NHS
Blood and Transplant

ANNUAL REPORT ON DECEASED DONATION AND TRANSPLANTATION IN PAEDIATRIC PATIENTS

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

PUBLISHED JULY 2026



EXECUTIVE SUMMARY

- In the year 1 April 2025 to 31 March 2026, there were 973 paediatric deaths audited for the PDA. Of these deaths, 72 and 187 patients met the referral criteria for DBD and/or DCD, respectively and 96% and 91% were referred to a SNOD.

- Of the 72 patients for whom neurological death was suspected, 49% were tested and there were 31 and 161 eligible DBD and DCD, respectively. Of the eligible DCD, 96 were considered medically suitable eligible DCD donors.

- Of the families approached, consent/authorisation was ascertained for 44% eligible DBD donors and 26% of eligible DCD donors. Of these, 92% and 94% respectively, became actual solid organ donors. Three families overruled their loved one's known decision to be an organ donor.

- Over the last five years:

    - The testing rate has decreased to 49%, its lowest in five years.
    - The DBD referral rate has decreased slightly with a rate of 96% in 2025/26.
    - The DBD SNOD presence rate has increased to 96%.
    - The DBD consent/authorisation rate has decreased to 44%, its lowest in five years.
    - The DCD referral rate has decreased slightly with a rate of 91% in 2025/26.
    - The DCD SNOD presence rate has risen to a five year high of 82% 2025/26.
    - The DCD consent/authorisation rate has increased to 26%.

- At 31 March 2026, there were a total of 245 paediatric patients on the transplant list, 26 less than 31 March 2025. During 2025/26, 255 paediatric patients received a transplant, an increase of 13 transplants when compared with the previous year.

1 INTRODUCTION

This report presents Potential Donor Audit (PDA) and UK Transplant Registry (UKTR) information on the financial year 1 April 2025 to 31 March 2026 and summaries of the following are provided:

- POTENTIAL DONOR AUDIT
- TRANSPLANT LIST
- TRANSPLANT ACTIVITY

The PDA dataset used to compile this report includes all audited paediatric deaths in UK Intensive Care Units (ICUs) and Emergency Departments as reported by 7 May 2026. Paediatric patients have been defined as all patients under 18 years of age. Neonatal patients who die in a neonatal unit and patients who die on a ward have been excluded from the report.

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

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

2 DEFINITIONS

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

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

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

SNOD Specialist Nurse in Organ Donation, including Specialist Requesters

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

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

3 BREAKDOWN OF AUDITED PAEDIATRIC DEATHS

In the 12-month period from 1 April 2025 to 31 March 2026, there were a total of 973 audited paediatric patient deaths in the UK. A detailed breakdown for both the DBD and DCD data is given in **Figure 1** and **2**, and **Table 1** summarises the key percentages.

Figure 1 Donation after brain death

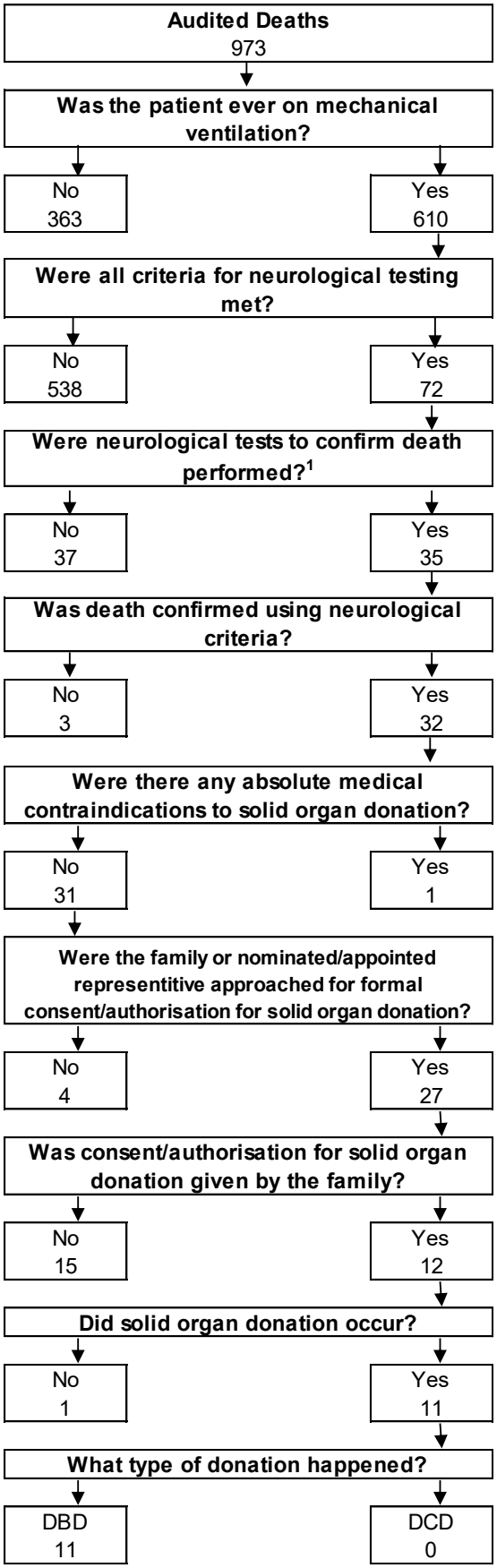
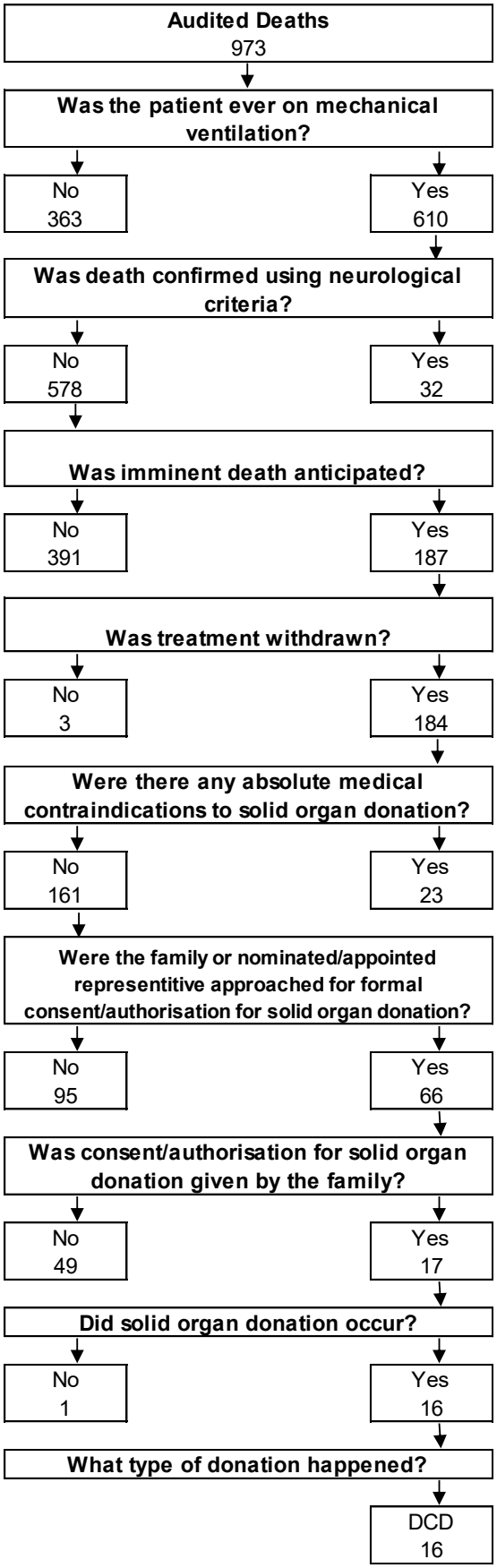


Figure 2 Donation after circulatory death



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

Table 1 Key numbers and rates

	DBD	DCD	ALL
Patients meeting organ donation referral criteria[1]	72	187	221
Referred to NHS Blood and Transplant	69	171	205
Referral rate %	*95.8*	*91.4*	*92.8*
Neurological death tested	35		35
Testing rate %	*48.6*		*48.6*
Eligible donors[2]	31	161	192
Family approached	27	66	93
Family approached and SNOD present	26	54	80
% of approaches where SNOD present	*96.3*	*81.8*	*86.0*
Consent/authorisation given	12	17	29
Consent/authorisation rate %	*44.4*	*25.8*	*31.2*
- Expressed opt in	3	4	7
Expressed opt in %	*100*	*57.1*	*70*
- Other[3]	9	13	22
Other[3] %	*40.9*	*22.4*	*27.5*
Actual donors from each pathway	11	16	27
% of consented/authorised donors that became actual donors	*91.7*	*94.1*	*93.1*

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

[2] DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation.
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

[3] Includes all patients who have not expressed a donation decision and those, aged 16 or 17 in Scotland, where deemed criteria are not met.

4 NEUROLOGICAL DEATH TESTING RATE

The neurological death testing rate was 49%, this is the percentage of patients for whom neurological death was suspected that were tested. To be defined as neurological death suspected, the patients were indicated to have met the following criteria - invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex. Patients for whom tests were not performed due to; cardiac arrest occurred despite resuscitation, brainstem reflexes returned were not possible to test meaning these reasons were excluded. Neurological death tests were not performed in 37 patients (51%) for whom neurological death was suspected. The primary reason given for not testing is shown in **Table 2**.

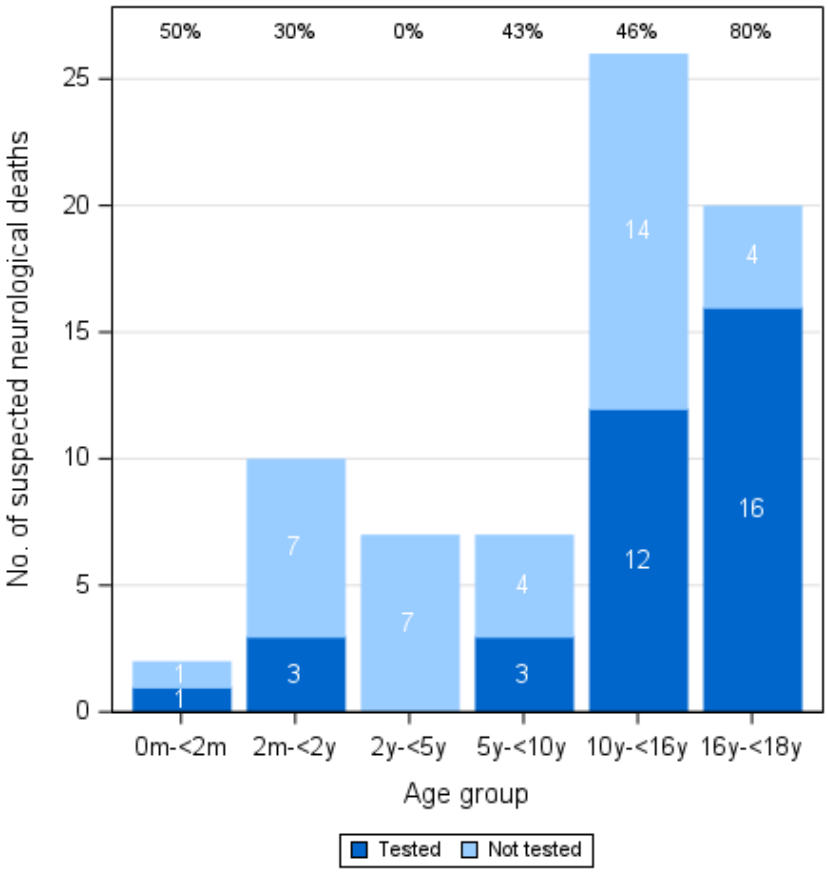
The most common reason for not testing was clinical reason/clinician's decision. This was given as the reason for not testing 7 (19%) patients. Family declined donation was given as the reason for not testing 6 (16%) patients.

Table 2	Reasons given for neurological death tests not being performed	
	N	**%**
Clinical reason/Clinician's decision	7	18.9
Family declined donation	6	16.2
Family pressure not to test	5	13.5
Patient haemodynamically unstable	5	13.5
Biochemical/endocrine abnormality	5	13.5
Treatment withdrawn	3	8.1
Other	3	8.1
Continuing effects of sedatives	2	5.4
Hypothermia	1	2.7
Total	**37**	**100.0**

4.1 NEUROLOGICAL DEATH TESTING RATE BY PATIENT AGE

Age is represented by a categorical variable with intervals <2 months, 2 months - <2 years, 2-<5 years, 5-<10 years, 10-<16 years and 16-<18 years. There were a total of 72 neurological deaths suspected in paediatric patients in the UK from 1 April 2025 – 31 March 2026 and a total of 35 deaths where neurological tests were performed (49%). **Figure 3** shows the number of neurological death tests performed by age group. The 16 - <18 year old age group had the highest testing rate of 80%. In the 16 - <18 year old group, all were treated in an adult ICU.

Figure 3 Neurological death testing by age group



5 REFERRAL RATE

A patient for whom neurological death is suspected or for whom imminent death is anticipated, i.e., receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated, should be referred to a Specialist Nurse Organ Donation (SNOD). The DBD referral rate was 96% and the DCD referral rate was 91%. **Table 3** shows the reasons given why such patients were not referred. One patient can meet the referral criteria for both DBD and DCD and therefore some patients may be counted in both columns. Referral criteria are defined in **Appendix 1**.

For the 3 DBD patients who met referral criteria but were not referred, the reason given for non-referral for two patients was that they were not identified as a potential donor/organ donation was not considered, for the third patient the reason cited was medical contraindications. For patients who met the DCD referral criteria but were not referred, the reason given for non-referral of 10 (63%) patients was the patient was not identified as a potential donor/organ donation was not considered. The reason given for non-referral for 3 (19%) patients was thought to be medically unsuitable. Medical contraindications was the reason given for 2 (13%) patients, and reluctance to approach family was the reason given for 1 (6%) patient.

Table 3 Reasons given why patient not referred

	DBD		DCD	
	N	**%**	**N**	**%**
Not identified as potential donor/organ donation not considered	2	66.7	10	62.5
Medical contraindications	1	33.3	2	12.5
Reluctance to approach family	-	-	1	6.3
Thought to be medically unsuitable	-	-	3	18.8
Total	**3**	**100.0**	**16**	**100.0**

6 APPROACH RATE

Families of eligible donors were asked to make or support a patient's organ donation decision in 87% of DBD and 41% of DCD cases. The DCD assessment process identifies many eligible DCD donors which are unsuitable for organ donation prior to the approach. In 2025/26, 65 eligible DCD donors were excluded by this process. Families of the remaining 96 medically suitable eligible DCD donors were asked to make or support a patient's organ donation decisions in 69% of cases. A new DBD assessment process was introduced in October 2024, which identifies eligible DBD donors considered unsuitable for organ donation prior to the approach. It is not currently possible to account for this new DBD screening process in the DBD approach rate.

The information in **Table 4** shows the reasons given why the families of eligible DBD and medically suitable eligible DCD donors were not approached. The main reasons given for not approaching families of eligible DBD donors was that the family stated they would not consent prior to donation decision conversations and patient was deemed medically unsuitable, 2 (50%) cases respectively.

For medically suitable eligible DCD donors not approached, 16 (53%) were because the Coroner/Procurator Fiscal refused permission and 7 (23%) were because they were not identified as a potential donor.

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

	Eligible DBD		Medically suitable eligible DCD	
	N	%	N	%
Family stated they would not consent/authorise prior to donation decision conversation	2	50.0	6	20.0
Subsequently assessed to be medically unsuitable	2	50.0	1	3.3
Coroner/Proc Fiscal refused permission	-	-	16	53.3
Not identified as a potential donor	-	-	7	23.3
Total	**4**	**100.0**	**30**	**100.0**

6.1 SNOD PRESENCE RATE

A SNOD or Organ Donation Services (ODS) team member was present when a family of an eligible donor was approached in 96% of DBD and 82% of DCD cases. The information in **Table 5** shows the reasons given why a SNOD was not present when families of eligible DBD and eligible DCD donors approached.

For the eligible DBD patient the reason given for a SNOD not being present when the family was approached was planned to proceed without an ODS team member. For eligible DCD patients the main reason given was planned to proceed without an ODS team member (33%) and family declined before donation decision conversation (25%).

Table 5 Reasons given why SNOD not present when family approached

	Eligible DBD		Eligible DCD	
	N	%	N	%
Planned to proceed without ODS team member	1	100.0	4	33.3
Oversight by unit staff	-	-	2	16.7
ODS team member present but clinician declined ODS team member presence	-	-	2	16.7
Family declined before donation decision conversation	-	-	3	25.0
Other	-	-	1	8.3
Total	**1**	**100.0**	**12**	**100.0**

7 OVERALL CONSENT/AUTHORISATION RATE

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

During the financial year, the DBD consent/authorisation rate was 44% and the 95% confidence limits for this percentage are 26% - 63%. The DCD consent/authorisation rate was 26% and the 95% confidence limits for this percentage are 15% - 36%. The overall consent/authorisation rate was 31% and the 95% confidence limits for this percentage are 22% - 41%.

Four children were known to have registered their decision to donate on the Organ Donor Register (ODR) at the time of the formal organ donation discussion. None of these children were younger than 16 years old. Consent/authorisation was ascertained for all four of the patients registered on the ODR and no families overruled their loved one's ODR opt in registered decision to be an organ donor.

In Scotland, deemed authorisation applies to Scottish residents over the age of 16. Between 1 April 2025 – 31 March 2026, there were no Scottish patients between the ages of 16 - <18 where deemed authorisation applied.

The consent/authorisation rate was 28% where patients have not expressed a donation decision and where deemed criteria are not met.

For the one DBD family and 12 DCD families who were asked to make or support a patient's organ donation decision, where the SNOD was not present, consent/authorisation was not ascertained all these patients. The overall consent/authorisation rate was 36% when the SNOD was present compared to 0% when the SNOD was not present.

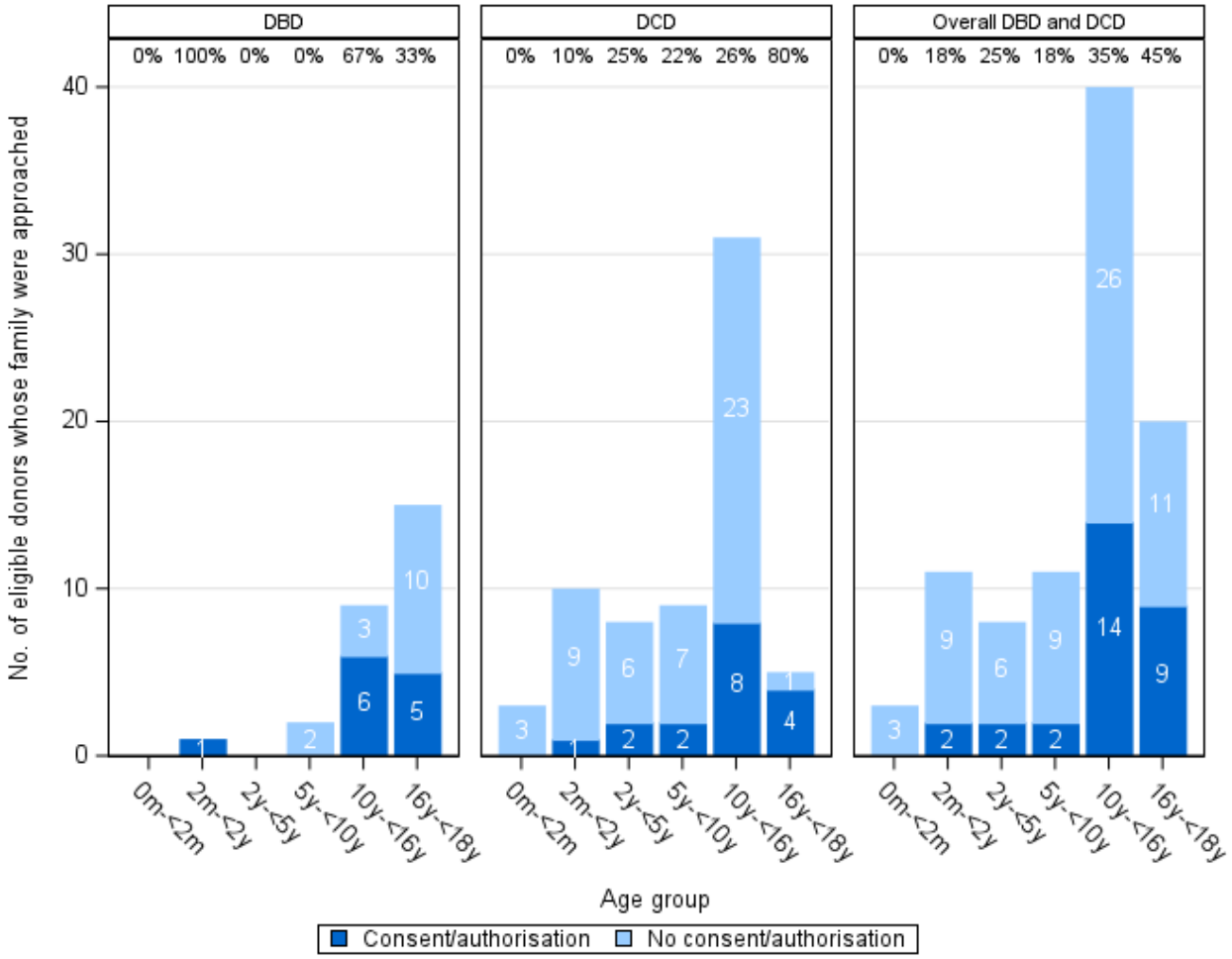
The reasons why the family did not support organ donation are shown in **Table 6**. The main reasons given that families of eligible DBD patients did not support organ donation were other reason,5 (33%), which were a combination of late coroner decline and mixed family feelings towards donation. The main reasons that families of eligible DCD patients did not support organ donation were the family felt the length of time for the donation process was too long, 15 (31%) and family did not want surgery to the body, 8 (16%).

Table 6 Reasons why the family did not support organ donation				
	DBD		DCD	
	N	%	N	%
Family felt the length of time for the donation process was too long	3	20.0	15	30.6
Family did not want surgery to the body	2	13.3	8	16.3
Family felt patient had suffered enough			6	12.2
Other	5	33.3	5	10.2
Family felt it was against their religious/cultural beliefs	3	20.0	4	8.2
Strong refusal - probing not appropriate	-	-	4	8.2
Family wanted to stay with the patient after death	-	-	2	4.1
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	-	-	2	4.1
Family were not sure whether the patient would have agreed to donation	-	-	1	2.0
Family did not believe in donation	-	-	1	2.0
Family divided over the decision	-	-	1	2.0
Patient had previously expressed a wish not to donate	2	13.3	-	-
Total	**15**	**100.0**	**49**	**100.0**

7.1 CONSENT/AUTHORISATION RATES BY DEMOGRAPHICS

The consent/authorisation rates for the six age groups (for the 27 eligible DBD and 66 eligible DCD whose families were approached) are illustrated in **Figure 4.** The highest overall consent/authorisation rate for eligible donors occurred in the 16 - <18 year old age group (45%). The lowest consent/authorisation rate was in the 0 - <2 month old age group (0%).

Figure 4 Number of families approached by age group



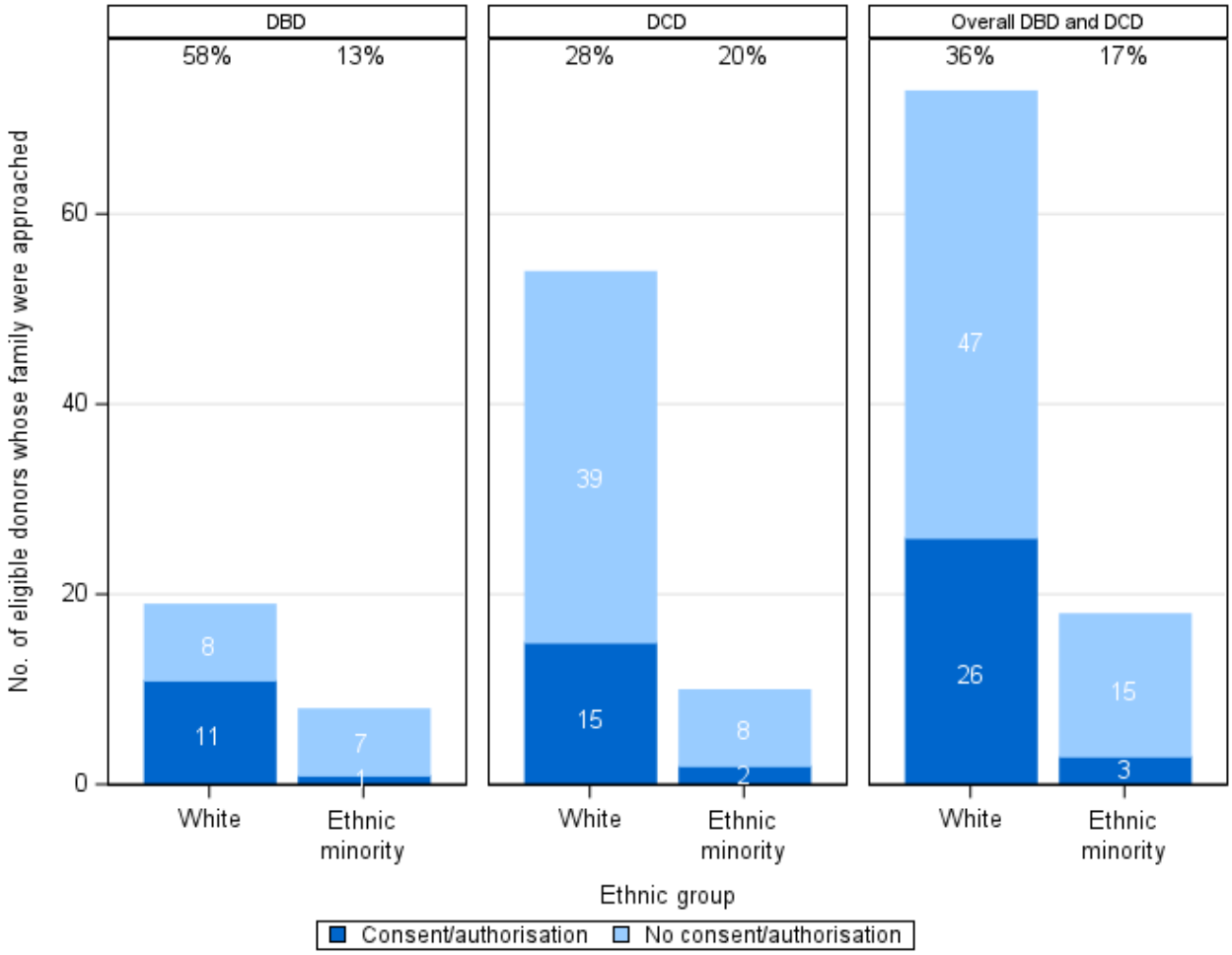
Consent/authorisation rates for patients from the white ethnic groups are compared with those patients from ethnic minority groups and are shown in **Figure 5.** There were a total of 18 approaches to families of patients from ethnic minority groups, 8 DBD and 10 DCD.

For eligible DBD, the consent/authorisation rates were 58% for patients from white ethnic groups and 13% for patients from ethnic minority groups. For eligible DCD, the consent/authorisation rates were 28% for patients from white ethnic groups and 20% for patients from ethnic minority groups.

The overall consent/authorisation rates were 36% for eligible donors from white ethnic groups and 17% for eligible donors from ethnic minority groups. The 95% confidence limits for overall consent/authorisation rates are 25% - 47% for eligible donors from white ethnic groups and 0% - 34% for eligible donors from ethnic minority groups.

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

Figure 5 Number of approaches by patient ethnicity



8 SOLID ORGAN DONATION

Of the eligible donors whose families consented to/authorised donation, 92% of the eligible DBD and 94% of the eligible DCD went on to become actual solid organ donors. **Table 7** shows the reasons why consented/authorised eligible donors did not become actual solid organ donors.

The reason given for the one consented/authorised eligible DBD not proceeding, was next of kin withdrew consent/authorisation. The reason given for the one consented/authorised eligible DCD not proceeding, was no transplantable organ.

Table 7 Reasons why consented/authorised eligible donors did not proceed to donate

	DBD		DCD	
	N	**%**	**N**	**%**
Consent / Auth - NOK withdraw consent / authorisation	1	100.0	-	-
Clinical - No transplantable organ	-	-	1	100.0
Total	**1**	**100.0**	**1**	**100.0**

NOK = Next of kin

9 FIVE YEAR TRENDS IN KEY NUMBERS AND RATES

Figures 6, 7, 8 and 9 illustrate the five-year trends in key numbers and rates across the UK. Note that patients who met the referral criteria for both DBD and DCD donation will appear in both DBD and DCD bar charts in **Figure 7**.

The testing rate has fallen this year from the previous high of 68% in 2023/24 to 49%, the lowest rate in 5 years. The number of patients tested has been decreasing since 2022/23 whilst the number of patients not tested has remained stable.

The DBD referral rate has remained consistently high over the 5-years at 96% in 2025/26. The DCD referral rate has also remained high this year although has fallen slightly compared to the previous two years, to 91% from 96%. The actual number of missed referrals for DBD is very low, with only 3 in 2025/26. The actual number of missed referrals for DCD has decreased to 16 in 2025/26, compared to 29 in 2022/23.

The percentage of DBD family approaches where a SNOD was present has risen to 96% in the most recent year, the highest it has been in the 5-year period. Similarly, for DCD, the SNOD presence rate has increased to a 5 year high of 82%. The actual number of DBD missed opportunities to have a SNOD present for the family approach has decreased compared to 2024/25 from 2 to 1. The true number of missed opportunities for a SNOD to be present for DCD donation has remained unchanged since 2024/25 with 12 approaches being made without a SNOD present.

The DBD consent/authorisation rate decreased from 57% in 2024/25 to 44% in 2025/26. The DCD consent/authorisation rate has increased this year to 26% from 23% in 2024/25.

Figure 6 **Number of patients with suspected neurological death, 1 April 2021 – 31 March 2026**

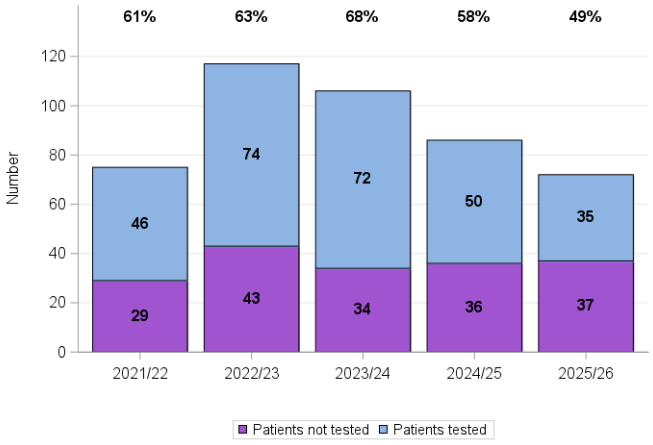


Figure 7 Number of patients meeting referral criteria, 1 April 2021 – 31 March 2026

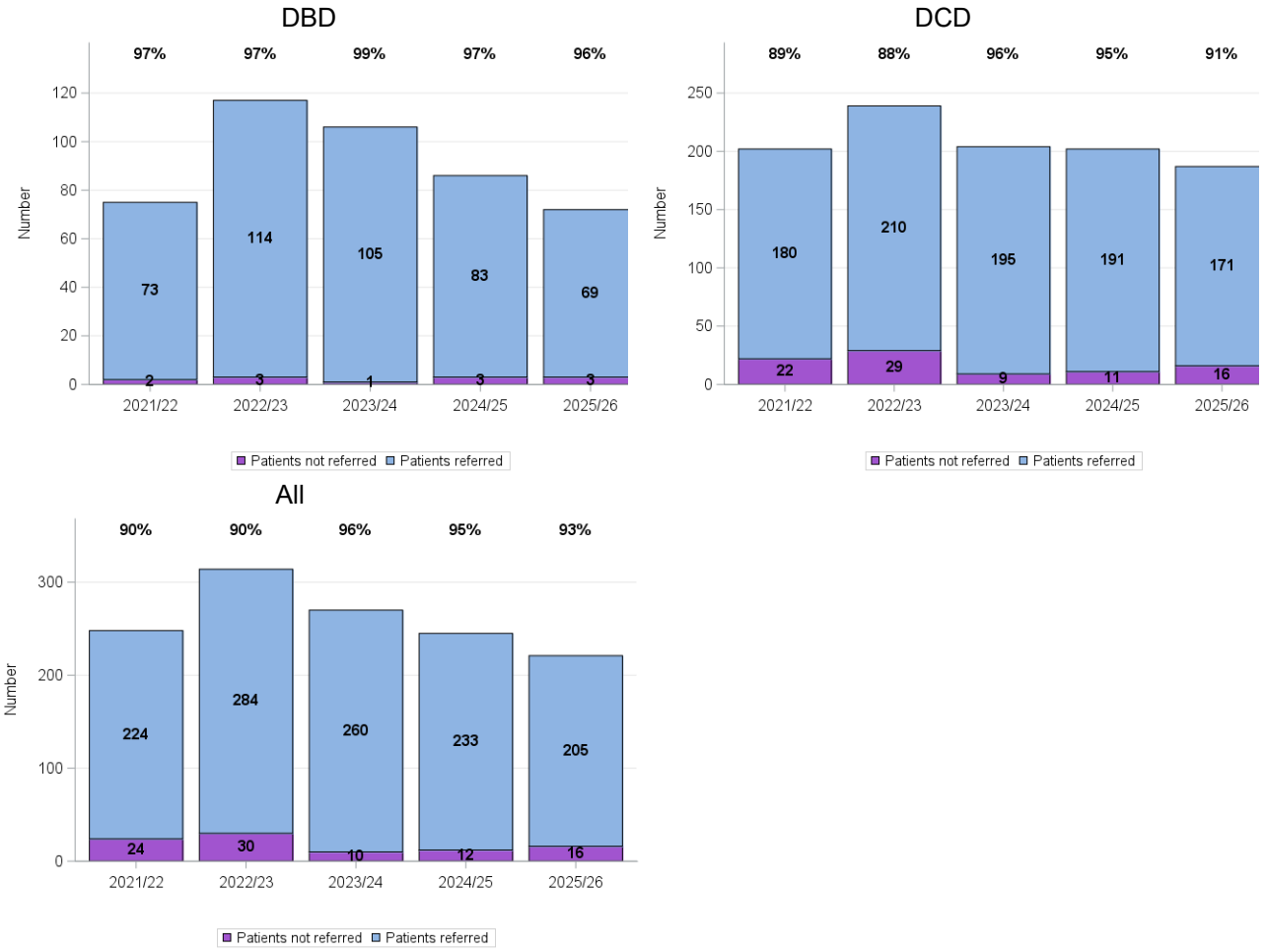


Figure 8 Number of families approached by SNOD presence, 1 April 2021 – 31 March 2026

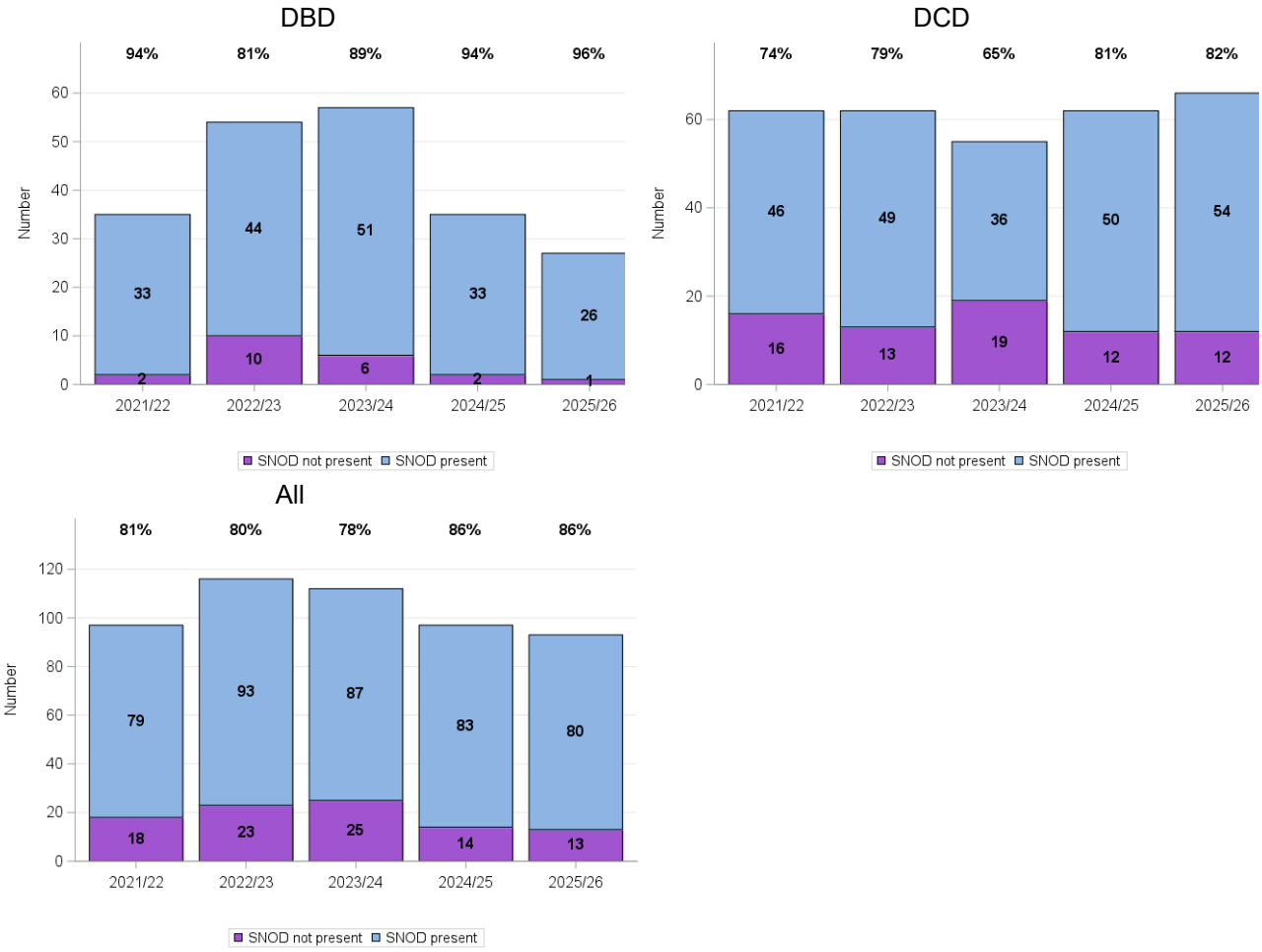
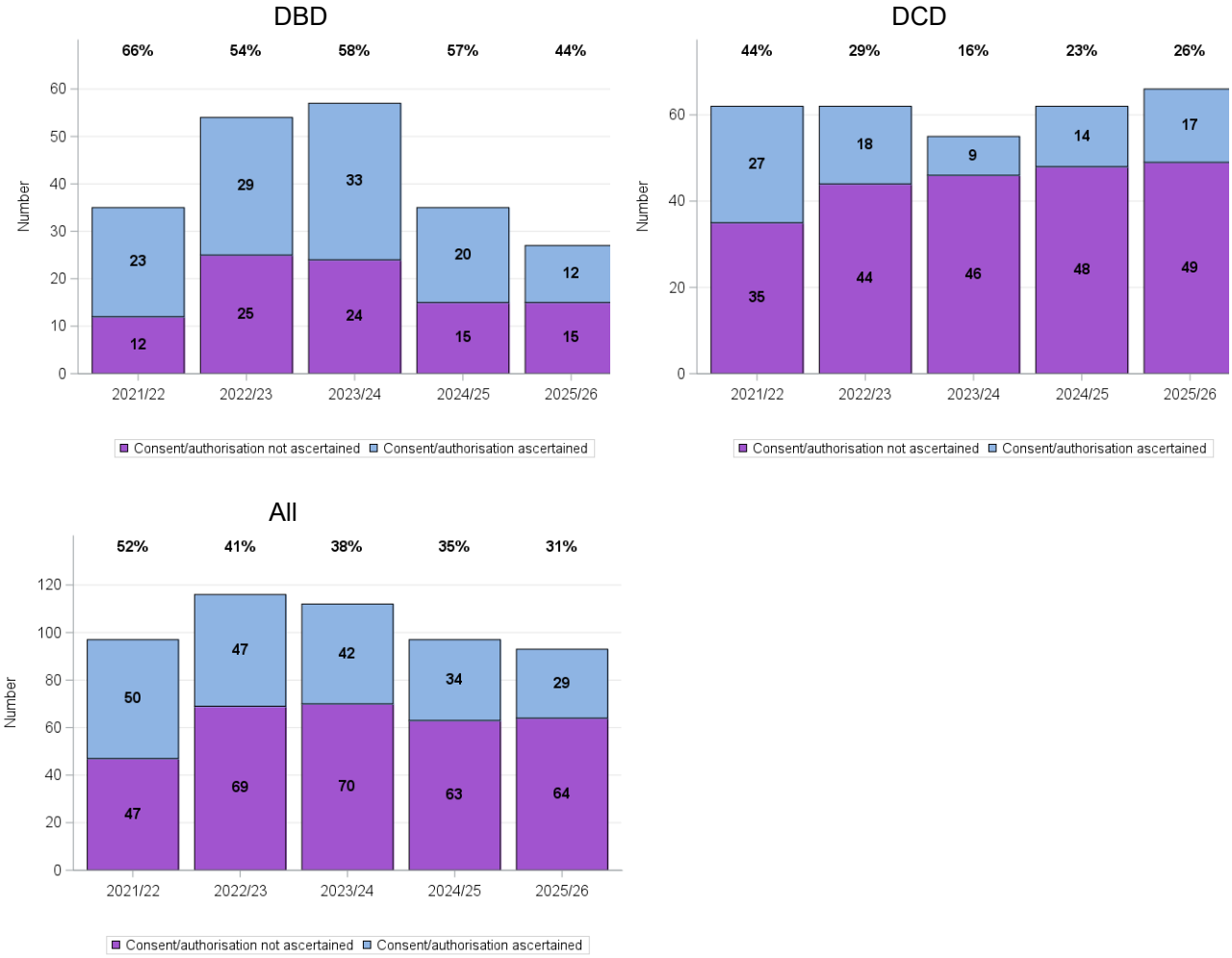


Figure 9 **Number of families approached by consent/authorisation ascertained, 1 April 2021 – 31 March 2026**



10 TRANSPLANT LIST

Table 8 shows the number of paediatric patients on the active transplant list as at 31 March 2026 and 31 March 2025. Note that, in this section, paediatric patients are defined by organ specific paediatric age limits. Numbers may differ from NHSBT annual organ specific reports which, for some organs, also include patients up to the age of 18 years old who are waiting at paediatric units.

In total there were 245 patients waiting for a transplant, 136 (56%) of which were waiting for a kidney transplant. The number of patients waiting for a transplant is 10% lower than as at 31 March 2025, when there were 271 patients waiting. This decrease is observed across all organs with the exception of the intestinal waiting list.

Table 8 Active paediatric transplant list in the UK, as at 31 March 2026 (31 March 2025)

	Active transplant list	
Cardiothoracic paediatric patients (< 16 years at time of registration)		
Heart	33	(38)
Lung	5	(8)
Heart/Lung	1	(0)
Total cardiothoracic	**39**	**(46)**
Renal paediatric patients (<18 years at time of registration)		
Kidney	136	(145)
Kidney/pancreas	0	(0)
Total renal	**136**	**(145)**
Liver paediatric patients (<17 years at time of registration)		
Liver	64	(72)
Intestinal paediatric patients (<18 years at time of registration)		
Intestinal	4	(2)
Multi-organ paediatric patients (<18 years at time of registration)		
	2	(6)
Total	**245**	**(271)**

11 TRANSPLANT ACTIVITY

The number of paediatric transplants performed in the UK, from 1 April 2025 to 31 March 2026 are presented in **Table 9**. Note that, in this section, paediatric patients are defined by organ specific paediatric age limits. Numbers may differ from NHSBT annual organ specific reports which, for some organs, include patients up to the age of 18 years old who were transplanted at paediatric units or exclude patients re-transplanted.

In the 12-month period, there were a total of 255 transplants performed. Of these, 152 were deceased donor transplants and 103 were from living donors.

Table 9 Paediatric transplants in the UK, 1 April 2025 – 31 March 2026 (2024/2025)

	Transplant numbers	
Cardiothoracic paediatric patients (< 16 years at time of registration)		
Heart only – DBD	18	(18)
Heart only – DCD	9	(8)
Lung only – DBD	1	(2)
Lung only – DCD	4	(1)
Total cardiothoracic	**32**	**(29)**
Renal paediatric patients (<18 years at time of registration)		
Kidney - DBD	33	(24)
Kidney - DCD	20	(14)
Kidney – living donor	84	(77)
Total kidney	**137**	**(115)**
Liver paediatric patients (<17 years at time of registration)		
Liver - DBD	59	(70)
Liver - DCD	5	(4)
Liver – living or domino donor	19	(18)
Total liver	**83**	**(92)**
Intestinal paediatric patients (<18 years at time of registration)		
Intestinal	1	(1)
Multi-organ paediatric patients (<18 years at time of registration)		
	2	(5)
Total	**255**	**(242)**

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: Clinical contraindications to approaching families for possible organ donation - POL 188
Eligible DBD donor	A patient confirmed dead by neurological death tests, with no absolute medical contraindications to solid organ donation
Donation decision conversation	Family of eligible DBD donor asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Expressed opt in donation decision conversation	A donation decision conversation where the eligible DBD donor's last known decision was an expressed opt in decision. A patient's last known opt in decision can be expressed in writing or via the ODR in all nations and verbal opt in decisions are also included in Wales, England, Jersey and Guernsey. Verbally expressed opt in decisions are not included in Scotland.
Deemed consent/authorisation donation decision conversation	A donation decision conversation where the eligible DBD donor meets deemed criteria specific to each nation (see table below). In Scotland, this includes those who have verbally expressed a decision to opt in.
Expressed-opt out donation decision conversation	A donation decision conversation where the eligible DBD donor's last known decision was an expressed opt out decision. Opt out decisions can be expressed verbally, in writing or via the ODR in all nations.
Other donation decision conversation	A donation decision conversation where the eligible DCD donor has expressed no decision or deemed criteria are not met. Paediatric patients are included in this group.
Consent/Authorisation ascertained	Family of eligible DBD donor supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
ODR opt in override	A donation decision conversation where the family do not support the patient's ODR opt in decision (irrespective of the patient's last known decision).
Actual donors: DBD	Patients who became actual DBD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Actual donors: DCD	Patients who became actual DCD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donation for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Neurological death testing rate	Percentage of patients for whom neurological death was suspected who were tested
Referral rate	Percentage of patients for whom neurological death was suspected who 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)

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: Clinical contraindications to approaching families for possible organ donation - POL 188.
Eligible DCD donor	A patient who had treatment withdrawn and imminent (controlled) death was anticipated, with no absolute medical contraindications to solid organ donation
DCD exclusion criteria	DCD specific criteria determine a patient's suitability to donation when there are no absolute medical contraindications (see absolute contraindications documentation above).
DCD screening process	Process by which an organ may be screened with a local and national transplant centre to determine suitability of organs for transplantation
Medically suitable eligible DCD donor	An eligible DCD donor to be assessed considered to be medially suitable for donation (i.e. no DCD exclusions and not deemed unsuitable by the screening process)
Donation decision conversation	Family of medically suitable eligible DCD donor who were asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Expressed opt in donation decision conversation	A donation decision conversation where the eligible DCD donor's last known decision was an expressed opt in decision. A patient's last known opt in decision can be expressed in writing or via the ODR in all nations and verbal opt in decisions are also included in Wales, England, Jersey and Guernsey. Verbally expressed opt in decisions are not included in Scotland.
Deemed consent/authorisation donation decision conversation	A donation decision conversation where the eligible DCD donor meets deemed criteria specific to each nation (see table below). In Scotland, this includes those who have verbally expressed a decision to opt in.
Expressed-opt out donation decision conversation	A donation decision conversation where the eligible DCD donor's last known decision was an expressed opt out decision. Opt out decisions can be expressed verbally, in writing or via the ODR in all nations.

Other donation decision conversation	A donation decision conversation where the eligible DCD donor has expressed no decision or deemed criteria are not met. Paediatric patients are included in this group.
Consent/Authorisation ascertained	Family of eligible DCD donor supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation.
ODR opt in override	A donation decision conversation where the family do not support the patient's ODR opt in decision (irrespective of the patient's last known decision).
Actual DCD	DCD patients who became actual DCD as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Referral rate	Percentage of patients for whom imminent (controlled) death was anticipated who were referred to a SNOD
Approach rate of medically suitable donors	Percentage of medically suitable eligible DCD donor families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision.
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

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

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