NHS
Blood and Transplant

Detailed Report

Actual and Potential Deceased Organ Donation

1 April 2024 - 31 March 2025

Yorkshire Organ Donation Services Team

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Further Information

- Appendix A.1 contains definitions of terms and abbreviations used throughout this report and summarises the main changes made to the PDA over time.
- The latest Organ Donation and Transplantation Activity Report is available at https://www.organdonation.nhs.uk/supporting-my-decision/statistics-about-organ-donation/transplant-activity-report/
- The latest PDA Annual Report and our Power BI reports with up to date metrics are available at https://www.odt.nhs.uk/statistics-and-reports/potential-donor-audit-report/.
- Please refer any queries or requests for further information to your local Specialist Nurse - Organ Donation (SNOD)

Source

NHS Blood and Transplant: UK Transplant Registry (UKTR), Potential Donor Audit (PDA) and Referral Record. Issued May 2025 based on data meeting PDA criteria reported at 8 May 2025.

1. Donor Outcomes

A summary of the number of donors, patients transplanted, average number of organs donated per donor and organs donated.

Data in this section is obtained from the UK Transplant Registry

Between 1 April 2024 and 31 March 2025, the Yorkshire Organ Donation Services Team facilitated 99 deceased solid organ donors, resulting in 254 patients receiving a transplant. Additional information is shown in Tables 1.1 and 1.2, along with comparison data for 2023/24. Figure 1.1 shows the number of donors and patients transplanted for the previous ten periods for comparison.

Table 1.1 Donors, patients transplanted and organs per donor, 1 April 2024 - 31 March 2025 (1 April 2023 - 31 March 2024 for comparison)

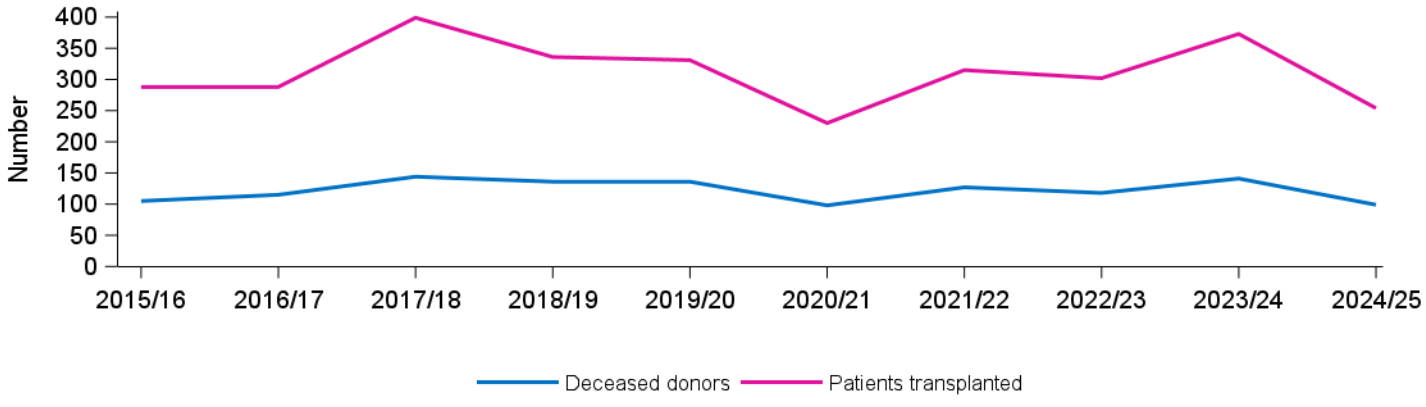
Donor type	Number of donors	Number of patients transplanted	Average number of organs donated per donor Yorkshire	Average number of organs donated per donor UK
DBD	45 (69)	131 (204)	3.6 (3.7)	3.6 (3.5)
DCD	54 (72)	123 (169)	3.0 (3.2)	2.9 (2.8)
DBD and DCD	99 (141)	254 (373)	3.3 (3.4)	3.3 (3.2)

In addition to the 99 proceeding donors there were 35 additional consented donors that did not proceed, 2 where DBD organ donation was being facilitated and 33 where DCD organ donation was being facilitated.

Table 1.2 Organs transplanted by type, 1 April 2024 - 31 March 2025 (1 April 2023 - 31 March 2024 for comparison)

Donor type	Number of organs transplanted by type: Kidney	Pancreas	Liver	Heart	Lung	Small bowel
DBD	77 (121)	9 (9)	39 (50)	8 (16)	14 (26)	1 (2)
DCD	88 (123)	6 (10)	24 (33)	5 (11)	8 (6)	0 (0)
DBD and DCD	165 (244)	15 (19)	63 (83)	13 (27)	22 (32)	1 (2)

Figure 1.1 Number of donors and patients transplanted, 1 April 2015 - 31 March 2025



2. Key Rates in Potential for Organ Donation

A summary of the key rates on the potential for organ donation

Data in this section is obtained from the National Potential Donor Audit (PDA)

This section presents specific percentage measures of potential donation activity for the Yorkshire Organ Donation Services Team.

Performance in the team has been compared with UK performance in both Figure 2.1 and Table 2.1 using funnel plot boundaries and the Gold, Silver, Bronze, Amber, and Red (GoSBAR) colour scheme. When compared with UK performance, gold represents exceptional, silver represents good, bronze represents average, amber represents below average, and red represents poor performance. See Appendix A.3 for funnel plot ranges used.

It is acknowledged that the PDA does not capture all activity. There may be some patients referred in 2021/22 who are not included in this section onwards because they were either over 80 years of age or did not die in a unit participating in the PDA.

Figure 2.1 Key rates on the potential for organ donation including UK comparison, 1 April 2024 - 31 March 2025

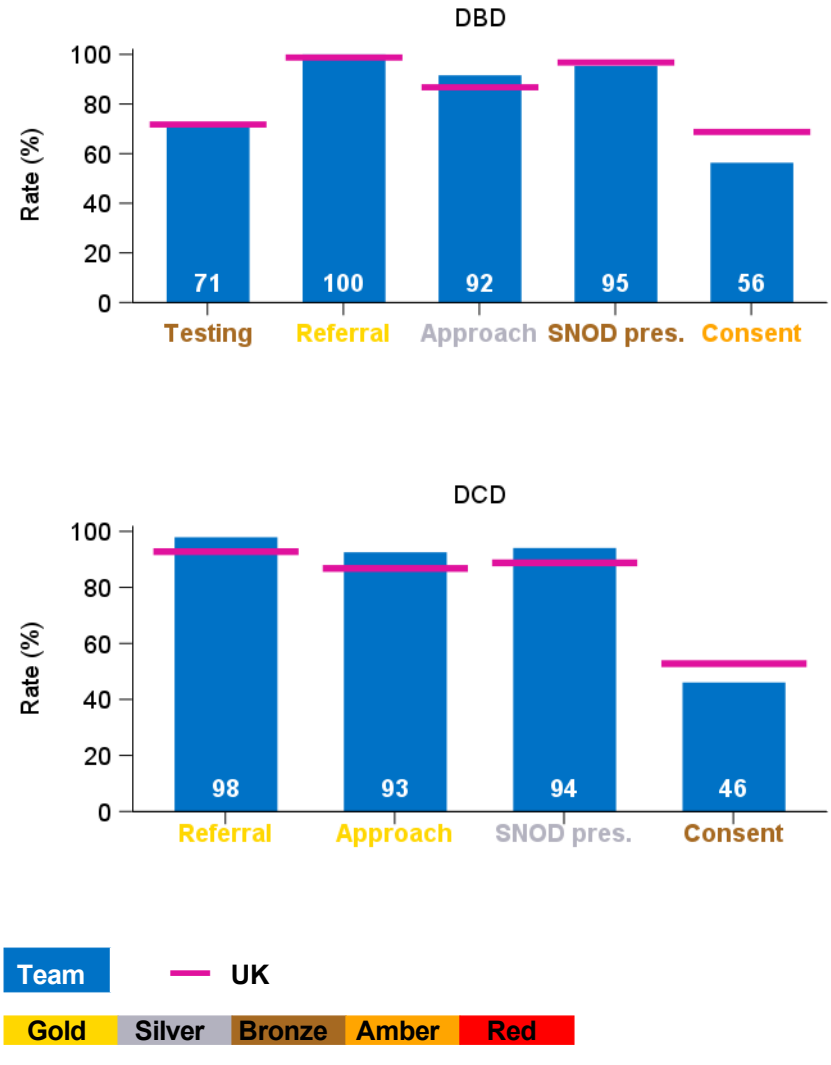


Figure 2.2 Trends in key rates on the potential for organ donation, 1 April 2020 - 31 March 2025

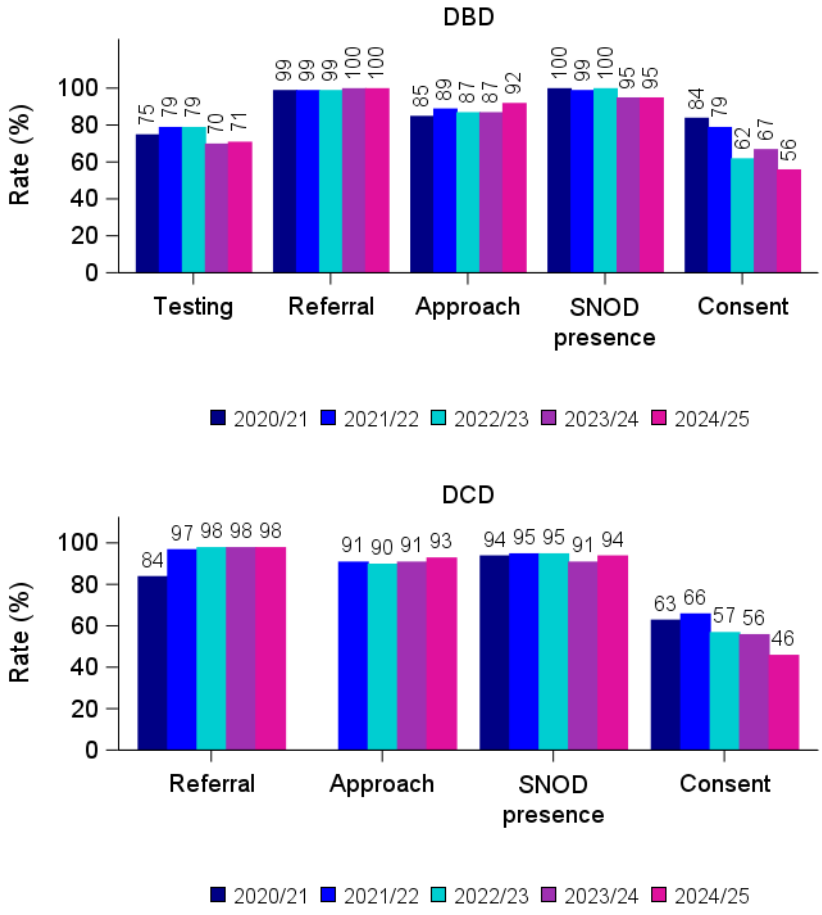


Table 2.1 Key numbers, rates and comparison with national rates, 1 April 2024 - 31 March 2025

	DBD		DCD		Deceased donors	
	Yorkshire	UK	Yorkshire	UK	Yorkshire	UK
Patients meeting organ donation referral criteria[1]	142	1883	525	5503	627	6880
Referred to Organ Donation Service	142	1859	514	5118	616	6486
Referral rate %	G *100%*	*99%*	G *98%*	*93%*	G *98%*	*94%*
Neurological death tested	101	1356				
Testing rate %	B *71%*	*72%*				
Eligible donors[2]	95	1247	266	3735	361	4982
Medically suitable eligible donors[3]	95	1247	161	2077	256	3324
Family approached	87	1084	152	1827	239	2911
Family approached of medically suitable eligible donor	87	1084	149	1799	236	2883
% approached of medically suitable eligible	B *92%*	*87%*	S *93%*	*87%*	G *92%*	*87%*
Family approached and SNOD present	83	1050	143	1622	226	2672
% of approaches where SNOD present	B *95%*	*97%*	S *94%*	*89%*	B *95%*	*92%*
Consent ascertained	49	743	70	970	119	1713
Consent rate %	A *56%*	*69%*	B *46%*	*53%*	A *50%*	*59%*
- Expressed opt in	35	473	44	644	79	1117
- Expressed opt in %	*92%*	*94%*	*83%*	*82%*	*87%*	*86%*
- Deemed Consent	11	216	24	267	35	483
- Deemed Consent %	*38%*	*57%*	*39%*	*43%*	*38%*	*48%*
- Other*	3	54	2	59	5	113
- Other %*	*50%*	*55%*	*12%*	*29%*	*22%*	*38%*
Actual donors (PDA data)	48	694	48	703	96	1398
% of consented donors that became actual donors	*98%*	*93%*	*69%*	*72%*	*81%*	*82%*

[1] DBD - A patient with suspected neurological death
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 4 hours

[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] Medically suitable eligible donor - An eligible donor with no DCD exclusions and not deemed unsuitable by the screening process

* Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation decision in accordance with relevant legislation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Gold **Silver** **Bronze** **Amber** **Red**

Note that from 1 April 2024 to 31 March 2025 there were 4 eligible DCD donors for whom consent for donation was ascertained who are not included in this section because they were either over 80 years of age or did not die in a unit participating in the PDA.

3. Best quality of care in organ donation

Key stages in best quality of care in organ donation

Data in this section is obtained from the National Potential Donor Audit (PDA)

This section provides information on the quality of care in the Yorkshire Organ Donation Services Team at the key stages of organ donation. The ambition is that the team misses no opportunity to make a transplant happen and that opportunities are maximised at every stage.

3.1 Neurological death testing

Goal: neurological death tests are performed wherever possible.

Figure 3.1 Number of patients with suspected neurological death, 1 April 2020 - 31 March 2025

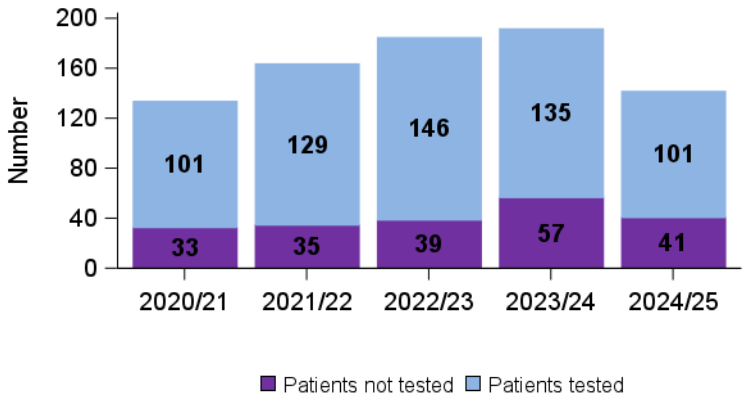


Table 3.1 Reasons given for neurological death tests not being performed, 1 April 2024 - 31 March 2025

	Yorkshire	UK
Biochemical/endocrine abnormality	2	41
Clinical reason/Clinician's decision	5	81
Continuing effects of sedatives	3	11
Family declined donation	2	31
Family pressure not to test	3	58
Hypothermia	1	19
Inability to test all reflexes	3	22
Medical contraindication to donation	-	8
Other	8	56
Patient had previously expressed a wish not to donate	-	4
Patient haemodynamically unstable	13	147
Pressure of ICU beds	-	1
SN-OD advised that donor not suitable	-	21
Treatment withdrawn	1	22
Unknown	-	5
Total	**41**	**527**

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.2 Referral to Organ Donation Service

Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135[1] and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors[2].

Aim: There should be no purple on the following charts.

Figure 3.2 Number of patients meeting referral criteria, 1 April 2020 - 31 March 2025

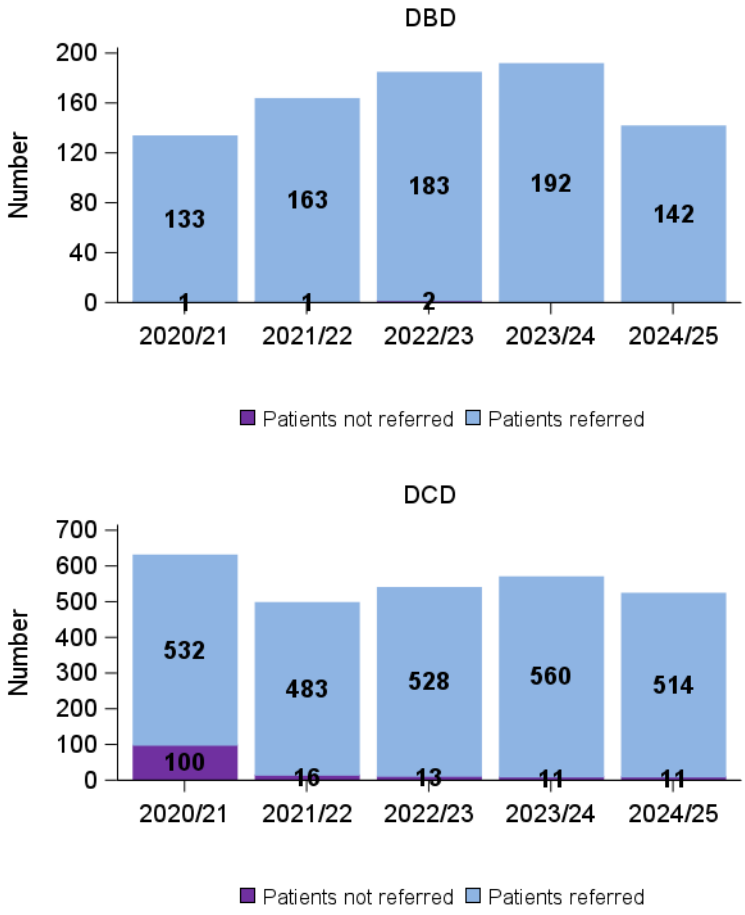


Table 3.2 Reasons given why patient not referred to SNOD, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	UK	Yorkshire	UK
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	-	2
Coroner / Procurator Fiscal reason	-	1	-	1
Family declined donation following decision to remove treatment	-	1	-	12
Family declined donation prior to neurological testing	-	3	-	3
Medical contraindications	-	3	1	36
Not identified as potential donor/organ donation not considered	-	7	8	230
Other	-	-	-	15
Patient had previously expressed a wish not to donate	-	-	-	1
Pressure on ICU beds	-	-	-	2
Reluctance to approach family	-	-	-	5
Thought to be medically unsuitable	-	3	2	67

If 'other', please contact your local SNOD or CLOD for more information, if required.

Table 3.2 Reasons given why patient not referred to SNOD, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	**UK**	**Yorkshire**	**UK**
Uncontrolled death pre referral trigger	-	6	-	11
Total	**-**	**24**	**11**	**385**

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.3 Contraindications

In 2024/25 there were 841 potential donors in the Yorkshire Organ Donation Services team with an ACI reported, 779 DBD and 841 DCD donors. Please note, the number of potential DBD and DCD donors with an ACI reported may not equal the total stated as a patient can meet potential donor criteria for both DBD and DCD donation.

3.4 Approaches

Goal: Every medically suitable eligible donors family should be approached to consent to donation.

Aim: There should be no purple on the following charts.

Note that medically suitable eligible donors are only identifiable following a change to the PDA in September 2020 so only reported since 2021.

Figure 3.3 Number of medically eligible donor familes by approach, 1 April 2020 - 31 March 2025

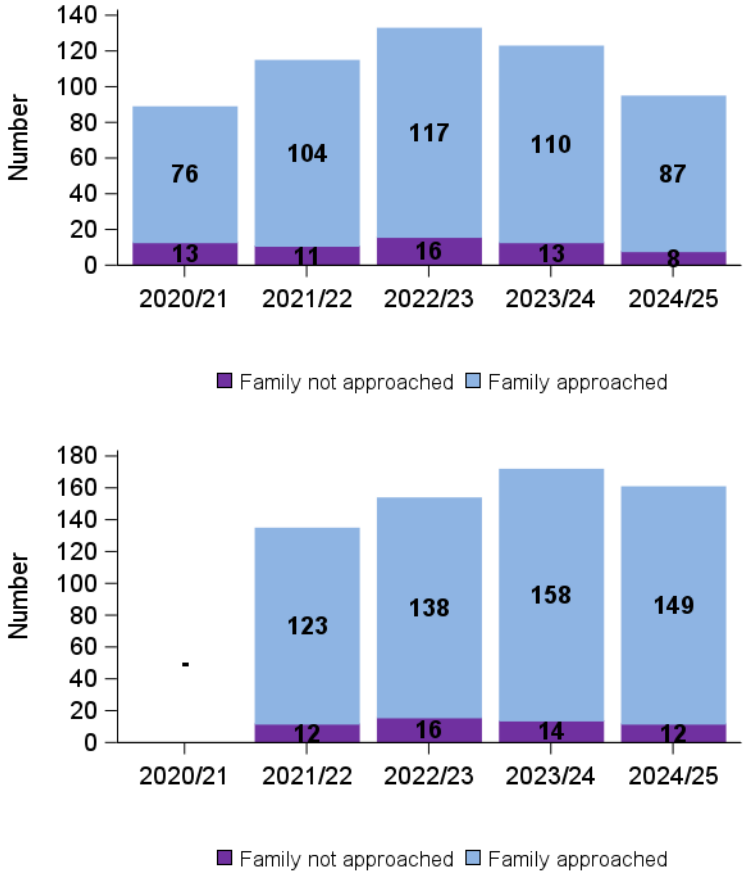


Table 3.3 Reasons given why family not approached, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	UK	Yorkshire	UK
Cardiac arrest before approach could be made	1	7	1	1
Coroner/Proc Fiscal refused permission	1	32	1	52
Family stated they would not consent/authorise prior to donation decision conversation	1	16	2	41
Family untraceable - No first person consent (donation cannot proceed)	-	12	-	9
First person Consent or Expressed Authorisation / Family untraceable (donation can proceed)	-	3	1	7
Not identified as a potential donor	1	12	4	135
Pressure on ICU beds	-	-	-	6

If 'other', please contact your local SNOD or CLOD for more information, if required.

Table 3.3 Reasons given why family not approached, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	**UK**	**Yorkshire**	**UK**
Subsequently assessed to be medically unsuitable	4	60	3	23
Total	**8**	**142**	**12**	**274**

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.5 SNOD presence

Goal: A SNOD should be present during the formal family approach as per NICE CG135[1] and NHS Blood and Transplant (NHSBT) Best Practice Guidance.[3]

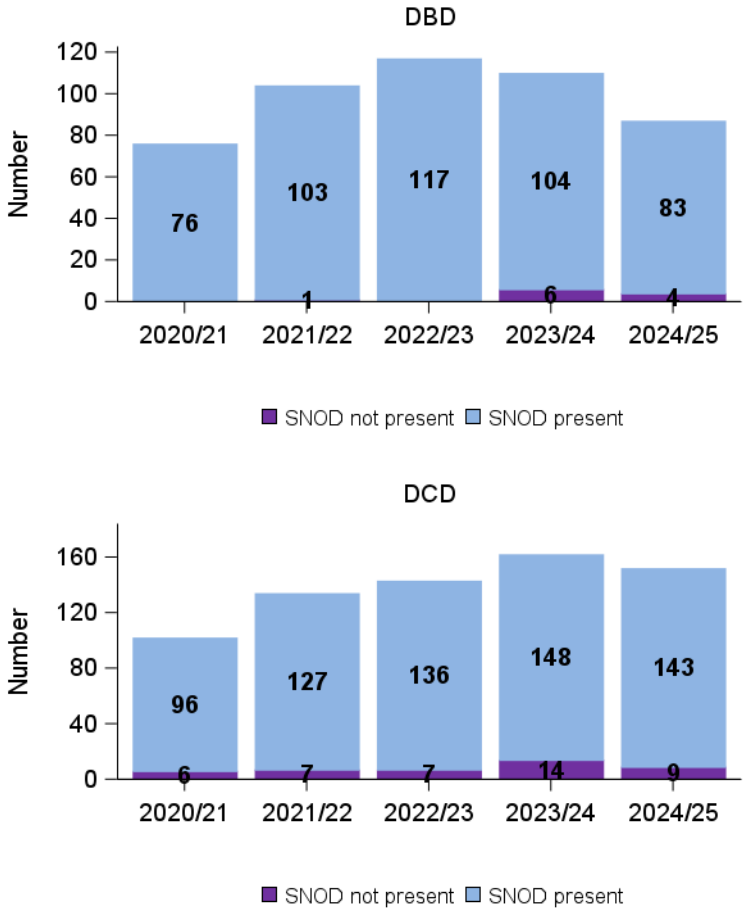
Aim: There should be no purple on the following charts.

In the UK, in 2024/25, when a SNOD was not present for the approach to the family to discuss organ donation, DBD and DCD consent rates were 18% and 7%, respectively, compared with DBD and DCD consent rates of 70% and 59%, respectively, when a SNOD was present.

Within the Trusts in the team, when a SNOD was not present for the approach to the family to discuss organ donation, DBD and DCD consent rates were 0% and 0%, respectively, compared with DBD and DCD consent rates of 59% and 49%, respectively, when a SNOD was present.

Every approach to those close to the patient should be planned with the multidisciplinary team (MDT), should involve the SNOD and should be clearly planned taking into account the known wishes of the patient. The NHS Organ Donor Register (ODR) should be checked in all cases of potential donation and this information must be discussed with the family as it represents the eligible donor's legal consent to donation.

Figure 3.4 Number of families approached by SNOD presence, 1 April 2020 - 31 March 2025



[1] NICE, 2011.
NICE Clinical Guidelines - CG135
[accessed 8 May 2025]

[2] NHS Blood and Transplant, 2012.
Timely Identification and Referral of Potential Organ Donors - A Strategy for Implementation of Best Practice
[accessed 8 May 2025]

[3] NHS Blood and Transplant, 2013.
Approaching the Families of Potential Organ Donors – Best Practice Guidance
[accessed 8 May 2025]

3.6 Consent

In 2024/25 the DBD and DCD consent rates in the team were 56% and 46%, respectively.

Figure 3.5 Number of families approached, 1 April 2020 - 31 March 2025

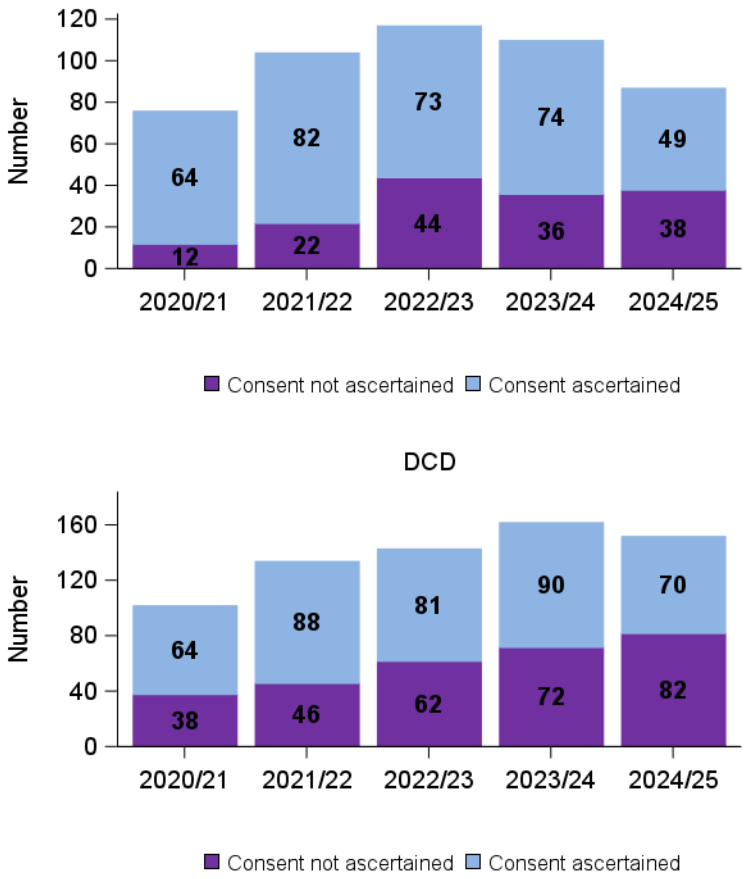


Table 3.4 Reasons given why consent was not ascertained, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	UK	Yorkshire	UK
Family believe patient's treatment may have been limited to facilitate organ donation	-	1	-	-
Family concerned other people may disapprove/be offended	-	1	-	1
Family concerned that organs may not be transplantable	-	4	-	5
Family did not believe in donation	2	5	4	18
Family did not want surgery to the body	2	39	7	68
Family divided over the decision	1	9	5	25
Family felt it was against their religious/cultural beliefs	10	46	3	39
Family felt patient had suffered enough	2	26	2	82
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	1	14	3	15
Family felt the length of time for the donation process was too long	-	14	16	173
Family had difficulty understanding/accepting neurological testing	1	2	-	-
Family wanted to stay with the patient after death	1	4	3	12

If 'other', please contact your local SNOD or CLOD for more information, if required.

Table 3.4 Reasons given why consent was not ascertained, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	**UK**	**Yorkshire**	**UK**
Family were not sure whether the patient would have agreed to donation	4	34	11	110
Other	1	20	6	66
Patient had previously expressed a wish not to donate	8	86	15	157
Patient had registered a decision to Opt Out	3	14	2	43
Strong refusal - probing not appropriate	2	22	5	40
Total	**38**	**341**	**82**	**854**

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.7 Deemed consent

In 2024/25 the DBD and DCD deemed consent rates in the team were 38% and 39%, respectively.

Please see appendix for deemed consent criteria.

Figure 3.6 Number of families approached where deemed consent applies, 1 April 2020 - 31 March 2025

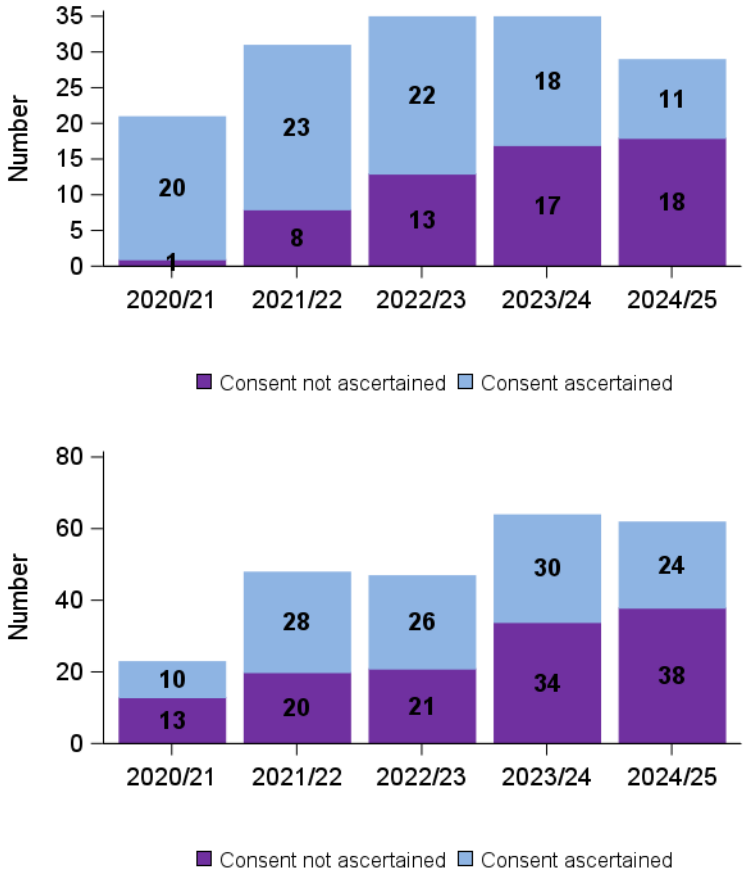


Table 3.5 Reasons given why consent was not ascertained where deemed consent applied, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	UK	Yorkshire	UK
Family believe patient's treatment may have been limited to facilitate organ donation	-	1	-	-
Family concerned other people may disapprove/be offended	-	-	-	1
Family concerned that organs may not be transplantable	-	1	-	4
Family did not believe in donation	2	3	1	6
Family did not want surgery to the body	2	30	3	33
Family divided over the decision	1	8	4	16
Family felt it was against their religious/cultural beliefs	6	33	1	22
Family felt patient had suffered enough	2	17	1	45
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	1	7	-	5
Family felt the length of time for the donation process was too long	-	9	9	78

If 'other', please contact your local SNOD or CLOD for more information, if required.

Table 3.5 Reasons given why consent was not ascertained where deemed consent applied, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	UK	Yorkshire	UK
Family wanted to stay with the patient after death	-	1	3	6
Family were not sure whether the patient would have agreed to donation	2	24	9	86
Other	1	8	3	29
Patient had previously expressed a wish not to donate	-	4	1	5
Strong refusal - probing not appropriate	1	15	3	23
Total	**18**	**161**	**38**	**359**

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.8 Solid organ donation

Goal: NHSBT is committed to supporting transplant units to ensure as many organs as possible are safely transplanted.

Table 3.6 Reasons why solid organ donation did not occur, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	**UK**	**Yorkshire**	**UK**
Clinical - Absolute contraindication to organ donation	-	3	-	5
Clinical - Considered high risk donor	1	5	-	7
Clinical - DCD clinical exclusion	-	-	-	1
Clinical - No transplantable organ	-	3	-	10
Clinical - Organs deemed medically unsuitable by recipient centres	-	9	7	40
Clinical - Organs deemed medically unsuitable on surgical inspection	-	13	1	8
Clinical - Other	-	3	-	8
Clinical - PTA post WLST	-	-	10	131
Clinical - Patient actively dying	-	4	1	14
Clinical - Patient asystolic	-	-	-	1
Clinical - Patient's general medical condition	-	-	-	7
Clinical - Predicted PTA therefore not attended	-	-	-	2
Consent / Auth - Coroner/Procurator fiscal refusal	-	5	1	13
Consent / Auth - NOK withdraw consent / authorisation	-	3	2	19
Consent / Auth - Other	-	1	-	-
Total	**1**	**49**	**22**	**266**

If 'other', please contact your local SNOD or CLOD for more information, if required.

4. Comparative Data

A comparison of performance in your team with national data

Data in this section is obtained from the National Potential Donor Audit (PDA)

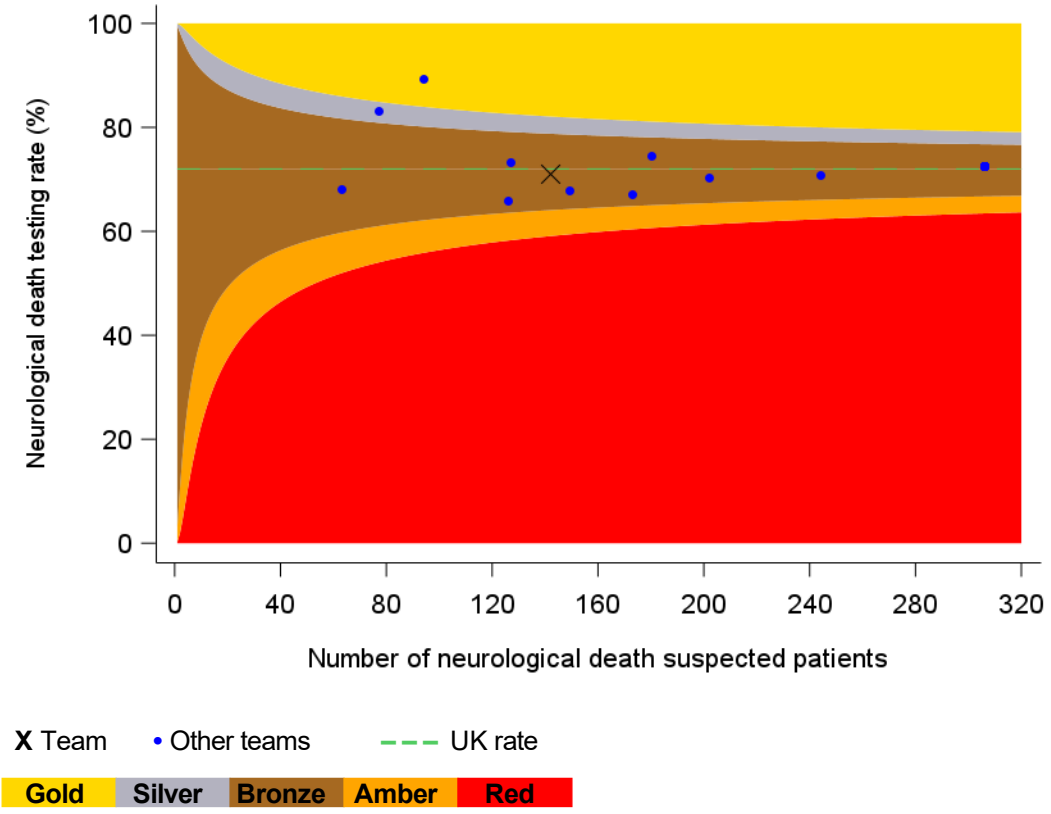
This section compares the quality of care in the key areas of organ donation in the Yorkshire Organ Donation Services team with the UK rate using funnel plots. The UK rate is shown as a green dashed line and the funnel shape is formed by the 95% and 99.8% confidence limits around the UK rate. The confidence limits reflect the level of precision of the UK rate relative to the number of observations. Performance in the team is indicated by a black cross. The Gold, Silver, Bronze, Amber, and Red colour scheme is used to indicate whether performance in the team, when compared to UK performance, is exceptional (gold), good (silver), average (bronze), below average (amber) or poor (red).

It is important to note that the differences in patient mix have not been accounted for in these plots. Further to these, separate funnel plots for DBD and DCD rates are presented in Section 8.

4.1 Neurological death testing

Goal: neurological death tests are performed wherever possible.

Figure 4.1 Funnel plot of neurological death testing rate, 1 April 2024 - 31 March 2025

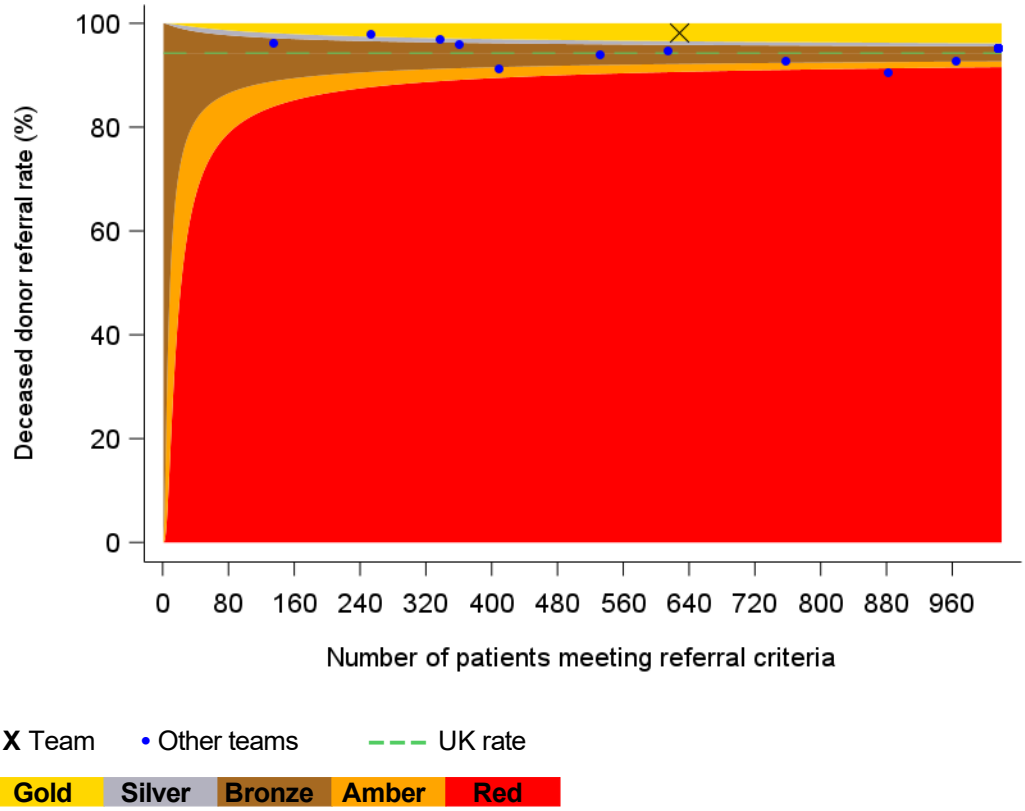


When compared with UK performance, the performance within the Trusts in the team was average (bronze) for neurological death testing.

4.2 Referral to Organ Donation Service

Goal: Every patient who meets the referral criteria should be identified and referred to NHSBT's Organ Donation Service, as per NICE CG135[1] and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors[2].

Figure 4.2 Funnel plot of deceased donor referral rate, 1 April 2024 - 31 March 2025

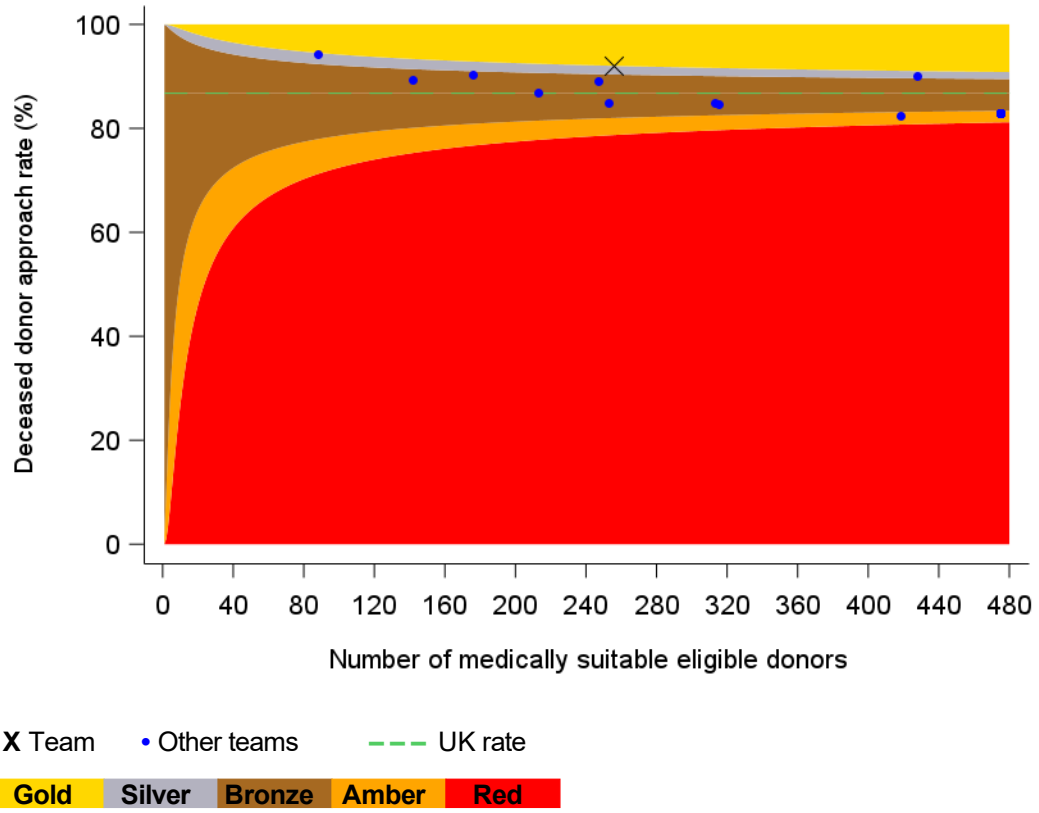


When compared with UK performance, the performance within the Trusts in the team was exceptional (gold) for referral of potential organ donors to NHS Blood and Transplant's Organ Donation Service.

4.3 Approaches

Goal: Every medically suitable eligible donors family should be approached to consent to donation.

Figure 4.3 Funnel plot of deceased donor approach rate, 1 April 2024 - 31 March 2025

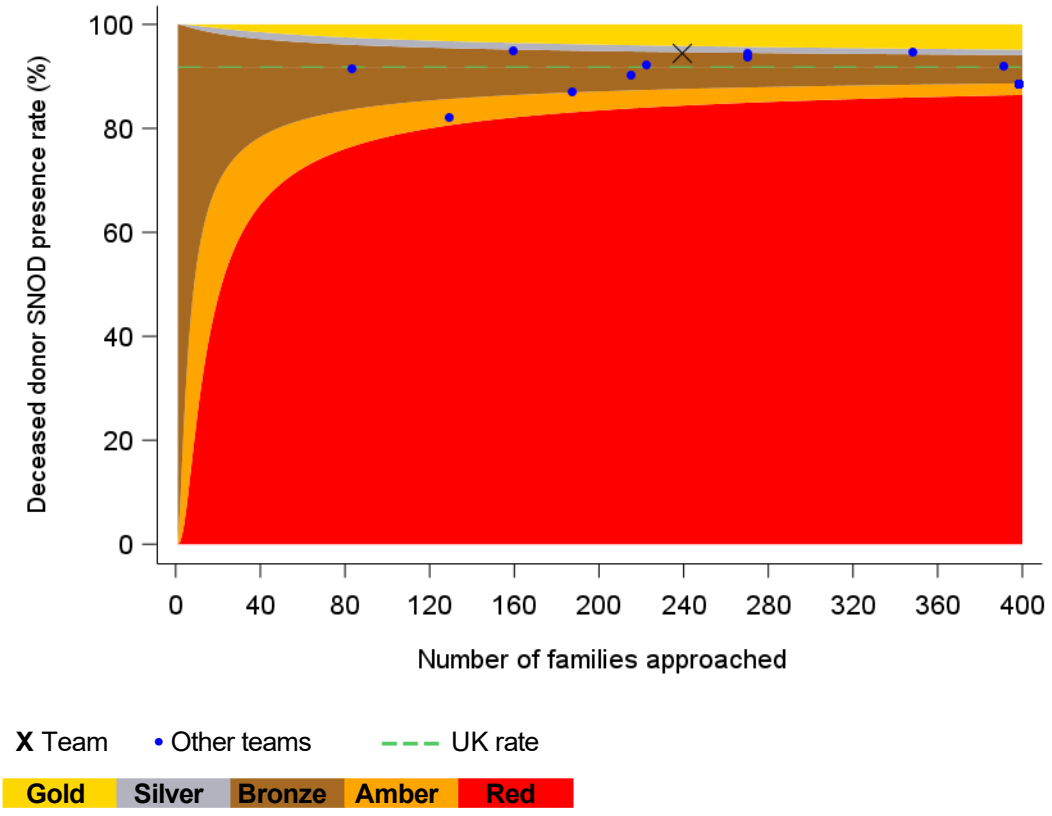


When compared with UK performance, the approach rate within the Trusts in the team was exceptional (gold).

4.4 SNOD presence

Goal: A SNOD should be present during the formal family approach as per NICE CG135[1] and NHS Blood and Transplant (NHSBT) Best Practice Guidance.[3]

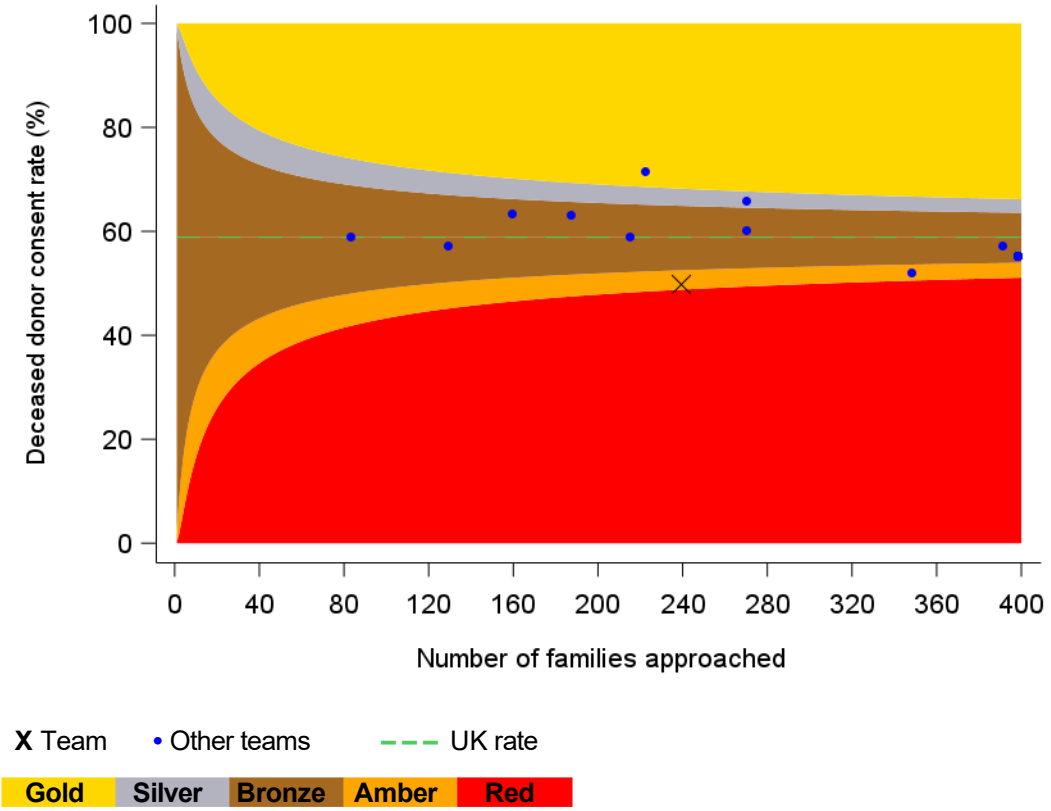
Figure 4.4 Funnel plot of SNOD presence rate, 1 April 2024 - 31 March 2025



When compared with UK performance, the performance within the Trusts in the team was average (bronze) for Specialist Nurse presence when approaching families to discuss organ donation.

4.5 Consent

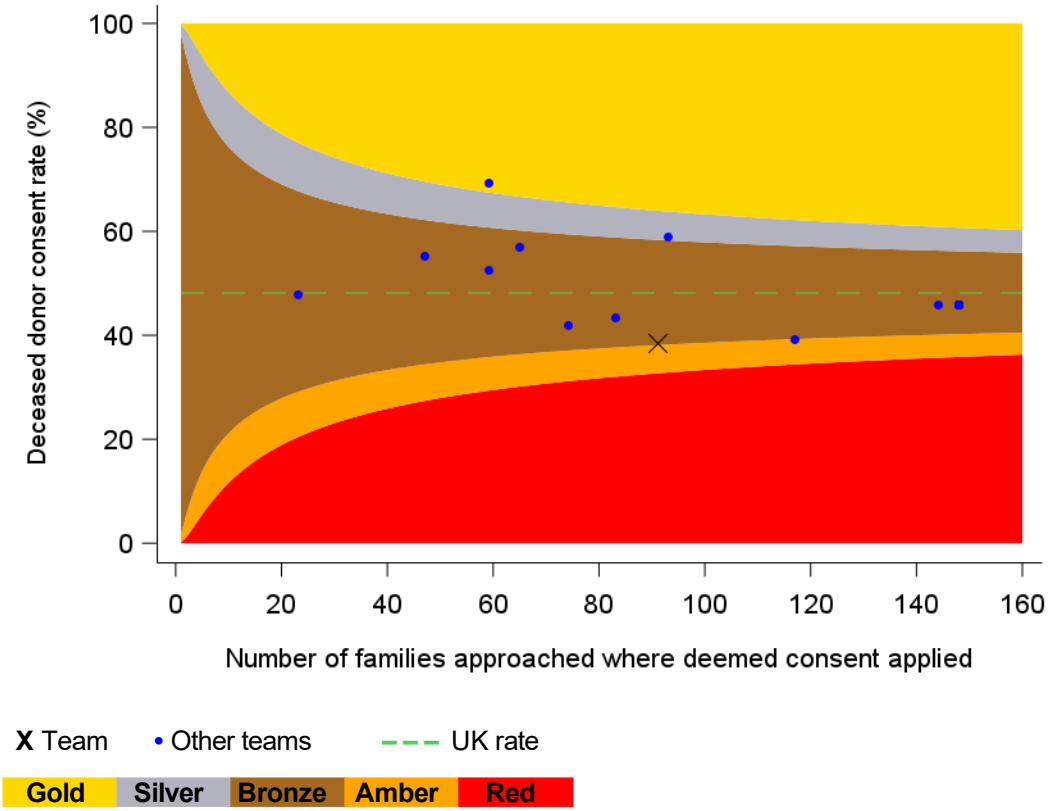
Figure 4.5 Funnel plot of consent rate, 1 April 2024 - 31 March 2025



When compared with UK performance, the consent rate within the Trusts in the team was below average (amber).

4.6 Deemed consent

Figure 4.6 Funnel plot of deemed consent rate, 1 April 2024 - 31 March 2025



5. PDA data by hospital and unit

A summary of key numbers and rates from the PDA by hospital and unit where patient died

Data in this section is obtained from the National Potential Donor Audit (PDA)

Tables 5.1 and 5.2 show the key numbers and rates for patients who met the DBD and/or DCD referral criteria, respectively. Percentages have been excluded where numbers are less than 10.

Table 5.1 Patients who met the DBD referral criteria - key numbers and rates, 1 April 2024 - 31 March 2025

Patients where neurological death was suspected	Patients tested	Neurological death testing rate (%)	Patients referred	DBD referral rate (%)	Patients confirmed dead by neurological testing	Eligible DBD donors	Eligible DBD donors whose family were approached	Approach rate (%)	Approaches where SNOD involved	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DBD and DCD donors from eligible DBD donors
Airedale NHS Foundation Trust													
0	0	-	0	-	0	0	0	-	0	-	0	-	0
Barnsley Hospital NHS Foundation Trust													
1	0	-	1	-	0	0	0	-	0	-	0	-	0
Bradford Teaching Hospitals NHS Foundation Trust													
7	6	-	7	-	5	5	5	-	5	-	0	-	0
Calderdale and Huddersfield NHS Foundation Trust													
11	9	82	11	100	9	9	7	-	7	-	4	-	4
Chesterfield Royal Hospital NHS Foundation Trust													
7	5	-	7	-	5	5	5	-	4	-	4	-	4
Doncaster and Bassetlaw Hospitals NHS Foundation Trust													
7	4	-	7	-	4	4	4	-	4	-	3	-	3
Harrogate and District NHS Foundation Trust													
1	1	-	1	-	1	1	1	-	1	-	1	-	1
Hull University Teaching Hospitals NHS Trust													
14	10	71	14	100	10	10	10	100	10	100	6	60	6
Leeds Teaching Hospitals NHS Trust													
37	25	68	37	100	23	22	20	91	18	90	11	55	11
Mid Yorkshire Hospitals NHS Trust													
11	10	91	11	100	10	9	6	-	6	-	3	-	3
Northern Lincolnshire and Goole NHS Foundation Trust													
4	2	-	4	-	2	2	2	-	2	-	2	-	2
Sheffield Children's NHS Foundation Trust													
4	2	-	4	-	2	1	0	-	0	-	0	-	0
Sheffield Teaching Hospitals NHS Foundation Trust													
23	17	74	23	100	17	17	17	100	16	94	8	47	7
The Rotherham NHS Foundation Trust													
3	1	-	3	-	1	1	1	-	1	-	0	-	0
United Lincolnshire Hospitals NHS Trust													
8	5	-	8	-	5	5	5	-	5	-	4	-	4
York and Scarborough Teaching Hospitals NHS Foundation Trust													
4	4	-	4	-	4	4	4	-	4	-	3	-	3

Table 5.2 Patients who met the DCD referral criteria - key numbers and rates, 1 April 2024 - 31 March 2025

Patients for whom imminent death was anticipated	Patients referred	DCD referral rate (%)	Patients for whom treatment was withdrawn	Eligible DCD donors	Medically suitable eligible DCD donors	Medically suitable eligible DCD donors whose family were approached	Approach rate (%)	Eligible DCD donors whose family were approached	Approaches where SNOD involved	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DCD donors from eligible DCD donors
Airedale NHS Foundation Trust													
8	8	-	8	4	2	2	-	2	2	-	0	-	0
Barnsley Hospital NHS Foundation Trust													
12	12	100	12	5	5	4	-	4	4	-	1	-	1
Bradford Teaching Hospitals NHS Foundation Trust													
31	31	100	31	19	7	6	-	6	6	-	4	-	3
Calderdale and Huddersfield NHS Foundation Trust													
31	31	100	31	19	11	11	100	11	11	100	4	36	3
Chesterfield Royal Hospital NHS Foundation Trust													
12	11	92	12	4	4	4	-	4	4	-	3	-	3
Doncaster and Bassetlaw Hospitals NHS Foundation Trust													
16	15	94	16	5	4	4	-	4	4	-	3	-	1
Harrogate and District NHS Foundation Trust													
5	5	-	5	2	1	1	-	1	1	-	1	-	1
Hull University Teaching Hospitals NHS Trust													
39	39	100	34	22	16	16	100	16	15	94	7	44	4
Leeds Teaching Hospitals NHS Trust													
176	174	99	170	82	42	40	95	42	39	93	20	48	15
Mid Yorkshire Hospitals NHS Trust													
29	29	100	29	20	7	7	-	7	7	-	3	-	2
Northern Lincolnshire and Goole NHS Foundation Trust													
17	17	100	17	5	4	3	-	3	3	-	1	-	1
Sheffield Children's NHS Foundation Trust													
7	6	-	7	3	3	2	-	2	2	-	0	-	0
Sheffield Teaching Hospitals NHS Foundation Trust													
62	61	98	62	40	33	30	91	30	26	87	13	43	6
The Rotherham NHS Foundation Trust													
8	8	-	8	6	4	4	-	4	4	-	1	-	1
United Lincolnshire Hospitals NHS Trust													
26	23	88	21	13	8	6	-	6	6	-	3	-	3
York and Scarborough Teaching Hospitals NHS Foundation Trust													
46	44	96	46	17	10	9	90	10	9	90	6	60	4

Tables 5.1 and 5.2 show the hospital where the patient died. However, it is acknowledged that there are some occasions where a patient is referred in an Emergency Department but moves to a critical care unit. In total for the team in 2024/25 there were 1 such patients. For more information regarding the Emergency Department please see Section 7.

6. Paediatric ICU data

A summary of key numbers for paediatric ICUs

Data in this section is obtained from the National Potential Donor Audit (PDA)

End of life care guidance and practice for paediatric patients does differ and care of the family unit as a whole is a core key principle. Paediatric Intensive Care Units (PICU) systems should never prevent families being offered the opportunity to donate if this is a possibility.

This section provides information on the quality of care for patients that died in PICUs in the Yorkshire Organ Donation Services team at the key stages of organ donation. The ambition is that your PICU misses no opportunity to make a transplant happen and that opportunities are maximised at every stage.

6.1 Key numbers for PICUs

Table 6.1 PICU key numbers comparison with national rates, 1 April 2024 - 31 March 2025

	DBD		DCD		Deceased donors	
	Yorkshire	UK	Yorkshire	UK	Yorkshire	UK
Patients meeting organ donation referral criteria[1]	7	61	20	180	23	208
Referred to Organ Donation Service	7	59	19	170	22	197
Referral rate %		*97%*		*94%*		*95%*
Neurological death tested	5	32				
Testing rate %		*52%*				
Eligible donors[2]	3	27	9	145	12	172
Medically suitable eligible donors[3]	3	27	6	78	9	105
Family approached	2	22	4	52	6	74
Family approached of medically suitable eligible donor	2	22	4	52	6	74
% approached of medically suitable eligible		*81%*		*67%*		*70%*
Family approached and SNOD present	2	20	3	41	5	61
% of approaches where SNOD present		*91%*		*79%*		*82%*
Consent ascertained	1	10	0	11	1	21
Consent rate %		*45%*		*21%*		*28%*
Actual donors (PDA data)	1	10	0	10	1	20
% of consented donors that became actual donors		*100%*		*91%*		*95%*

[1] DBD - A patient with suspected neurological death
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 4 hours

[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] Medically suitable eligible donor - An eligible donor with no DCD exclusions and not deemed unsuitable by the screening process

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

6.2 Neurological death testing in PICUs

Goal: neurological death tests are performed wherever possible.

Figure 6.1 Number of patients with suspected neurological death in PICUs, 1 April 2020 - 31 March 2025

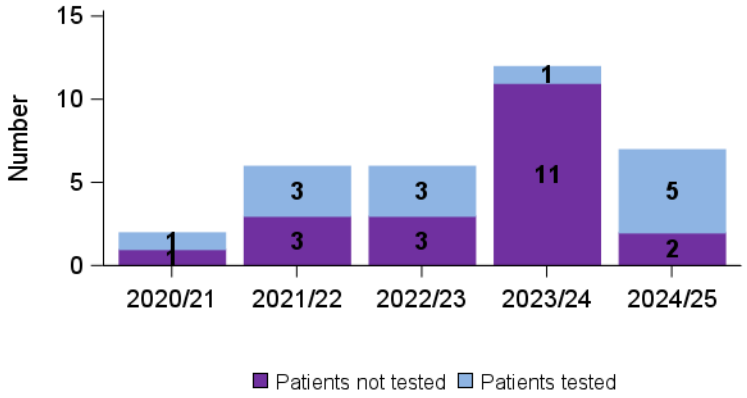


Table 6.2 Reasons given for neurological death tests not being performed in PICUs, 1 April 2024 - 31 March 2025

	Yorkshire	UK
Biochemical/endocrine abnormality	-	3
Clinical reason/Clinician's decision	-	3
Continuing effects of sedatives	1	2
Family pressure not to test	-	9
Hypothermia	-	1
Inability to test all reflexes	1	1
Other	-	4
Patient haemodynamically unstable	-	5
SN-OD advised that donor not suitable	-	1
Total	**2**	**29**

If 'other', please contact your local SNOD or CLOD for more information, if required.

6.3 Referral to Organ Donation Service in PICUs

Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135[1] and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors[2].

Aim: There should be no purple on the following charts.

Figure 6.2 Number of patients meeting referral criteria in PICUs, 1 April 2020 - 31 March 2025

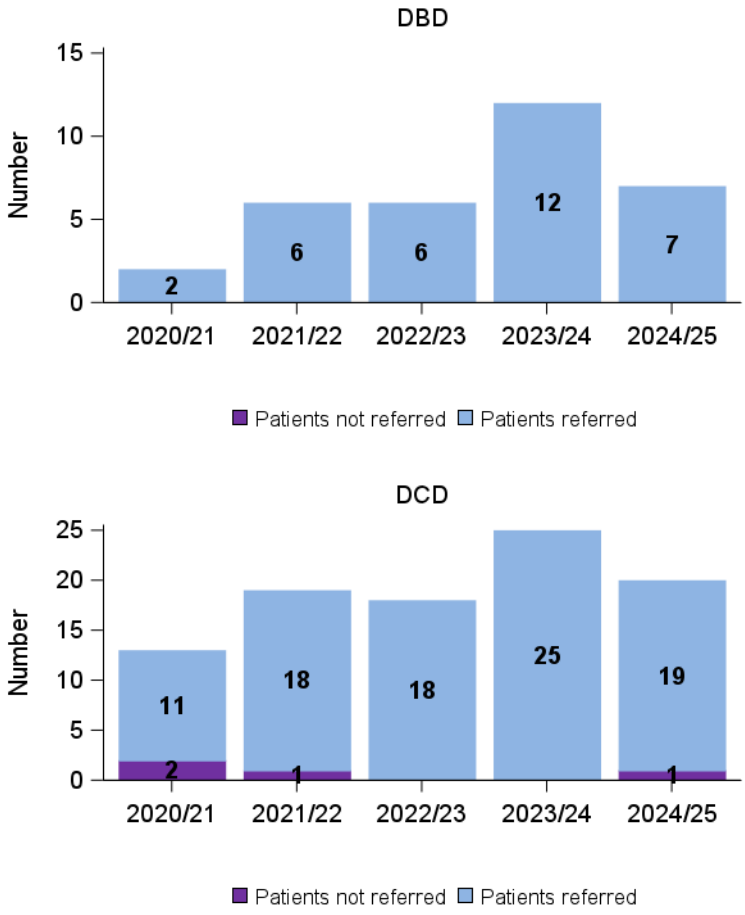


Table 6.3 Reasons given why patient not referred to Organ Donation Service in PICUs, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	UK	Yorkshire	UK
Family declined donation following decision to remove treatment	-	-	-	2
Family declined donation prior to neurological testing	-	1	-	-
Medical contraindications	-	1	-	2
Not identified as potential donor/organ donation not considered	-	-	1	3
Thought to be medically unsuitable	-	-	-	2
Uncontrolled death pre referral trigger	-	-	-	1
Total	**-**	**2**	**1**	**10**

If 'other', please contact your local SNOD or CLOD for more information, if required.

6.4 Contraindications in PICUs

In 2024/25 there were no potential donors in the Yorkshire Organ Donation Services team with an ACI reported.

6.5 Approaches for patients in the PICU

Goal: Every medically suitable eligible donors family should be approached for consent to donation.

Aim: There should be no purple on the following charts.

Note that medically suitable eligible donors are only identifiable following a change to the PDA in September 2020 so only reported since 2021.

Figure 6.3 Number of medically eligible PICU patients by approach, 1 April 2020 - 31 March 2025

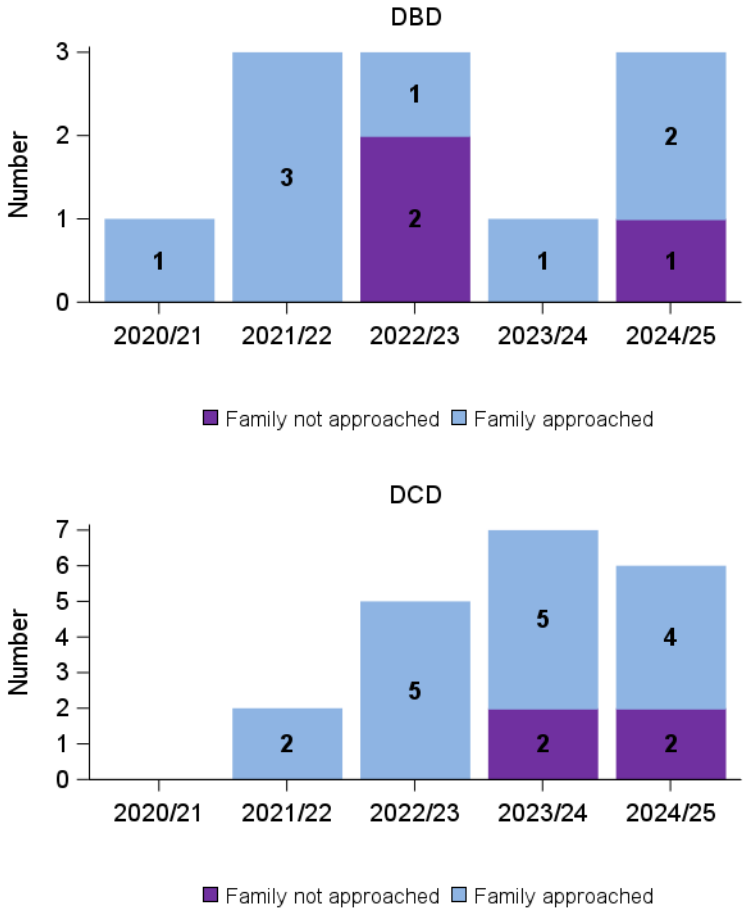


Table 6.4 Reasons given why family not approached in the PICU, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	UK	Yorkshire	UK
Cardiac arrest before approach could be made	1	1	-	-
Coroner/Proc Fiscal refused permission	-	-	1	18
Family stated they would not consent/authorise prior to donation decision conversation	-	2	-	1
Not identified as a potential donor	-	-	-	5
Subsequently assessed to be medically unsuitable	-	2	1	2
Total	**1**	**5**	**2**	**26**

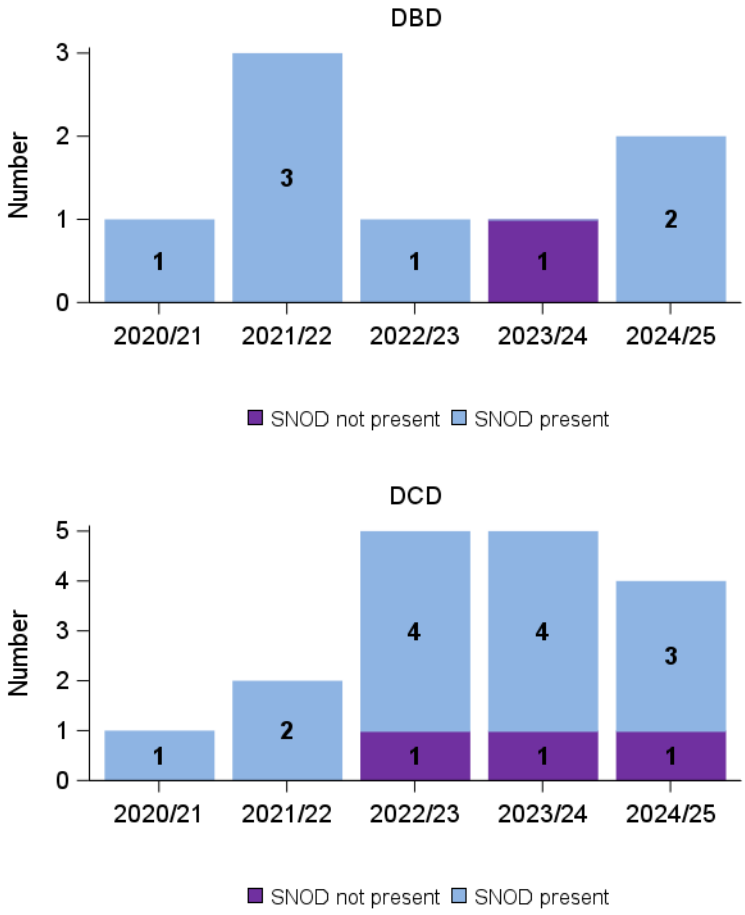
If 'other', please contact your local SNOD or CLOD for more information, if required.

6.6 SNOD presence for patients in PICUs

Goal: A SNOD should be present during the formal family approach as per NICE CG135[1] and NHS Blood and Transplant (NHSBT) Best Practice Guidance.[3]

Aim: There should be no purple on the following charts.

Figure 6.4 Number of families of PICU patients approached by SNOD presence, 1 April 2020 - 31 March 2025



6.7 Consent for patients in PICUs

In 2024/25 less than 10 families of eligible donors, facilitated in the PICU, were approached to discuss organ donation in the team therefore consent rates are not presented.

Figure 6.5 Number of families of PICU patients approached, 1 April 2020 - 31 March 2025

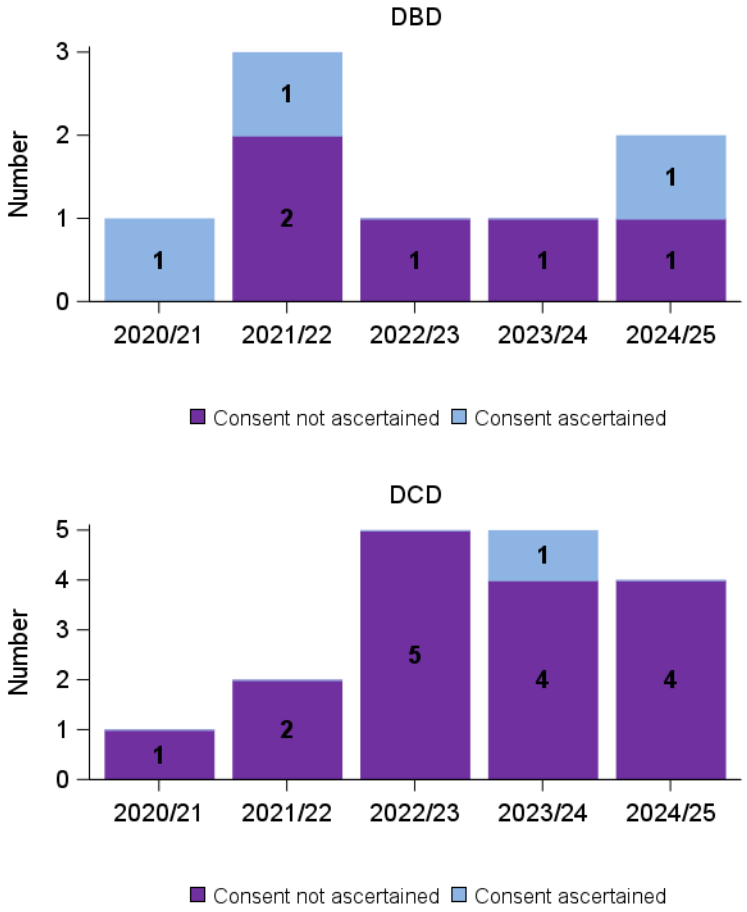


Table 6.5 Reasons given why consent was not ascertained for PICU patients, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	UK	Yorkshire	UK
Family did not believe in donation	-	-	2	3
Family did not want surgery to the body	-	1	-	10
Family divided over the decision	-	-	-	2
Family felt it was against their religious/cultural beliefs	-	1	2	4
Family felt patient had suffered enough	-	2	-	3
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	-	-	-	1
Family felt the length of time for the donation process was too long	-	1	-	12
Family wanted to stay with the patient after death	-	-	-	1
Family were not sure whether the patient would have agreed to donation	-	-	-	2
Other	-	3	-	2
Patient had previously expressed a wish not to donate	-	-	-	1

If 'other', please contact your local SNOD or CLOD for more information, if required.

Table 6.5 Reasons given why consent was not ascertained for PICU patients, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	**UK**	**Yorkshire**	**UK**
Strong refusal - probing not appropriate	1	4	-	-
Total	**1**	**12**	**4**	**41**

If 'other', please contact your local SNOD or CLOD for more information, if required.

6.8 Solid organ donation in PICUs

Goal: NHSBT is committed to supporting transplant units to ensure as many organs as possible are safely transplanted.

Table 6.6 Reasons why solid organ donation did not occur in PICUs, 1 April 2024 - 31 March 2025

	DBD		DCD	
	Yorkshire	UK	Yorkshire	UK
Clinical - PTA post WLST	-	-	-	1
Total	**-**	**-**	**-**	**1**

If 'other', please contact your local SNOD or CLOD for more information, if required.

7. Emergency Department data

A summary of key numbers for Emergency Departments

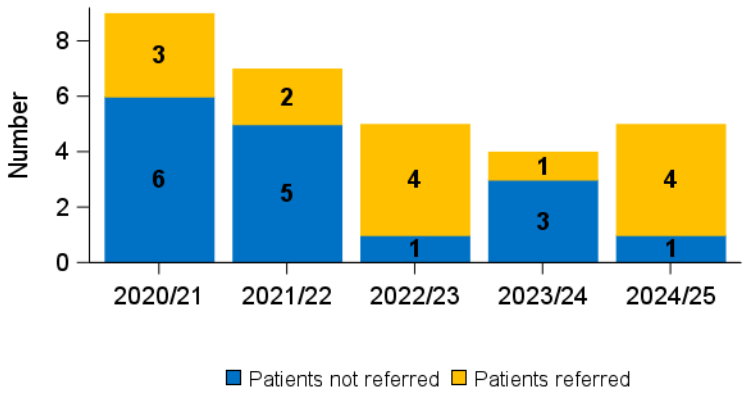
Data in this section is obtained from the National Potential Donor Audit (PDA)

Most patients who go on to become organ donors start their journey in the emergency department (ED). Deceased donation is important, not just for those people waiting on the transplant list, but also because many people in the UK have expressed a decision in life to become organ donors after their death. The overarching principle of the NHSBT Organ donation and Emergency Department strategy [4] is that best quality of care in organ donation should be followed irrespective of the location of the patient within the hospital at the time of death.

7.1 Referral to Organ Donation Service

Goal: No one dies in your ED meeting referral criteria and is not referred to NHSBT's Organ Donation Service.
Aim: There should be no blue on the following chart.

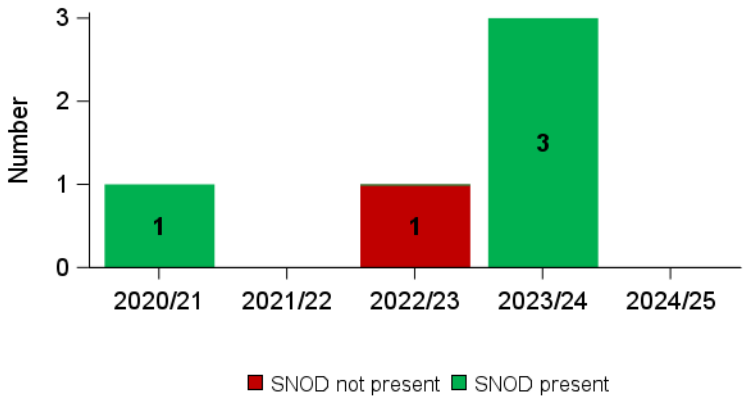
Figure 7.1 Number of patients meeting referral criteria that died in the ED, 1 April 2020 - 31 March 2025



7.2 Organ donation discussions

Goal: No family is approached in ED regarding organ donation without a SNOD present.
Aim: There should be no red on the following chart.

Figure 7.2 Number of families approached in ED by SNOD presence, 1 April 2020 - 31 March 2025



[4] NHS Blood and Transplant, 2016.
Organ Donation and the Emergency Department
[accessed 8 May 2025]

8. Additional data and figures

Key numbers and rates on the potential for organ donation

Data in this section is obtained from the National Potential Donor Audit (PDA)

8.1 Trust/Board Level Benchmarking

Trust/Board levels were reallocated in July 2018 using the average number of donors in 2016/17 and 2017/18, Table 8.1 shows the criteria used and how many Trusts/Boards belong to each level.

Table 8.1 Trust/Board level categories

		Number of Trusts Boards in each level
Level 1	12 or more (≥ 12) proceeding donors per year	36
Level 2	6 or more but less than 12 (≥ 6 to <12) proceeding donors per year	51
Level 3	More than 3 but less than 6 (>3 to <6) proceeding donors per year	31
Level 4	3 or less (≤ 3) proceeding donors per year	39

Tables 8.2 and 8.3 show the national DBD and DCD key numbers and rates for the UK by Trust/Board level, to aid in comparison with equivalent Trusts/Boards. Note that percentages have been excluded where numbers are less than 10.

Table 8.2 National DBD key numbers and rate by Trust/Board level, 1 April 2024 - 31 March 2025

	Patients where neurological death was suspected	Patients tested	Neurological death testing rate (%)	Patients referred	DBD referral rate (%)	Patients confirmed dead by neurological testing	Eligible DBD donors	Eligible DBD donors whose family were approached	Approach rate (%)	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DBD and DCD donors from eligible DBD donors
Level 1	1108	804	73	1092	99	760	731	633	87	609	96	427	67	406
Level 2	470	348	74	467	99	335	325	282	87	278	99	199	71	185
Level 3	156	104	67	155	99	100	98	89	91	85	96	62	70	54
Level 4	149	100	67	145	97	96	93	80	86	78	98	55	69	49

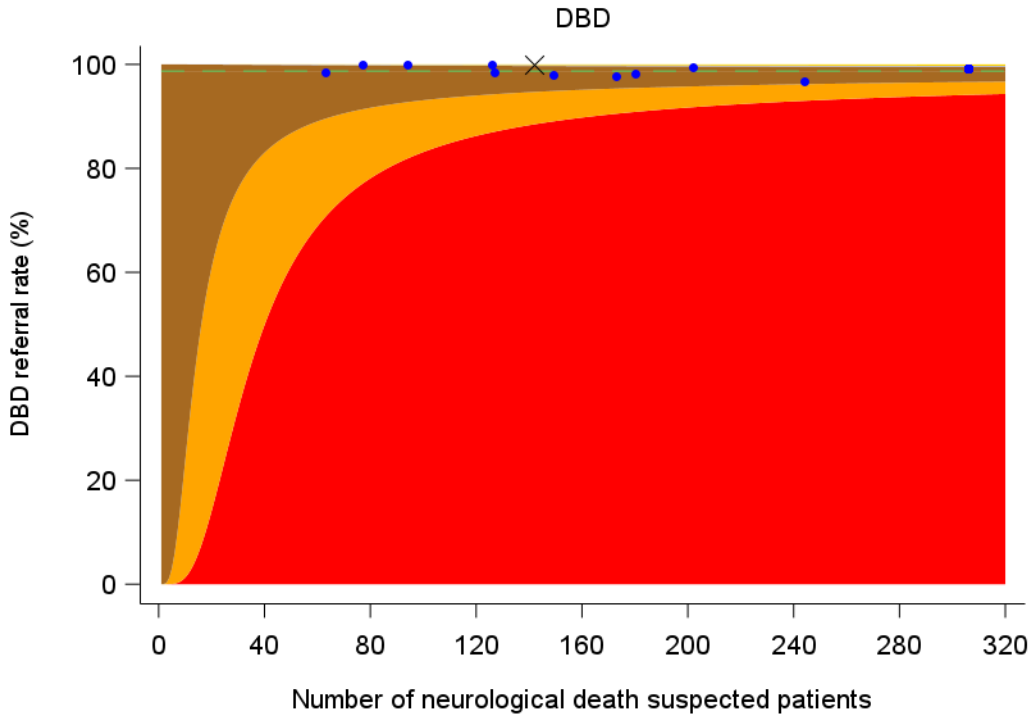
Table 8.3 National DCD key numbers and rate by Trust/Board level, 1 April 2024 - 31 March 2025

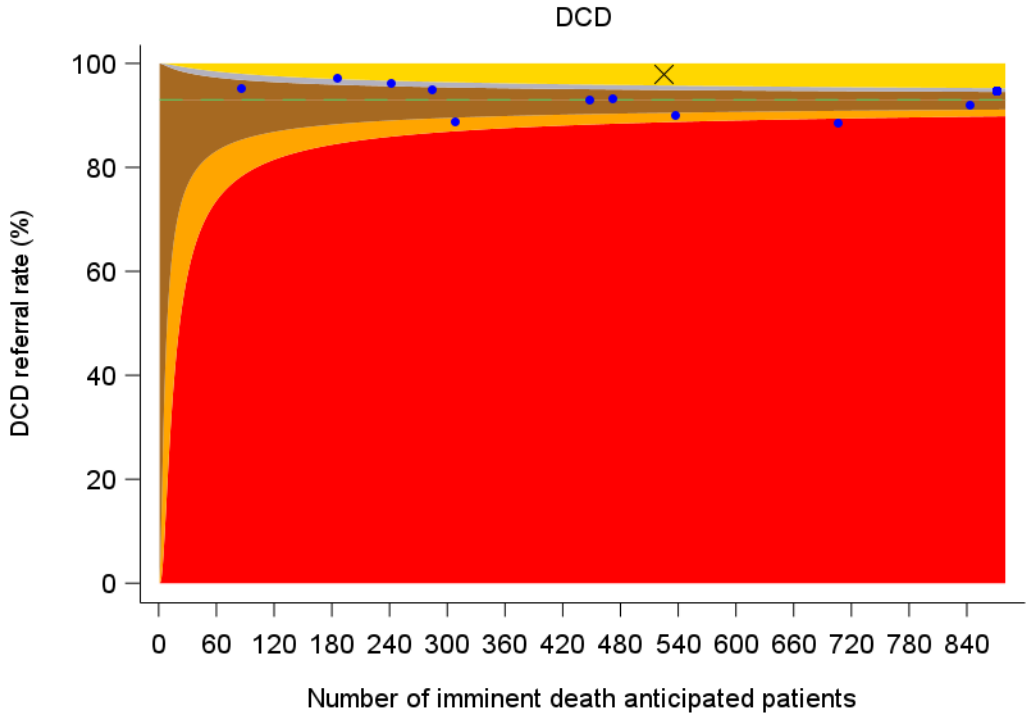
	Patients for whom imminent death was anticipated	Patients referred	DCD referral rate (%)	Patients for whom treatment was withdrawn	Eligible DCD donors	Eligible DCD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Medically suitable eligible DCD donors	Medically suitable eligible DCD donors whose family were approached	Approach rate (%)	Consent ascertained	Consent rate (%)	Actual DCD donors from eligible DCD donors
Level 1	2849	2629	92	2770	2002	1073	958	89	1211	1059	87	568	53	407
Level 2	1612	1518	94	1580	1115	480	426	89	549	473	86	266	55	205
Level 3	594	551	93	564	351	167	146	87	184	163	89	93	56	67
Level 4	448	420	94	431	267	107	92	86	133	104	78	43	40	24

8.2 Comparative data for DBD and DCD deceased donors

Funnel plots are presented in Section 4 showing performance in the team against the UK rate for deceased organ donation. The following funnel plots present data for DBD and DCD donors separately.

Figure 8.1 Funnel plots of referral rates, 1 April 2024 - 31 March 2025



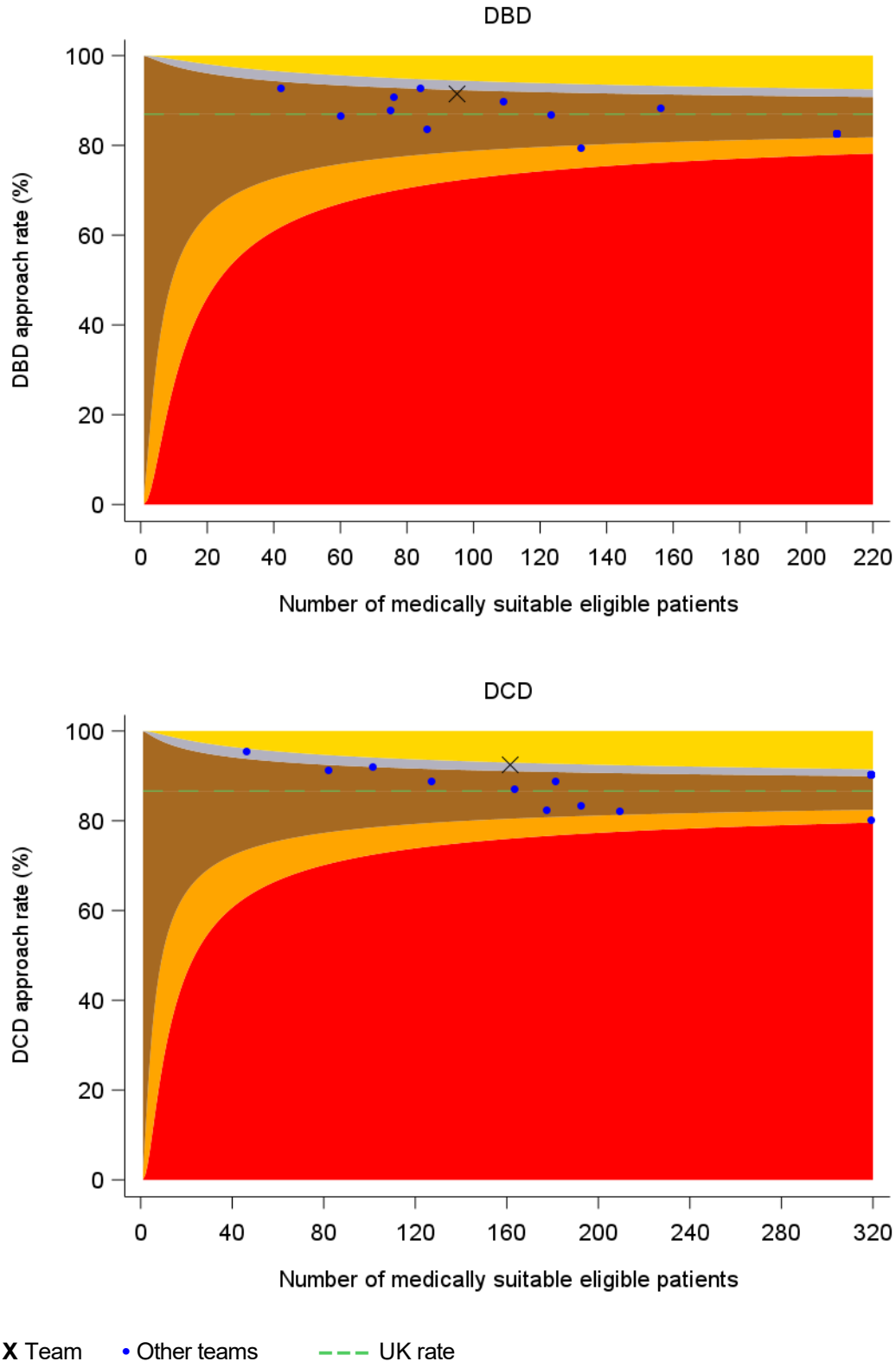


X Team • Other teams – – – UK rate

Gold | Silver | Bronze | Amber | Red

When compared with UK performance, the performance within the Trusts in the team was exceptional (gold) for referral of potential DBD organ donors and exceptional (gold) for referral of potential DCD organ donors to NHS Blood and Transplant's Organ Donation Service.

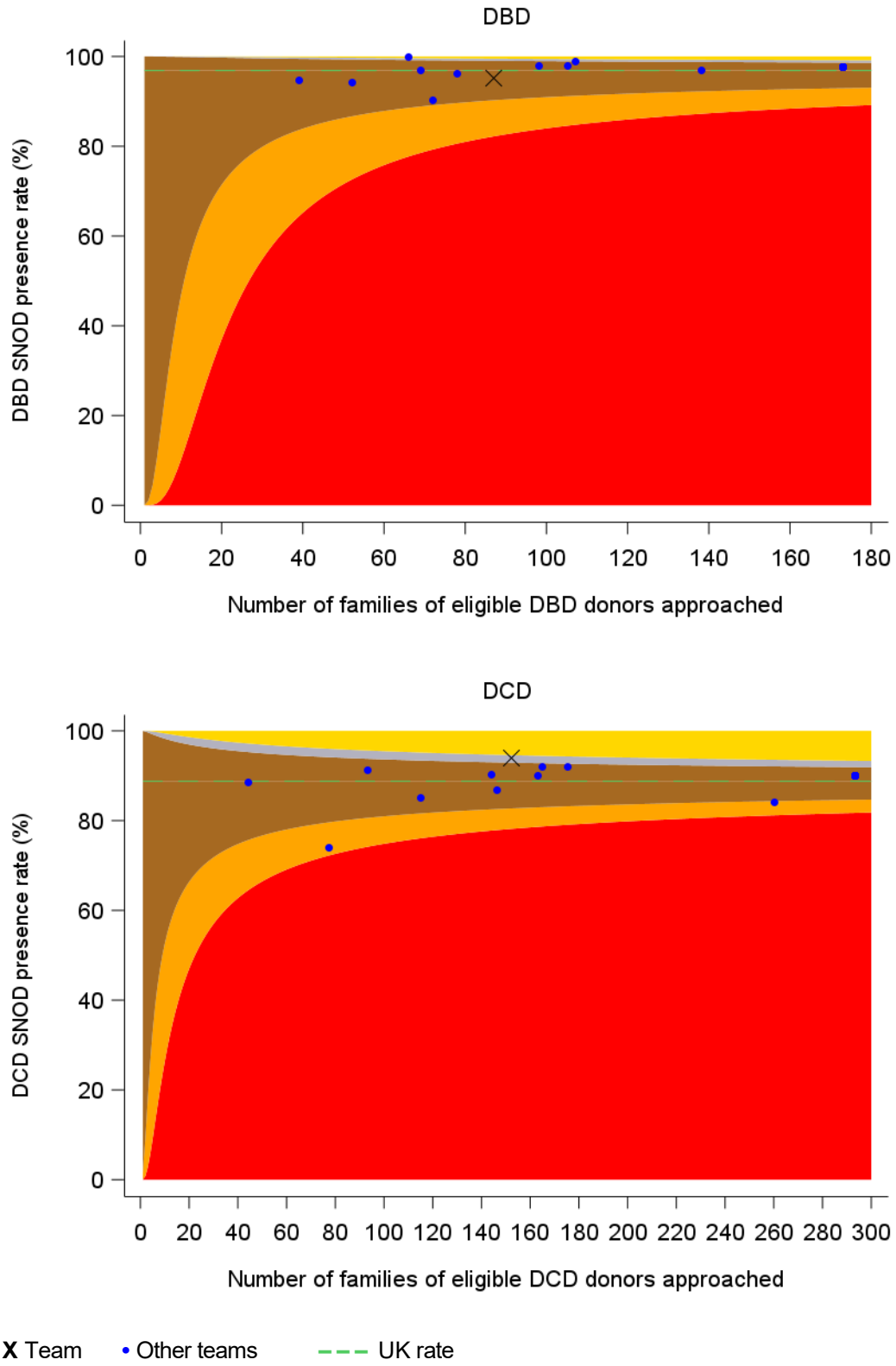
Figure 8.2 Funnel plots of approach rates, 1 April 2024 - 31 March 2025



Gold | Silver | Bronze | Amber | Red

When compared with UK performance, the DBD approach rate within the Trusts in the team was average (bronze) and the DCD approach rate was good (silver).

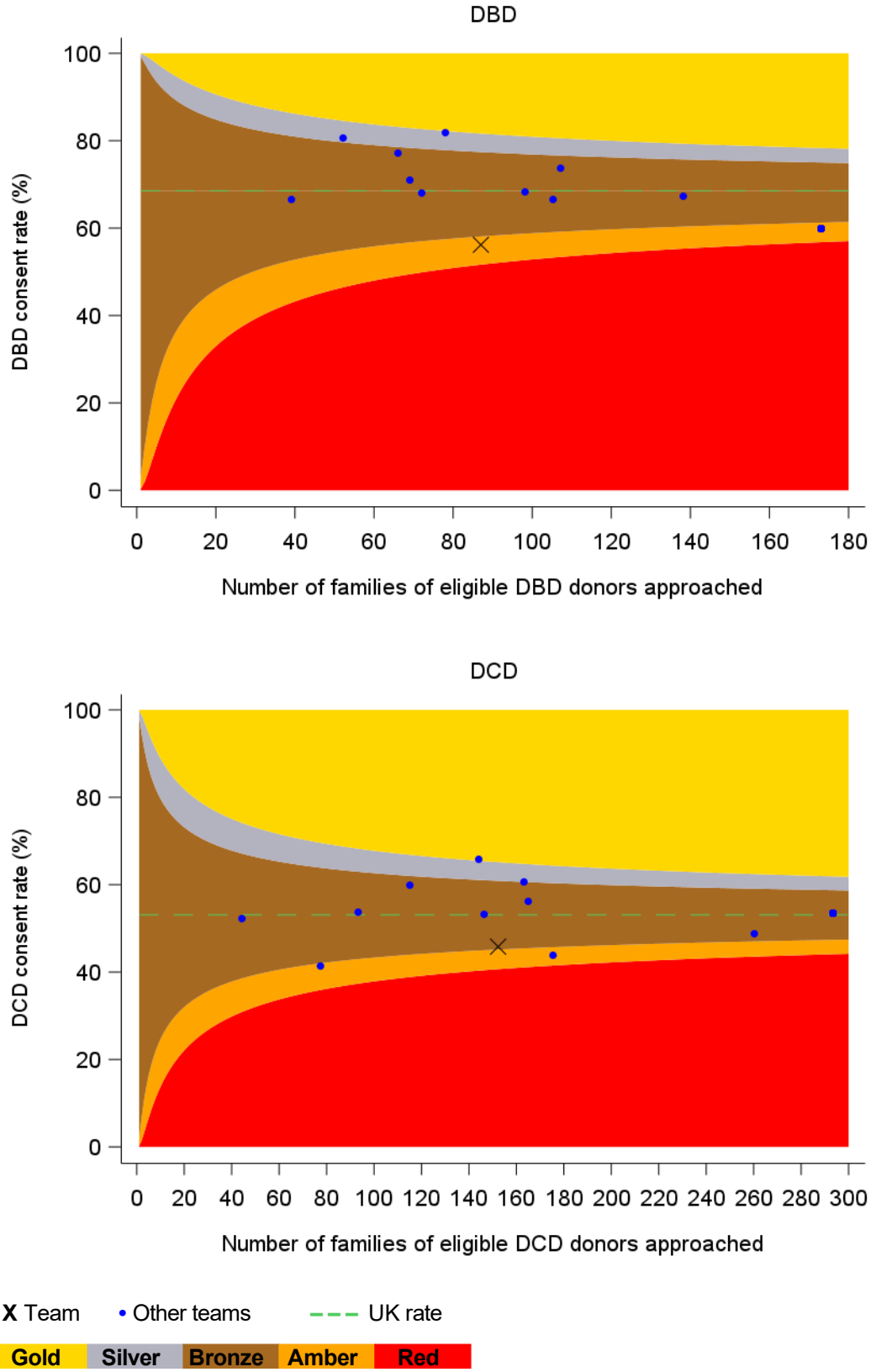
Figure 8.3 Funnel plots of SNOD presence rates, 1 April 2024 - 31 March 2025



DCD

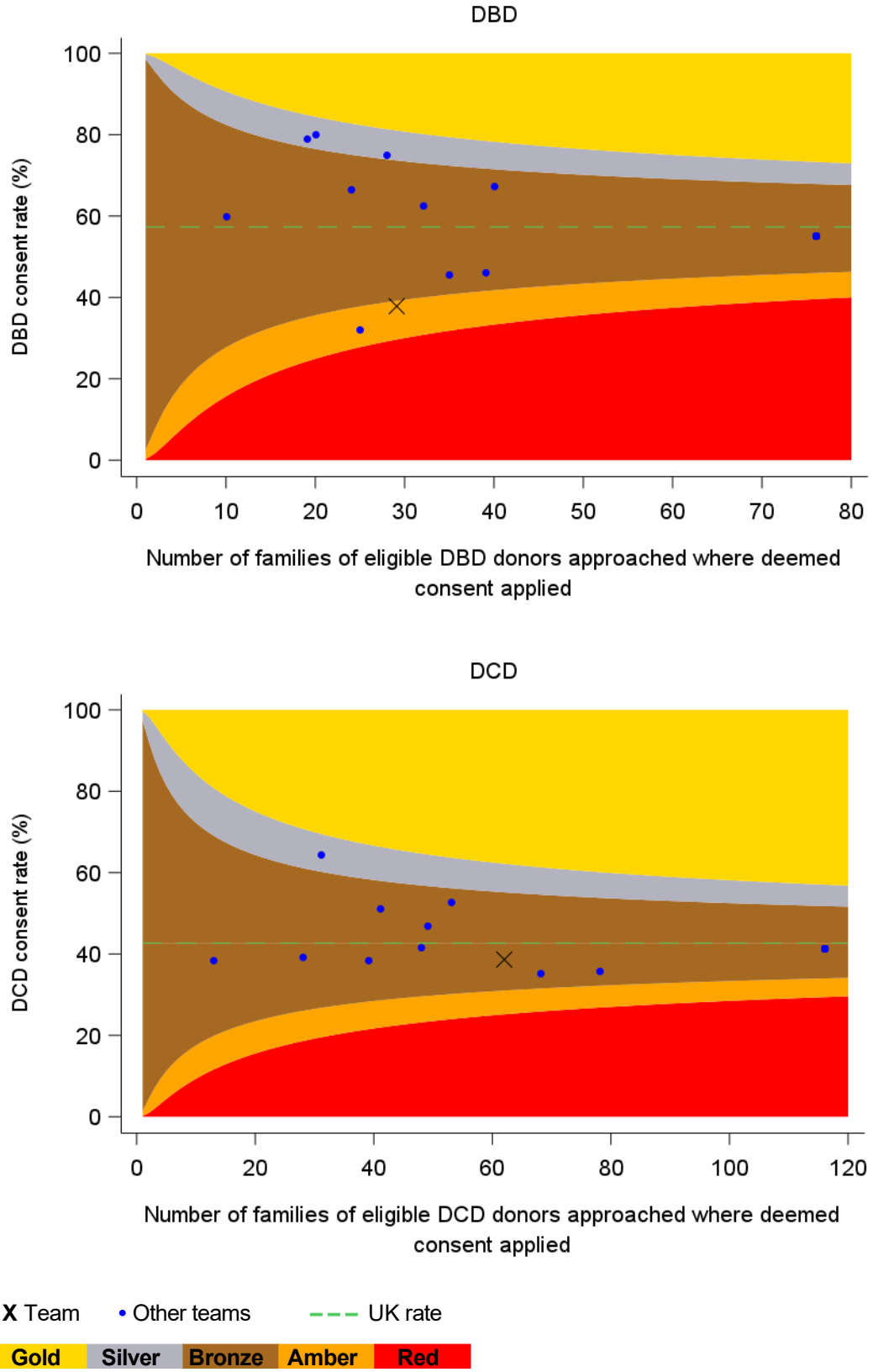
When compared with UK performance, the performance within the Trusts in the team was average (bronze) and good (silver) for Specialist Nurse presence in approaches to families of eligible DBD and DCD donors, respectively.

Figure 8.4 Funnel plots of consent rates, 1 April 2024 - 31 March 2025



When compared with UK performance, the consent rate within the Trusts in the team was below average (amber) and average (bronze) for DBD and DCD donors, respectively.

Figure 8.5 Funnel plots of deemed consent rates, 1 April 2024 - 31 March 2025



Appendices

Appendix A.1 Definitions

Potential Donor Audit Definitions

Potential Donor Audit inclusion criteria	1 October 2009 – 31 March 2010 All deaths in critical care in patients aged 75 and under, excluding cardiothoracic intensive care units 1 April 2010 – 31 March 2013 All deaths in critical and emergency care in patients aged 75 and under, excluding cardiothoracic intensive care units 1 April 2013 onwards All deaths in critical and emergency care in patients aged 80 and under (prior to 81st birthday)

Donors after brain death (DBD) definitions

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 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 Specialist Nurse – Organ Donation	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 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 DBD 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 donated 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
Approach rate	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)

Donors after circulatory death (DCD) definitions

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	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 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 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
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 the 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

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

Consent/Authorisation groups

Expressed opt in	Patient had expressed an opt in decision. Opt in decisions can be expressed in writing or via the ODR in all nations and verbal opt in decisions are also included in Wales, England and Jersey. Verbally expressed opt in decisions are not included in Scotland
Deemed consent/authorisation	Patient meets deemed criteria specific to each nation as described above. In Scotland, this includes patients who have verbally expressed a decision to opt in
Expressed opt out	Patient had expressed an opt out decision. Opt out decisions can be expressed verbally, in writing or via the ODR in all nations
Other	Patient has expressed no decision or deemed criteria are not met. Paediatric patients are included in this group

UK Transplant Registry (UKTR) definitions

Donor type	Type of donor: Donation after brain death (DBD) or donation after circulatory death (DCD)
Number of actual donors	Total number of donors reported to the UKTR
Number of patients transplanted	Total number of patients transplanted from these donors
Organs per donor	Number of organs donated divided by the number of donors.
Number of organs transplanted	Total number of organs transplanted by organ type

Appendix A.2 Data Description

This report provides a summary of data relating to potential and actual organ donors as recorded by NHS Blood and Transplant via the Potential Donor Audit (PDA), the accompanying Referral Record, and the UK Transplant Registry (UKTR) for the specified Trust, Board, Organ Donation Services Team, or nation.

This report is provided for information and to facilitate case based discussion about organ donation by the Organ Donation Committees and Trusts/Boards.

As part of the PDA, patients over 80 years of age and those who did not die on a critical care unit or emergency department are not audited nationally and are therefore excluded from the majority of this report. Data from neonatal intensive care units (ICU) have also been excluded from this report. In addition, some information may be outstanding due to late reporting and difficulties obtaining patient notes. Donations not captured by the PDA will still be included in the data supplied from the accompanying Referral Record or from the UKTR, as appropriate.

Appendix A.3 Table and Figure Description

For the purposes of this report please note that Trust/Board is equivalent to team.

1 Donor outcomes	
Table 1.1	The number of actual donors, the resulting number of patients transplanted and the average number of organs donated per donor have been obtained from the UK Transplant Registry (UKTR) for your Trust/Board. Results have been displayed separately for donors after brain death (DBD) and donors after circulatory death (DCD).
Table 1.2	The number of organs transplanted by type from donors at your Trust/Board has been obtained from the UKTR. Further information can be obtained from your local Specialist Nurse – Organ Donation (SNOD), specifically regarding organs that were not transplanted. Results have been displayed separately for DBD and DCD.
Figure 1.1	The number of actual donors and the resulting number of patients transplanted obtained from the UKTR for your Trust/Board for the past 10 equivalent time periods are presented on a line chart.

2 Key rates in potential for organ donation	
Figure 2.1	Key percentage measures of DBD and DCD potential donation activity for your Trust/Board are presented in a bar chart, using data from the Potential Donor Audit (PDA). The comparative UK rate, for the same time period, is illustrated by the pink line. The key rates labels are coloured using the gold, silver, bronze, amber, and red (GoSBAR) colour scheme to show the performance of your Trust/Board, relative to the UK rate, as reflected in the funnel plots (see description for Figure 4.1 below.
Figure 2.2	Trends in the key percentage measures of DBD and DCD potential donation activity for your Trust/Board are presented for the past five equivalent time periods, using data from the PDA.
Table 2.1	A summary of DBD, DCD and deceased donor data and key numbers have been obtained from the PDA. A UK comparison is also provided. Note that caution should be applied when interpreting percentages based on small numbers. Appendix A.1 gives a fuller explanation of terms used. The key rates are highlighted using the gold, silver, bronze, amber, and red (GoSBAR) colour scheme to show the performance of your Trust/Board, relative to the UK rate, as reflected in the funnel plots (see description for Figure 4.1 below).

3 Best quality of care in organ donation	
Figure 3.1	A stacked bar chart displays the number of patients with suspected neurological death who were tested and the number who were not tested in your Trust/Board for the past five equivalent time periods.
Table 3.1	The reasons given for neurological death tests not being performed in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 3.2	Stacked bar charts display the number of DBD and DCD patients meeting referral criteria who were referred to the Organ Donation Service and the number who were not referred in your Trust/Board for the past five equivalent time periods.
Table 3.2	The reasons given for not referring patients to the Organ Donation Service in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 3.3	Stacked bar charts display the number of families of DBD and DCD patients approached and the number not approached in your Trust/Board for the past five equivalent time periods.
Table 3.3	The reasons given for families not being approached in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.

Figure 3.4	Stacked bar charts display the number of families of DBD and DCD patients approached where a SNOD was present and the number approached where a SNOD was not present in your Trust/Board for the past five equivalent time periods.
Table 3.5	The reasons why a SNOD was not present for the approach of the family in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 3.5	Stacked bar charts display the number of families of DBD and DCD patients approached where consent/authorisation for organ donation was ascertained and the number approached where consent/authorisation was not ascertained in your Trust/Board for the past five equivalent time periods.
Table 3.5	The reasons why consent/authorisation was not ascertained for solid organ donation in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 3.6	Stacked bar charts display the number of families of DBD and DCD patients approached where deemed consent applies where consent/authorisation for organ donation was ascertained and the number approached where consent/authorisation was not ascertained in your Trust/Board for the past five equivalent time periods.
Table 3.6	The reasons why consent/authorisation was not ascertained for solid organ donation where deemed consent applied in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Table 3.7	The reasons why solid organ donation did not occur in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.

4 Comparative data

Figure 4.1	A funnel plot of the neurological death testing rate is displayed using data obtained from the PDA. Each Trust/Board, of the same level, is represented on the plot as a blue dot, although one dot may represent more than one Trust/Board. The UK rate is shown on the plot as a green horizontal dashed line, together with 95% and 99.8% confidence limits for this rate. These limits form a 'funnel', which is shaded using the gold, silver, bronze, amber, and red (GoSBAR) colour scheme. Graphs obtained in this way are known as funnel plots. If a Trust/Board lies within the 95% limits, shaded bronze, then that Trust/Board has a rate that is statistically consistent with the UK rate (average performance). If a Trust/Board lies outside the 95% confidence limits, shaded silver (good performance) or amber (below average performance), this serves as an alert that the Trust/Board may have a rate that is significantly different from the UK rate. When a Trust/Board lies above the upper 99.8% limit, shaded gold, this indicates a rate that is significantly higher than the UK rate (exceptional performance), while a Trust/Board that lies below the lower limit, shaded red, has a rate that is significantly lower than the UK rate (poor performance). It is important to note that differences in patient mix have not been accounted for in these plots. Your Trust/Board is shown on the plot as the large black cross. If there is no large black cross on the plot, your Trust/Board did not report any patients of the type presented. The funnel plots can also be used to identify the maximum rates currently being achieved by Trusts/Boards with similar donor potential.
Figure 4.2	A funnel plot of the deceased donor referral rate is displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 4.3	A funnel plot of the deceased donor approach rate is displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 4.4	A funnel plot of the deceased donor SNOD presence rate is displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 4.5	A funnel plot of the deceased donor consent/authorisation rate is displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 4.6	A funnel plot of the deceased donor deemed consent/authorisation rate is displayed using data obtained from the PDA. See description for Figure 4.1 above.

5 PDA data by hospital and unit

Table 5.1	DBD key numbers and rates by unit where the patient died have been obtained from the PDA. Percentages have been excluded where numbers are less than 10.
Table 5.2	DCD key numbers and rates by unit where the patient died have been obtained from the PDA. Percentages have been excluded where numbers are less than 10.

6 Paediatric ICU data

Table 6.1	A summary of DBD, DCD and deceased donor data and key numbers for paediatric ICUs have been obtained from the PDA. A UK comparison is also provided. Note that caution should be applied when interpreting percentages based on small numbers. Appendix A.1 gives a fuller explanation of terms used.
Figure 6.1	A stacked bar chart displays the number of paediatric ICU patients with suspected neurological death who were tested and the number who were not tested in your Trust/Board for the past five equivalent time periods.
Table 6.2	The reasons given for neurological death tests not being performed for paediatric ICU patients in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 6.2	Stacked bar charts display the number of DBD and DCD paediatric ICU patients meeting referral criteria who were referred to the Organ Donation Service and the number who were not referred in your Trust/Board for the past five equivalent time periods.
Table 6.3	The reasons given for not referring paediatric ICU patients to the Organ Donation Service in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 6.3	Stacked bar charts display the number of families of DBD and DCD paediatric ICU patients approached and the number not approached in your Trust/Board for the past five equivalent time periods.
Table 6.4	The reason given why family not approached for DBD and DCD paediatric ICU patients have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 6.4	Stacked bar charts display the number of families of DBD and DCD paediatric ICU patients approached where a SNOD was present and the number approached where a SNOD was not present in your Trust/Board for the past five equivalent time periods.
Figure 6.5	Stacked bar charts display the number of families of DBD and DCD paediatric ICU patients approached where consent/authorisation for organ donation was ascertained and the number approached where consent/authorisation was not ascertained in your Trust/Board for the past five equivalent time periods.
Table 6.5	The reasons why consent/authorisation was not ascertained for solid organ donation in paediatric ICU patients in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Table 6.6	The reasons why solid organ donation did not occur in paediatric ICU patients in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.

7 Emergency department data

Figure 7.1	Stacked bar charts display the number of patients that died in the emergency department (ED) who met the referral criteria and were referred to the Organ Donation Service and the number who were not referred in your Trust/Board for the past five equivalent time periods.
Figure 7.2	Stacked bar charts display the number of families of patients in ED approached where a SNOD was present and the number approached where a SNOD was not present in your Trust/Board for the past five equivalent time periods.

8 Additional data and figures

Table 8.1	A summary of deceased donor, transplant, transplant list and ODR opt-in registration data for your region have been obtained from the UKTR. A UK comparison is also provided.
Table 8.2	Trust/board level categories and the relevant expected number of proceeding donors per year are provided for information.
Table 8.3	National DBD key numbers and rates for level 1, 2, 3 and 4 Trusts/Boards are displayed alongside your local data to aid comparison with equivalent Trusts/Boards. Percentages have been excluded where numbers are less than 10.
Table 8.4	National DCD key numbers and rates for level 1, 2, 3 and 4 Trusts/Boards are displayed alongside your local data to aid comparison with equivalent Trusts/Boards. Percentages have been excluded where numbers are less than 10.
Figure 8.1	A funnel plot of the DBD and DCD referral rates are displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 8.2	A funnel plot of the DBD and DCD approach rates are displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 8.3	A funnel plot of the DBD and DCD SNOD presence rates are displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 8.4	A funnel plot of the DBD and DCD consent/authorisation rates are displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 8.5	A funnel plot of the DBD and DCD deemed consent/authorisation rates are displayed using data obtained from the PDA. See description for Figure 4.1 above.