

**ANNUAL REPORT ON DECEASED DONATION
AND TRANSPLANTATION IN PAEDIATRIC
PATIENTS**

**SUMMARY REPORT FOR THE 12 MONTH PERIOD
1 APRIL 2024 – 31 MARCH 2025**

PUBLISHED JULY 2025

EXECUTIVE SUMMARY

- In the year 1 April 2024 to 31 March 2025, there were 1,104 paediatric deaths audited for the PDA. Of these deaths, 86 and 201 patients met the referral criteria for DBD and/or DCD, respectively and 97% and 95% were referred to a SNOD.
- Of the 86 patients for whom neurological death was suspected, 58% were tested and there were 41 and 159 eligible DBD and DCD, respectively. Of the eligible DCD, 89 were considered medically suitable eligible DCD donors.
- Of the families approached, consent/authorisation was ascertained for 57% eligible DBD donors and 23% of eligible DCD donors. Of these, 100% and 93% respectively, became actual solid organ donors. One family overruled their loved one's known decision to be an organ donor.
- Over the last five years:
 - The testing rate has decreased to 58%, its lowest in five years.
 - The DBD referral rate has decreased slightly with a rate of 97% in 2024/25.
 - The DBD SNOD presence rate has increased to 94%.
 - The DBD consent/authorisation rate has fluctuated but remains the same as five years ago with a rate of 57% in 2024/25.
 - The DCD referral rate has decreased slightly with a rate of 95% in 2024/25.
 - The DCD SNOD presence rate has risen to a five year high of 81% 2024/25.
 - The DCD consent/authorisation rate dropped significantly from 52%, though improved since last year with a rate of 23% in 2024/25.
- At 31 March 2025, there were a total of 271 paediatric patients on the transplant list, 33 more than 31 March 2024. During 2024/25, 242 paediatric patients received a transplant, a decrease of 11 transplants when compared with the previous year.

1 INTRODUCTION

This report presents Potential Donor Audit (PDA) and UK Transplant Registry (UKTR) information on the financial year 1 April 2024 to 31 March 2025 and summaries of the following are provided:

- POTENTIAL DONOR AUDIT
- TRANSPLANT LIST
- TRANSPLANT ACTIVITY

The PDA dataset used to compile this report includes all audited paediatric deaths in UK Intensive Care Units (ICUs) and Emergency Departments as reported by 8 May 2025. Paediatric patients have been defined as all patients under 18 years of age. Neonatal patients who die in a neonatal unit have been excluded from the report and patients who die on a ward have not been audited.

This report summarises the main findings of the PDA over the 12-month period, in particular the reasons why patients were lost during the donation process.

Data on the paediatric transplant list and transplant activity have been obtained from the UKTR. Organ specific paediatric definitions are provided with the data.

2 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

The consent/authorisation rate is the percentage of eligible donor donation decision conversations where consent/authorisation was ascertained.

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

3 BREAKDOWN OF AUDITED PAEDIATRIC DEATHS

In the 12-month period from 1 April 2024 to 31 March 2025, there were a total of 1,104 audited paediatric patient deaths in the UK. A detailed breakdown for both the DBD and DCD data is given in **Figure 1** and **2**, and **Table 1** summarises the key percentages.

Figure 1 Donation after brain death

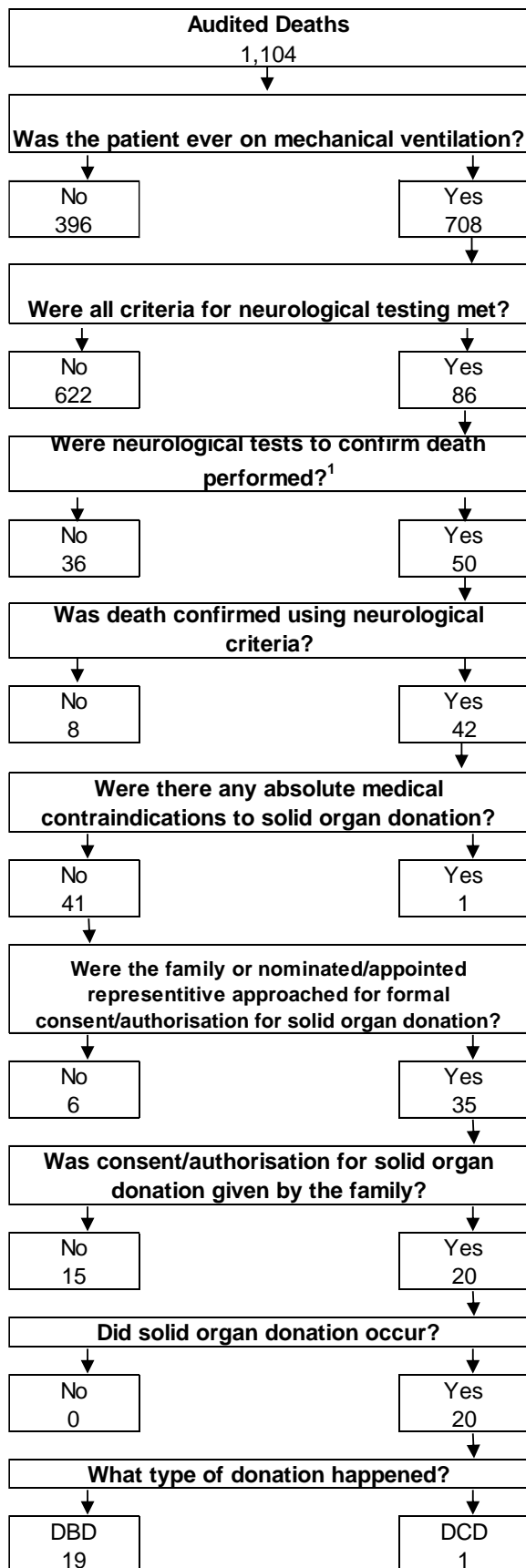
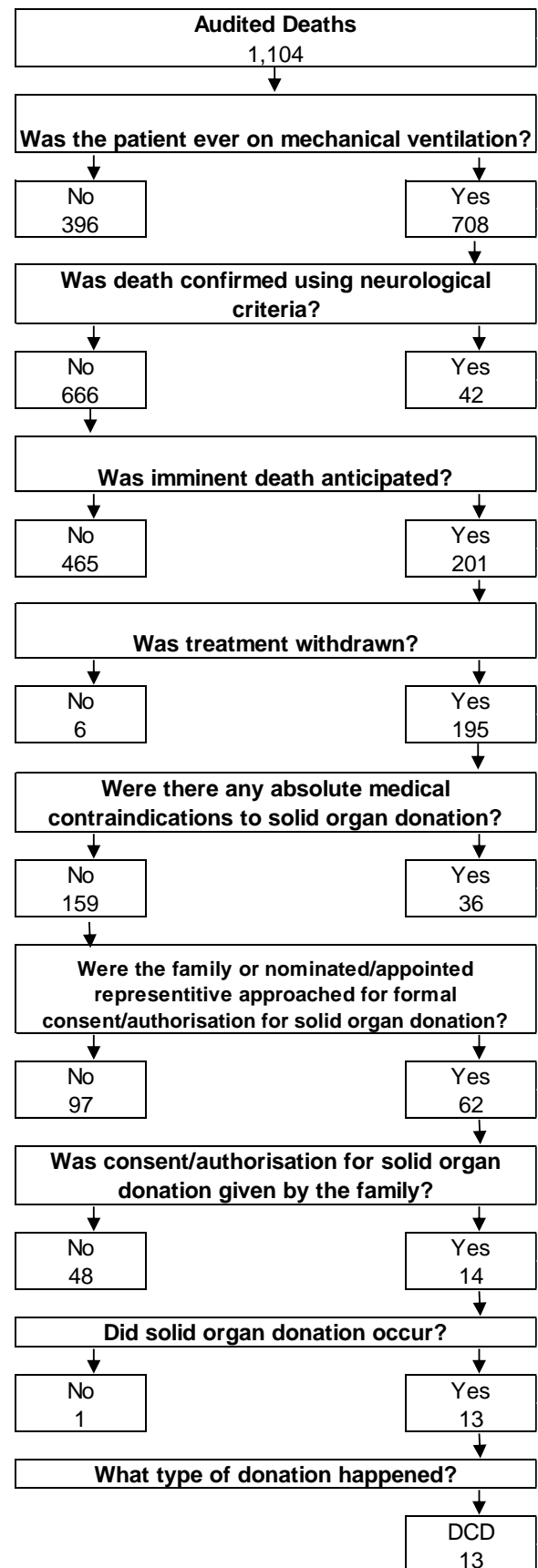


Figure 2 Donation after circulatory death



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	86	201	245
Referred to NHS Blood and Transplant	83	191	233
<i>Referral rate %</i>	<i>96.5</i>	<i>95.0</i>	<i>95.1</i>
Neurological death tested	50		50
<i>Testing rate %</i>	<i>58.1</i>		<i>58.1</i>
Eligible donors ²	41	159	200
Family approached	35	62	97
Family approached and SN-OD present	33	50	83
<i>% of approaches where SN-OD present</i>	<i>94.3</i>	<i>80.6</i>	<i>85.6</i>
Consent/authorisation given	20	14	34
<i>Consent/authorisation rate %</i>	<i>57.1</i>	<i>22.6</i>	<i>35.1</i>
- Expressed opt in	4	3	7
<i>Expressed opt in %</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
- Other ³	16	11	27
<i>Other³ %</i>	<i>53.3</i>	<i>19.6</i>	<i>31.4</i>
Actual donors from each pathway	20	13	33
<i>% of consented/authorised donors that became actual donors</i>	<i>100.0</i>	<i>92.9</i>	<i>97.1</i>
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			
² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation. DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation			
³ Includes all patients who have not expressed a donation decision and those, aged 16 or 17 in Scotland, where deemed criteria are not met.			

4 **NEUROLOGICAL DEATH TESTING RATE**

The neurological death testing rate was 58%, this 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 for whom tests were not performed due to; cardiac arrest occurred despite resuscitation, brainstem reflexes returned were not possible to test meaning these reasons were excluded. Neurological death tests were not performed in 36 patients (42%) for whom neurological death was suspected. The primary reason given for not testing is shown in **Table 2**.

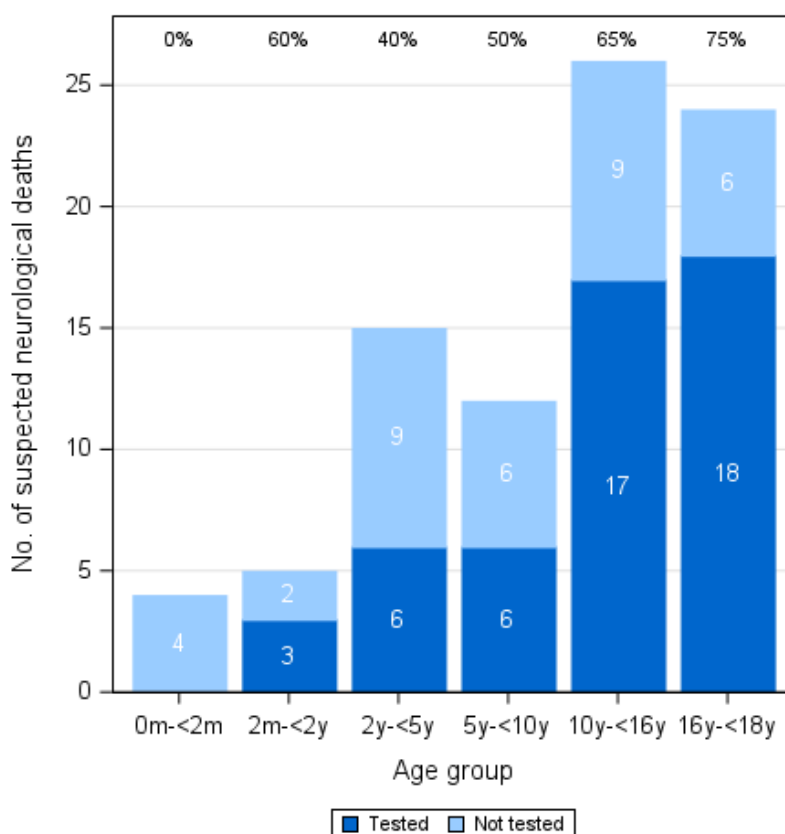
The most common reason for not testing was family pressure not to test. This was given as the reason for not testing 10 (28%) patients. Patient haemodynamically unstable was given as the reason for not testing 8 (22%) patients.

Table 2 Reasons given for neurological death tests not being performed		
	N	%
Family pressure not to test	10	27.8
Patient haemodynamically unstable	8	22.2
Other	5	13.9
Clinical reason/Clinician's decision	4	11.1
Biochemical/endocrine abnormality	3	8.3
Continuing effects of sedatives	2	5.6
Inability to test all reflexes	2	5.6
Hypothermia	1	2.8
SN-OD advised that donor not suitable	1	2.8
Total	36	100.0

4.1 NEUROLOGICAL DEATH TESTING RATE BY PATIENT AGE

Age is represented by a categorical variable with intervals <2 months, 2 months - <2 years, 2-<5 years, 5-<10 years, 10-<16 years and 16-<18 years. There were a total of 86 neurological deaths suspected in paediatric patients in the UK from 1 April 2024 – 31 March 2025 and a total of 50 deaths where neurological tests were performed (58%). **Figure 3** shows the number of neurological death tests performed by age group. The 16 - <18 year old age group had the highest testing rate of 75%. In the 16 - <18 year old group, all but one patient, were treated in an adult ICU. The one patient treated in a paediatric ICU was tested.

Figure 3 Neurological death testing by age group



5 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 a Specialist Nurse Organ Donation (SNOD). The DBD referral rate was 97% and the DCD referral rate was 95%.

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. Referral criteria are defined in **Appendix 1**.

For the 3 DBD patients who met referral criteria but were not referred, the reason given for non-referral for one patient was that the family declined donation prior to neurological testing, for another it was medical contraindications and for the third the reason given was an uncontrolled death pre referral trigger. For patients who met the DCD referral criteria but were not referred, the reason given for non-referral of 3 (30%) patients was the patient was not identified as a potential donor/organ donation was not considered. Medical contraindications, family declined donation following decision to remove treatment and thought to be medically unsuitable were the reasons given for 2 (20%) DCD patients each.

Table 3 Reasons given why patient not referred				
	DBD		DCD	
	N	%	N	%
Family declined donation prior to neurological testing	1	33.3	-	-
Medical contraindications	1	33.3	2	20.0
Uncontrolled death pre referral trigger	1	33.3	1	10.0
Not identified as potential donor/organ donation not considered	-	-	3	30.0
Family declined donation following decision to remove treatment	-	-	2	20.0
Thought to be medically unsuitable	-	-	2	20.0
Total	3	100.0	10	100.0

6 APPROACH RATE

Families of eligible donors were asked to make or support a patient's organ donation decision in 85% of DBD and 39% of DCD cases. The DCD assessment process identifies many eligible DCD donors which are unsuitable for organ donation prior to the approach. In 2024/25, 70 eligible DCD donors were excluded by this process. Families of the remaining 89 medically suitable eligible DCD donors were asked to make or support a patient's organ donation decisions in 70% of cases. A new DBD assessment process was introduced in October 2024, which identifies eligible DBD donors considered unsuitable for organ donation prior to the approach. It is not currently possible to account for this new DBD screening process in the DBD approach rate.

The information in **Table 4** shows the reasons given why the families of eligible DBD and medically suitable eligible DCD donors were not approached. The main reasons given for not approaching families of eligible DBD donors was that the family stated they would not consent prior to donation decision conversations, cardiac arrest before approach could be made and patient was deemed medically unsuitable, 2 (33%) cases respectively.

For medically suitable eligible DCD donors not approached, 18 (67%) were because the Coroner/Procurator Fiscal refused permission and 5 (19%) were because they were not identified as a potential donor.

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	%
Family stated they would not consent/authorise prior to donation decision conversation	2	33.3	2	7.4
Cardiac arrest before approach could be made	2	33.3	-	-
Subsequently assessed to be medically unsuitable	2	33.3	2	7.4
Coroner/Proc Fiscal refused permission	-	-	18	66.7
Not identified as a potential donor	-	-	5	18.5
Total	6	100.0	27	100.0

6.1 SNOD PRESENCE RATE

A SNOD or Organ Donation Services (ODS) team member was present when a family of an eligible donor was approached in 94% of DBD and 81% of DCD cases. The information in **Table 5** shows the reasons given why a SNOD was not present when families of eligible DBD and eligible DCD donors approached.

For the two eligible DBD patients the reasons given for a SNOD not being present when the family was approached was planned to proceed without an ODS team member and the family declined before the donation decision conversation. For eligible DCD patients the main reason given was planned to proceed without an ODS team member (42%) and ODS team member present but clinician declined presence (33%).

Table 5 Reasons given why SNOD not present when family approached				
	Eligible DBD		Eligible DCD	
	N	%	N	%
Planned to proceed without ODS team member	1	50.0	5	41.7
Family declined before donation decision conversation	1	50.0		
Oversight by unit staff			2	16.7
ODS team member present but clinician declined ODS team member presence			4	33.3
Approach made while ODS team member en-route			1	8.3
Total	2	100.0	12	100.0

7 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 57% and the 95% confidence limits for this percentage are 41% - 74%. The DCD consent/authorisation rate was 23% and the 95% confidence limits for this percentage are 12% - 33%. The overall consent/authorisation rate was 35% and the 95% confidence limits for this percentage are 26% - 45%.

Four children were known to have registered their wish to donate on the Organ Donor Register (ODR) at the time of the formal organ donation discussion. One of these children were younger than 16 years old. Consent/authorisation was ascertained for all but one patient registered on the ODR. One family overruled their loved one's ODR opt in registered decision to be an organ donor.

In Scotland, deemed authorisation applies to Scottish residents over the age of 16. Between 1 April 2024 – 31 March 2025, there were no Scottish patients between the ages of 16 - <18 where deemed authorisation applied.

The consent/authorisation rate was 31% where patients have not expressed a donation decision and where deemed criteria are not met.

For the 2 DBD families who were asked to make or support a patient's organ donation decision, where the SN-OD was not present, consent/authorisation was ascertained for zero patients. For DCD patients, consent/authorisation was ascertained for none of the 12 eligible DCD patients when the SN-OD was not present. The overall consent/authorisation rate was 41% when the SN-OD was present compared to 0% when the SN-OD was not present.

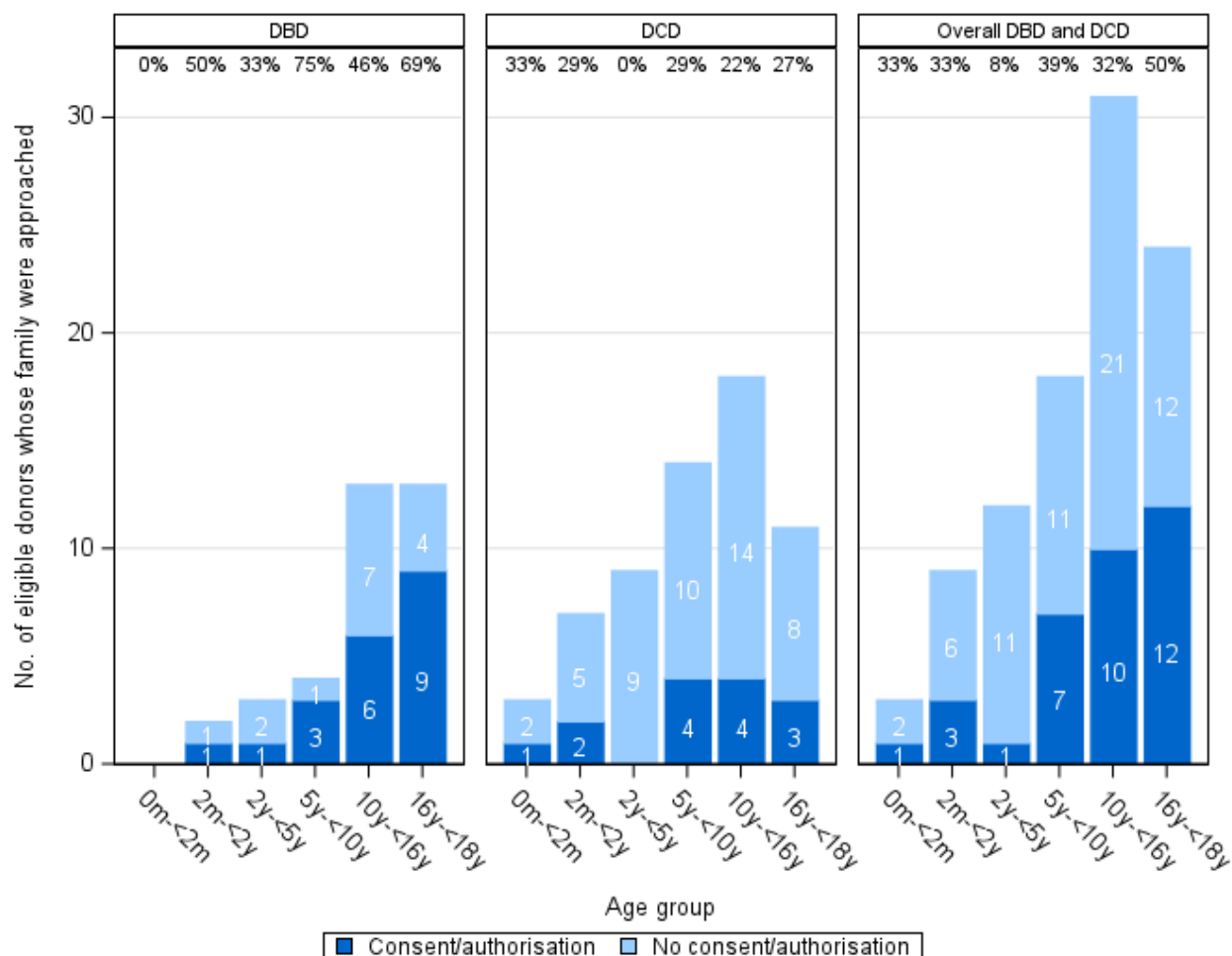
The reasons why the family did not support organ donation are shown in **Table 6**. The main reasons given that families of eligible DBD patients did not support organ donation were strong refusal, 4 (27%), other reason, 3 (20%), family felt it was against their religious/cultural beliefs, 2 (13%), and family felt the patient had suffered enough, 2 (13%). The main reasons that families of eligible DCD patients did not support organ donation were the family felt the length of time for the donation process was too long, 13 (27%), family did not want surgery to the body, 12 (25%), family felt the patient had suffered enough, 4 (8%), and family did not believe in donation, 4 (8%).

Table 6 Reasons why the family did not support organ donation				
	DBD		DCD	
	N	%	N	%
Strong refusal - probing not appropriate	4	26.7	-	-
Other	3	20.0	3	6.3
Family felt it was against their religious/cultural beliefs	2	13.3	3	6.3
Family felt patient had suffered enough	2	13.3	4	8.3
Family were not sure whether the patient would have agreed to donation	1	6.7	2	4.2
Family did not believe in donation	1	6.7	4	8.3
Family did not want surgery to the body	1	6.7	12	25.0
Family felt the length of time for the donation process was too long	1	6.7	13	27.1
Patient had previously expressed a wish not to donate	-	-	2	4.2
Family divided over the decision	-	-	3	6.3
Family wanted to stay with the patient after death	-	-	1	2.1
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	-	-	1	2.1
Total	15	100.0	48	100.0

7.1 CONSENT/AUTHORISATION RATES BY DEMOGRAPHICS

The consent/authorisation rates for the six age groups (for the 35 eligible DBD and 62 eligible DCD whose families were approached) are illustrated in **Figure 4**. The highest overall consent/authorisation rate for eligible donors occurred in the 16 - <18 year old age group (50%). The lowest consent/authorisation rate was in the 2 - <5 year old age group (8%).

Figure 4 Number of families approached by age group



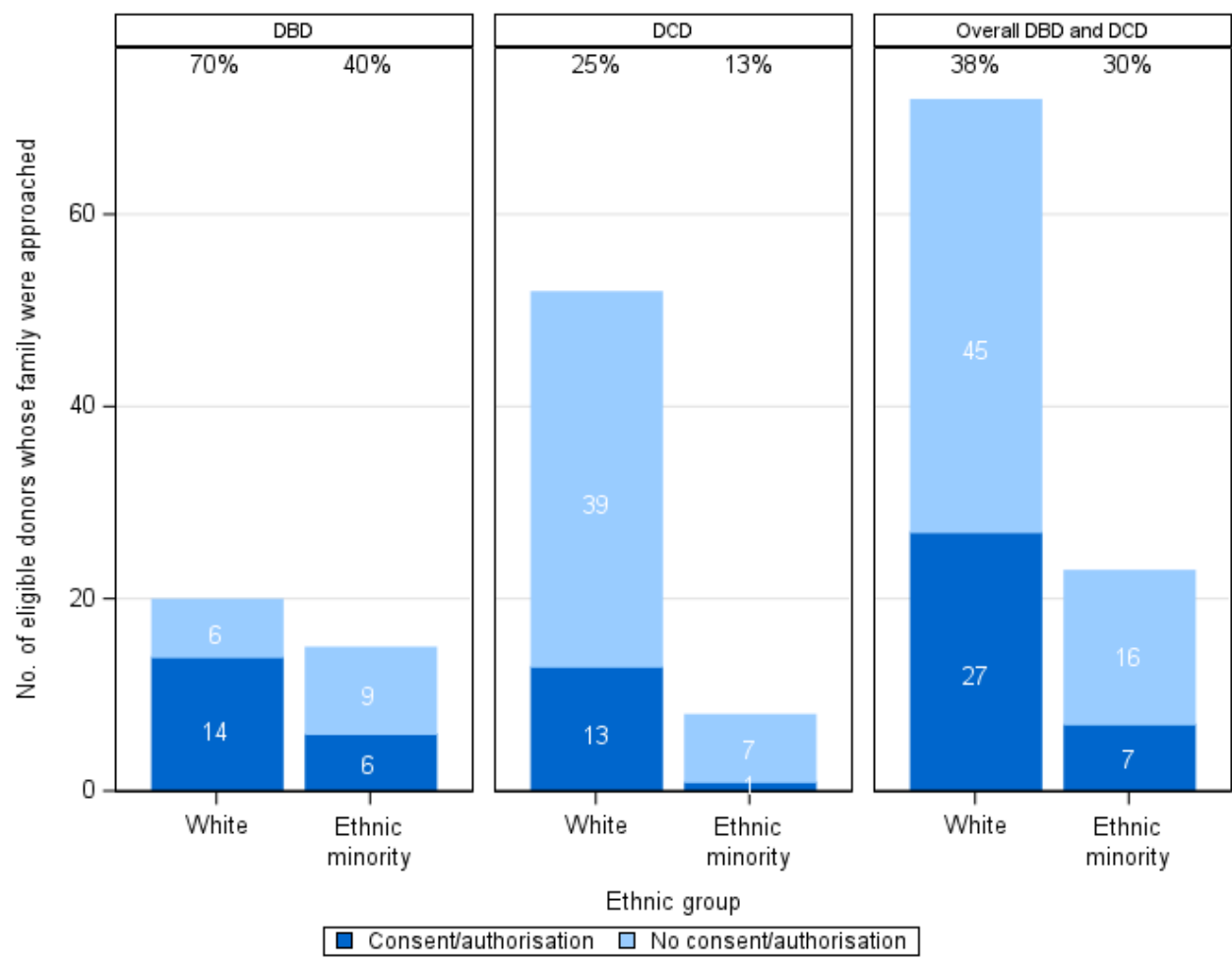
Consent/authorisation rates for patients from the white ethnic groups are compared with those patients from ethnic minority groups and are shown in **Figure 5**. There were a total of 23 approaches to families of patients from ethnic minority groups, 15 DBD and 8 DCD.

For eligible DBD, the consent/authorisation rates were 70% for patients from white ethnic groups and 40% for patients from ethnic minority groups. For eligible DCD, the consent/authorisation rates were 25% for patients from white ethnic groups and 13% for patients from ethnic minority groups.

The overall consent/authorisation rates were 38% for eligible donors from white ethnic groups and 30% for eligible donors from ethnic minority groups. The 95% confidence limits for overall consent/authorisation rates are 26% - 48% for eligible donors from white ethnic groups and 12% - 49% for eligible donors from ethnic minority groups.

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 5 Number of approaches by patient ethnicity



8 SOLID ORGAN DONATION

Of the eligible donors whose families consented to/authorised donation, 100% of the eligible DBD and 93% 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.

The reason given for the one consented/authorised eligible DCD not proceeding, was prolonged time to asystole post withdrawal of life sustaining treatment.

Table 7 Reasons why consented/authorised eligible donors did not proceed to donate				
	DBD		DCD	
	N	%	N	%
Clinical - PTA post WLST	-	-	1	100.0
Total	-	-	1	100.0
PTA = Prolonged time to asystole, WLST = Withdrawal of life sustaining treatment				

9 FIVE YEAR TRENDS IN KEY NUMBERS AND RATES

Figures 6, 7, 8 and 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 7**.

The testing rate had previously been increasing to a high of 68% in 2023/24 however it has fallen this year to 58%, the lowest in 5 years. The number of patients tested has been decreasing since 2022/23 whilst the number of patients not tested has increased this year.

The DBD referral rate has remained consistently high over the 5-year period but has decreased slightly this year to 97% from 99% in 2023/24. The DCD referral rate has also remained high this year although a slight decrease was seen compared to the previous year, to 95% from 96%. The actual number of missed referrals for DBD is very low, with only 3 in 2024/25. The actual number of missed referrals for DCD has decreased to 10 in 2024/25, compared to 29 in 2022/23.

The percentage of DBD family approaches where a SNOD was present has risen to 94% in the most recent year, the highest it has been in the 5-year period. Similarly, for DCD, the SNOD presence rate has increased to a 5 year high of 81%. The actual number of DBD missed opportunities to have a SNOD present for the family approach has decreased compared to 2023/24 from 6 to 2. The true number of missed opportunities for a SNOD to be present for DCD donation has also decreased from 19 in 2023/24 to 12 in 2024/25.

The DBD consent/authorisation rate decreased slightly from 58% in 2023/24 to 57% in 2024/25. The DCD consent/authorisation rate has increased this year to 23% from 16% in 2023/24.

Figure 6 **Number of patients with suspected neurological death, 1 April 2019 – 31 March 2024**

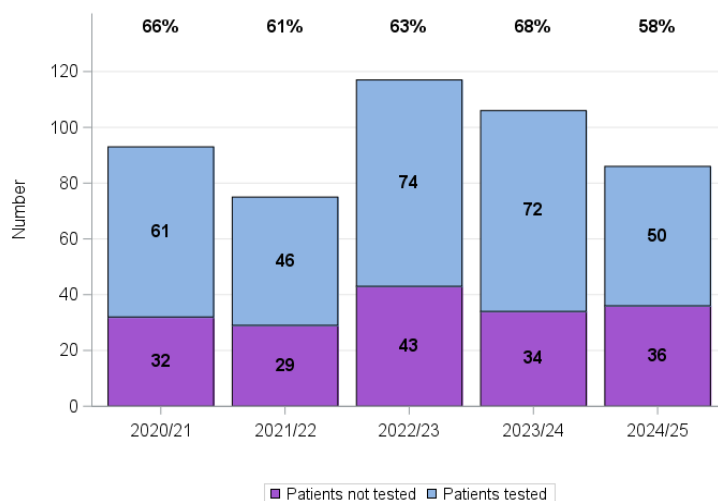


Figure 7 Number of patients meeting referral criteria, 1 April 2020 – 31 March 2025

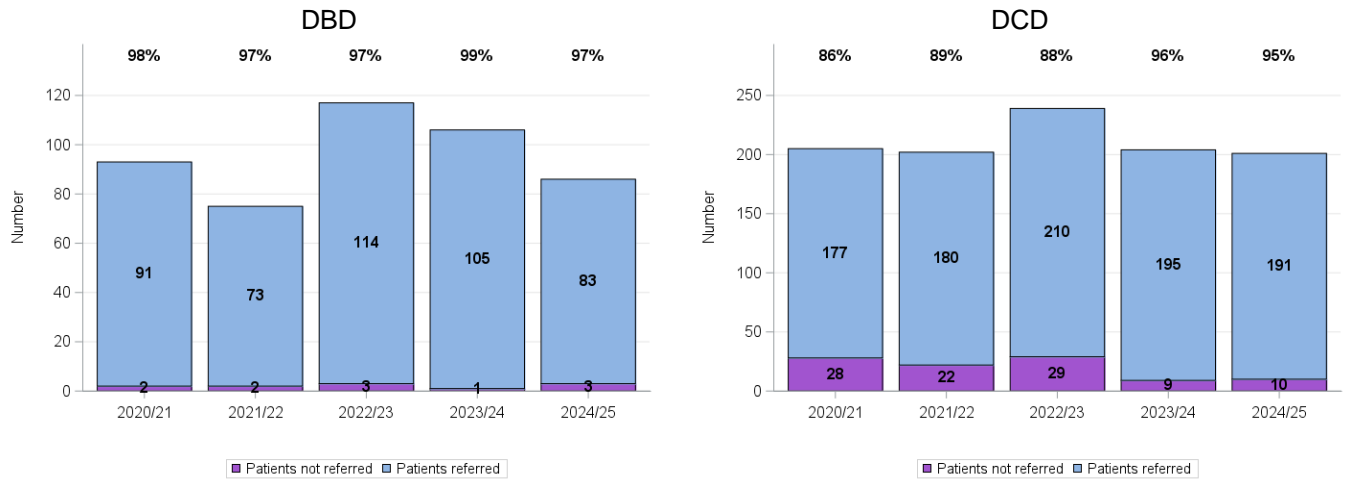


Figure 8 Number of families approached by SNOD presence, 1 April 2020 – 31 March 2025

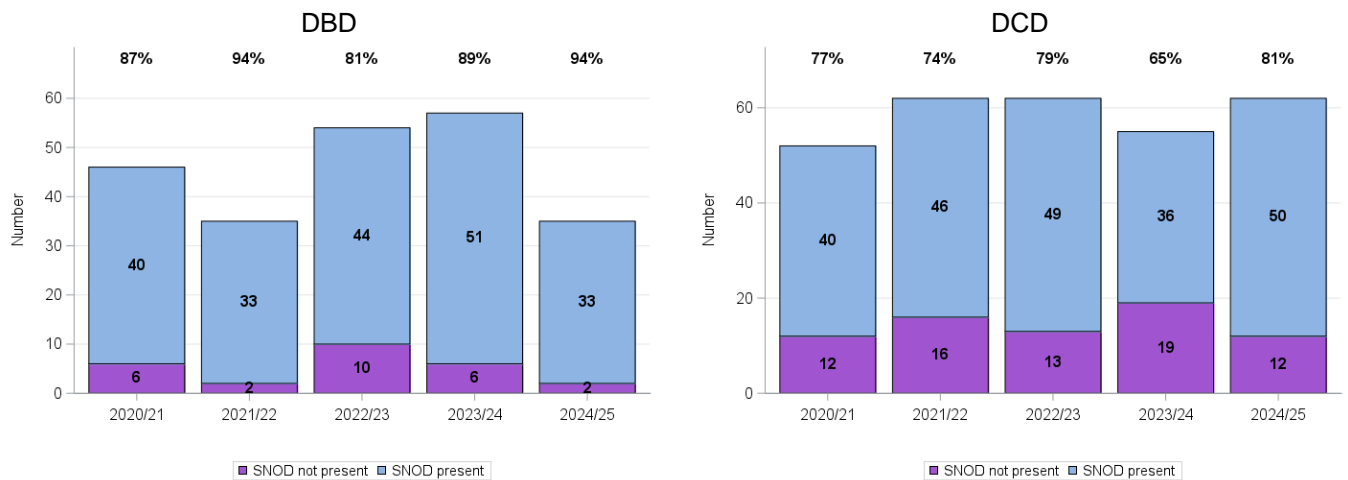
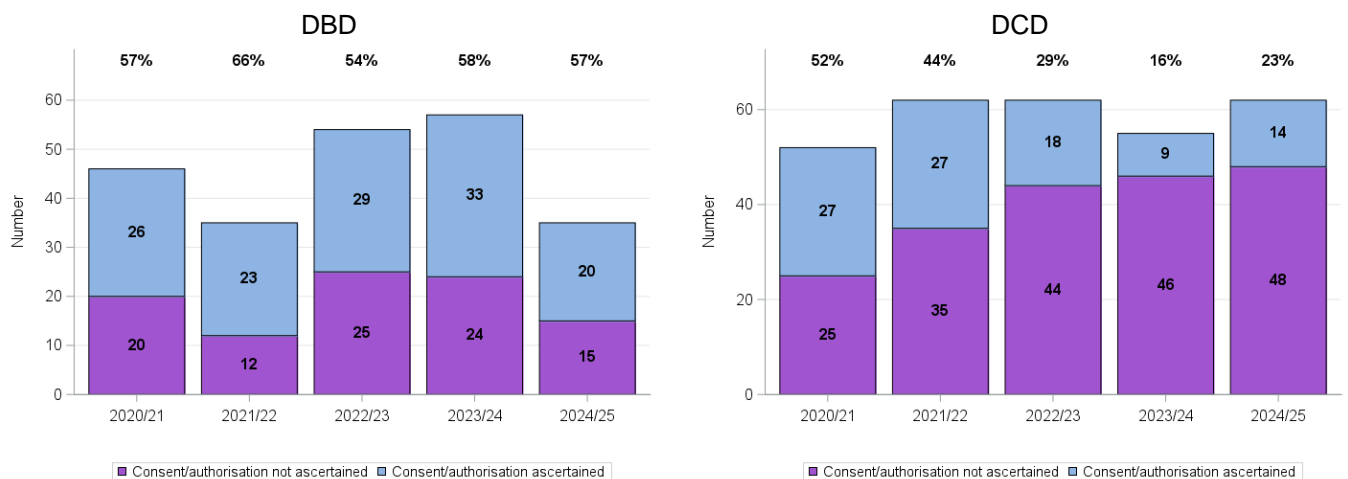


Figure 9 Number of families approached by consent/authorisation ascertained, 1 April 2020 – 31 March 2025



10 TRANSPLANT LIST

Table 8 shows the number of paediatric patients on the active transplant list as at 31 March 2025 and 31 March 2024. Note that, in this section, paediatric patients are defined by organ specific paediatric age limits. Numbers may differ from NHSBT annual organ specific reports which, for some organs, also include patients up to the age of 18 years old who are waiting at paediatric units.

In total there were 271 patients waiting for a transplant, 145 (54%) of which were waiting for a kidney transplant. The number of patients waiting for a transplant is 14% higher than as at 31 March 2024, when there were 238 patients waiting, this increase is mostly due to increases in the kidney and liver waiting lists.

Table 8 Active paediatric transplant list in the UK, as at 31 March 2025 (31 March 2024)		
	Active transplant list	
Cardiothoracic paediatric patients (< 16 years at time of registration)		
Heart	38	(34)
Lung	8	(10)
Heart/Lung	0	(2)
Total cardiothoracic	46	(46)
Renal paediatric patients (<18 years at time of registration)		
Kidney	145	(119)
Kidney/pancreas	0	(0)
Total renal	145	(119)
Liver paediatric patients (<17 years at time of registration)		
Liver	72	(59)
Intestinal paediatric patients (<18 years at time of registration)		
Intestinal	2	(8)
Multi-organ paediatric patients (<18 years at time of registration)		
	6	(6)
Total	271	(238)

11 TRANSPLANT ACTIVITY

The number of paediatric transplants performed in the UK, from 1 April 2024 to 31 March 2025 are presented in **Table 9**. Note that, in this section, paediatric patients are defined by organ specific paediatric age limits. Numbers may differ from NHSBT annual organ specific reports which, for some organs, include patients up to the age of 18 years old who were transplanted at paediatric units or exclude patients re-transplanted.

In the 12-month period, there were a total of 242 transplants performed. Of these, 147 were deceased donor transplants and 95 were from living donors.

Table 9 Paediatric transplants in the UK, 1 April 2024 – 31 March 2025 (2023/2024)		
	Transplant numbers	
Cardiothoracic paediatric patients (< 16 years at time of registration)		
Deceased heart	26	(35)
Lung only – DBD	2	(3)
Lung only - DCD	1	(1)
Total cardiothoracic	29	(39)
Renal paediatric patients (<18 years at time of registration)		
Kidney - DBD	24	(33)
Kidney - DCD	14	(10)
Kidney – living donor	77	(76)
Total kidney	115	(119)
Liver paediatric patients (<17 years at time of registration)		
Liver - DBD	70	(60)
Liver - DCD	4	(3)
Liver – living or domino donor	18	(25)
Total liver	92	(88)
Intestinal paediatric patients (<18 years at time of registration)		
Intestinal	1	(2)
Multi-organ paediatric patients (<18 years at time of registration)		
	5	(5)
Total	242	(253)

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: <u>Clinical contraindications to approaching families for possible organ donation - POL 188</u>
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 donor asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Expressed opt in donation decision conversation	A donation decision conversation where the eligible DBD donor's last known decision was an expressed opt in decision. A patient's last known opt in decision can be expressed in writing or via the ODR in all nations and verbal opt in decisions are also included in Wales, England, Jersey and Guernsey. Verbally expressed opt in decisions are not included in Scotland.
Deemed consent/authorisation donation decision conversation	A donation decision conversation where the eligible DBD donor meets deemed criteria specific to each nation (see table below). In Scotland, this includes those who have verbally expressed a decision to opt in.
Expressed-opt out donation decision conversation	A donation decision conversation where the eligible DBD donor's last known decision was an expressed opt out decision. Opt out decisions can be expressed verbally, in writing or via the ODR in all nations.
Other donation decision conversation	A donation decision conversation where the eligible DCD donor has expressed no decision or deemed criteria are not met. Paediatric patients are included in this group.
Consent/Authorisation ascertained	Family of eligible DBD donor supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
ODR opt in override	A donation decision conversation where the family do not support the patient's ODR opt in decision (irrespective of the patient's last known decision).
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

Approach rate	were referred to the SNOD Percentage of eligible DBD donor 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: <u>Clinical contraindications to approaching families for possible organ donation - POL 188.</u>
Eligible DCD donor	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 medically 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
Expressed opt in donation decision conversation	A donation decision conversation where the eligible DCD donor's last known decision was an expressed opt in decision. A patient's last known opt in decision can be expressed in writing or via the ODR in all nations and verbal opt in decisions are also included in Wales, England, Jersey and Guernsey. Verbally expressed opt in decisions are not included in Scotland.
Deemed consent/authorisation donation decision conversation	A donation decision conversation where the eligible DCD donor meets deemed criteria specific to each nation (see table below). In Scotland, this includes those who have verbally expressed a decision to opt in.
Expressed-opt out donation decision conversation	A donation decision conversation where the eligible DCD donor's last known decision was an expressed opt out decision. Opt out decisions can be expressed verbally, in writing or via the ODR in all nations.
Other donation decision conversation	A donation decision conversation where the eligible DCD donor has

	expressed no decision or deemed criteria are not met. Paediatric patients are included in this group.
Consent/Authorisation ascertained	Family of eligible DCD donor supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation.
ODR opt in override	A donation decision conversation where the family do not support the patient's ODR opt in decision (irrespective of the patient's last known decision).
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
Approach rate of medically suitable donors	Percentage of medically suitable eligible DCD donor 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)

Deemed consent/authorisation legislation	
Deemed consent (Wales, Jersey, England, Guernsey)	Deemed consent applies if a person who died in Wales, Jersey, England or Guernsey has not expressed an organ donation decision either to opt in or opt out or nominate/appoint a representative, is aged 18 or over, has lived in the country in which they died for longer than 12 months and is ordinarily resident there, and had the capacity to understand the notion of deemed consent for a significant period before their death.
Deemed authorisation (Scotland)	Deemed authorisation applies if a person who died in Scotland has not expressed, in writing, an organ donation decision either to opt in or opt out, is aged 16 or over, has lived in Scotland for longer than 12 months and is ordinarily resident there, 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.

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