NHS
Blood and Transplant

Organ Donation Recovery Plan

Patient Engagement Webinar

20 October 2026

Caring Expert Quality

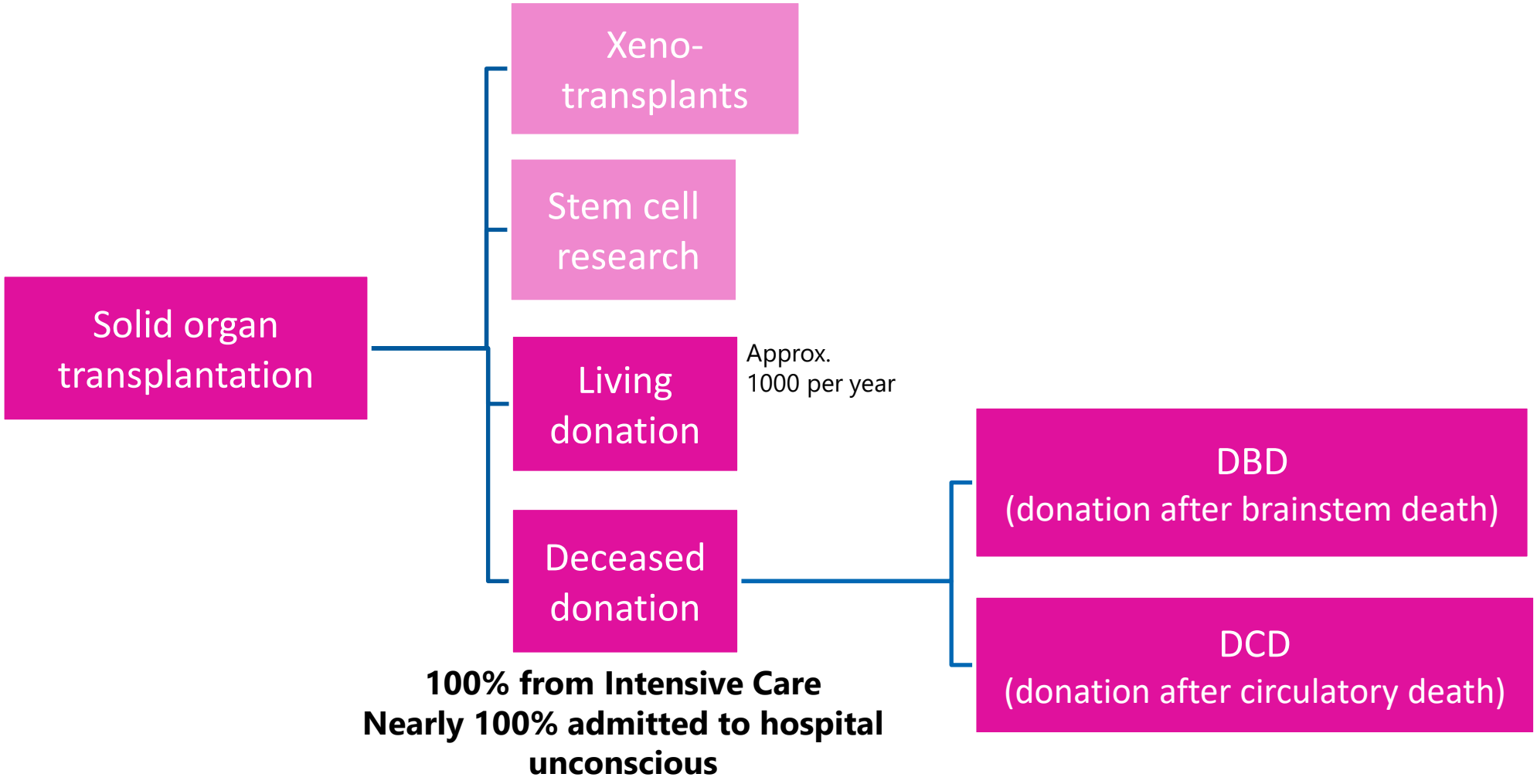
Organ Donation Recovery Plan

NHS Blood and Transplant

1. **What's going on** — How does organ donation work?
2. **Short term actions** — How to turn things around quickly?
3. **Building Recovery** — What we are doing

Organs for Transplant

NHS Blood and Transplant

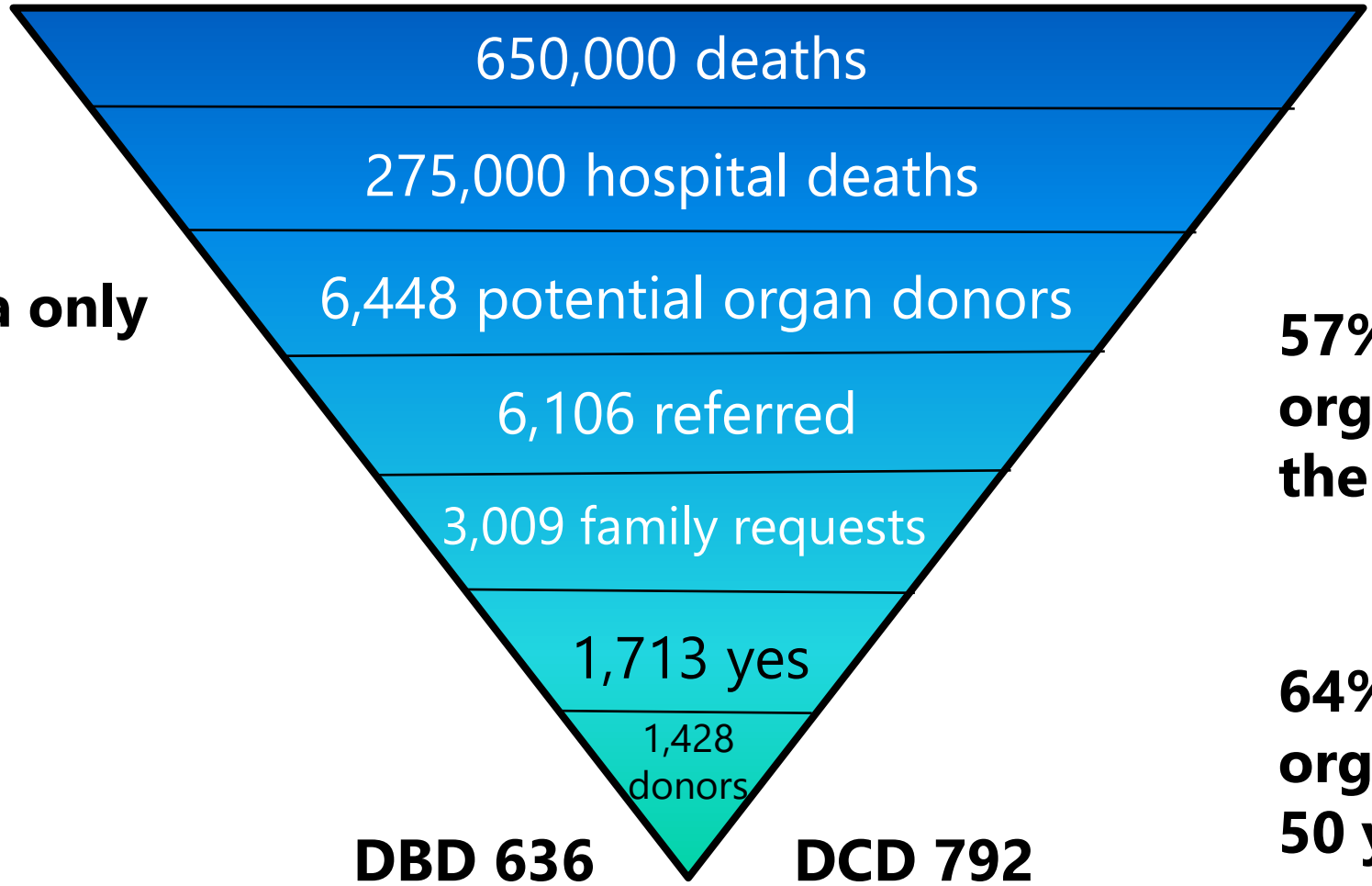


Donation in UK, 2025/26

NHS Blood and Transplant

Corneal Donors

2,417	**cornea only**
188	**DBD**
188	**DCD**



57% of deceased organ donors on the opt-in ODR

64% of deceased organ donors 50 years or older.

Donation after Brainstem Death (DBD)

52 yrs
Male

Intracranial haemorrhage

Time from hospital admission to donation approach = 46 hrs

Average number of organs donated = 3.6



2 ‘typical’ patients

Donation after Circulatory Death (DCD)

56 yrs
Male

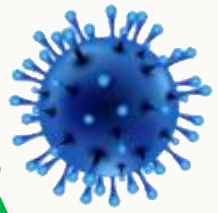
Hypoxic brain injury

Time from hospital admission to donation approach = 90 hrs

Average number of organs donated = 2.9

UK Deceased Organ Donors (pmp) & Consent/Authorisation (%)

NHS Blood and Transplant



Donors pmp

Consent/Authorisation %

Donors per million population

Consent/Authorisation Rate

20.7

DBD 45%
DCD 55%

57%
DBD 65%
DCD 53%

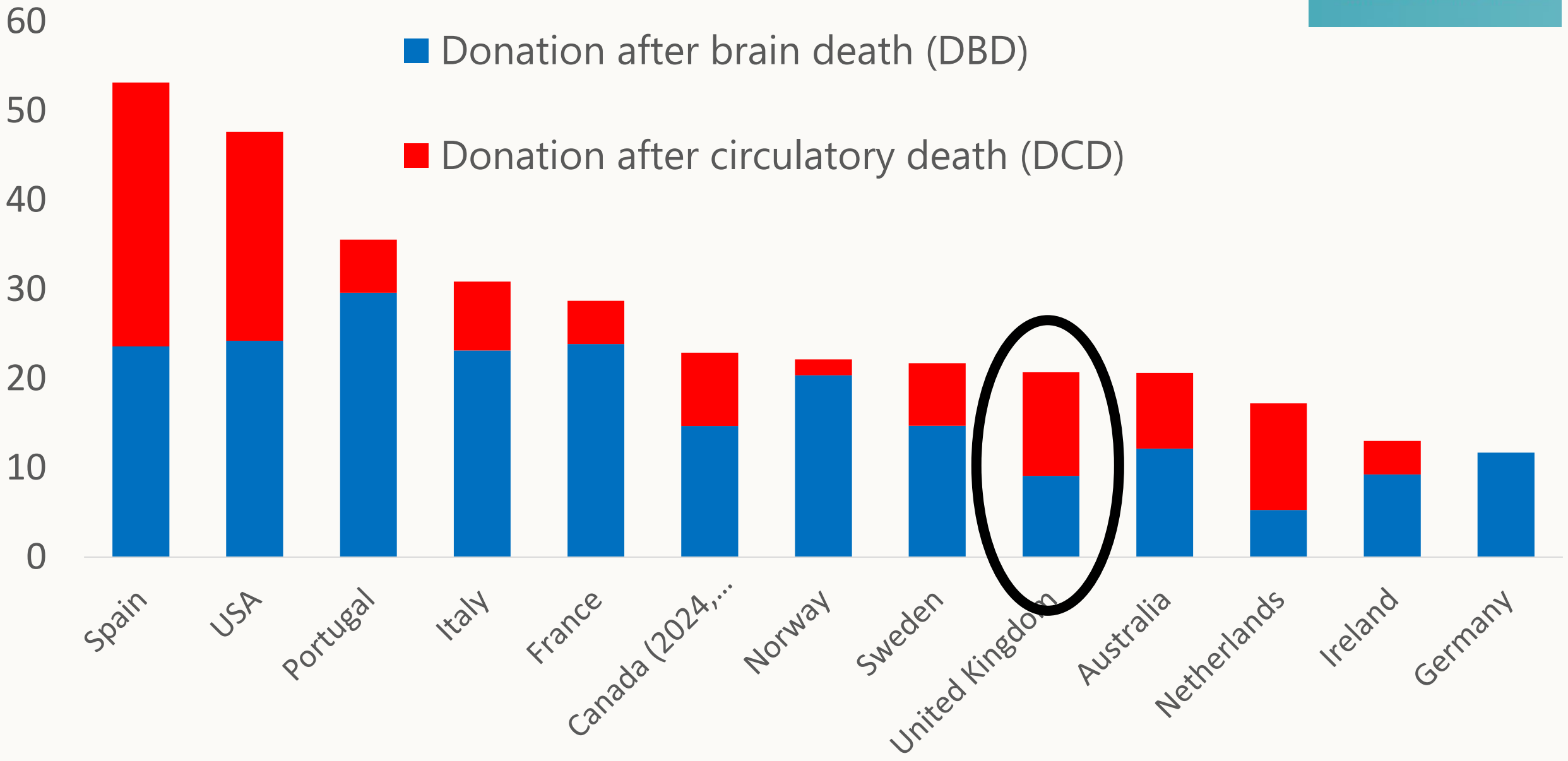
DROPPING even lower this year since April
- **11% reduction in the number of donors**
- **Consent 55% (DBD 61%, DCD 51%)**

25 20 15 10 5 0

75 70 65 60 55 50

2007-08 2008-09 2009-10 2010-11 2011-12 2012-13 2013-14 2014-15 2015-16 2016-17 2017-18 2018-19 2019-20 2020-21 2021-22 2022-23 2023-24 2024-25 2025-26

International deceased donors pmp, 2025



NHS
Blood and Transplant

Admission into intensive care

Sudden and unexpected medical emergency requiring mechanical ventilation



Sad conclusion that death has occurred or is inevitable

Admission into intensive care

Sudden and unexpected medical emergency requiring mechanical ventilation



Referral to donation services

NHS Blood and Transplant

INSIGHT

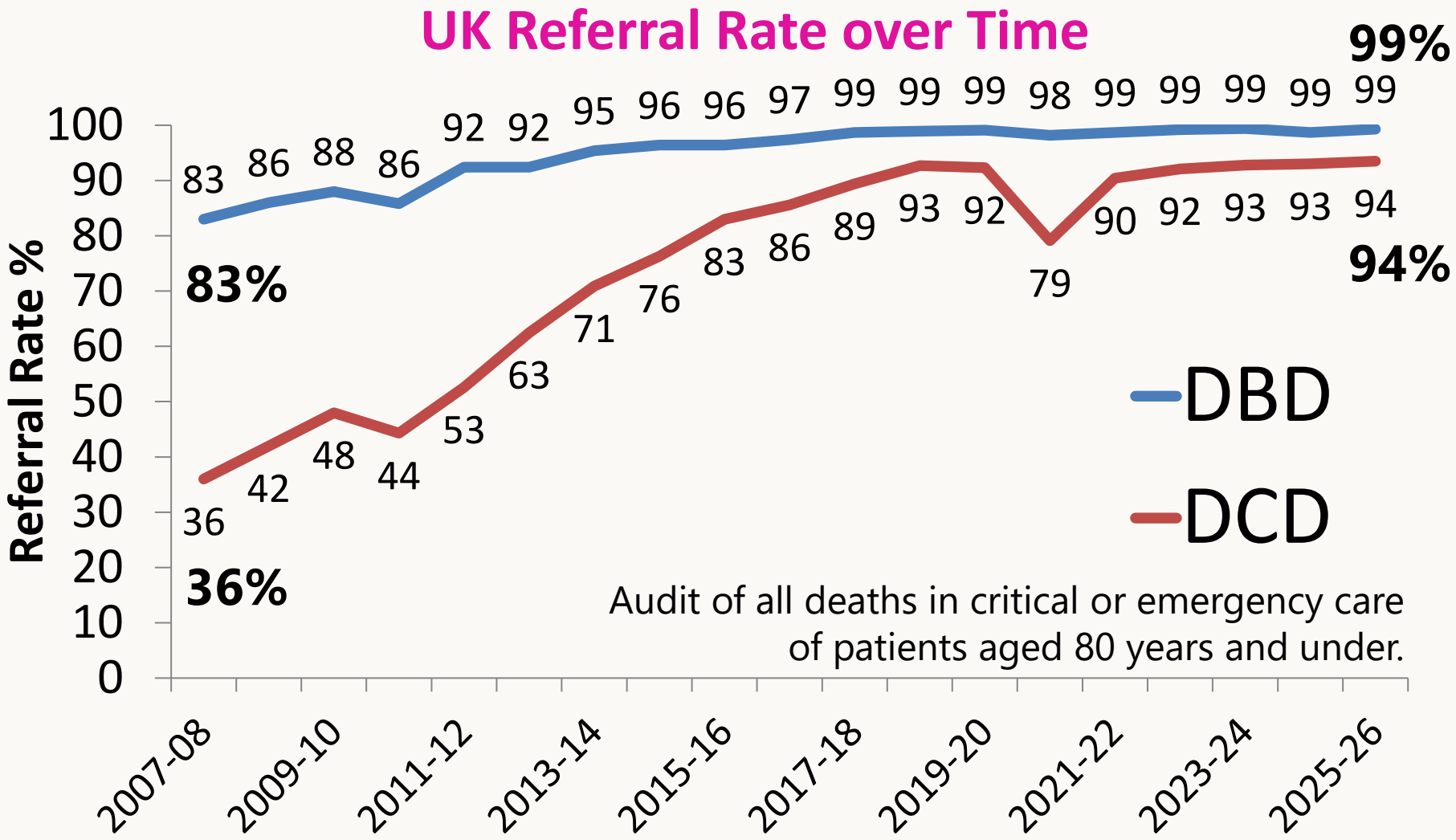
Excellent referral rates

95%

Referral to donation services

NHS Blood and Transplant

UK Referral Rate over Time





Source: NHS Blood and Transplant

Sad conclusion that death has occurred or is inevitable

Admission into intensive care

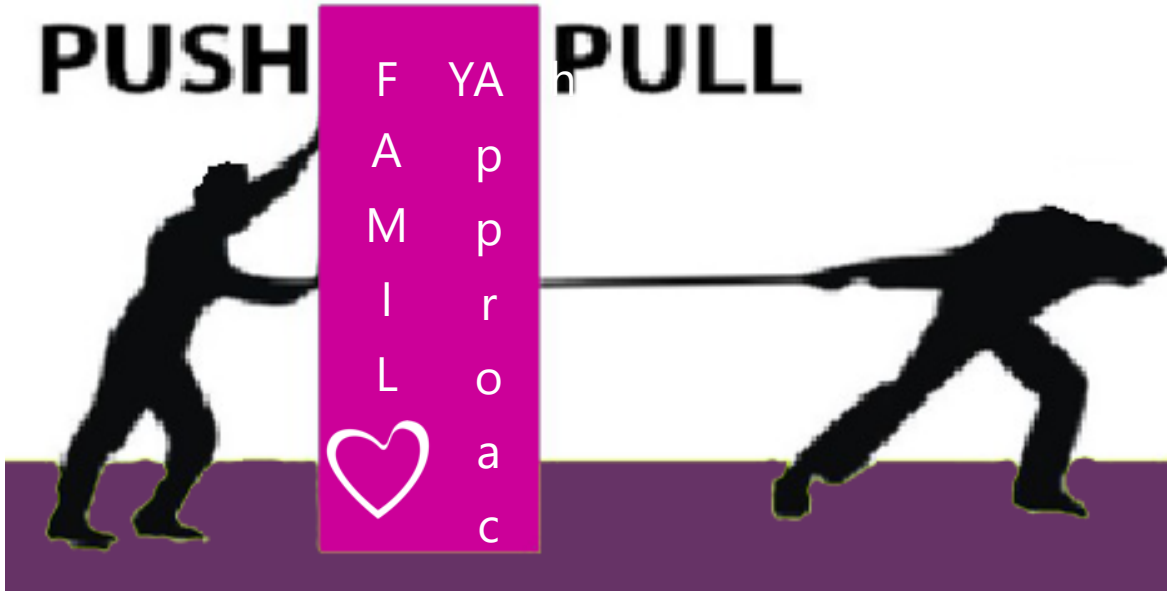
Sudden and unexpected medical emergency requiring mechanical ventilation



Referral to donation services

Screening of potential donors

NHS Blood and Transplant

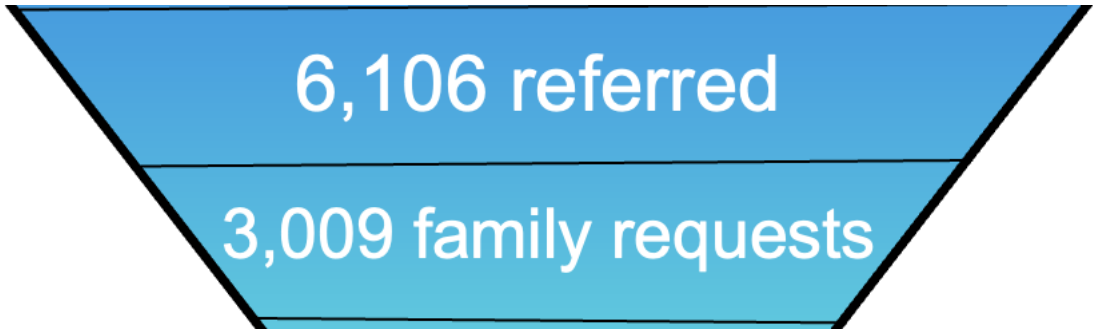


Screening of potential donors

- **High workload for some transplant centres (not evenly distributed).**
- **Variable risk tolerance between centres.**

Absolute Contraindications and nationally agreed relative contraindications.

Screening Calls to Identified Centres
DBD commencing screening.
DCD screening. 2-3 centres.



NHS Blood and Transplant

Sad conclusion that death has occurred or is inevitable

Admission into intensive care

Sudden and unexpected medical emergency requiring mechanical ventilation



Referral to donation services

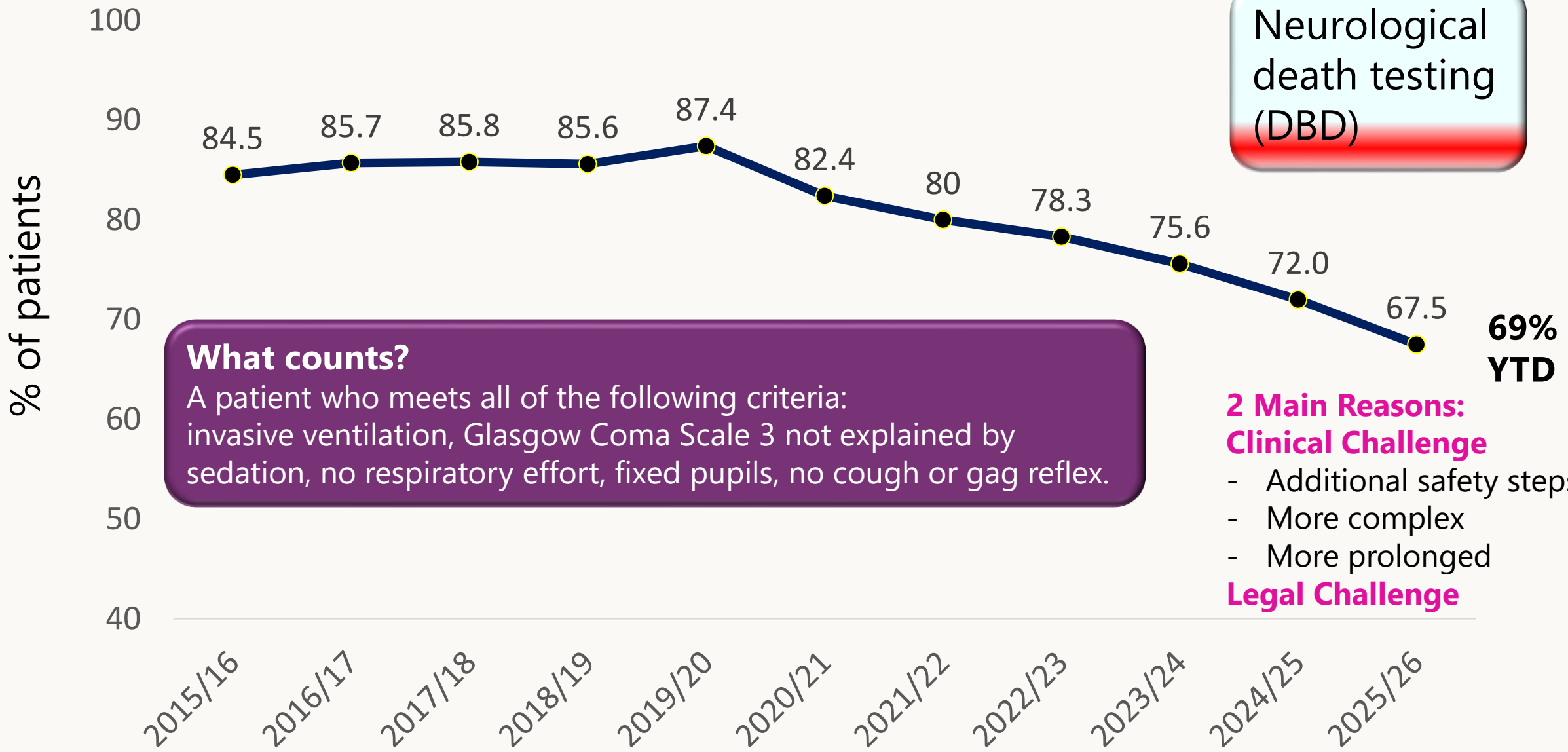
Screening of potential donors

Neurological death testing (DBD)

INSIGHT

Falling neurological death testing rates.

NHS Blood and Transplant



69% YTD

What counts?

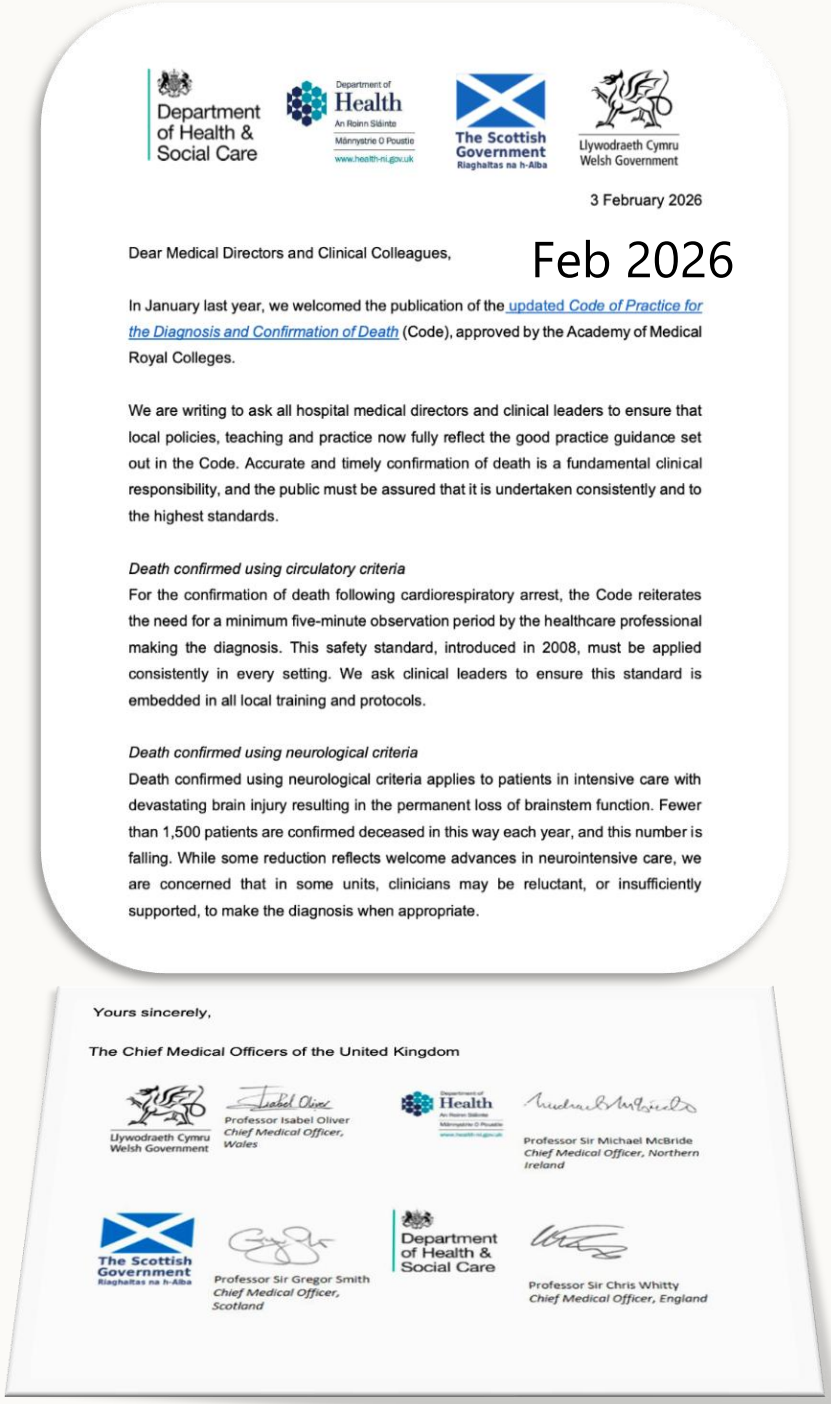
A patient who meets all of the following criteria:
invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex.

2 Main Reasons:

Clinical Challenge

- Additional safety steps
- More complex
- More prolonged

Legal Challenge



Department of Health & Social Care

Department of Health An Roinn Sláinte Márnystrie O Poustie www.health-ni.gov.uk

The Scottish Government Riaghaltas na h-Alba

Llywodraeth Cymru Welsh Government

3 February 2026

Dear Medical Directors and Clinical Colleagues,

Feb 2026

In January last year, we welcomed the publication of the updated *Code of Practice for the Diagnosis and Confirmation of Death* (Code), approved by the Academy of Medical Royal Colleges.

We are writing to ask all hospital medical directors and clinical leaders to ensure that local policies, teaching and practice now fully reflect the good practice guidance set out in the Code. Accurate and timely confirmation of death is a fundamental clinical responsibility, and the public must be assured that it is undertaken consistently and to the highest standards.

Death confirmed using circulatory criteria

For the confirmation of death following cardiorespiratory arrest, the Code reiterates the need for a minimum five-minute observation period by the healthcare professional making the diagnosis. This safety standard, introduced in 2008, must be applied consistently in every setting. We ask clinical leaders to ensure this standard is embedded in all local training and protocols.

Death confirmed using neurological criteria

Death confirmed using neurological criteria applies to patients in intensive care with devastating brain injury resulting in the permanent loss of brainstem function. Fewer than 1,500 patients are confirmed deceased in this way each year, and this number is falling. While some reduction reflects welcome advances in neurointensive care, we are concerned that in some units, clinicians may be reluctant, or insufficiently supported, to make the diagnosis when appropriate.

Yours sincerely,

The Chief Medical Officers of the United Kingdom

Llywodraeth Cymru Welsh Government

Professor Isabel Oliver
Chief Medical Officer, Wales

Department of Health

Professor Sir Michael McBride
Chief Medical Officer, Northern Ireland

The Scottish Government Riaghaltas na h-Alba

Professor Sir Gregor Smith
Chief Medical Officer, Scotland

Department of Health & Social Care

Professor Sir Chris Whitty
Chief Medical Officer, England

Addressed to hospital medical directors and clinical leaders:

"...we are concerned that in some units, clinicians may be reluctant, or insufficiently supported, to make the diagnosis when appropriate.

We recognise that confirming death using neurological criteria can be complex and resource intensive. However, it remains good clinical practice and where death is clinically suspected to have occurred, we would expect the diagnosis to be undertaken in a timely manner to provide a clear clinical and legal outcome.

The Chief Medical Officers collectively affirm our full support for clinicians applying the Code to the best of their knowledge and ability, including where the diagnosis is questioned.

While most cases do not require them, cerebral CT angiography is the current, consensus recommended UK modality. We ask medical directors and clinical leads in intensive care and radiology to ensure close collaboration, locally and regionally, so that this investigation is readily accessible whenever required."

NHS Blood and Transplant

Sad conclusion that death has occurred or is inevitable

Admission into intensive care

Sudden and unexpected medical emergency requiring mechanical ventilation



Referral to donation services

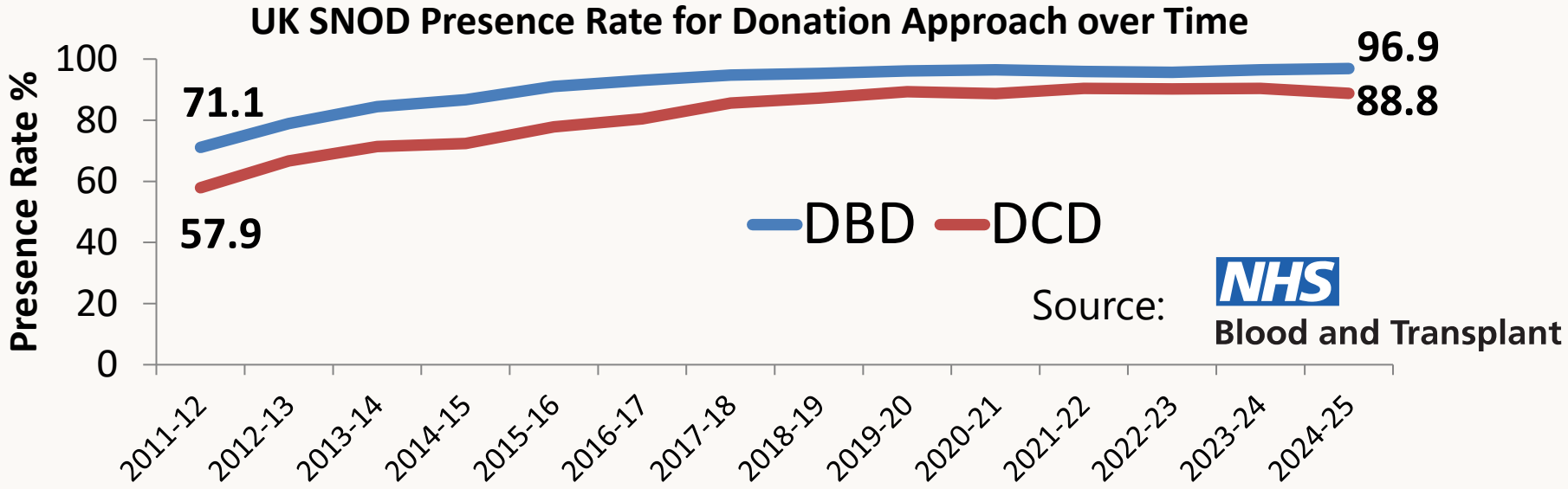
Screening of potential donors

Approaching families with a specialist nurse present

Neurological death testing (DBD)

Approaching families with a specialist nurse present

92% YTD





Odds Ratio of family support for donation if specialist nurse
NOT present during approach.

DBD 0.31 (0.23–0.42) n = 6,060 approaches
DCD 0.26 (0.22–0.31) n = 9,405 approaches

Midlands DBD SNOD involved, 2015

* *Curtis et al.* Validation of the factors influencing consent for organ donation in the UK *Anaesthesia* 2021

NHS
Blood and Transplant

57%
(68% 2019/20)

Consent / Authorisation



DBD 65%
(72% 2019/20)

DCD 53%
(65% 2019/20)

Deemed (opt-out) Legislation in the UK

NHS Blood and Transplant

Wales
Commenced
December 2015

Jersey
Commenced
July 2019

England
'Max and Keira's Law'
Commenced
May 2020



Guernsey
Commenced
January 2023

Scotland
Commenced
March 2021



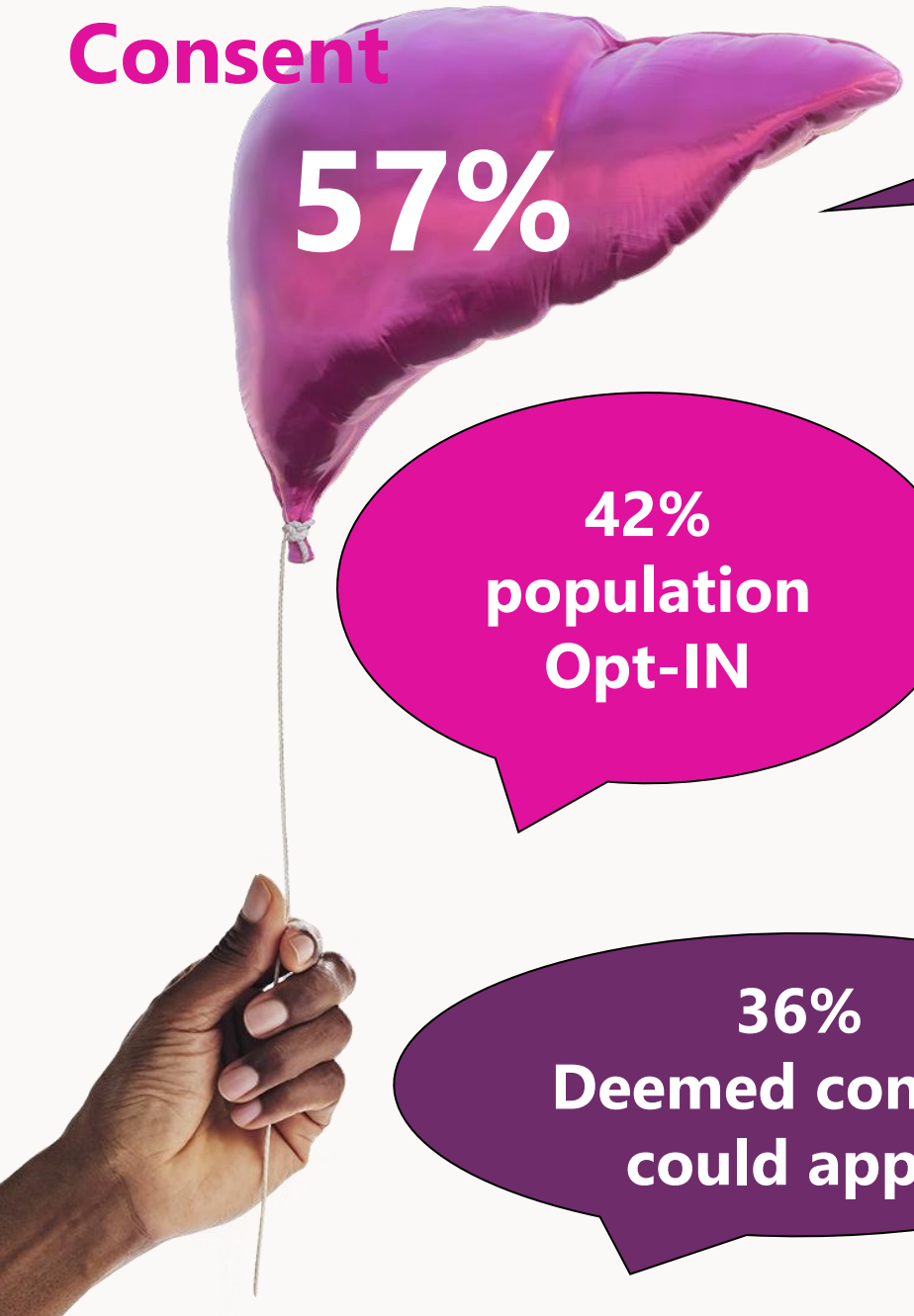
Isle of Man
'Daniel's Law'
Commenced
January 2026

Northern Ireland
'Dáithí's Law'
Commenced
June 2023



UK Consent

(31 March 2025 – 1 April 2026)



57%

lowest since 2015

DCD Overrule 135

DBD Overrule 30

42% population Opt-IN

Family yes Opt-IN 87%

Family ‘yes’ deemed 45%

36% Deemed consent could apply

4% population Opt-OUT

NIHR | Policy Research Unit
Policy innovation and evaluation

PRIFYSGO BANGOR UNIVERSITY

Evaluation of the Organ Donation (Deemed Consent) Act, 2019 in England

Final report 2024

Leah Mc Laughlin, Lorraine Williams, Jane Noyes, Mustafa Al-Haboubi, Paul Boadu, Jennifer Bostock, Stephen O'Neill, Karen Thomas and Nicholas Mays

"Very unlikely that the implementation of the law caused the decline in consent rates."



Families consistently leaned on the specialist nurses for guidance, support and reassurance, and appreciated the high quality care.

Deemed Consent

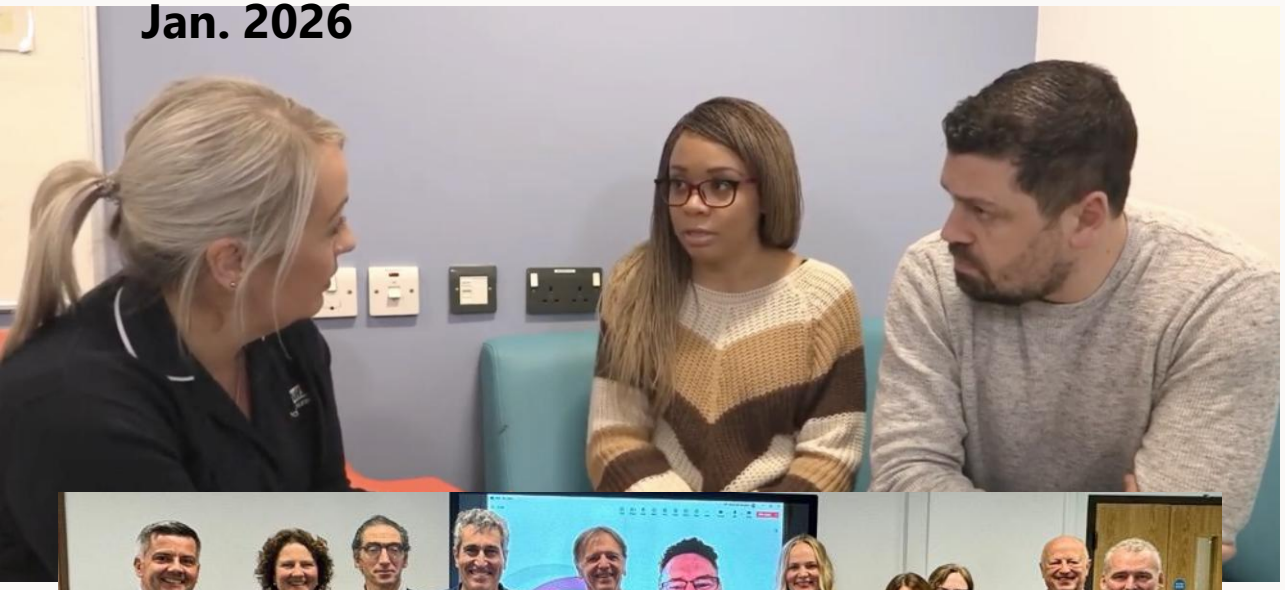
1. **Soft opt-out system – family can override.**
2. **Families do not view deemed consent as a genuine and equal decision to a decision on the Organ Donor Register.**
3. **Deemed consent was introduced alongside opt-IN and did not replace it so we have a dual system.**
4. **Deemed consent system has proven complex, appearing to facilitate misunderstanding & fuel inertia.**

Legislation has not created a positive societal culture toward deceased organ donation.

Bolder & Braver

DHSC & NHSBT Report Jan. 2026

Experience from Spanish experts was that the legislation should not be used with the public or at the bedside with a grieving family.





Spain told us…

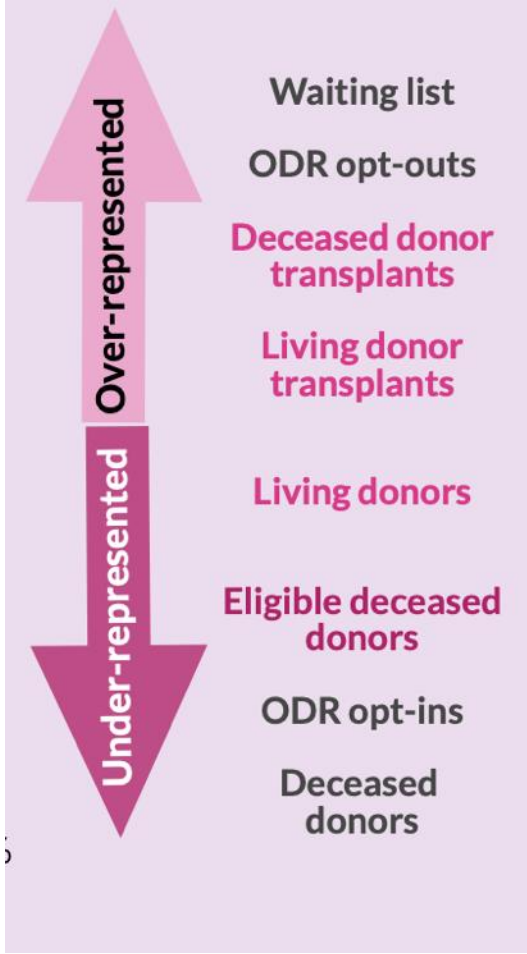
1. **The public do not want to be told what to do.**

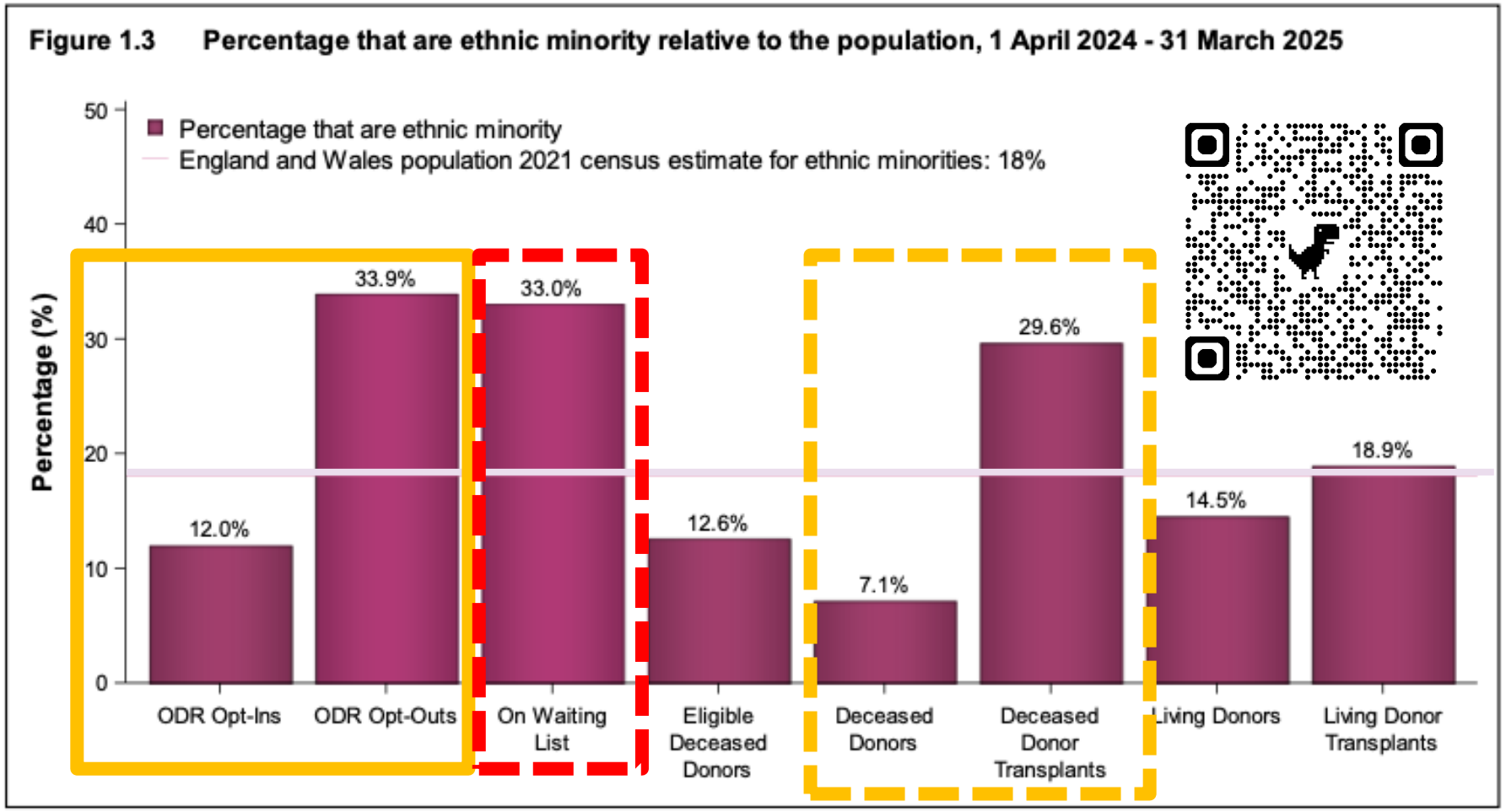
2. The UK had possibly **shifted away from its previously positive family approach which emphasised the benefits organ donation** can bring for donor families and patients **to a more legalistic approach.**

3. **Opt-out legislation can work, but its use is as an enabler.**

NHS Blood and Transplant

Ethnicity Differences Report





Consent/Authorisation Rate

Asian: 29% (DBD 38%, DCD 22%)

Black: 23% (DBD 23%, DCD 23%)

Trusted Local Messengers

Community Grants Programme x10

ALRIDHA FOUNDATION

BIMA
BRITISH ISLAMIC MEDICAL ASSOCIATION

JHOD
Jain and Hindu Organ Donation Alliance

RANGOLI RADIO
SERVING THE HINDU COMMUNITY

GLOBAL KIDNEY FOUNDATION
Give Hope, Give Life!



Luton Lifelines (in Luton Town Square)

Unveiled 27th June 2026



NBTA

NHSBT Partners and Critical Friends

Abdominal Organs (DBD)
Kidneys (DCD)
Liver (DCD)
Cardiothoracic Organs (DBD and DCD)

Organ Offering & Acceptance

Length of the Process

NHS Blood and Transplant

> 24 hours

#1 reason DCD family decline

Lack of objection from Coroner / PF

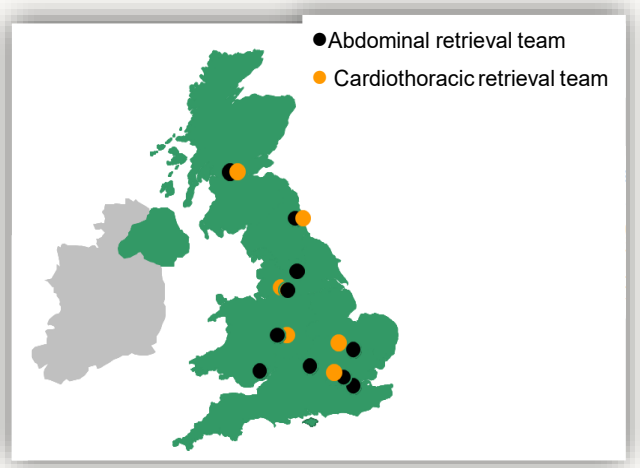
Consent / Authorisation



Donation Actions

Retrieval

NORS
National Organ Retrieval Service



NHS
Blood and Transplant

Retrieval

National Organ Retrieval Service

- 16 NORS teams in total
- 10 abdominal, 6 CT NORS teams.
- 8 abdominal, 3 CT NORS teams available to retrieve at any time.



Assessment and Recovery Centres (ARC)





NHS
Blood and Transplant

Organ Offering & Acceptance

Length of the Process

Lack of objection from Coroner / PF



Consent / Authorisation

Donation Actions

Retrieval

Transplantation

The GIFT of LIFE



Justin Grace
Commonwealth Athlete
Liver Transplant Recipient
Trustee Donor Family Network


MOST COMPLICATED ACTIVITY the NHS does over ANY 24-HOUR Period
DFCS
Virologist
Transport for bloods
Recipient Coord
Recipient Coord
Recipient Coord
HLA
Hub Ops
Transplant surgeon oncall
Virology lab tech
Specialist Nurse
Transport for SN
Transport Hub
ICU Nurse
GP
Coroner/ME
Blood Bank
Transport for bloods
Donor Theatre Runner
CT NORS Perfusion
Anaesthetist
CT NORS Transport
HLA Recipient
Cons Transplant Surgeon
Surgical Fellow
HLA Recipient
Transplant Ward Staff
Cons Transplant Surgeon
Surgical Fellow
Transplant Ward Staff
Cons Transplant Surgeon
Surgical Fellow
Transplant Ward Staff
Cons Transplant Surgeon
Surgical Fellow
Transplant Ward Staff
Cons Transplant Anaesthetist
Scrub
Floor Nurse
Intensivist
ICU Nurse
Transport for Surgeon
Abdo NORS Lead Surgeon
Transport for Surgeon
Transport for Assistant Surgeon
Abdo NORS Assistant Surgeon
Transport for Assistant Surgeon
Transport for Scrub
Runner
ODP
Consultant Physician
Registrar
Runner
ODP
Consultant Physician
Registrar
Runner
ODP
Consultant Physician
Registrar
Runner
ODP
Consultant Physician
Registrar
One donor with four organs transplanted
KEY:
Donation
NHSBT
Retrieval
Transplant
SCORE@nhsbt.nhs.uk

Organ Donation Recovery Plan

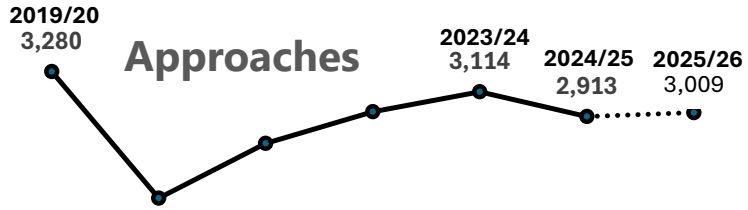
NHS Blood and Transplant

1. What's going on — How does organ donation work?
2. Short term actions — How to turn things around quickly?
3. Building Recovery — What we are doing

Trends in: Deceased organ donation

Eligible donor pool

-20%



1. People are dying differently – fewer people are meeting donation criteria than in 2019/20.
2. There are more complex donors (DCD) who are less likely to consent.
3. Opt Out has not been a breakthrough. More people are saying they opt out.

2019/20

Donation conversations

3,280

127 opt-outs (4%)

DBD DCD

1,468 1,812

Donors

1,580

2024/25

Donation conversations

2,913

317 opt-outs (11%)

DBD DCD

1,086 1,827

Donors

1,403

2025/26

Donation conversations

3,009

342 opt-outs (11%)

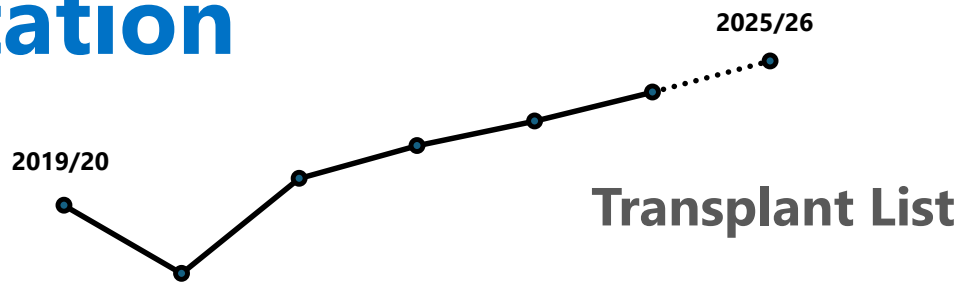
DBD DCD

1,039 1,907

Donors

1,428

Trends in: Organ transplantation
(from deceased donors)



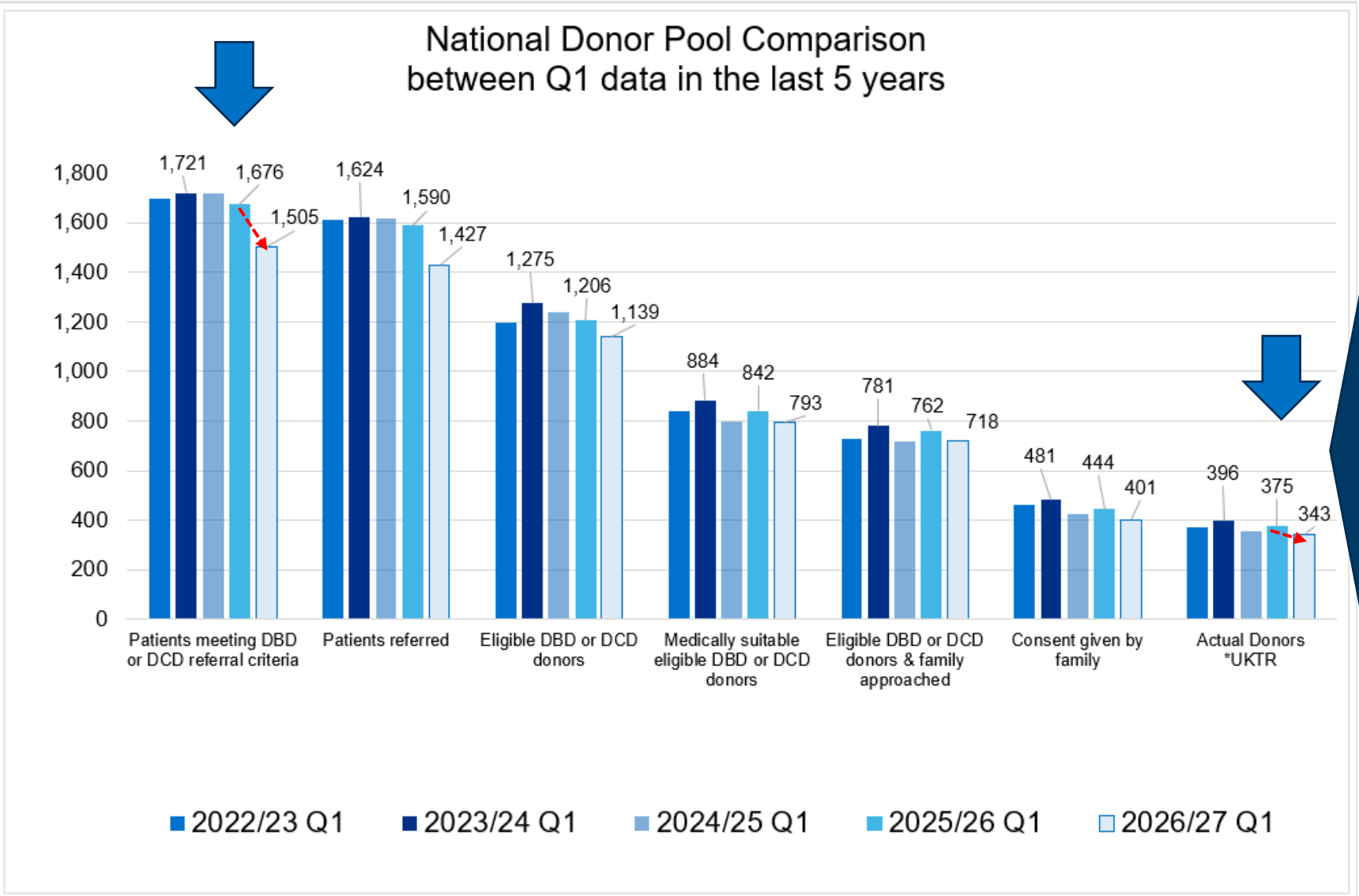
1. More organs are being utilised, despite more complex donors (DCD).

2. Organ perfusion is increasingly supporting this transformation.

3. ***The highest ever number of people are waiting for a transplant.***

2019/20	2024/25	2025/26
Transplants	Transplants	Transplants
3,764	3,602	3,649
2.38 Transplants per donor	2.57 Transplants per donor	2.57 Transplants per donor

Since April, the donation environment is changing faster



- **The donor pool** and **number of deceased donors** were already reducing
- The biggest change is the number of patients meeting **referral criteria**
- **Consent rate** is also down, partly because **donor families** are less likely to say "yes" **to DCD donation**
- **Trends accelerated in Q1** 2026/27, notably:
  - >10% reduction in patients meeting referral criteria
  - 8% fewer donors

Data Source: Potential Donor Audit, apart from Actual Donors – UK Transplant Data

Organ Donation Recovery Plan

NHS Blood and Transplant

Aims

A 90-day intensive recovery period to set us up to:

1. ***Achieve 3 months of sustained on-target performance***
2. ***Recover the trajectory of donation performance***
3. ***Put in place sustainable controls to maintain and improve donations & transplants***

Outcomes

This work will close when:

1) Performance is at an agreed trajectory
2) Sustained for 3 months
3) Effective controls are in place
4) Risks are managed

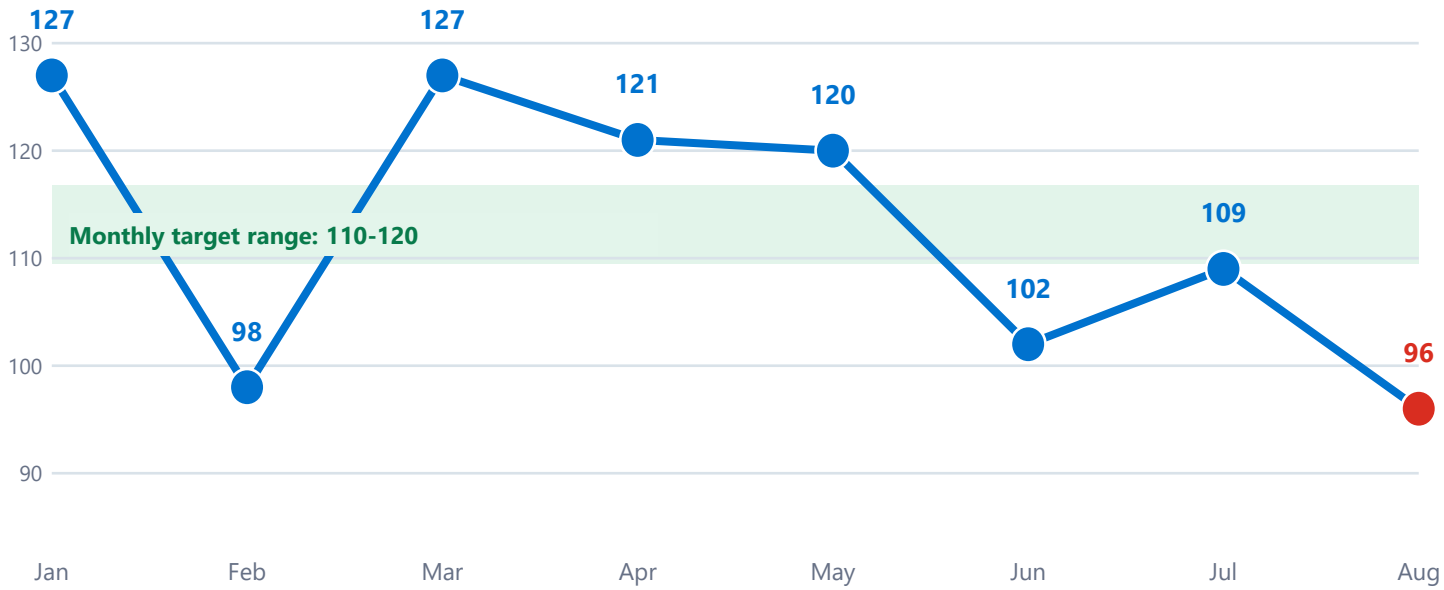
When achieved, the work will be handed over to BAU

Organ Donation Recovery

We need to get back to 110-120 donors per month

NHS Blood and Transplant

Actual proceeding donors per month, UK



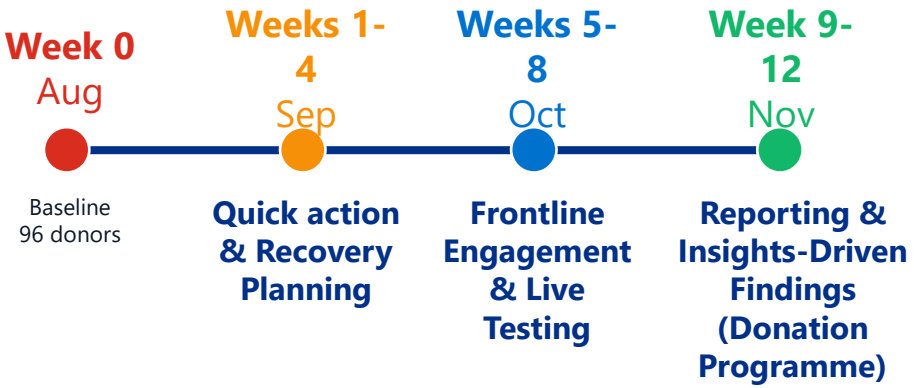
–15% Aug vs Jan–Feb average

–21% Aug actual vs monthly target

+14-24 donors / month needed to reach ≈ 110-120

Governance: Bronze (daily) > Silver (2x weekly) > Gold (weekly) escalation process in place

90-day recovery path to get back to target by the month of December:



What success looks like beyond November 2026:

- ✓ Lower rate of missed donor opportunities
- ✓ **Recover monthly proceeding donors towards the Jan–Feb 2026 run-rate (110-120)**
- ✓ Establish sustained, on-target performance for 3 consecutive months

NHS
Blood and Transplant

Organ Donation: which levers do we control?

There are many factors that influence donation numbers, some of which are within our control and influence, and some of which are external to our scope of control or influence. **Our 90-day interventions and measures of success will focus on the levers we can control and influence.**

We can control

The following factors are within our direct control:

- SNODs leading **consent conversations**
- How SNODs are **involved across the donor pathway**
- **Workforce team structure**, roles, and support
- **Performance management** and incentive structures – locally, regionally, and nationally
- Sharing **best practice** from one region to another

We can influence

We have influence with clinicians, hospitals, trusts and the wider NHS, which can impact:

- **Patient referrals**
- **Clinical practices** affecting the donor pathway numbers (incl. interpreting medical suitability)
- When **NHS clinicians bring SNODs into family approach / consent conversations**

We can also influence though marketing campaigns, and therefore:

- **Public awareness** of organ donations and signing up to the **Organ Donor Register**

We can adapt to

Wider positive developments reducing pool of eligible donors:

- **Medical advancements** in patient treatment for heart attacks and brain injuries meaning more people survive
- Fewer trauma cases and **cause of death** incompatible with donation

Other areas that impact donor eligibility and consent:

- **Incorrect predicted time to asystole** (PTA) resulting in donation no longer possible
- **Falling trust in the NHS** more broadly with **disinformation around donation**

90-day interventions and measures of success should focus on where we have a degree of control and influence as the most productive areas to spend our time

Quick actions and a wider plan

Our immediate focus is along the organ donation pathway to mobilise quick wins across regions/hospitals where there is greatest potential for impact

Key Areas of Actions

★ Potential for quick wins

MARKETING

ORGAN DONATION PATHWAY: IMMEDIATE FOCUS

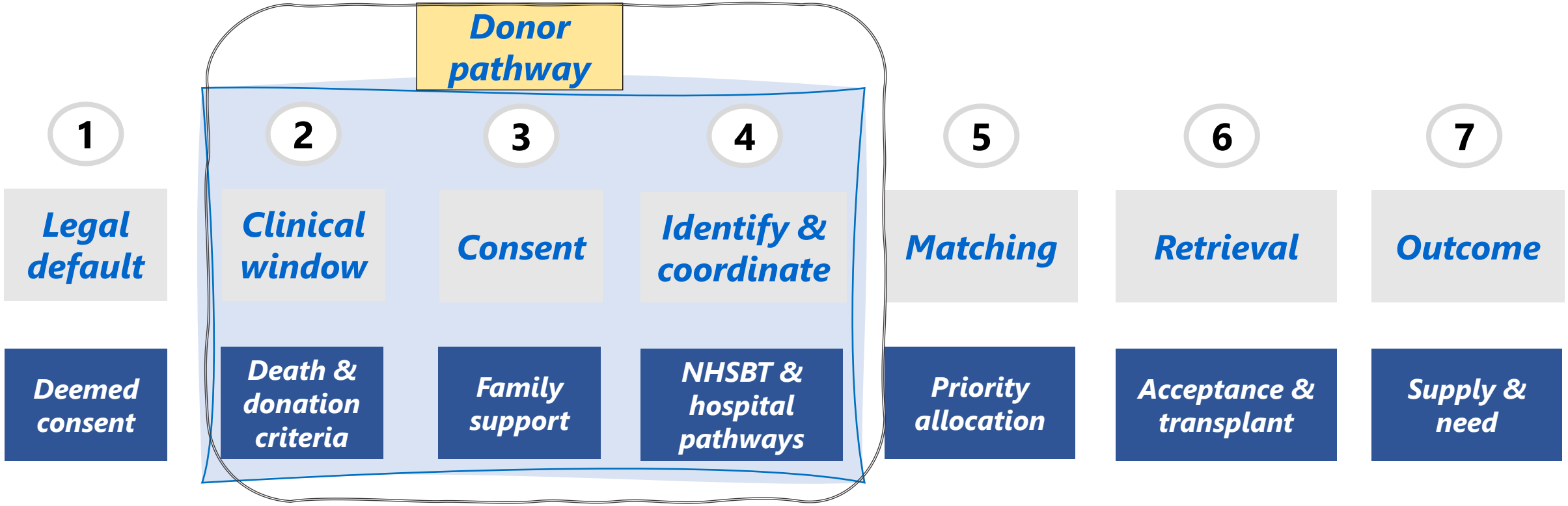
SOCIETAL AWARENESS AND ENGAGEMENT	ELIGIBLE DONOR POOL IDENTIFICATION	DONATION CONSENT	SUCCESSFUL DONATION
Public awareness, trust and donation culture	Eligible donor pool trends and changes	Family approach and consent rates, and trends across regions and demographics	Retrieval team availability
Active donation decision recorded and shared	Hospital referral rates to NHSBT & SNOD presence rates ★	DBD & DCD process around consent ★	Accelerated offering & Role of ARCs
	Donor assessment, testing (e.g., NDT) and medical suitability ★		

Regional variation and **performance monitoring** will be analysed. Insights will be aggregated & assessed.

→ **Longer-term impact on organ donation:** **Donation Transformation Programme** will continue to focus here

Our immediate focus is the donor pathway as there are quick-win interventions that can have a shorter term impact. Interventions with a longer term impact may also follow-suit for sustained recovery.

Looking for opportunities



Where is the biggest potential for turnaround?

→ Some areas offer more gains than others, especially in the short term

→ Our focus is steps the **donor pathway** (i.e. 2, 3 & 4) plus **promotion**, which influences these

→ This is a collective task for us, our partners and ultimately for society

Organ Donation Recovery Plan

NHS
Blood and Transplant

1. **What's going on** — Looking at performance & top themes
2. **Short term actions** — The potential for quick wins & how it's organised
3. **Building Recovery** — What we are doing

Educate Develop Empower

National interventions

NHS Blood and Transplant

Quick-win opportunities around increasing referral, SNOD presence, and family consent rates may have a tangible impact on avoiding missed donor opportunities, bringing monthly donor volumes closer or within to the target

Potential impact[1]

Using August 2026 Actuals

REFERRAL & SNOD PRESENCE RATES

1. **Address regional variation in Referral Rates & SNOD Presence Rates** by providing necessary supports to lower performing regions and hospitals

Lower impact; higher control on outcome

+2-4 donors / month if overall referrals and SNOD presence increases by 1-2% overall, and applying consent rate

FAMILY CONSENT RATE

2. **Intervene to raise Neurological Death Testing** through national and local efforts

3. **Intervene in the consent process** through SNOD training and supporting key local challenges (e.g., timing, messaging, process integration with NHS/hospital staff)

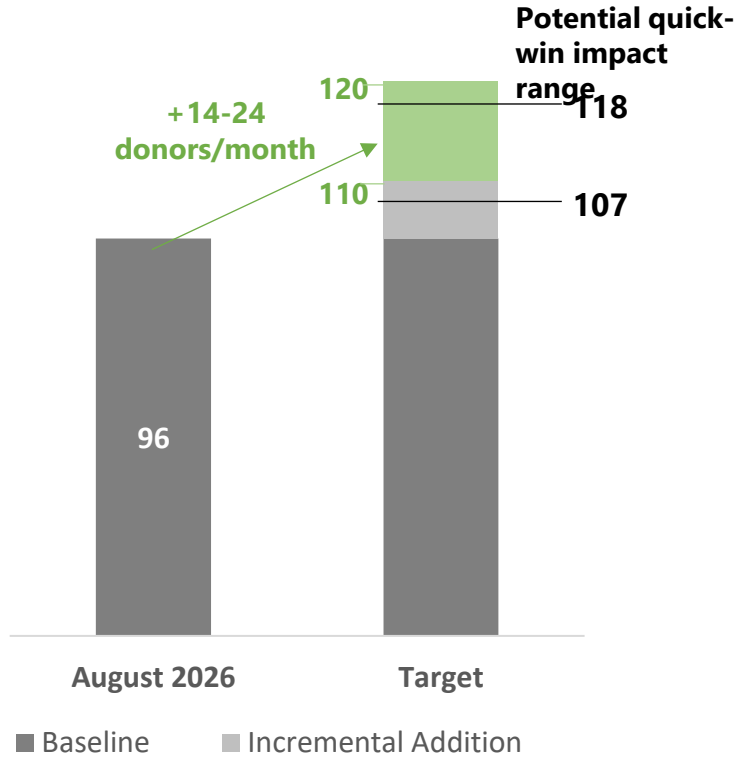
4. **Test scope of key roles in pathway** by accelerating support and breaking down responsibilities to enhance consent pathway

Higher impact; lower control on outcome

+9-18 donors / month if consent rate increases back to 2026/27 target

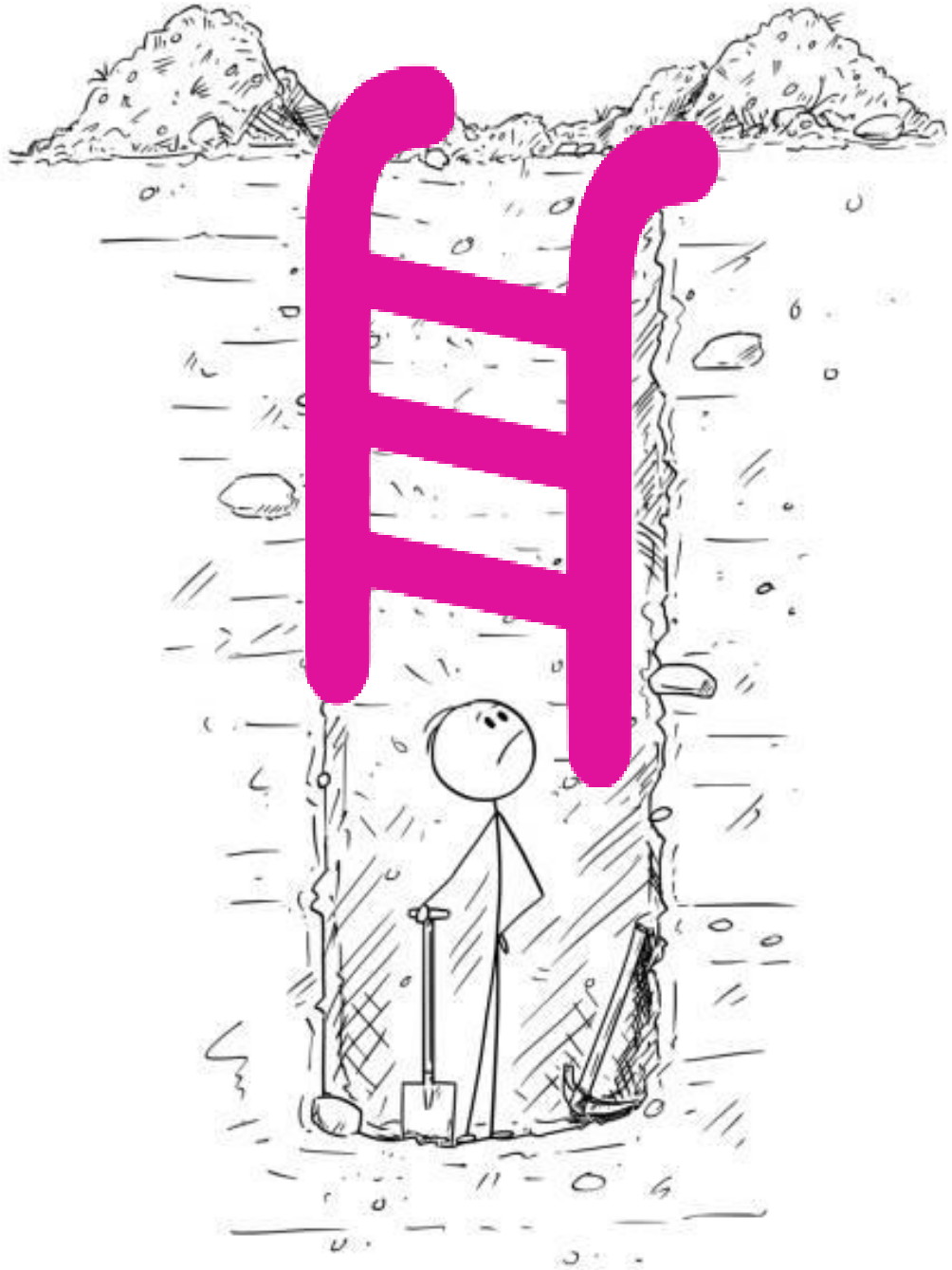
Monthly Proceeding Donors UK

August Actuals and Recovery Target



Quick-wins could bring monthly donor volumes back to range, however, family consent impact also relies on factors outside of NHSBT's control.

1. ***Impact analysis is preliminary:*** *effectiveness of quick-win interventions will be continuously monitored and interventions adjusted*



The Ladder Up

- Maintaining a strong focus on the **identification and referral of potential donors**.
- Supporting **timely diagnosis of death by neurological criteria** where clinically appropriate.
- Enabling **close partnership** working with Specialist Nurses in Organ Donation.
- Ensuring clinical teams have the training, time and support needed to **recognise donation opportunities** and work with Specialist Nurses in Organ Donation to support families.
- Empowering your **Organ Donation Committee** to address local barriers to donation.
- **Reviewing local donation data with your Organ Donation Committee and NHSBT** to identify missed opportunities, agree improvement actions and review progress through existing executive governance arrangements.
- **Championing organ donation across your organisation** and clinical leadership teams.

Professor Francesca Swords
National Medical Director,
Department of Health and Social Care
and NHS England

Dr Rommel Ravanan
Chief Medical Officer,
NHS Blood and Transplant

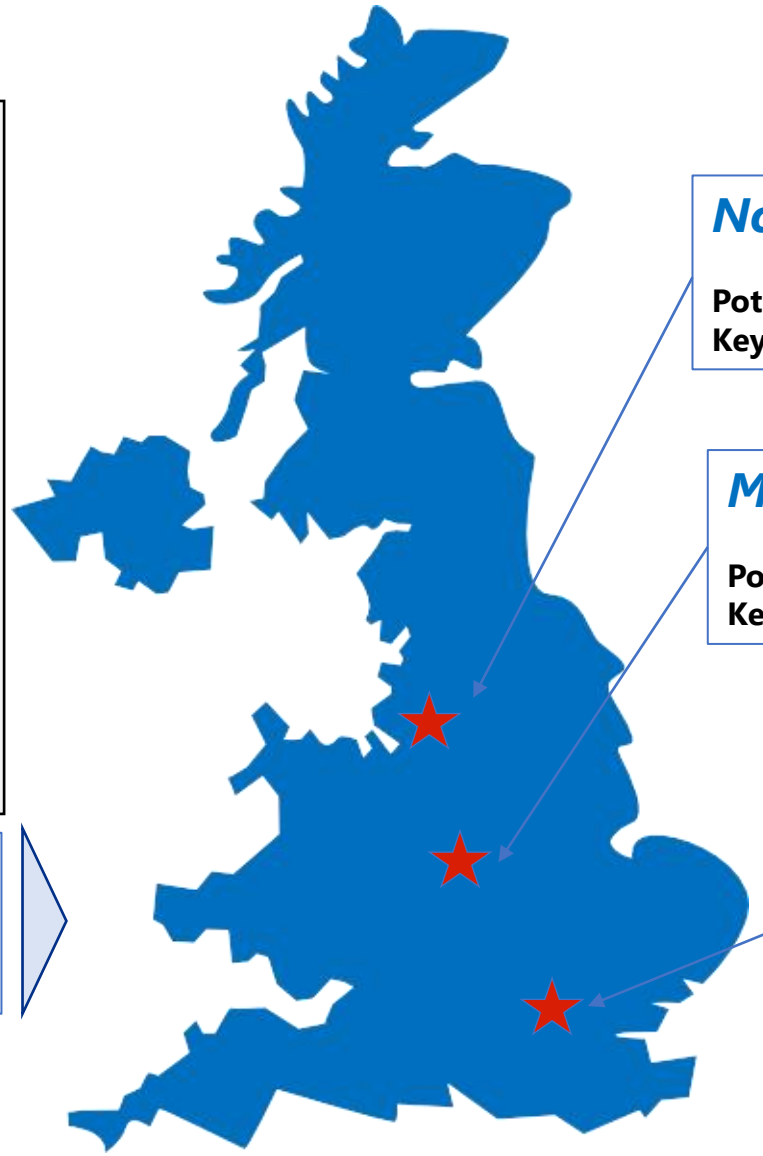
Local & regional approach

We have identified the top hospitals where first efforts are concentrated. Performance focus will be most visible to NHS partners in these regions & hospitals.

We have identified the locations with the greatest drop YTD
Potential extra donors per month: 5-8 (based on recovery to pre-April trend)

Key priorities: Potential donors, Actual donors, NDT rate, Consent rate
Interventions to include: Letter to CEO, Exec-level visit request and detailed local team engagements

We will also focus on key regions where issues merit supra-local interventions, plus **next tier priority hospitals**



North West

Potential extra donors per month: 1-4
Key priorities: NDT rate, Consent rate

Midlands

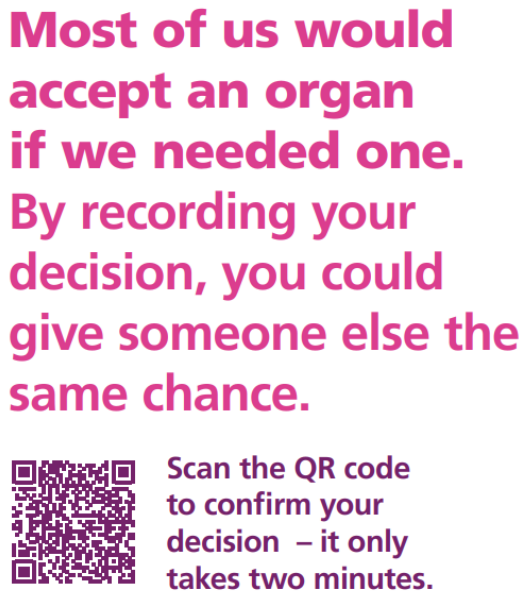
Potential extra donors per month: 2-5
Key priorities: Approach, NDT & Consent rates

London

Potential extra donors per month: 3-6
Key priorities: Approach, NDT, Consent rate, staffing

“One NHSBT”: support from Blood Donation

- **Bespoke on-session poster created with QR code** and briefing doc to accompany it – this needs cascade to teams
- **Leaflets to all blood sessions** - in progress
- **Messaging on TV screens in Donor Centres** - should be live on all screens in DCs
- **Exploring OD branding to be incorporated into Blood Donor Centres / London Bloodmobile** – in progress
- **Email to withdrawn blood donors** - Email to around 200k withdrawn blood donors Friday 2nd October
- **Blood Donor magazine** - next edition will include story of a deceased organ donor who was also a blood donor (c.1m circulation)



NHS
Blood and Transplant

Next opportunities?

1. Donor Health Check

Attach registration prompts cards to the clipboards when people complete their DHC.

While waiting, donors could scan a QR code and register. Idea is to prompt people to register while waiting – would not be paper-based due to volume.

2. Deferred donors

If people can't donate, speak to them about another way they can help save a life.

Gives an opportunity to act, supported with a leaflet or prompt card to register.







ODW launch of 90 day plan

Media & PR

- We launched the campaign with an urgent call for organ donation, responding to declining donor numbers and bringing the issue to life through powerful donor and recipient family stories.
- On the first day of Organ Donation Week (ODW), recipient and donor families featured across BBC Breakfast, This Morning and Channel 5 News, alongside exclusive coverage in Metro, Mirror, Express, Mail Online and many others.
- We secured 65+ media interviews and filming opportunities, supported by further activity including a World Heart Day news release and media packages throughout the week.
- We generated further coverage by highlighting that 6,000 people registered their organ donation decision on the first day of ODW – the highest single-day total in three years. This prompted follow-up coverage on This Morning and BBC Breakfast, including a return appearance from our spokesperson alongside a heart transplant recipient.
- Overall, the campaign generated 677 pieces of media coverage, reaching a total OTS of 311 million.

Social Media

- We built awareness ahead of ODW through countdown content and infographics, before driving emotional engagement through real-life donor, recipient and clinician stories.
- Instagram Stories, celebrity and influencer collaborations, and partnerships with NHS organisations such as NHS England helped extend reach beyond our existing audiences, with supporting activity on LinkedIn.
- Social media flood of landmarks turned pink and our partners ‘flooding’ socials with our shared asset around ‘nine people dying every week

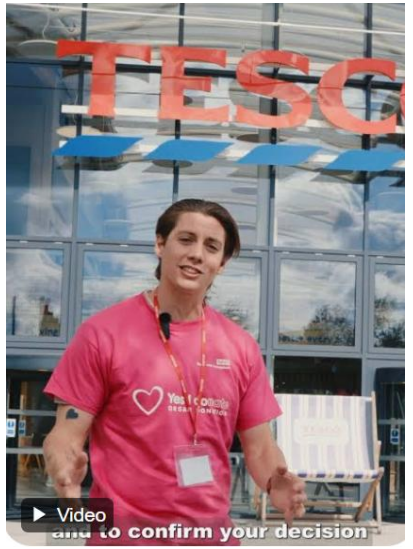
- **Standout content included:**
- ODW launch graphic: 359.4K views, 12.2K engagements and 2.9K shares
- Collab with Highclere Castle 85k views. 3k engagements
- Animated word cloud: 65.9K views, 1.8K engagements and 543 shares
- ‘Passing the Phone’ Reel: 118.4K views, 4K engagements and 664 shares
- Tesco and Sam Vanderpump collaboration: 107.6K views and 625 engagements
- In total, ODW social content generated more than 1.1 million views and 35,000 engagements.



To mark Organ Donation Week, we're joined by two families connected by a single selfless act. Ten years ago, 11-month-old Ollie Jolliff received a life-saving liver transplant from 17-year-old Miriam Lee, whose parents honoured her wish to be an organ donor. Today, a decade after that gift of life, both families unite to share their story. See less







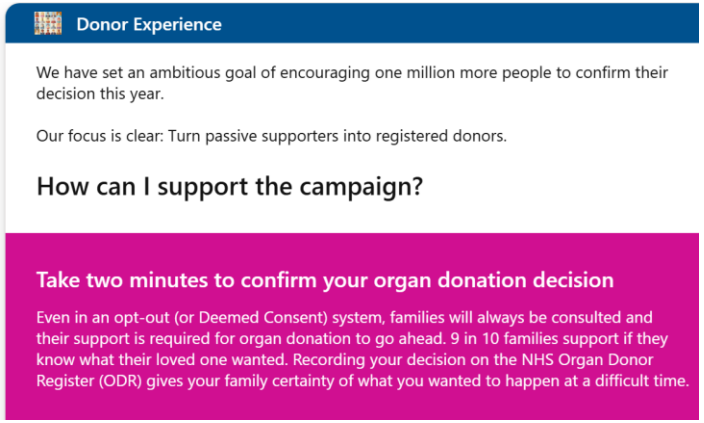
ODW launch of 90 day plan



Public Affairs
- We issued stakeholder communications and social media assets on 11 September, followed by targeted engagement with stakeholders and MPs on 21 September.
- We engaged around 650 MPs, alongside targeted activity in Wales reaching 96 Members of the Senedd.
- During ODW, stakeholders were invited to a webinar providing an update on the urgent response for organ donation and response plan, with messaging and campaign assets shared to help amplify the campaign through their own channels.

Partnerships
- The Partnerships team secured support from major organisations including BT, Tesco, Barclays, Legal & General and ITV, helping to extend the campaign's reach and visibility.

Internal Communications
- ODW was promoted across internal channels, with 46% of colleagues opening the introductory email from Anthony Clarkson.
- A calendar invite for a two-minute meeting was sent to all colleagues, encouraging them to record their organ donation decision.
- The ODW information page generated 1,228 views, outperforming both 2025 (857) and 2024 (926).
- Staff LinkedIn posts generated 257 engagements, driving an estimated 5,000–13,000 additional impressions.
- 96% of colleagues reported being aware of ODW in the monthly pulse survey.



Outcomes

Marketing, Communications and Engagement teams worked together to create a strong public response across the week.
- Google search interest peaked on 21 and 26 September, with growing interest in the Organ Donation Register and eligibility for organ donation.
- 70% increase in people visiting and engaging (c24k people) with our website versus Organ Donation Week 2025..
- Opt-in registrations via our website increased by 67% versus Organ Donation Week 2025, generating approximately 2,640 first-time registrations and a further 15,000 repeat opt-ins.
- New opt-in registrations across all channels increased by 18% versus Organ Donation Week 2025, resulting in approximately 17,700 new registrations and over 91,000 opt-in registrations in total.

Next steps

World Heart Day
We ran the story across social and media of Kev Rands who was born with a rare condition and had six open heart surgeries – the first when he was 10 days old - celebrates organ donor who enabled him to get married and become a father securing coverage on BBC and GB News.



World Sight Day – 8 Oct
A strong storyteller piece of Ben, who received a cornea donation years after consenting for dad to donate at the same hospital. The story makes both an emotive media story but also - as Ben video journalled his journey over the years – we are able to use a lot of the content on social. He has support from a number of celebs who have sent videos in support of organ donation to use on social. Celeb endorsements from Linda Rands from the Traitors, Dr Amir Khan and Jane Bolton (Airline fame).

Katherine Hamnett x Organ Donation – 12 Oct
Campaign to launch the partnership with celebrity endorsement from key celebs including Martin Compston, Sophie Ellis Bexter and David Harewood. The campaign will be centred around celebs wearing the T-shirt and sharing on social and across media. The aim will be to drive organ donation registrations and sales of the t for NHSBT Charity. Earned media will be pitched with the celebs wearing the ts for the showbiz/lifestyle media/segments, focusing on celebrity support and the campaign story. We will also outreach to new/more niche fashion audiences focusing on the T-shirt's nostalgic appeal and design.



As well as collaborator socials, our own socials will build on a wider content programme around the nostalgia of the T-shirt, e.g. "If you remember this T-shirt…" While also share storyteller content which will highlight what proceeds could help make possible. We will also build additional moments around Black Friday and Giving Tuesday (1 December) to drive sales/registrations.



Winter Activation | Nov
Following on from the above, we hope to utilise the partnership with the t shirt further into the xmas period and marketing and comms are looking into how we can best amplify this. From earned and owned channels, we aim to go into a further upcycle of drumbeat news and story-led content on the run up to Christmas (a time of year we see earned media actively reaching out for emotional stories). Including the clinical-led story of the first kidney ARCs tx as well as a round up of celebs who have supported us this year and a push to make OD registration the easiest New Year's Resolution you will make in 2027. We will also mark Grief Awareness Week 2 – 8 Dec. We may also be asked on how our target to one million is before the end of the year. It is anticipated we will make an announcement shortly into the NY on whether the 1m target has been hit.

Longer term issues we need to adapt to

Donor volumes are also being affected by issues **we cannot fully address in the first 90 days**

Cause of Death Changes

Driven by:

- Improved safety (e.g., vehicle, workplace)
- Meteorological / weather changes
- Better management of severe trauma, sepsis, cardiac events

Societal Attitudes and Trust

- Public trust in healthcare institutions
- Cultural attitudes toward donation
- Religious interpretation trends
- Media coverage affecting perceptions
- Wider societal willingness to discuss death and donation

Demographic Changes

- Aging population less likely to be eligible
- Population growth in regions with lower consent rates
- Increasing ethnic diversity where donation perceptions, trust and awareness may differ

Seasonality

There may be month-to-month variability driven by influenza season, major public events, extreme weather, other

Health System Pressures

Staffing shortages, ICU bed pressures, emergency room over-crowding may affect hospital staff decisions, timing of referrals, clinical decisions

Clinical Practice & Guidelines (outside NHSBT)

Guidelines may prioritise interventions or processes that are not compatible with OD, yet may be more successful for the patient

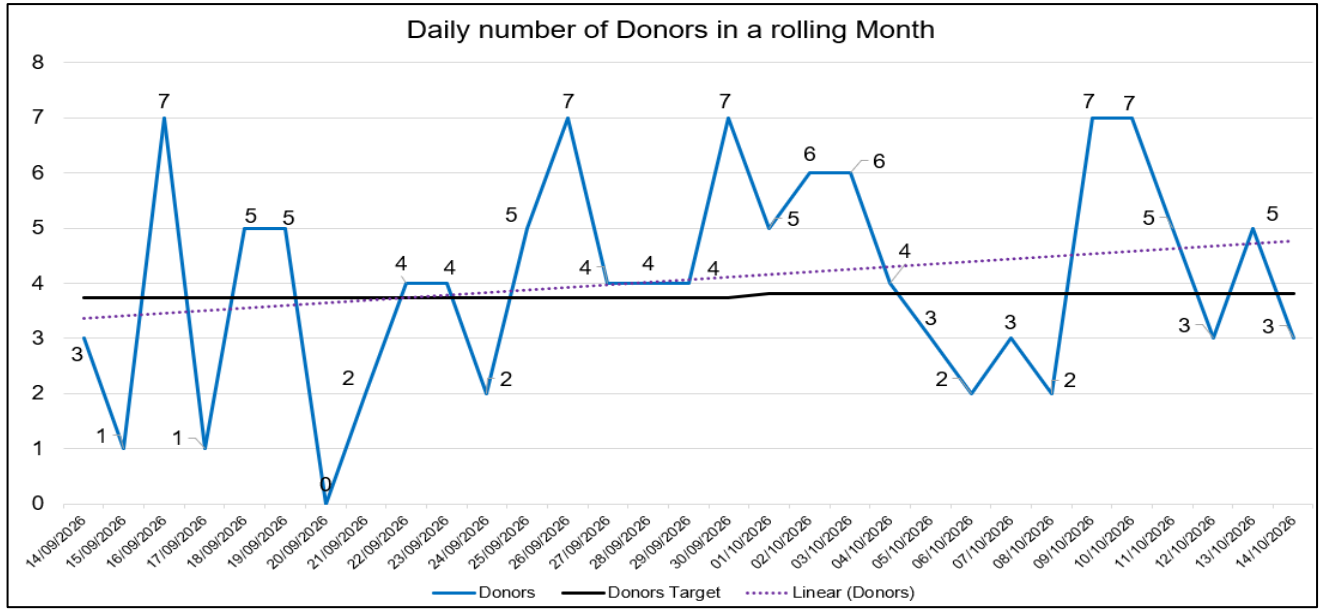
Statistical randomness given the small numbers being analysed

External factors will be assessed to determine the extent to which shifts in donor volumes are driven by broader demographic, societal, clinical, or environmental trends. The purpose is to refine performance expectations and contextualise results rather than identify improvement actions.

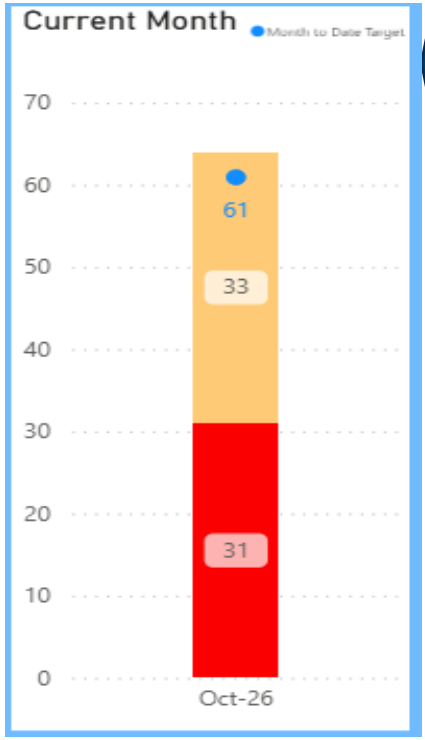
Recent weeks

Source: Daily Summary Report (2 days in arrears)

In Month

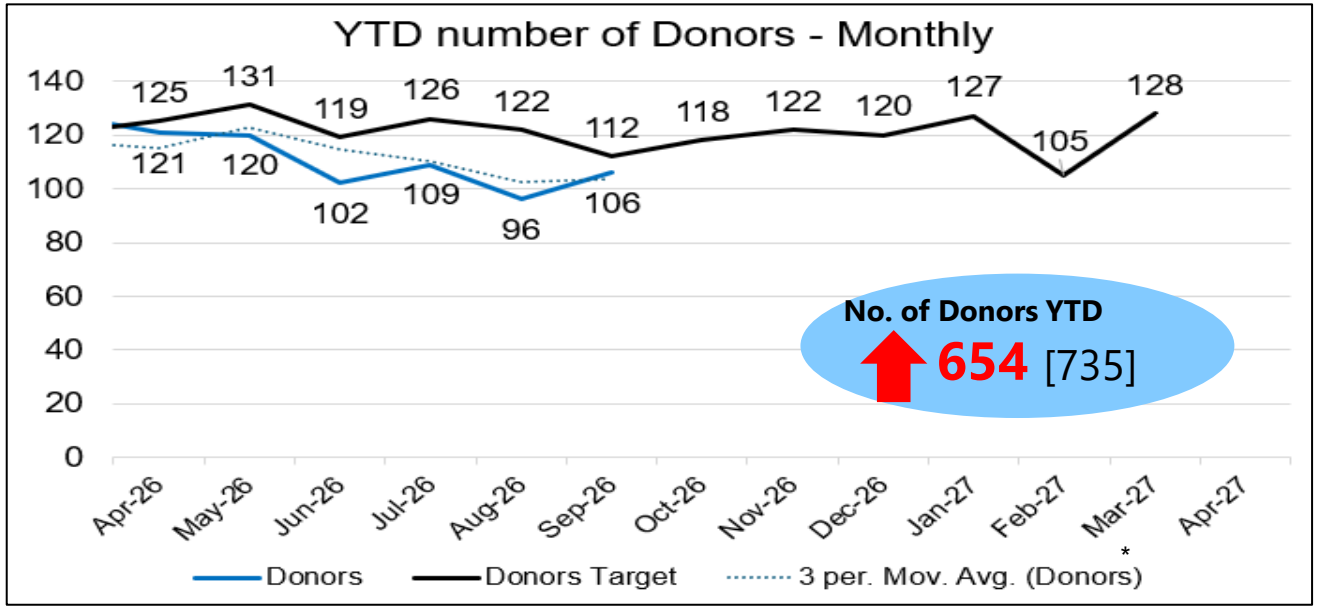


TOTAL REFERRALS IN ROLLING LAST 7 DAYS	290
TOTAL DONORS IN ROLLING LAST 7 DAYS	33
DBD	18
DCD	15
TOTAL ORGANS DONATED IN ROLLING LAST 7 DAYS	114



- 64 donors so far (Friday 16th October), 3 ahead of month-to-date target.
- YTD trend is improving but RAG is still in Red as at end September (89%). At the end of last month, we were 79 donors behind target YTD.

Financial Year



*Trendline is based on the last 18 months' donor data, and it is the average of every 3 consecutive months.

Yes I donate ORGAN DONATION

Blood and NHS
Blood and Transplant

Your questions answered

Thank you!

Caring Expert Quality