NHS
Blood and Transplant

Board Meeting in Public
Tuesday, 01 December 2026

Title of Paper	Organ Donation Joint Working Group Implementation Update and Organ Donation Recovery Plan	**Agenda No.**	3.7
Nature of Paper	☒ Official	☐ Official Sensitive	
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Non-Executive Director Sponsor	N/A		
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Presented for	☐ Approval ☒ Information ☐ Assurance ☒ Update		
Is there a plan to communicate this to the organisation?	☐ Yes ☒ No ☐ Yet to be determined		

Executive Summary

Since the last update, an Organ Donation Recovery Plan has become necessary, alongside ongoing implementation of the Organ Donation Joint Working Group recommendations.

The Recovery Plan has demonstrated impact within the original 90-day period at the gateways of the donation pathway but requires sustained efforts beyond the initial Plan and embedding within business as usual practice and integration with related programmes.

Work is therefore underway to develop a transformational approach that tackles the deeper clinical and cultural barriers to organ donation and society's support to increase consent.

Previously Considered by

Executive Team Meeting: 17th November 2026

Recommendation

The Board is asked to:

1) Note the organisation of organ donation recovery and the impact of the work to date.
2) Note that this work is not finished and will therefore be re-formed into: ongoing recovery and performance management and a refreshed transformational approach, to drive donation in the longer term. Additional resources may be required, particularly to drive societal support for donation.

Risk(s) identified (Link to Board Assurance Framework Risks)

P-04 Donor Numbers & Diversity

Strategic Objective(s) this paper relates to:

☐ Modernising One NHSBT ☒ Optimising Donor Experience and Meeting Demand
☐ Campaigning & Identity ☐ Data, AI and Interoperability ☐ New Treatments

Appendices:	Appendix 1: Organ Donation Recovery Plan Appendix 2: Organ Donation Joint Working Group – Implementation Update

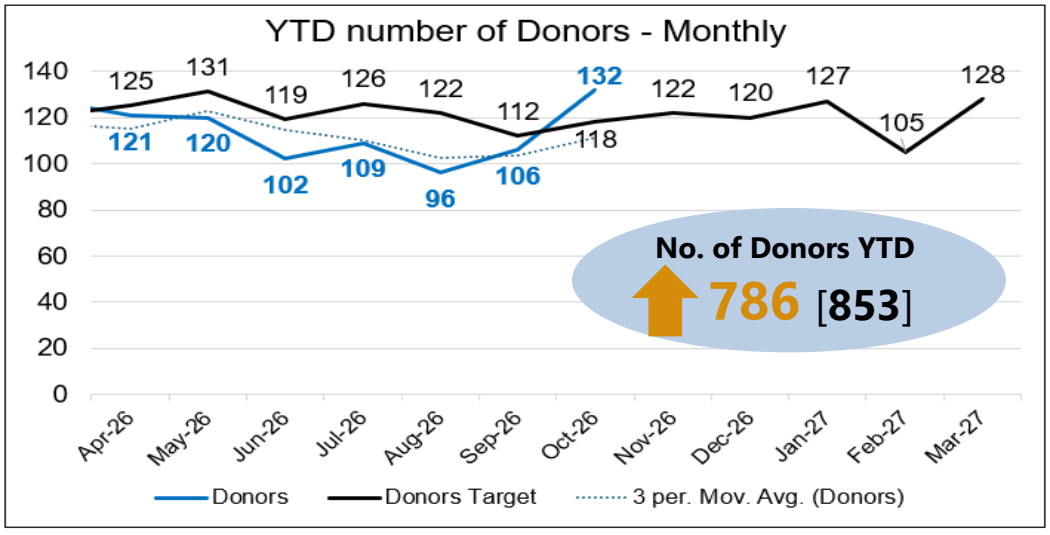
Organ Donation Joint Working Group Implementation Update and Organ Donation Recovery Plan

1. Purpose and background

1.1 The paper provides an update on progress in implementing actions from the Organ Donation Joint Working Group and summarises the urgent actions taken in response to a decline in deceased organ donor activity since April 2026.

1.2 The report by the Organ Donation Joint Working Group warned that with family consent rates across the UK declining to 59%, down from 68% prior to the pandemic, the transplant waiting list – which is at a record high – will not be reduced and more lives will be lost. A collaboration between NHS Blood and Transplant and UK Health Departments, the recommendations drew on insights and advice from across the UK and countries around the world. In addition, more than 600 donor family members and clinicians shared their views for the report.

1.3 Alongside ongoing delivery of the Joint Working Group's recommendations, an urgent plan of action has since become necessary. This is because despite a modest increase in donor numbers last year, deceased organ donation performance has deteriorated from April 2026 onwards, with activity consecutively below target in the months to August.



1.4 Activity trends have improved since a 90-day Recovery Plan was enacted in September. Frontline donor identification processes have been strengthened, meaning some elements of the Recovery Plan may be ready to move into business as usual. Nonetheless, donation rates remain under pressure and therefore continued interventions are required to sustain performance beyond the initial 90-day period.

1.5 Critical factors identified by the Joint Working Group and subsequent analysis, such as donor medical suitability and family consent rates, will not be resolved within the initial 90-day operational push. These are deep clinical, cultural and

demographic challenges that require ongoing action in partnership with NHS colleagues, our supporters and society at large.

1.6 Starting in December, there will be a period of transition to integrate the Recovery Plan and the existing transformations to develop a renewed, multi-year change programme. Using existing – and potentially additional – resources, work will focus on integrating the first outcomes from the Recovery Plan with ongoing implementation of the Organ Donation Joint Working Group's recommendations.

1.7 A future Board paper will provide an update on progress and the proposed transformational approach, expected in early 2027/28.

2. Urgent response: organisation and achievements so far

2.1 Deceased organ donation involves relatively low volumes of activity and relies on people's individual support at a time of personal crisis. Responses to donation opportunities must be immediately available at any donating hospital, otherwise the chance is gone. Underpinning this system is the wide societal awareness of donation, sustained through ongoing marketing and communications.

2.2 To lead efforts in the short term, a dedicated Recovery Director and supporting resources have been working with the Organ and Tissue Donation team since September to urgently set organ donation back on an upward trajectory. Key achievements include:

- **Reporting structures:** daily donor-level monitoring of every donation opportunity, escalated to twice-weekly senior leadership reviews and weekly Executive Team oversight.
- **Communicating the problem and our asks widely:** including letters from NHS England's and NHSBT's Chief Medical Officers to NHS partners and wider communications, direct intervention with NHS Trust level leadership including CEO to CEO and marketing efforts to raise public awareness. Support from all four nations has been gained.
- **A better understanding**: of the reasons for decline, directing recovery focus to the areas with greatest potential for quick wins.
- **Detailed tracking**: of actions and a recognised PMO governance structure.

2.3 For maximum impact, the Recovery Plan launched during September's Organ Donation Week. Corresponding outcomes for media uptake and public response were improved on 2025's position. As at the end of October, new Organ Donor Register registrations were 12% higher year-on-year, with a notable increase in the target 50–69-year age group during October.

3. Focusing recovery efforts in 3 key areas

3.1 As shown in Appendix pages 4-5, the two main drivers of the year-on-year downward pressure on donation rates are: a smaller donor pool and family consent, especially for DCD donors. There is no single explanation for these changes and there is variability within trends, meaning we will have to focus our recovery efforts widely.

3.2 Implementing recommendations of the Organ Donation Joint Working Group remains critical to raising overall donation rates. While we are speeding up delivery of these, the most impactful actions will take time to deliver and gains should therefore be expected in the medium and long term.

3.3 However, we believe that we can respond most quickly to the recent decline and achieve immediate results by focusing our efforts on the operational organ donation pathway and performance structures. This is because:

1) Family consent is the most significant driver of lost donation opportunities

Consent rates across both Donation after Brain Death (DBD) and Donation after Cardiac Death (DCD) pathways have fallen below historical levels and those for DCD continued to fall since April this year. Rates vary significantly by region and hospital. Improving consent performance to target levels could deliver an estimated 9–18 additional donors per month. Key factors include uncertainty around donor wishes, cultural and religious concerns and, within DCD, concerns regarding the length of the donation process.

2) Neurological Death Testing (NDT) is the gateway to DBD progression

DBD donation is associated with higher rates of transplantation, though in common with international experiences has been under pressure for many years. NDT is the gateway to determining a DBD case, but performance remains below historic levels and varies substantially across hospitals. Many potential DBD donors are not progressing through formal neurological death testing due to clinical decisions, family resistance and local practice variation. Improvements in NDT could contribute an additional 2–3 donors per month.

3) Hospital variation warrants highly focused attention

Significant variation exists across individual hospitals, indicating considerable improvement potential through targeted support, stronger performance management and replication of successful practices. Focused intervention in lower-performing sites could generate a further 2–4 donors per month.

4.0 Recovery Plan priorities

4.1 Growth in donation numbers will come from multiple opportunities and sustained efforts rather than single attributable actions. A comprehensive package of 36 high-level tracked actions has therefore been developed across four pillars: Marketing, Communications, Organ donation operational pathway, and Performance Management.

4.2 For now, the main impact is expected in the operational organ donation pathway and performance management pillars in the following categories:

1. **Family approach and consent:** Current actions include capability and skills development for SNODs. This includes best practice workshops, rollout of a Direct Observation Tool, refreshed consent training, enhanced DCD pathway

initiatives, regional consent improvement groups and Organ Donor Register override reviews.

2. **Neurological Death Testing:** A national NDT improvement programme is underway, supported by clinical engagement, education, escalation pathway reviews and hospital-level variation analysis.
3. **Hospital-level performance:** Priority Trust recovery plans, Executive engagement, performance dashboards and sharing of best practice are being implemented to improve conversion rates and to ensure joint accountability.
4. **Performance management and governance:** Enhanced reporting, key performance indicator tracking, governance structures and benefits realisation frameworks have been established to improve oversight and intervention capabilities.

5.0 Impact and future steps for Recovery

5.1 Organ donation performance improved in September and exceeded target in October. This shows that the 90-day plan has had an impact. While Recovery work is not yet finished, further progress is achievable through concentrated action: in family consent, neurological death testing, hospital-level variation and stronger performance management. These areas represent the greatest opportunities for improving donor numbers and achieving the remaining monthly targets for 2026/27.

5.2 The Board should note that organ donation activity remains volatile, as seen in the first weeks of November. It is therefore too early to say that improved organ donation rates have been sustained. In addition, the long lead-in time of some actions mean that operational recovery efforts should continue to be managed in a focused way beyond the initial 90 days.

5.3 Recovery is expected to continue into early 2027. During this time, we will continue delivering the Organ Donation Joint Working Group (for progress, see Appendix 2) recommendations. We will also refresh our transformations to ensure we are ready to deliver the most impactful Recovery recommendations, as well as integrate with OneNHSBT design support opportunities to ensure a systemic approach.

5.4 In December, the Recovery team will focus on detailed hospital-level interventions, improved performance reporting and deeper action in consent and family approach practices. Outputs detailing the most impactful actions and ongoing work packages will be handed over to operational and transformation teams at the appropriate time, including:

- **Audit:** documenting what improved during the recovery (e.g. referral rates, Neurological Death Testing, consent rates). This will identify which gains are stronger, and those that still require active support.
- **Lessons learned:** capturing what worked quickly and what faced bottlenecks. Together with the recommendations of the Organ Donation Joint Working Group, this will be foundational to future transformation.
- **Exit criteria**: the Recovery Plan has stated its ambition to achieve 3 months of on-target activity, using existing targets for the year. Further work will

detail what stabilisation looks like so that Recovery can eventually stand down without leaving a vacuum.

5.5 It is likely that managing organ donation activity in future will not look the same as before recovery efforts began. We will support the transition and set out the implications, including benefits and costs. For now, dedicated resources to support recovery in the coming weeks will be drawn from a combination of BAU and transformation teams. Additional resources may be required.

6.0 Risks & issues

6.1 Continued recovery of activity remains a shared endeavour between NHSBT, NHS partners and the public. Key risks and issues include:

- **Sustaining progress internally:** with mitigations including ensuring that actions continue to have resource, ownership, milestones and review dates during transition.
- **Demonstrating impact:** mitigated through separation of delivery and impact evidence.
- **Partner NHS commitments:** particularly over the busy winter, with mitigations including ongoing targeted engagements with key hospitals.
- **Public support for donation:** amidst ongoing challenges to the NHS, the plan depends on sustained campaigns to ensure that organ donation remains visible to, and importantly trusted by, the public.

6.2 We will continue to track and mitigate risks and issues within the Recovery Plan.

7.0 Conclusion

7.1 The Organ Donation Recovery Plan has demonstrated impact within the original 90-day period at the gateways of the donation pathway but requires sustained efforts.

7.2 Work is now required to develop a transformational approach that tackles the deeper clinical and cultural barriers of donor suitability and family consent. This will integrate with further implementation of the Organ Donation Joint Working Group recommendations.