NHS
Blood and Transplant

Level 4
Data and Meeting Booklet

1st March 2017

Level 4 Meeting Programme

Mary Ward House, 5-7 Tavistock Place, London

Time	Topic	Speaker / Chair
1000-1030	**Arrival and Coffee**	
1030-1100	**Welcome & Objectives**	**Dr Dale Gardiner**
1100-1215	**Best Practice Sharing Session**	
3 Breakout sessions (rotation through all three groups)		
• **Applying PDSA methods to Referral & SNOD Involvement**		
• **CLOD Review Recommendations**		
• **Promoting Organ Donation**		
1215-1300	**Break Out Session 1**	
1300-1345	**Lunch**	
1345-1410	**Improving Organ Utilisation – the role of the donation community**	**Dr Paul Murphy**
1410-1455	**Break Out Session 2**	
1455-1510	**Coffee**	
1510-1555	**Break Out Session 3**	
1555-1600	**Summary and Close**	**Dr Dale Gardiner**

Categorisation of Donation Activity by Level

Level 1	12 or more proceeding donors per year (averaged over two years)	33
Level 2	5-12 (> 5 to < 12) proceeding donors per year (averaged over two years)	45
Level 3	3-5 (≥ 3 to ≤ 5) proceeding donors per year (averaged over two years)	47
Level 4	< 3 proceeding donors per year (averaged over two years)	46

Trusts or Boards

For clarity
12 donors = Level 1
 5 donors = Level 3
 3 donors = Level 3

An additional descriptor is applied to each hospital, as appropriate.

N   = Adult Neuro ICU (29)

P   = Paediatric ICU (25)

T   = Major Trauma Centre (21)
– currently only applies in England pending possible changes in Northern Ireland, Scotland and Wales

Examples
Level 1 (NPT), is a hospital Trust / Board that has 12 or more proceeding donors per year and also has a Neuro ICU, is a Major Trauma Centre and has a Paediatric ICU.
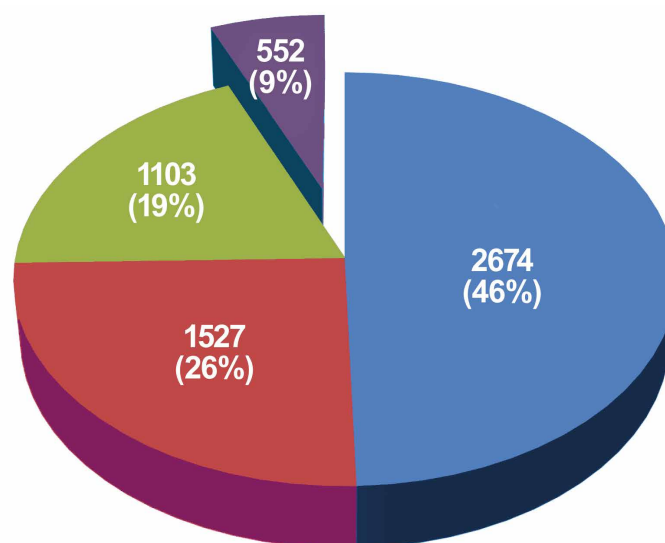Level 3 (P), is a hospital Trust / Board that has ≥ 3 to ≤ 5 proceeding donors per year and has a Paediatric ICU.

UK Donation by Level

Level 1	Level 2	Level 3	Level 4

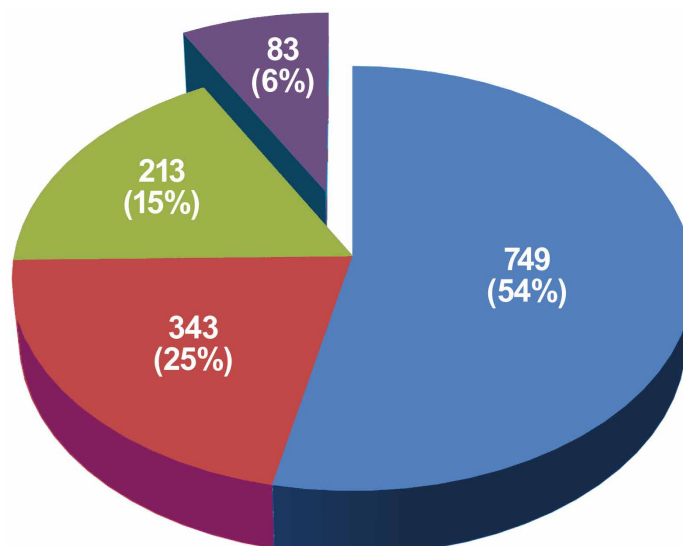## Potential DBD/Eligible DCD donors

1st October 2015 – 30th September 2016

Potential donors after brainstem death (DBD) are defined as patients who have neurological death suspected by meeting all of the following criteria: apnoea, coma from known aetiology and unresponsive, ventilated, fixed pupils. Excluding those for whom cardiac arrest occurred despite resuscitation, brain stem reflexes returned.
Eligible donors after circulatory death (DCD) are defined as patients who had treatment withdrawn and death was anticipated within four hours, with no absolute medical contraindications to solid organ donation.
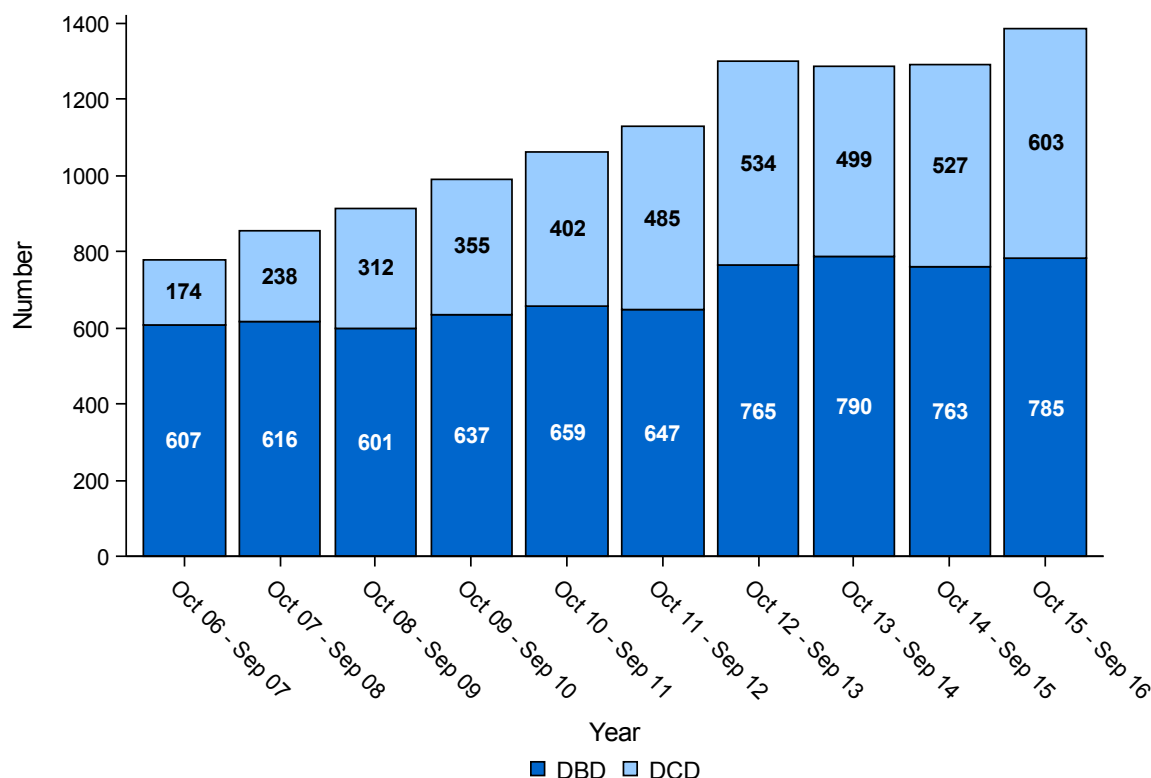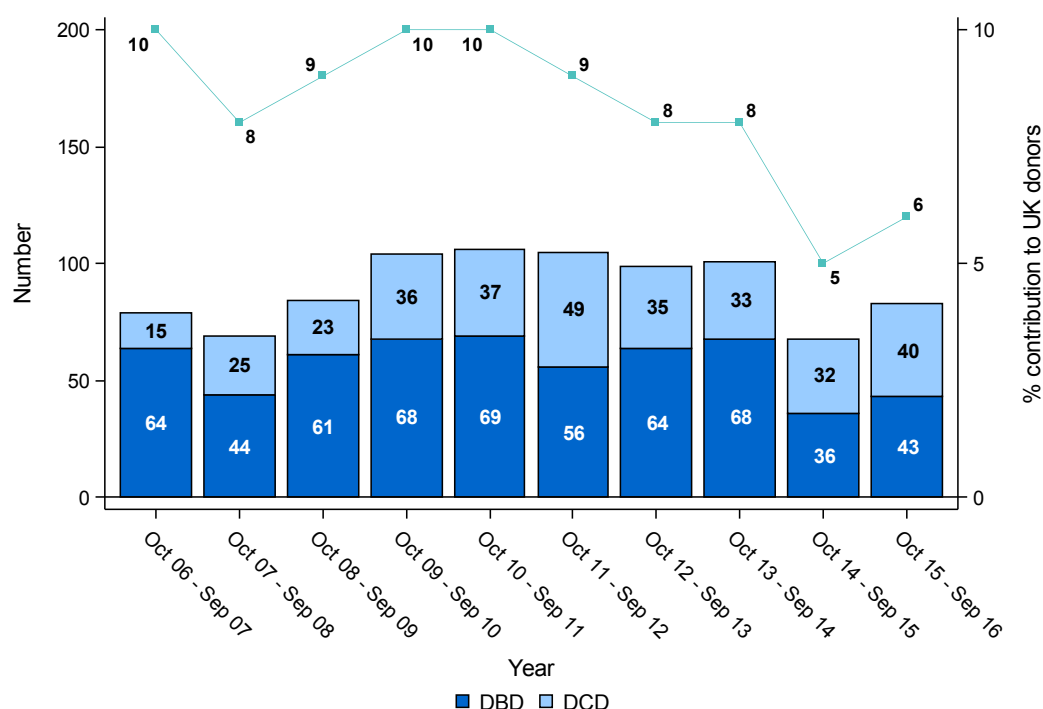
Actual donors

1st October 2015 – 30th September 2016

4

UK actual deceased donors

1st October 2006 – 30th September 2016

Year	DBD	DCD
Oct 06 - Sep 07	607	174
Oct 07 - Sep 08	616	238
Oct 08 - Sep 09	601	312
Oct 09 - Sep 10	637	355
Oct 10 - Sep 11	659	402
Oct 11 - Sep 12	647	485
Oct 12 - Sep 13	765	534
Oct 13 - Sep 14	790	499
Oct 14 - Sep 15	763	527
Oct 15 - Sep 16	785	603

Level 4 Group actual deceased donors

1st October 2006 – 30th September 2016

Year	DBD	DCD	% contribution
Oct 06 - Sep 07	64	15	10
Oct 07 - Sep 08	44	25	8
Oct 08 - Sep 09	61	23	9
Oct 09 - Sep 10	68	36	10
Oct 10 - Sep 11	69	37	10
Oct 11 - Sep 12	56	49	9
Oct 12 - Sep 13	64	35	8
Oct 13 - Sep 14	68	33	8
Oct 14 - Sep 15	36	32	5
Oct 15 - Sep 16	43	40	6

Level 4 Group actual deceased donors

1st October 2015 – 30th September 2016
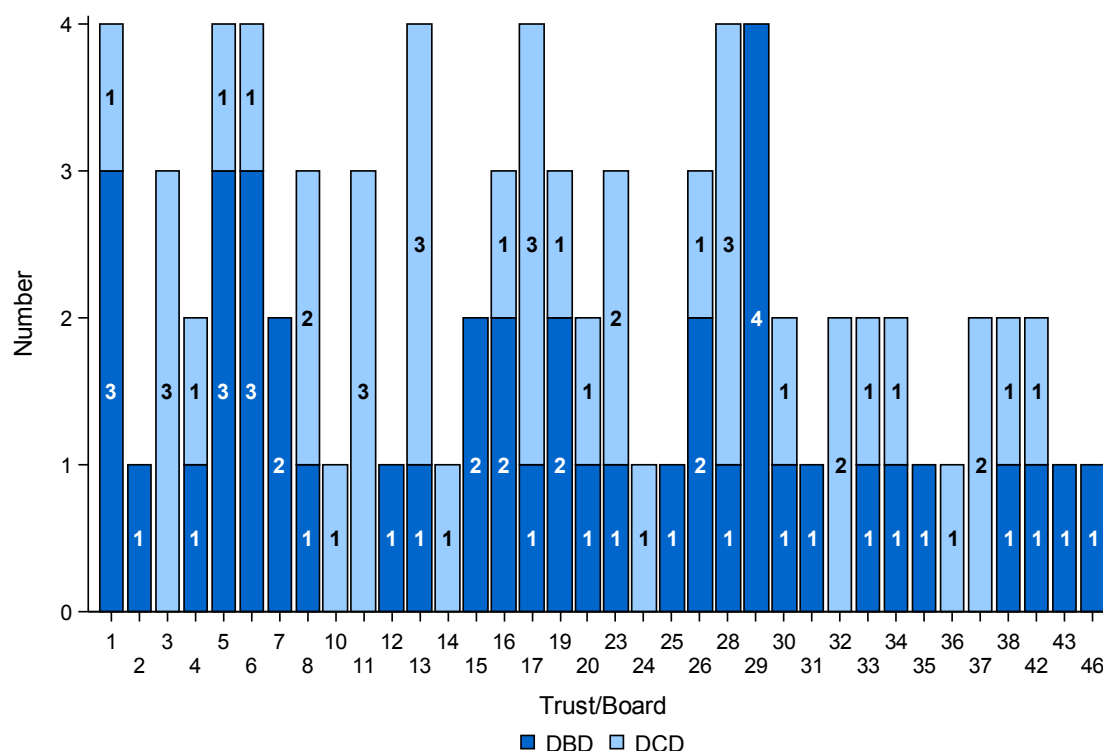
Level Four Hospitals (46)

Key	Trust/Board
1	Airedale NHS Foundation Trust
2	Alder Hey Children's NHS Foundation Trust
3	Bedford Hospital NHS Trust
4	Birmingham Children's Hospital NHS Foundation Trust
5	Bolton NHS Foundation Trust
6	Burton Hospitals NHS Foundation Trust
7	Chelsea and Westminster Hospital NHS Foundation Trust
8	Croydon Health Services NHS Trust
9	East Cheshire NHS Trust
10	Epsom and St Helier University Hospitals NHS Trust
11	Gateshead Health NHS Foundation Trust
12	George Eliot Hospital NHS Trust
13	Golden Jubilee National Hospital
14	Great Ormond Street Hospital For Children NHS Foundation Trust
15	Guernsey
16	Harrogate and District NHS Foundation Trust
17	Hinchingbrooke Health Care NHS Trust
18	Homerton University Hospital NHS Foundation Trust
19	Isle of Man
20	Jersey
21	Kingston Hospital NHS Foundation Trust
22	Liverpool Heart and Chest Hospital NHS Foundation Trust
23	Mid Cheshire Hospitals NHS Foundation Trust
24	NHS Borders
25	Northern Devon Healthcare NHS Trust
26	Northern Health and Social Care Trust
27	Northern Lincolnshire and Goole NHS Foundation Trust
28	Peterborough and Stamford Hospitals NHS Foundation Trust
29	Royal Liverpool and Broadgreen University Hospitals NHS Trust
30	Royal Surrey County Hospital NHS Foundation Trust
31	Salisbury NHS Foundation Trust
32	Sheffield Children's NHS Foundation Trust
33	South Tyneside NHS Foundation Trust
34	Southport and Ormskirk Hospital NHS Trust
35	Stockport NHS Foundation Trust
36	Tameside Hospital NHS Foundation Trust
37	The Dudley Group Of Hospitals NHS Foundation Trust
38	The Hillingdon Hospitals NHS Foundation Trust
39	The Princess Alexandra Hospital NHS Trust
40	The Rotherham NHS Foundation Trust
41	The Royal Marsden NHS Foundation Trust
42	The Royal Wolverhampton Hospitals NHS Trust
43	The Whittington Hospital NHS Trust
44	Walsall Healthcare NHS Trust
45	Weston Area Health NHS Trust
46	Yeovil District Hospital NHS Foundation Trust

Level 4: Missed opportunities by Trust/Board
1st October 2015 – 30th September 2016

Note that patients may appear in more than one group
(N) = the number of opportunities

| Trust/Board	Number not neurological death tested	Number not referred		Number of families approached without SNOD involvement		Number not consenting	
		DBD	DCD	DBD	DCD	DBD	DCD
Airedale NHS Foundation Trust	0 (3)	0 (3)	2 (4)	0 (3)	0 (1)	0 (3)	0 (1)
Alder Hey Children's NHS Foundation Trust	5 (8)	5 (8)	21 (23)	2 (3)	3 (4)	1 (3)	4 (4)
Bedford Hospital NHS Trust	0 (0)	0 (0)	2 (23)	0 (0)	0 (3)	0 (0)	0 (3)
Birmingham Children's Hospital NHS Foundation Trust	2 (8)	2 (8)	6 (17)	0 (1)	3 (7)	0 (1)	5 (7)
Bolton NHS Foundation Trust	0 (2)	0 (2)	1 (23)	0 (2)	1 (8)	0 (2)	3 (8)
Burton Hospitals NHS Foundation Trust	0 (4)	0 (4)	2 (8)	0 (4)	3 (5)	1 (4)	3 (5)
Chelsea and Westminster Hospital NHS Foundation Trust	0 (4)	0 (4)	1 (7)	0 (2)	3 (3)	0 (2)	3 (3)
Croydon Health Services NHS Trust	0 (3)	0 (3)	3 (20)	0 (3)	1 (4)	2 (3)	2 (4)
East Cheshire NHS Trust	0 (0)	0 (0)	3 (23)	0 (0)	1 (3)	0 (0)	1 (3)
Epsom and St Helier University Hospitals NHS Trust	1 (1)	0 (1)	5 (29)	0 (0)	1 (4)	0 (0)	2 (4)
Gateshead Health NHS Foundation Trust	0 (1)	0 (1)	0 (15)	0 (1)	0 (3)	1 (1)	0 (3)
George Eliot Hospital NHS Trust	0 (2)	0 (2)	2 (7)	0 (1)	0 (1)	0 (1)	0 (1)
Golden Jubilee National Hospital	0 (1)	0 (1)	0 (15)	0 (1)	1 (8)	0 (1)	2 (8)
Great Ormond Street Hospital For Children NHS Foundation Trust	2 (10)	1 (10)	3 (22)	2 (5)	1 (6)	5 (5)	5 (6)
Guernsey	0 (2)	0 (2)	0 (1)	0 (2)	1 (1)	0 (2)	1 (1)
Harrogate and District NHS Foundation Trust	2 (4)	0 (4)	0 (9)	0 (2)	0 (5)	0 (2)	1 (5)
Hinchingbrooke Health Care NHS Trust	0 (1)	0 (1)	3 (13)	0 (1)	0 (5)	0 (1)	2 (5)
Homerton University Hospital NHS Foundation Trust	1 (1)	0 (1)	0 (8)	0 (0)	0 (1)	0 (0)	0 (1)
Isle of Man	0 (2)	0 (2)	0 (6)	1 (2)	0 (2)	0 (2)	0 (2)
Jersey	0 (1)	0 (1)	2 (7)	0 (1)	1 (2)	0 (1)	0 (2)
Kingston Hospital NHS Foundation Trust	0 (2)	0 (2)	0 (20)	0 (1)	1 (3)	1 (1)	3 (3)
Liverpool Heart and Chest Hospital NHS Foundation Trust	0 (1)	0 (1)	0 (20)	1 (1)	0 (2)	0 (1)	0 (2)
Mid Cheshire Hospitals NHS Foundation Trust	0 (3)	0 (3)	10 (33)	0 (3)	1 (7)	2 (3)	1 (7)

Level 4: Missed opportunities by Trust/Board
1st October 2015 – 30th September 2016

Note that patients may appear in more than one group
(N) = the number of opportunities

| Trust/Board	Number not neurological death tested	Number not referred		Number of families approached without SNOD involvement		Number not consenting	
		DBD	DCD	DBD	DCD	DBD	DCD
NHS Borders	0 (0)	0 (0)	0 (3)	0 (0)	0 (2)	0 (0)	0 (2)
Northern Devon Healthcare NHS Trust	0 (2)	0 (2)	3 (9)	0 (2)	2 (3)	0 (2)	2 (3)
Northern Health and Social Care Trust	1 (4)	0 (4)	4 (31)	0 (3)	1 (4)	0 (3)	3 (4)
Northern Lincolnshire and Goole NHS Foundation Trust	0 (4)	0 (4)	3 (39)	1 (4)	0 (1)	1 (4)	1 (1)
Peterborough and Stamford Hospitals NHS Foundation Trust	1 (3)	1 (3)	3 (21)	0 (1)	0 (6)	0 (1)	3 (6)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	3 (10)	1 (10)	25 (42)	0 (6)	1 (2)	1 (6)	1 (2)
Royal Surrey County Hospital NHS Foundation Trust	0 (3)	0 (3)	1 (6)	0 (3)	0 (2)	1 (3)	0 (2)
Salisbury NHS Foundation Trust	0 (3)	0 (3)	2 (15)	0 (2)	1 (1)	1 (2)	1 (1)
Sheffield Children's NHS Foundation Trust	0 (0)	0 (0)	2 (4)	0 (0)	0 (2)	0 (0)	0 (2)
South Tyneside NHS Foundation Trust	0 (3)	0 (3)	0 (14)	0 (2)	1 (2)	0 (2)	2 (2)
Southport and Ormskirk Hospital NHS Trust	0 (2)	0 (2)	11 (14)	0 (2)	0 (1)	1 (2)	1 (1)
Stockport NHS Foundation Trust	0 (2)	0 (2)	8 (13)	0 (2)	2 (3)	1 (2)	2 (3)
Tameside Hospital NHS Foundation Trust	0 (0)	0 (0)	1 (9)	0 (0)	0 (1)	0 (0)	0 (1)
The Dudley Group Of Hospitals NHS Foundation Trust	0 (4)	0 (4)	7 (19)	1 (4)	1 (7)	4 (4)	2 (7)
The Hillingdon Hospitals NHS Foundation Trust	0 (1)	0 (1)	0 (5)	0 (1)	0 (1)	0 (1)	0 (1)
The Princess Alexandra Hospital NHS Trust	1 (2)	0 (2)	0 (8)	1 (1)	2 (3)	1 (1)	3 (3)
The Rotherham NHS Foundation Trust	0 (1)	0 (1)	0 (5)	0 (1)	0 (1)	0 (1)	0 (1)
The Royal Marsden NHS Foundation Trust	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
The Royal Wolverhampton Hospitals NHS Trust	2 (10)	0 (10)	3 (36)	2 (7)	4 (10)	6 (7)	6 (10)
The Whittington Hospital NHS Trust	0 (2)	0 (2)	1 (8)	1 (1)	0 (0)	0 (1)	0 (0)
Walsall Healthcare NHS Trust	1 (1)	0 (1)	3 (16)	0 (0)	2 (5)	0 (0)	3 (5)
Weston Area Health NHS Trust	0 (1)	0 (1)	1 (9)	0 (1)	1 (3)	0 (1)	1 (3)
Yeovil District Hospital NHS Foundation Trust	1 (4)	0 (4)	3 (9)	0 (2)	2 (2)	1 (2)	2 (2)

Neurological death testing by level
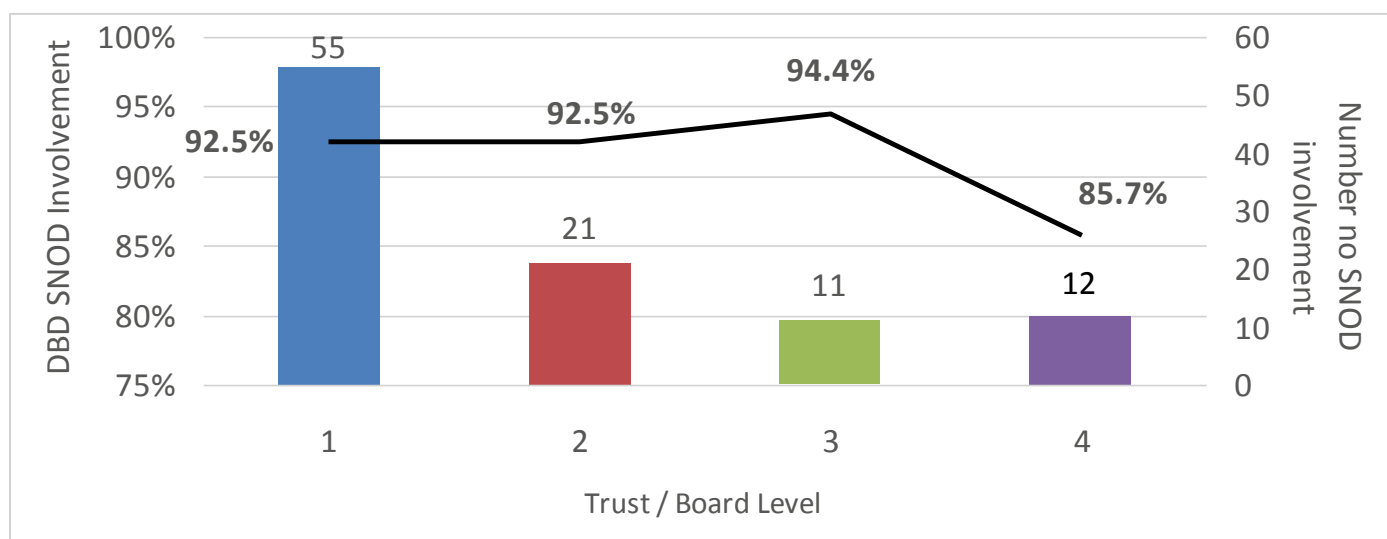1st October 2015 – 30th September 2016
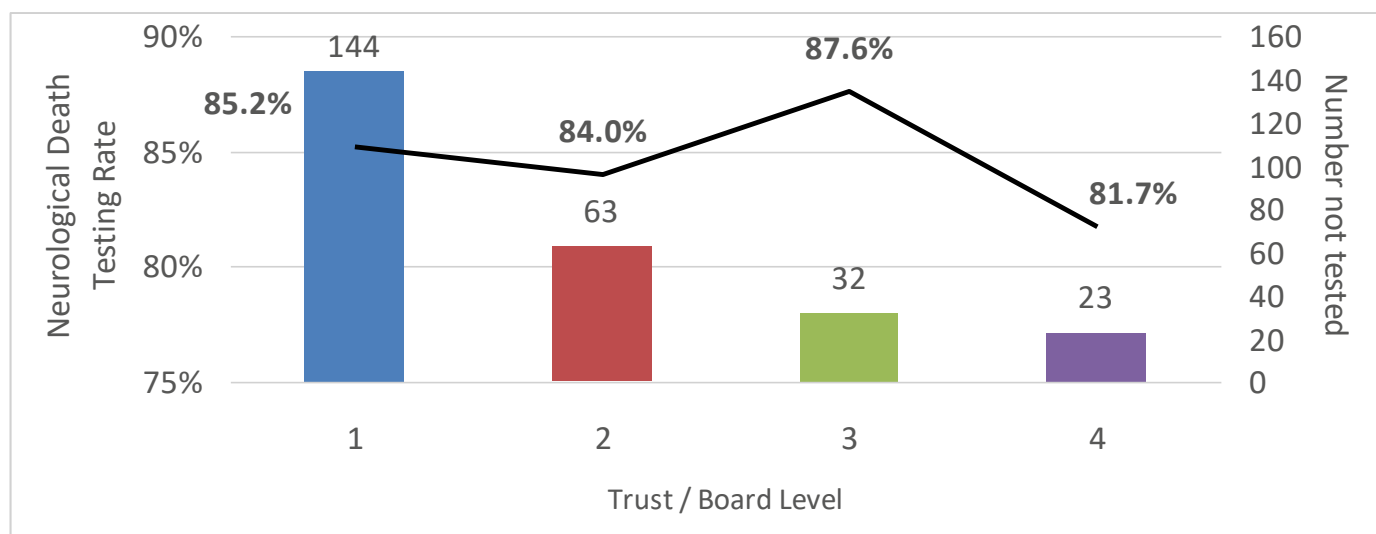
DBD referral
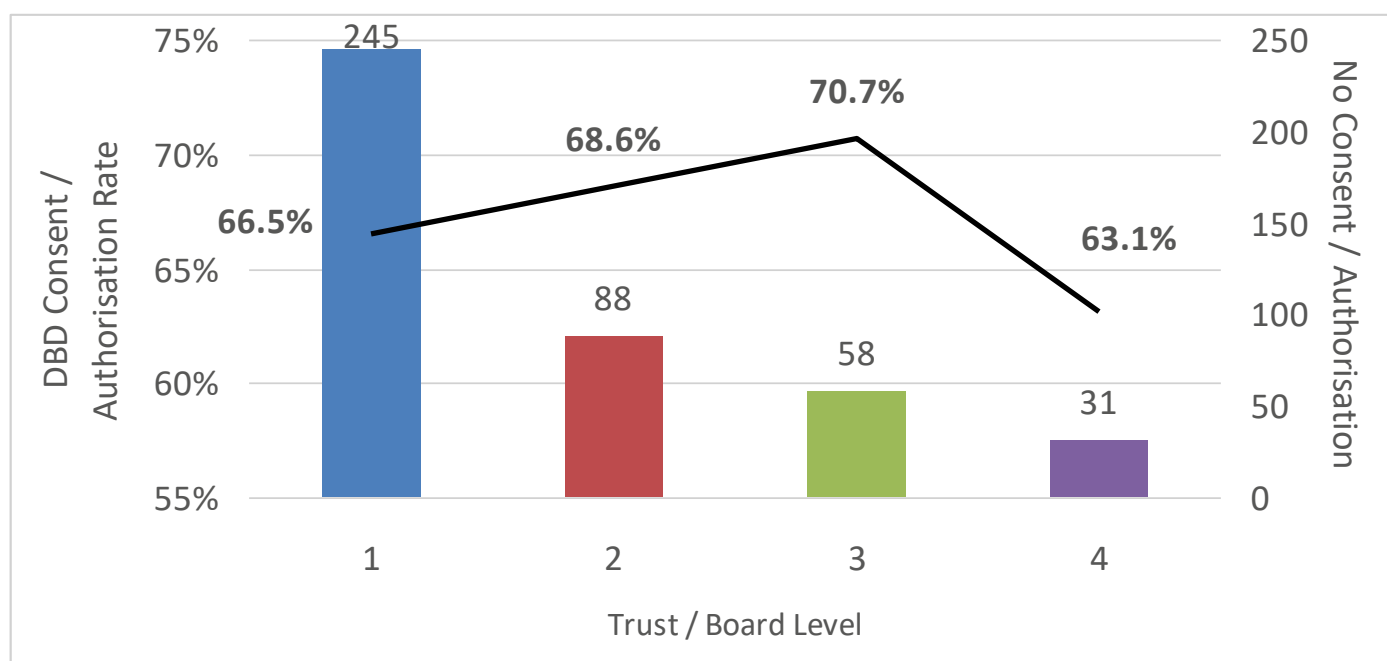1st October 2015 – 30th September 2016
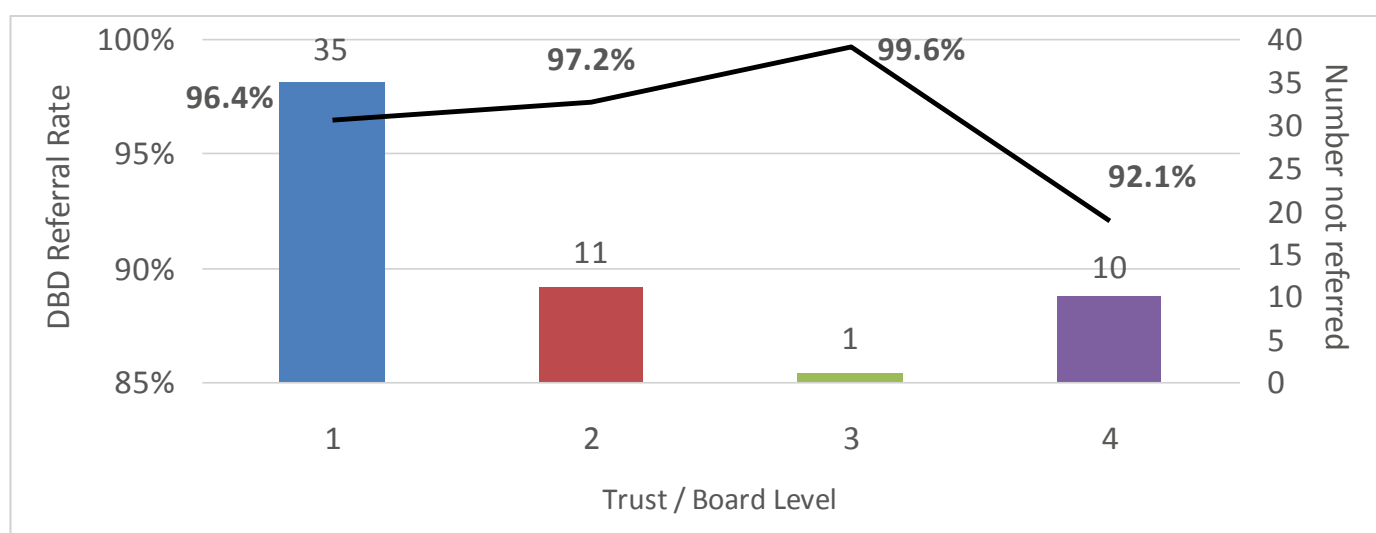
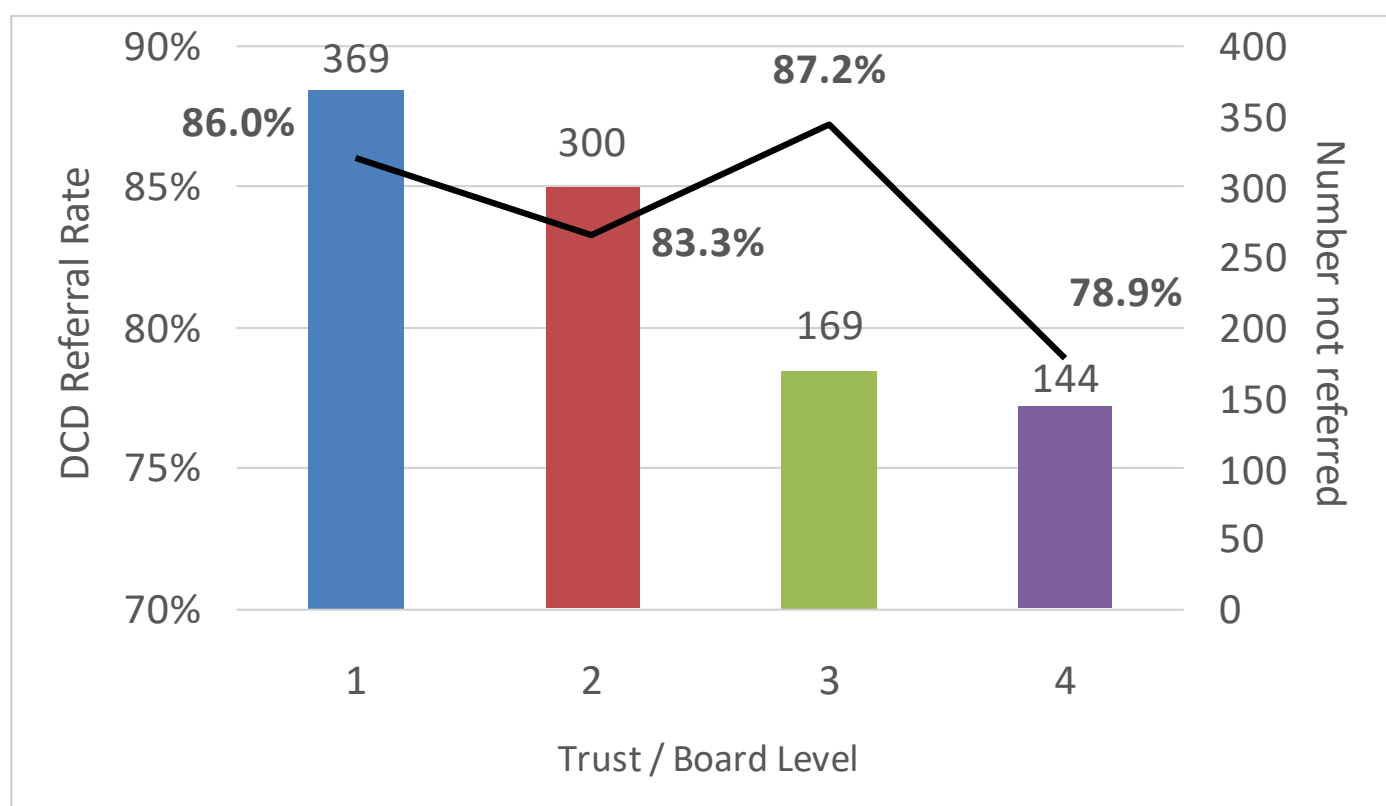# DBD SNOD involvement
1st October 2015 – 30th September 2016

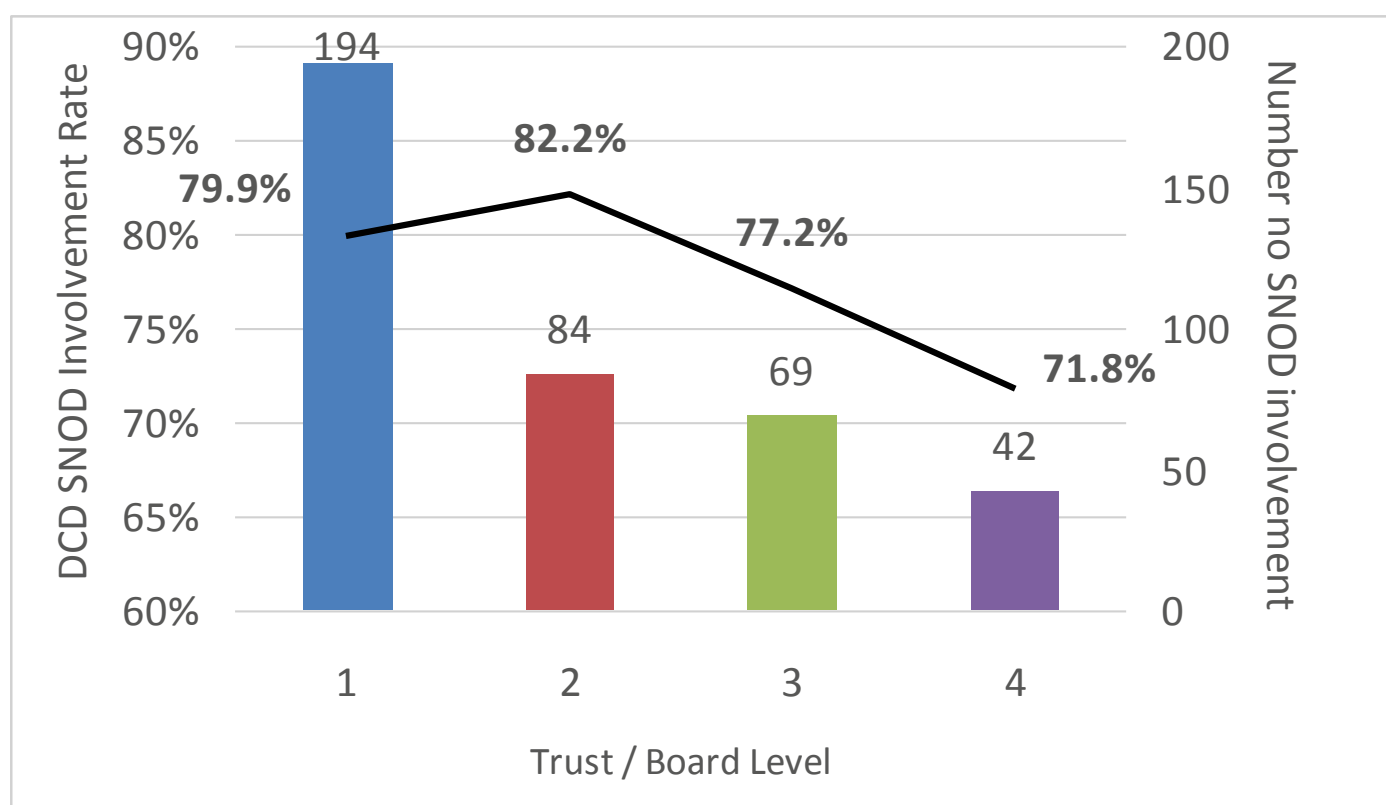

DBD consent rate
1st October 2015 – 30th September 2016

DCD referral
1st October 2015 – 30th September 2016

DCD SNOD involvement
1st October 2015 – 30th September 2016

DCD consent rate

1st October 2015 – 30th September 2016

Applying PDSA methods

Guide to completing your PDSA cycle template

| **Issue:** What is the issue/problem? | **Cycle number:** X |

Why?
State here your main 'why'

Why?
Now question your main 'why'

Why?
This should be your root cause

Cycle end date:
dd/mm/yyyy

Cycle start date:
dd/mm/yyyy

Start here:

Explain what your next steps will be now that your first cycle has come to an end.
If the cycle was successful: You will have achieved your primary goal. As no further cycles are required make sure you delete any blank slides.
If the cycle was not successful: Copy your current cycle, paste the text onto the next template and adapt the plan and do sections accordingly.

Explain what you are going to do and why.
You will find an example on slide 3. which should help you complete this.

Plan

Primary goal
What are you trying to achieve?

Study

Note the lessons that you have learnt, addressing any problems that you found and summarising your result.
You will find an example on slide 3. which should help you complete this.

Explain what it is that you actually did.
This may differ to what you had initially planned to do.

Hints & tips to help you complete your PDSA cycle

To Start: Identify issue to be addressed and drill down using 3 whys to create your primary goal.

Each primary goal should have at least 1 PDSA cycle. Each cycle has 4 sections which are listed below:

1. Plan: Be clear about the primary goal you aim to change, the questions that need to be answered and what is expected to happen. Plan how the PDSA cycle will be carried out, specifying who will be responsible for implementing the plan, where and when it will be tested, what will be done and what the expected outcomes might be.

2. Do: Carry out the plan and record the agreed measures and outcomes carefully. Ensure that any problems or other unexpected events are also documented.

3. Study: Compare what the outcomes were to what you thought would happen. Ask those who were involved and study what actually happened, noting problems and other unexpected events. Summarise the outcome of the pilot.

4. **Act**: As a team decide what should happen next? Should the same primary goal be kept but the cycle repeated, should the primary goal be adapted and the cycle run again or should the cycle be stopped. Make the decision based on what was learnt from the PDSA cycle. It is possible that a single PDSA cycle will show a primary goal that can be achieved and be applied more widely or even adopted into routine practice. However, remember that several cycles might have to be run before a primary goal of a PDSA cycle is successfully adopted into normal practice.

Notes: when running PDSA cycles
•Don't think too big. Implement a small simple change as this is more likely to be successful.
•Don't be too vague or too detailed - some detail is needed but to a practical, not obsessive, level.
•Make sure the results are **acted** on.
•In practice more than one PDSA cycle can be run at a time as long as they are small and simple.

Issue: 70% referral rate | **Cycle number:** 1

Why?
Not identifying all potential organ donors

Why?
50% of missed referrals are in the ED

Why?
No referral trigger in place in ED

Cycle end date:

Start here:

Cycle start date:
1st Sept 2016

Act
• More education needed
• Use poster board in ED staff room to promote referral, and feedback results.
• Run a 2nd PDSA cycle on this goal

Plan
• Engage with ED to identify a local trigger
• To highlight with ED Consultants and Senior Nursing Team
• Monitor through the Potential Donor Audit
• Review at Organ Donation Committee (ODC)
• Encourage ED attendance at ODC

Primary goal
100% identification and referral of potential organ donors

Study
• Ran PDSA cycle for 1 month
• 2 cases of potential donors not referred
• Both cases missed at the weekend

Do
• To include Organ Donation trigger as part of End of Life paperwork
• Educate ED medical and nursing teams, cascade message.

Issue:

Cycle number: 3

Why?

Why?

Why?

Cycle start date:

Cycle end date:

Plan

Do

Act

Study

Primary goal

Start here: