NHS
Blood and Transplant

ANNUAL REPORT ON THE POTENTIAL DONOR AUDIT

SUMMARY REPORT FOR THE 12 MONTH PERIOD 1 APRIL 2022 – 31 MARCH 2023

PUBLISHED SEPTEMBER 2023

1 EXECUTIVE SUMMARY

In the year 1 April 2022 to 31 March 2023, there were 37,917 deaths audited for the PDA. Of these deaths, 1,980 and 5,307 patients met the referral criteria for DBD and/or DCD, respectively and 99% and 92% were referred to NHS Blood and Transplant. Of the 1,980 patients for whom neurological death was suspected, 79% were tested.

Of the families who were asked to make or support a patient's organ donation decision, 68% and 57% consented to/authorised DBD and DCD donation. Of these, 93% and 66%, respectively, became actual solid organ donors. 137 families overruled their loved one's expressed opt in decision to be an organ donor and 590 families did not support deemed consent/authorisation.

The difference in the consent/authorisation rate across the different age groups was statistically significant for DCD, but not DBD. For DCD, paediatric patients (0-17 years) have a much lower consent/authorisation rate than the adult groups.

There was a statistically significant difference in both the DBD and DCD consent/authorisation rate between patients from the white ethnic community and patients from Black, Asian and minority ethnic (BAME) communities. Overall, the consent/authorisation rates were 65% in white donors and 35% in BAME donors.

The testing rate for neurological death steadily increased between 2018/19 and 2019/20. In the last three years the testing rate decreased from 87% to 79%. DBD and DCD referral rates have remained steadily high, with the exception of 2020/21 where decreases in the DCD referral rate were seen due to the impact of COVID-19. Since 2018/19, the SNOD presence rates have improved. In the last year, the DBD consent/authorisation rate has decreased to 68% and the DCD consent/authorisation rate has also decreased to 57%. This decrease is also observed in the DBD and DCD consent/authorisation rate excluding opt outs, 69% and 58%, respectively.

2 INTRODUCTION

This report presents Potential Donor Audit (PDA) information on the financial year 1 April 2022 to 31 March 2023.

The dataset used to compile this report includes all audited patient deaths in UK Intensive Care Units (ICUs) and Emergency Departments as reported by 9 May 2023. Patients aged over 80 years and patients who died on a ward have not been audited. Paediatric ICU data are included however neonatal ICU data have been excluded from this report.

This report summarises the main findings of the PDA over the 12-month period, in particular the reasons why patients were lost along the pathway, and should be read in conjunction with the PDA section of the Organ Donation and Transplantation Activity Report, available at https://www.odt.nhs.uk/statistics-and-reports/annual-activity-report/.

3 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: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf

SNOD Specialist Nurse in Organ Donation, including Specialist Requesters

Deemed consent applies if a person who died in Wales, England or Jersey 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.

Consent/authorisation rate excluding ODR opt outs is the percentage of eligible donor donation decision conversations, where the patient had not registered an ODR opt out decision and consent/authorisation was ascertained.

Further definitions to aid interpretation are given in **Appendix 1**.

4 BREAKDOWN OF AUDITED DEATHS IN ICUs AND EMERGENCY DEPARTMENTS

In the 12-month period from 1 April 2022 to 31 March 2023, there were a total of 37,917 audited patient deaths in the ICUs and EDs in the UK. A detailed breakdown for both the DBD and DCD data collection flows is given in **Figure 1** and **2**, and **Table 1** summarises the key percentages.

Figure 1 Donation after brain death

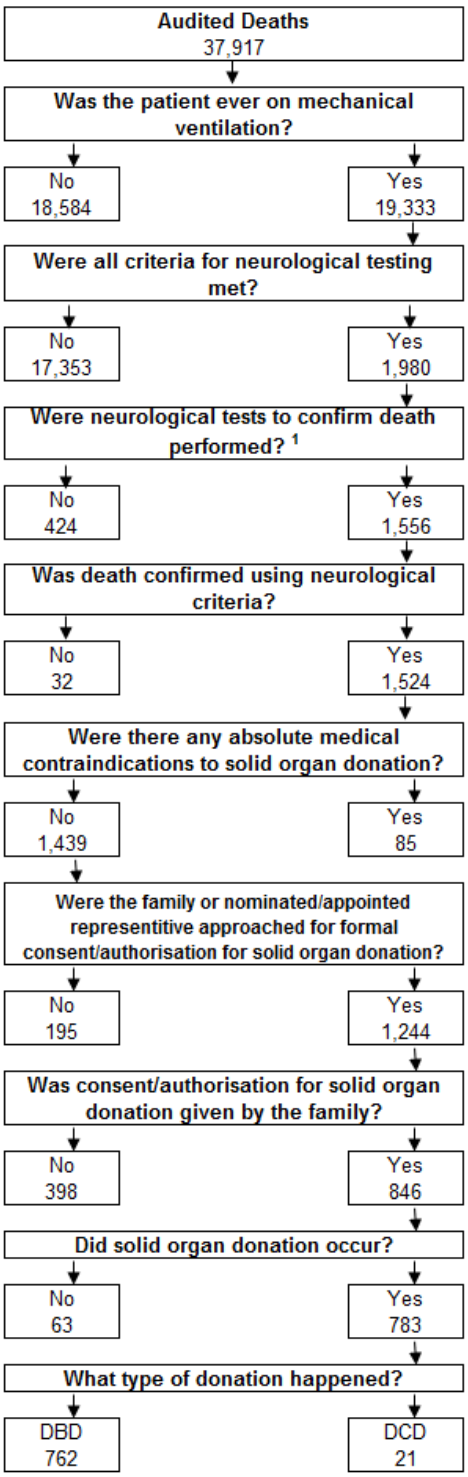
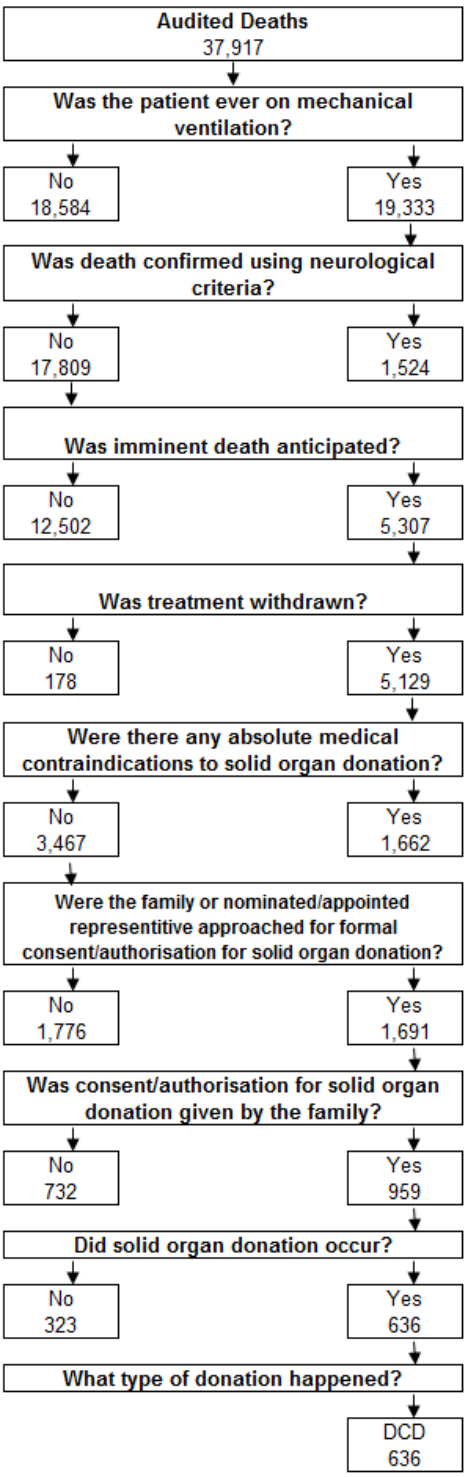


Figure 2 Donation after circulatory death



[1] Patients for whom tests were not performed due to; cardiac arrest despite resuscitation occurred, brainstem reflexes returned, or neonates - less than 2 months post term are excluded from the calculation of the neurological death testing rate

Table 1 Key numbers and rates

	DBD	DCD	ALL
Patients meeting organ donation referral criteria[1]	1980	5307	6910
Referred to NHS Blood and Transplant	1965	4886	6482
Referral rate %	*99.2*	*92.1*	*93.8*
Neurological death tested	1556		1556
Testing rate %	*78.6*		*78.6*
Family approached	1244	1691	2935
Family approached and SN-OD present	1190	1526	2716
% of approaches where SN-OD present	*95.7*	*90.2*	*92.5*
Family approached excluding ODR opt outs	1224	1666	2890
Consent/authorisation given	846	959	1805
Consent/authorisation rate %	*68.0*	*56.7*	*61.5*
- Expressed opt in	476	579	1055
- Expressed opt in %	*95.4*	*83.5*	*88.5*
- Deemed consent/authorisation	284	306	590
- Deemed consent/authorisation %	*63.3*	*52.1*	*56.9*
- Other*	86	74	160
- Other %*	*60.1*	*37.8*	*47.2*
- Consent/authorisation rate excluding ODR opt outs %	*69.1*	*57.6*	*62.5*
Actual donors from each pathway	783	636	1419
% of consented/authorised donors that became actual donors	*92.6*	*66.3*	*78.6*

[1] DBD - A patient with suspected neurological death excluding those that were not tested due to reasons: cardiac arrest occurred despite resuscitation, brainstem reflexes returned, neonates - less than 2 months post term
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within a time frame to allow donation to occur
* Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation decision in accordance with relevant legislation

5 NEUROLOGICAL DEATH TESTING RATE

Table 2 Reasons given for neurological death tests not being performed

	N	%
Patient haemodynamically unstable	151	35.6
Clinical reason/Clinician's decision	62	14.6
Family pressure not to test	48	11.3
Other	43	10.1
Biochemical/endocrine abnormality	29	6.8
Family declined donation	28	6.6
Inability to test all reflexes	20	4.7
Treatment withdrawn	18	4.2
SN-OD advised that donor not suitable	8	1.9
Continuing effects of sedatives	6	1.4
Medical contraindication to donation	5	1.2
Unknown	3	0.7
Patient had previously expressed a wish not to donate	2	0.5
Pressure of ICU beds	1	0.2
Total	**424**	**100.0**

The neurological death testing rate was 79% and is the percentage of patients for whom neurological death was suspected that were tested. To be defined as neurological death suspected, the patients were indicated to have met the following criteria - invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex. Patients whom tests were not performed due to; cardiac arrest occurred despite resuscitation, brainstem reflexes returned, neonates - less than 2 months post term were not possible to test meaning these reasons were excluded. Neurological death tests were not performed in 424 patients (21%) for whom neurological death was suspected. The primary reason given for not testing is shown in **Table 2**.

151 (36%) patients were haemodynamically unstable and were therefore not tested. Other reasons given for not performing neurological death tests were: 62 (15%) patients had a clinical reason, or it was the clinician’s decision, and for 48 (11%) of patients, family pressure not to test was given as the reason for not testing.

6 REFERRAL RATE

A patient for whom neurological death is suspected or for whom imminent death is anticipated, i.e. receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated, should be referred to NHS Blood and Transplant. The DBD referral rate was 99% and the DCD referral rate was 92%. **Table 3** shows the reasons given why such patients were not referred. One patient can meet the referral criteria for both DBD and DCD and therefore some patients may be counted in both columns.

Table 3 Reasons given why patient not referred

	DBD		DCD	
	N	**%**	**N**	**%**
Not identified as potential donor/organ donation not considered	6	40.0	271	64.4
Uncontrolled death pre referral trigger	5	33.3	16	3.8
Family declined donation prior to neurological testing	1	6.7	1	0.2
Family declined donation following decision to remove treatment	1	6.7	15	3.6
Reluctance to approach family	1	6.7	2	0.5
Thought to be medically unsuitable	1	6.7	53	12.6
Medical contraindications	-	-	28	6.7
Pressure on ICU beds	-	-	3	0.7
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	2	0.5
Patient had previously expressed a wish not to donate	-	-	3	0.7
Other	-	-	27	6.4
Total	**15**	**100.0**	**421**	**100.0**

Of the patients who met the referral criteria and were not referred, the reason given for 40% of DBD and 64% of DCD was that the patients were not identified as potential donors and so organ donation was not considered. For 33% of DBD not referred, an uncontrolled death pre referral was given as the reason for not referring the patient. For 13% of DCD the reason for not referring was that the patient was thought to be medically unsuitable.

7 APPROACH RATE

Families of eligible donors were asked to make or support a patient's organ donation decision in 86% of DBD and 49% of DCD cases. The DCD assessment process identifies a large number of eligible DCD donors which are unsuitable for organ donation prior to the approach. In 2022/23, 1,419 eligible DCD donors were excluded by this process. Families of medically suitable eligible DCD donors were asked to make or support a patient's organ donation decision in 86% of cases. The information in **Table 4** shows the reasons given why the families of eligible DBD and medically suitable eligible DCD donors were not approached.

For eligible DBD donors, the main reason cited for not approaching the family was that the donor was deemed medically unsuitable. In a further 26% of DBD cases, the Coroner/Procurator Fiscal refused permission.

For medically suitable eligible DCD donors not approached, the main reason cited in 49% of cases was that the patient was not identified as a potential donor. In a further 17% of cases the reason given was that the family stated they would not consent/authorise prior to donation decision conversation.

Table 4 Reasons given why family were not asked to make or support patient's organ donation decision

	Eligible DBD		Medically Suitable eligible DCD	
	N	**%**	**N**	**%**
Subsequently assessed to be medically unsuitable	78	40.0	18	6.4
Coroner/Proc Fiscal refused permission	50	25.6	44	15.6
Family stated they would not consent/authorise prior to donation decision conversation	18	9.2	47	16.7
Other	18	9.2	2	0.7
Family untraceable - No first person consent (donation cannot proceed)	15	7.7	10	3.5
Not identified as a potential donor	8	4.1	139	49.3
First person Consent or Expressed Authorisation / Family untraceable (donation can proceed)	5	2.6	7	2.5
Cardiac arrest before approach could be made	3	1.5	4	1.4
Pressure on ICU beds	-	-	11	3.9
Total	**195**	**100.0**	**282**	**100.0**

8 OVERALL CONSENT/AUTHORISATION RATE

The consent/authorisation rate is based on eligible donors whose families were asked to make or support a patient's organ donation decision. The consent/authorisation rate is the proportion of eligible donors for whom consent/authorisation for solid organ donation was ascertained.

During the financial year, the DBD consent/authorisation rate was 68% and the 95% confidence limits for this percentage are 65% - 71%. The DCD consent/authorisation rate was 57% and the 95% confidence limits for this percentage are 54% - 59%. The overall consent/authorisation rate was 62% and the 95% confidence limits for this percentage are 60% - 63%.

When a patient had expressed an opt in decision, the DBD consent/authorisation rate was 95% compared to 63% when deemed consent/authorisation applied and 60% where nation specific deemed criteria are not met and the patient had not expressed a donation decision in accordance with the relevant legislation. For DCD, the rates were 84% compared with 52% and 38% respectively. Overall, these rates were 89% for expressed opt ins compared with 57% for deemed consent/authorisation and 47% for other.

In total during the financial year, 137 families overruled their loved one's expressed opt in decision to be an organ donor and 590 families did not support deemed consent/authorisation.

Of the 1190 occasions when a SN-OD was present for the donation decision conversation, the DBD consent/authorisation rate was 70% compared with 32% on the 54 occasions when the SN-OD was not present. Similarly, for DCD the rate was 61% of 1526 compared with 19% of the 165 occasions when the SN-OD was not present. The overall rate was 65% (N=2716) compared with 22% (N=219).

Table 5 Reasons why the family did not support organ donation

	DBD		DCD	
	N	**%**	**N**	**%**
Patient had previously expressed a wish not to donate	121	30.4	175	23.9
Family were not sure whether the patient would have agreed to donation	44	11.1	90	12.3
Family felt it was against their religious/cultural beliefs	40	10.1	24	3.3
Family did not want surgery to the body	38	9.5	51	7.0
Patient had registered a decision to Opt Out	22	5.5	31	4.2
Family felt patient had suffered enough	22	5.5	62	8.5
Other	22	5.5	73	10.0
Family divided over the decision	21	5.3	18	2.5
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	20	5.0	13	1.8
Family felt the length of time for the donation process was too long	17	4.3	126	17.2
Strong refusal - probing not appropriate	17	4.3	31	4.2
Family did not believe in donation	4	1.0	12	1.6
Family had difficulty understanding/accepting neurological testing	3	0.8	-	-
Family wanted to stay with the patient after death	2	0.5	16	2.2
Family concerned donation may delay the funeral	2	0.5	1	0.1
Family concerned other people may disapprove/be offended	1	0.3	2	0.3
Family believe patient's treatment may have been limited to facilitate organ donation	1	0.3	-	-
Family concerned that organs may not be transplantable	1	0.3	7	1.0
Total	**398**	**100.0**	**732**	**100.0**

The reasons why the family did not give consent/authorisation are shown in **Table 5**. The main reason that families of eligible DBD and DCD patients gave for no consent/authorisation was the patient had previously expressed a wish not to donate (30% and 24% respectively). Other common reasons why the family did not support organ donation for DBD patients were that the family was not sure whether the patient would have agreed to organ donation, that the families felt it was against their religious/cultural beliefs or did not want surgery to the body. Amongst DCD patients, families felt that the length of time for donation was too long or were not sure whether the patient would have agreed to organ donation.

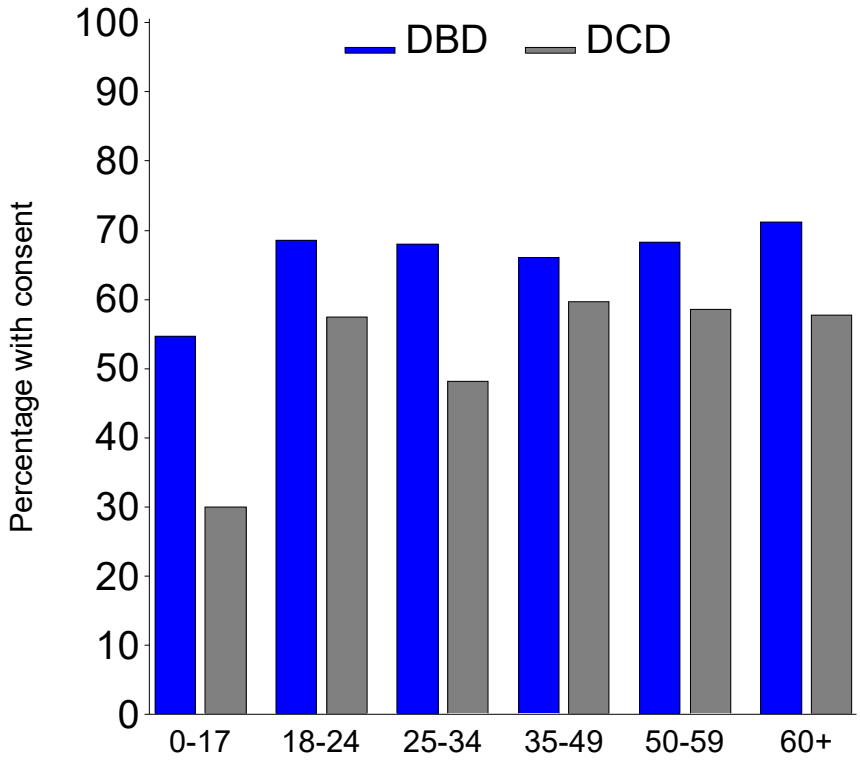
9 Consent/authorisation rates by demographics

Age is represented by a categorical variable with intervals 0-17, 18-24, 25-34, 35-49, 50-59 and 60+ years. The consent/authorisation rates for the six age groups (for the 1,244 eligible DBD and 1,691 eligible DCD whose families were approached) are illustrated in **Figure 3**. The highest consent/authorisation rate for eligible DBD occurred in the 60+ age group (71%) and for eligible DCD in the 35-49 age group (60%). The lowest consent/authorisation rate for both eligible DBD and eligible DCD was in the 0-17 age group (55% and 30% respectively). The differences in consent/authorisation rate across the six age groups for DBD are not statistically significant (p=0.3) and for DCD are statistically significant (p<0.001).

When comparing only between adult and paediatric (<18 years), the differences in consent/authorisation rate for DBD (p=0.03) and DCD (p<0.001) are both statistically significant.

Additional information on trends in organ donation and transplantation in paediatrics can be found in the Annual report on donation and transplantation in paediatric patients here: https://www.odt.nhs.uk/statistics-and-reports/.

Figure 3 Age variation in consent/authorisation rate



Consent/authorisation rates for patients from the white ethnic community are compared with those of patients from Black, Asian and minority ethnic (BAME) communities and are shown in **Figure 4**. Note that there were an additional 7 DCD families approached where the ethnicity was not known or not reported which have been excluded from the ethnicity figures below.

For eligible DBD, the consent/authorisation rates were 74% for eligible white donors compared to 40% for eligible BAME donors. The 95% confidence limits for these DBD consent/authorisation rates are 71% - 77% and 33% - 46%, respectively.

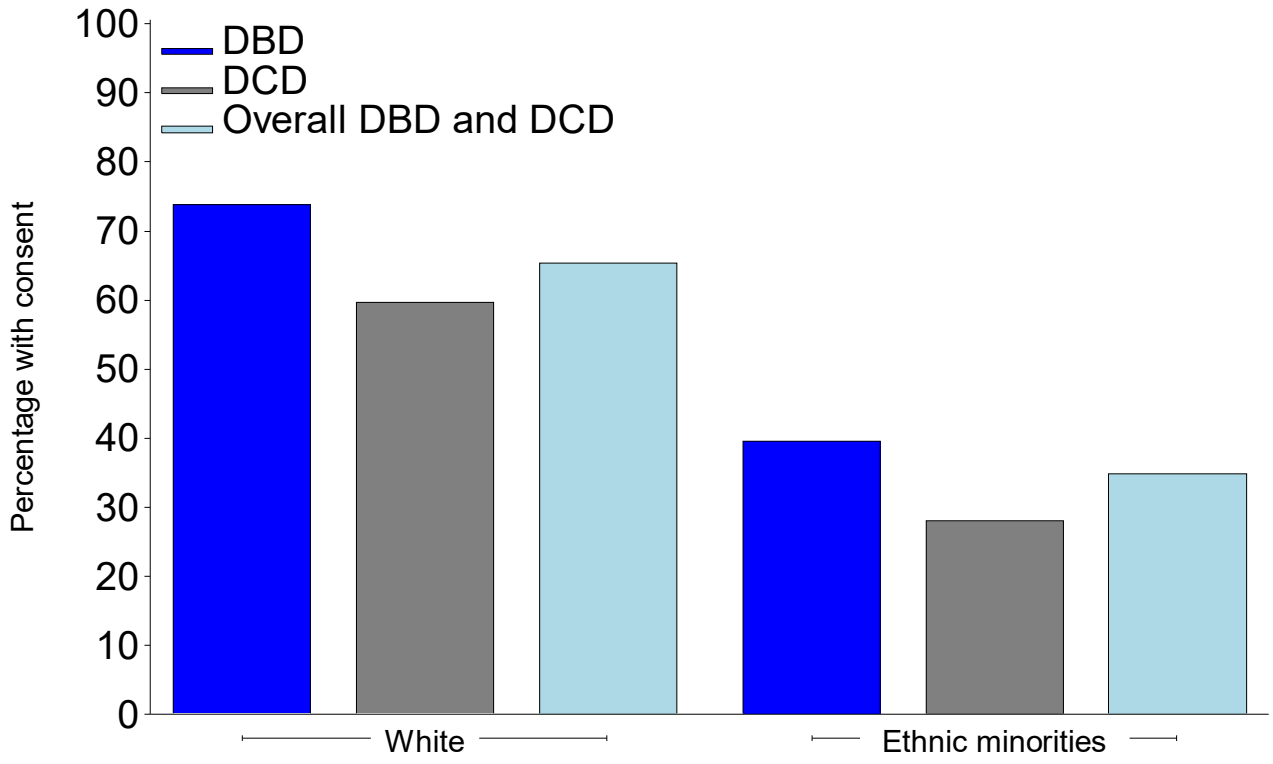
For eligible DCD, the consent/authorisation rates were 60% for eligible white DCD and 28% for eligible BAME DCD donors. The 95% confidence limits for these DCD consent/authorisation rates are 57% - 62% and 21% - 35%, respectively.

The overall consent/authorisation rates were 65% for eligible white donors and 35% for eligible BAME donors. The 95% confidence limits for overall consent/authorisation rates are 64% - 67% for eligible white donors and 30% - 40% for eligible BAME donors.

The difference between consent/authorisation rates for white and BAME eligible DBD donors is statistically significant, p<.0001. The difference between consent/authorisation rates for white and BAME eligible DCD donors is statistically significant, p<.0001.

Additional information on trends in organ donation and transplantation by ethnicity can be found in the Annual report on ethnicity differences in Organ Donation and Transplantation here: https://www.odt.nhs.uk/statistics-and-reports/.

Figure 4 Ethnic group variation in consent/authorisation rate



10 SOLID ORGAN DONATION

Of the eligible donors whose families were asked to make or support a patient's donation decision and consent/authorisation was ascertained, 93% of the eligible DBD and 66% of the eligible DCD went on to become actual solid organ donors. **Table 7** shows the reasons why consented/authorised eligible donors did not become actual solid organ donors.

For consented/authorised eligible DBD the main reasons given for solid organ donation not proceeding were that the organs were deemed to be medically unsuitable by recipient centres or that there was an absolute contraindication to organ donation, both of these are reported in 16% of cases. A further 11% were declined due to the donor being considered high risk and 11% due to the organs being deemed medically unsuitable on surgical inspection.

The main reason given for consented/authorised eligible DCD not proceeding to become a solid organ donor was the prolonged time to asystole, accounting for 51% of cases. Another 16% of non-proceeding DCD donors were due to recipient centres deeming the organs to be medically unsuitable as was seen in DBD.

Table 6 Reasons why consented/authorised eligible donors did not proceed to donate

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

11 FIVE-YEAR TRENDS IN KEY NUMBERS AND RATES

Figures 5 to 9 illustrate the five-year trends in key numbers and rates across the UK. Note that patients who met the referral criteria for both DBD and DCD donation will appear in both DBD and DCD bar charts in **Figure 6** but only once in the deceased donor chart.

Since 2019 the testing rate has decreased from 87% to 79%, with the number of neurological death tested patients decreasing. The DBD referral rate has remained stable at 99% and the DCD rate has remained around 90%, with the exception of 2020/21 where larger decreases were seen, primarily due to the COVID-19 pandemic. Despite the pandemic, there has been a continued steady increase in the percentage of family approaches where a SNOD was present, increasing from 95% to 96% for DBD and from 87% to 90% for DCD. In the first three years of this period the consent/authorisation rates in both DBD and DCD were stable at around 73% and 64% respectively. However, the rates have decreased in the last two years, from 74% to 68% for DBD patients and from 64% to 57% for DCD patients. In 2020/21 the consent/authorisation rate when excluding ODR opt outs was 74% and 65% respectively for DBD and DCD patients. In the most recent year, the DBD consent/authorisation rate excluding ODR opt outs was 69% and for DCD the rate was 58%.

Figure 5 Number of patients with suspected neurological death, 1 April 2018 – 31 March 2023

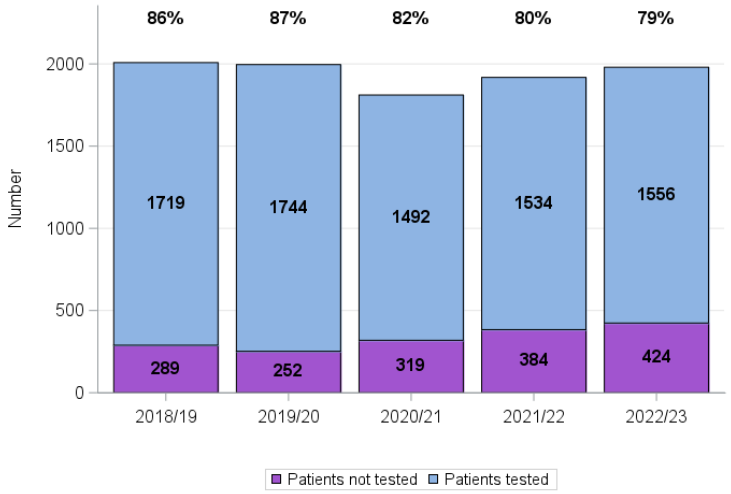
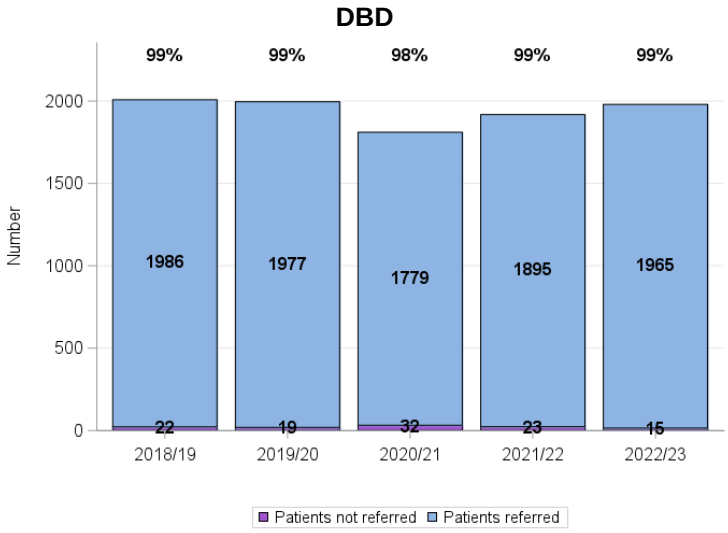
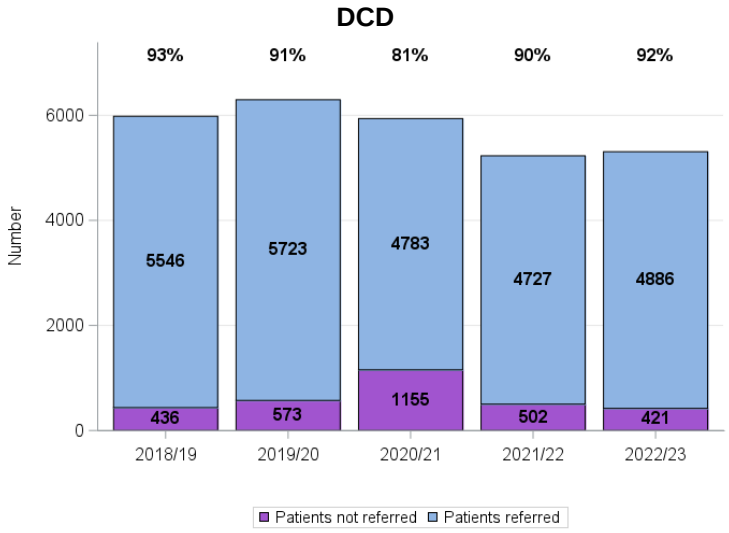


Figure 6 Number of patients meeting referral criteria, 1 April 2018 – 31 March 2023





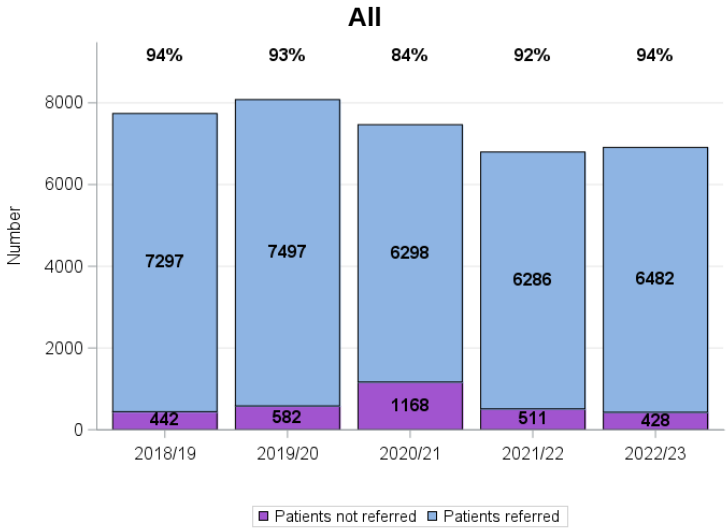


Figure 7 Number of families approached by SNOD presence, 1 April 2018 – 31 March 2023

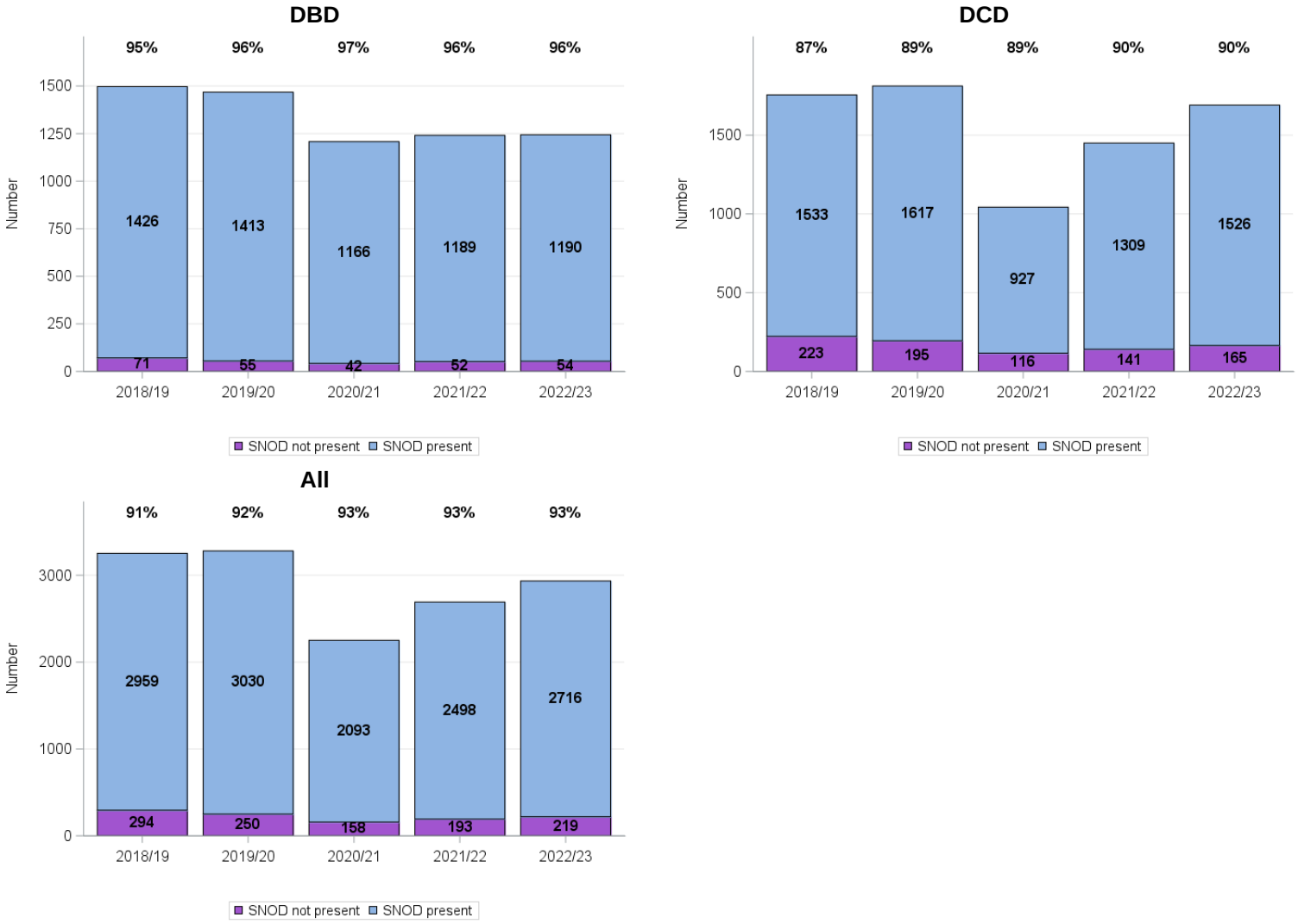
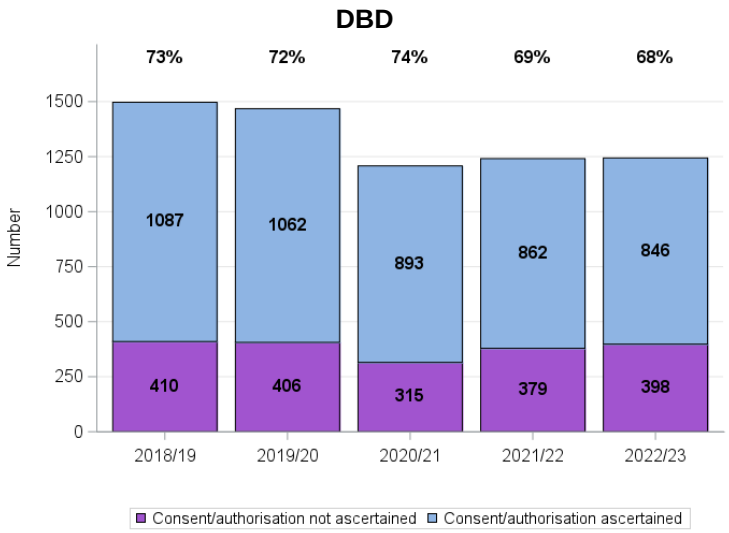
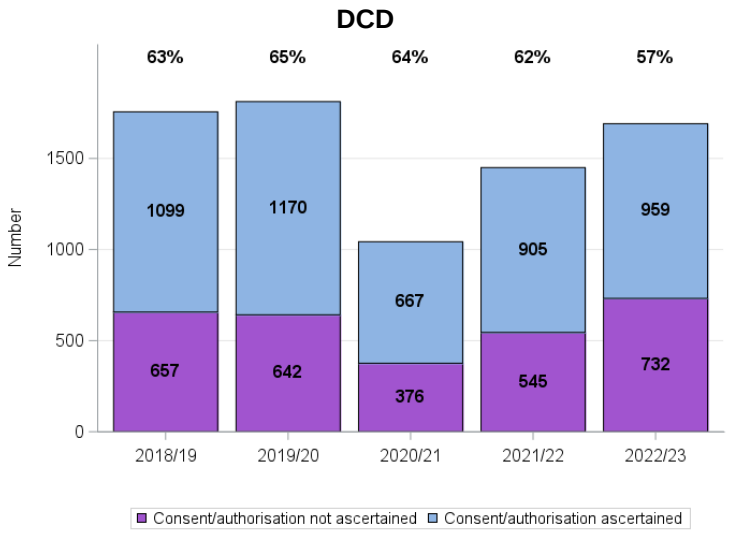


Figure 8 **Number of families approached by consent/authorisation ascertained, 1 April 2018 – 31 March 2023**





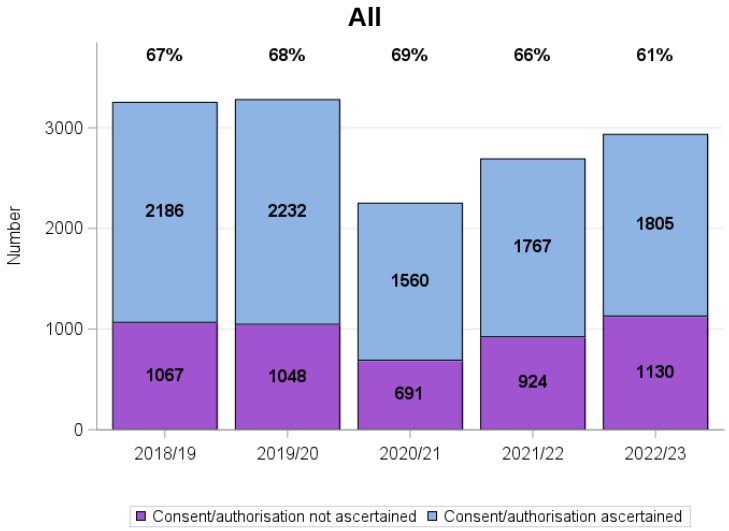
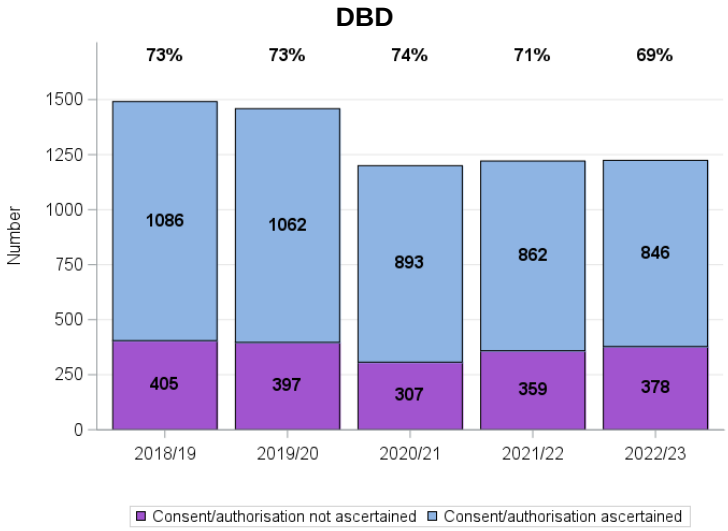
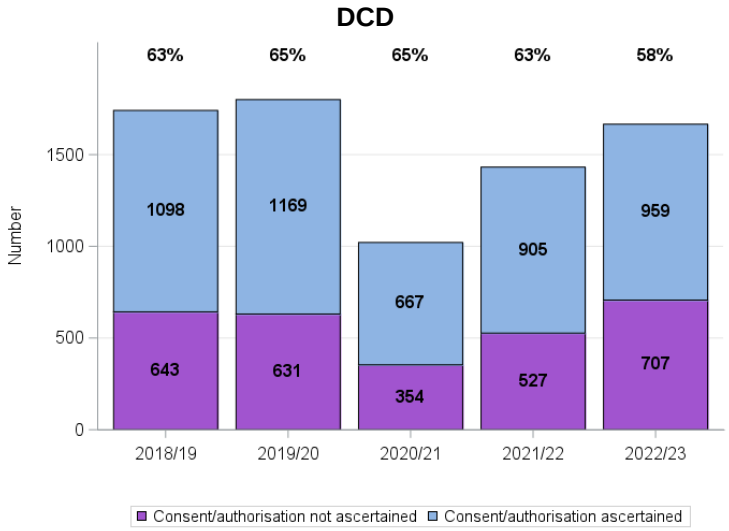
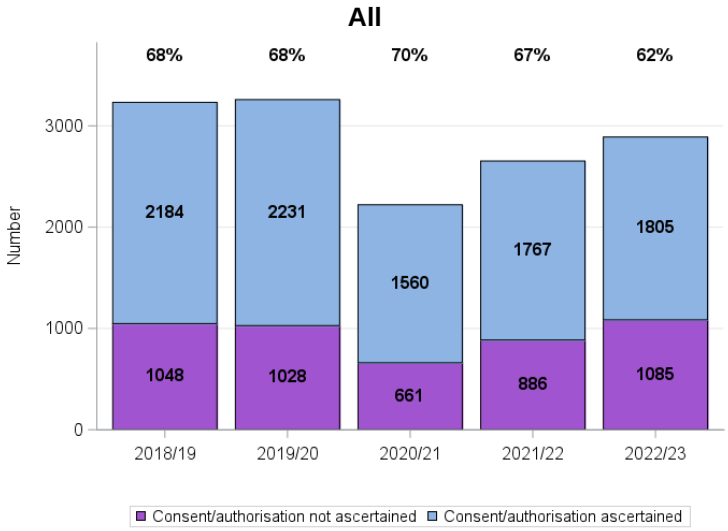


Figure 9 **Number of families approached by consent/authorisation ascertained excluding ODR opt outs, 1 April 2018 – 31 March 2023**







Appendix I - Definitions

PDA patient selection criteria from April 2013 onwards: Deaths in critical or emergency care in patients aged 80 years and under (prior to 81st birthday).
Data excluded: Patients who did not die on a critical care unit or an emergency department and patients aged over 80 years are excluded.

Donation after brain death (DBD)	
Suspected neurological death	A patient who meets 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 due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – below 37 weeks corrected gestational age' Previously referred to as brain death
Neurological death tested	Neurological death tests were performed to confirm and diagnose death
DBD referral criteria	A patient with suspected neurological death
Specialist Nurse Organ Donation or Organ Donation Services Team Member (SNOD)	A member of Organ Donation Services Team including ; Team manager, Specialist Nurse Organ Donation, Specialist Requester, Donor Family Care Nurse
Referred to SNOD	A patient with suspected neurological death referred to a SNOD A referral is the provision of information to determine organ donation suitability NICE CG135 (England) : Triggers for clinicians to refer a potential donor are a plan to withdraw life sustaining treatment or a plan to perform neurological death tests
Potential DBD donor	A patient with suspected neurological death
Absolute contraindications	Absolute medical contraindications identified in assessment which clinically preclude organ donation as per NHSBT criteria (**POL188**) Absolute medical contraindications to donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/17160/clinical-contraindications-to-approaching-families-for-possible-organ-donation-pol188.pdf
Eligible DBD donor	A patient confirmed dead by neurological death tests, with no absolute medical contraindications to solid organ donation
Donation decision conversation	Family of eligible DBD asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Consent/Authorisation ascertained	Family supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
Actual donors: DBD	Patients who became actual DBD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Actual donors: DCD	Patients who became actual DCD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donation for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Neurological death testing rate	Percentage of patients for whom neurological death was suspected who were tested
Referral rate	Percentage of patients for whom neurological death was suspected who were referred to the SNOD
Donation decision conversation rate	Percentage of eligible DBD families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

Donation after circulatory death (DCD)	
Imminent death anticipated	A patient, not confirmed dead using neurological criteria, receiving invasive ventilation, in whom a clinical decision to withdraw treatment has been made and a controlled death is anticipated within a time frame to allow donation to occur (as determined at time of assessment)
DCD referral criteria	A patient for whom imminent (controlled) death is anticipated following withdrawal of life sustaining treatment (as defined above)
Specialist Nurse Organ Donation or Organ Donation Services Team Member (SNOD)	A member of Organ Donation Services Team including Team manager, Specialist Nurse Organ Donation, Specialist Requester, Donor Family Care Nurse
Referred to SNOD	A patient for whom imminent death is anticipated who was referred to a SNOD A referral is the provision of information to determine organ donation suitability NICE CG135 (England) : Triggers for clinicians to refer a potential donor are a plan to withdraw life sustaining treatment or a plan to perform neurological death tests
Potential DCD donor	A patient who had treatment withdrawn and imminent death was anticipated within a time frame to allow donation to occur
Absolute contraindications	Absolute medical contraindications identified in assessment which clinically preclude organ donation as per NHSBT criteria (POL188) Absolute medical contraindications to donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/17160/clinical-contraindications-to-approaching-families-for-possible-organ-donation-pol188.pdf
Eligible DCD donor to be assessed	A patient who had treatment withdrawn and imminent (controlled) death was anticipated, with no absolute medical contraindications to solid organ donation
DCD exclusion criteria	DCD specific criteria determine a patient's suitability to donation when there are no absolute medical contraindications (see absolute contraindications documentation above)
DCD screening process	Process by which an organ may be screened with a local and national transplant centre to determine suitability of organs for transplantation
Medically suitable eligible DCD donor	An eligible DCD donor to be assessed considered to be medially suitable for donation (i.e. no DCD exclusions and not deemed unsuitable by the screening process)
Donation decision conversation	Family of medically suitable eligible DCD donor who were asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Consent/Authorisation ascertained	Family supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
Actual DCD	DCD patients who became actual DCD as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Referral rate	Percentage of patients for whom imminent (controlled) death was anticipated who were referred to a SNOD
Donation decision conversation rate	Percentage of medically suitable eligible DCD families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

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