



Blood and Transplant

**ANNUAL REPORT ON THE POTENTIAL DONOR
AUDIT**

**SUMMARY REPORT FOR THE 12 MONTH PERIOD
1 APRIL 2025 – 31 MARCH 2026**

PUBLISHED JUNE 2026



1 EXECUTIVE SUMMARY

In the year 1 April 2025 to 31 March 2026, there were 33,253 deaths audited for the PDA. Of these deaths, 1,853 and 5,288 patients met the referral criteria for DBD and/or DCD, respectively and 99% and 93% were referred to NHS Blood and Transplant. Of the 1,853 patients for whom neurological death was suspected, 68% were tested.

Of the families who were asked to make or support a patient's organ donation decision, 65% and 52% consented to/authorised DBD and DCD donation. Of these, 94% and 74%, respectively, became actual solid organ donors. 167 families overruled their loved one's expressed opt in decision to be an organ donor and 602 families did not support deemed consent/authorisation.

The difference in the consent/authorisation rate across the different age groups was statistically significant for both DBD and DCD; paediatric patients (0-17 years) have a much lower consent/authorisation rate than the adult groups.

There was a statistically significant difference in both the DBD and DCD consent/authorisation rate between patients from the white ethnic community and all patients from UK ethnic minority communities (Black, Asian and other ethnic minorities). Overall, the consent/authorisation rates were 62% in white donors and 29% in ethnic minority donors.

Over the last five years, the testing rate for neurological death has decreased from 80% to 68%. DBD referral rates have remained very high at around 99% and DCD referral rates have remained steady between 90% and 93%. Since 2021/22, the SNOD presence rates have remained steady around 90% and 97% for DBD and DCD, respectively. In the last year, the DBD consent/authorisation rate has fallen to 65% and the DCD consent/authorisation rate has decreased to 52%. The DBD consent/authorisation rate excluding opt outs has fallen to 66%, whereas the DCD consent/authorisation rate excluding opt outs has remained at 54%.

2 INTRODUCTION

This report presents Potential Donor Audit (PDA) information on the financial year 1 April 2025 to 31 March 2026.

The dataset used to compile this report includes all audited patient deaths in UK Intensive Care Units (ICUs) and Emergency Departments as reported by 7 May 2026. Patients aged over 80 years and patients who died on a ward have not been audited. Paediatric ICU data are included however neonatal ICU data have been excluded from this report.

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

3 DEFINITIONS

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

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

Absolute medical contraindications to organ donation are listed here:

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

SNOD Specialist Nurse in Organ Donation, including Specialist Requesters

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

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

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

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

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

4 BREAKDOWN OF AUDITED DEATHS IN ICUs AND EMERGENCY DEPARTMENTS

In the 12-month period from 1 April 2025 to 31 March 2026, there were a total of 33,253 audited patient deaths in the ICUs and EDs in the UK. A detailed breakdown for both the DBD and DCD data collection flows is given in **Figure 1** and **2**, and **Table 1** summarises the key percentages.

Table 1 Key numbers and rates			
	DBD	DCD	ALL
Patients meeting organ donation referral criteria ¹	1853	5288	6552
Referred to NHS Blood and Transplant	1840	4944	6203
<i>Referral rate %</i>	<i>99.3</i>	<i>93.5</i>	<i>94.7</i>
Neurological death tested	1251		1251
<i>Testing rate %</i>	<i>67.5</i>		<i>67.5</i>
Family approached	1033	1976	3009
Family approached and SN-OD present	1002	1785	2787
<i>% of approaches where SN-OD present</i>	<i>97</i>	<i>90.3</i>	<i>92.6</i>
Family approached excluding opt out	1018	1924	2942
Consent/authorisation given	676	1037	1713
<i>Consent/authorisation rate %</i>	<i>65.4</i>	<i>52.5</i>	<i>56.9</i>
- All expressed opt in	427	680	1107
<i>- All expressed opt in %</i>	<i>93.4</i>	<i>83.2</i>	<i>86.9</i>
- Expressed ODR opt in (subset of all)	377	607	984
<i>- Expressed ODR opt in (subset of all) %</i>	<i>93.1</i>	<i>82.8</i>	<i>86.5</i>
- Deemed consent/authorisation	197	293	490
<i>- Deemed consent/authorisation %</i>	<i>53</i>	<i>40.7</i>	<i>44.9</i>
- Other*	52	64	116
<i>- Other* %</i>	<i>51.5</i>	<i>32</i>	<i>38.5</i>
- Consent/authorisation excluding opt out	676	1037	1713
<i>- Consent/authorisation excluding opt out %</i>	<i>66.4</i>	<i>53.9</i>	<i>58.2</i>
Actual donors from each pathway	634	771	1405
<i>% of consented/authorised donors that became actual donors</i>	<i>93.8</i>	<i>74.3</i>	<i>82</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
* Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation decision in accordance with relevant legislation

Figure 1 Donation after brain death

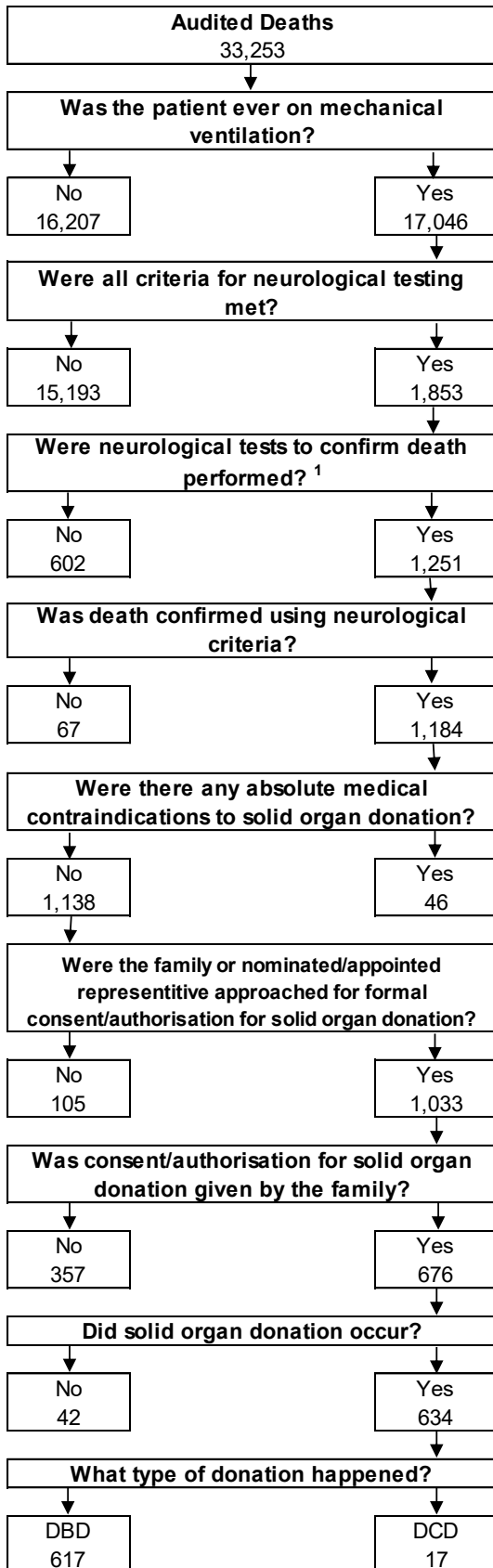
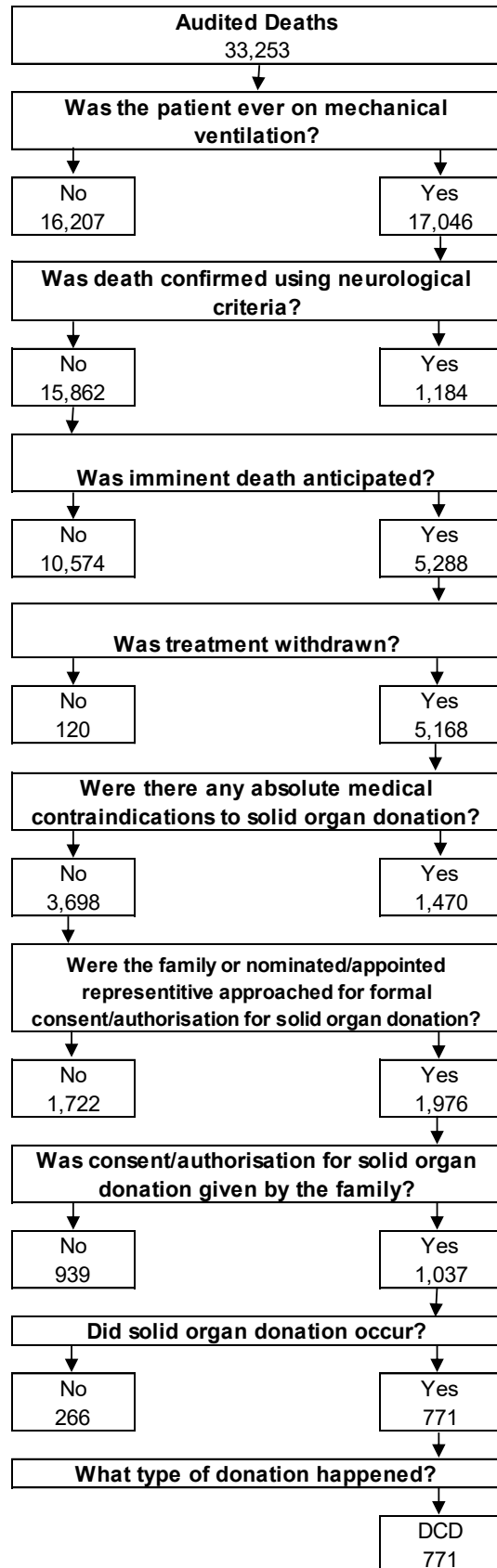


Figure 2 Donation after circulatory death



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

5 NEUROLOGICAL DEATH TESTING RATE

Table 2 Reasons given for neurological death tests not being performed		
	N	%
Patient haemodynamically unstable	145	24.1
Family pressure not to test	96	15.9
Clinical reason/Clinician's decision	89	14.8
Other	64	10.6
Family declined donation	48	8.0
Hypothermia	38	6.3
Biochemical/endocrine abnormality	30	5.0
Inability to test all reflexes	30	5.0
Continuing effects of sedatives	14	2.3
SN-OD advised that donor not suitable	11	1.8
Medical contraindication to donation	10	1.7
Treatment withdrawn	9	1.5
Patient had previously expressed a wish not to donate	9	1.5
Unknown	9	1.5
Total	602	100.0

The neurological death testing rate was 68% and is the percentage of patients for whom neurological death was suspected that were tested. To be defined as neurological death suspected, the patients were indicated to have met the following criteria - invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex. Patients whom tests were not performed due to; cardiac arrest occurred despite resuscitation, brainstem reflexes returned, neonates - less than 2 months post term were not possible to test meaning these reasons were excluded. Neurological death tests were not performed in 602 patients (32%) for whom neurological death was suspected. The primary reason given for not testing is shown in **Table 2**.

The main reason given for not testing was patient haemodynamically unstable, 24%. Other common reasons given for not performing neurological death tests were: family pressure not to test (16%), clinical reason or a clinician's decision not to test (15%), and 'other' reason (11%).

6 REFERRAL RATE

A patient for whom neurological death is suspected or for whom imminent death is anticipated, i.e. receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated, should be referred to NHS Blood and Transplant. The DBD referral rate was 99% and the DCD referral rate was 93%. **Table 3** shows the reasons given why such patients were not referred. One patient can meet the referral criteria for both DBD and DCD and therefore some patients may be counted in both columns.

Table 3 Reasons given why patient not referred	DBD		DCD	
	N	%	N	%
Not identified as potential donor/organ donation not considered	5	38.5	228	66.3
Medical contraindications	2	15.4	35	10.2
Uncontrolled death pre referral trigger	2	15.4	2	0.6
Other	2	15.4	13	3.8
Thought to be medically unsuitable	1	7.7	55	16.0
Patient had previously expressed a wish not to donate	1	7.7	3	0.9
Family declined donation following decision to remove treatment	0	-	4	1.2
Reluctance to approach family	0	-	4	1.2
Total	13	100.0	344	100.0

Of the patients who met the referral criteria and were not referred, the reason given for 38% of DBD was that the patients were not identified as potential donors and so organ donation was not considered. In DCD, this reason accounted for 66% of patients not referred. A further 16% of DCD were not referred as that the patient was thought to be medically unsuitable, and another 10% of DCD had medical contraindications.

7 APPROACH RATE

Families of eligible donors were asked to make or support a patient's organ donation decision in 91% of DBD and 53% of DCD cases. The DCD assessment process identifies a large number of eligible DCD donors which are unsuitable for organ donation prior to the approach. In 2025/26, 1,467 eligible DCD donors were excluded by this process. Families of medically suitable eligible DCD donors were asked to make or support a patient's organ donation decision in 87% 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. For eligible DBD donors, the main reason cited for not approaching the family was that the donor was deemed medically unsuitable (38%). The family stated they would not consent/authorise prior to the donation decision conversion in 20% of DBD cases and in a further 18% of DBD cases, the Coroner/Procurator Fiscal refused permission.

For medically suitable eligible DCD donors not approached, the main reason cited in 50% of cases was that the patient was not identified as a potential donor. In a further 18% of cases the reason given was that the family would not consent/authorise prior to the donation decision conversation and in a further 14% of cases, the Coroner/Procurator Fiscal refused permission.

Table 4 Reasons given why family were not asked to make or support patient's organ donation decision				
	DBD		Medically Suitable Eligible DCD	
	N	%	N	%
Subsequently assessed to be medically unsuitable	40	38.1	23	7.9
Family stated they would not consent/authorise prior to donation decision conversation	21	20.0	54	18.5
Coroner/Proc Fiscal refused permission	19	18.1	40	13.7
Family untraceable - No first person consent (donation cannot proceed)	11	10.5	18	6.2
Other	8	7.6	0	-
Not identified as a potential donor	6	5.7	145	49.7
First person Consent or Expressed Authorisation / Family untraceable (donation can proceed)	0	-	6	2.1
Pressure on ICU beds	0	-	5	1.7
Cardiac arrest before approach could be made	0	-	1	0.3
Total	105	100.0	292	100.0

8 SNOD PRESENCE RATE

A SNOD or Organ Donation Services (ODS) team member was present when a family of an eligible donor was approached in 97% of DBD and 90% 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 eligible DBD donors, the main reason cited for a SNOD not being present was planned to proceed without an ODS team member (32%). The other main reasons given for DBD cases were that the clinician declined ODS team member presence (16%) and that there was a conversation to confirm a registered opt-out decision (16%). For eligible DCD donors that were approached, the main reason cited for a SNOD not being present in 18% of cases was that they planned to proceed without an ODS team member. In a further 17% of cases, the reason given was that there was a conversation to confirm a registered opt-out decision.

	Eligible DBD		Eligible DCD	
	N	%	N	%
Planned to proceed without ODS team member	10	32.3	34	17.8
ODS team member present but clinician declined ODS team member presence	5	16.1	18	9.4
Conversation to confirm a registered opt-out decision	5	16.1	32	16.8
Other	3	9.7	17	8.9
ODS team member not available	2	6.5	14	7.3
Oversight by unit staff	2	6.5	30	15.7
Approach made while ODS team member en-route	2	6.5	20	10.5
Family declined before donation decision conversation	1	3.2	18	9.4
Change in plan not communicated to ODS team member	1	3.2	8	4.2
Total	31	100.0	191	100.0

9 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 65% and the 95% confidence limits for this percentage are 63% - 68%. The DCD consent/authorisation rate was 53% and the 95% confidence limits for this percentage are 50% - 55%. The overall consent/authorisation rate was 57% and the 95% confidence limits for this percentage are 55% - 59%.

When a patient had expressed an opt in decision, the DBD consent/authorisation rate was 93% compared to 53% when deemed consent/authorisation applied and 52% where nation specific deemed criteria are not met and the patient had not expressed a donation decision in accordance with the relevant legislation. For DCD, the rates were 83% compared with 41% and 32% respectively. Overall, these rates were 87% for expressed opt ins compared with 45% for deemed consent/authorisation and 39% for other.

In total during the financial year, 167 families overruled their loved one's expressed opt in decision to be an organ donor, 154 of which were opt in decisions registered on the ODR, and 602 families did not support deemed consent/authorisation.

Of the 1002 occasions when a SNOD was present for the donation decision conversation, the DBD consent/authorisation rate was 67% compared with 16% on the 31 occasions when the SNOD was not present. Similarly, for DCD the rate was 57% of 1785 compared with 6% of the 191 occasions when the SNOD was not present. The overall rate was 61% (N=2787) compared with 8% (N=222).

Table 6 Reasons why the family did not support organ donation				
	DBD		DCD	
	N	%	N	%
Patient had previously expressed a wish not to donate	73	20.4	172	18.3
Family were not sure whether the patient would have agreed to donation	50	14.0	120	12.8
Family felt it was against their religious/cultural beliefs	49	13.7	44	4.7
Family did not want surgery to the body	36	10.1	85	9.1
Other	29	8.1	79	8.4
Family felt the length of time for the donation process was too long	25	7.0	189	20.1
Strong refusal - probing not appropriate	19	5.3	31	3.3
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	17	4.8	24	2.6
Patient had registered a decision to Opt Out	16	4.5	56	6.0
Family felt patient had suffered enough	16	4.5	70	7.5
Family divided over the decision	10	2.8	23	2.4
Family did not believe in donation	8	2.2	19	2.0
Family concerned that organs may not be transplantable	5	1.4	6	0.6
Family wanted to stay with the patient after death	2	0.6	13	1.4
Family concerned other people may disapprove/be offended	1	0.3	5	0.5
Family concerned donation may delay the funeral	1	0.3		
Family believe patient's treatment may have been limited to facilitate organ donation			2	0.2
Family concerned about organ allocation			1	0.1
Total	357	100.0	939	100.0

The reasons why the family did not give consent/authorisation are shown in **Table 6**. The main reason that families of eligible DBD patients gave for no consent/authorisation was the patient had previously expressed a wish not to donate (20%). Other common reasons why the family did not support organ donation for DBD patients were that the family was not sure whether the patient would have agreed to organ donation (14%), families felt it was against their religious/cultural beliefs (14%), and the families did not want surgery to the body (10%). Amongst eligible DCD patients, the main reason families did not give consent/authorisation were that families felt that the length of time for donation was too long (20%). Other common reasons for DCD patients included the patient had previously expressed a wish not to donate (18%), and the families were not sure whether the patient would have agreed to organ donation (13%).

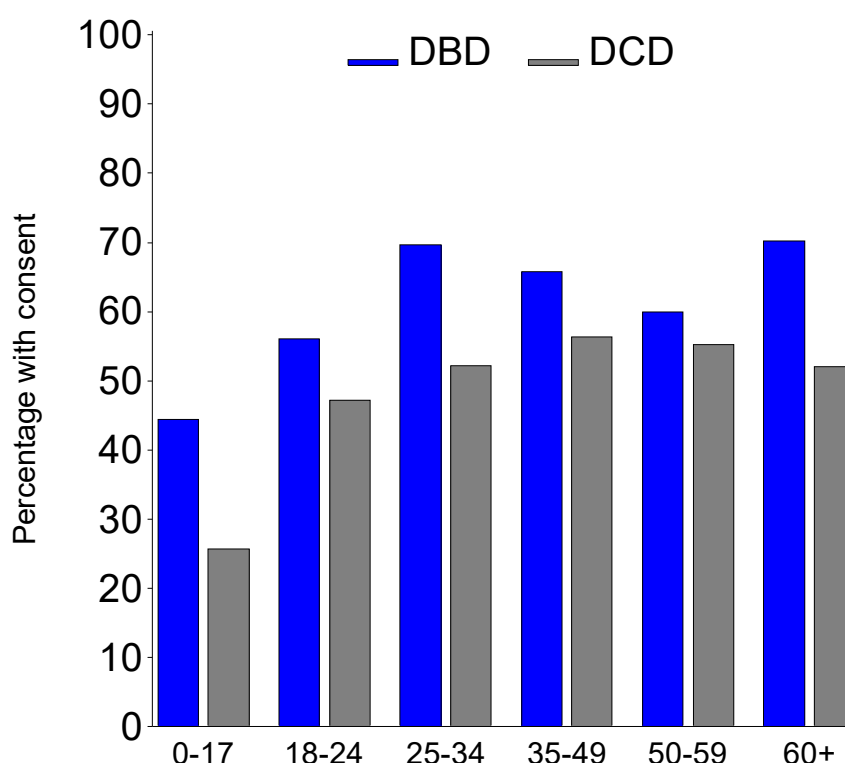
10 Consent/authorisation rates by demographics

Age is represented by a categorical variable with intervals 0-17, 18-24, 25-34, 35-49, 50-59 and 60+ years. The consent/authorisation rates for the six age groups (for the 1,033 eligible DBD and 1,976 eligible DCD whose families were approached) are illustrated in **Figure 3**. The highest consent/authorisation rate for eligible DBD occurred in the 60+ and 25-34 age groups (70%) and for eligible DCD in the 35-49 age group (56%). The lowest consent/authorisation rate for both eligible DBD and DCD was in the 0-17 age group (44% and 26% respectively). The differences in consent/authorisation rate across the six age groups are statistically significant for both DBD ($p=0.01$) and DCD ($p<0.001$).

When comparing only between adult and paediatric (<18 years), the differences in consent/authorisation rate are statistically significant for both DBD ($p=0.02$) and for DCD ($p<0.001$).

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

Figure 3 Age variation in consent/authorisation rate



Consent/authorisation rates are also presented by ethnicity and are shown in **Figure 4**. Note that there were an additional 9 DBD and 35 DCD families approached where the ethnicity was not known or not reported which have been excluded from the ethnicity figures below.

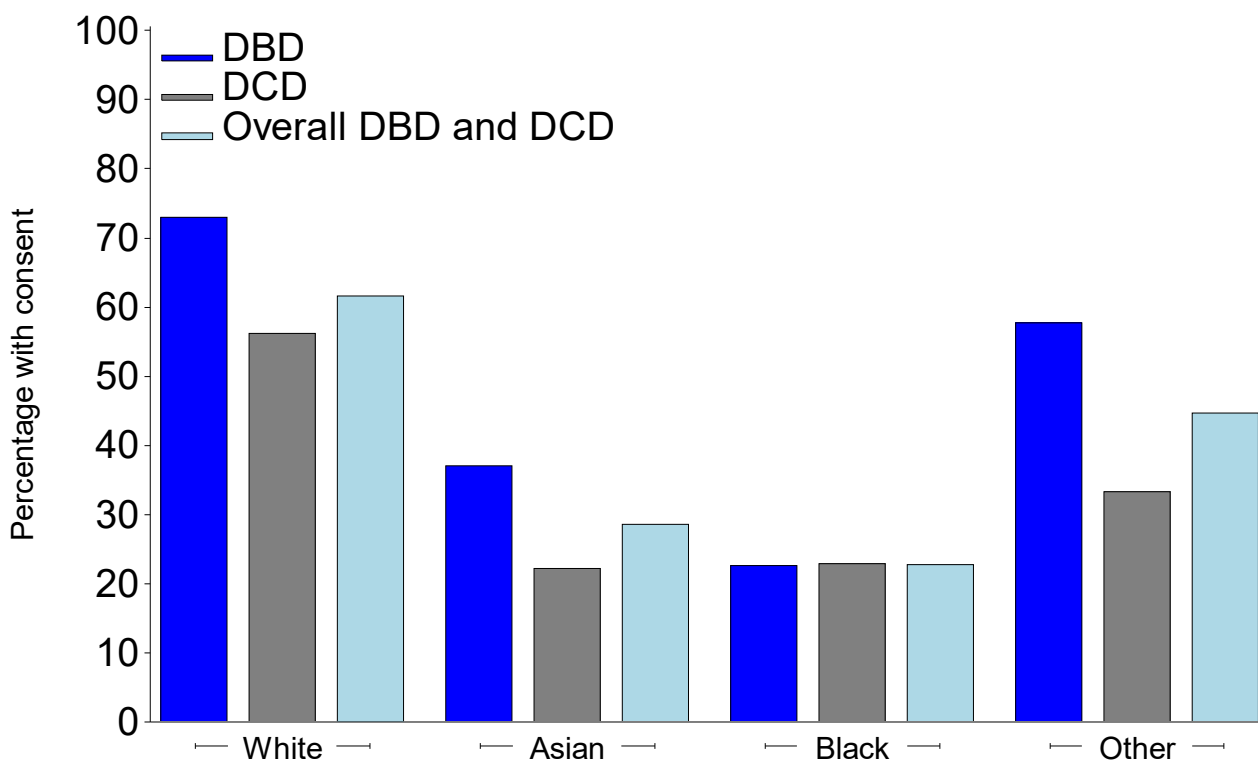
Overall consent/authorisation rates were highest for eligible white donors 62%, followed by eligible donors from other ethnic minority groups, 45%. The overall consent/authorisation rate for eligible Asian donors was 29% and 23% for eligible black donors.

DBD consent/authorisation rates were higher than DCD consent/authorisation rates in white, Asian, and other ethnic minority groups. DBD and DCD consent/authorisation rates were equivalent for eligible Black donors.

The difference in overall consent/authorisation rates between the four ethnic groups is statistically significant, Chi-squared p-value <.0001. This statistically significant difference is also observed for separate DBD and DCD consent/authorisation rates across the four ethnic 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 4 Ethnic group variation in consent/authorisation rate



11 SOLID ORGAN DONATION

Of the eligible donors whose families were asked to make or support a patient's donation decision and consent/authorisation was ascertained, 94% of the eligible DBD and 74% of the eligible DCD went on to become actual solid organ donors. **Table 7** shows the reasons why consented/authorised eligible donors did not become actual solid organ donors.

For consented/authorised eligible DBD the main reason given for solid organ donation not proceeding was that the organs were deemed to be medically unsuitable by recipient centres, accounting for 21% of cases. Another 14% of cases did not proceed to donation due to coroner/procurator fiscal refusal. A further 12% were declined due to patient actively dying, and another 12% being due to next of kin withdrawing consent/authorisation.

The main reason given for consented/authorised eligible DCD not proceeding to become a solid organ donor was the prolonged time to asystole, accounting for 52% of cases. Another 17% of non-proceeding DCD donors were due to recipient centres deeming the organs to be medically unsuitable.

Table 7	Reasons why consented/authorised eligible donors did not proceed to donate				
		DBD		DCD	
	N	%	N	%	
Clinical - Organs deemed medically unsuitable by recipient centres	9	21.4	45	16.9	
Consent / Auth - Coroner/Procurator fiscal refusal	6	14.3	10	3.8	
Clinical - Patient actively dying	5	11.9	14	5.3	
Consent / Auth - NOK withdraw consent / authorisation	5	11.9	17	6.4	
Clinical - No transplantable organ	4	9.5	7	2.6	
Clinical - Organs deemed medically unsuitable on surgical inspection	4	9.5	6	2.3	
Clinical - Considered high risk donor	3	7.1	13	4.9	
Clinical - Other	3	7.1	5	1.9	
Clinical - Absolute contraindication to organ donation	2	4.8	1	0.4	
Logistical - Other	1	2.4	1	0.4	
Clinical - Patient's general medical condition	0	-	2	0.8	
Clinical - DCD clinical exclusion	0	-	2	0.8	
Clinical - Predicted PTA therefore not attended	0	-	4	1.5	
Clinical - PTA post WLST	0	-	138	51.9	
Consent / Auth - Other	0	-	1	0.4	
Total	42	100.0	266	100.0	

12 FIVE-YEAR TRENDS IN KEY NUMBERS AND RATES

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

Since 2021/22 the testing rate has decreased from 80% to 68%, with the number of neurological death tested patients decreasing. The DBD referral rate has remained stable at around 99% and the DCD rate has improved and remained steady at around 90% to 93% in recent years. The percentage of family approaches where a SNOD was present has remained steady for both DCD and DBD, at 90% and 97%, respectively. The consent/authorisation rates have been decreasing over the last five years in both DBD and DCD, going from 69% down to 65% in DBD and from 63% down to 52% in DCD. Similarly, the consent/authorisation rate when excluding ODR opt outs has also fallen in both DBD and DCD over the last five years from 71% to 66% in DBD and from 63% to 54% in DCD.

Figure 5 Number of patients with suspected neurological death, 1 April 2021 – 31 March 2026

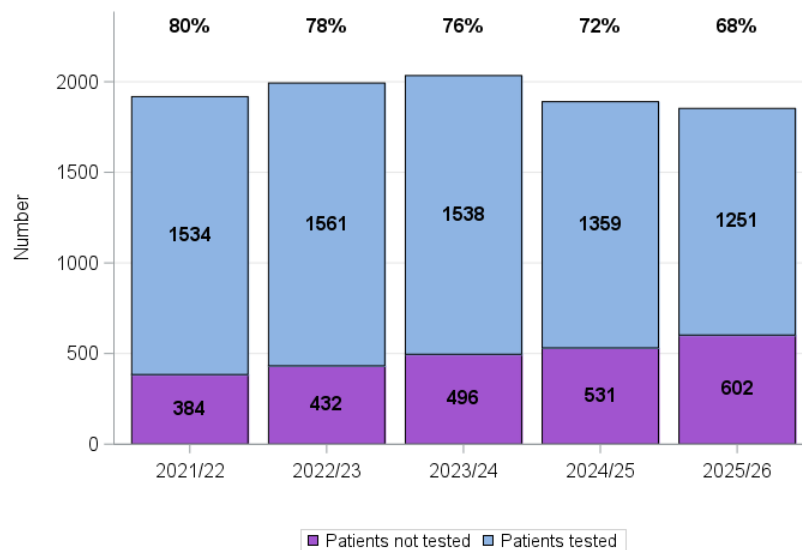


Figure 6 Number of patients meeting referral criteria, 1 April 2021 – 31 March 2026

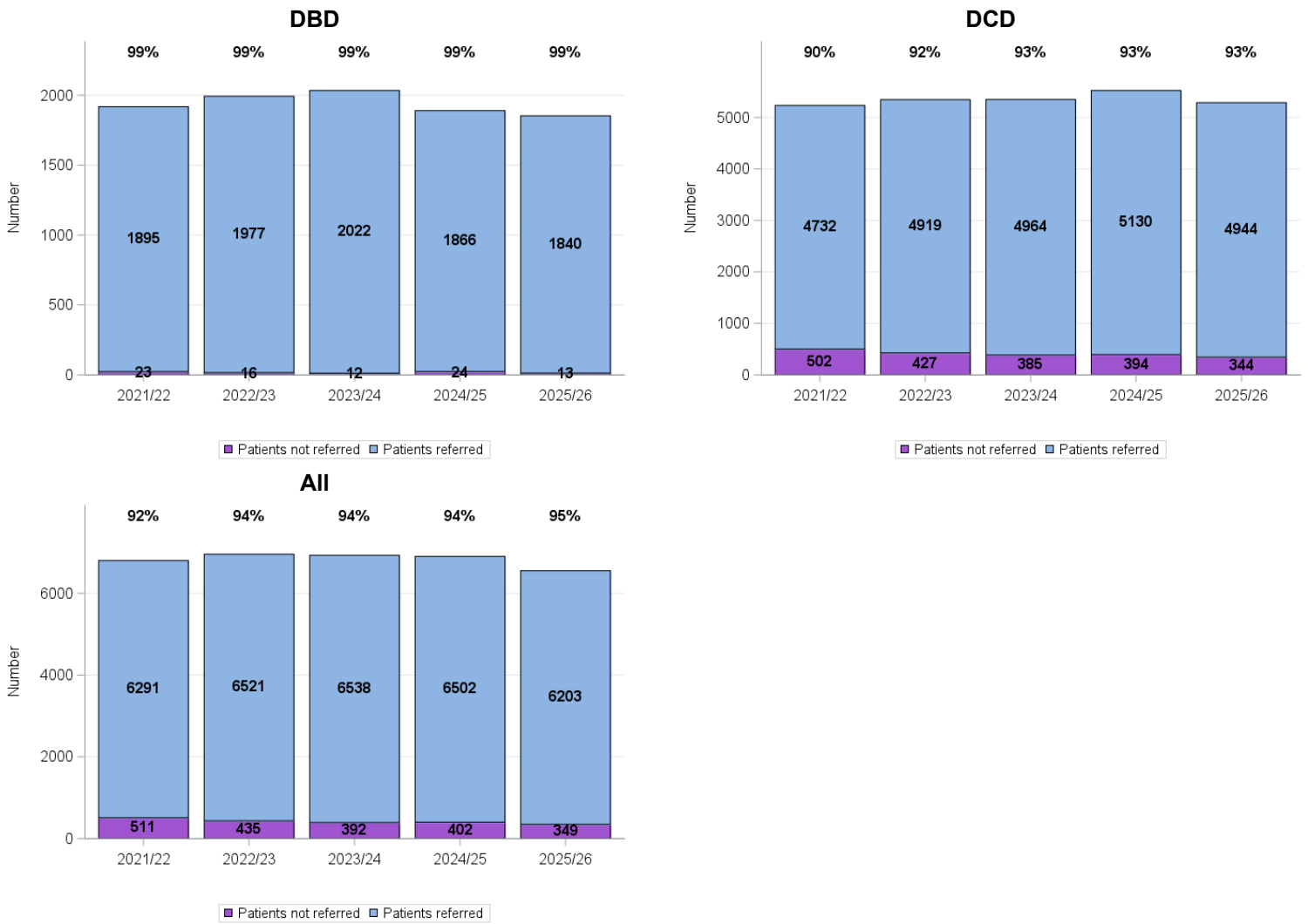


Figure 7 Number of families approached by SNOD presence, 1 April 2021 – 31 March 2026

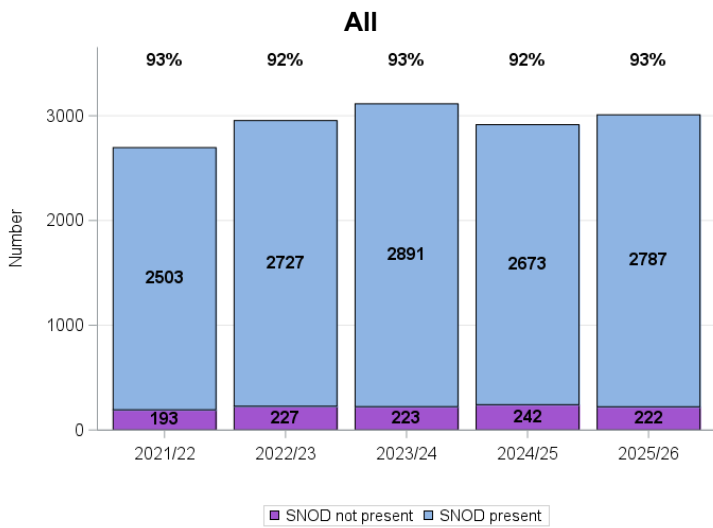
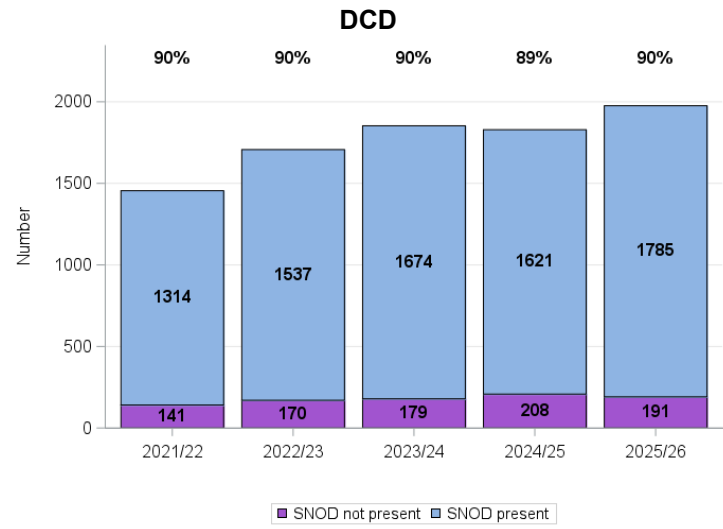
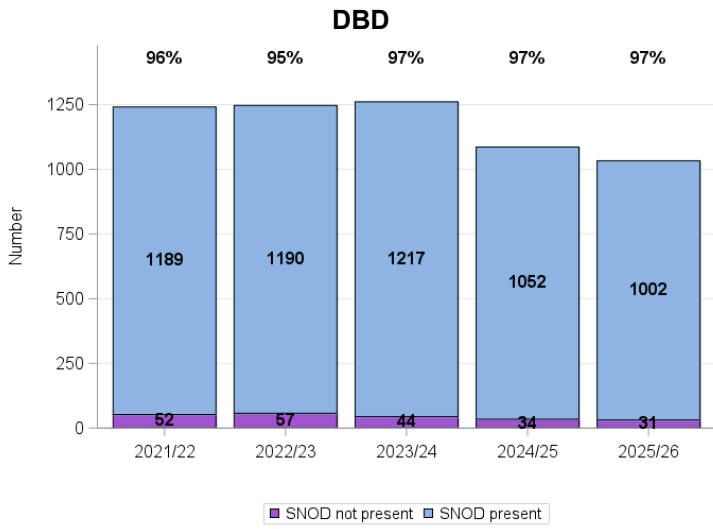


Figure 8 Number of families approached by consent/authorisation ascertained, 1 April 2021 – 31 March 2026

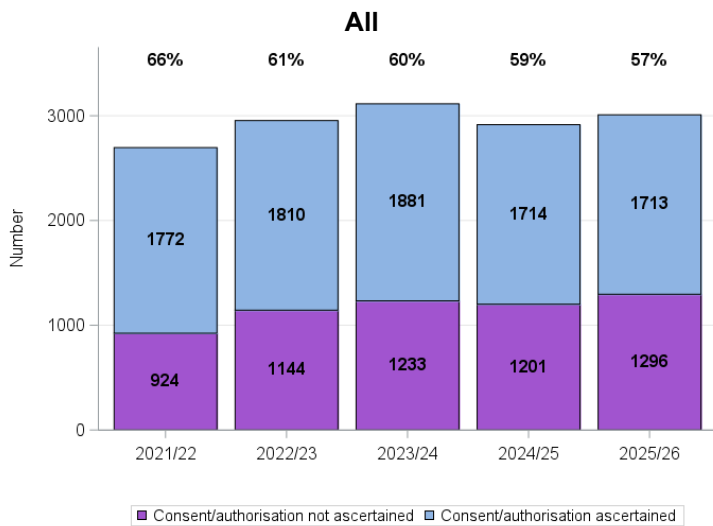
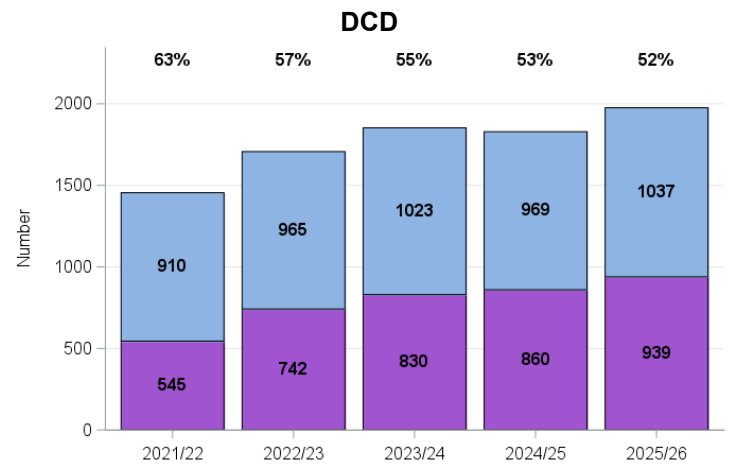
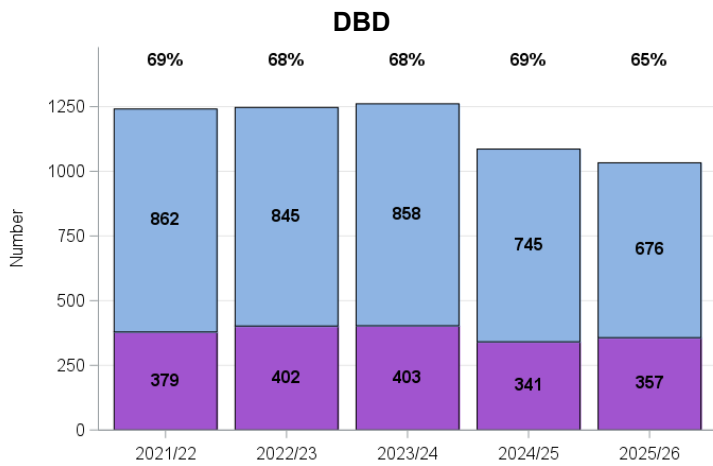
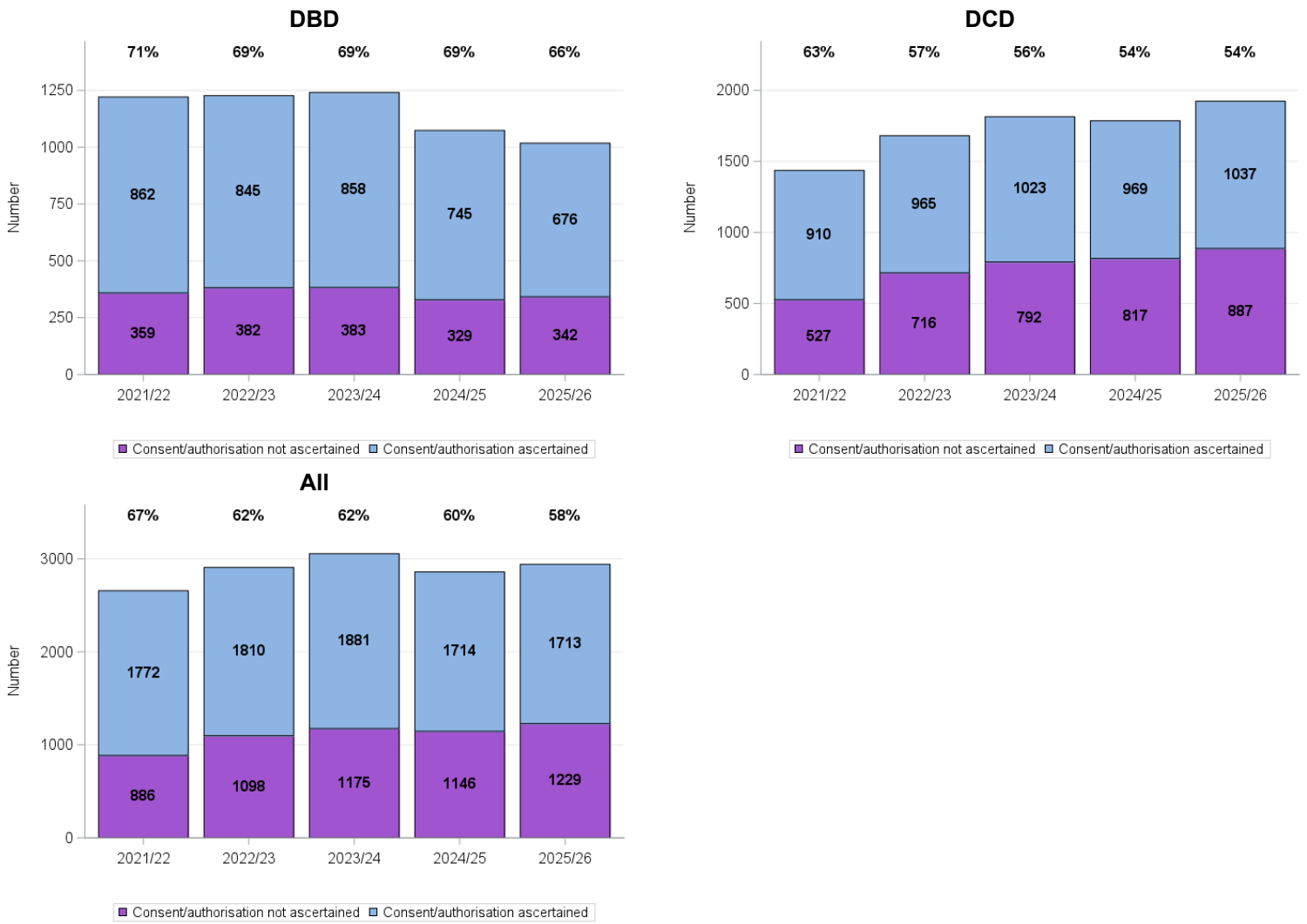


Figure 9 Number of families approached by consent/authorisation ascertained excluding ODR opt outs, 1 April 2021 – 31 March 2026



Appendix I - Definitions

PDA patient selection criteria from April 2013 onwards: Deaths in critical or emergency care in patients aged 80 years and under (prior to 81st birthday).

Data excluded: Patients who did not die on a critical care unit or an emergency department and patients aged over 80 years are excluded.

Donation after brain death (DBD)	
Suspected neurological death	A patient who meets all of the following criteria: invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex Excluding those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – below 37 weeks corrected gestational age' Previously referred to as brain death
Neurological death tested	Neurological death tests were performed to confirm and diagnose death
DBD referral criteria	A patient with suspected neurological death
Specialist Nurse Organ Donation or Organ Donation Services Team Member (SNOD)	A member of Organ Donation Services Team including; Team manager, Specialist Nurse Organ Donation, Specialist Requester, Donor Family Care Nurse
Referred to SNOD	A patient with suspected neurological death referred to a SNOD A referral is the provision of information to determine organ donation suitability NICE CG135 (England) : Triggers for clinicians to refer a potential donor are a plan to withdraw life sustaining treatment or a plan to perform neurological death tests
Potential DBD donor	A patient with suspected neurological death
Absolute contraindications	Absolute medical contraindications identified in assessment which clinically preclude organ donation as per NHSBT criteria (POL188) Absolute medical contraindications to donation are listed here: https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/34324/pol188.pdf
Eligible DBD donor	A patient confirmed dead by neurological death tests, with no absolute medical contraindications to solid organ donation
Donation decision conversation	Family of eligible DBD asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Consent/Authorisation ascertained	Family supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
Actual donors: DBD	Patients who became actual DBD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Actual donors: DCD	Patients who became actual DCD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donation for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Neurological death testing rate	Percentage of patients for whom neurological death was suspected who were tested
Referral rate	Percentage of patients for whom neurological death was suspected who were referred to the SNOD
Donation decision conversation rate	Percentage of eligible DBD families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

Donation after circulatory death (DCD)	
Imminent death anticipated	A patient, not confirmed dead using neurological criteria, receiving invasive ventilation, in whom a clinical decision to withdraw treatment has been made and a controlled death is anticipated within a time frame to allow donation to occur (as determined at time of assessment)
DCD referral criteria	A patient for whom imminent (controlled) death is anticipated following withdrawal of life sustaining treatment (as defined above)
Specialist Nurse Organ Donation or Organ Donation Services Team Member (SNOD)	A member of Organ Donation Services Team including Team manager, Specialist Nurse Organ Donation, Specialist Requester, Donor Family Care Nurse
Referred to SNOD	A patient for whom imminent death is anticipated who was referred to a SNOD A referral is the provision of information to determine organ donation suitability NICE CG135 (England) : Triggers for clinicians to refer a potential donor are a plan to withdraw life sustaining treatment or a plan to perform neurological death tests
Potential DCD donor	A patient who had treatment withdrawn and imminent death was anticipated within a time frame to allow donation to occur
Absolute contraindications	Absolute medical contraindications identified in assessment which clinically preclude organ donation as per NHSBT criteria (POL188) Absolute medical contraindications to donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/34324/pol188.pdf
Eligible DCD donor to be assessed	A patient who had treatment withdrawn and imminent (controlled) death was anticipated, with no absolute medical contraindications to solid organ donation
DCD exclusion criteria	DCD specific criteria determine a patient's suitability to donation when there are no absolute medical contraindications (see absolute contraindications documentation above)
DCD screening process	Process by which an organ may be screened with a local and national transplant centre to determine suitability of organs for transplantation
Medically suitable eligible DCD donor	An eligible DCD donor to be assessed considered to be 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
Consent/Authorisation ascertained	Family supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
Actual DCD	DCD patients who became actual DCD as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Referral rate	Percentage of patients for whom imminent (controlled) death was anticipated who were referred to a SNOD
Donation decision conversation rate	Percentage of medically suitable eligible DCD families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

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