



Detailed Full Report
Actual and Potential Organ Donors
1 April 2015 - 31 March 2016

Yorkshire
Organ Donation Services Team



Table of Contents

1. Donor outcomes

1.1 Donors outcomes

2. Key rates on potential for organ donation

2.1 Key rates

2.2 Key numbers, rates and comparison with national targets

3. Stages where opportunities were lost

3.1 Overview of lost opportunities

3.2 Neurological death testing

3.3 Referral to SN-OD

3.4 Contraindications

3.5 Family approach

3.6 Proportion of approaches involving a SN-OD

3.7 Consent

3.8 Reasons why solid organ donation did not occur

4. PDA data by Trust

4.1 Key numbers and rates by Trust

5. Paediatric ICU data

5.1 Radar charts of key rates for your Team's paediatric ICUs

Appendices

A.1 Bar charts of key rates

A.2 Definitions

A.3 Data description

A.4 Table and figure description

Further Information

- Appendix A.2 contains definitions of terms and abbreviations used throughout this report and summarises the main changes made to the PDA on 1 April 2013.
- 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/odt/potential-donor-audit/>
- Please refer any queries or requests for further information to your local Specialist Nurse - Organ Donation (SN-OD)

Source

NHS Blood and Transplant: UK Transplant Registry (UKTR), Potential Donor Audit (PDA) and Referral Record.
Issued May 2016 based on data reported at 9 May 2016.

1. Donor Outcomes

A summary of the number of donors, patients transplanted, average number of organs donated per donor and organs donated, obtained from the UK Transplant Registry

1.1 Donor outcomes

Between 1 April 2015 and 31 March 2016, the Yorkshire team had 105 deceased solid organ donors, resulting in 288 patients receiving a transplant. 364 organs were donated but 41 were not transplanted. Additional information is shown in Tables 1.1.1 and 1.1.2, along with comparison data for 2014/15. An additional chart showing figures for the previous ten periods has also been included for comparison. If you would like further information, please contact your local Specialist Nurse - Organ Donation (SN-OD).

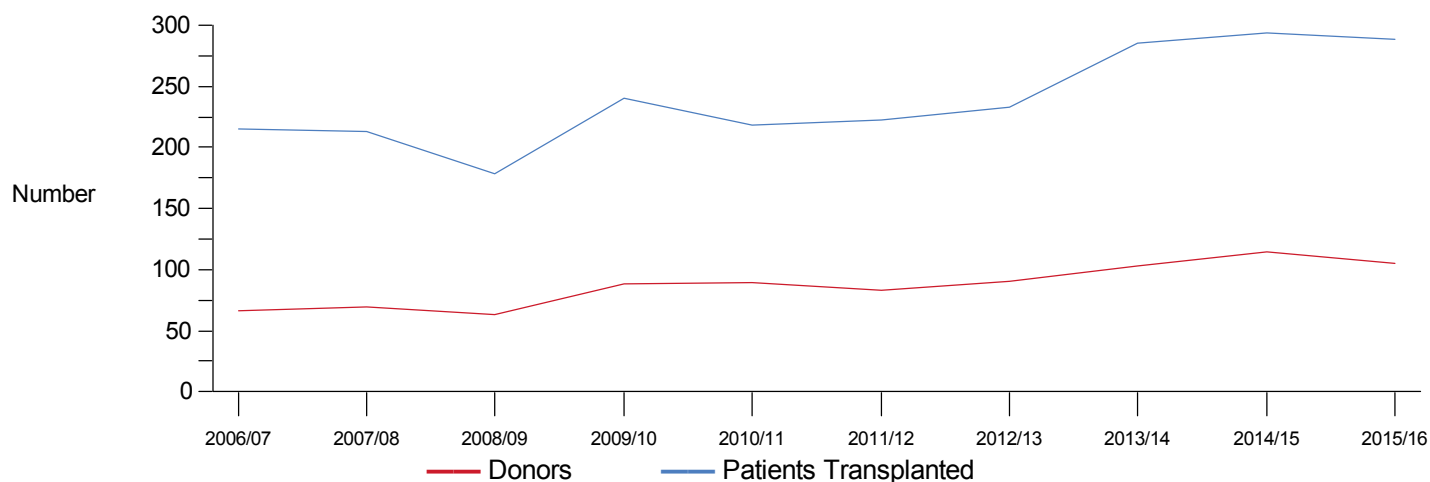
**Table 1.1.1 Donors, patients transplanted and organs per donor,
1 April 2015 - 31 March 2016 (1 April 2014 - 31 March 2015 for comparison)**

Donor type	Number of donors		Number of patients transplanted		Average number of organs donated per donor			
					Yorkshire		UK	
DBD	63	(62)	204	(182)	4.0	(3.6)	3.9	(3.8)
DCD	42	(52)	84	(112)	2.7	(2.8)	2.8	(2.7)
DBD and DCD	105	(114)	288	(294)	3.5	(3.2)	3.4	(3.4)

**Table 1.1.2 Organs transplanted by type,
1 April 2015 - 31 March 2016 (1 April 2014 - 31 March 2015 for comparison)**

Donor type	Number of organs transplanted by type									
	Kidney		Pancreas		Liver		Heart		Lung	
DBD	112	(106)	15	(9)	54	(50)	18	(14)	30	(19)
DCD	66	(94)	4	(7)	16	(19)	0	(0)	6	(8)
DBD and DCD	178	(200)	19	(16)	70	(69)	18	(14)	36	(27)

Figure 1.1.1 Number of donors and patients transplanted each year



Data in this section have been obtained from the UK Transplant Registry. Section 2 onwards reports on data obtained from the national Potential Donor Audit (PDA).

2. Key Rates on Potential for Organ Donation

A summary of the key rates on the potential for organ donation, obtained from the national Potential Donor Audit (PDA)

2.1 Key rates

Two radar charts are displayed in Figure 2.1.1 showing specific percentage measures of potential donation activity in 2015/16 for the Yorkshire Team compared with national data for the UK, and compared with 2014/15 activity. This information is displayed in an alternative format as bar charts in Appendix A.1. The colour of the rate label indicates the Team performance as shown in the appropriate funnel plot using the gold, silver, bronze, amber, and red (GoSBAR) scheme.

Figure 2.1.1 Key rates on the potential for organ donation, 1 April 2015 - 31 March 2016 (1 April 2014 - 31 March 2015 for comparison)

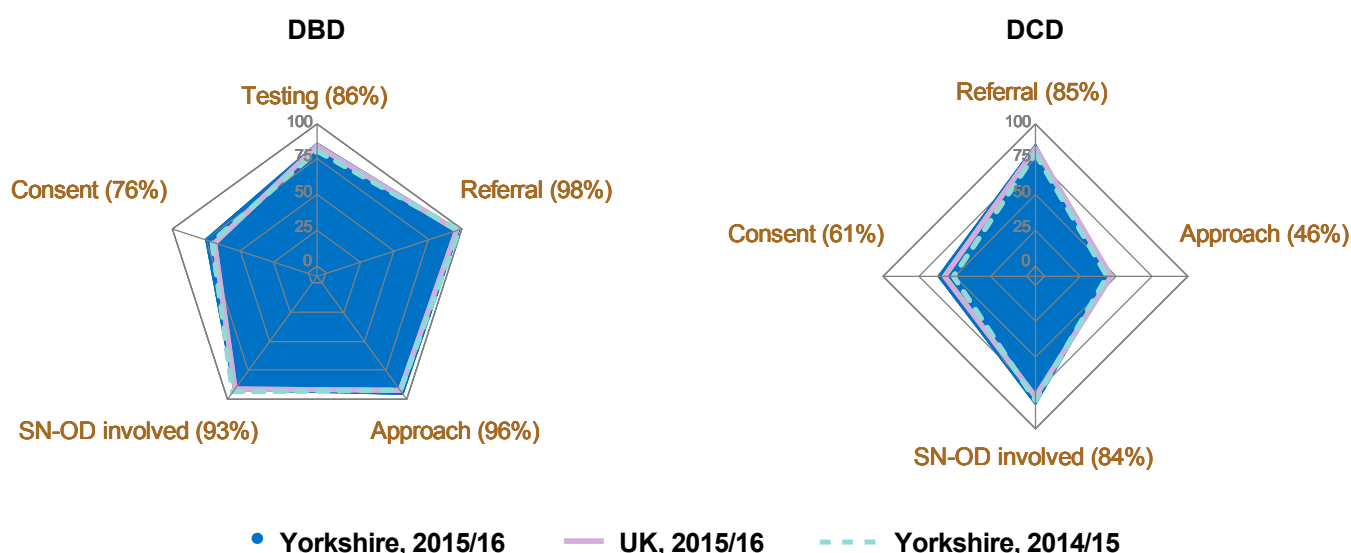
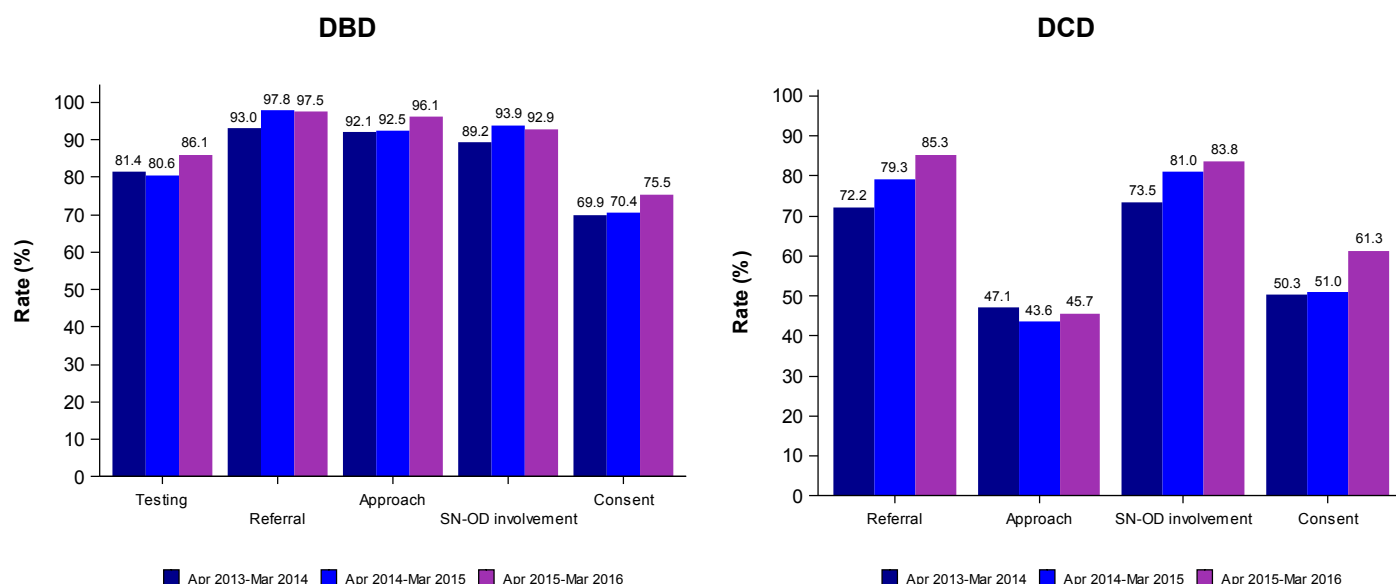


Figure 2.1.2 Key rates on the potential for organ donation, 1 April 2013 - 31 March 2016



2.2 Key numbers, rates and comparison with national targets

The percentages shown in Figure 2.1.1 are also shown in Table 2.2.1 along with the number of patients at each stage. A national comparison and a time period comparison are again provided. A comparison against national DBD and DCD targets has been applied by highlighting the key rates for your Team as gold, silver, bronze, amber, or red. See Appendix A.4 for ranges used. Note that caution should be applied when interpreting percentages based on small numbers.

Table 2.2.1 Key numbers, rates and comparison with national targets, 1 April 2015 - 31 March 2016 (1 April 2014 - 31 March 2015 for comparison)										
		DBD					DCD			
	Target	2015/16 Yorkshire	UK	2014/15 Yorkshire	UK	Target	2015/16 Yorkshire	UK	2014/15 Yorkshire	UK
Patients meeting organ donation referral criteria ¹		122	1,742	139	1,734		652	6,502	699	6,755
Referred to SN-OD		119	1,679	136	1,671		556	5,399	554	5,154
Referral rate %	96%	B 98%	96%	98%	96%	79%	B 85%	83%	79%	76%
Neurological death tested		105	1,472	112	1,445					
Testing rate %	82%	B 86%	85%	81%	83%					
Eligible donors ²		102	1,399	106	1,373		311	4,204	351	4,284
Family approached		98	1,293	98	1,284		142	1,941	153	2,018
Approach rate %	94%	B 96%	92%	92%	94%	47%	B 46%	46%	44%	47%
Family approached and SN-OD involved		91	1,177	92	1,113		119	1,511	124	1,459
% of approaches where SN-OD involved	87%	B 93%	91%	94%	87%	75%	B 84%	78%	81%	72%
Consent given		74	888	69	859		87	1,112	78	1,046
Consent rate %	73%	B 76%	69%	70%	67%	59%	B 61%	57%	51%	52%
Expected consents based on ethnic mix		69		64			81		81	
Expected consent rate based on ethnic mix %		72%		68%			59%		54%	
Actual donors from each pathway		64	784	63	780		42	566	49	493
% of consented donors that became actual donors		86%	88%	91%	91%		48%	51%	63%	47%
Colour key - comparison with funnel plot confidence limits		G Gold A Amber		S Silver R Red			B Bronze			
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 from 1 April 2015 to 31 March 2016 there was one eligible DCD donor whose family consented to donation who is not included in this section because they were either over 80 years of age or did not die in a unit participating in the PDA.

3. Stages Where Opportunities were Lost

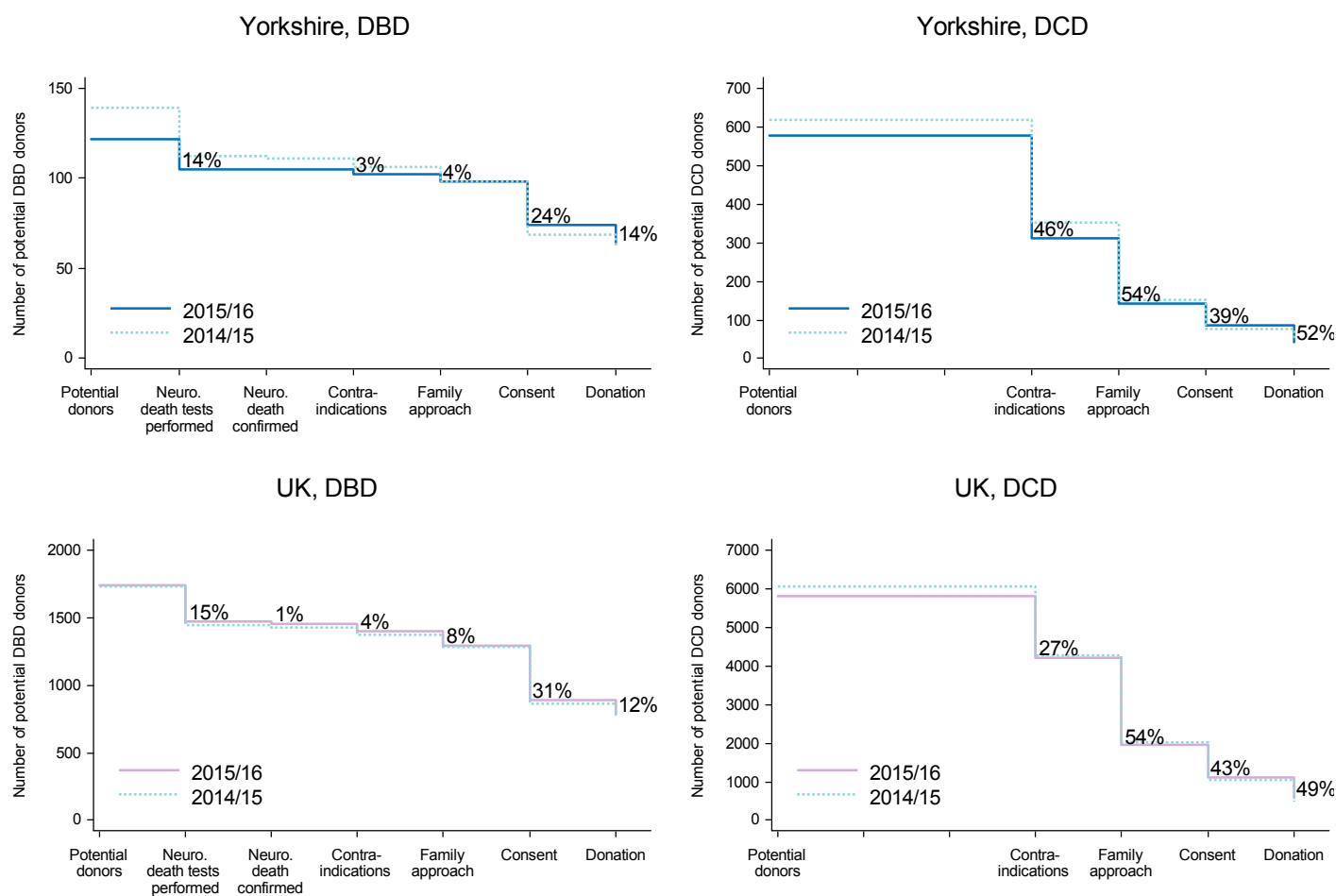
Stages at which potential donors lost the opportunity to become actual donors

3.1 Overview of lost opportunities

Of the 122 potential DBD donors with suspected neurological death, 64 proceeded to donation and 58 did not proceed. Of the 311 eligible DCD donors, 42 proceeded to donation and 269 did not proceed.

Figure 3.1.1 gives an overview of the various stages where opportunities were lost. There are four charts showing DBD and DCD stages separately for the Yorkshire team and the UK, all of which contain a comparison with 2014/15. The number of potential donors is shown on the vertical axis for each chart and at each 'step' the proportion of potential donors lost at that stage is displayed. Caution should be applied when interpreting percentages based on small numbers. Further information is available for individual Trusts in Tables 4.1.1 and 4.1.2 in Section 4.

Figure 3.1.1 Stages at which potential donors lost the opportunity to become actual donors, 1 April 2015 - 31 March 2016 (1 April 2014 - 31 March 2015 for comparison)



3.2 Neurological death testing

A funnel plot of neurological death testing rates is displayed in Figure 3.2.1. The national target for 2015/16 of 82% is also shown on the funnel plot, for information, but the goal is to ensure that neurological death tests are performed wherever possible. For information about how to interpret the funnel plots, please see Appendix A.4.

Figure 3.2.1 Funnel plot of neurological death testing rates, 1 April 2015 - 31 March 2016

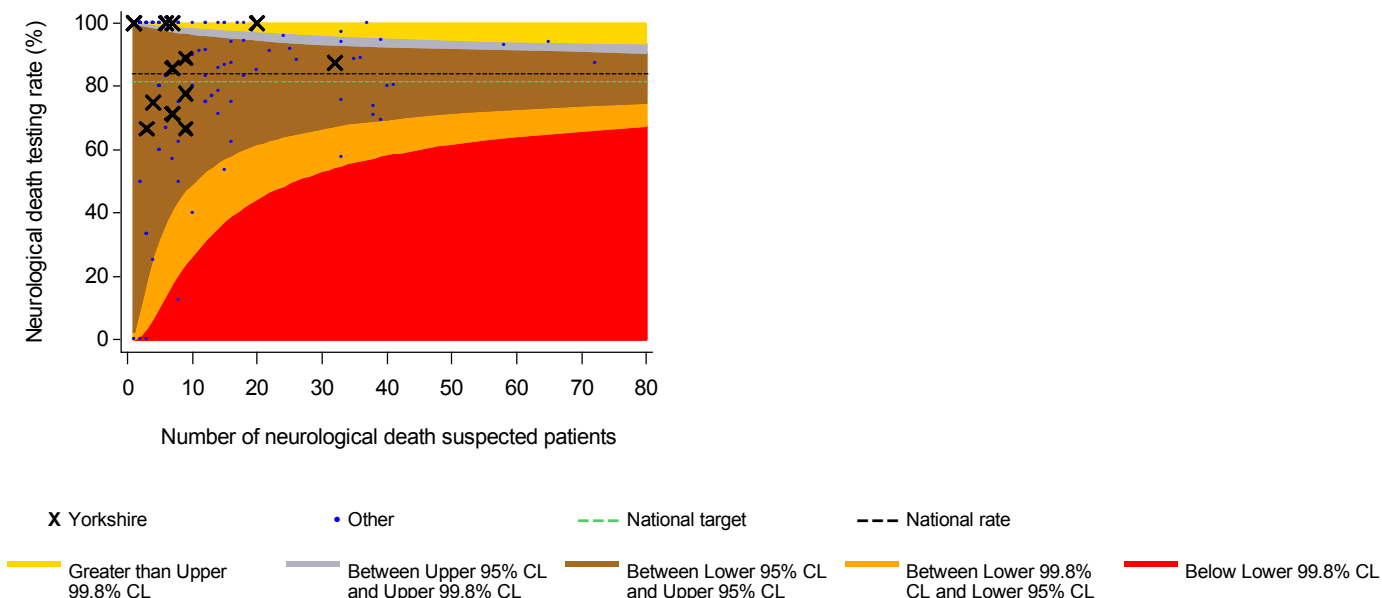


Table 3.2.1 shows the reasons why neurological death tests were not performed, if applicable, for your Team. Patients for whom the reason for not performing neurological tests is given as 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', or 'neonates - less than 2 months post term' are now excluded from the calculation of the neurological death testing rate.

Table 3.2.1 Reasons given for neurological death tests not being performed, 1 April 2015 - 31 March 2016

	N	%
Family declined donation	4	23.5
Patient haemodynamically unstable	6	35.3
Continuing effects of sedatives	1	5.9
Biochemical/endocrine abnormality	2	11.8
Pressure on ICU beds	1	5.9
Medical contraindication to donation	1	5.9
Patient had previously expressed a wish not to donate	1	5.9
Other	1	5.9
Total	17	100.0

If 'other', please contact your local SN-OD for more information, if required.

3.3 Referral to Specialist Nurse - Organ Donation (SN-OD)

Funnel plots of DBD and DCD referral rates are displayed in Figure 3.3.1. The 2015/16 national targets of 96% and 79% for DBD and DCD, respectively, are also shown on the funnel plots, for information. Every patient who meets the referral criteria should be identified and referred to the SN-OD, as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors².

Figure 3.3.1 Funnel plots of referral rates, 1 April 2015 - 31 March 2016

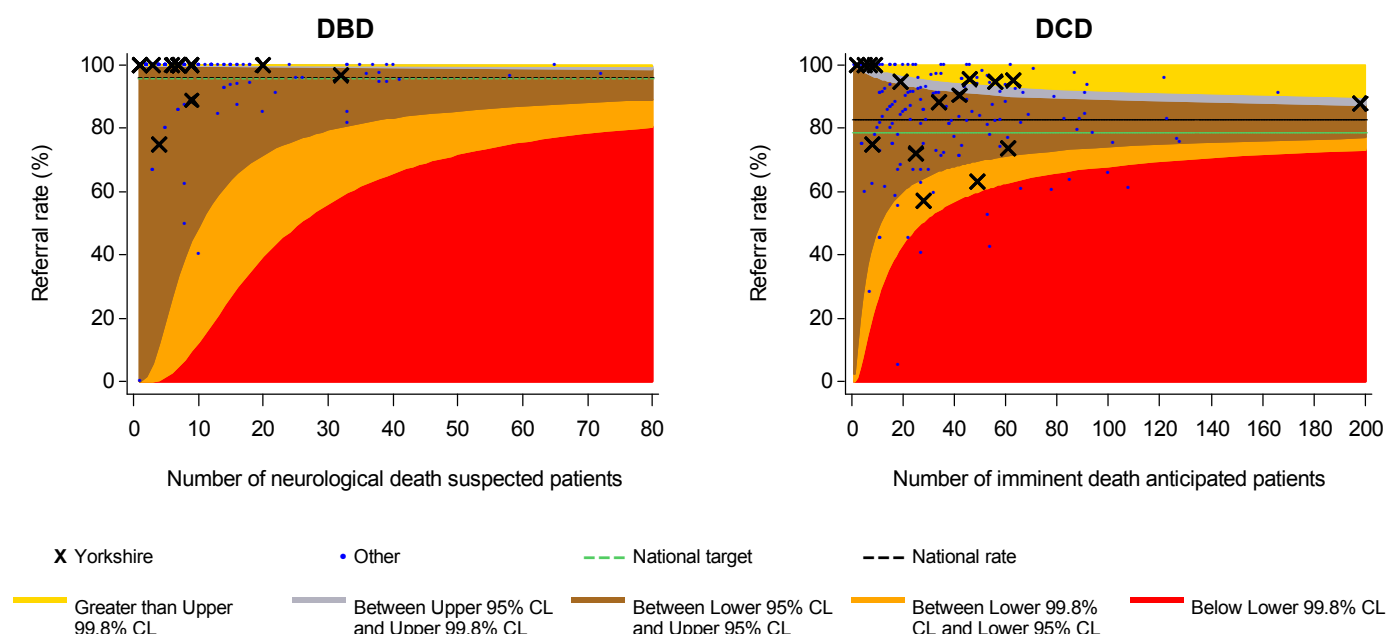


Table 3.3.1 shows the reasons why patients were not referred to a SN-OD, if applicable, for your Team.

	DBD		DCD	
	N	%	N	%
Not identified as a potential donor/organ donation not considered	-	-	20	20.8
Family declined donation following decision to withdraw treatment	-	-	1	1.0
Reluctance to approach family	-	-	1	1.0
Medical contraindications	1	33.3	24	25.0
Thought to be medically unsuitable	-	-	43	44.8
Pressure on ICU beds	-	-	1	1.0
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	1	1.0
Other	2	66.7	5	5.2
Total	3	100.0	96	100.0

If 'other' or 'medical contraindications', please contact your local SN-OD for more information, if required. Please note that patients may appear in this table more than once if they met the referral criteria for both DBD and DCD donation.

Early referral to the SN-OD is important to enable the opportunity for donation to be maximised. Early referral triggers should be in place to ensure all donors are identified to the SN-OD to allow the family the option of organ donation. For patients who were referred, Table 3.3.2 shows the timing of the first contact with the SN-OD by the clinical staff. All patients meeting the referral criteria should be referred as early as possible to enable attendance of the SN-OD to assess suitability for donation and ensure that a planned approach for consent to the family is made in line with NICE CG135¹ and NHSBT Best Practice Guidance on approaching the families of potential organ donors³.

Table 3.3.2 Timing of first contact with a SN-OD by clinical staff, for patients who were referred, 1 April 2015 - 31 March 2016

	DBD		DCD	
	N	%	N	%
Before sedation stopped	7	5.8	11	2.0
Absence of one or more cranial nerve reflexes and GCS of 4 or less not explained by sedation	63	52.1	18	3.2
No sedation or after sedation stopped, decision made to carry out BSD tests, before 1st set of tests	31	25.6	1	0.2
After 1st set and before 2nd set of BSD tests	1	0.8	-	0.0
After neurological death confirmation	1	0.8	-	0.0
Clinical decision to withdraw life-sustaining treatment has been made, before treatment withdrawn	18	14.9	517	93.0
After treatment withdrawn	-	0.0	9	1.6
Not reported	-	0.0	-	0.0
Total	121	100.0	556	100.0

NB, 13 patients with suspected neurological death also went on to meet the referral criteria for DCD donation, and are therefore included twice.

¹ NICE, 2011. *NICE Clinical Guidelines - CG135* [online]. Available at: <<http://publications.nice.org.uk/organ-donation-for-transplantation-improving-donor-identification-and-consent-rates-for-deceased-cg135/recommendations>> [accessed 9 May 2016]

² NHS Blood and Transplant, 2012. *Timely Identification and Referral of Potential Organ Donors - A Strategy for Implementation of Best Practice* [online]. Available at: <<http://www.odt.nhs.uk/pdf/timely-identification-and-referral-potential-donors.pdf>> [accessed 9 May 2016]

³ NHS Blood and Transplant, 2013. *Approaching the Families of Potential Organ Donors – Best Practice Guidance* [online]. Available at: <http://www.odt.nhs.uk/pdf/family_approach_best_practice_guide.pdf> [accessed 9 May 2016]

3.4 Contraindications

Table 3.4.1 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 Team.

**Table 3.4.1 Primary absolute medical contraindications to solid organ donation,
1 April 2015 - 31 March 2016**

	DBD	DCD
Any cancer with evidence of spread outside affected organ (including lymph nodes) within 3 years	1	86
Choriocarcinoma	-	1
Active haematological malignancy (myeloma, lymphoma, leukaemia)	-	24
Other neurodegenerative diseases associated with infectious agents	1	-
HIV disease (but not HIV infection)	-	3
No transplantable organ in accordance with organ specific contraindications	1	151
Total	3	265

3.5 Family approach

Funnel plots of DBD and DCD family approach rates are displayed in Figure 3.5.1. The 2015/16 national targets of 93.5% and 47% for DBD and DCD, respectively, are also shown on the plots, for information. All families of eligible donors should be formally approached for a decision about organ donation.

Figure 3.5.1 Funnel plots of approach rates, 1 April 2015 - 31 March 2016

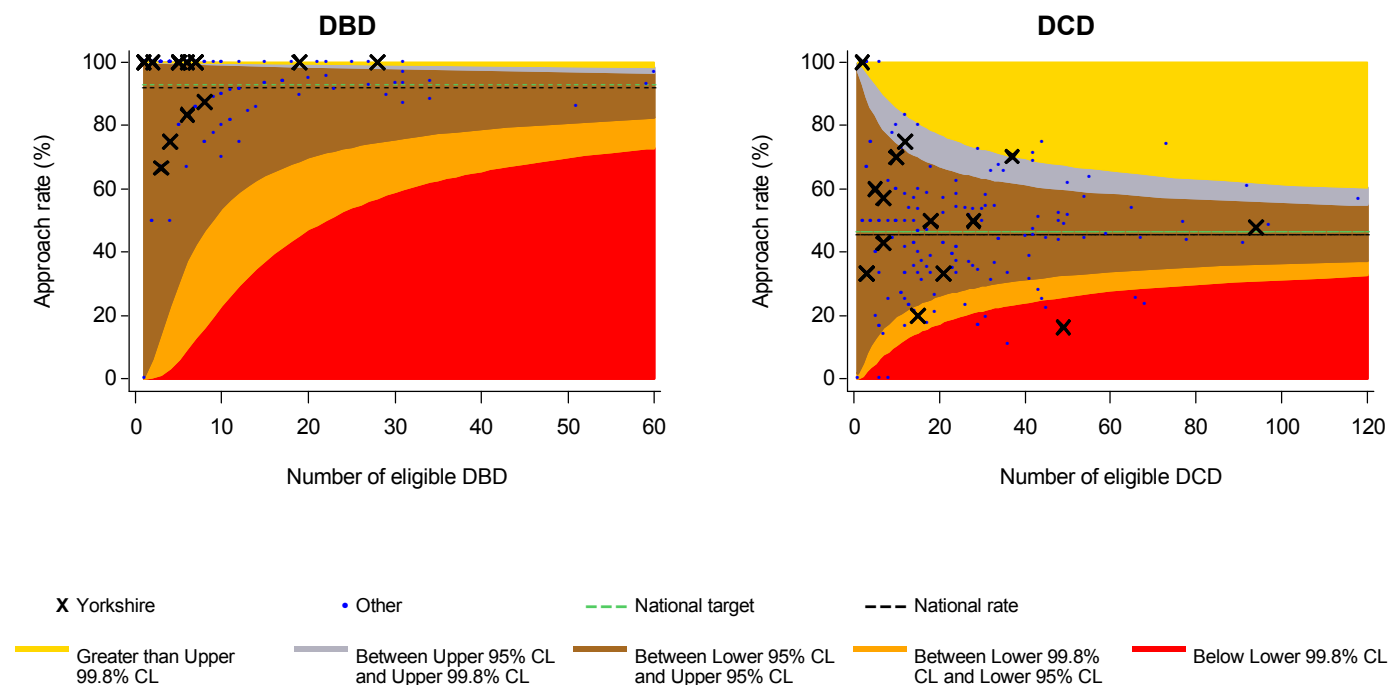


Table 3.5.1 shows the reasons why patients were not formally approached for a decision about organ donation, if applicable, for your Team.

Table 3.5.1 Reasons given why family not formally approached, 1 April 2015 - 31 March 2016

	DBD		DCD	
	N	%	N	%
Family stated that they would not consent/authorise before they were formally approached	1	25.0	3	1.8
Family untraceable	-	-	3	1.8
Family considered too upset to approach	-	-	3	1.8
Coroner/Procurator Fiscal refused permission	1	25.0	7	4.1
Patient's general medical condition	-	-	79	46.7
Other medical reason	-	-	28	16.6
Pressure on ICU beds	-	-	2	1.2
Other	2	50.0	16	9.5
Not identified as a potential donor / organ donation not considered	-	-	26	15.4
Patient had previously expressed a wish not to donate	-	-	2	1.2
Total	4	100.0	169	100.0

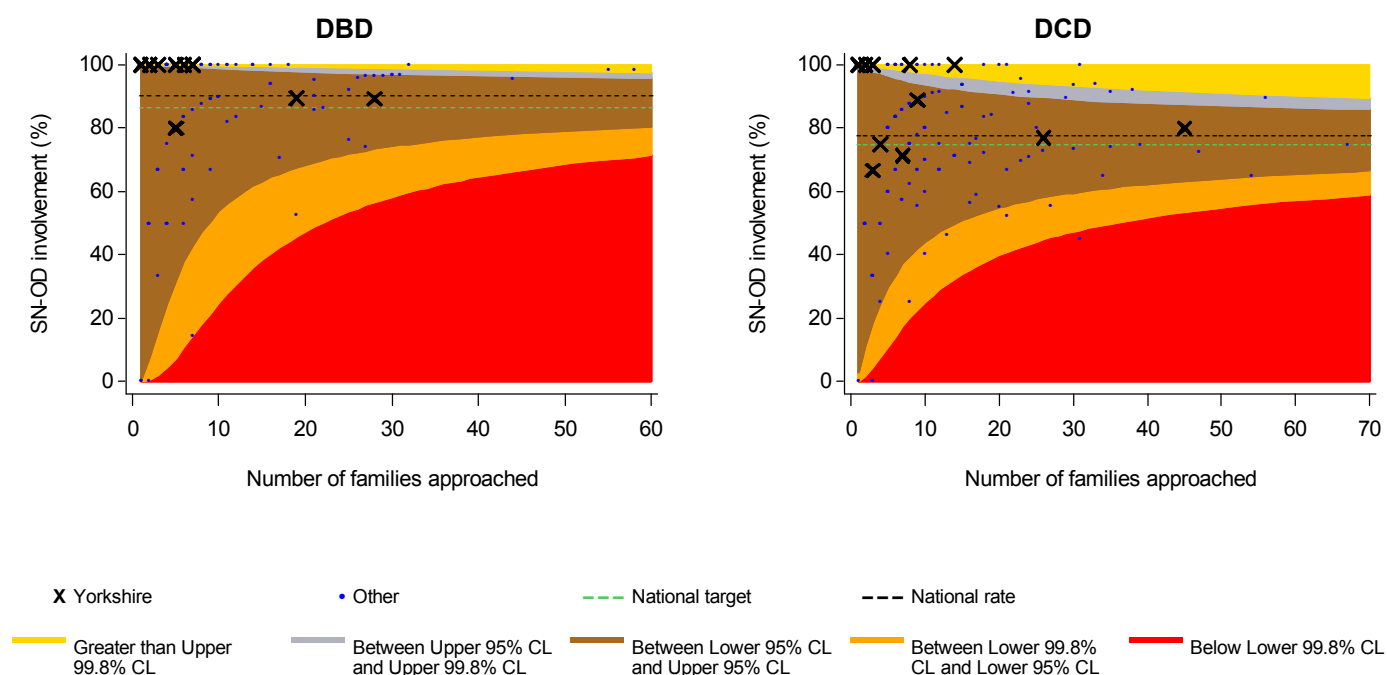
If 'other', please contact your local SN-OD for more information, if required.

3.6 Proportion of approaches involving a SN-OD

In the UK, in 2015/16, when a SN-OD was not involved in the approach to the family for a decision about organ donation, DBD and DCD consent rates were 51% and 24%, respectively, compared with DBD and DCD consent rates of 70% and 67%, respectively, when a SN-OD was involved. NICE CG135¹ and NHSBT Best Practice Guidance on approaching the families of potential organ donors³ reinforces that every approach to those close to the patient should be planned with the multidisciplinary team (MDT), should involve the SN-OD and should be clearly planned taking into account the known wishes of the patient. The 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.

Funnel plots of DBD and DCD SN-OD involvement rates are displayed in Figure 3.6.1. The 2015/16 national targets of 87% and 75% for DBD and DCD, respectively, are also shown, for information. A SN-OD should be actively involved in the formal approach to the family and an approach plan made and followed.

Figure 3.6.1 Funnel plots of SN-OD involvement rates, 1 April 2015 - 31 March 2016



3.7 Consent

Funnel plots of DBD and DCD consent rates are displayed in Figure 3.7.1. The 2015/16 national targets of 72.5% and 58.5% for DBD and DCD, respectively, are also shown, for information.

Figure 3.7.1 Funnel plot of consent rates, 1 April 2015 - 31 March 2016

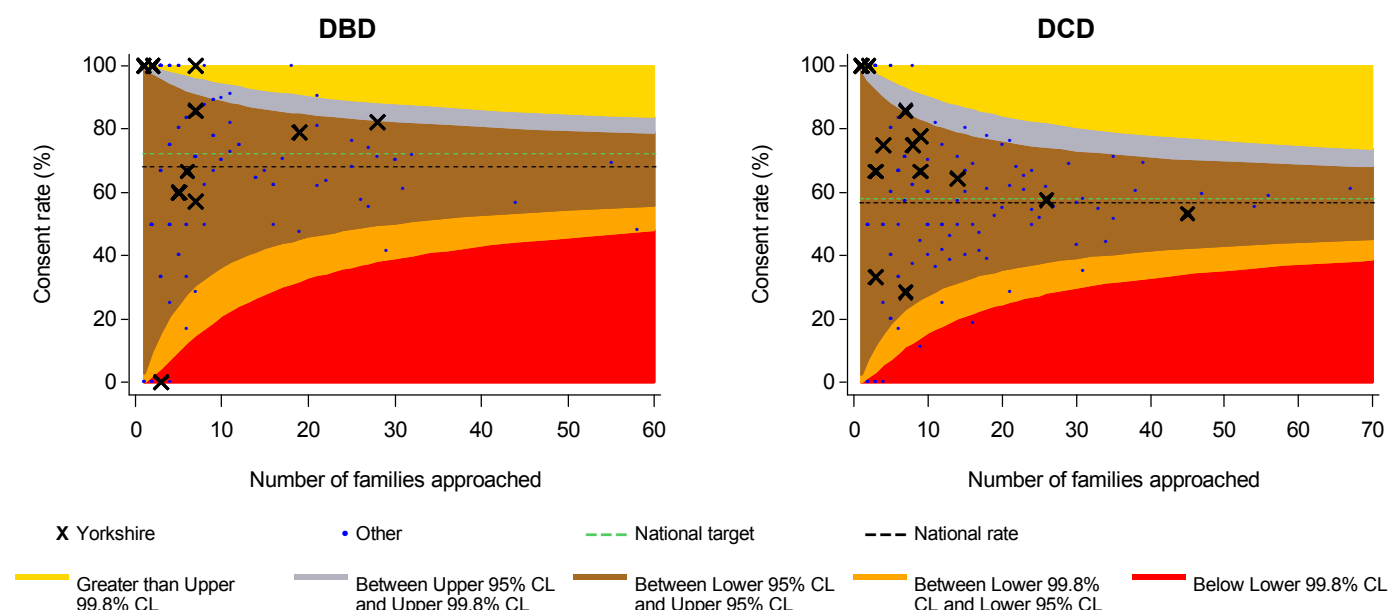


Table 3.7.1 shows the reasons why families did not give consent, if applicable, for your Team.

Table 3.7.1 Reasons given why family did not give consent, 1 April 2015 - 31 March 2016

	DBD		DCD	
	N	%	N	%
Patient previously expressed a wish not to donate	4	16.7	9	16.4
Family were not sure whether the patient would have agreed to donation	1	4.2	9	16.4
Family did not believe in donation	3	12.5	7	12.7
Family felt it was against their religious/cultural beliefs	2	8.3	-	-
Family were divided over the decision	-	-	1	1.8
Family felt the patient had suffered enough	2	8.3	2	3.6
Family did not want surgery to the body	1	4.2	5	9.1
Family wanted to stay with the patient after death	-	-	1	1.8
Family had difficulty understanding/accepting neurological testing	2	8.3	2	3.6
Family felt the length of time for donation process was too long	1	4.2	8	14.5
Family felt the body needs to be buried whole (unrelated to religious or cultural reasons)	1	4.2	1	1.8
Strong refusal - probing not appropriate	3	12.5	4	7.3
Other	4	16.7	6	10.9
Total	24	100.0	55	100.0

If 'other', please contact your local SN-OD for more information, if required.

3.8 Reasons why solid organ donation did not occur

Table 3.8.1 shows the reasons why solid organ donation did not occur, if applicable, for your Team.

Table 3.8.1 Reasons why solid organ donation did not occur, 1 April 2015 - 31 March 2016				
	DBD		DCD	
	N	%	N	%
Coroner/ Procurator Fiscal refusal	2	20.0	2	4.4
Organs deemed medically unsuitable by recipient centres	6	60.0	7	15.6
Organs deemed medically unsuitable on surgical inspection	-	-	1	2.2
Prolonged time to asystole	-	-	29	64.4
General instability	-	-	2	4.4
Positive virology	-	-	1	2.2
Other	2	20.0	3	6.7
Total	10	100.0	45	100.0
If 'other', please contact your local SN-OD for more information, if required.				

4. PDA data by Trust

A summary of key numbers and rates from the PDA by Trust

4.1 Key numbers and rates by Trust

Tables 4.1.1 and 4.1.2 show the key numbers and rates for patients who met the DBD and/or DCD referral criteria, respectively. Caution should be applied when interpreting percentages based on small numbers.

Table 4.1.1 Patients who met the DBD referral criteria - key numbers and rates, 1 April 2015 - 31 March 2016 (1 April 2014 - 31 March 2015 for comparison)													
Patients where neurological death was suspected	Patients that were tested	Neurological death testing rate (%)	Patients where neurological death was suspected that were referred to SN-OD	DBD referral rate (%)	Patients confirmed dead by neurological testing	Eligible DBD donors (Death confirmed by neurological tests and no absolute contra-indications)	Eligible DBD donors whose family were approached	DBD approach rate (%)	Families consenting donation	DBD consent rate (%)	Actual DBD and DCD donors from eligible DBD donors	DBD SN-OD involvement rate (%)	
1 April 2015 to 31 March 2016													
Airedale NHS Foundation Trust	1	1	100	1	100	1	1	100	1	100	1	100	
Barnsley Hospital NHS Foundation Trust	3	2	67	3	100	2	2	100	2	100	2	100	
Bradford Teaching Hospitals NHS Foundation Trust	9	8	89	9	100	8	8	88	4	57	4	100	
Calderdale and Huddersfield NHS Foundation Trust	7	6	86	7	100	6	6	100	4	67	4	100	
Chesterfield Royal Hospital NHS Foundation Trust	0	0	-	0	-	0	0	-	0	-	0	-	
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	6	6	100	6	100	6	4	75	0	0	0	100	
Harrogate and District NHS Foundation Trust	7	5	71	7	100	5	5	100	3	60	3	80	
Hull and East Yorkshire Hospitals NHS Trust	9	7	78	8	89	7	7	100	7	100	6	100	
Leeds Teaching Hospitals NHS Trust	32	28	88	31	97	28	28	100	23	82	20	89	
Mid Yorkshire Hospitals NHS Trust	9	6	67	9	100	6	6	83	3	60	3	100	
Northern Lincolnshire and Goole NHS Foundation Trust	4	3	75	3	75	3	3	67	2	100	0	100	
Sheffield Children's NHS Foundation Trust	0	0	-	0	-	0	0	-	0	-	0	-	
Sheffield Teaching Hospitals NHS Foundation Trust	20	20	100	20	100	20	19	100	15	79	13	89	
The Rotherham NHS Foundation Trust	1	1	100	1	100	1	1	100	1	100	0	100	
United Lincolnshire Hospitals NHS Trust	7	5	71	7	100	5	5	100	3	60	3	80	
York Teaching Hospital NHS Foundation Trust	7	7	100	7	100	7	7	100	6	86	5	100	
1 April 2014 to 31 March 2015 (for comparison purposes)													

**Table 4.1.1 Patients who met the DBD referral criteria - key numbers and rates,
1 April 2015 - 31 March 2016 (1 April 2014 - 31 March 2015 for comparison)**

Patients where neurological death was suspected	Patients that were tested	Neurological death testing rate (%)	Patients where neurological death was suspected that were referred to SN-OD	DBD referral rate (%)	Patients confirmed dead by neurological testing	Eligible DBD donors (Death confirmed by neurological tests and no absolute contra-indications)	Eligible DBD donors whose family were approached	DBD approach rate (%)	Families consenting donation	DBD consent rate (%)	Actual DBD and DCD donors from eligible DBD donors	DBD SN-OD involvement rate (%)
<i>Airedale NHS Foundation Trust</i>												
0	0	-	0	-	0	0	0	-	0	-	0	-
<i>Barnsley Hospital NHS Foundation Trust</i>												
4	4	100	4	100	4	4	4	100	3	75	2	100
<i>Bradford Teaching Hospitals NHS Foundation Trust</i>												
4	4	100	4	100	4	4	4	100	2	50	2	100
<i>Calderdale and Huddersfield NHS Foundation Trust</i>												
6	4	67	6	100	4	4	3	75	3	100	3	100
<i>Chesterfield Royal Hospital NHS Foundation Trust</i>												
5	5	100	5	100	5	5	5	100	4	80	4	100
<i>Doncaster and Bassetlaw Hospitals NHS Foundation Trust</i>												
12	12	100	12	100	12	11	11	100	9	82	8	100
<i>Harrogate and District NHS Foundation Trust</i>												
0	0	-	0	-	0	0	0	-	0	-	0	-
<i>Hull and East Yorkshire Hospitals NHS Trust</i>												
9	7	78	8	89	7	7	7	100	4	57	4	86
<i>Leeds Teaching Hospitals NHS Trust</i>												
28	24	86	27	96	23	23	19	83	15	79	13	95
<i>Mid Yorkshire Hospitals NHS Trust</i>												
12	9	75	12	100	9	9	7	78	4	57	3	86
<i>Northern Lincolnshire and Goole NHS Foundation Trust</i>												
1	1	100	1	100	1	1	1	100	1	100	1	100
<i>Sheffield Children's NHS Foundation Trust</i>												
3	1	33	3	100	1	1	1	100	1	100	1	100
<i>Sheffield Teaching Hospitals NHS Foundation Trust</i>												
33	27	82	33	100	27	24	24	100	14	58	14	92
<i>The Rotherham NHS Foundation Trust</i>												
3	3	100	3	100	3	3	3	100	1	33	1	100
<i>United Lincolnshire Hospitals NHS Trust</i>												
13	6	46	12	92	6	5	4	80	4	100	4	100
<i>York Teaching Hospital NHS Foundation Trust</i>												
6	5	83	6	100	5	5	5	100	4	80	3	80

**Table 4.1.2 Patients who met the DCD referral criteria - key numbers and rates,
1 April 2015 - 31 March 2016 (1 April 2014 - 31 March 2015 for comparison)**

Patients for whom imminent death was anticipated	Patients for whom imminent death was anticipated that were referred to SN-OD	DCD referral rate (%)	Patients for whom treatment was withdrawn	Eligible DCD donors (Imminent death anticipated and treatment withdrawn with no absolute contra-indications)	Eligible DCD donors whose family were approached	DCD approach rate (%)	Families consenting donation	DCD consent rate (%)	Actual DCD donors from eligible DCD donors	DCD SN-OD involvement rate (%)	
1 April 2015 to 31 March 2016											
Airedale NHS Foundation Trust	5	5	100	3	3	1	33	1	100	1	100
Barnsley Hospital NHS Foundation Trust	25	18	72	23	7	4	57	3	75	2	75
Bradford Teaching Hospitals NHS Foundation Trust	19	18	95	14	10	7	70	6	86	1	71
Calderdale and Huddersfield NHS Foundation Trust	34	30	88	34	12	9	75	7	78	5	89
Chesterfield Royal Hospital NHS Foundation Trust	7	7	100	5	0	0	-	0	-	0	-
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	28	16	57	27	5	3	60	1	33	0	67
Harrogate and District NHS Foundation Trust	8	6	75	8	7	3	43	2	67	0	100
Hull and East Yorkshire Hospitals NHS Trust	61	45	74	58	37	26	70	15	58	9	77
Leeds Teaching Hospitals NHS Trust	198	174	88	160	94	45	48	24	53	9	80
Mid Yorkshire Hospitals NHS Trust	63	60	95	62	49	8	16	6	75	2	100
Northern Lincolnshire and Goole NHS Foundation Trust	42	38	90	31	15	3	20	2	67	1	100
Sheffield Children's NHS Foundation Trust	2	2	100	2	2	2	100	2	100	2	100
Sheffield Teaching Hospitals NHS Foundation Trust	56	53	95	52	28	14	50	9	64	7	100
The Rotherham NHS Foundation Trust	9	9	100	5	3	1	33	1	100	1	100
United Lincolnshire Hospitals NHS Trust	46	44	96	44	21	7	33	2	29	1	71
York Teaching Hospital NHS Foundation Trust	49	31	63	48	18	9	50	6	67	1	89
1 April 2014 to 31 March 2015 (for comparison purposes)											
Airedale NHS Foundation Trust	4	2	50	4	2	1	50	1	100	1	100
Barnsley Hospital NHS Foundation Trust	35	28	80	34	11	9	82	6	67	5	100
Bradford Teaching Hospitals NHS Foundation Trust	8	4	50	8	7	4	57	3	75	1	100
Calderdale and Huddersfield NHS Foundation Trust	54	49	91	51	24	10	42	7	70	5	80
Chesterfield Royal Hospital NHS Foundation Trust	24	19	79	19	7	5	71	3	60	2	100
Doncaster and Bassetlaw Hospitals NHS Foundation Trust											

**Table 4.1.2 Patients who met the DCD referral criteria - key numbers and rates,
1 April 2015 - 31 March 2016 (1 April 2014 - 31 March 2015 for comparison)**

Patients for whom imminent death was anticipated	Patients for whom imminent death was anticipated that were referred to SN-OD	DCD referral rate (%)	Patients for whom treatment was withdrawn	Eligible DCD donors (Imminent death anticipated and treatment withdrawn with no absolute contra-indications)	Eligible DCD donors whose family were approached	DCD approach rate (%)	Families consenting donation	DCD consent rate (%)	Actual DCD donors from eligible DCD donors	DCD SN-OD involvement rate (%)
29	14	48	29	1	1	100	0	0	0	100
<i>Harrogate and District NHS Foundation Trust</i>										
12	8	67	9	3	1	33	0	0	0	100
<i>Hull and East Yorkshire Hospitals NHS Trust</i>										
68	52	76	62	41	23	56	8	35	7	70
<i>Leeds Teaching Hospitals NHS Trust</i>										
170	155	91	147	88	42	48	27	64	14	93
<i>Mid Yorkshire Hospitals NHS Trust</i>										
57	50	88	49	38	12	32	1	8	0	67
<i>Northern Lincolnshire and Goole NHS Foundation Trust</i>										
50	49	98	32	19	2	11	0	0	0	50
<i>Sheffield Children's NHS Foundation Trust</i>										
6	2	33	6	3	2	67	1	50	1	50
<i>Sheffield Teaching Hospitals NHS Foundation Trust</i>										
61	50	82	56	38	20	53	7	35	4	75
<i>The Rotherham NHS Foundation Trust</i>										
12	12	100	8	4	4	100	1	25	1	50
<i>United Lincolnshire Hospitals NHS Trust</i>										
71	35	49	69	41	9	22	7	78	6	100
<i>York Teaching Hospital NHS Foundation Trust</i>										
38	25	66	34	24	8	33	6	75	2	50

Tables 4.1.1 and 4.1.2 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 the Yorkshire team in 2015/16 there were 32 such patients.

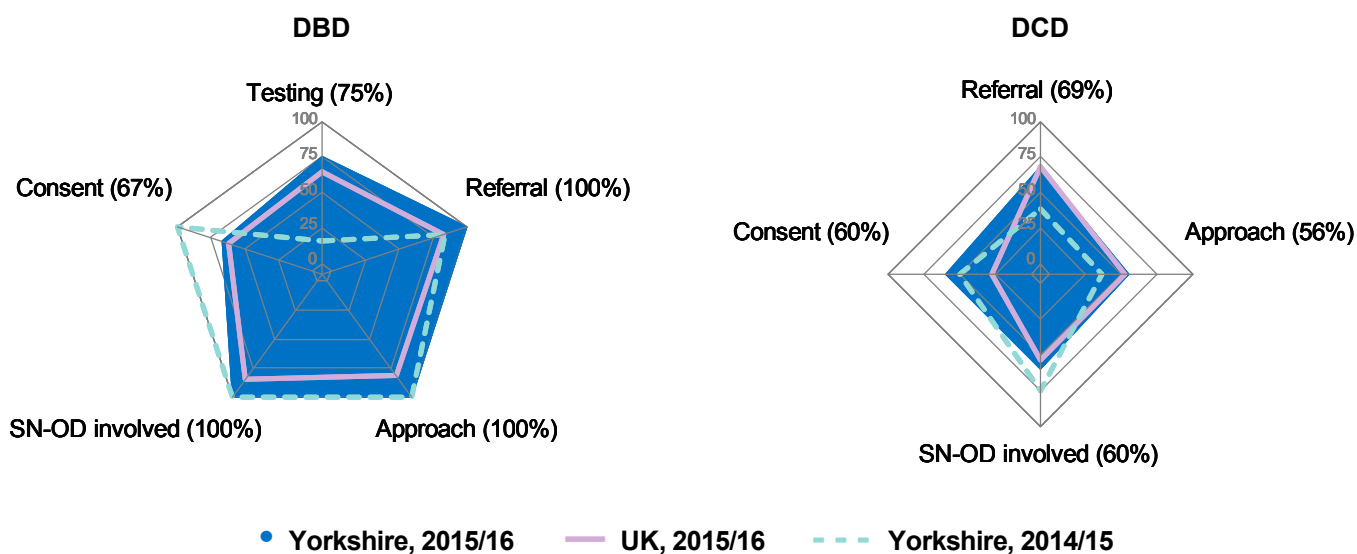
It is acknowledged that the PDA does not capture all activity. In total there were 64 patients referred in 2015/16 who are not included in Section 2 onwards because they were either over 80 years of age or did not die in a unit participating in the PDA. None of these are included in Section 1 because they did not become a solid organ donor.

5. Paediatric ICU data

A summary of key rates from the PDA for Paediatric ICUs

5.1 PICU data

The UK average rates for paediatric ICUs are displayed on the radar charts along with the rates achieved by the paediatric ICUs covered by your Team. A comparison is also provided for the equivalent period last year. Caution should be applied when interpreting percentages based on small numbers. Note that neonatal ICUs have not been included.

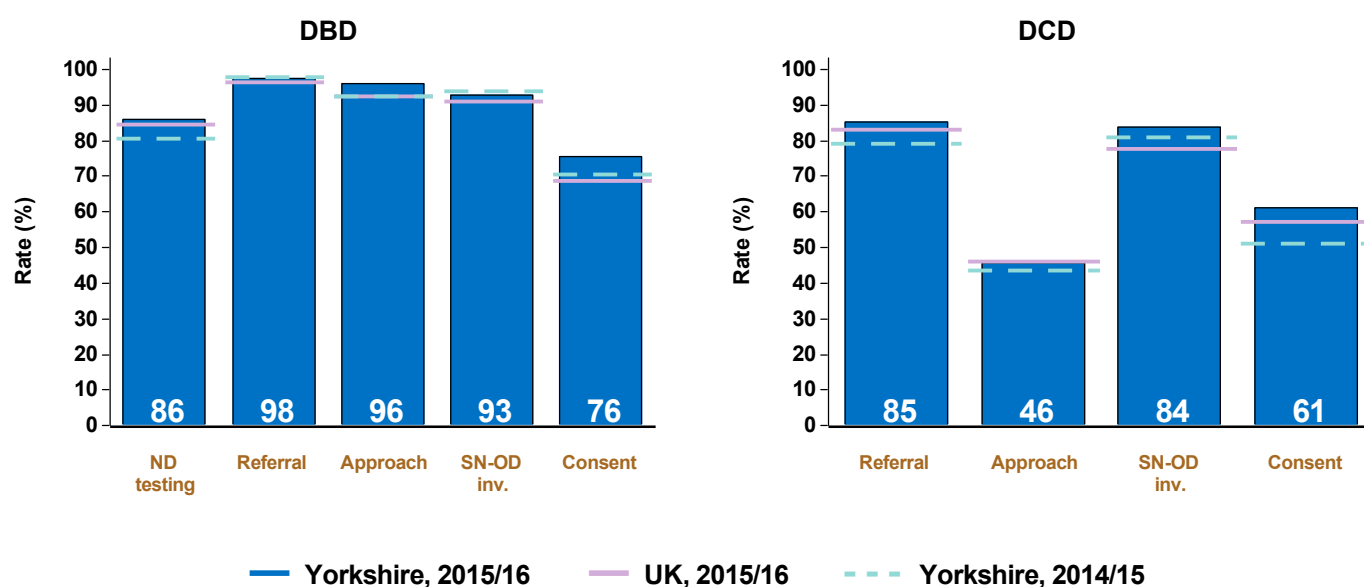


Appendices

Appendix A.1 Bar charts of key rates

Figure A.1.1 shows the same information as the radar charts in Section 2 but in an alternative format. The bars show the latest rates for your Team. Purple lines have been superimposed to provide a comparison with the UK and turquoise dashed lines show the rates achieved by your Team in the equivalent period last year. The colour of the rate label indicates the Team performance as shown in the appropriate funnel plot using the gold, silver, bronze, amber, and red (GoSBAR) scheme.

Figure A.1.1 DBD and DCD key rates



Appendix A.2 Definitions

POTENTIAL DONOR AUDIT / REFERRAL RECORD	
Data excluded	Patients who did not die on a critical care unit or an emergency department and patients aged over 80 years are excluded.
Donors after brain death (DBD)	
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 (SN-OD)
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: http://www.odt.nhs.uk/pdf/contraindications_to_organ_donation.pdf
Family approached for consent / authorisation	Family of eligible DBD asked to make a decision on donation
Family consented / authorised	Family consented to / authorised donation
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 SN-OD
Approach rate	Percentage of eligible DBD families approached for consent /authorisation for donation
Consent / authorisation rate	Percentage of families approached about donation that consented to / authorised donation
Expected consent / authorisation rate	The expected consent / authorisation rate given the ethnicity case mix (white or BAME (black, asian and minority ethnic)), based on those patients whose family were approached for consent /authorisation and patient ethnicity was known
SN-OD involvement rate	Percentage of family approaches where a SN-OD was involved
SN-OD consent / authorisation rate	Percentage of families approached about donation by a SN-OD that consented to / authorised donation

Donors after circulatory death (DCD)

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 4 hours
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 SN-OD
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: http://www.odt.nhs.uk/pdf/contraindications_to_organ_donation.pdf
Family approached for consent / authorisation	Family of eligible DCD asked to make a decision on donation
Family consented / authorised	Family consented to / authorised donation
Actual DCD	DCD patients who became actual DCD as reported through the PDA
Referral rate	Percentage of patients for whom imminent death was anticipated who were discussed with the SN-OD
Approach rate	Percentage of eligible DCD families approached for consent /authorisation for donation
Consent / authorisation rate	Percentage of families approached about donation that consented to / authorised donation
Expected consent / authorisation rate	The expected consent / authorisation rate given the ethnicity case mix (white or BAME (black, asian and minority ethnic)), based on those patients whose family were approached for consent /authorisation and patient ethnicity was known
SN-OD involvement rate	Percentage of family approaches where a SN-OD was involved
SN-OD consent / authorisation rate	Percentage of families approached about donation by a SN-OD that consented to / authorised donation

UK Transplant Registry (UKTR)

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 number of donors. The maximum number of solid organs that can be donated are 7 for a DBD and 6 for a DCD.
Number of organs transplanted	Total number of organs transplanted by organ type

On 1 April 2013 significant changes were made to the PDA. The main changes that should be borne in mind, especially when making comparisons across time periods, are as follows:

- Upper age limit increased from 75 to 80 years.
- Cardiothoracic ICUs included.
- Changes to imminent death definition to be clear that death was anticipated within four hours.
- Contraindications brought in line with current practice.
- Terminology changes, eg 'potential donor' changed to 'eligible donor', for consistency with World Health Organisation definitions.

Appendix A.3 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 for the Yorkshire Team. The report covers the time period 1 April 2015 to 31 March 2016 and data from 1 April 2014 to 31 March 2015 are also provided in certain sections for comparison purposes.

As part of the PDA, patients aged over 80 years of age and those who did not die on a critical care unit or an emergency department are not audited nationally and are therefore excluded from the majority of this report. In addition, some information from this time period 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 UK Transplant Registry, as appropriate.

Some percentages in this report were calculated using small numbers and should therefore be interpreted with caution.

Please refer any queries or requests for further information to your local Specialist Nurse - Organ Donation (SN-OD)

Appendix A.4 Table and figure description

Each table and figure displayed throughout the report is described below to aid interpretation.

1.1 Donor outcomes

- Table 1.1.1 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 for your Team. Results have been displayed separately for donors after brain death (DBD) and donors after circulatory death (DCD).
- Table 1.1.2 The number of organs transplanted by type from donors within your Team has been obtained from the UK Transplant Registry. Further information can be obtained from your local Specialist Nurse – Organ Donation (SN-OD), specifically regarding organs that were not transplanted. Results have been displayed separately for DBD and DCD.

2.1 Key rates

- Figure 2.1.1 Radar charts are displayed showing specific percentage measures of potential donation activity for your Team compared with national data for the UK, and compared with an equivalent time period from the previous financial year, using data from the Potential Donor Audit (PDA). The DBD charts show the percentage of patients tested for neurological death, and all four charts also show the referral rates, approach rates, proportion of approaches involving a SN-OD and observed consent/authorisation rates. Appendix A.2 gives a fuller explanation of terms used.
- The blue shaded area represents your Team, and the national rates are superimposed as a solid purple line for comparison. The equivalent period from the previous year is superimposed as a dashed turquoise line. The fuller the blue shaded area the better. Note that 0% and 'not applicable (N/A)' rates appear the same. The rates have therefore been displayed on the spokes of the radar charts. The rates are coloured using the gold, silver, bronze, amber, and red (GoSBAR) colour scheme to show the performance of one Trust/Board as reflected in the plots (see description in figure 3.2.1 below)
- Note that caution should be applied when interpreting percentages based on small numbers and when comparing time periods.

2.2 Key numbers, rates and comparison with national targets

- Table 2.2.1 A summary of DBD and DCD data and key rates have been obtained from the PDA. A national comparison and a time period comparison are provided. Note that caution should be applied when interpreting percentages based on small numbers and comparing time periods. Appendix A.2 gives a fuller explanation of terms used.
- The key rates are highlighted using the gold, silver, bronze, amber, and red (GoSBAR) colour scheme to show the performance of the Trust/Board as reflected in the funnel plots (see description for figure 3.2.1 below)
- National targets specific to the financial year are displayed throughout Section 3.

3.1 Overview of lost opportunities

- Figure 3.1.1 The stages at which potential donors lose the opportunity to become actual donors have been obtained from the PDA. There are four charts showing the DBD and DCD stages separately for your Team and the UK, all of which contain a comparison against an equivalent period from the previous financial year.
- The number of potential donors is shown on the vertical axis for each chart and at each 'step' the proportion of potential donors lost at that stage is displayed. Caution should be applied when interpreting percentages based on small numbers and comparing time periods.

3.2 Neurological death testing

- Figure 3.2.1 A funnel plot of the neurological death testing rate is displayed using data obtained from the PDA. Each Trust/Board is represented on the plot as a blue dot, although one dot may represent more than one Trust/Board. Trusts/Boards within your Team are shown on the plot as large black crosses. The national target is shown on the plot as a green horizontal dashed line. The national rate is shown on the plot as a black horizontal dashed line, together with 95% and 99.8% confidence limits for this rate. These limits form a 'funnel', shaded using a gold, silver, bronze, amber, and red (GoSBAR) colour scheme. Graphs obtained in this way are known as funnel plots.
- If a Trust/Board lies within the 95% limits, shaded bronze, then that Trust/Board has a rate that is statistically consistent with the national rate. If a Trust/Board lies outside the 95% confidence limits, shaded silver or amber, this serves as an alert that the Trust/Board may have a rate that is significantly different from the national rate. When a Trust/Board lies above the upper 99.8% limit, shaded gold, this indicates a rate that is significantly higher than the national rate, while a Trust/Board that lies below the lower limit, shaded red, has a rate that is significantly lower than the national rate. It is important to note that differences in patient mix have not been accounted for in these plots.
- The funnel plots can also be used to identify the maximum rates currently being achieved by Trusts/Boards with similar donor potential.
- Table 3.2.1 The reasons given for neurological death tests not being performed have been obtained from the PDA, if applicable.

3.3 Referral to Specialist Nurse - Organ Donation

Figure 3.3.1 Funnel plots of DBD and DCD referral rates are displayed using data obtained from the PDA. See description for Figure 3.2.1 above.

Table 3.3.1 The reasons for not referring the patient to the SN-OD have been obtained from the PDA, if applicable.

Table 3.3.2 For patients who were referred, the timings of the first contact with the SN-OD by clinical staff have been obtained from the PDA.

3.4 Contraindications

Table 3.4.1 The primary absolute medical contraindications to solid organ donation have been obtained from the PDA, if applicable.

3.5 Family approach

Figure 3.5.1 Funnel plots of DBD and DCD approach rates are displayed using data obtained from the PDA. See description for Figure 3.2.1 above.

Table 3.5.1 The reasons why families were not formally approached for a decision about solid organ donation have been obtained from the PDA, if applicable.

3.6 Proportion of approaches involving a SN-OD

Figure 3.6.1 Funnel plots of DBD and DCD SN-OD involvement rates are displayed using data obtained from the PDA. See description for Figure 3.2.1 above.

3.7 Consent

Figure 3.7.1 Funnel plots of DBD and DCD consent/authorisation rates are displayed using data obtained from the PDA. See description for Figure 3.2.1 above.

Table 3.7.1 The reasons why families did not give consent/authorisation for solid organ donation have been obtained from the PDA, if applicable.

3.8 Reasons why solid organ donation did not occur

Table 3.8.1 The reasons why solid organ donation did not occur have been obtained from the PDA, if applicable.

4.1 Key numbers and rates by Trusts/Boards within your Team

Table 4.1.1 DBD key numbers and rates by Trusts/Boards covered by your Team have been obtained from the PDA. Data for the current time period are included, along with an equivalent comparison period from the previous year. If the Trusts/Boards are not equivalent for the two time periods, this is due to Trust/Board changes, and/or there were no patients for whom neurological death was suspected or imminent death was anticipated in one of the time periods. Caution should be applied when interpreting percentages based on small numbers and comparing time periods.

Table 4.1.2 DCD key numbers and rates by unit where the patient died have been obtained from the PDA. See description for Table 4.1.1 above.

5.1 PICU data

Figure 5.1.1 Radar charts have been used to display the DBD and DCD key rates from the PDA for paediatric ICUs. The UK average rates for paediatric ICUs are displayed along with the rates achieved by paediatric ICUs covered by your Team. A comparison is also provided for the equivalent period from the previous year. See description for Figure 2.1.1 above. Caution should be applied when interpreting percentages based on small numbers and comparing time periods.

Appendix A.1 Bar charts of key rates

Figure A.1.1 Bar charts have been used to display the DBD and DCD key rates from the PDA. This is an alternative way of displaying the information in Figure 2.1.1. The percentages for your Team in the latest time period are displayed on each bar. Note that caution should be applied when interpreting percentages based on small numbers and comparing time periods.