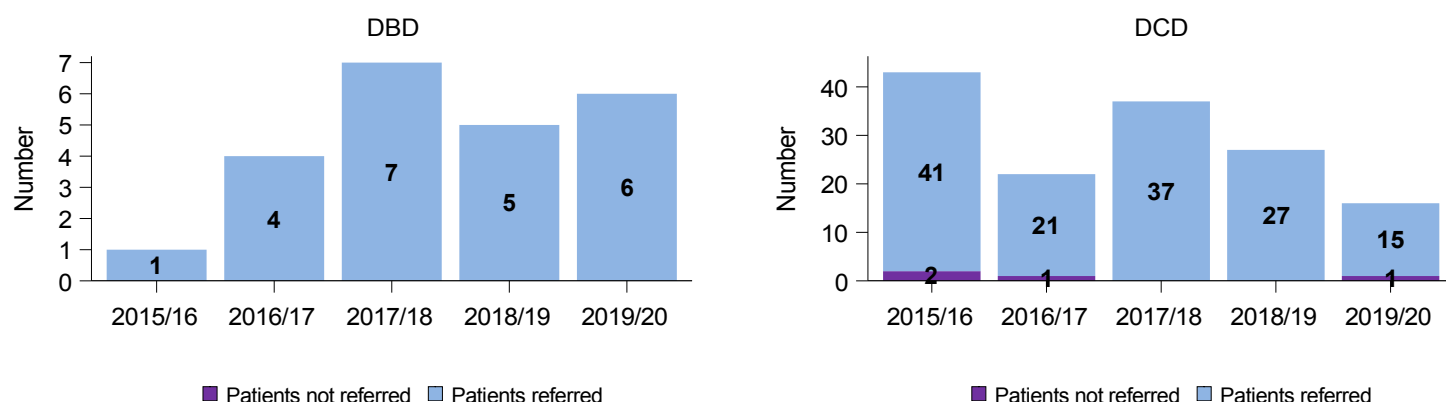


Table 3.2 Reasons given why patient not referred to SNOD, 1 April 2019 - 29 February 2020

	DBD		DCD	
	Health Board	UK	Health Board	UK
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	1	4
Coroner/Procurator Fiscal Reason	-	-	-	1
Family declined donation after neurological testing	-	2	-	-
Family declined donation following decision to withdraw treatment	-	-	-	10
Family declined donation prior to neurological testing	-	1	-	-
Medical contraindications	-	1	-	65
Not identified as a potential donor/organ donation not considered	-	7	-	238
Other	-	4	-	56
Patient had previously expressed a wish not to donate	-	-	-	2
Pressure on ICU beds	-	-	-	1
Reluctance to approach family	-	-	-	3
Thought to be medically unsuitable	-	2	-	60
Thought to be outside age criteria	-	-	-	1
Total	-	17	1	441

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.3 Contraindications

Table 3.3 shows the primary absolute medical contraindications to solid organ donation, if applicable, for potential DBD donors confirmed dead by neurological death tests and potential DCD donors in your Health Board.

**Table 3.3 Primary absolute medical contraindications to solid organ donation,
1 April 2019 - 29 February 2020**

	DBD		DCD	
	Health Board	UK	Health Board	UK
Active (not in remission) haematological malignancy (myeloma, lymphoma, leukaemia)	-	11	1	204
All secondary intracerebral tumours	-	-	-	6
Any active cancer with evidence of spread outside affected organ within 3 years of donation	-	39	-	595
HIV disease (but not HIV infection)	-	1	-	8
Human TSE, CJD or vCJD; blood relatives with CJD; other infectious neurodegenerative diseases	-	1	-	7
Melanoma (except completely excised Stage 1 cancers)	-	1	-	15
No transplantable organ in accordance with organ specific contraindications	-	16	-	260
Primary intra-cerebral lymphoma	-	1	-	3
TB: active and untreated	-	4	-	13
Total	-	74	1	1111

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.4 SNOD presence

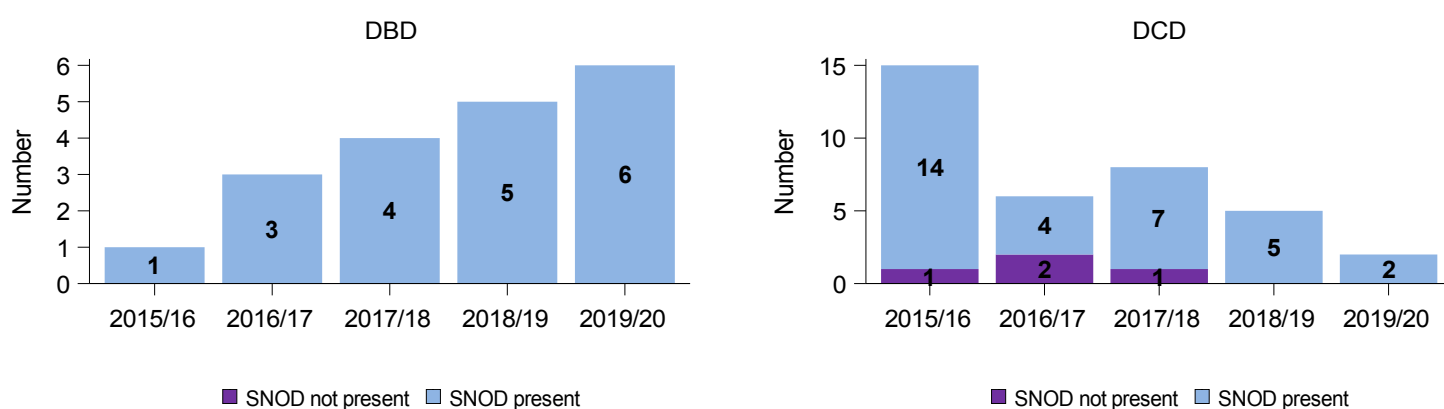
Goal: A SNOD should be present during the formal family approach as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance.³

Aim: There should be no purple on the following charts.

In the UK, in 2019/20, when a SNOD was not present for the approach to the family to discuss organ donation, DBD and DCD consent/authorisation rates were 43% and 24%, respectively, compared with DBD and DCD consent/authorisation rates of 73% and 69%, respectively, when a SNOD was present.

Every approach to those close to the patient should be planned with the multidisciplinary team (MDT), should involve the SNOD and should be clearly planned taking into account the known wishes of the patient. The NHS Organ Donor Register (ODR) should be checked in all cases of potential donation and this information must be discussed with the family as it represents the eligible donor's legal consent to donation.

Figure 3.3 Number of families approached by SNOD presence, 1 April 2015 - 29 February 2020



¹ NICE, 2011.
NICE Clinical Guidelines - CG135
[accessed 8 June 2020]

² NHS Blood and Transplant, 2012.
Timely Identification and Referral of Potential Organ Donors - A Strategy for Implementation of Best Practice
[accessed 8 June 2020]

³ NHS Blood and Transplant, 2013.
Approaching the Families of Potential Organ Donors – Best Practice Guidance
[accessed 8 June 2020]

3.5 Consent

Goal: The agreed 2019/20 national targets for DBD and DCD consent/authorisation rates are 83% and 77%, respectively.

In 2019/20 less than 10 families of eligible donors were approached to discuss organ donation in your Health Board therefore consent rates are not presented.

Figure 3.4 Number of families approached, 1 April 2015 - 29 February 2020

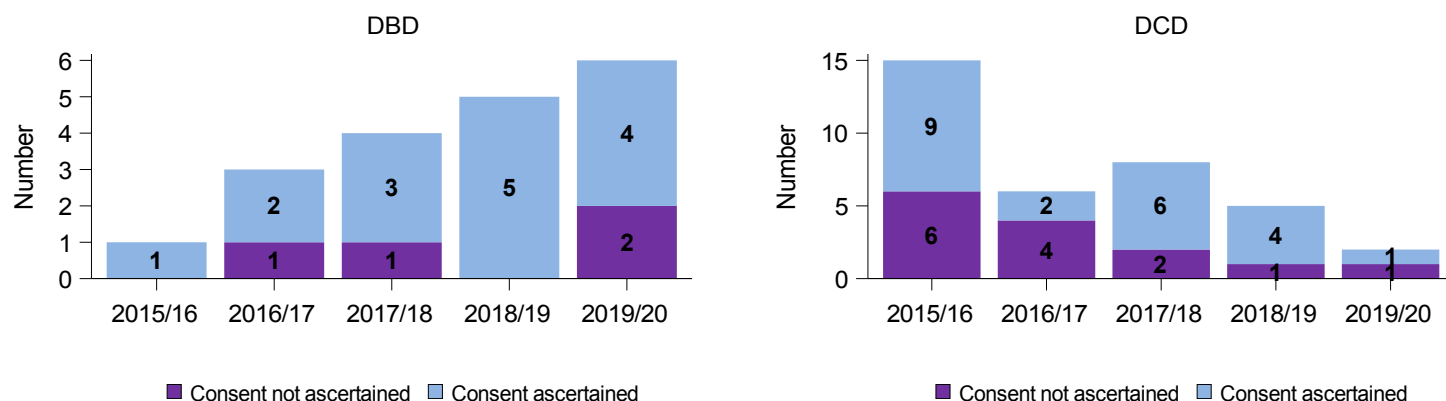


Table 3.4 Reasons given why consent was not ascertained, 1 April 2019 - 29 February 2020

	DBD		DCD	
	Health Board	UK	Health Board	UK
Families concerned about organ allocation	-	-	-	1
Family concerned donation may delay the funeral	-	-	-	2
Family concerned that organs may not be transplanted	-	-	-	7
Family concerned that other people may disapprove/be offended	-	-	-	1
Family did not believe in donation	-	15	-	12
Family did not want surgery to the body	-	40	-	59
Family felt it was against their religious/cultural beliefs	-	36	-	16
Family felt the body needs to be buried whole (unrelated to religious or cultural reasons)	-	22	-	13
Family felt the length of time for donation process was too long	-	20	1	109
Family felt the patient had suffered enough	-	24	-	66
Family had difficulty understanding/accepting neurological testing	-	3	-	-
Family wanted to stay with the patient after death	-	3	-	7
Family were divided over the decision	-	17	-	22
Family were not sure whether the patient would have agreed to donation	1	55	-	85
Other	-	28	-	54
Patient previously expressed a wish not to donate	1	111	-	143
Strong refusal - probing not appropriate	-	11	-	16
Total	2	385	1	613

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.6 Solid organ donation

Goal: NHSBT is committed to supporting transplant units to ensure as many organs as possible are safely transplanted. The strategy for achieving this, including steps to minimising warm ischaemic injury in proceeding DCD donors, is set out in NHSBT Taking Organ Utilisation to 2020 ⁴.

**Table 3.5 Reasons why solid organ donation did not occur,
1 April 2019 - 29 February 2020**

	DBD		DCD	
	Health Board	UK	Health Board	UK
Cardiac Arrest	-	8	-	11
Coroner/Procurator Fiscal refusal	-	10	-	16
Family changed mind	-	9	-	15
Family placed conditions on donation	-	-	-	2
General instability	-	8	-	29
Logistic reasons	-	-	-	4
Organs deemed medically unsuitable by recipient centres	-	38	-	141
Organs deemed medically unsuitable on surgical inspection	-	11	-	7
Other	-	13	-	39
Positive virology	-	10	-	10
Prolonged time to asystole	-	-	-	226
Total	-	107	-	500

If 'other', please contact your local SNOD or CLOD for more information, if required.

⁴ NHS Blood and Transplant, 2017.
Taking Organ Utilisation to 2020
[accessed 8 June 2020]

4. PDA data by hospital and unit

A summary of key numbers and rates from the PDA by hospital and unit where patient died

Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

Tables 4.1 and 4.2 show the key numbers and rates for patients who met the DBD and/or DCD referral criteria, respectively. Percentages have been excluded where numbers are less than 10.

Table 4.1 Patients who met the DBD referral criteria - key numbers and rates, 1 April 2019 - 29 February 2020

Unit where patient died	Patients where neurological death was suspected	Patients tested	Neurological death testing rate (%)	Patients referred	DBD referral rate (%)	Patients confirmed dead by neurological testing	Eligible DBD donors	Eligible DBD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DBD and DCD donors from eligible DBD donors
<i>Aberystwyth, Bronglais Hospital</i>													
A&E	0	0	-	0	-	0	0	0	0	-	0	-	0
Gen. ICU/HDU	0	0	-	0	-	0	0	0	0	-	0	-	0
Other	0	0	-	0	-	0	0	0	0	-	0	-	0
<i>Carmarthen, Glangwili General Hospital</i>													
A&E	0	0	-	0	-	0	0	0	0	-	0	-	0
Gen. ICU/HDU	1	1	-	1	-	1	1	1	1	-	0	-	0
<i>Haverford West, Withybush General Hospital</i>													
A&E	0	0	-	0	-	0	0	0	0	-	0	-	0
Gen. ICU/HDU	1	1	-	1	-	1	1	1	1	-	1	-	1
<i>Llanelli, Prince Philips Hospital</i>													
Gen. ICU/HDU	4	4	-	4	-	4	4	4	4	-	3	-	3

Table 4.2 Patients who met the DCD referral criteria - key numbers and rates, 1 April 2019 - 29 February 2020

Unit where patient died	Patients for whom imminent death was anticipated	Patients referred	DCD referral rate (%)	Patients for whom treatment was withdrawn	Eligible DCD donors	Eligible DCD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DCD donors from eligible DBD donors
<i>Aberystwyth, Bronglais Hospital</i>											
A&E	0	0	-	0	0	0	0	-	0	-	0
Gen. ICU/HDU	1	1	-	1	1	0	0	-	0	-	0
Other	0	0	-	0	0	0	0	-	0	-	0
<i>Carmarthen, Glangwili General Hospital</i>											
A&E	0	0	-	0	0	0	0	-	0	-	0
Gen. ICU/HDU	7	6	-	7	7	1	1	-	1	-	1
<i>Haverford West, Withybush General Hospital</i>											
A&E	0	0	-	0	0	0	0	-	0	-	0
Gen. ICU/HDU	5	5	-	5	4	1	1	-	0	-	0
<i>Llanelli, Prince Philips Hospital</i>											
Gen. ICU/HDU	3	3	-	3	3	0	0	-	0	-	0

Tables 4.1 and 4.2 show the unit where the patient died. However, it is acknowledged that there are some occasions where a patient is referred in an Emergency Department but moves to a critical care unit. In total for Hywel Dda University Health Board in 2019/20 there were 1 such patients. For more information regarding the Emergency Department please see Section 5.

5. Emergency Department data

A summary of key numbers for Emergency Departments

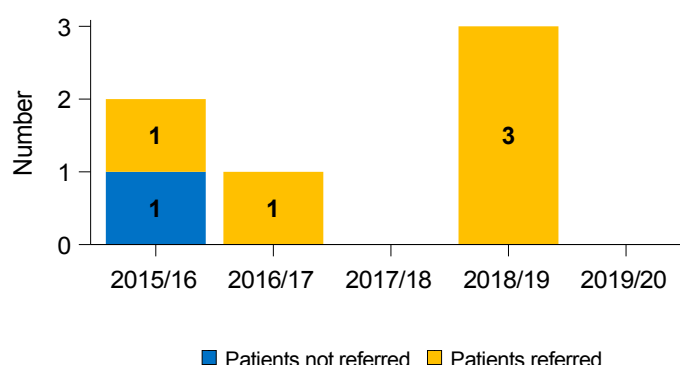
Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

Most patients who go on to become organ donors start their journey in the emergency department (ED). Deceased donation is important, not just for those people waiting on the transplant list, but also because many people in the UK have expressed a wish in life to become organ donors after their death. The overarching principle of the NHSBT Organ donation and Emergency Department strategy is that best quality of care in organ donation should be followed irrespective of the location of the patient within the hospital at the time of death.

5.1 Referral to Organ Donation Service

Goal: No one dies in your ED meeting referral criteria and is not referred to NHSBT's Organ Donation Service.
Aim: There should be no blue on the following chart.

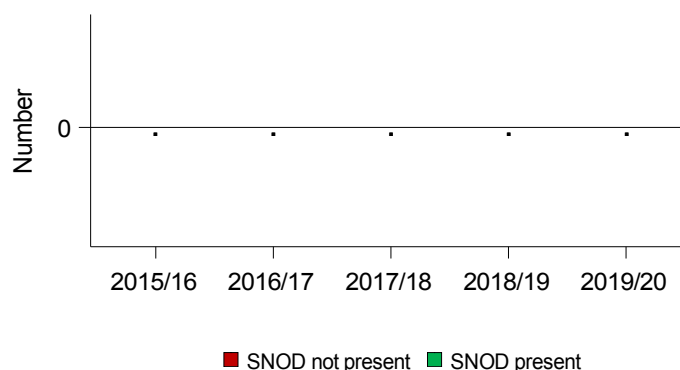
Figure 5.1 Number of patients meeting referral criteria that died in the ED, 1 April 2015 - 29 February 2020



5.2 Organ donation discussions

Goal: No family is approached in ED regarding organ donation without a SNOD present.
Aim: There should be no red on the following chart.

Figure 5.2 Number of families approached in ED by SNOD presence, 1 April 2015 - 29 February 2020



* NHS Blood and Transplant, 2016.
Organ Donation and the Emergency Department
 [accessed 8 June 2020]

6. Additional data and figures

Regional donor, transplant, and transplant list numbers

Data in this section is obtained from the UKTR, 1 April 2019 - 31 March 2020

6.1 Supplementary Regional data

Table 6.1 Regional donors, transplants, waiting list, and NHS Organ Donor Register (ODR) data

	Wales*	UK
1 April 2019 - 31 March 2020		
Deceased donors	75	1,582
Transplants from deceased donors	156	3,749
Deaths on the transplant list	19	394
As at 29 February 2020		
Active transplant list	253	6,138
Number of NHS ODR opt-in registrations (% registered)**	1,282,366 (41%)	25,980,113 (40%)

*Regions have been defined as per former Strategic Health Authorities

** % registered based on population of 3.1 million, based on ONS 2011 census data

Key numbers and rates on the potential for organ donation

Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

6.2 Trust/Board Level Benchmarking

Hywel Dda University Health Board has been categorised as a level 3 Health Board. Levels were reallocated in July 2018 using the average number of donors in 2016/17 and 2017/18, Table 6.2 shows the criteria used and how many Trusts/Boards belong to each level.

Table 6.2 Trust/Board level categories

		Number of Trusts Boards in each level
Level 1	12 or more (≥ 12) proceeding donors per year	35
Level 2	6 or more but less than 12 (≥ 6 to <12) proceeding donors per year	45
Level 3	More than 3 but less than 6 (>3 to <6) proceeding donors per year	47
Level 4	3 or less (≤ 3) proceeding donors per year	41

Tables 6.3 and 6.4 show the national DBD and DCD key numbers and rates for the UK by Trust/Board level, to aid in comparison with equivalent Trusts/Boards. Note that percentages have been excluded where numbers are less than 10.

**Table 6.3 National DBD key numbers and rate by Trust/Board level,
1 April 2019 - 29 February 2020**

Your Trust	Patients where neurological death was suspected	Patients tested	Neurological death testing rate (%)	Patients referred	DBD referral rate (%)	Patients confirmed dead by neurological testing	Eligible DBD donors	Eligible DBD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DBD and DCD donors from eligible DBD donors
Your Trust	6	6	-	6	-	6	6	6	6	-	4	-	4
Level 1	1047	916	87	1036	99	911	872	770	737	96	554	72	496
Level 2	422	368	87	420	100	360	353	304	292	96	214	70	187
Level 3	250	220	88	248	99	220	212	197	193	98	142	72	125
Level 4	126	111	88	124	98	110	105	97	93	96	73	75	68

**Table 6.4 National DCD key numbers and rate by Trust/Board level,
1 April 2019 - 29 February 2020**

Your Trust	Patients for whom imminent death was anticipated	Patients referred	DCD referral rate (%)	Patients for whom treatment was withdrawn	Eligible DCD donors	Eligible DCD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DCD donors from eligible DBD donors
Your Trust	16	15	94	16	15	2	2	-	1	-	1
Level 1	2539	2364	93	2299	1759	907	819	90	598	66	353
Level 2	1709	1558	91	1533	1239	450	404	90	281	62	143
Level 3	946	883	93	821	646	247	211	85	145	59	63
Level 4	482	430	89	447	341	108	94	87	75	69	39

Appendices

Appendix A.1 Definitions

Potential Donor Audit Definitions

Potential Donor Audit inclusion criteria	<p>1 October 2009 – 31 March 2010 All deaths in critical care in patients aged 75 and under, excluding cardiothoracic intensive care units</p> <p>1 April 2010 – 31 March 2013 All deaths in critical and emergency care in patients aged 75 and under, excluding cardiothoracic intensive care units</p> <p>1 April 2013 onwards All deaths in critical and emergency care in patients aged 80 and under</p>
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Donors after brain death (DBD) definitions

Suspected Neurological Death	A patient who meets all of the following criteria: Apnoea, coma from known aetiology and unresponsive, ventilated, fixed pupils. Excluding those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – less than 2 months post term'.
Potential DBD donor	A patient who meets all four criteria for neurological death testing excluding those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – less than 2 months post term' (ie suspected neurological death, as defined above).
DBD referral criteria	A patient with suspected neurological death
Discussed with Specialist Nurse – Organ Donation	A patient with suspected neurological death discussed with the Specialist Nurse – Organ Donation (SNOD)
Neurological death tested	Neurological death tests were performed
Eligible DBD donor	A patient confirmed dead by neurological death tests, with no absolute medical contraindications to solid organ donation
Absolute contraindications	Absolute medical contraindications to organ donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf
Family approached for formal organ donation discussion	Family of eligible DBD asked to support patient's expressed or deemed consent/authorisation, informed of a nominated/appointed representative, asked to make a decision on donation on behalf of their relative, or informed of a patient's opt-out decision via the ODR.
Consent/authorisation ascertained	Family supported expressed or deemed consent/authorisation, nominated/appointed representative gave consent, or where applicable family gave consent/authorisation
Actual donors: DBD	Neurological death confirmed patients who became actual DBD as reported through the PDA
Actual donors: DCD	Neurological death confirmed patients who became actual DCD as reported through the PDA
Neurological death testing rate	Percentage of patients for whom neurological death was suspected who were tested
Referral rate	Percentage of patients for whom neurological death was suspected who were discussed with the SNOD
Consent/authorisation rate	Percentage of families or nominated/appointed representatives approached for formal organ donation discussion where consent/authorisation was ascertained
SNOD presence rate	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present
Consent/authorisation rate where SNOD was present	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present where consent/authorisation was ascertained

Donors after circulatory death (DCD) definitions

Imminent death anticipated	A patient, not confirmed dead using neurological criteria, receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within a time frame to allow donation to occur, as determined at time of assessment
DCD referral criteria	A patient in whom imminent death is anticipated (as defined above)
Discussed with Specialist Nurse – Organ Donation	Patients for whom imminent death was anticipated who were discussed with the SNOD
Potential DCD donor	A patient who had treatment withdrawn and death was anticipated within four hours
Eligible DCD donor	A patient who had treatment withdrawn and death was anticipated within four hours, with no absolute medical contraindications to solid organ donation
Absolute contraindications	Absolute medical contraindications to organ donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf
Family approached for formal organ donation discussion	Family of eligible DCD asked to: support the patient's expressed or deemed consent/authorisation decision, informed of a nominated/appointed representative, make a decision themselves on donation, or informed of a patient's opt-out decision via the Organ Donor Register
Consent/authorisation rate	Percentage of families or nominated/appointed representatives approached for formal organ donation discussion where consent/authorisation was ascertained
SNOD presence rate	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present
Consent/authorisation rate where SNOD was present	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present where consent/authorisation was ascertained

UK Transplant Registry (UKTR) definitions

Donor type	Type of donor: Donation after brain death (DBD) or donation after circulatory death (DCD)
Number of actual donors	Total number of donors reported to the UKTR
Number of patients transplanted	Total number of patients transplanted from these donors
Organs per donor	Number of organs donated divided by the number of donors.
Number of organs transplanted	Total number of organs transplanted by organ type

Appendix A.2 Data Description

This report provides a summary of data relating to potential and actual organ donors as recorded by NHS Blood and Transplant via the Potential Donor Audit (PDA), the accompanying Referral Record, and the UK Transplant Registry (UKTR) for the specified Trust, Board, Organ Donation Services Team, or nation.

This report is provided for information and to facilitate case based discussion about organ donation by the Organ Donation Committee at your Trust/Board.

As part of the PDA, patients over 80 years of age and those who did not die on a critical care unit or emergency department are not audited nationally and are therefore excluded from the majority of this report. Data from neonatal intensive care units (ICU) have also been excluded from this report. In addition, some information may be outstanding due to late reporting and difficulties obtaining patient notes. Donations not captured by the PDA will still be included in the data supplied from the accompanying Referral Record or from the UKTR, as appropriate.

Percentages have not been calculated for level 3 or 4 Trust/Boards and where stated when numbers are less than 10.

Appendix A.3 Table and Figure Description

1 Donor outcomes	
Table 1.1	The number of actual donors, the resulting number of patients transplanted and the average number of organs donated per donor have been obtained from the UK Transplant Registry (UKTR) for your Trust/Board. Results have been displayed separately for donors after brain death (DBD) and donors after circulatory death (DCD).
Table 1.2	The number of organs transplanted by type from donors at your Trust/Board has been obtained from the UKTR. Further information can be obtained from your local Specialist Nurse – Organ Donation (SNOD), specifically regarding organs that were not transplanted. Results have been displayed separately for DBD and DCD.
Figure 1.1	The number of actual donors and the resulting number of patients transplanted obtained from the UKTR for your Trust/Board for the past 10 equivalent time periods are presented on a line chart.
2 Key numbers in potential for organ donation	
Table 2.1	A summary of DBD, DCD and deceased donor data and key numbers have been obtained from the PDA. A UK comparison is also provided. Appendix A.1 gives a fuller explanation of terms used.
3 Best quality of care in organ donation	
Figure 3.1	A stacked bar chart displays the number of patients with suspected neurological death who were tested and the number who were not tested in your Trust/Board for the past five equivalent time periods.
Table 3.1	The reasons given for neurological death tests not being performed in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 3.2	Stacked bar charts display the number of DBD and DCD patients meeting referral criteria who were referred to the Organ Donation Service and the number who were not referred in your Trust/Board for the past five equivalent time periods.
Table 3.2	The reasons given for not referring patients to the Organ Donation Service in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Table 3.3	The primary absolute medical contraindications to solid organ donation for DBD and DCD patients have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 3.3	Stacked bar charts display the number of families of DBD and DCD patients approached where a SNOD was present and the number approached where a SNOD was not present in your Trust/Board for the past five equivalent time periods.
Figure 3.4	Stacked bar charts display the number of families of DBD and DCD patients approached where consent/authorisation for organ donation was ascertained and the number approached where consent/authorisation was not ascertained in your Trust/Board for the past five equivalent time periods.
Table 3.4	The reasons why consent/authorisation was not ascertained for solid organ donation in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Table 3.5	The reasons why solid organ donation did not occur in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.

4 PDA data by hospital and unit

Table 4.1

DBD key numbers and rates by unit where the patient died have been obtained from the PDA. Percentages have been excluded where numbers are less than 10.

Table 4.2

DCD key numbers and rates by unit where the patient died have been obtained from the PDA. Percentages have been excluded where numbers are less than 10.

5 Emergency department data

Figure 5.1

Stacked bar charts display the number of patients that died in the emergency department (ED) who met the referral criteria and were referred to the Organ Donation Service and the number who were not referred in your Trust/Board for the past five equivalent time periods.

Figure 5.2

Stacked bar charts display the number of families of patients in ED approached where a SNOD was present and the number approached where a SNOD was not present in your Trust/Board for the past five equivalent time periods.

6 Additional data and figures

Table 6.1

A summary of deceased donor, transplant, transplant list and ODR opt-in registration data for your region have been obtained from the UKTR. Your region has been defined as per former Strategic Health Authority. A UK comparison is also provided.

Table 6.2

Trust/board level categories and the relevant expected number of proceeding donors per year are provided for information.

Table 6.3

National DBD key numbers and rates for level 1, 2, 3 and 4 Trusts/Boards are displayed alongside your local data to aid comparison with equivalent Trusts/Boards. Percentages have been excluded where numbers are less than 10.

Table 6.4

National DCD key numbers and rates for level 1, 2, 3 and 4 Trusts/Boards are displayed alongside your local data to aid comparison with equivalent Trusts/Boards. Percentages have been excluded where numbers are less than 10.

Health Board : Hywel Dda University Health Board.

Key Achievements 2018 - 2019

1	Exploring the implementation of withdrawing life sustaining treatment in theatre (DCD).
2	Forged links with key stakeholders (theatres, chaplaincy, St Davids school of health science).
3	Implementation of the Specialist Requester role.

Key Achievements 2019- 2020

	15 lives saved through donors in Hywel Dda
	Update of policy and procedure pathway completed

teaching to all critical care staff achieved

progress of organ donation memorial feature for organ donation awareness and recognition of donors

Missed Opportunities and Opportunities to Develop Practice 2018 - 2019

1	Donor management/optimisation resulting in potential loss of organ utilisation.
2	Teaching sessions being postponed or cancelled due to availability of staff and increased donor activity.
3	Reduced representation in meetings due to donor activity and availability of staff.
4	Reduced embedded SNOD presence throughout Hywel Dda hospitals due to donor activity and staff availability.

Missed Opportunities and Opportunities to Develop Practice 2019 - 2020

	x1 missed referral opportunity from GGH ICU - locum consultant informed / educated
	study day- covid restrictions
	educational promotional campaigns outside of hospital not achieved - resources stretched

Key Strategic and Performance Priorities 2020 - 2021

1	CLOD teaching involvement to consultants
2	DBI protocol utilised in Age dept
3	Prioritising donor optimisation amongst critical care staff.
4	implementation of the donation feature
5	Family donor story boards displayed in ICU corridor

Please submit with NHS Blood and Transplant Actual and Potential Deceased Organ Donation Summary Report

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April - Sept

April - March

Taking Organ Transplantation to 2020 Theme	Key Action Plan – 2020/21	Responsible Individual	Measurable Outcome	Target Date	year	Quarter	Year	Quarter	Year
<i>Action by society and individuals will mean that the UK's organ donation record is amongst the best in the world and people donate when and if they can</i>	Organ Donation Promotion, Public Engagement & Education				2019	Mar-20	2020	Mar-21	2021
	To raise awareness of organ donation during organ donation week (September 2020). Engage with Hywel Dda comms team, Welsh Government/Comms and NHSBT media department.	NHSBT, ODC, SNOD,CLOD	Media reports. Promotional activity	Sep-21	Complete		Complete		
	Promote organ donation at as many public events as possible eg local county shows, sporting events.	SNOD, CLOD, ODC.	Media reports. Promotional activity	Sep-21	Outstanding		Outstanding		
	Continue to deliver teaching to Hywel Dda critical care nursing staff and Doctors.	SNOD, CLOD, ODC.	Evaluation/Feedback	Sep-21	Complete		In progress		
	ODC funds produce a organ donation memorial feature	SNOD, ODC	Promotional activity	Mar-21			In progress		
	Donor story boards displayed in ICU corridors	SNOD, ODC	Promotional activity	Sep-21			Outstanding		
	Engage with schools/colleges to raise awareness of organ donation.	SNOD.	Evaluation/Feedback	Sep-21	Complete		Complete		
<i>Action by NHS hospitals and staff will mean that the NHS routinely provides excellent care in support of organ donation and every effort is made to ensure that each donor can give as many organs as possible</i>	Hospital Engagement								
	Continue to deliver teaching to Hywel Dda critical care nursing staff and Doctors. Also deliver teaching on the RRAMCI course for nurses and 3rd year student nurses at the ST David's school of Health Science.	SNOD, CLOD.	Evaluation/Feedback	Sep-21	Complete		Outstanding		
	Plan a study day (whole day event) for the link nurses in Hywel Dda with guest speakers/donor families	SNOD, CLOD, ODC.	Evaluation/Feedback	Sep-21	Outstanding		Outstanding		
	Up-date organ donation policy and organ donation pathway	SNOD, CLOD	Evaluation/Feedback	Sep-20	Complete				
	Maintain 100% referral rate and early referrals.	SNOD, CLOD.	PDA	29/02/21	Complete		In progress		
<i>Action by NHS hospitals and staff will mean that more organs are usable and surgeons are better supported to transplant organs safely into the most appropriate recipient</i>	Donation Process								
	donor optimisation teaching with CLOD inpt	SNOD, CLOD,	education	Sep-21	Outstanding		Outstanding		
	Prioritising donor optimisation amongst all critical care staff.	SNOD, CLOD.	Teaching, debriefing.	Sep-21	In progress		Outstanding		
	Reduce the length of the donation process.	SNOD, CLOD.NHBST	DonorPath database.	Sep-21	In progress		In progress		
	ensure A&E departments are adhering to the DBI protocol	CLOD, SNOD	PDA, Education	Sep-21	In progress		In progress		
<i>Action by NHSBT and Commissioners means that better support systems and processes will be in place to enable more donations and transplant operations to happen</i>	Supporting NHSBT and Transplant Activity within Wales						In progress		
	Continue close engagement with chaplaincy services	SNOD, CLOD	Media updates, evaluation/feedback	Mar-20	Complete		In progress		
	attending collaborative meetings	SNOD, CLOD, ODC.	feedback	Sep-20	Complete		Complete		