NHS Blood and Transplant

Coroner Referral Proforma Pilot Review Paper

Becky Clarke - Regional Head of Nursing, NHS Blood and Transplant

Adam Barley - Specialist Nurse Service Delivery, NHS Blood and Transplant

FAO: National Organ Donation Committee, Organ and Tissue Donation and Transplantation (OTDT) and the Coroners Society of England and Wales

Date: July 2025

BACKGROUND

The process of organ and tissue donation involves multiple stakeholders, including healthcare providers, logistical coordinators, and judicial agencies such as Coroners, Procurator Fiscals, Police, and Forensic Pathologists. In England and Wales, Coroners play a pivotal role in determining the feasibility of organ and tissue donation, particularly in cases of sudden or unexplained deaths. Historically, the procedures and documentation used across the UK by both Coroners and Procurator Fiscal services to receive a reports of donation requests and record their decisions have varied significantly, leading to inconsistencies, delays, and missed opportunities for organ donation. There are many different informal proformas and processes currently in use by local agreement that have varied and inconsistent information requests from the Specialist Nurse creating a confusing landscape of practice.

To address this issue, the development of a pilot project to evaluate a new and endorsed Coroner Referral Proforma was agreed with the Coroners Service of England and Wales. The pilot project, led by NHS Blood and Transplant (NHSBT), seeks to evaluate the feasibility and effectiveness of this standardised approach across multiple regions. The Coroner Referral Proforma Pilot is an initiative spearheaded by the Judicial Working Group (JWG) within the Organ and Transplantation and Tissue Donation directorate of NSHBT and the Deputy Chief Coroner of England and Wales, Mr Derek Winter (now retired).

This paper outlines the objectives, pilot design and implementation, as well as the expected outcomes, recommendations and conclusions based on feedback.

PILOT DESIGN AND IMPLEMENTATION

Appraisal of multiple local proformas in use within different areas of the UK and the Coroners Service of England and Wales was conducted by NHSBT and selected Coroner and Pathologist colleagues of the Deputy Chief Coroner. This appraisal lifted the pertinent and required information from the local documents with discount of any varied and non-essential information requests, to then be arranged in a new proforma (FRM7248) for use with the Coroners Service of England and Wales. Functionality added to allow the Coroner to indicate their decision upon the document for use in the donation case.

Fourteen Coroner Jurisdictions in England were nominated by the Deputy Chief Coroner to participate in this continuous improvement initiative. The proforma and associated processes aim to

streamline the reporting of confirmed or expected deaths to the Coroner, ensuring consistent and effective communication between Coroners and organ donation teams.

The pilot was structured to allow participating Coroner Jurisdictions and aligning Organ Donation Service Teams (ODST) a six-month period of monitored proforma use from the go-live date of October 11, 2023. Each coroner jurisdiction had the flexibility to join the pilot later, with the six-month trial period commencing from their respective go-live dates. The pilot involved the use of several key procedural documents for Specialist Nurses to follow and to be trained to, which detail the completion of the electronic proforma referral to Coroners:

- **PDV1087:** PDV against MPD865 (Deviation from previous standardised procedural document)
- **FRM7248**: Coroner Referral Proforma for England, Wales, and Northern Ireland.
- **FRM7249**: Local Coronial Agreement for Organ Donation Referral Process.
- **DAT4440**: Coroner Referral Proforma for participating hospitals.
- **INF1685**: Guidance for Coroner Referral Proforma.
- **SOP6458**: Completion of Electronic Proforma Referral to Coroners
  - Using FRM7249 in every coroner referral for participating jurisdictions (DAT4440) to standardise information and support future collaboration.
  - Ensuring steps completed before contacting a coroner or coroner officer.
  - Reverting to MPD865 if FRM7248 cannot be shared via NHSBT to GOV.uk or eJudiciary.net email addresses.
  - Sharing INF1685 guidance to support coroners in completing FRM7248.

PARTICIPATING JURISDICTIONS AND ORGAN DONATION SERVICE TEAMS

Following all fourteen nominated Coroner Jurisdictions being approached to participate in the pilot over several months, interest was generated and discussions undertaken with eleven jurisdictions in pilot engagement. This resulted in the following nine Coroner Jurisdictions confirming to support this initiative.

- East Riding of Yorkshire and Kingston-Upon-Hull (ERH)
- Leicester City and South Leicestershire (LCSL)
- London City (LC)
- London Inner North (LIN)
- London Inner South (LIS)
- London North (LN)
- London West (LW)
- Nottinghamshire (NT)
- Yorkshire South West (YSW)

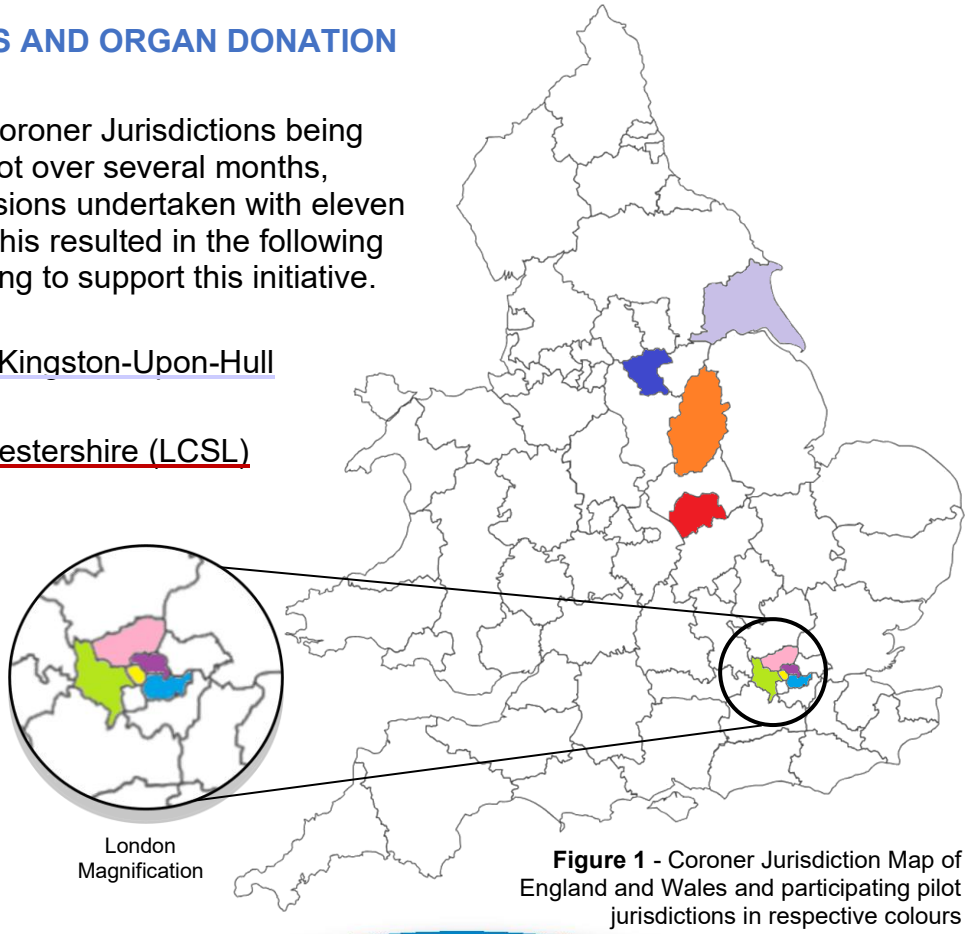

Figure 1 - Coroner Jurisdiction Map of England and Wales and participating pilot jurisdictions in respective colours

CORONER JURISDICTION PILOT INCLUSION AND TIMELINE

Starting in October 2023, six jurisdictions began their participation in the pilot project. An additional jurisdiction joined in November 2023, followed by two more in May 2024 and June 2024. Based on the locations of the participating Coroner Jurisdictions, the corresponding Organ Donation Service Delivery Teams (ODST) were identified as the London, Midlands, Yorkshire, Eastern, and South East regions. The jurisdictions that agreed to participate in principle agreed which donor hospitals within their Jurisdiction areas by the ODST regions would be included in the pilot.

All participating jurisdictions completed a full six moth window of monitored participation and practice, with eight of the nine pilot jurisdictions choosing to continue use of the proforma and process as standard practice during pilot review and adaptation for standardised NSHBT process. See below in Figure 2:

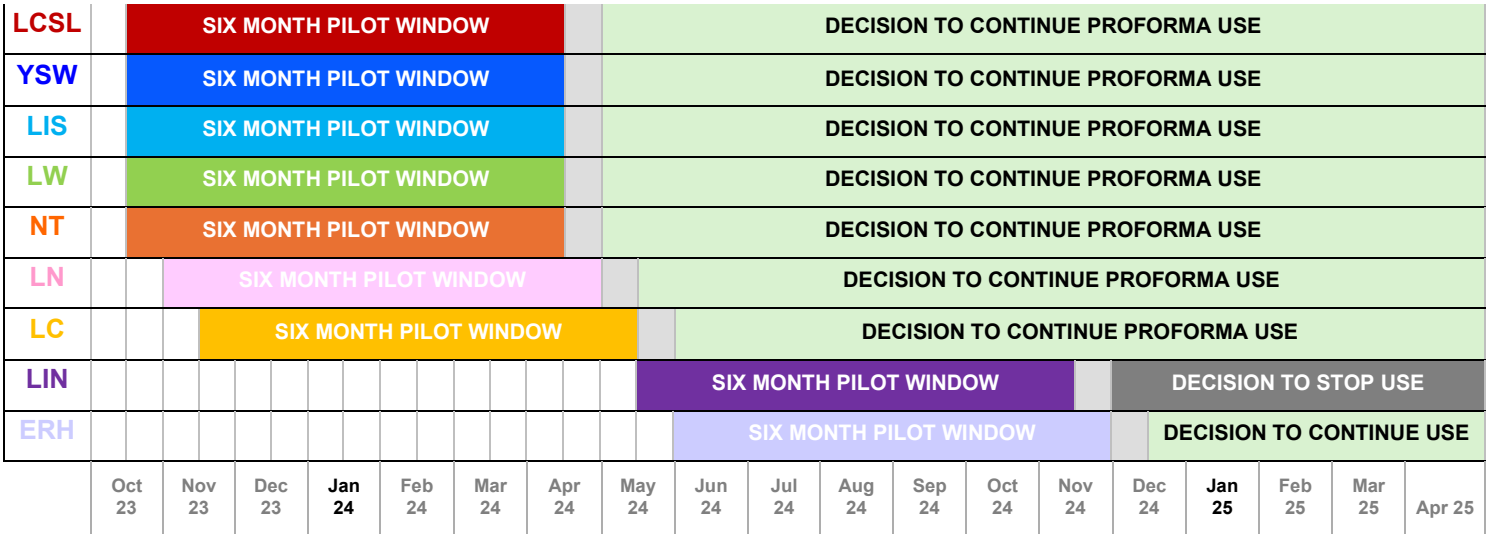

Figure 2 - Coroner Jurisdiction Pilot Inclusion and Timeline

FEEDBACK AND EVALUATION

Over a six-month pilot period, a diverse group of healthcare professionals and Coroner representatives—including Specialist Nurses, Coroner Officers, and a Senior Coroner—participated in the evaluation of the Coroner Referral Proforma (FRM7248). Their feedback offers a comprehensive view of the form's practical utility, its strengths, and the areas where further refinement is needed to support effective communication and decision-making in organ and tissue donation cases. Jurisdictions and Specialist Nurse regions that wish to continue using the referral proforma and process may do so while recommendations are formulated based on the pilot's outcomes.

The evaluation also conducted an audit of all forms used by each jurisdiction and Specialist Nurse team to analyse completion of the FRM7248 and the associated process.

Usage and Engagement

The frequency of use varied widely among respondents, reflecting the different operational contexts and case volumes across jurisdictions. Some participants reported using the form fewer than five times, while others engaged with it over twenty times. Despite this variation, the overall sentiment was that the pilot was well-supported. Most respondents rated the engagement and support from the pilot team very highly, with scores predominantly in the 9–10 range. This suggests that the rollout was accompanied by effective communication and responsiveness from the coordinating team.

Positive Impact, Strengths and Safety

Feedback Themes:

- The form is clear, concise, and easy to complete.
- It consolidates all necessary information, improving communication between Specialist Nurses and Coroners.
- Written confirmation from Coroner was appreciated by Clinicians and Nurses, especially compared to previous verbal-only processes.
- Users noted improved collaboration over time, especially with local Coroner leads.

A recurring theme in the feedback was the clarity and structure of the proforma. Many users described it as “clear”, “concise” and “easy to complete”. Several Specialist Nurses appreciated that the form consolidated all necessary information in one place, which streamlined the referral process and reduced the need for repeated clarifications. The ability to document consent decisions and surgical restrictions in a standardised format was particularly valued, as it helped avoid miscommunication and ensured that all parties had access to the same information. One nurse highlighted how the form provided a more reliable and transparent method of confirming Coroner decisions, replacing previous reliance on verbal confirmations. Another noted that the form helped clarify discrepancies in clinical information, leading to more accurate decision-making by the Coroner’s office.

Coroner Officers also responded positively. One described the form as “very well thought out” and “easy to complete if received in the right format.” Another praised its clarity and precision, noting that it was “self-explanatory” and effective in facilitating their work.

One feedback from a Specialist Nurse highlighted the safety benefits of the Proformas strength in communication of written information. In a case discussion with the Coroner and receipt of the decision had been conducted by a Clinician, the Specialist Nurse followed this up by submitting the Proforma to the Coroner Office for the decision to be documented. Upon review, there was discrepancy noted within the Proforma information against the verbal understanding of information about the potential donor. The Proforma was more detailed than what the local Clinicians had initially communicated to the coroner’s officer. As a result, the Specialist Nurse was contacted for clarification and the donation process was paused until the Clinical team could be re-consulted. After further discussion, it was confirmed that the information the Specialist Nurse has inputted on the Proforma was accurate, and more reflective of the donor’s situation than the original details shared. Following ratification with the Clinical team, donation was still permitted after necessary investigation were swiftly undertaken.

Overall Usage and Return Rates

Based on the opportunities of donation, the availability of FRM7248 use based on the six-month pilot window and specific requests by coroners on use of the proforma out of hours, there were 113 opportunities to use FRM7248 and associated process.

FRM7248 Used by Specialist Nurse and Coroner Jurisdiction:

- Yes: 87 cases
- No: 26 cases

FRM7248 Completed and returned by Coroner Jurisdiction:

- Yes: 63 cases
- No: 24 cases

This indicates that while the form was used in most cases, it was not always returned - suggesting gaps in the process or jurisdictional differences in return practices.

Lack of Objection Rates for Donation

Across the UK, the occurrences of referral to a Coroner/Procurator Fiscal are detailed in the NHS Blood and Transplant Annual Coroner/Procurator Fiscal Report 2023/24.

Within the last five financial year monitoring data of objection decisions across the UK between 2019-2024 (Figure 3), the average Full Lack of Objection rate is **75%**, Restricted (Partial) Objection rate is **17%** and Full Objection rate is **8%**. This averaged data has been used to compare any judicial decision variance or associated trends that could be related to use of the new proforma and process.

	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	Five Year Average
Total UK Organ Donor Referrals	7693	6282	6258	6482	6521	6647
Total UK Referrals requiring discussion with Judicial Agencies	1624 (21%)	1120 (18%)	1306 (21%)	1343 (21%)	1330 (20%)	20%
Total UK Full Objections	109 (7%)	78 (7%)	103 (8%)	128 (10%)	102 (8%)	**8%**
Total UK Restricted (Partial) Objections	242 (15%)	194 (17%)	240 (18%)	220 (16%)	247 (19%)	**17%**
Total UK Full Lack of Objections	1273 (78%)	848 (76%)	963 (74%)	995 (74%)	981 (74%)	**75%**

Figure 3 - Five financial year data of objection decisions across the UK

	Full Lack of Objection number in Pilot window		Restricted Objection number in Pilot window		Full Objection number in Pilot window	
Coroner Jurisdiction 1	3	100%	0	0%	0	0%
Coroner Jurisdiction 2	1	50%	1	50%	0	0%
Coroner Jurisdiction 3	25	81%	3	10%	3	10%
Coroner Jurisdiction 4	6	100%	0	0%	0	0%
Coroner Jurisdiction 5	8	53%	6	40%	1	7%
Coroner Jurisdiction 6	17	89%	2	11%	0	0%
Coroner Jurisdiction 7	9	60%	6	40%	0	0%
Coroner Jurisdiction 8	9	69%	1	8%	3	23%
Coroner Jurisdiction 9	7	78%	1	11%	1	11%
TOTAL	**85**	**75%**	**20**	**18%**	**8**	**7%**

Figure 4 - Anonymised participating pilot Coroner Jurisdiction objection rates

While the objective decision making of Coroners was not expected to be changed by use of FRM7248. A general risk identified with the general change of information sharing practice that could have influenced the lack of objection decision rates, which are confirmed to have remained within UK averages on assessment of each anonymised jurisdiction objection rates listed above in Figure 4.

Challenges and Areas for Improvement

Despite the positive feedback, several respondents identified areas where the form could be improved. A common concern was that the form is overly “wordy” particularly in sections 2 and 5. This verbosity was seen as reducing the space available for free-text input, which is often necessary to capture nuanced clinical details. On platforms such as Adobe and NHSBT DonorPath Digital Record, where users cannot zoom in on PDF documents, the shrinking text became difficult to read, further complicating the user experience.

Both Coroner and Specialist Nurses also raised formatting issues. Some users suggested that the layout of text boxes could be improved to better accommodate longer entries. One nurse recommended adding a “clear” button to reset the form between cases, reducing the risk of inadvertently carrying over information from previous referrals.

Technical challenges were noted, particularly during out-of-hours use. In some cases, Coroner Officers were unable to return the completed form promptly due to system limitations, leading to minor delays in the decision-making process. Additionally, users in trauma centres reported complications when dealing with cross-jurisdictional cases, as they often had to supplement the proforma with additional documentation to meet the requirements of multiple Coroner jurisdictions.

Improvement Suggestions:

- The form is too verbose in places, especially in Parts 2 and 5.
- Text box formatting could be improved for readability.
- A “clear” button was suggested to avoid carrying over data from previous cases.
- Some Coroners misunderstood restrictions, leading to unnecessary objections.

Critical Reflections

While most feedback was positive, one particularly detailed response from a Senior Coroner offered a critical perspective and meant their continued use for the Proforma needed to stop. This respondent expressed concern that the proforma, in its current form, had not improved collaboration with NHSBT. Instead, they felt it had increased their workload due to gaps in the information provided and inconsistencies in how the form was submitted. They noted that the layout made it difficult to read and that key sections, such as those describing surgical events, were too small to capture the necessary detail. Furthermore, they highlighted a breakdown in the agreed process, where referrals were sometimes emailed by the Specialist Nurse to the Coroner without the required preliminary phone call, increasing the risk of the referral being overlooked.

A Coroner’s Office has been using the Proforma since October 2023, demonstrating strong support for NHSBT and a commitment to improving clarity in coronial decisions related to organ and tissue donation. The Coroner and their team view their role in enabling donations as a privilege and have contributed to many successful transplants nationally.

While the Proforma is intended to enhance transparency, its use has added to the administrative workload. The Coroner notes that much of the required detail can be effectively communicated through existing verbal and email channels, which have previously served well, especially out of hours.

With participation in the Proforma process still voluntary and uptake limited across jurisdictions, concerns remain about the sustainability of continued use without broader standardisation. The Coroner believes future improvements should focus on reducing administrative burden, encouraging

wider engagement, and enhancing the donation experience for families. A unified approach would strengthen the collective impact of the Coroner Service in supporting organ and tissue donation.

Overall Feedback Summary

- High variability exists in both the use and return of FRM7248 across jurisdictions and hospitals.
- Return rates by the Coroner are lower than referral usage rate, indicating a need for better follow-up or system integration.
- Jurisdictional policies and technical limitations (e.g., editable PDFs, email-only returns) may contribute to inconsistencies.

Despite the challenges, many respondents expressed appreciation for the efforts of local Coroner leads and support teams. Specific individuals were named and thanked for their responsiveness and support, underscoring the importance of strong interpersonal collaboration in pilot success.

RECOMMENDATIONS

Agreed Recommendations for future use of this endorsed Proforma (FRM7248):

1. **Improve Accessibility and Usability**
   a) Ensure compatibility with platforms such as Adobe Acrobat and NHSBT systems, addressing issues with text visibility and formatting for Specialist Nurses and Coroner Office users.
2. **Simplify and Refine FRM7248 Content**
   a) With multi agency collaboration, continued efforts to streamline the form to avoid duplication of information already shared through other channels (e.g., email, phone).
   b) Reduce verbosity in Parts 2 and 5 to improve clarity and allow more space for clinical detail.
   c) Reformat text boxes to better accommodate longer entries and enhance readability.
   d) Continue any exploration to develop a fully digital version of the form with features like auto-save, zoom capability, and submission tracking or integration with Coroner Case Management systems.
3. **Build Engagement and Support Standardised Practice**
   a) Promote national adoption of FRM7248 as the endorsed proforma, to ensure consistent practices and reduce variability in referral and process.
   b) FRM7248 will be applied into an option of use for all Organ Donation Services Teams in England, Wales and Northern Ireland. A promotional initiative will follow UK wide Specialist Nurse training on use of FRM7248 in late Summer/Autumn 2025.
   c) Foster collaboration between NHSBT and Coroner services across England, Wales and Northern Ireland to improve uptake and sustainability of the process.
   d) Work with the Scotland Organ Donation Services Team and the Procurator Fiscal service to explore a Proforma for use with their specific requirements.
   e) Emphasise the safety and clarity benefits of written documentation in training and communications with multi agency partners.
4. **Strengthen Communication Protocols**

a) Reinforce the requirement for preliminary phone calls before form submission to avoid missed referrals and secure email transfer.

5. **Support Out-of-Hours Use and help reduce administrative burden**

   a) Address system limitations that hinder timely form return during out-of-hours periods and build in process to support Specialist Nurses not receiving a completed decision Proforma from a Coroner where a verbal or emailed decision is received out of hours.

CONCLUSION

The Coroner Referral Proforma (FRM7248) pilot has demonstrated a significant step towards a standardised, structured approach to judicial referrals in organ and tissue donation. The proforma and process demonstrates strengthened communication, transparency, and safety across multiple jurisdictions.

The overwhelmingly positive feedback from Specialist Nurses, Coroner Officers, and other stakeholders highlights the form's clarity, ease of use, and its value in consolidating critical information. While finer challenges remain, particularly around digital accessibility, return rates, and jurisdictional variability - the pilot has laid a solid foundation for future refinement and broader implementation. The feedback from all participating Coroner Jurisdictions and Organ Donation Service Teams has helped shape crucial recommendations and with these adjustments, the proforma has the potential to become a robust and reliable tool for supporting timely and informed Coroner decisions in the context of organ and tissue donation.

The decision by many participating jurisdictions to continue using the proforma beyond the pilot period reflects its practical utility and the commitment of local teams to improving donation outcomes. Moving forward, national standardisation, digital integration, and strengthened multi-agency collaboration will be essential to ensuring the sustainability and effectiveness of this process. With continued engagement and iterative improvements, the FRM7248 has the potential to become a cornerstone of best practice in supporting timely, informed, and compassionate decisions in organ and tissue donation across the UK.

ACKNOWLEDGEMENTS

Without the support and considered engagement of the indicated Coroner Jurisdictions and Organ Donation Service Teams, this Pilot and improvement initiative would not have been possible. Gratitude is therefore expressed to the following individuals and teams:

- Mr Derek Winter - His Majesty's Senior Coroner for the City of Sunderland and Deputy Chief Coroner of England and Wales (now retired).
- His Majesty's Senior Coroner Dr Julian Morris of the London Inner South Coroner Jurisdiction and their Coroner's Office team participation.
- His Majesty's Senior Coroner London Ms Mary E. Hassell of Inner North Coroner Jurisdiction and their Coroner's Office team participation.
- His Majesty's Senior Coroner Miss Máirín Casey of the Nottinghamshire Coroner Jurisdiction and their Coroner's Office team participation.
- His Majesty's Senior Coroner Mr Andrew Walker of London North Coroner Jurisdiction and their Coroner's Office team participation.
- His Majesty's Senior Coroner Mrs Louise Hunt of Birmingham & Solihull Coroner Jurisdiction and their Coroner's Office team engagement.
- His Majesty's Senior Coroner Mrs Lydia Brown of the London West Coroner Jurisdiction and their Coroner's Office team participation.
- His Majesty's Senior Coroner Mrs Tanyka Rawden of the Yorkshire South West Coroner Jurisdiction and their Coroner's Office team participation.
- His Majesty's Senior Coroner Ms Alison Brydie Hewitt of London City Coroner Jurisdiction and their Coroner's Office team participation.
- His Majesty's Senior Coroner Professor Catherine Mason of the Leicester City and South Leicestershire Coroner Jurisdiction and their Coroner's Office team participation.
- His Majesty's Senior Coroner Professor Paul Marks of East Riding of Yorkshire and Kingston-Upon-Hull Coroner Jurisdiction and their Coroner's Office team participation.
- His Majesty's Area Coroner Mrs Joanne Lees of The Black Country Coroner Jurisdiction and their Coroner's Office team engagement.
- The Eastern Organ Donation Service Team participation (NHS Blood and Transplant).
- The London Organ Donation Service Team participation (NHS Blood and Transplant).
- The Midlands Organ Donation Service Team participation (NHS Blood and Transplant).
- The South East Organ Donation Service Team participation (NHS Blood and Transplant).
- The Yorkshire Organ Donation Service Team participation (NHS Blood and Transplant).

For further information:

Please contact: JudicialRequests@nhsbt.nhs.uk