

Detailed Report
Actual and Potential Deceased Organ Donation
1 April 2025 - 30 September 2025

Swansea Bay University Health Board



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- 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 Health Board 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 November 2025 based on data meeting PDA criteria reported at 6 November 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 2025 and 30 September 2025, Swansea Bay University Health Board had 4 deceased solid organ donors, resulting in 11 patients receiving a transplant. Additional information is shown in Tables 1.1 and 1.2, along with comparison data for the first six months of 2024/25. 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 2025 - 30 September 2025 (1 April 2024 - 30 September 2024 for comparison)

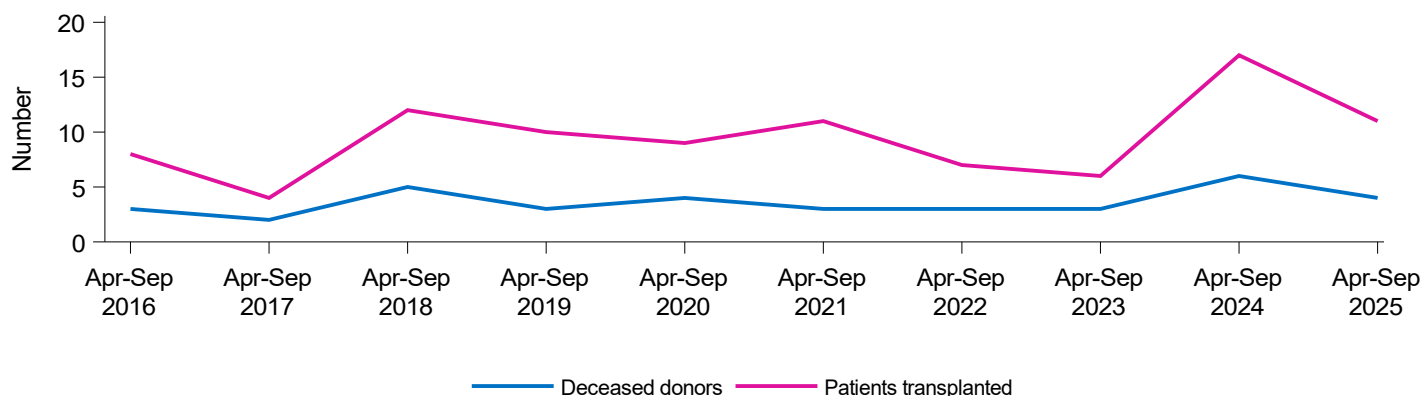
Donor type	Number of donors		Number of patients transplanted		Average number of organs donated per donor			
	Health Board	UK	Health Board	UK	Health Board	UK		
DBD	2	(4)	5	(11)	3.0	(3.8)	3.6	(3.6)
DCD	2	(2)	6	(6)	3.0	(3.0)	3.1	(2.8)
DBD and DCD	4	(6)	11	(17)	3.0	(3.5)	3.3	(3.2)

Furthermore, 10 corneas were received by NHSBT Eye Banks from your Health Board.

Table 1.2 Organs transplanted by type, 1 April 2025 - 30 September 2025 (1 April 2024 - 30 September 2024 for comparison)

Donor type	Number of organs transplanted by type											
	Kidney		Pancreas		Liver		Heart		Lung		Small bowel	
DBD	3	(8)	0	(0)	2	(3)	0	(1)	0	(0)	0	(0)
DCD	4	(4)	0	(0)	2	(2)	0	(0)	0	(0)	0	(0)
DBD and DCD	7	(12)	0	(0)	4	(5)	0	(1)	0	(0)	0	(0)

Figure 1.1 Number of donors and patients transplanted, April to September, 2016 - 2025



2. Key Numbers in Potential for Organ Donation

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

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

This section presents key numbers in potential donation activity for Swansea Bay University Health Board. This data is presented in Table 2.1 along with UK comparison data. Your Health Board has been categorised as a level 2 Health Board and therefore percentages in this section are only presented on a national level. A comparison between different level Health Boards is available in the Additional Data and Figures section.

It is acknowledged that the PDA does not capture all activity. There may be some patients referred in the first six months of 2025/26 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.

Table 2.1 Key numbers comparison with national rates, 1 April 2025 - 30 September 2025

	DBD		DCD		Deceased donors	
	H. Board	UK	H. Board	UK	H. Board	UK
Patients meeting organ donation referral criteria ¹	5	906	14	2571	19	3192
Referred to Organ Donation Service	5	901	12	2416	17	3036
<i>Referral rate %</i>	<i>100%</i>	<i>99%</i>	<i>86%</i>	<i>94%</i>	<i>89%</i>	<i>95%</i>
Neurological death tested	3	604				
<i>Testing rate %</i>	<i>60%</i>	<i>67%</i>				
Eligible donors ²	3	555	10	1775	13	2330
Medically suitable eligible donors ³	3	555	8	1080	11	1635
Family approached	3	502	5	967	8	1469
Family approached of medically suitable eligible donor	3	502	5	948	8	1450
<i>% approached of medically suitable eligible</i>	<i>100%</i>	<i>90%</i>	<i>63%</i>	<i>88%</i>	<i>73%</i>	<i>89%</i>
Family approached and SNOD present	2	486	4	887	6	1373
<i>% of approaches where SNOD present</i>	<i>67%</i>	<i>97%</i>	<i>80%</i>	<i>92%</i>	<i>75%</i>	<i>93%</i>
Consent ascertained	2	331	2	537	4	868
<i>Consent rate %</i>	<i>67%</i>	<i>66%</i>	<i>40%</i>	<i>56%</i>	<i>50%</i>	<i>59%</i>
- Expressed opt in	2	201	1	351	3	552
<i>- Expressed opt in %</i>	<i>100%</i>	<i>93%</i>	<i>50%</i>	<i>87%</i>	<i>75%</i>	<i>89%</i>
- Deemed Consent	0	103	1	155	1	258
<i>- Deemed Consent %</i>	<i>N/A</i>	<i>55%</i>	<i>100%</i>	<i>45%</i>	<i>100%</i>	<i>49%</i>
- Other*	0	27	0	30	0	57
<i>- Other* %</i>	<i>N/A</i>	<i>54%</i>	<i>0%</i>	<i>28%</i>	<i>0%</i>	<i>36%</i>

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 DCD 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

Table 2.1 Key numbers comparison with national rates, 1 April 2025 - 30 September 2025

	DBD		DCD		Deceased donors	
	H. Board	UK	H. Board	UK	H. Board	UK
Actual donors (PDA data)	2	313	2	400	4	713
<i>% of consented donors that became actual donors</i>	100%	95%	100%	74%	100%	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 DCD 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

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 your Health Board at the key stages of organ donation. The ambition is that your Health Board 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, April to September, 2021 - 2025

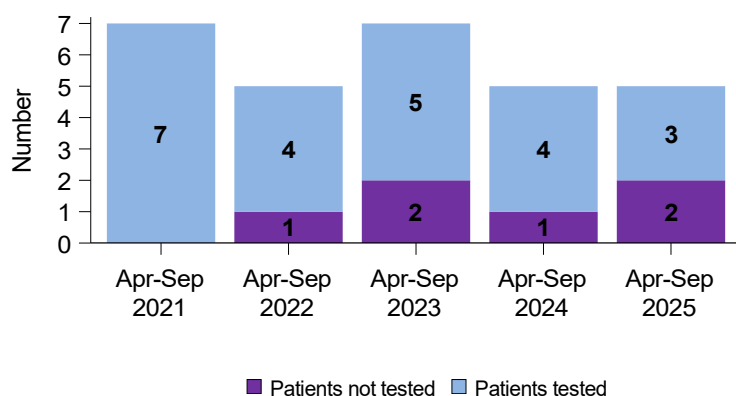


Table 3.1 Reasons given for neurological death tests not being performed, 1 April 2025 - 30 September 2025

	Health Board	UK
Biochemical/endocrine abnormality	-	13
Clinical reason/Clinician's decision	-	44
Continuing effects of sedatives	-	5
Family declined donation	-	21
Family pressure not to test	-	52
Hypothermia	-	23
Inability to test all reflexes	-	18
Medical contraindication to donation	-	6
Other	-	28
Patient haemodynamically unstable	2	76
SN-OD advised that donor not suitable	-	8
Treatment withdrawn	-	4
Unknown	-	4
Total	2	302

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

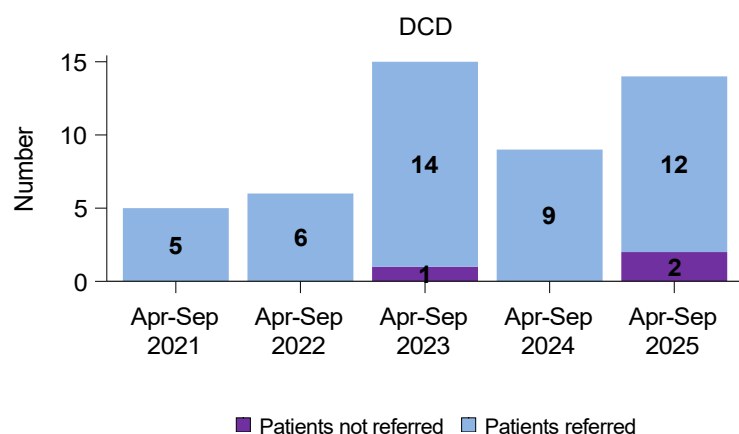
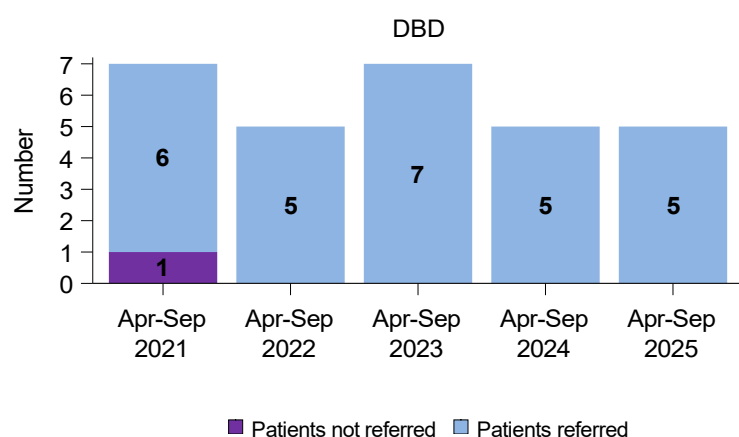
3.2 Referral to Organ Donation Service

Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors².

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

Note that patients who met the referral criteria for both DBD and DCD donation will appear in both bar charts and both columns of the reasons table.

Figure 3.2 Number of patients meeting referral criteria, April to September, 2021 - 2025



	DBD		DCD	
	Health Board	UK	Health Board	UK
Family declined donation following decision to remove treatment	-	-	-	2
Medical contraindications	-	2	-	19
Not identified as potential donor/organ donation not considered	-	1	2	101
Other	-	1	-	3
Patient had previously expressed a wish not to donate	-	-	-	1
Reluctance to approach family	-	-	-	2
Thought to be medically unsuitable	-	-	-	27
Uncontrolled death pre referral trigger	-	1	-	-
Total	-	5	2	155

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

3.3 Contraindications

In the first six months of 2025/26 there were 3 potential donors in your Health Board with an ACI reported, 0 DBD and 3 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

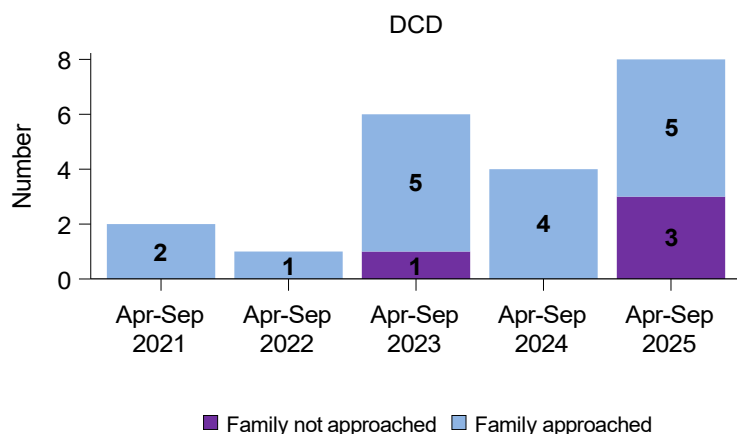
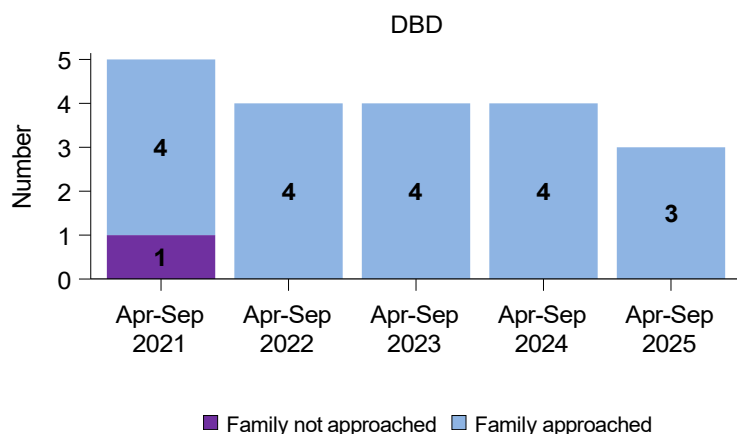
Goal: Every medically suitable eligible donor's family should be approached to consent to donation.

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

A medically suitable eligible donor is defined as either, an eligible DBD donor, or an eligible DCD donor with no DCD exclusion and not deemed unsuitable by the DCD screening process. It is not currently possible to account for the new DBD screening process introduced in October 2024.

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 families by approach, April to September, 2021 - 2025



**Table 3.3 Reasons given why family not approached,
1 April 2025 - 30 September 2025**

	DBD		DCD	
	Health Board	UK	Health Board	UK
Coroner/Proc Fiscal refused permission	-	4	-	22
Family stated they would not consent/authorise prior to donation decision conversation	-	10	1	28
Family untraceable - No first person consent (donation cannot proceed)	-	10	-	9
First person Consent or Expressed Authorisation / Family untraceable (donation can proceed)	-	-	-	3
Missing	-	3	-	2
Not identified as a potential donor	-	6	2	61
Pressure on ICU beds	-	-	-	1
Subsequently assessed to be medically unsuitable	-	20	-	6
Total	-	53	3	132

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

3.5 SNOD presence

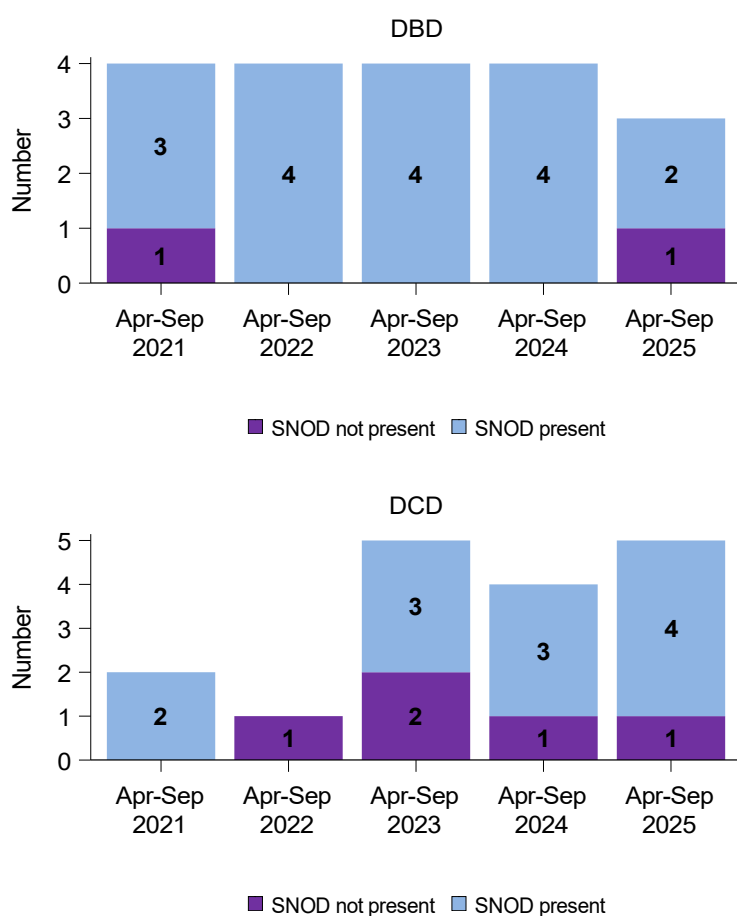
Goal: A SNOD should be present during the formal family approach as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance.³

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

In the UK, in the first six months of 2025/26, when a SNOD was not present for the approach to the family to discuss organ donation, DBD and DCD consent/authorisation rates were 25% and 5%, respectively, compared with DBD and DCD consent/authorisation rates of 67% and 60%, 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 decision 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, April to September, 2021 - 2025



**Table 3.4 Reasons given why SNOD not present,
1 April 2025 - 30 September 2025**

	DBD		DCD	
	Health Board	UK	Health Board	UK
Approach made while ODS team member en-route	-	2	-	11
Change in plan not communicated to ODS team member	-	-	-	3
Conversation to confirm a registered opt-out decision	1	3	-	12
Family declined before donation decision conversation	-	-	-	5
ODS team member not available	-	-	-	4
ODS team member present but clinician declined ODS team member presence	-	3	-	8
Other	-	2	-	11
Oversight by unit staff	-	-	1	7
Planned to proceed without ODS team member	-	6	-	19
Total	1	16	1	80

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

¹ NICE, 2011.
NICE Clinical Guidelines - CG135
[accessed 6 November 2025]

² NHS Blood and Transplant, 2012.
Timely Identification and Referral of Potential Organ Donors - A Strategy for Implementation of Best Practice
[accessed 6 November 2025]

³ NHS Blood and Transplant, 2013.
Approaching the Families of Potential Organ Donors – Best Practice Guidance
[accessed 6 November 2025]

3.6 Consent

In the first six months of 2025/26 less than 10 families of eligible donors were approached to discuss organ donation in your Health Board therefore consent rates are not presented.

Figure 3.5 Number of families approached, April to September, 2021 - 2025

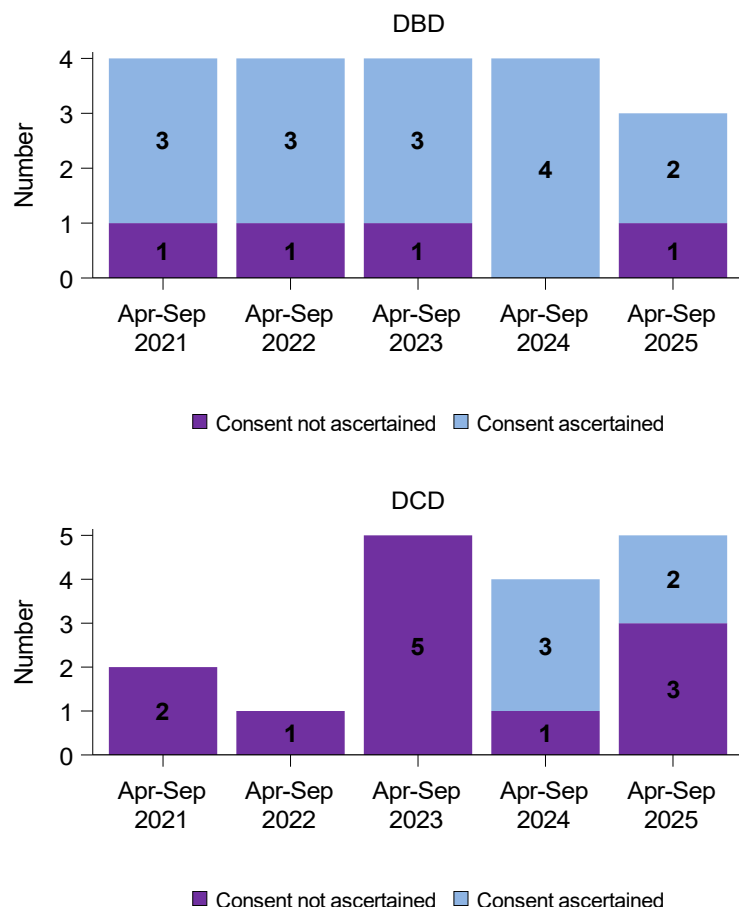


Table 3.5 Reasons given why consent was not ascertained, 1 April 2025 - 30 September 2025

	DBD		DCD	
	Health Board	UK	Health Board	UK
Family believe patient's treatment may have been limited to facilitate organ donation	-	-	-	2
Family concerned about organ allocation	-	-	-	1
Family concerned donation may delay the funeral	-	1	-	-
Family concerned other people may disapprove/be offended	-	1	-	2
Family concerned that organs may not be transplantable	-	3	-	2
Family did not believe in donation	-	2	-	8
Family did not want surgery to the body	-	19	-	39
Family divided over the decision	-	3	-	8
Family felt it was against their religious/cultural beliefs	-	21	-	19
Family felt patient had suffered enough	-	5	-	34
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	-	5	-	10

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

**Table 3.5 Reasons given why consent was not ascertained,
1 April 2025 - 30 September 2025**

	DBD		DCD	
	Health Board	UK	Health Board	UK
Family felt the length of time for the donation process was too long	-	12	-	92
Family wanted to stay with the patient after death	-	-	-	5
Family were not sure whether the patient would have agreed to donation	-	25	1	54
Other	-	20	-	32
Patient had previously expressed a wish not to donate	-	35	1	83
Patient had registered a decision to Opt Out	1	11	-	24
Strong refusal - probing not appropriate	-	8	1	14
Total	1	171	3	429

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

3.7 Deemed consent

In the first six months of 2025/26 less than 10 families of eligible donors where deemed consent applies were approached to discuss organ donation in your Health Board therefore consent rates are not presented.

Wales introduced deemed consent in December 2015. Please see appendix for deemed consent criteria.

Figure 3.6 Number of families approached where deemed consent applies, April to September, 2021 - 2025

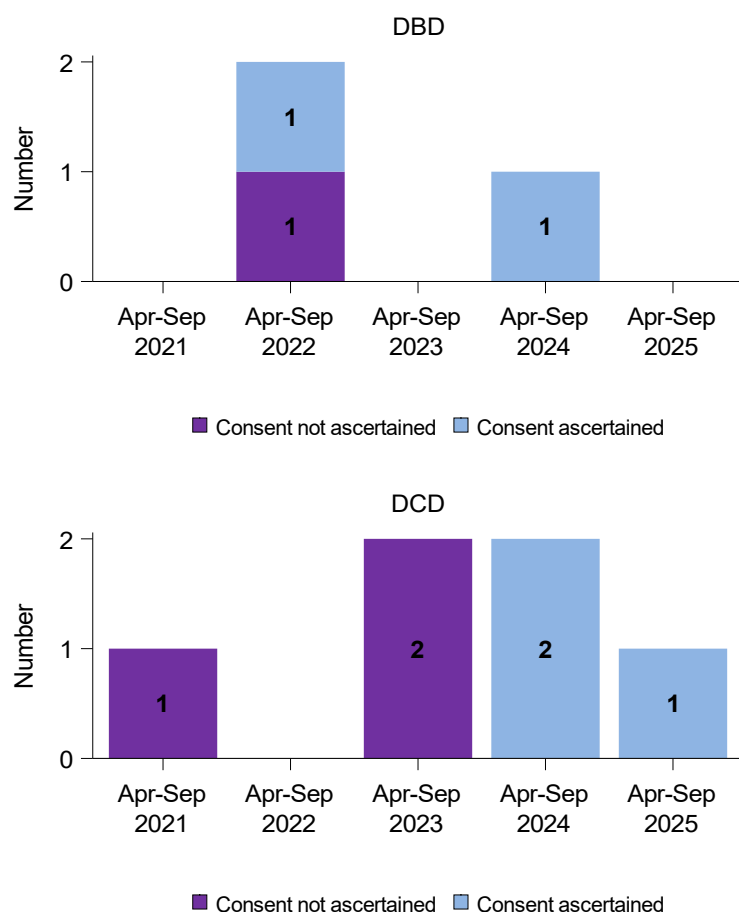


Table 3.6 Reasons given why consent was not ascertained where deemed consent applied, 1 April 2025 - 30 September 2025

	DBD		DCD	
	Health Board	UK	Health Board	UK
Family believe patient's treatment may have been limited to facilitate organ donation	-	-	-	1
Family concerned about organ allocation	-	-	-	1
Family concerned donation may delay the funeral	-	1	-	-
Family concerned other people may disapprove/be offended	-	1	-	-
Family concerned that organs may not be transplantable	-	1	-	1
Family did not believe in donation	-	1	-	4
Family did not want surgery to the body	-	13	-	30
Family divided over the decision	-	2	-	4
Family felt it was against their religious/cultural beliefs	-	14	-	13
Family felt patient had suffered enough	-	4	-	20

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

Table 3.6 Reasons given why consent was not ascertained where deemed consent applied, 1 April 2025 - 30 September 2025

	DBD		DCD	
	Health Board	UK	Health Board	UK
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	-	4	-	6
Family felt the length of time for the donation process was too long	-	9	-	43
Family wanted to stay with the patient after death	-	-	-	4
Family were not sure whether the patient would have agreed to donation	-	20	-	33
Other	-	7	-	21
Patient had previously expressed a wish not to donate	-	-	-	3
Strong refusal - probing not appropriate	-	6	-	4
Total	-	83	-	188

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 3.7 Reasons why solid organ donation did not occur,
1 April 2025 - 30 September 2025**

	DBD		DCD	
	Health Board	UK	Health Board	UK
Clinical - Considered high risk donor	-	-	-	5
Clinical - No transplantable organ	-	1	-	6
Clinical - Organs deemed medically unsuitable by recipient centres	-	7	-	21
Clinical - Organs deemed medically unsuitable on surgical inspection	-	1	-	5
Clinical - Other	-	-	-	4
Clinical - PTA post WLST	-	-	-	73
Clinical - Patient actively dying	-	4	-	5
Clinical - Patient's general medical condition	-	-	-	1
Clinical - Predicted PTA therefore not attended	-	-	-	1
Consent / Auth - Coroner/Procurator fiscal refusal	-	2	-	6
Consent / Auth - NOK withdraw consent / authorisation	-	2	-	10
Logistical - Other	-	1	-	-
Total	-	18	-	137

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

4. 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 4.1 and 4.2 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 4.1 Patients who met the DBD referral criteria - key numbers and rates, 1 April 2025 - 30 September 2025

Unit where patient died	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
<i>Swansea, Morriston Hospital</i>														
A & E	0	0	-	0	-	0	0	0	-	0	-	0	-	0
General ICU/HDU	5	3	-	5	-	3	3	3	-	2	-	2	-	2
ICU - cardiothoracic	0	0	-	0	-	0	0	0	-	0	-	0	-	0

Table 4.2 Patients who met the DCD referral criteria - key numbers and rates, 1 April 2025 - 30 September 2025

Unit where patient died	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 present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DCD donors from eligible DCD donors
<i>Swansea, Morriston Hospital</i>														
A & E	1	0	-	1	1	1	0	-	0	0	-	0	-	0
General ICU/HDU	13	12	92	12	9	7	5	-	5	4	-	2	-	2
ICU - cardiothoracic	0	0	-	0	0	0	0	-	0	0	-	0	-	0

Tables 4.1 and 4.2 show the unit 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 Swansea Bay University Health Board in the first six months of 2025/26 there were 0 such patients. For more information regarding the Emergency Department please see Section 5.

5. Emergency Department data

A summary of key numbers for Emergency Departments

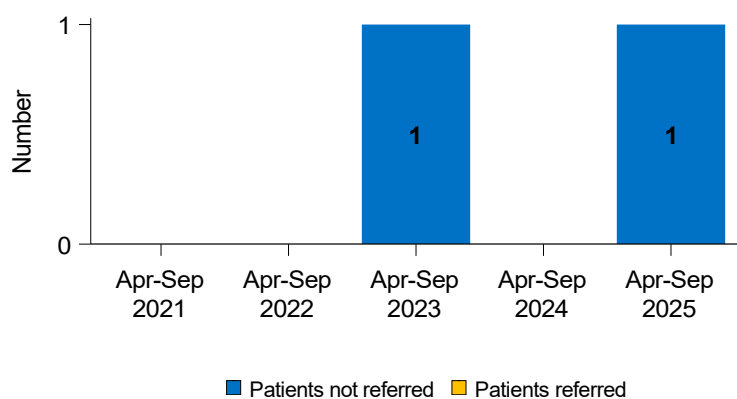
Data in this section is obtained from the National Potential Donor Audit (PDA)

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† 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.

5.1 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.

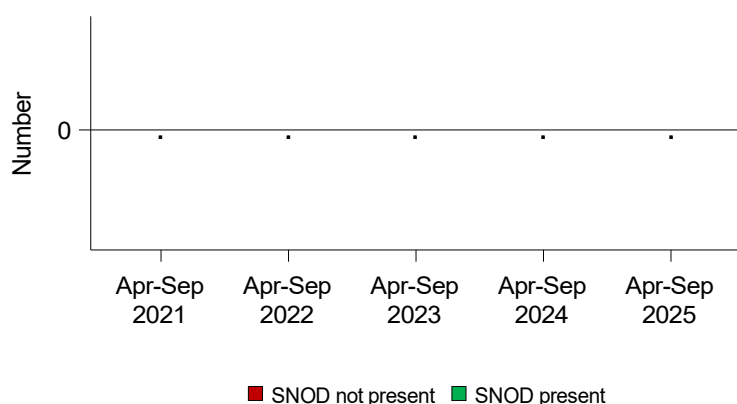
Figure 5.1 Number of patients meeting referral criteria that died in the ED, April to September, 2021 - 2025



5.2 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 5.2 Number of families approached in ED by SNOD presence, April to September, 2021 - 2025



†NHS Blood and Transplant, 2016.
Organ Donation and the Emergency Department
 [accessed 6 November 2025]

6. Additional data and figures

Regional donor, transplant, and transplant list numbers

Data in this section is obtained from the UK Transplant Registry

6.1 Supplementary Regional data

Table 6.1 Regional donors, transplants, waiting list, and NHS Organ Donor Register (ODR) data

	Wales*	UK
1 April 2025 - 30 September 2025		
Deceased donors	41	726
Transplants from deceased donors	91	1,871
Deaths on the transplant list	11	210
As at 30 September 2025		
Active transplant list	338	8,114
Number of NHS ODR opt-in registrations (% registered)	1,396,466 (45%)**	28,629,458 (43%)
Number of NHS ODR opt-out registrations (% registered)	189,879 (6%)**	2,837,078 (4%)

*Regions are defined using the NHS region definitions

** % registered based on population of 3.11 million, based on ONS 2021 census data

Key numbers and rates on the potential for organ donation

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

6.2 Trust/Board Level Benchmarking

Swansea Bay University Health Board has been categorised as a level 2 Health Board. Levels were reallocated in February 2023 using the most favourable (highest level) of the average number of donors over three years (2019/20, 2020/21, 2021/22) or the average number of donors over two years, excluding the COVID year (2019/20, 2021/22), Table 6.2 shows the criteria used and how many Trusts/Boards belong to each level.

Table 6.2 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	28
Level 4	3 or less (≤ 3) proceeding donors per year	37

Tables 6.3 and 6.4 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 6.3 National DBD key numbers and rate by Trust/Board level,
1 April 2025 - 30 September 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
Your Trust	5	3	-	5	-	3	3	3	-	2	-	2	-	2
Level 1	533	347	65	529	99	325	319	290	91	278	96	179	62	171
Level 2	221	148	67	220	100	145	138	122	88	118	97	84	69	79
Level 3	85	62	73	85	100	60	58	55	95	55	100	47	85	44
Level 4	67	47	70	67	100	44	40	35	88	35	100	21	60	19

**Table 6.4 National DCD key numbers and rate by Trust/Board level,
1 April 2025 - 30 September 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
Your Trust	14	12	86	13	10	5	4	-	8	5	-	2	-	2
Level 1	1373	1283	93	1337	987	570	526	92	636	559	88	327	57	251
Level 2	741	711	96	719	475	251	228	91	276	249	90	131	52	96
Level 3	251	239	95	248	172	93	82	88	102	89	87	53	57	37
Level 4	206	183	89	203	141	53	51	96	66	51	77	26	49	16

Appendices

Appendix A.1 Definitions

Potential Donor Audit Definitions

Potential Donor Audit inclusion criteria	<p>1 October 2009 – 31 March 2010 All deaths in critical care in patients aged 75 and under, excluding cardiothoracic intensive care units</p> <p>1 April 2010 – 31 March 2013 All deaths in critical and emergency care in patients aged 75 and under, excluding cardiothoracic intensive care units</p> <p>1 April 2013 onwards All deaths in critical and emergency care in patients aged 80 and under (prior to 81st birthday)</p>
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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://nhsbt.dbe.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://nhsbt.dbe.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, England or Guernsey has not expressed an organ donation decision either to opt in or opt out or nominate/appoint a representative, is aged 18 or over, has lived in the country in which they died for longer than 12 months and is ordinarily resident there, and had the capacity to understand the notion of deemed consent for a significant period before their death.

Deemed authorisation 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 Committee at your Trust/Board.

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.

Percentages have not been calculated for level 3 or 4 Trust/Boards and where stated when numbers are less than 10.

Appendix A.3 Table and Figure Description

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 numbers in potential for organ donation	
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. Appendix A.1 gives a fuller explanation of terms used.
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 PDA data by hospital and unit	
Table 4.1	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 4.2	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.

5 Emergency department data	
Figure 5.1	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 5.2	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.

6 Additional data and figures	
Table 6.1	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 6.2	Trust/board level categories and the relevant expected number of proceeding donors per year are provided for information.
Table 6.3	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 6.4	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.