

**National Retrieval Group Meeting**  
**Organ Damage Performance Report**  
**April 2019**

**1. Action**

For information on the proposal to improve the monitoring of organ damage reported on the Commissioning Team's performance report.

**2. Background**

Details of any organ damage is required to be recorded by the retrieving surgeon on the HTA-A form, and the implanting surgeon on the HTA-B form, using the following four categories:

- No damage
- Mild if it is of no consequence
- Moderate if the organ requires surgical repair to render it transplantable
- Severe if the organ is not able to be transplanted

There is a mandatory requirement for establishments licensed under the HTA regulations to report serious adverse events and reactions (SAEARs), in relation to organ donation and transplantation, to NHSBT. In reference to retrieval an example of an SAEAR would be damage associated with retrieval which resulted in a transplantable organ rendered unsuitable for transplant<sup>1</sup>.

Evidence suggests that under reporting of SAEARs is occurring and the Clinical Governance team have begun to monitor severe organ damage reported on the HTA-B form and incidents submitted via the ODT Clinical Governance Framework. To date in 2019 there have been 10 organs reported as having severe damage on the HTA B form and only 3 had been reported to ODT Clinical Governance team.

Feedback to the retrieval team on organ damage is recognised as being essential for patient safety, training, competence and continuing education of retrieval staff. Constructive feedback helps increase retrieval surgeons' knowledge about how damage could have been avoided and prevents recurrence. It is noted that damage might be unavoidable and could be due to donor factors or trauma sustained prior to death.

The Commissioning Team monitors organ damage on a monthly performance report. Rates of damage are determined by moderate or severe damage according to information provided on the HTA B form completed by the implanting surgeon. The aim of the performance report is to provide the following information to minimise organ retrieval damage: (**Annex 1**)

- Number of organs retrieved with moderate or severe damage

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<sup>1</sup> Guidance for licence holders: Reporting serious adverse events and reactions in relation to organs intended for transplantation; Human Tissue Authority; June 2015

- Number of organs not transplanted due to damage
- Number of organs not transplanted due to damage as a % of those with moderate or severe damage reported
- Number of organs not transplanted due to damage as a % of all organs retrieved

The table below highlights the organ damage trends captured in the commissioning performance report for the last 3 years.

Date	No. of organs retrieved with mod/severe damage	No. of organs not transplanted due to damage	No. organs not txd due to damage as a % of all organs retrieved
2016/17	351	72	1.7
2017/18	311	60	1.2
YTD 2018/19 Apr-Jan	284	70	1.8

There has been a slight increase in the number of organs not transplanted for the 10 months so far reported for 2018/19

Also captured in the performance report are organs retrieved by individual abdominal and cardiothoracic NORS teams not transplanted due to damage, but the organ type is not identified. Numbers of abdominal and cardiothoracic organs not transplanted due to damage, by organ type is reported by monthly data displayed as a graph (**Annex 2**).

Arguably the data provided in the performance report is not in sufficient detail to understand where there may be issues that require addressing. Transplant centres are encouraged to report organ damage, so incidents can be investigated, trends monitored, and actions taken so lessons are learnt to prevent recurrence. Work is continuing to produce a more interactive and detailed performance report

### 3. Proposal

To improve the monitoring for organ damage reported on the Commissioning Team performance report it is proposed that:

- Information currently monitored in Annex 1 should continue to be reported
- Organ damage by DBD or DCD donor should be identified on the report
- The type of organ damaged when retrieved by individual NORS teams should be presented more clearly in the data
- Identify those retrievals where novel technologies have been utilised and organs not transplanted due to organ damage. Although novel technologies are currently not commissioned they operate alongside NORS and the impact on the service should be monitored and reported
- Monitor through the performance report individual NORS team data on organs which have been classed as moderately damaged but repaired before being transplanted
- Provide a narrative as to why organs have not been transplanted to identify potential donor or anatomical factors which may have impacted any damage during retrieval.

Further work should be undertaken to understand discrepancies on the grade of organ damage reported on the HTA-A and B documentation between the retrieval and implanting surgeons and whether centre bias is a factor in the reporting disparity.

Is it difficult to understand the causes of organ damage and therefore share learning and implement corrective and preventative measures if incidents are not reported and investigated.

Author  
Mark Roberts  
Head of Commissioning Development

Approved by  
Karen Quinn  
Assistant Director UK Commissioning

**Annex 1**

Damage reported by receiving surgeon through the HTA B form													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD
No. organs retrieved with moderate/severe damage reported	24	28	24	42	24	33	36	36	20	37	16	26	171
No. organs not txd due to damage	4	5	5	8	3	8	8	5	8	14	4	6	45
No. organs not txd due to damage as a % of those with mod/sev damage reported	16.7	17.9	20.8	19	12.5	24.2	22.2	13.9	40	37.8	25	23.1	26.3
No. organs not txd due to damage as a % of all organs retrieved*	1	1.2	1.3	1.6	0.8	1.8	1.8	1.2	2.5	4	1	1.8	2

**Annex 2**

**Fig. 5.1 Number of abdominal and cardiothoracic organs (DBD and DCD) not transplanted due to damage, by organ type**

