



Working together to save lives

*The Organ Donation Taskforce Implementation
Programme's Final Report, 2011*

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Working together to save lives

The Organ Donation Taskforce Implementation Programme's Final Report, 2011

Prepared by the Department of Health's Organ Donation Taskforce Implementation Team on behalf of the Organ Donation Taskforce Programme Delivery Board

This report details progress made in between April 2009 and March 2011 to implement the findings of the Organ Donation Taskforce report *Organs for Transplant*, published in January 2008.

Organ donation occurs at a time of great emotional distress. The terminology and phraseology in this report are necessarily factual, and might appear unsympathetic to those most closely affected by organ donation. This dispassionate recording of events and outcomes should not be taken as disrespectful to deceased donors or their families, or to the amazing gift that they make.

Management of the NHS is devolved to the health departments of the four countries of the UK, with each country having different structures for the management and accountability of NHS services. For simplicity, this report uses language that refers to the English structure, while noting that there are equivalent structures in the other countries.

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FOREWORD

This is the final report from the UK Organ Donation Taskforce Implementation Programme and records our activity to date in implementing the 14 recommendations in the Organ Donation Taskforce's report *Organs for Transplants* published in January 2008.

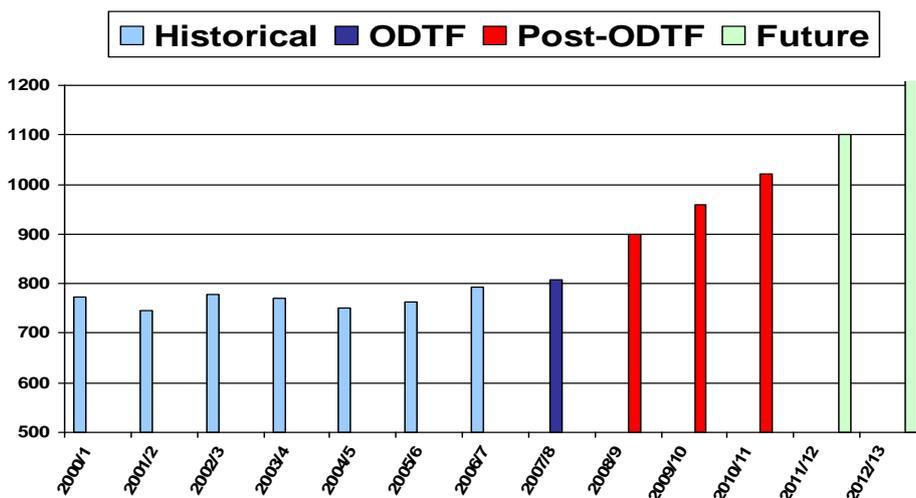
The first year of implementation work focussed on engaging key people in the NHS, such as intensive care staff and NHS managers. We worked to increase the numbers of staff dedicated to organ donation, by appointing Clinical Leads for Organ Donation and establishing Donation Committees within acute trusts. We also strengthened the numbers of Specialist Nurses for Organ Donation. This work led to a 10% increase in organ donation.¹

We have sustained our initial progress and are now beginning to see further encouraging results, with an increase of over 25% in the number of deceased donors after three years. This means that over 850 *additional* lives have been saved or dramatically improved through the miracle of organ donation and transplantation with an estimated £150 million annual saving.

Figure 1 below shows deceased donor rates from 2000/01, highlights the progress made since 2008/09 and the necessary increase up to 2012/13 in order to meet the 50% increase anticipated by the Organ Donation Taskforce.

Figure 1.

Deceased donors in the UK



¹ For more details see Department of Health (2009) *Working together to save lives. The Organ Donation Taskforce Implementation Programme's Annual Report, 2008/09.*

We are getting closer to meeting the Taskforce's challenge of increasing organ donation by at least 50% by 2013. We anticipate that as our organisational re-structuring embeds further, the numbers will increase accordingly.

The ethical and legal issues surrounding organ donation have, as always, caused much discussion, but the UK Donation Ethics Committee is now up and running and is actively addressing the most pressing issues – particularly the concerns about donation after circulatory death. We look forward to their published advice in due course.

Without the hard work of all our partners in NHSBT, the wider NHS and the professions, we would not have made such huge strides. The Specialist Nurses in Organ Donation and Clinical Leads, along with all members of Donation Committees in each acute trust, are leading the cultural and behavioural changes that are necessary to make donation usual rather than unusual practice within the NHS.

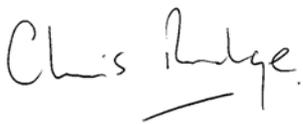
However, we must not let the momentum slide. It is vital that we carry on building on this firm base, so that the organisational structure that is now in place continues to provide the increase in organ donors that is so badly needed.

Mr Chris Rudge FRCS
Chair, Organ Donation Taskforce Programme Delivery Board
***and* National Clinical Director for Transplantation**

Vision for Organ Donation and Transplantation

We wish to see organ donation become a usual rather than unusual event as part of end-of-life care across the NHS.

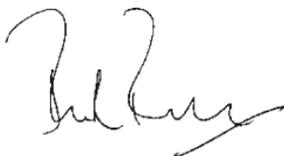
Each individual should be given the choice and opportunity to offer their organs for the purposes of transplantation after their death. This choice should not be denied by the assumptions of NHS staff, or a lack of facilities and infrastructure.



Mr Chris Rudge
National Clinical Director for Transplantation
Donation
(England)



Dr George Findlay
Chair, Wales Organ
Implementation Group



Mr John Forsythe
Lead Clinician for Organ Donation
Organ Donation
and Transplantation (Scotland)



Dr Eddie Rooney
Chair, Northern Ireland
Implementation Group

Introduction

Organ transplantation is an important part of modern medicine, with the ability to save or dramatically improve the lives of patients suffering from organ failure. However, despite once being world leaders, the UK's organ donation rate is now lower than many in the developed world.

There are currently around 8,000 people on the active waiting list for a transplant, but there are many more who could benefit from an organ transplant. However, there is a drastic shortage of organs available and tragically on average 3 people die every day due to a lack of available organs.

The situation is even worse for those from a black or ethnic minority background. People from asian or afro-caribbean descent are three times more likely to need an organ transplant, but are faced with a much smaller number of potentially matched donors. This means that people from these backgrounds may, in some circumstances, wait longer for a transplant and have poorer transplant success rates.

The growing diversity in the UK population, combined with changes to lifestyles, means that we predict that the need for organ transplants will continue to grow in the future.

Great strides are being made in managing conditions to prevent people reaching end-stage organ failure, and also in bio-engineering. However it will be many years before this science is able to manage the demand for available organs.

The data also demonstrate that there are still people who die in the right circumstances for organ donation to be a possibility, but whose family are not offered the choice of organ donation.

The independent Organ Donation Taskforce was established to explore the barriers to organ donation and transplantation and to make recommendations on how those barriers could be overcome.

Their report, *Organs for transplants*, published in January 2008, set out a clear vision for organ donation within the UK. It detailed steps that could be taken to increase significantly the UK organ donor rate.

The four health administrations in the UK all accepted the recommendations in full and have come together in a co-ordinated programme. Working with all the key relevant professional, NHS and Government organisations, a Programme Delivery Board was established to oversee the implementation of the Taskforce recommendations and to turn the Taskforce's vision in to a sustainable reality.

The Board provided oversight for a large programme of work involving a wide range of stakeholders including all four UK Governments, NHSBT, the NHS and professional bodies. This report provides a summary of the key work undertaken

and progress made against each of the recommendations. It does not provide an exhaustive list of all the initiatives in place.

Progress Made

Recommendations 1 & 2: Establish an Organ Donation Organisation

Full recommendation: A UK-wide Organ Donation Organisation should be established. The establishment of the Organ Donation Organisation should be the responsibility of NHSBT.

Status: Complete

NHS Blood and Transplant's (NHSBT) management arrangements have been developed to reflect its role as the Organ Donation Organisation (ODO). This is delivered through the Organ Donation and Transplantation Directorate (ODT), which builds on and expands the previous role of UK Transplant.

Specific responsibilities of ODT include:

- Managing the UK Transplant Registry, which includes details of all donors and patients who are waiting for, or who have received, a transplant;
- providing a 24-hour service for the matching and allocation of donated organs and making the transport arrangement to get the organs to patients;
- maintaining the UK-wide NHS Organ Donor Register;
- improving organ donation rates by funding initiatives in the wider NHS;
- contributing to the development of performance indicators, standards and protocols which guide the work of organ donation and transplantation;
- acting as a central point for information on transplant matters;
- providing central support to all transplant units in the UK;
- auditing and analysing the results of all organ transplants in the UK and Republic of Ireland to improve patient care;
- raising public awareness of the importance of organ donation.

Recommendation 3: Resolve legal and ethical uncertainty

Full recommendation: Urgent attention is required to resolve outstanding legal, ethical and professional issues in order to ensure that all clinicians are supported and are able to work within a clear and unambiguous framework of good practice. Additionally, an independent UK-wide Donation Ethics Group should be established.

Status: Complete

Legal issues

The Department of Health and the Welsh Assembly Government published jointly *Legal Issues Relevant to Non-Heartbeating Donation* in November 2009. It is available at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108825

Scottish guidance on the legal issues surrounding donation following circulatory death was approved by the Cabinet Secretary and circulated under cover of a Chief Medical Officer letter. It is available at:

[http://www.sehd.scot.nhs.uk/cmo/CMO\(2010\)11.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2010)11.pdf)

It should be used in conjunction with Operational Guidelines for controlled non-heart beating organ donation which were circulated to intensivists across Scotland in November 2009.

Northern Ireland is not covered by the Mental Capacity Act. Guidance on legal issues relevant to Donation after Circulatory Death (Non-heart-beating Organ Donation) was published by the Department of Health Social Services and Public Safety Northern Ireland in March 2011 and is available via the link below.

<http://www.dhsspsni.gov.uk/donation-after-circulatory-death-legal-guidance-march-2011.pdf>

Ethics

The UK Donation Ethics Committee has been established under the chairmanship of Sir Peter Simpson. The Chair and Members were recruited through open competition, and the Committee is hosted by the Academy of Medical Royal Colleges to assure its independence. The Committee met for the first time in February 2010 and issued its first major consultation document in January 2011. Further information can be found on the Committee's website at:

www.aomrc.org.uk/committees/uk-donation-ethics-committee.

The Scottish Transplant Group's Ethics Sub-group chaired by Dr Stephen Cole, continues to meet quarterly to consider legal and ethical issues relevant to organ donation in Scotland.

Recommendation 4: Organ donation should become a usual part of NHS practice

Full recommendation: All parts of the NHS must embrace organ donation as a usual, not an unusual event. Local policies, constructed around national guidelines, should be put in place. Discussions about donation should be part of all end-of-life care when appropriate. Each Trust should have an identified clinical donation champion and a Trust donation committee to help achieve this.

Status: Complete

Good progress has been made. As of 31st March 2011:

- 96% of acute trusts/health boards have established a Trust Donation Committee and appointed Donation Committee Chairs.
- 98% of Clinical Leads for Organ Donation (referred to as clinical donation champions in the original recommendation) have been appointed.
- The support and maintenance for the Clinical Leads and Donation Committees now becomes part of “business as usual” for NHS Blood and Transplant.
- New UK Standards for Critically Ill Children state that all Paediatric Intensive Care Units should each have a lead Consultant for Organ Donation;
- In order to provide systematic support for Donation Committees in the transition to business as usual, NHSBT is working towards the commissioning of a network of regional organ donation collaboratives; several areas have already established fledging regional committees.
- Donation Committees are now being asked to work with their Specialist Nurses for Organ Donation to develop an annual plan for Organ Donation within their organisation. Draft templates have been developed.
- In Northern Ireland, Clinical Leads for Organ Donation are in place in all Trusts. Leads are supported by Trust Donation committees who report to Trust boards on donation activity yearly. The clinical leads are also core members of the Northern Ireland Organ Donation Implementation Group. Organ Donation is also embedded in business planning processes of the Public Health Agency.
- As part of a programme of activity to raise awareness of organ donation and to further develop a local implementation plan, Northern Ireland held a conference / interactive workshop in June 2009 “Organ Donation – Making it usual rather than unusual”. The Minister for Health, Social Services and

Public Safety opened the event, which provided a forum to highlight key local issues as well as an opportunity for individuals, professions and organisations to commit their expertise and resources to support organ donation

- In Scotland all mainland NHS Boards have now appointed Chairs of Donation Committees who have, in turn established active committees. The Chairs meet as a group quarterly and have formal representation on the Scottish Transplant Group.
- Two national conferences “Organ Donation in Scotland: Making it Usual rather than Unusual” were held, the first in May 2009, the second in June 2011. These events – which were attended by over 100 delegates, provided a forum to help resolve some of the outstanding legal, ethical and professional issues surrounding organ donation, and looked at further measures that could be taken in Scotland to increase the number of actual donors.
- In Wales all Local Health Boards (LHBs) have appointed Chairs of donation committees and established donation committees. All Clinical Leads for Organ Donation are in place.
- A national Organ Donation Conference was held in Wales in March 2011 attended by over 90 delegates. The pledges and outcomes of the day formed part of the Wales Organ Donation Implementation Group’s annual update to the Minister for Health and Social Services.
- Work is underway across all Government Health Departments and relevant parts of the NHS to ensure that organ donation and end of life care policies are aligned and linked where appropriate.
- In Wales, organ donation prompts have been included in the All Wales End of Life Care Pathway and reference is made in the draft quality requirements for end of life care.

Recommendation 5: Minimum notification criteria for potential organ donors

Full recommendation: Minimum notification criteria for potential organ donors should be introduced on a UK-wide basis. These criteria should be reviewed after 12 months in the light of evidence of their effect, and the comparative impact of more detailed criteria should also be assessed.

Status: Business as usual

The original Taskforce report included two proposals for models that would guarantee comprehensive potential donor identification in UK intensive care units. These models, which were endorsed by the Intensive Care Society were:

1. When no further treatment options are available or appropriate, and there is a plan to confirm death by neurological criteria, the SN-OD should be notified as soon as sedation/ analgesia is discontinued, or immediately if the patient has never received sedation/ analgesia. This notification should take place even if the attending clinical staff believe that donation (after death has been confirmed by neurological criteria) might be contra-indicated or inappropriate.
2. In the context of a catastrophic neurological injury, when no further treatment options are available or appropriate and there is no intention to confirm death by neurological criteria, the SN-OD should be notified when a decision is made by a consultant to withdraw active treatment and this has been recorded in a dated, timed and signed entry in the case notes. This notification should take place even if the attending clinical staff believe that death cannot be diagnosed by neurological criteria, or that donation after cardiac death might be contra-indicated or inappropriate.

This work is being taken forward by Clinical Leads at a local level.

- In Wales, a draft policy on Organ Donation Referral Policy for Critical Care Units in Wales has been developed.

Recommendation 6: Donation activity should be monitored

Full recommendation: Donation Activity in all trusts should be monitored. Rates of potential donor identification, referral, approach to the family and consent to donation should be reported. The trust donation committee should report to the trust Board through the clinical governance process and the medical director, and the reports should be part of the assessment of trusts through the relevant healthcare regulator. Benchmark data from other Trusts should be made available for comparison.

Status: Complete

Disseminating donation activity data

The Programme Delivery Board established an expert group, to advise on the nature and format of data and to whom it should be provided.

Data on donation activity is issued by NHSBT every six months, using existing data from the NHSBT Potential Donor Audit. The data goes through Clinical Leads for Organ Donation and Donation Committees to trust Boards and SHA Medical Directors. The data provide information about how their hospital is performing in comparison to other hospitals and indications for where improvements could be made. Work is underway within NHSBT to improve the accuracy and reliability of the PDA data.

Representatives from the Programme Delivery Board have met with senior managers within all 10 of the English Strategic Health Authorities, to raise awareness of their regional organ donation data and encourage them to engage with the acute trusts within their region.

Mr John Forsythe, Clinical Lead for Organ Donation and Transplantation (Scotland) attended a meeting of the NHS Board Chief Executives in January 2010 to update them on progress in implementing the recommendations in Scotland. Board Chief Executives expressed their continuing support.

Activity is monitored in Northern Ireland through the Organ Donation Taskforce Implementation Group. Discussions are fed into parallel process to increase and support donation activity such as the Review of Renal Services in 2010/11. Any local issues in relation to the monitoring and collection of donation activity are raised formally through the Donation Advisory Group.

The Professional Development Programme (PDP) for Donation Leads emphasises the importance of:

- The key elements of the Potential Donor Audit (PDA) and the structure of the bi-annual hospital data returns. Donation Committee chairs have been provided with worked examples of PDA data analysis;

- accurate PDA data – Clinical Leads are encouraged to collaborate with Specialist Nurses in the compilation of the PDA returns;
- establishing reporting links within their organisation's governance and executive structure;
- adoption of an annual planning cycle for organ donation, using the bi-annual PDA data to form the basis of both an annual report and a plan for the next year;
- the PDP has provided Donation Leads with various tools to aid their analysis (eg. stakeholder mapping).
- In Wales, the Minister for Health and Social Services has held discussions with Chairs of Local Health Boards on their progress implementing the recommendations. This has been followed up through discussions with Chief Executives and Medical Directors who have expressed their commitment to improve organ donation.

Reports should form part of the relevant Healthcare Regulator assessments

- Discussions with the relevant healthcare regulators is ongoing to explore how donation activity reports could be used as part of their routine and special assessment processes.
- In Wales, discussions have taken place with Healthcare Inspectorate Wales and organ donation has been built into the NHS Wales & governance manual.

Recommendation 7: Brain stem death testing

Full recommendation: Brain stem death testing should be carried out in all patients where brain stem death is a likely diagnosis, even if organ donation is an unlikely outcome.

Status: Business as usual

The Potential Donor Audit demonstrates that in 2009/10, brain stem death tests were not conducted in 250 cases where Brain Stem Death was a possibility².

Donation Committees have been supported through the Professional Development Programme to develop and start to implement local mechanisms to ensure that brain stem death tests are performed whenever is appropriate. Clinical leads are encouraged to be involved in the investigation of all local cases of patients who are not tested when brainstem death appears to be a likely diagnosis.

A face to face Masterclass on the Diagnosis of Death has been delivered as a module of the Professional Development Programme. This material is now available to Clinical Leads to use in their own environment

Clinical pathways describing the diagnosis of brain stem death have been developed and are available through the Map of Medicine.

² NHS Blood and Transplant Activity Report 2009/10. Available at: www.organdonation.nhs.uk/ukt/statistics/transplant_activity_report/current_activity_reports/ukt/national_audit_of_potential_donors.pdf

Recommendation 8: Remove financial disincentives

Full recommendation: Financial Disincentives to Trusts facilitating donation should be removed through the development and introduction of appropriate reimbursement

Status: Complete

NHSBT undertook an analysis of costs involved in the management of potential organ donors. Trusts are entitled to claim in the region of £2,000 to cover the cost of managing a potential organ donor, even if the donation does not actually proceed (e.g. due to clinical reasons). This re-imbursment occurs on a quarterly basis. The costs of managing potential organ donors are kept under review.

Further details of the re-imbursment scheme are available at:
www.organdonation.nhs.uk/ukt/members/pdfs/letter_290708.pdf

Donation Committees are being supported to use the re-imbursment monies to further the cause of donation in their organisations. Chairs are encouraged to share examples of imaginative use of these monies.

Recommendation 9: Strengthen the DTC network and develop Electronic Offering System

Full recommendation: The current network of DTCs should be expanded and strengthened through central employment by a UK-wide Organ Donation Organisation. Additional co-ordinators, embedded within critical care areas, should be employed to ensure a comprehensive, highly skilled, specialised and robust service. There should be a close and defined collaboration between DTCs clinical staff and Trust donation champions. Electronic on-line donor registration and organ offering systems should be developed.

Status: Complete

DTC Network

- The term 'Donor Transplant Co-Ordinator' has been amended to 'Specialist Nurse for Organ Donation (SN-OD)'. This new term is more closely aligned with wider NHS terminology.
- NHSBT has undertaken a significant programme of work to ensure that all SN-ODs are centrally employed by NHSBT and therefore work to a common standard. The workforce was strengthened to ensure that all Acute Trusts have an embedded Specialist Nurse for Organ Donation. The SN-OD network has been re-configured into 12 regional teams. In total, the total SN-OD workforce and support staff will increase by 146%.
- In Northern Ireland, a team of 12 SN-ODs are in place and are embedded in each ICU across the province, where they work closely with lead clinicians in support of the donation programme. SN-ODs also play a key role in training and raising awareness with key stakeholder organisations and the general public.
- In order to nurture collaborative learning and development, representatives of local SN-OD teams were invited to all elements of the Regional Masterclass component of the professional Development Programme for Donation Leads. This includes team leaders and regional managers.

Electronic offering system

- NHS Blood and Transplant has developed and deployed a new Electronic Offering System (EOS). This system is available to all SN-ODs and transplant surgeons. Deployment of the electronic offering system is continuing with all teams being 'live'.

Recommendation 10: Establish a UK network of organ retrieval teams

Full recommendation: A UK-wide network of dedicated organ retrieval teams should be established to ensure timely, high-quality organ removal from all heartbeating and non-heartbeating donors. The Organ Donation Organisation should be responsible for commissioning the retrieval teams and for audit and performance management.

Status: Complete

- The National Organ Retrieval Service went live on April 1 2010 with 6 dedicated cardiothoracic retrieval teams and 7 dedicated abdominal retrieval teams. In an innovative arrangement some teams are provided jointly by two Trusts. Teams may now have to travel outside their local area to undertake a retrieval if the local team is already retrieving thus reducing the waiting time for families and donor hospitals at busy times;
- Meetings were held with stakeholders and agreement reached on the model for future organ retrieval arrangements. A group has been formed to look at the options for improved donor management to ensure the quality of retrieved organs is as good as it can be.
- Scotland was already ahead, having had a national organ retrieval team in place for several years, and in 2009-10 a smooth transition of service was carried out with the NHSBT commissioning team.
- The Scottish zone now covers some areas within Northern Ireland and provides back up to teams in England as and when necessary. 2009-10 saw the busiest year ever and the team were mobilised on 92 occasions, 18 of which were out of Scotland.
- Northern Ireland does not have the capacity to support a retrieval team locally; retrieval teams travel from either England or Scotland as required.

Recommendation 11: Training

Full recommendation: All clinical staff likely to be involved in the treatment of potential organ donors should receive mandatory training in the principle of donation. There should also be regular update training.

Status: Business as usual

- The Department of Health worked with the Central Office of Information and national stakeholders to undertake a scoping exercise to determine:
 - Who currently received training in the principles of organ donation
 - What training was currently available
 - Who should be provided with training in organ donation
 - What should that training provide
 - Where were the gaps in training that needed to be addressed.
- A steering group was then established, comprising of the UK Health Departments, NHSBT and experts in training for NHS professionals, to examine the findings of the scoping report and address the gaps in training identified. The steering group has also engaged with the relevant professional organisation with a role in training in the principles of organ donation (e.g. the Royal College of Anaesthetists; Intensive Care Society etc), to explore how existing curricula could be amended to include training in the principles of organ donation.
- The Department of Health in England appointed experts to address the training needs of medical undergraduates, medical graduates and nursing.
- The Paediatric Intensive Care Society has made training in Organ Donation a mandatory Competence in Medical Intensivist Training (Intercollegiate Committee). The Society also held two very successful Multidisciplinary Organ Donation Training days were held – with funding from the Department of Health – on 14 July and 3 December 2009.
- A regional network of organ donation collaboratives is being established in the UK. These will provide the environment for local problem solving and service development and also support regional educational programmes for local clinical staff
- The Professional Development Programme (PDP) for Clinical Leads for Organ Donation and Donation Committee Chairs, led by NHSBT and developed in collaboration with Deloitte Plc, was launched on 1 February 2010 and held a final review meeting on 18 January 2011. This followed a 12-month intensive training programme.
- The PDP covered both clinical issues relevant to deceased organ (consent/authorisation, diagnosis of death, donor management, donation after cardiac death, donation from the Emergency Department, paediatric

donation, ethical and legal aspects of donation, epidemiology of donation, tissue donation) and the professional and leadership skills that will be required to effectively lead change within hospitals.

- The bulk of the material was delivered in the format of Regional Masterclasses that were ‘book-ended’ with national launch and review events. Acknowledged national experts were recruited to design and deliver much of this material, the content of which was approved by an Expert Reference Group, including representatives from relevant professional bodies such as the Intensive Care Society, the Royal College of Anaesthetists, the College of Emergency Medicine and the Royal College of Paediatrics and Child Health.

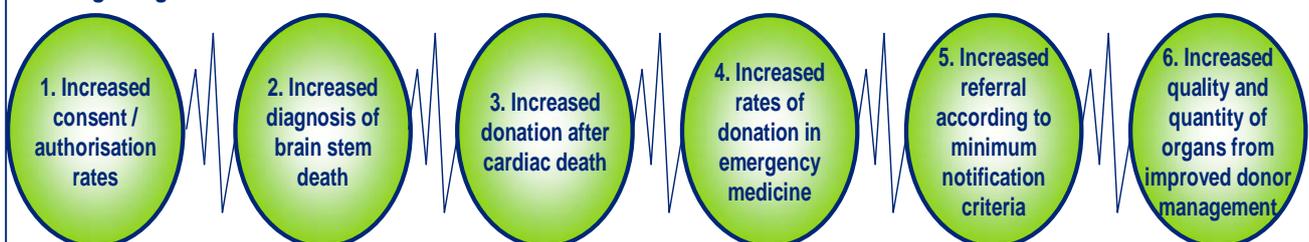
What are we trying to achieve?

Aims & Objectives

The purpose of the Programme is to provide professional development to Clinical Leads and Non-Clinical Donation Champions on Clinical skills, Leadership and Change Management in order to help produce an “aspirational” increase of 73% in Organ donation within 5 years – Making organ donation “Usual”

To achieve this vision the programme will focus on 6 big win areas, underpinned by specific objectives for the Professional Development Package

Strategic Big Wins:



Programme objectives to support the strategy are to:

1. Provide leadership and change management courses to enable Clinical Leads and Non-Clinical Donation Champions to **influence and manage behaviours & beliefs** of colleagues, as well as **overcoming barriers to change** (human, political, economical, organisational and geographical)
2. Increase confidence of Clinical Leads and Non-Clinical Donation Champions to **identify, lead, initiate and deliver changes** within their organisations, including the start up of new donation programmes from scratch e.g. donation in emergency medicine or starting of a new NHB donation programme
3. Boost the Clinical Leads’ level of **clinical knowledge, expertise and confidence** around a core curriculum of donation and transplantation subjects to maximise their performance within their leadership roles
4. Identify **best practice** for donation, retrieval and transplantation whilst remaining open to emerging practice & trends from other legal, ethical and professional bodies
5. Develop Clinical Leads’ confidence and skills to **address and proactively manage local, regional and national press** enquiries and to publicly promote local initiatives

This twelve month programme involved face to face workshops, self-study and

regional events aimed at building leadership and change management skills, and to advance clinical expertise and capability.

Other outputs of the PDP include

- A toolkit for Organ Donation, that will include education material that is based upon the various modules of the PDP.
- A description of clinical pathways for organ donation that are available on line on the Map of Medicine platform. The Map of Medicine will be provided in Northern Ireland and Scotland as the result of a joint initiative
- In Scotland, NHS Education for Scotland is developing an online educational resource with the primary aim of helping someone working in NHSScotland who suddenly has to deal with organ donation.
- A training day for hospital chaplains was held in Scotland in January 2010 and feedback from delegates showed that the training day improved their knowledge of organ donation and gave them confidence in being involved in the process in the future.
- In Wales, organ donation has been included in year 5 of the medical school undergraduate curriculum from September 2010.
- Clinical leads have established a series of training initiatives for professional staff across trusts in Northern Ireland on organ donation. A workshop was held in March 2010 for senior clinicians on non-heart-beating organ donation. Learning was provided through case studies and lessons learnt from the establishment of the Scottish DCD programme. Northern Ireland has now undertaken a small number of non-heart-beating donations.

Recommendation 12: Recognising the gift of organ donation

Full recommendation: Appropriate ways should be identified of personally and publicly recognising individual organ donors, where desired. These approaches may include national memorials, local initiatives and personal follow-up to donor families.

Status: Completed

- Discussions have taken place with stakeholders to seek views on how donors should be personally and publicly recognised, drawing on national and international best practice. A major workshop was held, involving all four Health Administrations, in September 2009 to explore methods of recognising the gift of organ donation.
- Work is underway to implement those options viewed as the most valued by donor families. This includes the following initiatives:
 1. The Department of Health provided funding to the Donor Family Network to develop an on-line book of remembrance, with the aim of allowing:
 - Family members of organ and tissue donors to place tributes and photos of their loved one;
 - Transplant recipients to pay tribute to the organ donor who saved their life through the gift of donation;
 - Members of the public to commend organ donors;
 - Facilitation of donor recipients to anonymously say ‘thank you’ to donors. This is available at:
www.giftoflife.org.uk/Book_of_Remembrance.html.
 2. The Department of Health funded the Royal College of Physicians (RCP) to develop a book of recipient letters, thanking their anonymous donors for the gift of life. The book, *Thank you – for life*, was published in November 2010 and will be offered free of charge to future donor families. Excerpts from the book will also be freely available on-line. The full book is available to purchase from the RCP, with all proceeds funding future print-runs for the book.
 3. The Department of Health and NHS Blood and Transplant has developed a pilot scheme, asking 6 Donation Committees to provide a public commemorative plaque in a prominent position in their hospitals, recognising the gift of life made by donors and using the phrase ‘In their final moments they gave a lifetime’. The scheme will be analysed for success and, if appropriate, rolled out across the Donation Committee network.
 4. A National Gathering for Donor Families (Scotland) in September 2010 was organised jointly by the Scottish Specialist Nurses for Organ Donation and

the Donor Family Network. The event was arranged to give recognition to the Scottish donor families whose loved ones became organ and/or tissue donors. Although smaller regional events have been held in the past, this was the first time such an event had been run nationally in Scotland with 178 attendees.

5. In Wales, a Gift of Life memorial stone and bi-annual service of remembrance have been established for several years by the specialist nurses for organ donation. The Wales Organ Donation Implementation Group is currently considering other ways to recognise the gift of donation.

6. In Northern Ireland, in recognition of the efforts of staff and as a means of maintaining the energy of the donation programme, the SN-ODs organise a yearly 'Gift of Life' conference at which staff involved in donation hear from those patients in receipt of and those awaiting transplants. Patients also have formal representation on the NI Organ Donation Taskforce Implementation Group and are involved in various programmes such as a yearly church service in remembrance of those who have donated and the development of suitable recognition within intensive care units – for example, the South Eastern Health and Social Care Trust has commissioned a painting to commemorate donors. Through a partnership between Ards Borough Council and the Charities of the Northern Ireland Transplant Forum, a 'New Life Garden' was launched in summer 2011 to recognise the munificent gift provided by organ donors and their families, The garden is a symbol of remembrance, thanks and hope.

Recommendation 13: Promote organ donation

Full recommendation: There is an urgent requirement to identify and implement the most effective methods through which organ donation and the 'gift of life' can be promoted to the general public, and specifically to the BME population. Research should be commissioned through Department of Health research and development funding.

Status: Complete

Promote organ donation

- NHSBT launched a high-profile, multi-media campaign to promote organ donation in November 2009. This was followed by targeted campaigns between January and March 2010. Details and promotional materials can be found at: <http://www.organdonation.nhs.uk/ukt/campaigns/index.jsp>
- NHSBT appointed a BME specialist communications agency and campaign activity was commissioned that specifically targeted BME communities with bespoke messages. BME registrations increased and awareness raised of the specific challenges faced by members of BME communities awaiting transplantation.
- The Scottish Government have run high profile multi-media Organ Donation Media and Advertising Campaigns in 2009-10 and in 2010-11. There is every indication that these campaigns have been successful in raising public awareness of organ donation and encouraging sign up to the NHS Organ Donor Register. 37% of the Scottish population have expressed their support for organ donation and have signed up to the Register.
- In early 2009, the Cabinet Secretary for Health and Wellbeing launched an updated Organ Donation Teaching Resource Pack for schools in Scotland. The aim of the Pack is to educate young people about the complex moral and ethical issues associated with organ donation and transplantation. The pack reflects the fact that the 2006 Act allows children in Scotland from the age of 12 upwards to authorise the use of their organs for transplantation after their death. For greater convenience, all of the materials are contained on a USB stick. Independent evaluation of the pack has been very positive.
- An information leaflet "Make your wishes about organ donation known", which alerts people to their rights under the Human Tissue (Scotland) Act 2006, was circulated widely across Scotland via GP surgeries, community pharmacies and libraries.
- In Wales, campaigns have previously been undertaken by both NHSBT and Donate Wales. The Wales Organ Donation Implementation Group have now

developed an Organ Donation Communication Strategy to ensure a partnership approach to organ donation publicity.

- A great deal of work has been undertaken across the UK to engage with the BME community. This includes:
 - Scotland - Dr Rajan Madhok, a Consultant Rheumatologist with a personal interest in organ donation led three focus groups, held in the Royal College of Physicians and Surgeons of Glasgow. These were followed up by a series of public engagement events at various religious centres and festivals. With the support of the Scottish Transplant Group, Dr Madhok is now considering how this work may be rolled out across Scotland.
 - England – Professor Gurch Randhawa has been commissioned to engage with the leaders of the 17 major faiths within the UK, to raise their awareness of the issues surrounding organ donation and encourage discussion from a faith perspective. The Organ Donation Campaign was also commissioned to undertake a pilot study to engage with faith leaders at a local level – again with the view of encouraging and enabling informed debate about organ donation from a faith perspective. The Kidney Research UK were commissioned to undertake a ‘peer educator’ project, where local high-profile community leaders/ members (e.g. GPs) were educated about the issues surrounding organ donation and encouraged to continue the debate and raise awareness with the local communities.
 - Northern Ireland continues, to raise awareness of organ donation through a wide range of initiatives including; working with local voluntary organisations associated with transplantation and donation, raising awareness at major events e.g. Agricultural Shows, making links with local businesses, working with staff unions such as UNISON, and interdepartmental working e.g. with Department of Education .
 - A media (radio and poster) campaign was delivered in 2009 in Northern Ireland. Communication and public relations provide a significant focus for the NI Implementation group who work very closely with press and media to avail of as many opportunities as possible to keep the profile of organ donation in the public domain as much as possible.
 - Transplant Sport UK will be one of the official charities of the Belfast Marathon in May 2011. Belfast is hosting the Westfield Health British Transplant Games in August 2011.

Commission research

- The Department of Health has provided funding to support research in the following areas:
 1. Research through the University of Wolverhampton, under the leadership of Professor Magi Sque, to explore factors that influence the bereaved family’s decision about donation.

2. Research through Imperial College London, under the leadership of Professor Anthony Warrens, to explore medical professional's attitudes to organ donation.
- In addition, the National Institute of Health research has provided funding to Kings College London under the leadership of Professor Myfanwy Morgan to conduct research in to BME attitudes to organ donation.

Recommendation 14: Coroners Guidance

Full recommendation: DH and the Ministry of Justice should develop formal guidelines for coroners concerning organ donation

Status: Complete

- The Department of Health worked with the Ministry of Justice, other UK Health Departments, the Coroners' Society and other stakeholders to develop guidance for coroners regarding organ donation. The guidance is available at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114804.

- The guidance is complemented by guidance for Specialist Nurses for Organ Donation on working with Coroners.
- In Scotland, close working relationships are in place with the Crown Office of the Procurator Fiscal (COPFS) therefore it was not felt necessary to issue guidance. An existing agreement between the Scottish Transplant Group (STG) and the COPFS regarding organ and tissue donation, is currently being revised by the STG ethics sub-group.

Other work across the UK and Europe

UK

- The Department of Health, NHSBT, Intensive Care Society and British Transplant Society have worked together with key experts and stakeholders to explore the remaining barriers to Donation after Circulatory Death (DCD) and how to overcome them. This has led to the publication in December 2010 of a joint Consensus document regarding DCD by the British Transplant Society and the Intensive Care Society.
- The Department of Health, NHSBT, BTS and the College of Emergency Medicine have explored the issues surrounding the role of emergency medicine in organ donation. This work will lead to an identification of the remaining barriers to organ donation for emergency medicine and explore how those barriers could be lifted, to increase the possible role of emergency medicine in organ donation. A Consensus document should be published shortly. Similar work is being undertaken in Scotland.
- The Department of Health and NHSBT have worked with all the Strategic Health Authorities in England, to hold a series of organ donation roadshows. An event was held in each SHA region, with the aim of raising awareness of the Taskforce recommendations and the implications for the NHS. Representatives from all the acute trusts (including ICU and emergency care), NHS managers, commissioners and coroners were invited to attend. The day enabled the attendees to explore the Taskforce recommendations in more detail and identify the implications at a local level and develop local implementation strategies.
- The Department of Health appointed NHS West Midlands as the lead Strategic Health Authority for organ donation. They were given a remit to champion organ donation across the SHA regions and provide examples of best practice for ensuring the NHS infrastructure is designed to facilitate and enable organ donation. A brief 'Guide for NHS Commissioners' setting out lessons learnt from the West Midlands is available on the West Midland Specialised Commissioning Team web site <http://www.wmsc.nhs.uk/clinical-networks/organ-donation> (from October 2010). It includes some excellent practical examples on how to minimise potential donors that do not progress to organ retrieval; the savings to commissioners resulting from supporting an increase in transplantation; and incentives that could be incorporated into provider contracts aimed at ensuring all potential donors are identified.
- Work is ongoing by National and Specialist Commissioning Groups to ensure that transplant capacity is increased in line with the anticipated increase in organ donation. Similar work is being undertaken in Scotland.

Europe

On 19 May 2010, the European Parliament voted to pass legislation that would set common quality and safety standards for organ donation and transplantation across the EU.

The Parliament also backed the Commission's 2009-2015 action plan on organ donation and transplantation.

The proposal for a directive and accompanying 10-point action plan were put forward by the Commission in December 2008. The aim is to help increase the supply of organ donors across the EU, enhance the efficiency and accessibility of transplantation systems and ensure the quality and safety of the procedures.

The Directive entered into force in 2010 and member states have two years – until 27 August 2012 - to transpose it into domestic legislation.

The Directive requires EU member states to set up a Competent Authority or Authorities responsible for maintaining quality and safety standards for organs intended for transplantation. For the whole of the UK, this is the Human Tissue Authority. These authorities will approve procurement organisations and transplant centres, set up reporting and management systems for serious adverse reactions, collect data on the outcome of transplants and supervise organ exchanges with other member states and third countries.

Progress: Statistics

Tables 1 – 3 below summarise the numbers of deceased and living donors, active transplant waiting lists and registrants on the NHS Organ Donor Register in the period 2007/8 (the base-line year) to 2010/11.

Deceased donor numbers are given separately for Donors after Brain Death (DBD donors, previously called heartbeating donors) and Donors after Circulatory Death (DCD donors, previously called non-heartbeating donors), and are also expressed per million population (pmp). The percentage increase / (decrease) shown is that between the base-line year and 2010/11.

Table 1

Organ donation numbers and rates per million population (pmp), in the UK, 1 April 2007 - 31 March 2011										
		2007/08		2008/09		2009/10		2010/11		% Increase/ (decrease) ¹
	N	(pmp)	N	(pmp)	N	(pmp)	N	(pmp)		
Total DBD donors	609	(9.9)	611	(9.9)	623	(10.1)	636	(10.3)	4	
Total DCD donors	200	(3.2)	288	(4.7)	336	(5.4)	373	(6.0)	87	
Total deceased donors	809	(13.1)	899	(14.6)	959	(15.5)	1009	(16.4)	25	
Total living donors	853	(13.8)	954	(15.5)	1058	(17.1)	1016	(16.5)	19	

¹ increase/(decrease) between 2007/08 and 2010/11

The principal observation is that overall deceased donor numbers have risen by 25%, and the UK rate is now 16.4 pmp (13.1pmp in 2007/8). However, DBD donor numbers have risen by only 4% (from 609 to 636) whereas DCD numbers have risen by 87% (from 200 to 373). DCD donors provide kidneys that are suitable for transplantation, with results that are almost equivalent to those of kidneys from DBD donors, but are less suitable as liver donors, few provide lungs, and currently do not provide hearts for transplantation. This emphasises the need for further progress, not only to increase overall donor numbers but specifically to optimise the number of DBD donors.

Table 2

Active transplant lists at 31 March and deaths/removals on the list during the year 1 April 2007 - 31 March 2011					
	2007/08 N	2008/09 N	2009/10 N	2010/11 N	% Increase/ (decrease) ¹
Active transplant list	7655	7877	7997	7800	2
Deaths on the list²	551	491	552	484	(12)
Removals from the list	582	690	664	699	20

¹ increase/(decrease) between 2007/08 and 2010/11

² excludes those who were removed due to deterioration and subsequently died (included as removals)

The number of patients registered on transplant waiting lists continues to rise, and it must be recognised that for all organs the number registered does not give an accurate reflection of the true need. Many patients who would benefit from a transplant are never registered because of the shortage of suitable donors. Over 1150 patients a year die whilst waiting for a transplant, or are removed from the waiting list because their condition has deteriorated beyond the point at which transplantation is appropriate.

Table 3

ODR registrations – total number on the ODR at the end of each year					
	2007/08 (millions)	2008/09 (millions)	2009/10 (millions)	2010/11 ¹ (millions)	% Increase ²
Number on the ODR	15.1	16.1	17.1	17.8	18

¹ no new registrations were added mid-February and 31 March 2011 as a result of ongoing work on the register

² increase between 2007/08 and 2010/11

Next steps

As this report has demonstrated, all of the Taskforce recommendations have now been implemented and embedded into 'business as usual' with the Health Departments, NHS Blood and Transplant, the NHS and other organisations as appropriate.

The work undertaken has seen deceased organ donor rates increase by 25% against the baseline figures. This is a significant achievement and could not have been done without collaborative working across Government Departments, the NHS and professional organisations.

However, the landscape of the NHS in England has changed significantly since the Organ Donation Taskforce was established and it will continue to change over the coming years, as the proposals contained within the NHS White Paper are implemented. It is therefore vital to ensure that the new infrastructure for organ donation is aligned with the new NHS structures. We also need to be sure that all potential and actual barriers to organ donation are identified and overcome, so that we can fully realise the potential for organ donation within the UK.

The Department of Health therefore held a workshop in March 2011, with the dual aim of: discussing:

- The most appropriate way in which organ donation can be incorporated into the Outcomes Framework and the work of the NHS Commissioning Board in England and the equivalent arrangements under other administrations.
- The clinical pathways involved in end of life care of patients receiving treatment in hospital who are possible organ donors, and the necessary steps to increase organ donor numbers.

The workshop was attended by key experts in the field of organ donation and transplantation and also all the key organisations with a role in organ donation. It explored what steps each of the stakeholder organisations could take over the coming years to ensure that all potential donors are identified and their families offered the choice of organ donation where appropriate. A Transitional Steering Group is to be established to coordinate action and ensure that momentum is not lost. This group will focus on practical steps to improve six areas of donation practice where there is clearly potential for improvement. These steps are:

1. Consent
2. The Diagnosis of brain-stem death
3. Donation after Circulatory Death
4. The Role of Emergency Medicine
5. Timely notification of potential donors
6. Donor management

The Group will also seek to ensure that work to increase donation is appropriately incorporated into the new structures of the Health Departments and the NHS as these are established.

Appendix

Tables 4 and 5 provide organ donation and transplant activity data by Strategic Health Authority and country. As before, donation numbers and rates per million population (pmp) are given, and they are presented separately for Donors after Brain Death (DBD) and Donors after Cardiac Death (DCD).

There is variation in the number of DBD donors and DCD donors pmp across the UK.

There are 10.3 DBD donors pmp for the UK as a whole, but across the four countries this ranges between 9.4 and 20.5., and in the English SHAs the range is 7.0-14.0.

For DCD donors the UK rate is 6.0 pmp, ranging from 1.1 to 9.0 across the four countries and from 3.6 to 9.8 in the English SHAs.

This data is also shown in Figures 2 and 3 in funnel plots. Each English SHA, together with Scotland, Wales and N Ireland, is represented on the plot as a dot, although one dot may represent more than one area. The national rate is shown on the plot as a horizontal solid black line, together with 95% (blue) and 99.8% (red) confidence limits for this rate. These limits form a 'funnel'.

If an SHA or country lies within the 95% limits, then that area has a rate that is statistically consistent with the national rate. If an SHA or country lies outside the 95%

confidence limits, this serves as an alert that the area may have a rate that is significantly different from the national rate.

For DBD donation, one area approaches a significantly higher rate, whereas for DCD donation one area has a significantly higher donation rate and one area a significantly lower rate.

Transplantation activity shown is the total for all organs, and again shows considerable variation. However a more detailed picture is available from the Transplant Activity Report published annually by NHSBT, including the number of transplants of specific organs.

Table 4

Organ donation rates per million population (pmp), in the UK, 1 April 2007 - 31 March 2011, by country and English Strategic Health Authority of donation									
	2007/08		2008/09		2009/10		2010/11		% Increase/ (decrease) ¹
	N	(pmp)	N	(pmp)	N	(pmp)	N	(pmp)	
DBD donors									
North East	47	(18.2)	41	(15.9)	33	(12.8)	35	(13.6)	(26)
North West	71	(10.3)	65	(9.4)	76	(11.0)	66	(9.6)	(7)
Yorkshire and The Humber	48	(9.2)	31	(6.0)	50	(9.6)	45	(8.6)	(6)
East Midlands	20	(4.5)	28	(6.4)	25	(5.7)	31	(7.0)	55
West Midlands	57	(10.5)	51	(9.4)	59	(10.9)	55	(10.2)	(4)
East of England	38	(6.6)	47	(8.2)	40	(7.0)	48	(8.4)	26
London	102	(13.4)	121	(15.9)	113	(14.8)	107	(14.0)	5
South East Coast	35	(8.1)	38	(8.8)	34	(7.9)	36	(8.4)	3
South Central	33	(8.1)	50	(12.3)	48	(11.8)	47	(11.5)	42
South West	55	(10.6)	37	(7.1)	47	(9.0)	38	(7.3)	(31)
England	506	(9.8)	509	(9.9)	525	(10.2)	508	(9.9)	0
Wales	39	(13.0)	28	(9.4)	28	(9.4)	39	(13.0)	0
Scotland	41	(7.9)	51	(9.8)	47	(9.1)	49	(9.4)	20
Northern Ireland	22	(11.9)	21	(11.4)	18	(9.7)	38	(20.5)	73
Isle of Man	1	(12.5)	1	(12.5)	0	(0.0)	0	(0.0)	-
Channel Islands	0	(0.0)	1	(6.7)	5	(33.3)	2	(13.3)	-
Total DBD donors	609	(9.9)	611	(9.9)	623	(10.1)	636	(10.3)	4
DCD donors									
North East	15	(5.8)	11	(4.3)	19	(7.4)	25	(9.7)	67
North West	16	(2.3)	23	(3.3)	44	(6.4)	39	(5.6)	144
Yorkshire and The Humber	16	(3.1)	26	(5.0)	30	(5.8)	34	(6.5)	113
East Midlands	1	(0.2)	6	(1.4)	7	(1.6)	16	(3.6)	1500
West Midlands	14	(2.6)	23	(4.3)	21	(3.9)	35	(6.5)	150
East of England	23	(4.0)	53	(9.2)	55	(9.6)	46	(8.0)	100
London	29	(3.8)	42	(5.5)	61	(8.0)	42	(5.5)	45
South East Coast	15	(3.5)	9	(2.1)	12	(2.8)	18	(4.2)	20
South Central	21	(5.2)	21	(5.2)	15	(3.7)	20	(4.9)	(5)
South West	31	(6.0)	46	(8.8)	41	(7.9)	51	(9.8)	65
England	181	(3.5)	260	(5.1)	305	(5.9)	326	(6.3)	80
Wales	6	(2.0)	7	(2.3)	13	(4.3)	27	(9.0)	350
Scotland	13	(2.5)	21	(4.0)	16	(3.1)	18	(3.5)	38
Northern Ireland	0	(0.0)	0	(0.0)	0	(0.0)	2	(1.1)	-
Isle of Man	0	(0.0)	0	(0.0)	1	(12.5)	0	(0.0)	-
Channel Islands	0	(0.0)	0	(0.0)	1	(6.7)	0	(0.0)	-
Total DCD donors	200	(3.2)	288	(4.7)	336	(5.4)	373	(6.0)	87
Total deceased donors	809	(13.1)	899	(14.6)	959	(15.5)	1009	(16.4)	25
Total living donors	853	(13.8)	954	(15.5)	1058	(17.1)	1016	(16.5)	19

¹ increase/(decrease) between 2007/08 and 2010/11

Figure 2

DBD organ donation rates pmp 2010/11 by English SHA and Scotland, Wales and N Ireland

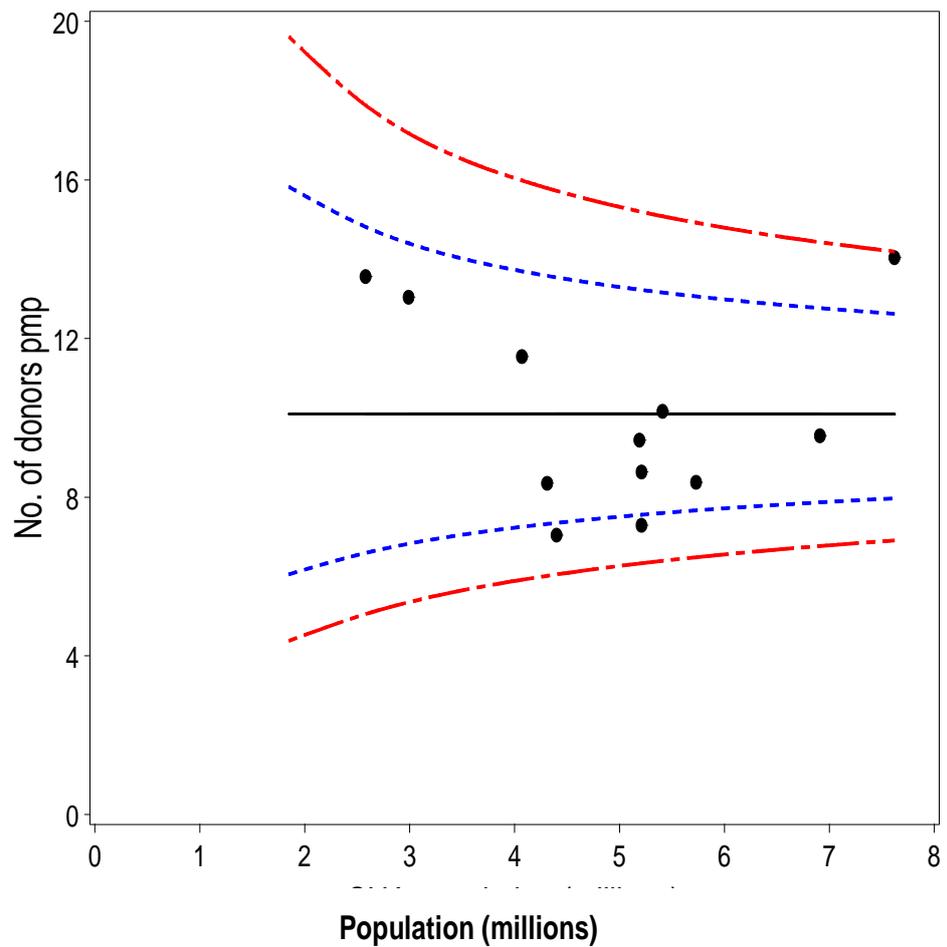


Figure 3

DCD organ donation rates pmp 2010/11
by English SHA and Scotland, Wales and N Ireland

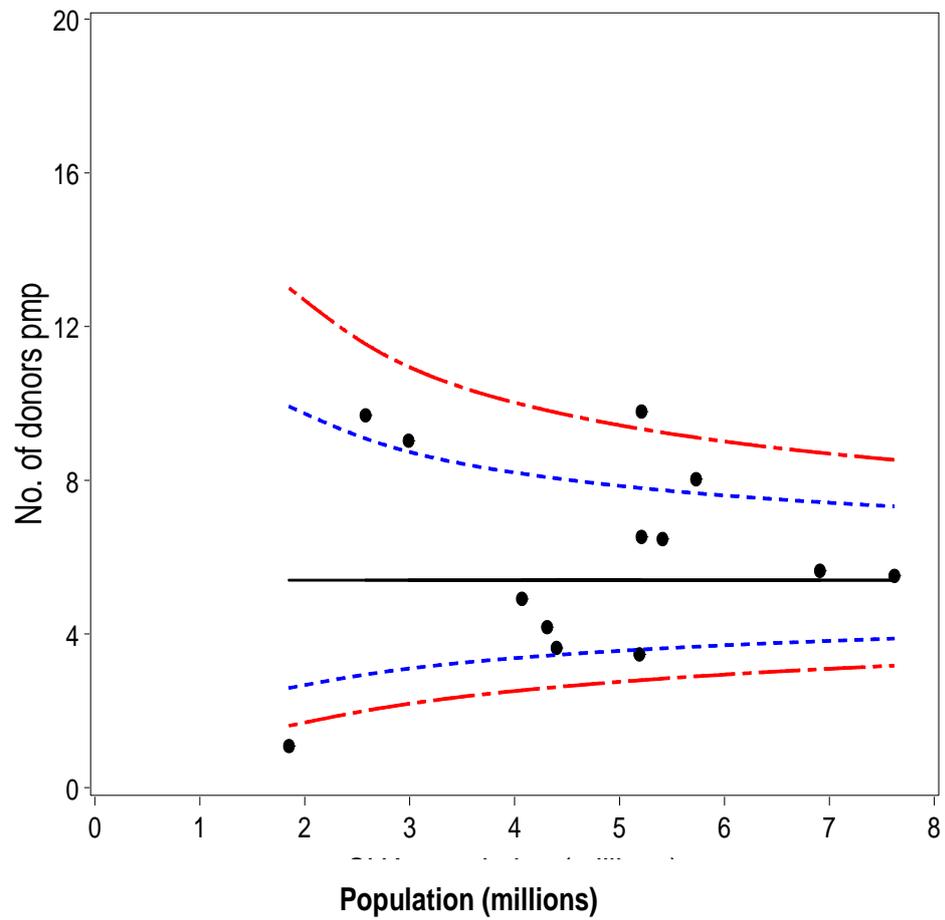


Table 5

Transplant rates per million population (pmp), in the UK, 1 April 2007 - 31 March 2011, by country and English Strategic Health Authority of residence									
	2007/08		2008/09		2009/10		2010/11		% Increase/ (decrease) ¹
	N	(pmp)	N	(pmp)	N	(pmp)	N	(pmp)	
Deceased donor transplants									
North East	123	(47.7)	130	(50.4)	109	(42.2)	118	(45.7)	(4)
North West	201	(29.1)	241	(34.9)	298	(43.1)	276	(39.9)	37
Yorkshire and The Humber	222	(42.6)	241	(46.3)	193	(37.0)	235	(45.1)	6
East Midlands	138	(31.4)	147	(33.4)	168	(38.2)	203	(46.1)	47
West Midlands	210	(38.8)	188	(34.8)	193	(35.7)	215	(39.7)	2
East of England	211	(36.8)	275	(48.0)	267	(46.6)	274	(47.8)	30
London	293	(38.5)	380	(49.9)	417	(54.7)	351	(46.1)	20
South East Coast	121	(28.1)	134	(31.1)	143	(33.2)	130	(30.2)	7
South Central	164	(40.3)	154	(37.8)	181	(44.5)	179	(44.0)	9
South West	231	(44.3)	225	(43.2)	210	(40.3)	221	(42.4)	(4)
England	1914	(37.2)	2115	(41.1)	2179	(42.4)	2202	(42.8)	15
Wales	144	(48.2)	126	(42.1)	104	(34.8)	155	(51.8)	8
Scotland	210	(40.5)	224	(43.2)	262	(50.5)	243	(46.8)	16
Northern Ireland	68	(36.8)	53	(28.6)	58	(31.4)	56	(30.3)	(18)
Isle of Man	3	(37.5)	4	(49.9)	2	(25.0)	3	(37.5)	0
Channel Islands	3	(20.0)	4	(26.7)	7	(46.7)	3	(20.0)	0
TOTAL UK² DD txs	2342	(38.0)	2526	(40.9)	2612	(42.3)	2662	(43.1)	14
Overseas recipients	41		35		36		35		(15)
Living donor transplants									
North East	32	(12.4)	37	(14.3)	34	(13.2)	42	(16.3)	31
North West	78	(11.3)	88	(12.7)	99	(14.3)	103	(14.9)	32
Yorkshire and The Humber	60	(11.5)	61	(11.7)	70	(13.4)	63	(12.1)	5
East Midlands	67	(15.2)	72	(16.4)	57	(13.0)	81	(18.4)	21
West Midlands	84	(15.5)	97	(17.9)	110	(20.3)	84	(15.5)	0
East of England	64	(11.2)	95	(16.6)	93	(16.2)	98	(17.1)	53
London	147	(19.3)	159	(20.9)	212	(27.8)	166	(21.8)	13
South East Coast	72	(16.7)	86	(20.0)	93	(21.6)	78	(18.1)	8
South Central	48	(11.8)	63	(15.5)	59	(14.5)	69	(17.0)	44
South West	59	(11.3)	64	(12.3)	78	(15.0)	65	(12.5)	10
England	711	(13.8)	822	(16.0)	905	(17.6)	849	(16.5)	19
Wales	39	(13.0)	40	(13.4)	50	(16.7)	46	(15.4)	18
Scotland	73	(14.1)	60	(11.6)	50	(9.6)	51	(9.8)	(30)
Northern Ireland	11	(5.9)	9	(4.9)	21	(11.4)	50	(27.0)	355
Isle of Man	0	(0.0)	1	(12.5)	1	(12.5)	1	(12.5)	-
Channel Islands	3	(20.0)	4	(26.7)	5	(33.3)	9	(60.0)	-
TOTAL UK² LD txs	837	(13.6)	936	(15.2)	1032	(16.7)	1006	(16.3)	20
Overseas recipients	15		17		26		10		-
TOTAL UK² organ txs	3179	(51.5)	3462	(56.1)	3644	(59.1)	3668	(59.4)	15

¹ increase/(decrease) between 2007/08 and 2010/11² UK residents based on postcode information

Glossary

Clinical Lead for Organ Donation (CLOD). Referred to in the Organ Donation Taskforce report as Clinical Donation Champions. The CLODs are appointed by acute trusts to implement the Taskforce recommendations at a local level.

Donation after Brain Death (DBD). This was previously know as Heart beating donation (HBD). A patient becomes eligible for this type of donation when they are declared brain dead, a medical condition that means that the brain is no longer receiving blood flow and has been irreversibly damaged. At the time the doctor determines that brain death has occurred, the patient becomes legally dead.

Donation after Circulatory Death (DCD). This was previously known as Non-heart beating donation (NHBD). DCD takes place most commonly when death, established following the irreversible cessation of the heart, follows the withdrawal of life-sustaining cardiorespiratory support that has been judged to be no longer in the patient's best clinical interests.

Donation Committee Chair (DCC). Each acute trust has been asked to establish a Donation Committee with a Lay Chair, to identify and implement methods of optimising potential for organ donation.

Senior Nurse – Organ Donation (SNOD). Previously known as Donor Transplant Co-ordinators. SNODs are responsible for the care of the person who has dies, speaking to their family and organising the organ donation procedure.