



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 January 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	NHS Blood and Transplant (NHSBT) Organ Donation: Review of Actual and Potential Deceased Organ Donation
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers , Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 SBAR will provide an overview of Hywel Dda University Health Board (HDdUHB) performance against the priorities we set ourselves for 2020/21 regarding organ donation. The detailed report is attached (Appendix 1) with an action plan (Appendix 2).

In 2020/21, from 4 consented donors, the Health Board facilitated 2 actual solid organ donors resulting in 6 patients receiving a life-saving or life-changing transplant (data obtained from the UK Transplant Registry). In addition to the 2 proceeding donors, there were 2 consented donors that did not proceed.

#### 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 2020/21 were:

- Continue to educate and promote best practice to refer all patients that meet the minimum notification criteria for donation.
- Maintain 100% referral and testing for death using neurological and SNOD involvement.
- 100% referral rate of all potential DCD (Donation after Circulatory Death) referrals and to increase the consent rates.
- Quarterly e-mails to Critical Care and ED (Emergency Department) staff to ensure that donation is firmly embedded in their daily practice and DBI (Devastating Brain Injury) guidelines are followed where appropriate
- Meet with communications team to design a health board organ donation website and social media links.
- 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 four sites during organ donation week.
- Continue to promote organ donation in the wider community.

- Implement NHS Blood and Transplant (NHSBT) ED strategy throughout the Health Board.
- Implement Organ Donation feature in Botanic Gardens Wales

### Asesiad / Assessment

The report, attached, identifies our performance against the priorities set for 2020/21:

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

Face to face teaching has been minimised through COVID19, which has impacted on the education of the nurses and medical teams. We have now started TEAMS teaching across the 4 sites which has proven to be beneficial method of capturing new medical intakes. Our new CLOD and SNOD have been working together collaboratively to deliver teaching on the hospital grand rounds with positive feedback received.

- **Maintain 100% referral and testing for death using neurological and SNOD involvement.**

Unfortunately there was 1 occasion where a SNOD was not present during conversations and this was due to a consultant only approach. However, compared to last year's data, we have had no missed referrals resulting in a 100% referral rate.

- **Maintain 100% referral and testing for death using neurological criteria (previously referred to as Brain Stem Death testing (BSDT)) and SNOD involvement. To achieve a 100% consent rate.**

We have maintained 100% DBD referral rate, 6 patients suspected of neurological death were referred however 5 patients were neurologically tested. 1 patient was not tested as they were too haemodynamically unstable.

- **100% referral rate of all potential DCD (Donation after Circulatory Death) referrals and to increase the consent rates.**

The priority of achieving a 100% referral rate for DCD donors has been met again this year. Of those referrals, there were 34 eligible patients identified; 12 were considered eligible, there were 6 donation conversations, 4 consents resulting in 2 proceeding donors and 2 DCD family refusals.

- **Quarterly e-mails to Critical Care and ED (Emergency Department) staff to ensure that donation is firmly embedded in their daily practice.**

ED teaching is still high on the agenda for the 3 EDs as we move forward into 2022; this is an area for ongoing focus along with promoting the All Wales DBI guidelines. The guidelines are to support admissions of patients with traumatic brain injuries for a period of neuro prognostication. A refocus of ongoing communication regarding Organ Donation is high priority for 2022 which will include a reintroduction of the Emails mentioned above along with other mechanisms for raising awareness.

- **Meet with communications team to design a health board organ donation website and social media links.**

Links have been developed between the Hywel Dda Communications team and NHSBT, working collaboratively together to raise awareness of organ donation across HDdUHB which will lead to the creation of a Website area on the HDUHB Website for Organ Donation in 2022. Our CLOD has taken an interest in designing a new intranet page for Hywel Dda with support from the Communications team. This would be used as an area to update our colleagues on performance and any new strategies set out by NHSBT and would provide a useful resource for staff.

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

Action noted for 2021/22 to plan a SIM day for Hywel Dda which would be run by the SNOD and CLOD with support from UHW to facilitate the training day. This has been under discussion for a while but we have been unable to progress due to the demands on the Intensive Care service, it is intended to plan a SIM (simulation) Day in 2022.

- **SNOD to promote organ donation across four sites during organ donation week/ Continue to promote organ donation in the wider community.**

Due to COVID restrictions it was difficult to promote organ donation through community events as many were cancelled last year. However, as an Organ Donation Group, we were able to hold an organ donation memorial day in the Botanic Gardens Wales for the unveiling of our "Kingfisher" feature. This was very well received and attended with donor family, recipient and Senior representation from HDdUHB and NHSBT.

Staff have received regular updates verbally via TEAMS teaching sessions, some of which are delivered on an ad hoc basis. This is due to the Health Board having only 1 embedded SNOD instead of 2 due to a secondment. The embedded SNOD has also taken on a new role within NHSBT, resulting in less time being spent at the Health Board.

- **Implement NHS Blood and Transplant (NHSBT) ED strategy throughout the Health Board.**

Most patients who go on to become organ donors start their journey in the ED. The overarching principle of the NHSBT ED strategy 'is that best quality care in organ donation should be allowed irrespective of the location of the patient within the hospital at the time of their death'. The goal is that no patient meeting referral criteria dies in the ED having not been referred to a SNOD. There were no families approached in the ED, as referrals were made and patients transferred to Critical Care, achieving the standard.

- **Implement Organ Donation feature in Botanic Gardens Wales.**

The feature was installed in September 2021, as discussed in previous entry.

### **Argymhelliad / Recommendation**

The Board is asked to discuss and note the Health Board's performance against the priorities set for 2020/21 and the action plan for 2021/22 to address shortfalls in performance.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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):	2. Safe Care 3. Effective Care 4. Dignified Care 5. Timely Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
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 CLOD – Clinical Lead for Organ Donation 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
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Organ Donation Group

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	N/A
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	No implications
<b>Gweithlu:</b> <b>Workforce:</b>	No impact
<b>Risg:</b> <b>Risk:</b>	None
<b>Cyfreithiol:</b> <b>Legal:</b>	There are no legal implications contained within the report

<b>Enw Da: Reputational:</b>	Media interest in view of ongoing organ donation advertising campaigns
<b>Gyfrinachedd: Privacy:</b>	None identified
<b>Cydraddoldeb: Equality:</b>	There are no equality and diversity implications contained within the report

**Detailed Report**

**Actual and Potential Deceased Organ Donation**

**1 April 2020 - 31 March 2021**

**Hywel Dda University Health Board**

**PROVISIONAL**

Provisional



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- We acknowledge that the data presented includes the period most significantly impacted by COVID-19 and appreciate that the COVID-19 pandemic affected Trusts/Boards differently across the UK.
- 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 April 2021 based on data meeting PDA criteria reported at 12 April 2021.

# 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 UK Transplant Registry

Between 1 April 2020 and 31 March 2021, Hywel Dda University Health Board had 2 deceased solid organ donors, resulting in 6 patients receiving a transplant. Additional information is shown in Tables 1.1 and 1.2, along with comparison data for 2019/20. 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 2020 - 31 March 2021 (1 April 2019 - 31 March 2020 for comparison)**

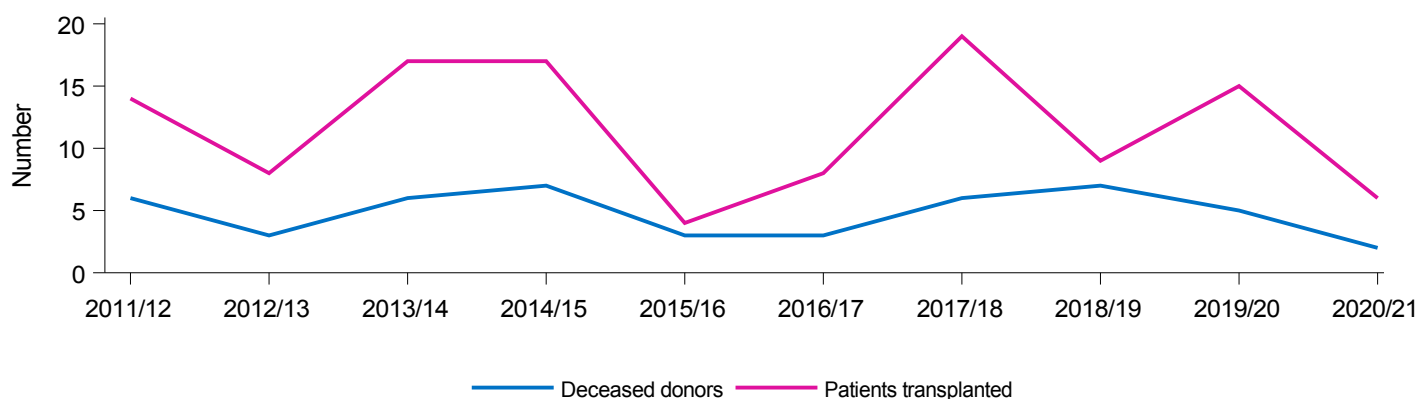
Donor type	Number of donors		Number of patients transplanted		Average number of organs donated per donor	
					Health Board	UK
DBD	2	(4)	6	(12)	4.0 (3.3)	3.3 (3.5)
DCD	0	(1)	0	(3)	- (4.0)	2.7 (2.7)
DBD and DCD	2	(5)	6	(15)	4.0 (3.4)	3.1 (3.2)

In addition to the 2 proceeding donors there were 2 additional consented donors that did not proceed, all where DCD donation was being facilitated.

**Table 1.2 Organs transplanted by type, 1 April 2020 - 31 March 2021 (1 April 2019 - 31 March 2020 for comparison)**

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

**Figure 1.1 Number of donors and patients transplanted, 1 April 2011 - 31 March 2021**





## 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 National Potential Donor Audit (PDA)

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 0 patients referred in 2020/21 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 2020 - 31 March 2021**

	DBD		DCD		Deceased donors	
	H. Board	UK	H. Board	UK	H. Board	UK
Patients meeting organ donation referral criteria <sup>1</sup>	6	1809	6	6017	12	7533
Referred to Organ Donation Service	6	1774	6	4742	12	6243
<i>Referral rate %</i>		98%		79%		83%
Neurological death tested	5	1480				
<i>Testing rate %</i>		82%				
Eligible donors <sup>2</sup>	4	1343	5	2844	9	4181
Family approached	3	1198	3	1026	6	2220
Family approached and SNOD present	3	1157	2	909	5	2062
<i>% of approaches where SNOD present</i>		97%		89%		93%
Consent ascertained	2	883	2	651	4	1532
<i>Consent rate %</i>		74%		63%		69%
Actual donors (PDA data)	2	771	0	401	2	1172
<i>% of consented donors that became actual donors</i>		87%		62%		77%

<sup>1</sup> 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

<sup>2</sup> 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

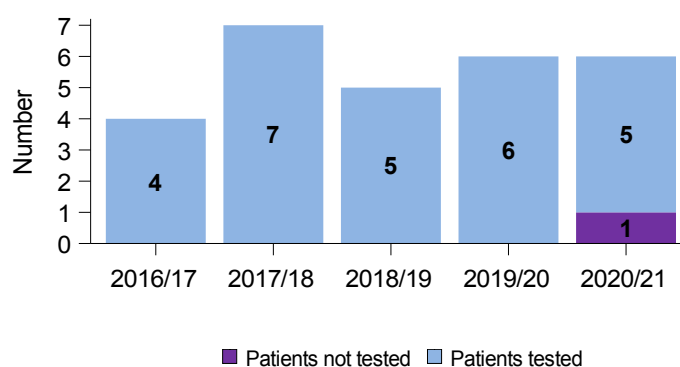
Data in this section is obtained from the National Potential Donor Audit (PDA)

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 2016 - 31 March 2021**



**Table 3.1 Reasons given for neurological death tests not being performed, 1 April 2020 - 31 March 2021**

	Health Board	UK
Biochemical/endocrine abnormality	-	19
Clinical reason/Clinician's decision	-	43
Continuing effects of sedatives	-	15
Family declined donation	-	24
Family pressure not to test	-	15
Hypothermia	-	1
Inability to test all reflexes	-	18
Medical contraindication to donation	-	12
Other	-	29
Patient had previously expressed a wish not to donate	-	5
Patient haemodynamically unstable	1	106
Pressure of ICU beds	-	8
SN-OD advised that donor not suitable	-	8
Treatment withdrawn	-	19

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

**Table 3.1 Reasons given for neurological death tests not being performed,  
1 April 2020 - 31 March 2021**

	Health Board	UK
Unknown	-	7
<b>Total</b>	<b>1</b>	<b>329</b>

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

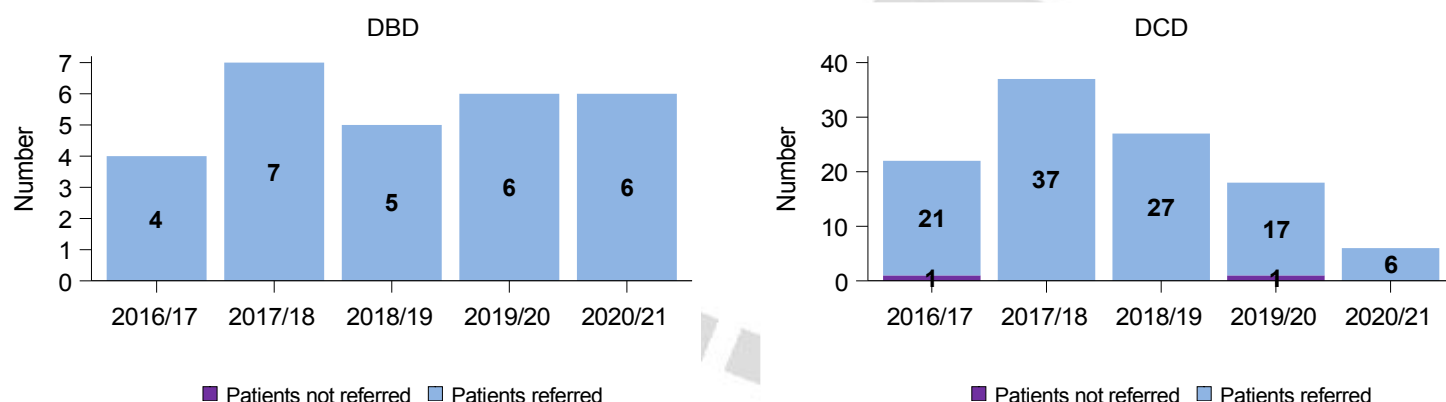
### 3.2 Referral to Organ Donation Service

**Goal:** Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135<sup>1</sup> and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors<sup>2</sup>.

**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 2016 - 31 March 2021**



**Table 3.2 Reasons given why patient not referred to SNOD, 1 April 2020 - 31 March 2021**

	DBD		DCD	
	Health Board	UK	Health Board	UK
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	-	2
Coroner / Procurator Fiscal reason	-	-	-	1
Family declined donation following decision to remove treatment	-	-	-	10
Family declined donation prior to neurological testing	-	1	-	1
Medical contraindications	-	3	-	432
Not identified as potential donor/organ donation not considered	-	19	-	472
Other	-	3	-	86
Patient had previously expressed a wish not to donate	-	-	-	1
Pressure on ICU beds	-	-	-	17
Reluctance to approach family	-	-	-	1
Thought to be medically unsuitable	-	2	-	230
Thought to be outside age criteria	-	-	-	3
Uncontrolled death pre referral trigger	-	7	-	19
<b>Total</b>	-	<b>35</b>	-	<b>1275</b>

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

### 3.3 Contraindications

In 2020/21 there were no potential donors in your Health Board with an ACI reported.

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### 3.4 SNOD presence

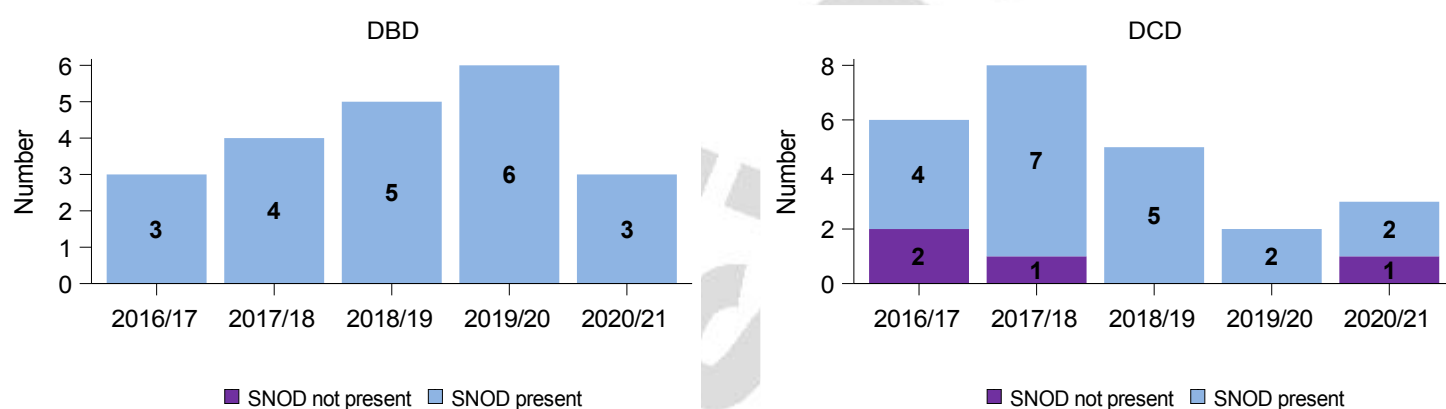
**Goal: A SNOD should be present during the formal family approach as per NICE CG135<sup>1</sup> and NHS Blood and Transplant (NHSBT) Best Practice Guidance.<sup>3</sup>**

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

In the UK, in 2020/21, when a SNOD was not present for the approach to the family to discuss organ donation, DBD and DCD consent/authorisation rates were 46% and 24%, respectively, compared with DBD and DCD consent/authorisation rates of 75% 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 2016 - 31 March 2021**



<sup>1</sup> NICE, 2011.  
*NICE Clinical Guidelines - CG135*  
[accessed 12 April 2021]

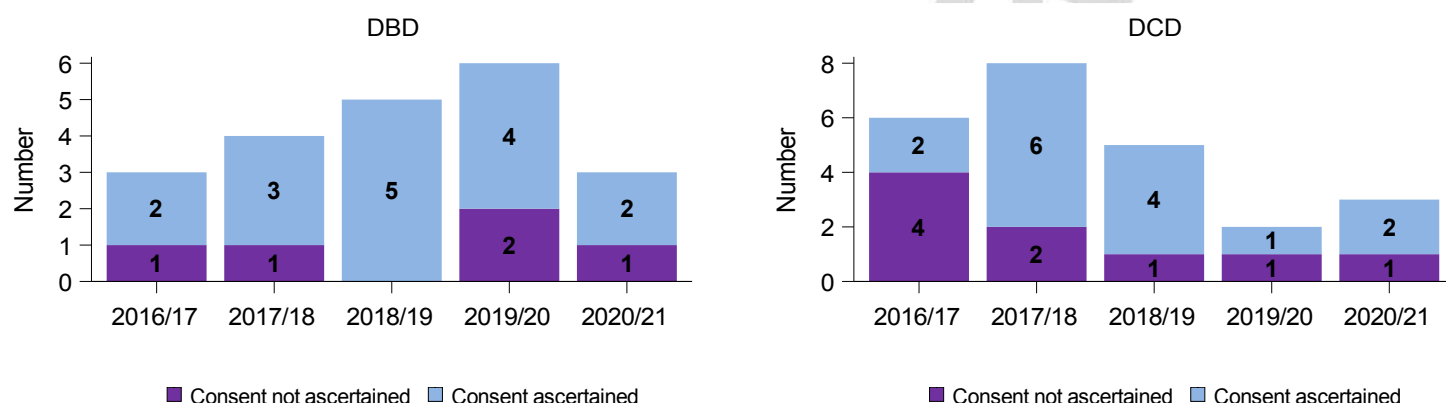
<sup>2</sup> NHS Blood and Transplant, 2012.  
*Timely Identification and Referral of Potential Organ Donors - A Strategy for Implementation of Best Practice*  
[accessed 12 April 2021]

<sup>3</sup> NHS Blood and Transplant, 2013.  
*Approaching the Families of Potential Organ Donors – Best Practice Guidance*  
[accessed 12 April 2021]

### 3.5 Consent

In 2020/21 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 2016 - 31 March 2021**



**Table 3.3 Reasons given why consent was not ascertained, 1 April 2020 - 31 March 2021**

	DBD		DCD	
	Health Board	UK	Health Board	UK
Family believe patient's treatment may have been limited to facilitate organ donation	-	1	-	-
Family concerned donation may delay the funeral	-	1	-	-
Family concerned other people may disapprove/be offended	-	3	-	2
Family concerned that organs may not be transplantable	-	1	-	1
Family did not believe in donation	-	10	-	13
Family did not want surgery to the body	-	28	-	35
Family divided over the decision	-	13	-	15
Family felt it was against their religious/cultural beliefs	-	38	-	13
Family felt patient had suffered enough	-	16	-	35
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	-	12	-	9
Family felt the length of time for the donation process was too long	-	9	1	48
Family had difficulty understanding/accepting neurological testing	-	2	-	-
Family wanted to stay with the patient after death	-	1	-	2
Family were not sure whether the patient would have agreed to donation	-	34	-	35
Other	-	21	-	33
Patient had previously expressed a wish not to donate	1	112	-	108
Patient had registered a decision to Opt Out	-	5	-	13
Strong refusal - probing not appropriate	-	8	-	11
<b>Total</b>	<b>1</b>	<b>315</b>	<b>1</b>	<b>373</b>

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.**

**Table 3.4 Reasons why solid organ donation did not occur,  
1 April 2020 - 31 March 2021**

	DBD		DCD	
	Health Board	UK	Health Board	UK
Clinical - Absolute contraindication to organ donation	-	7	-	3
Clinical - Considered high risk donor	-	5	-	1
Clinical - DCD clinical exclusion	-	-	-	1
Clinical - No transplantable organ	-	8	-	13
Clinical - Organs deemed medically unsuitable by recipient centres	-	35	-	71
Clinical - Organs deemed medically unsuitable on surgical inspection	-	15	-	2
Clinical - Other	-	8	-	3
Clinical - Outside of donation criteria at referral	-	-	-	3
Clinical - PTA post WLST	-	-	1	104
Clinical - Patient actively dying	-	3	-	4
Clinical - Patient asystolic	-	2	-	1
Clinical - Patient expected to die before donation could take place attendance not required	-	6	-	7
Clinical - Patient's general medical condition	-	2	-	1
Clinical - Positive virology	-	4	-	1
Consent / Auth - Coroner/Procurator fiscal refusal	-	10	1	12
Consent / Auth - Family placed conditions on donation	-	1	-	-
Consent / Auth - NOK withdraw consent / authorisation	-	1	-	11
Logistical - No critical care bed available	-	-	-	1
Logistical - Other	-	5	-	10
<b>Total</b>	-	<b>112</b>	<b>2</b>	<b>249</b>

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



## 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 National Potential Donor Audit (PDA)

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 2020 - 31 March 2021**

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
General ICU/HDU	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
General ICU/HDU	5	4	-	5	-	4	4	3	3	-	2	-	2
<i>Haverford West, Withybush General Hospital</i>													
A & E	0	0	-	0	-	0	0	0	0	-	0	-	0
General ICU/HDU	0	0	-	0	-	0	0	0	0	-	0	-	0
<i>Llanelli, Prince Philips Hospital</i>													
General ICU/HDU	1	1	-	1	-	1	0	0	0	-	0	-	0

**Table 4.2 Patients who met the DCD referral criteria - key numbers and rates, 1 April 2020 - 31 March 2021**

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
General ICU/HDU	1	1	-	1	1	1	0	-	1	-	0
<i>Carmarthen, Glangwili General Hospital</i>											
A & E	0	0	-	0	0	0	0	-	0	-	0
General ICU/HDU	2	2	-	2	2	1	1	-	1	-	0
<i>Haverford West, Withybush General Hospital</i>											
A & E	0	0	-	0	0	0	0	-	0	-	0
General ICU/HDU	3	3	-	3	2	1	1	-	0	-	0
<i>Llanelli, Prince Philips Hospital</i>											
General ICU/HDU	0	0	-	0	0	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 2020/21 there were 0 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

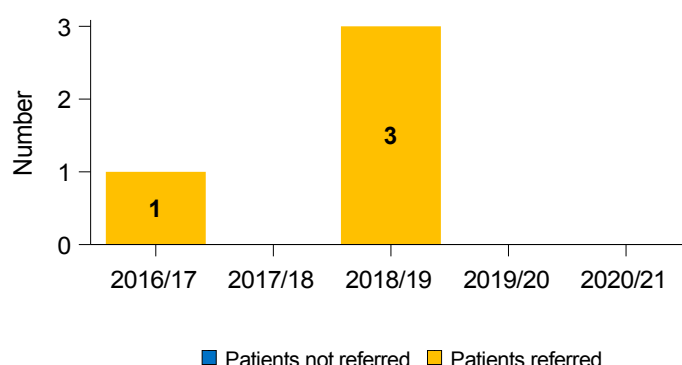
Data in this section is obtained from the National Potential Donor Audit (PDA)

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.

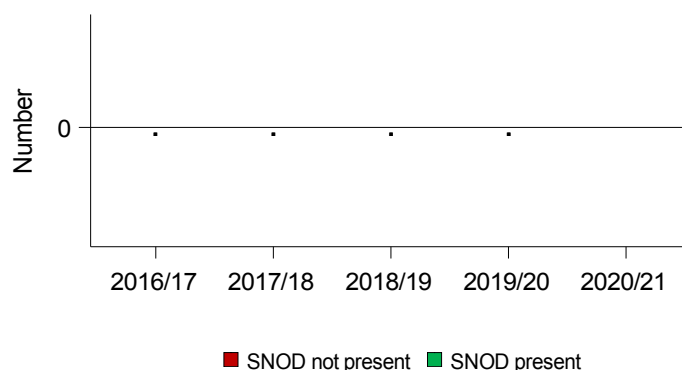
Figure 5.1 Number of patients meeting referral criteria that died in the ED, 1 April 2016 - 31 March 2021



### 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 2016 - 31 March 2021



\* NHS Blood and Transplant, 2016.  
*Organ Donation and the Emergency Department*  
 [accessed 12 April 2021]

## 6. Additional data and figures

### Regional donor, transplant, and transplant list numbers

Data in this section is obtained from the UK Transplant Registry

#### 6.1 Supplementary Regional data

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

	Wales*	UK
<b>1 April 2020 - 31 March 2021</b>		
Deceased donors	49	1,179
Transplants from deceased donors	102	2,943
Deaths on the transplant list	17	483
<b>As at 31 March 2021</b>		
Active transplant list	159	4,256
Number of NHS ODR opt-in registrations (% registered)**	1,323,716 (43%)	26,746,406 (41%)

\*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 National Potential Donor Audit (PDA)

### 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 ( $\geq 12$ ) proceeding donors per year	35
Level 2	6 or more but less than 12 ( $\geq 6$ 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 ( $\leq 3$ ) 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 2020 - 31 March 2021**

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
Level 1	984	815	83	969	98	810	748	673	646	96	476	71	421
Level 2	418	334	80	406	97	325	294	262	255	97	202	77	167
Level 3	280	227	81	274	98	226	205	180	177	98	139	77	124
Level 4	127	104	82	125	98	103	96	83	79	95	66	80	59

**Table 6.4 National DCD key numbers and rate by Trust/Board level,  
1 April 2020 - 31 March 2021**

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
Level 1	2559	2134	83	2349	1359	597	527	88	392	66	248
Level 2	1989	1477	74	1832	852	238	214	90	141	59	85
Level 3	983	778	79	914	400	122	107	88	72	59	45
Level 4	486	353	73	442	233	69	61	88	46	67	23

# 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: <a href="https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf">https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf</a>
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: <a href="https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf">https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf</a>
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.

PREVIOUS YEAR USED AS A COMPARISON

### Key Achievements 2019 - 2020

1	15 lives saved through donors in Hywel Dda
2	Update of policy and procedure pathway completed
3	teaching to all critical care staff achieved

### Key Achievements Mar2020- Apr 2021

1	Installation of organ donation feature at the Botanic Gardens Wales
2	excellent organ donation week in hywel dda recognised within NHSBT
3	New CLOD appointed in Hywel Dda - Dr Farkas.
4	6 patients received life-changing or life enhancing transplant as a result of our donors in HDDUHB

### Missed Opportunities and Opportunities to Develop Practice 2019 - 2020

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

### Missed Opportunities and Opportunities to Develop Practice March 2020 - April 21 2021

1	0 occasions of a missed opportunity = 100% referral rate
2	educational promotional campaigns outside of hospital not achieved - resources stretched
3	1 consultant only approach = x1 occasion SNOD/SR not present

### Key Strategic and Performance Priorities 2021 - 2022

1	aim for 100% referral rate
2	DBI protocol utilised in A&E to transfer Pts to ICU following neuro trauma = increase in referrals
3	implementation of donor story boards
4	? SIM/educational study day
5	welcome and train new specialist nurse into role

**Please submit with NHS Blood and Transplant Actual and Potential Deceased Organ Donation Summary Report**  
**: Annual plan will be submitted**

**April - Sept**

**April - March**

Taking Organ Transplantation to 2020 Theme	Key Action Plan – 2021/22	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				2020	Mar-20	2021	Apr-21	2022
	To raise awareness of organ donation during organ donation week (September 2021). 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	Inprogress			Complete	
	ODC funds produce a organ donation memorial feature	SNOD, ODC	Promotional activity	Mar-21	Inprogress			Complete	
	? Donor story boards displayed in ICU corridors	SNOD, ODC?	Promotional activity	Sep-21	Outstanding			Inprogress	
	Engage with schools/colleges to raise awareness of organ donation.	SNOD.	Evaluation/Feedback	Sep-21	Outstanding			Inprogress	
<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 ICU course for nurses and 3rd year student nurses at the ST David's school of Health Science.	SNOD, CLOD.	Evaluation/Feedback	Sep-21	Outstanding			Complete	
	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 doantion pathway	SNOD, CLOD	Evaluation/Feedback	Sep-20	Inprogress			Complete	
	Maintain 100% referral rate and early referrals.	SNOD, CLOD.	PDA	29/02/21	Inprogress			Inprogress	
<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 critcal care staff.	SNOD, CLOD.	Teaching, debriefing.	Sep-21	Outstanding			Inprogress	
	Early referrals of potential donors	SNOD, CLOD.NHSBT	DonorPath database.	Sep-21	Inprogress			Complete	
	ensure A&E departments are adhering to the DBI protocol	CLOD, SNOD	PDA, Education	Sep-21	Inprogress			Inprogress	
<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				Inprogress				
	Continue close engagement with chaplaincy services	SNOD, CLOD	Media updates, evaluation/feedback	Mar-20	Inprogress			Outstanding	
	atttending collabroative meetings	SNOD, CLOD, ODC.	feedback	Sep-20	Complete			Complete	