

National Potential Donor Audit

Key messages

- There were 37,917 audited deaths reported through the Potential Donor Audit in the financial year to 31 March 2023, including 1,419 (99%) of the 1,429 deceased organ donors.
- Compared to the previous financial year, the overall referral rate of potential donors has remained high, 93% in 2021/22 and 94% in 2022/23. The proportion of donation decision conversations where a Specialist Nurse – Organ Donation was present has remained at 93%, however the overall consent/authorisation rate has decreased in 2022/23, from 66% to 62%.
- The consent/authorisation rate was 89% when a patient had expressed an opt in decision, but 137 families overruled their loved one's decision to be an organ donor
- A significant difference is still apparent in the consent/authorisation rates for white patients and patients from ethnic minority groups (65% and 35% respectively).

13.1 Introduction

In this chapter, summary data from the National Potential Donor Audit (PDA) are shown for 1 April 2022 to 31 March 2023 and data from the previous three financial years are also provided for comparison purposes. The data comprise all audited patient deaths in UK Intensive Care Units (ICUs) and emergency departments, excluding wards and patients over 80 years of age, in the time period. Paediatric ICU data are included however neonatal ICU data have been excluded. The data are based on information received by 9 May 2023. The number of solid organ donors reported in this chapter will differ from that shown in the rest of the report, due to the national PDA excluding specific patients.

13.2 Definitions

All data shown in this chapter use the following definitions.

Eligible donors after brain death (DBD) are defined as patients for whom death was confirmed following neurological tests and who had no absolute medical contraindications to solid organ donation.

Eligible donors after circulatory death (DCD) are defined as patients who had treatment withdrawn and death was anticipated, with no absolute medical contraindications to solid organ donation.

Absolute medical contraindications to organ donation are listed here: <u>https://nhsbtdbe.blob.core.windows.net/umbraco-assets-</u> <u>corp/6455/contraindications_to_organ_donation.pdf</u>

Imminent death anticipated patients who are not confirmed dead using neurological criteria, receiving invasive ventilation, a clinical decision to withdraw treatment has been made and a controlled death is anticipated within a time frame to allow donation to occur.

Neurological death suspected patients who meet all of the following criteria: invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex. Excluding those not tested as cardiac arrest occurred despite resuscitation, brain stem reflexes returned, or neonates less than 2 months post term.

Neurological death testing rate is the percentage of patients for whom neurological death was suspected who were tested.

Referral rate is the percentage of patients for whom neurological death was suspected or imminent death was anticipated, who were referred to the Specialist Nurse - Organ Donation (SN-OD).

Donation decision conversation is where the family of eligible donors are asked to make or support patient's organ donation decision, this includes clarifying an opt out decision.

SN-OD presence rate is the percentage of eligible donor donation decision conversations where a SN-OD was present (includes telephone and video call conversations).

Deemed consent applies if a person who died in Wales, England, Jersey or Guernsey meets deemed consent criteria: aged 18 or over, has not expressed an organ donation decision either to opt in, opt out or appoint a representative, has lived for longer than 12 months and is ordinarily resident in the country in which they died, and had the capacity to understand the notion of deemed consent for a significant period before their death. Note that where a patient has verbally expressed an opt out or opt in decision deemed consent does not apply.

Deemed authorisation applies if a person, who died in Scotland, meets deemed authorisation criteria: aged 16 or over, has not registered or expressed, in writing, an organ donation decision either to opt in or opt out, has lived for longer than 12 months and is ordinarily resident in Scotland, and had the capacity to understand the notion of deemed authorisation for a significant period before their death. Note that, in Scotland, a patient who has verbally expressed an opt in decision is included as a deemed authorisation, whereas a patient who has verbally expressed an opt out decision is not included.

Consent/authorisation rate is the percentage of eligible donor donation decision conversations where consent/authorisation was ascertained. Note that consent/authorisation rates have not been provided where the number of donation decision conversations is less than ten.

13.3 Breakdown of audited deaths in ICUs and emergency departments, 1 April 2022 – 31 March 2023

In the 12-month period there were a total of 37,917 audited patient deaths in the UK. **Figures 13.1 and 13.2** show a detailed breakdown from the number of audited patient deaths to the number of solid organ donors for potential DBD and DCD donors, respectively. In total there were 1,419 solid organ donors reported through the PDA, 99.3% of the total 1,429 deceased solid organ donors.

Table 13.1 shows the key percentages calculated from the flow chart information and **Table 13.2** provides a breakdown by Organ Donation Services Team (ODST). Consent/authorisation rates have also been provided, in **Table 13.1**, for cases where the SN-OD was/was not present for the donation decision conversation and by whether there was an expressed opt in decision or consent/authorisation was deemed. Details of expressed opt in decision and deemed consent/authorisation overrides are included in the footnote of the table.

An expressed opt in decision override is a case where the family overruled their loved one's known decision to donate and includes decisions registered on the ODR, those expressed verbally, or via an appointed/nominated representative. A deemed consent/authorisation override is a case where the family did not support deemed consent/authorisation.





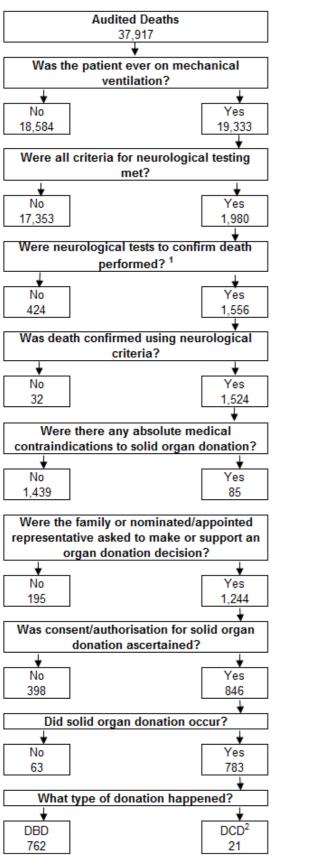
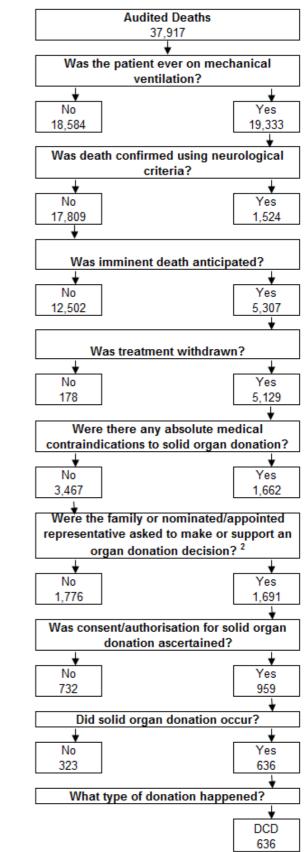


Figure 13.2 Donation after circulatory death



¹ Patients for whom tests were not performed due to; cardiac arrest despite resuscitation occurred or brainstem reflexes returned are excluded from the calculation of the neurological death testing rate

² A large number of DCD donors are not approached due to the DCD screening process which precludes them from solid organ donation

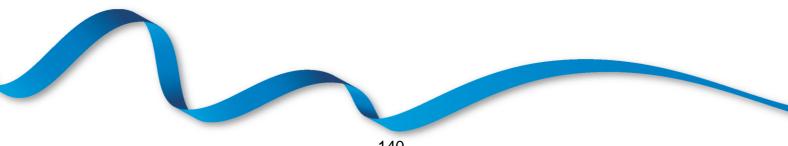
Table 13.1 Summary of key percentages, 1 Apr	il 2022 to 31 Ma	arch 2023	
	DBD	DCD	ALL
Neurological death testing rate	78.6		
Referral rate	99.2	92.1	93.8
SN-OD presence rate	95.7	90.2	92.5
Consent/authorisation rate - SN-OD present for donation decision conversation - SN-OD not present for donation decision conversation	68 69.7 on 31.5	56.7 60.8 18.8	61.5 64.7 21.9
 Expressed opt in* Deemed consent/authorisation** Other*** 	95.4 63.3 60.1	83.5 52.1 37.8	88.5 56.9 47.2

* 137 families overruled their loved one's expressed opt in decision to be an organ donor ** There were 1036 cases where deemed consent/authorisation applied and in 446 cases the family did not support deemed consent/authorisation *** Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation

decision in accordance with relevant legislation

Summary of all deceased donor key percentages by Organ Donation Services Team (ODST), 1 April 2022 to 31 March 2023 **Table 13.2**

ODST	Testing rate	Referral rate	SN-OD presence rate	Consent/ authorisation rate
Eastern	70.1	89.5	89.8	62.3
London	77.9	90.6	95.0	51.4
Midlands	69.9	93.8	91.2	54.9
North West	77.9	92.2	95.8	63.8
Northern	87.6	98.2	95.9	68.8
Northern Ireland	81.6	100.0	93.9	64.9
Scotland	85.9	97.0	88.8	68.0
South Central	83.7	95.0	89.3	64.6
South East	79.6	93.5	91.4	60.5
South Wales	84.8	95.3	87.0	66.7
South West	88.8	95.4	93.6	71.7
Yorkshire	78.9	97.8	97.3	59.1
TOTAL	78.6	93.8	92.5	61.5



13.4 Eligible donors

The number of eligible donors (as defined earlier) and rates per million population (pmp) are shown in **Table 13.3**, by NHS region. The number of actual donors pmp can be found in Table 3.2 of Chapter 3. Eligible DBD ranged from 16.1 pmp in the South West to 34.1 pmp in London. Eligible DCD ranged from 35.2 pmp in the South West to 71.0 pmp in the East of England.

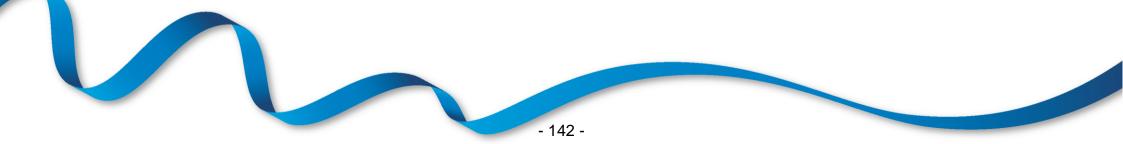
Across the countries, there was a range of 53.6 eligible donors pmp in Scotland to 80.7 eligible donors pmp in Wales. Overall, there were 1,439 eligible DBD (21.5 pmp) and 3,467 eligible DCD (51.7 pmp) in the UK, resulting in a total of 73.2 eligible donors per million population. **Tables 13.4** and **13.5** show more detailed information by country/NHS region for DBD and DCD data, respectively.

		million popu and NHS re		o), in the UK,	1 April 2022	2 to 31
Country	Eligib	le DBD	Eligib	le DCD	то	TAL
Country/ NHS region of donation	Ν	(pmp)	Ν	(pmp)	Ν	(pmp)
North East and Yorkshire	212	(26.1)	528	(64.9)	740	(91.0)
North West	154	(20.8)	421	(56.7)	575	(77.5)
Midlands	189	(17.4)	494	(45.6)	683	(63.0)
East of England	108	(17.0)	451	(71.0)	559	(88.0)
London	300	(34.1)	455	(51.7)	755	(85.8)
South East	169	(18.2)	449	(48.3)	618	(66.5)
South West	92	(16.1)	201	(35.2)	293	(51.3)
England	1224	(21.6)	2999	(53.0)	4223	(74.7)
Isle of Man	0	(0.0)	5	(62.5)	5	(62.5)
Channel Islands	1	(5.9)	1	(5.9)	2	(11.8)
Wales	65	(20.9)	186	(59.8)	251	(80.7)
Scotland	80	(14.6)	214	(39.1)	294	(53.6)
Northern Ireland	69	(36.3)	62	(32.6)	131	(68.9)
TOTAL	1439	(21.5)	3467	(51.7)	4906	(73.2)

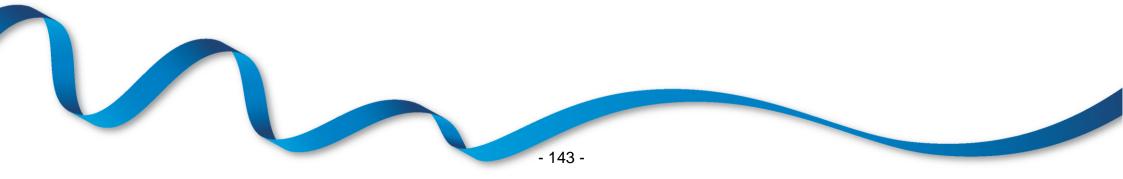


by country	and NHS region						
Country/ NHS region of donation	Number of patients where neurological death was suspected	Neurological death testing rate (%)	DBD referral rate (%)	Number of eligible DBD donors	Number of eligible DBD donation decision conversations	DBD SN-OD presence rate (%)	DBD consent authorisatior rate (%)
North East and Yorkshire	277	82.7	99.6	212	182	98.9	64.8
North West	223	77.1	99.6	154	129	98.4	73.6
Midlands	298	70.1	99.0	189	167	94.0	63.5
East of England	161	72.0	97.5	108	95	96.8	77.9
London	428	76.4	99.5	300	243	95.1	54.3
South East	215	83.3	99.5	169	155	94.2	71.6
South West	107	89.7	100.0	92	85	96.5	83.5
England	1709	77.7	99.3	1224	1056	96.1	67.0
Isle of Man	0			0	0		
Channel Islands	1	100.0	100.0	1	1	0.0	100.0
Wales	84	84.5	98.8	65	60	88.3	70.0
Scotland	99	85.9	98.0	80	66	93.9	84.8
Northern Ireland	87	81.6	100.0	69	61	98.4	65.6
TOTAL	1980	78.6	99.2	1439	1244	95.7	68.0

Table 13.4DBD key metrics from the Potential Donor Audit, 1 April 2022 to 31 March 2023,
by country and NHS region



	etrics from the Po and NHS region	tential Don	or Audit, 1 Ap	oril 2022 to 31 Ma	arch 2023,	
Country/ NHS region of donation	Number of patients for whom imminent death was anticipated	DCD referral rate (%)	Number of eligible DCD donors	Number of eligible DCD donation decision conversations	DCD SN-OD presence rate (%)	DCD consent/ authorisation rate (%)
North East and Yorkshire	859	97.1	528	229	94.8	60.7
North West	695	89.9	421	154	93.5	59.1
Midlands	774	92.0	494	292	90.1	52.1
East of England	755	88.7	451	221	86.0	61.1
London	668	87.6	455	212	94.8	47.6
South East	680	91.8	449	244	86.1	57.8
South West	260	94.6	201	107	91.6	60.7
England	4691	91.6	2999	1459	90.7	56.5
Isle of Man	7	85.7	5	2	100.0	50.0
Channel Islands	6	50.0	1	1	100.0	100.0
Wales	242	95.5	186	64	89.1	53.1
Scotland	282	96.1	214	112	85.7	58.0
Northern Ireland	79	100.0	62	53	88.7	64.2
TOTAL	5307	92.1	3467	1691	90.2	56.7



Tables 13.6 and **13.7** show more detailed information on the key metrics by Organ Donation Services Team (ODST) for DBD and DCD data, respectively. Specialist Nurses for Organ Donation (SN-ODs) work within an ODST, which covers an area of the UK. As seen in **Table 13.6**, the neurological death testing rate was highest for the South West team and the DBD referral rate was 100% for 4 teams. The SN-OD presence rate was highest for the Yorkshire team, where a SNOD was present for 100% of DBD donation decision conversations.

Table 13.6	DBD key metric by Organ Donat			udit, 1 April 2	022 to 31 March :	2023,	
ODST	Number of patients where neurological death was suspected	Neurological death testing rate (%)	DBD referral rate (%)	Number of eligible DBD donors	Number of eligible DBD donation decision conversations	DBD SN-OD presence rate (%)	DBD consent/ authorisation rate (%)
Eastern	194	70.1	97.9	126	109	97.2	70.6
London	308	77.9	99.4	222	182	95.1	54.9
Midlands	259	69.9	99.2	164	144	93.8	63.2
North West	244	77.9	99.6	169	141	98.6	72.3
Northern	105	87.6	100.0	85	72	97.2	70.8
Northern Ireland	87	81.6	100.0	69	61	98.4	65.6
Scotland	99	85.9	98.0	80	66	93.9	84.8
South Central	129	83.7	100.0	102	93	92.5	72.0
South East	206	79.6	99.5	150	131	93.9	64.9
South Wales	66	84.8	98.5	53	51	86.3	74.5
South West	98	88.8	100.0	84	77	97.4	85.7
Yorkshire	185	78.9	98.9	135	117	100.0	62.4
TOTAL	1980	78.6	99.2	1439	1244	95.7	68.0

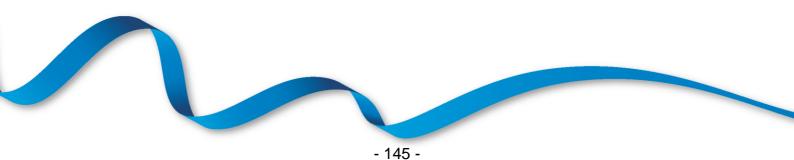


Table 13.7 indicates that for DCD patients, the highest referral rate was 100% for the Northern Ireland team and the highest proportion of DCD donation decision conversations for which a SN-OD was present was 95.1% for the Yorkshire team. No account has been taken of the demographics of the populations within the teams which may impact on the rates presented.

	DCD key metrics fr by Organ Donation			it, 1 April 2022 to	31 March 2023	3,
ODST	Number of patients for whom imminent death was anticipated	DCD referral rate (%)	Number of eligible DCD donors	Number of eligible DCD donation decision conversations	DCD SN-OD presence rate (%)	DCD consent/ authorisation rate (%)
Eastern	858	88.0	514	252	86.5	58.7
London	451	85.8	309	139	95.0	46.8
Midlands	675	92.1	432	266	89.8	50.4
North West	801	90.3	505	166	93.4	56.6
Northern	354	97.7	255	98	94.9	67.3
Northern Ireland	d 79	100.0	62	53	88.7	64.2
Scotland	282	96.1	214	112	85.7	58.0
South Central	452	93.8	321	150	87.3	60.0
South East	462	91.1	285	160	89.4	56.9
South Wales	156	94.2	115	57	87.7	59.6
South West	198	93.4	161	96	90.6	60.4
Yorkshire	539	97.6	294	142	95.1	56.3
TOTAL	5307	92.1	3467	1691	90.2	56.7

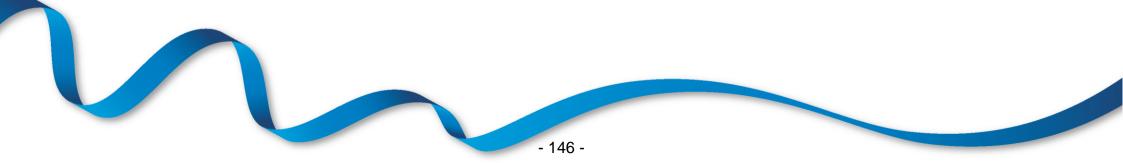
Table 13.8 shows key metrics separately for patients meeting the PDA criteria who were referred in an ICU or an emergency department (irrespective of where the patient died), for DBD and DCD, respectively. Note that the total number of patients in this table and the associated rates do not match the other tables throughout this chapter as Table 13.8 is based on the subset of patients who were referred to the ODST.

Table 13.9 shows key metrics separately for adult and paediatric patients, for DBD and DCD, respectively. Note that of the 144 paediatric patients for whom neurological death was suspected, tests were not performed on 42 patients.

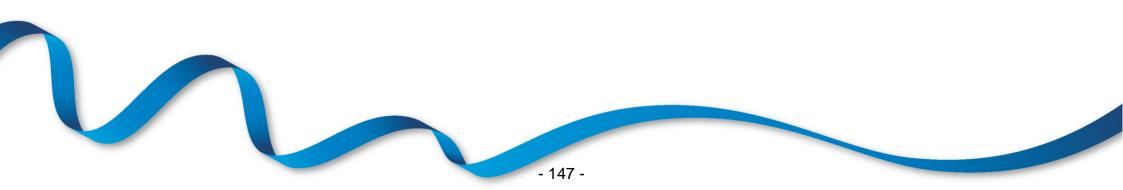


Eligible donor type	Unit where patient was referred from	Number of patients who were referred ¹	Neurological death testing rate (%)	Number of eligible donors	Number of eligible donor donation decision conversations	SN-OD presence rate (%)	Consent/ authorisation rate (%)	Number o actual donors ²
DBD	Critical care	1924	79.6	1418	1227	95.7	67.7	769
	Emergency dept.	35	51.4	15	14	100.0	92.9	12
	Other	6	66.7	4	2	100.0	100.0	2
	TOTAL	1965	79.1	1437	1243	95.7	68.1	783
DCD	Critical care	4779		3150	1635	91.6	57.7	626
	Emergency dept.	80		57	26	69.2	38.5	7
	Other	27		15	12	83.3	41.7	3
	TOTAL	4886		3222	1673	91.2	57.3	636

0 DCD donors referred from emergency departments



Eligible donor type	Age group	Number of patients who met referral criteria ¹	Neurological death testing rate (%)	Referral rate (%)	Number of eligible donors	Number of eligible donor donation decision conversations	SN-OD presence rate (%)	Consent/ authorisation rate (%)	Number o actual donors ²
DBD	Adult (>=18)	1866	79.5	99.3	1372	1191	96.2	68.6	755
	Paediatric (<18)	114	63.2	98.2	67	53	83.0	54.7	28
	TOTAL	1980	78.6	99.2	1439	1244	95.7	68.0	783
DCD	Adult (>=18)	5071		92.3	3281	1631	90.6	57.7	623
	Paediatric (<18)	236		88.1	186	60	80.0	30.0	13
	TOTAL	5307		92.1	3467	1691	90.2	56.7	636



13.5 Consent/ authorisation rates

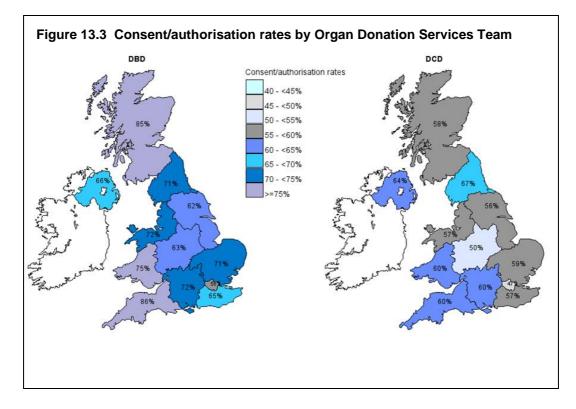
The overall DBD consent/authorisation rate was 68% and the 95% confidence limits for this percentage are 65% - 71%. For DCD, the overall rate was 57% and the 95% confidence limits are 54% - 59%.

Across the country/NHS region, the DBD consent/authorisation rates range from 54% in London to 84% in the South West. DCD consent/authorisation rates range from 48% in London to 64% in Northern Ireland (Tables 13.4 and 13.5).

The overall consent/authorisation rates (combining DBD and DCD) for England, Wales, Scotland and Northern Ireland were 61%, 61%, 68% and 65%, respectively.

Consent/authorisation rates by Organ Donation Services Team are illustrated in Figure 13.3 for both DBD and DCD. Caution should be applied when interpreting these consent/authorisation rates as no adjustment has been made for the mix of patients in terms of age, prior opt in decision and ethnicity.

Across the Organ Donation Services Teams, the DBD consent/authorisation rates range from 55% in the London team to 86% in the South West team. DCD consent/authorisation rates range from 47% in the London team to 67% in the Northern Ireland team.



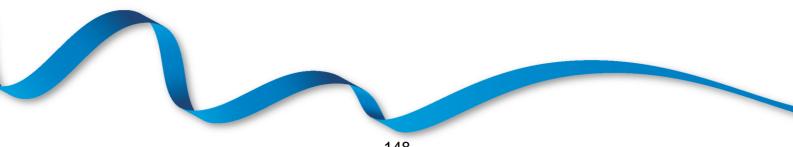


Table 13.10 shows the consent/authorisation rate separately for white patients and patients from ethnic minority groups. The national DBD consent/authorisation rates for white patients and patients from ethnic minority groups were 74% and 40%, respectively. A similar difference was observed for DCD consent/authorisation rates: 60% and 28%, respectively. Note that there were an additional 7 DCD donation decision conversations where the ethnicity was not known or not reported.

The Northern, Northern Ireland, Scotland, South Wales and South West teams each accounted for only 1% or less donation decision conversations where patients are from ethnic minority groups, whereas London accounted for 37%. Most teams had a very small proportion, therefore accounting for some of the variation observed in overall consent/authorisation rates between teams. Note that consent/authorisation rates have not been provided where the number of donation decision conversations is less than ten.

	White eligible donors Eligible donors from ethnic minority groups Number of Number of Number of							ıps	All		
ODST	eligible DBD donation decision conversations	DBD consent/ authorisation rate (%)	eligible DCD donation decision conversations	DCD consent/ authorisation rate (%)	Overall consent/ authorisation rate (%)	eligible DBD donation decision conversations	DBD consent/ authorisation rate (%)	eligible DCD donation decision conversations	DCD consent/ authorisation rate (%)	Overall consent/ authorisation rate (%)	Overall consent/ authorisatior rate (%) ¹
Eastern	92	73.9	230	61.7	65.2	17	52.9	22	27.3	38.5	62.3
London	99	67.7	92	54.3	61.3	83	39.8	47	31.9	36.9	51.4
Midlands	110	71.8	238	53.4	59.2	34	35.3	26	26.9	31.7	54.9
North West	131	75.6	161	58.4	66.1	10	30.0	5	0.0	20.0	63.8
Northern	70	71.4	96	68.8	69.9	2	50.0	2	0.0	25.0	68.8
Northern Ireland	61	65.6	53	64.2	64.9	0		0			64.9
Scotland	65	84.6	108	57.4	67.6	1	100.0	2	100.0	100.0	68.0
South Central	85	76.5	129	65.1	69.6	8	25.0	19	31.6	29.6	64.6
South East	96	71.9	144	61.1	65.4	35	45.7	16	18.8	37.3	60.5
South Wales	51	74.5	55	60.0	67.0	0		2	50.0	50.0	66.7
South West	75	86.7	95	61.1	72.4	2	50.0	0		50.0	71.7
Yorkshire	99	68.7	137	57.7	62.3	18	27.8	5	20.0	26.1	59.1
TOTAL	1034	73.8	1538	59.6	65.3	210	39.5	146	28.1	34.8	61.5

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¹ Includes 7 donation decision conversations where the ethnicity was not known or not reported

Table 13.11 shows the reasons why the family did not give consent/authorisation, by donor type. The most common reason reported for why the families of both eligible DBD and DCD families did not give consent/authorisation was that the patient had previously expressed a decision not to donate. Overall, this reason was reported in 26% of cases.

Patient had previously expressed a wish not to donate12130.417523.929626.Family were not sure whether the patient would have agreed to4411.19012.313411.Ionation		וח		type	חי	Та	stal
Patient had previously expressed a wish not to donate12130.417523.929626.Family were not sure whether the patient would have agreed to4411.19012.313411.Ionation	rimary reason why family did not support organ donation				-		
Family were not sure whether the patient would have agreed to4411.19012.313411.1tonation	atient had registered a decision to Opt Out	22	5.5	31	4.2	53	4.7
Instruction41.0121.6161.1Family did not believe in donation41.0121.6161.1Family felt it was against their religious/cultural beliefs4010.1243.3645.1Family divided over the decision215.3182.5393.1Family divided over the decision225.5628.5847.1Family did not want surgery to the body389.5517.0897.1Family did not want surgery to the body389.5517.0897.1Family had difficulty understanding/accepting neurological testing30.80-30.1Family felt the length of time for the donation process was too long174.312617.214312.1Family felt that the body should be buried whole (unrelated to205.0131.8332.1Family felt that the body should be buried whole (unrelated to205.0131.8332.1Family believe patient's treatment may have been limited to facilitate10.371.080.1Family concerned donation may delay the funeral20.510.130.1Family concerned donation may delay the funeral20.510.130.1Family felt strateging371.080.10.130.1Family felt that the body s	atient had previously expressed a wish not to donate	121	30.4	175	23.9	296	26.2
Family felt it was against their religious/cultural beliefs4010.1243.3645.Family divided over the decision215.3182.5393.Family felt patient had suffered enough225.5628.5847.Family did not want surgery to the body389.5517.0897.Family wanted to stay with the patient after death20.5162.2181.Family had difficulty understanding/accepting neurological testing30.80-30.Family felt the length of time for the donation process was too long174.312617.214312.Family felt that the body should be buried whole (unrelated to205.0131.8332.Family believe patient's treatment may have been limited to facilitate10.30-10.Family concerned donation may delay the funeral20.510.130.Family concerned that organs may not be transplantable10.371.080.Family concerned donation may delay the funeral20.510.130.Family concerned donation may delay the funeral10.371.080.Family concerned donation may delay the funeral20.510.130.Family concerned donation may delay the funeral20.510.130. <td></td> <td>44</td> <td>11.1</td> <td>90</td> <td>12.3</td> <td>134</td> <td>11.9</td>		44	11.1	90	12.3	134	11.9
Family divided over the decision215.3182.5393.Family felt patient had suffered enough225.5628.5847.Family did not want surgery to the body389.5517.0897.Family wanted to stay with the patient after death20.5162.2181.Family had difficulty understanding/accepting neurological testing30.80-30.Family felt the length of time for the donation process was too long174.312617.214312.Family concerned other people may disapprove/be offended10.320.330.Family believe patient's treatment may have been limited to facilitate10.30-10.Family concerned donation71.080.010.Family believe patient's treatment may have been limited to facilitate10.371.080.Family concerned donation20.510.130.0.Family concerned donation may delay the funeral20.510.130.Family concerned donation may delay the funeral10.371.080.Family concerned donation may delay the funeral20.510.130.Family concerned donation may delay the funeral11.31.4.2484	amily did not believe in donation	4	1.0	12	1.6	16	1.4
Family felt patient had suffered enough225.5628.5847.5Family did not want surgery to the body389.5517.0897.5Family wanted to stay with the patient after death20.5162.2181.5Family had difficulty understanding/accepting neurological testing30.80-30.5Family had difficulty understanding/accepting neurological testing30.80-30.5Family felt the length of time for the donation process was too long174.312617.214312.5Family concerned other people may disapprove/be offended10.320.330.5Family felt that the body should be buried whole (unrelated to regan donation205.0131.8332.5Family believe patient's treatment may have been limited to facilitate10.30-10.5Family concerned that organs may not be transplantable10.371.080.5Family concerned donation may delay the funeral20.510.130.5Family concerned donation may delay the funeral174.3314.2484	amily felt it was against their religious/cultural beliefs	40	10.1	24	3.3	64	5.7
Family did not want surgery to the body389.5517.0897.0Family wanted to stay with the patient after death20.5162.2181.0Family had difficulty understanding/accepting neurological testing30.80-30.0Family felt the length of time for the donation process was too long174.312617.214312.0Family felt the length of time for the donation process was too long174.312617.214312.0Family concerned other people may disapprove/be offended10.320.330.0Family felt that the body should be buried whole (unrelated to205.0131.8332.0Family believe patient's treatment may have been limited to facilitate10.30-10.0Family concerned dhat organs may not be transplantable10.371.080.0Family concerned donation may delay the funeral20.510.130Family concerned donation may delay the funeral174.3314.2484	amily divided over the decision	21	5.3	18	2.5	39	3.5
Family wanted to stay with the patient after death20.5162.2181.Family had difficulty understanding/accepting neurological testing30.80-30.Family felt the length of time for the donation process was too long174.312617.214312.Family concerned other people may disapprove/be offended10.320.330.Family felt that the body should be buried whole (unrelated to205.0131.8332.Family believe patient's treatment may have been limited to facilitate10.30-10.Family concerned that organs may not be transplantable10.371.080.Family concerned donation may delay the funeral20.510.130Family concerned donation may delay the funeral174.3314.2484.	amily felt patient had suffered enough		5.5	62	8.5	84	7.4
Family had difficulty understanding/accepting neurological testing30.80-30.8Family felt the length of time for the donation process was too long174.312617.214312.9Family concerned other people may disapprove/be offended10.320.330.9Family felt that the body should be buried whole (unrelated to205.0131.8332.9Family believe patient's treatment may have been limited to facilitate10.30-10.9Family concerned that organs may not be transplantable10.371.080.9Family concerned donation may delay the funeral20.510.130Family concerned donation may delay the funeral174.3314.2484.9	amily did not want surgery to the body	38	9.5		7.0	89	7.9
Family felt the length of time for the donation process was too long174.312617.214312.Family concerned other people may disapprove/be offended10.320.330.Family felt that the body should be buried whole (unrelated to205.0131.8332.eligious/cultural reasons)10.30-10.Family believe patient's treatment may have been limited to facilitate10.30-10.Family concerned that organs may not be transplantable10.371.080.Family concerned donation may delay the funeral20.510.130.Family concerned donation may delay the funeral174.3314.2484.			0.5	16	2.2	18	1.0
Family concerned other people may disapprove/be offended10.320.330.Family felt that the body should be buried whole (unrelated to eligious/cultural reasons)205.0131.8332.Family believe patient's treatment may have been limited to facilitate10.30-10.5Family concerned that organs may not be transplantable10.371.080.5Family concerned donation may delay the funeral20.510.130Family concerned donation may delay the funeral174.3314.2484.5				-	-	3	0.
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eligious/cultural reasons)Family believe patient's treatment may have been limited to facilitate10.30-10.5Family believe patient's treatment may have been limited to facilitate10.30-10.5Family concerned that organs may not be transplantable10.371.080.5Family concerned donation may delay the funeral20.510.130.5Strong refusal - probing not appropriate174.3314.2484.5		1	0.3			-	0.
organ donationFamily concerned that organs may not be transplantable10.371.080.Family concerned donation may delay the funeral20.510.130.Strong refusal - probing not appropriate174.3314.2484.		20	5.0	13	1.8	33	2.9
Family concerned that organs may not be transplantable10.371.080.Family concerned donation may delay the funeral20.510.130.Strong refusal - probing not appropriate174.3314.2484.		1	0.3	0	-	1	0.1
Family concerned donation may delay the funeral20.510.130.Strong refusal - probing not appropriate174.3314.2484.	5	1	0.3	7	1.0	8	0.
Strong refusal - probing not appropriate 17 4.3 31 4.2 48 4.		2	0.5	1	0.1	3	0.3
		17	4.3	31	4.2	48	4.
	Ither	22	5.5	73	10.0	95	8.

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13.6 Specialist Nurse - Organ Donation (SN-OD) presence

Table 13.12 shows the proportion of donation decision conversations where a SN-OD was present, for DBD and DCD separately, and overall. Nationally, 96% of DBD and 90% of DCD donation decision conversation had a SN-OD present. There is some variation between teams in the percentage of DCD donation decision conversations where a SN-OD was present, however SN-OD presence rates are good across all teams for DBD donation decision conversations.

ODST	Number of eligible DBD donation decision conversations	Number of eligible DBD donation decision conversations where SN-OD present	DBD SN-OD presence rate (%)	Number of eligible DCD donation decision conversations	Number of eligible DCD donation decision conversations where SN-OD present	DCD SN-OD presence rate (%)	Overall SN-OD presence rate (%)
Eastern	109	106	97.2	252	218	86.5	89.8
London	182	173	95.1	139	132	95.0	95.0
Midlands	144	135	93.8	266	239	89.8	91.2
North West	141	139	98.6	166	155	93.4	95.8
Northern	72	70	97.2	98	93	94.9	95.9
Northern Ireland	61	60	98.4	53	47	88.7	93.9
Scotland	66	62	93.9	112	96	85.7	88.8
South Central	93	86	92.5	150	131	87.3	89.3
South East	131	123	93.9	160	143	89.4	91.4
South Wales	51	44	86.3	57	50	87.7	87.0
South West	77	75	97.4	96	87	90.6	93.6
Yorkshire	117	117	100.0	142	135	95.1	97.3
TOTAL	1244	1190	95.7	1691	1526	90.2	92.5

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Table 13.13 shows the effect on the consent/authorisation rate when a SN-OD is present or not present for the donation decision conversation. Evidence shows that the family is more likely to support organ donation when a trained SN-OD is present for the donation decision conversation, and this is particularly apparent for eligible DCD donors. Again, there is wide variation between teams.

Caution should be applied when interpreting these rates as numbers of donation decision conversations are very small where a SN-OD is not present and no account has been taken of donation decisions which were initiated by the family, a patient's prior opt in decision or ethnicity.

	SN-OD present for donation decision conversation Number of Number of					SN-OD r Number of	All				
ODST	eligible DBD donation decision conversations	DBD consent/ authorisation rate (%)	eligible DCD donation decision conversations	DCD consent/ authorisation rate (%)	Overall consent/ authorisation rate (%)	eligible DBD donation decision conversations	DBD consent/ authorisation rate (%)	Number of eligible DCD donation decision conversations	DCD consent/ authorisation rate (%)	Overall consent/ authorisation rate (%)	Overall consent/ authorisatior rate (%)
Eastern	106	72.6	218	62.8	66.0	3	0.0	34	32.4	29.7	62.3
London	173	56.1	132	49.2	53.1	9	33.3	7	0.0	18.8	51.4
Midlands	135	65.9	239	54.0	58.3	9	22.2	27	18.5	19.4	54.9
North West	139	71.9	155	60.6	66.0	2	100.0	11	0.0	15.4	63.8
Northern	70	72.9	93	71.0	71.8	2	0.0	5	0.0	0.0	68.8
Northern Ireland	60	66.7	47	70.2	68.2	1	0.0	6	16.7	14.3	64.9
Scotland	62	88.7	96	66.7	75.3	4	25.0	16	6.3	10.0	68.0
South Central	86	75.6	131	65.6	69.6	7	28.6	19	21.1	23.1	64.6
South East	123	65.9	143	59.4	62.4	8	50.0	17	35.3	40.0	60.5
South Wales	44	84.1	50	66.0	74.5	7	14.3	7	14.3	14.3	66.7
South West	75	85.3	87	64.4	74.1	2	100.0	9	22.2	36.4	71.7
Yorkshire	117	62.4	135	59.3	60.7	0		7	0.0	0.0	59.1

13.7 Comparison with previous years

Table 13.14 and Figure 13.4 show the key metrics from the PDA for the last four financial years.

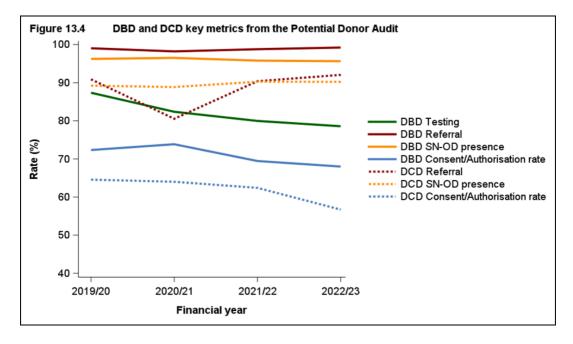
Eligible donor type	Financial year	Number of patients who met referral criteria ¹	Neurological death testing rate (%)	Referral rate (%)	Number of eligible donors	Number of eligible donor donation decision conversations	SN-OD presence rate (%)	Number of families who consented to/ authorised donation	Consent/ authorisation rate (%)	Number of actua donors
DBD	2019-2020	1996	87.4	99.0	1658	1468	96.3	1062	72.3	946
	2020-2021	1811	82.4	98.2	1353	1209	96.5	893	73.9	779
	2021-2022	1918	80.0	98.8	1375	1241	95.8	862	69.5	787
	2022-2023	1980	78.6	99.2	1439	1244	95.7	846	68.0	783
DCD	2019-2020	6296		90.9	4349	1812	89.2	1170	64.6	621
	2020-2021	5938		80.5	2851	1042	88.9	667	64.0	402
	2021-2022	5229		90.4	2988	1450	90.3	905	62.4	604
	2022-2023	5307		92.1	3467	1691	90.2	959	56.7	636
TOTAL	2019-2020	8079		92.8	6007	3280	92.4	2232	68.0	1568
	2020-2021	7466		84.4	4204	2251	93.0	1560	69.3	1182
	2021-2022	6797		92.5	4363	2691	92.8	1767	65.7	1391
	2022-2023	6910		93.8	4906	2935	92.5	1805	61.5	1419

¹ DBD referral criteria: patients where neurological death was suspected (excluding those for which cardiac arrest occurred despite resuscitation or brain stem reflexes returned); DCD referral criteria: patients for whom imminent death was anticipated ² Actual donors resulting from eligible DBD donors includes 10 DCD donors in 2019-2020, 12 DCD donors in 2020-2021, 6 DCD donors in 2021-

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2022 and 21 DCD donors in 2022-2023

DBD referral rates have remained unchanged, with DCD referral rates having risen since 2020/21. The DBD testing rate has been slowly decreasing whilst the SN-OD presence rate has remained unchanged in both DBD and DCD. The consent/authorisation rate for both DBD and DCD has fallen slightly.



13.8 Consented/authorised cases not proceeding to solid organ donation

Consent/authorisation for donation was ascertained for 846 eligible DBD donors and 959 eligible DCD donors; 783 (92%) and 636 (66%) of these cases proceeded to donate at least one solid organ, respectively. **Table 13.15** shows the reasons why donation did not proceed for the 63 eligible DBD and 323 eligible DCD cases where consent/authorisation was ascertained. The main reasons reported for consented/authorised eligible DBD donors not proceeding to donate was that the organs were deemed to be medically unsuitable by transplant centres or there was an absolute contraindication to organ donation. The main reason for consented/authorised DCD donors was prolonged time to asystole, meaning that the donor did not die in a timeframe suitable for organ donation.



	וח	Donor 3D	Total			
Primary reason why donation did not proceed	N	%	N	CD %	N	%
Clinical - Absolute contraindication to organ donation	10	15.9	8	2.5	18	4.7
Clinical - No transplantable organ	6	9.5	12	3.7	18	4.
Clinical - Patient's general medical condition	2	3.2	3	0.9	5	1.
Clinical - Patient actively dying	4	6.3	19	5.9	23	6.
Clinical - Cardiac arrest during referral	2	3.2	0	-	2	0.
Clinical - Considered high risk donor	7	11.1	8	2.5	15	3.
Clinical - DCD clinical exclusion	0	-	1	0.3	1	0.
Clinical - Patient asystolic	1	1.6	0	-	1	0.
Clinical - Predicted PTA therefore not attended	0	-	3	0.9	3	0.
Clinical - PTA post WLST	0	-	165	51.1	165	42.
Clinical - Organs deemed medically unsuitable by recipient centres	10	15.9	51	15.8	61	15.
Clinical - Organs deemed medically unsuitable on surgical inspection	7	11.1	3	0.9	10	2.
Clinical - Positive virology	1	1.6	3	0.9	4	1.
Clinical - Other	3	4.8	10	3.1	13	3.
Consent / Auth - Coroner/Procurator fiscal refusal	5	7.9	10	3.1	15	3.
Consent / Auth - NOK withdraw consent / authorisation	5	7.9	24	7.4	29	7.
Logistical - Other	0	-	3	0.9	3	0.
TOTAL	63	100.0	323	100.0	386	100.

Table 13.15Reasons why consented/authorised eligible donors did not proceed to donate, 1 April 2022 to 31 March 2023,
by donor type