

Paediatric Units Data and Meeting Booklet

24 April 2017



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
For clarity 12 donors 5 donors 3 donors	= Level 1 = Level 3 = Level 3	Trusts or Boards

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 \geq 3 to \leq 5 proceeding donors per year and has a Paediatric ICU.



UK Donation by Level



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 Eligible donors after circulatory death (DCD) are defined as patients who had treatment withdrawn and death was anticipated within four hours, with no absolute medical contraindications to solid organ donation.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



UK actual deceased donors

1st October 2006 – 30th September 2016



Paediatric Group actual deceased donors

Donors <16 years old, 2007 - 2016



Paediatric Group actual deceased donors

Donors <16 years old, 2016



Note: Key to Trusts/Boards on following page. Trusts/Boards with no paediatric donors in 2016 have not been included in this chart.



Paediatric Group key

Key	Trust/Board
1	Alder Hey Children's NHS Foundation Trust
2	Barts Health NHS Trust
3	Belfast Health and Social Care Trust
4	Birmingham Children's Hospital NHS Foundation Trust
5	Cambridge University Hospitals NHS Foundation Trust
6	Cardiff And Vale Health Board
7	Central Manchester University Hospitals NHS Foundation Trust
8	Great Ormond Street Hospital For Children NHS Foundation Trust (including both PICU and cardio ICU)
9	Guy's and St Thomas' NHS Foundation Trust
10	Imperial College Healthcare NHS Trust
11	King's College Hospital NHS Foundation Trust
12	Leeds Teaching Hospitals NHS Trust
13	NHS Greater Glasgow & Clyde
14	NHS Lothian
15	Nottingham University Hospitals NHS Trust
16	Oxford University Hospitals NHS Trust
17	Royal Brompton & Harefield NHS Foundation Trust
18	Sheffield Children's NHS Foundation Trust
19	South Tees Hospitals NHS Foundation Trust
20	St George's Healthcare NHS Foundation Trust
21	The Newcastle Upon Tyne Hospitals NHS Foundation Trust
22	University Hospital Southampton NHS Foundation Trust
23	University Hospitals Bristol NHS Foundation Trust
24	University Hospitals Of Leicester NHS Trust
25	University Hospitals Of North Midlands NHS Trust

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

Paediatric Group: missed opportunities

T	Alter and and		the second se	Inter to a second se			
	neurological		lor reletted	without SNOI	D involvement		Consenung
	death tested	DBD	DCD	DBD	DCD	DBD	DCD
Alder Hey Children's NHS Foundation Trust	2 (6)	2 (6)	14 (18)	1 (4)	2 (3)	1 (4)	3 (3)
Barts Health NHS Trust	0 (1)	0 (1)	0 (1)	0 (1)	0 (1)	1 (1)	0 (1)
Belfast Health and Social Care Trust	1 (1)	0 (1)	0 (2)	(0) 0	0 (1)	0 (0)	1 (1)
Birmingham Children's Hospital NHS Foundation Trust	4 (11)	4 (11)	4 (14)	1 (4)	3 (7)	1 (4)	4 (7)
Cambridge University Hospitals NHS Foundation Trust	4 (5)	1 (5)	3 (9)	0 (1)	3 (4)	1 (1)	4 (4)
Cardiff And Vale Health Board	0 (2)	0 (2)	1 (8)	0 (2)	1 (3)	1 (2)	3 (3)
Central Manchester University Hospitals NHS Foundation Trust	2 (4)	0 (4)	1 (9)	0 (2)	1 (5)	1 (2)	3 (5)
Great Ormond Street Hospital For Children NHS Foundation Trust	1 (8)	0 (8)	2 (16)	2 (5)	2 (6)	4 (5)	5 (6)
Guy's and St Thomas' NHS Foundation Trust	0 (1)	0 (1)	0 (1)	0 (1)	(0) 0	0 (1)	(0) 0
Imperial College Healthcare NHS Trust	1 (1)	0 (1)	1 (3)	(0) 0	(0) 0	0) 0	0 (0)
King's College Hospital NHS Foundation Trust	0 (5)	1 (5)	1 (2)	(0) 0	0 (1)	0 (0)	1 (1)
Leeds Teaching Hospitals NHS Trust	0 (6)	0 (6)	1 (8)	0 (6)	0 (1)	4 (6)	0 (1)
NHS Greater Glasgow & Clyde	3 (4)	2 (4)	2 (7)	(0) 0	3 (4)	0 (0)	3 (4)
NHS Lothian	0 (3)	2 (3)	1 (2)	0 (1)	1 (1)	1 (1)	1 (1)
Nottingham University Hospitals NHS Trust	3 (5)	2 (5)	1 (8)	0 (1)	0 (3)	0 (1)	3 (3)
Oxford University Hospitals NHS Trust	1 (5)	0 (5)	0 (3)	0 (4)	1 (1)	2 (4)	1 (1)
Royal Brompton & Harefield NHS Foundation Trust	(0) 0	0 (0)	0 (2)	(0) 0	(0) 0	0 (0)	(0) 0
Sheffield Children's NHS Foundation Trust	(0) 0	0 (0)	2 (3)	(0) 0	0 (0)	0 (0)	(0) 0
South Tees Hospitals NHS Foundation Trust	0 (1)	0 (1)	0 (2)	0 (1)	0 (2)	0 (1)	1 (2)
St George's Healthcare NHS Foundation Trust	2 (4)	1 (4)	0 (6)	0 (1)	0 (4)	0 (1)	2 (4)
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	0 (3)	0 (3)	0 (12)	1 (2)	1 (3)	1 (2)	3 (3)
University Hospital Southampton NHS Foundation Trust	0 (2)	0 (2)	3 (8)	0 (2)	(0) 0	0 (2)	(0) 0
University Hospitals Bristol NHS Foundation Trust	2 (6)	1 (6)	2 (12)	1 (3)	1 (3)	1 (3)	2 (3)
University Hospitals Of Leicester NHS Trust	0 (1)	0 (1)	0 (3)	0 (1)	1 (1)	0 (1)	1 (1)
University Hospitals Of North Midlands NHS Trust	0 (0)	0) 0	0 (1)	(0) 0	1 (1)	0 (0)	0 (1)





Neurological Death Testing

2012-2016



Number of patients not neurological death tested Number that were tested

DBD referral

2012-2016





DBD SNOD involvement

2012-2016



Number of approaches that did not involve a SNOD (DBD) INumber of approaches that did involve a SNOD (DBD)

DBD consent/authorisation

2012-2016



Number of families not consenting/authorising to DBD donation INUMBER of DBD that consented/authorised



DCD referral

2012-2016



Number of DCD patients not referred Number of DCD that were referred

DCD referral (shorter axis to focus on recent data)







DCD SNOD involvement

2012–2016

Number of approaches that did not involve a SNOD (DCD) INumber of approaches that did involve a SNOD (DCD)

DCD consent/authorisation

2012-2016



Number of families not consenting/authorising to DCD donation 🔲 Number of DCD that consented/authorised



Applying Plan Do Study Act (PDSA) Methods



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.



- 2 cases of potential donors not referred
 - Both cases missed at the weekend
- To include Organ Donation trigger as part Educate ED medical and nursing teams, of End of Life paperwork
 - cascade message.

