

Detailed Report

Actual and Potential Deceased Organ Donation

1 April 2018 - 31 March 2019

Sherwood Forest Hospitals NHS Foundation Trust



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- 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 May 2019 based on data meeting PDA criteria reported at 9 May 2019.

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 2018 and 31 March 2019, Sherwood Forest Hospitals NHS Foundation Trust had one deceased solid organ donor, resulting in 2 patients receiving a transplant. Additional information is shown in Tables 1.1 and 1.2, along with comparison data for 2017/18. 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 2018 - 31 March 2019 (1 April 2017 - 31 March 2018 for comparison)

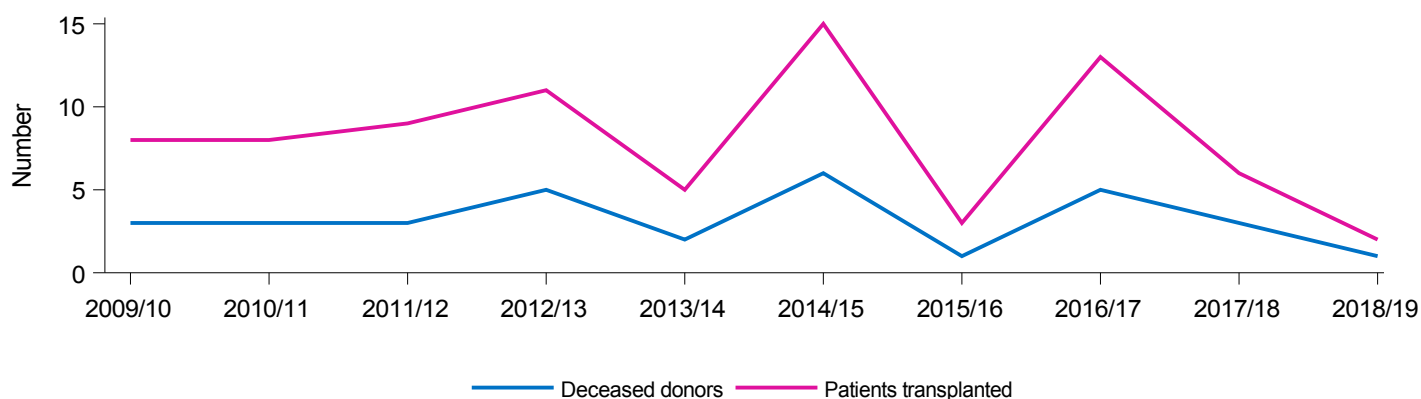
Donor type	Number of donors		Number of patients transplanted		Average number of organs donated per donor Trust		UK	
DBD	1	(0)	2	(0)	2.0	(-)	3.5	(3.7)
DCD	0	(3)	0	(6)	-	(2.7)	2.7	(2.7)
DBD and DCD	1	(3)	2	(6)	2.0	(2.7)	3.2	(3.3)

In addition to the one proceeding donor there was one additional consented donor that did not proceed, where DCD organ donation was being facilitated.

Table 1.2 Organs transplanted by type, 1 April 2018 - 31 March 2019 (1 April 2017 - 31 March 2018 for comparison)

Donor type	Number of organs transplanted by type											
	Kidney		Pancreas		Liver		Heart		Lung		Small bowel	
DBD	2	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
DCD	0	(5)	0	(0)	0	(1)	0	(0)	0	(0)	0	(0)
DBD and DCD	2	(5)	0	(0)	0	(1)	0	(0)	0	(0)	0	(0)

Figure 1.1 Number of donors and patients transplanted, 1 April 2009 - 31 March 2019



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 Sherwood Forest Hospitals NHS Foundation Trust. This data is presented in Table 2.1 along with UK comparison data. Your Trust has been categorised as a level 3 Trust and therefore percentages in this section are only presented on a national level. A comparison between different level Trusts is available in the Additional Data and Figures section.

It is acknowledged that the PDA does not capture all activity. In total there was 1 patient referred in 2018/19 who is 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 2018 - 31 March 2019**

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria ¹	1	2004	18	5974	19	7728
Referred to Organ Donation Service	1	1982	17	5539	18	7287
<i>Referral rate %</i>		99%		93%		94%
Neurological death tested	1	1715				
<i>Testing rate %</i>		86%				
Eligible donors ²	1	1635	16	4180	17	5815
Family approached	1	1493	2	1752	3	3245
Family approached and SNOD present	1	1423	2	1527	3	2950
<i>% of approaches where SNOD present</i>		95%		87%		91%
Consent ascertained	1	1082	1	1099	2	2181
<i>Consent rate %</i>		72%		63%		67%
Actual donors (PDA data)	1	970	0	612	1	1582
<i>% of consented donors that became actual donors</i>		90%		56%		73%

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 National Potential Donor Audit (PDA)

This section provides information on the quality of care in your Trust at the key stages of organ donation. The ambition is that your Trust 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 2014 - 31 March 2019

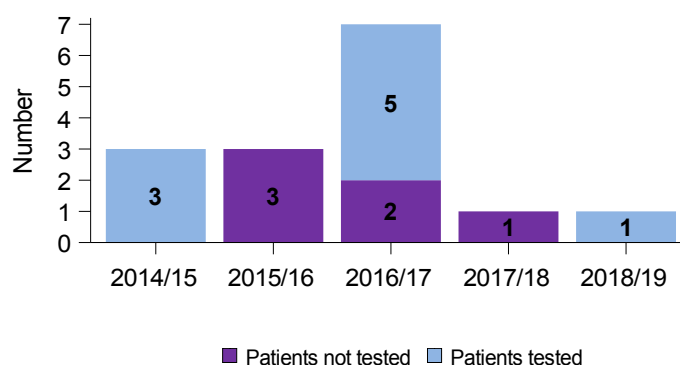


Table 3.1 Reasons given for neurological death tests not being performed, 1 April 2018 - 31 March 2019

	Trust	UK
Biochemical/endocrine abnormality	-	20
Clinical reason/Clinicians decision	-	48
Continuing effects of sedatives	-	14
Family declined donation	-	22
Family pressure not to test	-	35
Inability to test all reflexes	-	13
Medical contraindication to donation	-	10
Other	-	18
Patient had previously expressed a wish not to donate	-	5
Patient haemodynamically unstable	-	80
Pressure on ICU beds	-	1
SN-OD advised that donor not suitable	-	7
Treatment withdrawn	-	11
Unknown	-	5
Total	-	289

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 2014 - 31 March 2019

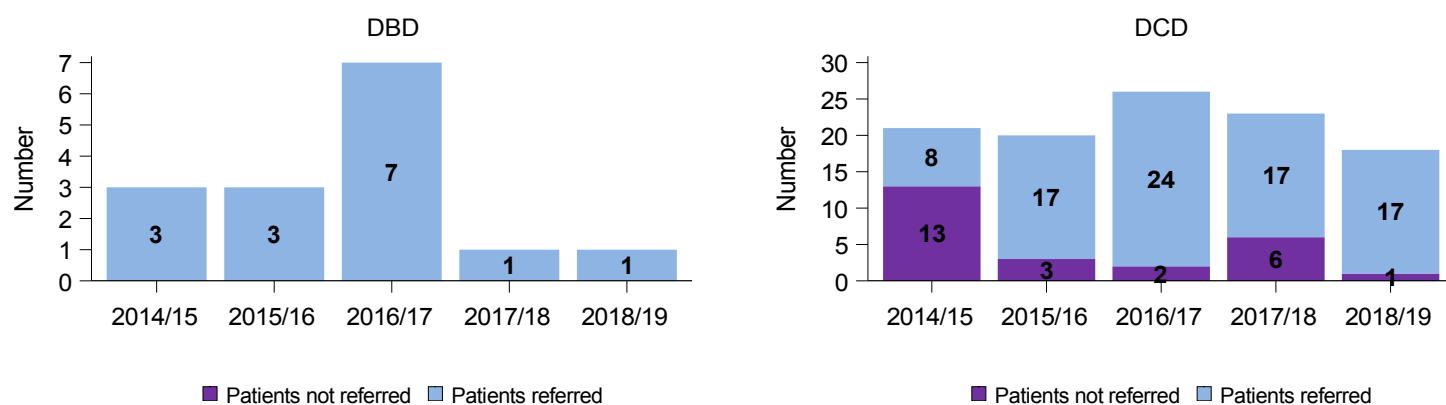


Table 3.2 Reasons given why patient not referred to SNOD, 1 April 2018 - 31 March 2019

	DBD		DCD	
	Trust	UK	Trust	UK
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	-	4
Coroner/Procurator Fiscal Reason	-	1	-	2
Family declined donation following decision to withdraw treatment	-	2	-	15
Family declined donation prior to neurological testing	-	2	-	2
Medical contraindications	-	-	-	56
Not identified as a potential donor/organ donation not considered	-	11	1	215
Other	-	4	-	56
Pressure on ICU beds	-	-	-	3
Reluctance to approach family	-	-	-	2
Thought to be medically unsuitable	-	2	-	78
Thought to be outside age criteria	-	-	-	2
Total	-	22	1	435

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 Trust.

**Table 3.3 Primary absolute medical contraindications to solid organ donation,
1 April 2018 - 31 March 2019**

	DBD		DCD	
	Trust	UK	Trust	UK
Active (not in remission) haematological malignancy (myeloma, lymphoma, leukaemia)	-	14	2	201
All secondary intracerebral tumours	-	2	-	8
Any active cancer with evidence of spread outside affected organ within 3 years of donation	-	46	-	630
HIV disease (but not HIV infection)	-	5	-	12
Human TSE, CJD or vCJD; blood relatives with CJD; other infectious neurodegenerative diseases	-	1	-	8
Melanoma (except completely excised Stage 1 cancers)	-	1	-	3
No transplantable organ in accordance with organ specific contraindications	-	7	-	234
Primary intra-cerebral lymphoma	-	-	-	5
TB: active and untreated	-	2	-	13
West Nile Virus (WNV) infection	-	-	-	1
Total	-	78	2	1115

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

3.4 SNOD presence

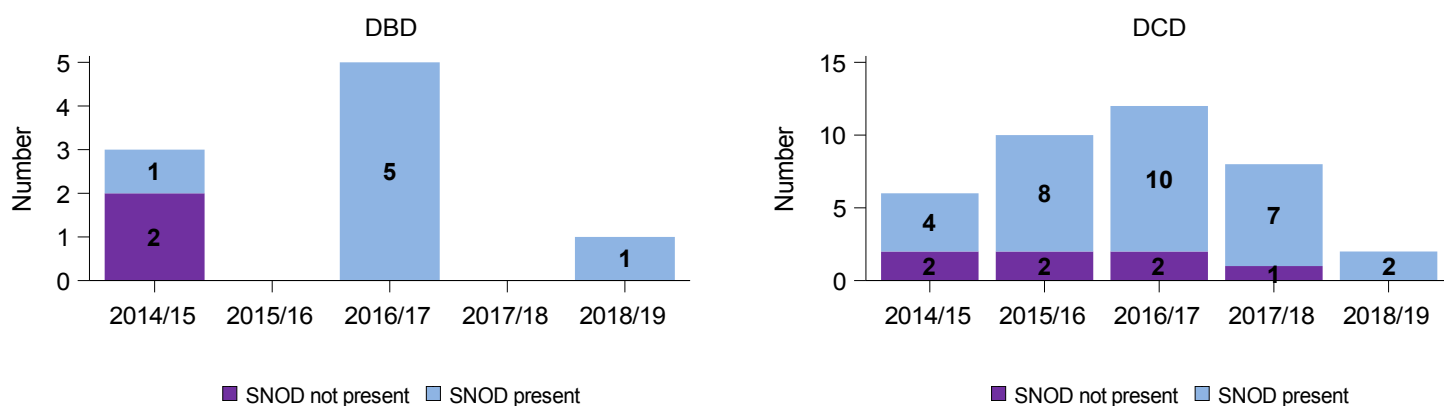
Goal: A SNOD should be present during the formal family approach as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance.³

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

In the UK, in 2018/19, when a SNOD was not present for the approach to the family to discuss organ donation, DBD and DCD consent/authorisation rates were 53% and 23%, 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 2014 - 31 March 2019



¹ NICE, 2011.
NICE Clinical Guidelines - CG135
[accessed 9 May 2019]

² NHS Blood and Transplant, 2012.
Timely Identification and Referral of Potential Organ Donors - A Strategy for Implementation of Best Practice
[accessed 9 May 2019]

³ NHS Blood and Transplant, 2013.
Approaching the Families of Potential Organ Donors – Best Practice Guidance
[accessed 9 May 2019]

3.5 Consent

Goal: The agreed 2018/19 national targets for DBD and DCD consent/authorisation rates are 78% and 72%, respectively.

In 2018/19 less than 10 families of eligible donors were approached to discuss organ donation in your Trust therefore consent rates are not presented.

Figure 3.4 Number of families approached, 1 April 2014 - 31 March 2019

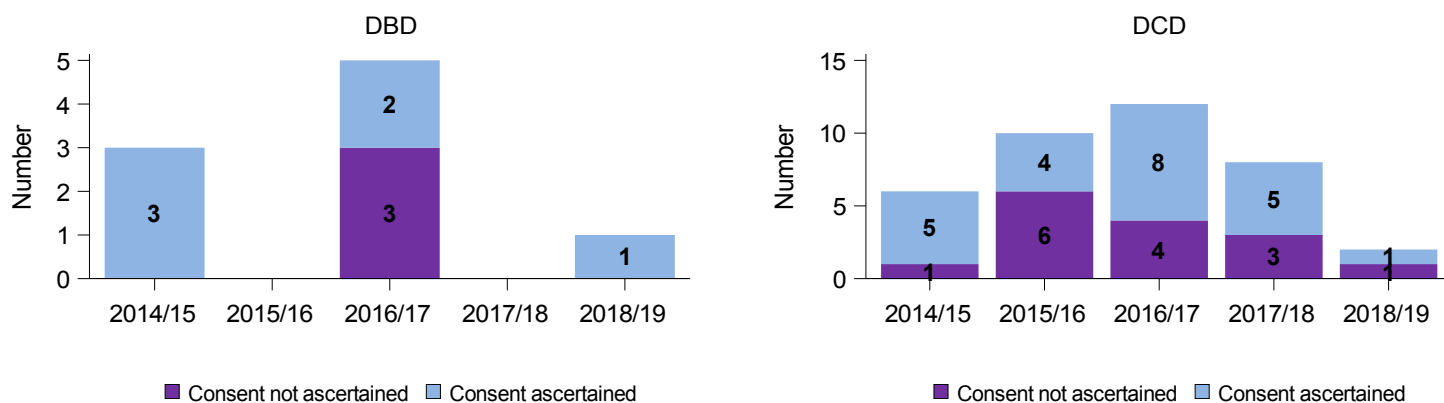


Table 3.4 Reasons given why consent was not ascertained, 1 April 2018 - 31 March 2019

	DBD		DCD	
	Trust	UK	Trust	UK
Families concerned about organ allocation	-	4	-	-
Family concerned donation may delay the funeral	-	1	-	-
Family concerned that organs may not be transplanted	-	3	-	8
Family concerned that other people may disapprove/be offended	-	3	-	1
Family did not believe in donation	-	22	-	25
Family did not want surgery to the body	-	42	-	51
Family felt it was against their religious/cultural beliefs	-	44	-	21
Family felt the body needs to be buried whole (unrelated to religious or cultural reasons)	-	24	-	19
Family felt the length of time for donation process was too long	-	22	-	88
Family felt the patient had suffered enough	-	30	-	50
Family had difficulty understanding/accepting neurological testing	-	1	-	-
Family wanted to stay with the patient after death	-	5	-	11
Family were divided over the decision	-	25	1	31
Family were not sure whether the patient would have agreed to donation	-	78	-	123
Other	-	18	-	55
Patient previously expressed a wish not to donate	-	82	-	147
Patients treatment may be or has been limited to facilitate organ donation	-	-	-	1
Strong refusal - probing not appropriate	-	7	-	22
Total	-	411	1	653

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 2018 - 31 March 2019**

	DBD		DCD	
	Trust	UK	Trust	UK
Cardiac Arrest	-	8	-	5
Coroner/Procurator Fiscal refusal	-	16	-	23
Family changed mind	-	8	-	18
Family placed conditions on donation	-	-	-	1
General instability	-	9	-	32
Logistic reasons	-	-	-	3
Organs deemed medically unsuitable by recipient centres	-	42	-	136
Organs deemed medically unsuitable on surgical inspection	-	5	1	10
Other	-	10	-	33
Positive virology	-	14	-	7
Prolonged time to asystole	-	-	-	219
Total	-	112	1	487

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 9 May 2019]

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 2018 - 31 March 2019

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>Sutton-In-Ashfield, King's Mill 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

Table 4.2 Patients who met the DCD referral criteria - key numbers and rates, 1 April 2018 - 31 March 2019

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>Sutton-In-Ashfield, King's Mill Hospital</i>											
A&E	2	1	-	2	1	0	0	-	0	-	0
Gen. ICU/HDU	16	16	100	16	15	2	2	-	1	-	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 Sherwood Forest Hospitals NHS Foundation Trust in 2018/19 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

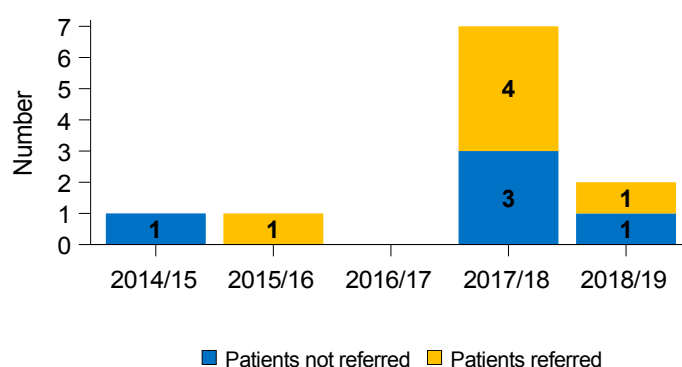
Data in this section is obtained from the National Potential Donor Audit (PDA)

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.

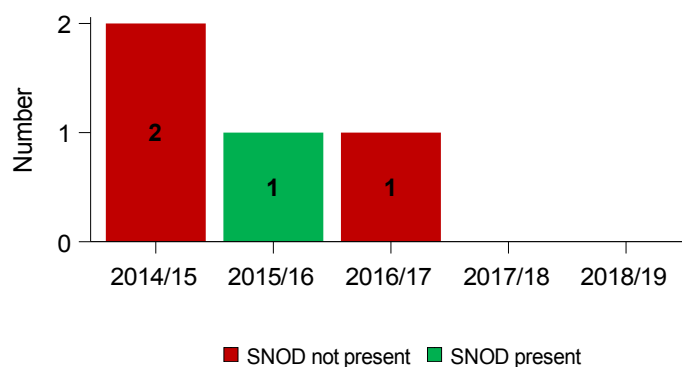
Figure 5.1 Number of patients meeting referral criteria that died in the ED, 1 April 2014 - 31 March 2019



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 2014 - 31 March 2019



© NHS Blood and Transplant, 2016.
Organ Donation and the Emergency Department
 [accessed 9 May 2019]

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

	East Midlands*	UK
1 April 2018 - 31 March 2019		
Deceased donors	99	1,600
Transplants from deceased donors	305	3,943
Deaths on the transplant list	20	403
As at 31 March 2019		
Active transplant list	401	6,083
Number of NHS ODR opt-in registrations (% registered)**	1,809,219 (39%)	26,496,220 (41%)
*Regions have been defined as per former Strategic Health Authorities		
** % registered based on population of 4.68 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

Sherwood Forest Hospitals NHS Foundation Trust has been categorised as a level 3 Trust. 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 2018 - 31 March 2019**

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	1	1	-	1	-	1	1	1	1	-	1	-	1
Level 1	1153	995	86	1144	99	987	951	875	826	94	626	72	563
Level 2	435	361	83	431	99	355	344	313	302	96	221	71	200
Level 3	279	244	87	274	98	237	228	203	197	97	155	76	136
Level 4	137	115	84	133	97	115	112	102	98	96	80	78	71

**Table 6.4 National DCD key numbers and rate by Trust/Board level,
1 April 2018 - 31 March 2019**

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	18	17	94	18	16	2	2	-	1	-	0
Level 1	2570	2413	94	2336	1882	950	816	86	576	61	326
Level 2	1748	1609	92	1541	1235	446	396	89	283	63	156
Level 3	1146	1065	93	979	723	233	210	90	159	68	84
Level 4	510	452	89	441	340	123	105	85	81	66	46

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://nhsbt.dbe.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.