NHS
Blood and Transplant

Organ Donation Recovery Plan

Summary Analysis & Actions

Appendix 1: Board meeting, 1st December 2026

Caring Expert Quality

Organ Donation Recovery: our plan

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The two streams of work are running in parallel to ensure: 1) ongoing delivery of recovery plan actions and rigorous progress monitoring, and, 2) in-depth analysis to inform additional recovery plan actions / quick-wins and broader, more transformational recommendations.

1 Recovery Plan Deployment and PMO

Supports the ongoing development, implementation, and progress monitoring of the Recovery Plan, including the foundational reporting / monitoring structures. The recovery plan is meant to be iterative based on performance, learnings, and analysis.

KEY OUTCOMES

- ✓ Established **recovery governance**, reporting and **action-tracking mechanisms** to provide structured oversight, accountability and progress monitoring across the recovery programme
- ✓ Mobilised **stakeholder engagement** and **programme reporting** processes, bringing together performance insights, operational feedback and recovery priorities to support decision-making

NEXT STEPS

- Coordinate targeted engagement with SNODs, CLODs and Trust stakeholders to validate emerging findings, capture **frontline insight** and inform recovery recommendations
- Enhance **programme reporting** and governance outputs to support prioritisation, tracking and delivery of **recovery actions** and interventions

2 Analysis and Insights-Driven Recommendations

In-depth analysis of key drivers for performance, challenges, to identify areas of improvement and develop recommendations around where we can intervene. Outputs of analysis and recommendations will inform the recovery plan.

KEY OUTCOMES

- ✓ Identified **areas of improvement across the donor pathway**, supported by data-driven analysis that breaks down the key drivers of performance across the pathway
- ✓ Assessed **regional and hospital-level performance and variation** to inform where intervention is required and how hospital-level reporting can be enhanced

NEXT STEPS

- **Talk to colleagues through structured interviews** in the donation pathway to identify areas of improvement in the short- and longer-term, informed by best practice
- Derive insights around **performance benchmarked to comparable international organisations** to make sense of societal trends, how we are performing and where we can improve based on global best practices

Which levers do we control?

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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 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 **OD register**

We can adapt to

Wider potential 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 or **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**

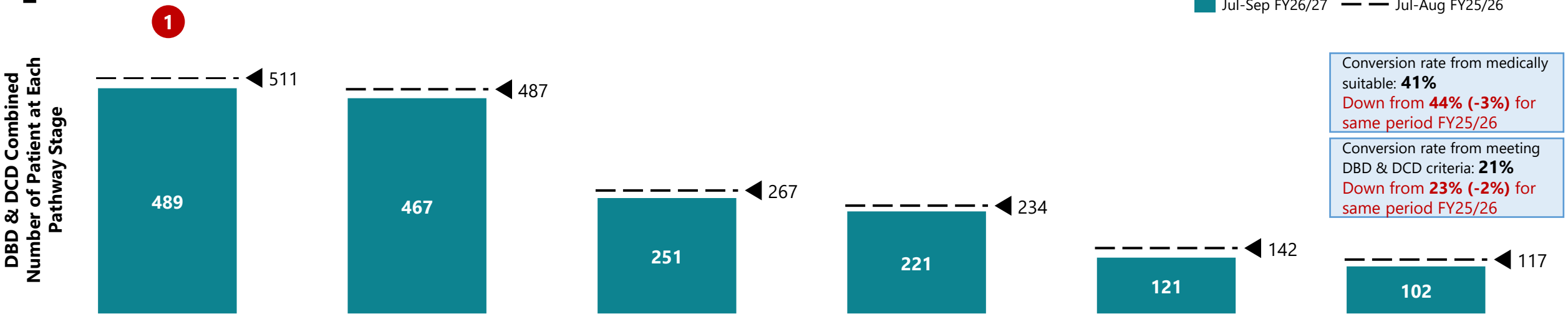
90-day interventions and measures of success should focus on where we have a degree of control and influence as the most productive areas to spend our time

Donor Pathway Performance: what's changed? Q2 2026 vs. Q2 2025

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Key Pathway Stages

	Patients that meet DBD or DCD criteria	Patients Referred to NHSBT	Medically suitable eligible patients	Family Approached	Family Consented	Actual Donors
Rate		96%	54%	88%	55%	84%
Difference with PY Rate		0%	-1%	1%	-6% (2)	2%



Headlines

- At the highest level, Q2 26/27 performance is within the range, but marginally below, performance of Q2 25/27. Lower performance is driven by:
  - (1) **Lower average monthly patients that meet DBD & DCD criteria** which contributes to a lower overall pool of donors. This figure is largely out of NHSBT's control though potential changes in clinical practice drivers can be explored.
  - (2) **Lower than average family consent rates,** identified as a key improvement area as historical trends suggest a downward shifts.
- Other areas are consistent with FY25/26, though each point of the pathway will be analysed given differences and potential for improvement in local performance
- We will need to be strategic on where we intervene as not all donor pathway stage losses are not within our control or influence

Source: National Standard PDA Data (data as of 4 Sep 2026), UKTR (for Actual Donors only)

DBD & DCD Donor Pathway Performance: Q2 2026 vs. Q2 2025

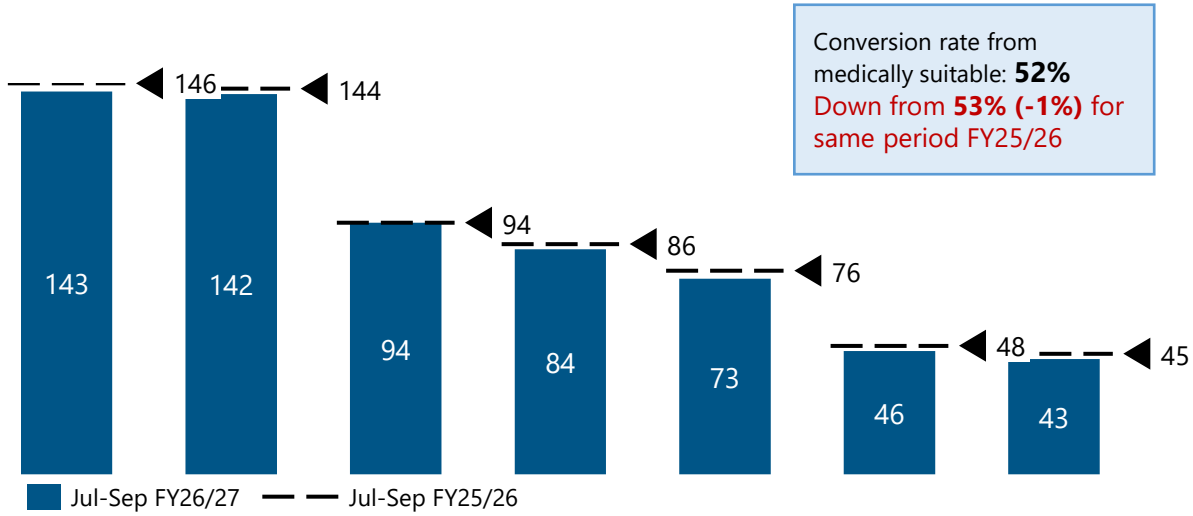
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Number of DBD Patients at Each Pathway Stage

Key Pathway Stages

	Neuro death suspected	Patients Referred to NHSBT	Neuro death tested	Medically suitable/eligible patients	Family Approached	Family Consented	Actual Donors
Rate	100%	66%	89%	87%	63%	94%
Diff. with PY Rate	0%	1%	-2%	-2%	0%	-1%

1



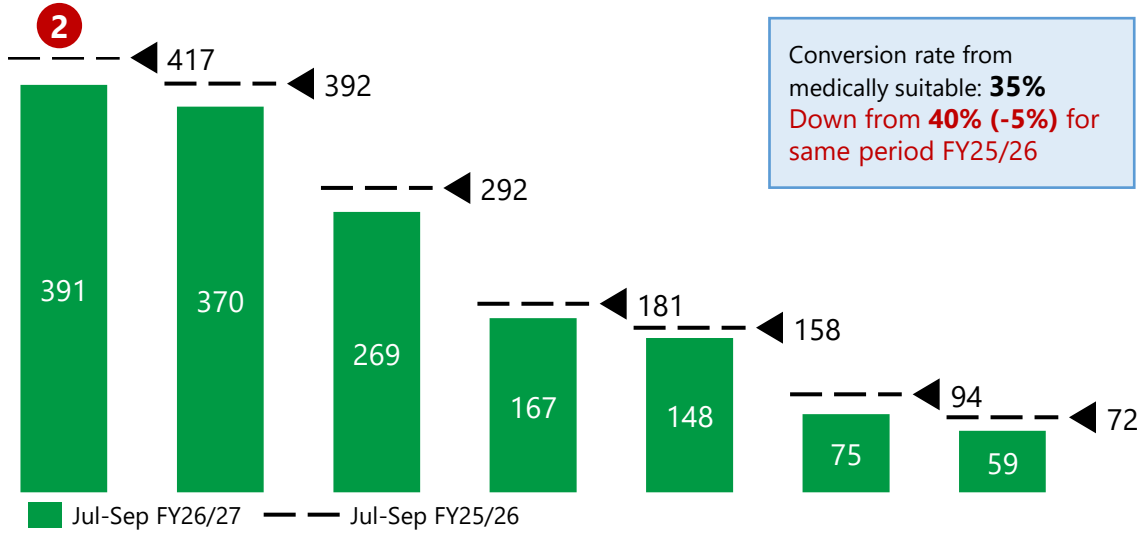
Conversion rate from medically suitable: **52%**
Down from **53% (-1%)** for same period FY25/26

Number of DCD Patients at Each Pathway Stage

	Imminent death anticipated	Patients Referred to NHSBT	Eligible DCD patients	Medically suitable eligible DCD patients	Family Approached	Family Consented	Actual Donors
Rate	95%	73%	62%	89%	51%	79%
Diff. with PY Rate	0%	-2%	0%	2%	-9%	2%

3

2



Conversion rate from medically suitable: **35%**
Down from **40% (-5%)** for same period FY25/26

Headlines

1. **Slight uplift in NDT, though historically NDT is trending downwards;** *intervention required for sustaining higher NDT*
2. **Lower than average patients meeting DCD criteria;** *this is mostly out of NHSBT's control, but root causes being explored*
3. **Declining family consent rates for DCD (and in some regional/hospital-level cases, for DBD as well);** *intervention required to address areas within NHSBT's control around family consent*

Source: National Standard PDA Data (data as of 4 Sep 2026), UKTR (for Actual Donors only)

What are the high-priority drivers and areas for quick action?

The strongest near-term opportunities are concentrated in family approach and consent, neurological death testing, and hospital and regional variation.

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1 FAMILY APPROACH & CONSENT

★ STRONGEST QUICK WIN

PERFORMANCE CHALLENGE

- Largest recovery opportunity
- DBD consent below historical levels
- Significant regional variation
- Improve approach practice
- Strengthen family engagement

QUICK-WIN OPPORTUNITY

- Strengthen consent conversations
- Improve family-approach practice
- Reduce avoidable ODR overrides
- Scale best practice nationally

+9–18 donors / month

Indicative impact if consent performance returns to target levels.

LINKED RECOVERY ACTIONS: **DP001 · DP004 · DP005 · DP006 · DP007**

2 NEUROLOGICAL DEATH TESTING

★ QUICK WIN

PERFORMANCE CHALLENGE

- NDT below historic levels
- Significant hospital and regional variation
- Lost DBD progression opportunities

QUICK-WIN OPPORTUNITY

- Improve clinical engagement
- Increase NDT consistency
- Strengthen escalation and support
- Transfer high-performing practice

+2–3 donors / month

Indicative impact if NDT performance improves by six percentage points.

LINKED RECOVERY ACTIONS: **DP008**

3 REGIONAL & HOSPITAL VARIATION

PERFORMANCE CHALLENGE

- Significant hospital and regional variation
- Target support to lower performers
- Best practice not consistently adopted

QUICK-WIN OPPORTUNITY

- Focus support on priority Trusts
- Strengthen hospital-level accountability
- Increase executive engagement
- Scale effective local practice

+2–4 donors / month

Indicative impact from improved referral and SNOD presence performance.

LINKED RECOVERY ACTIONS: **DP002 · DP003 · DP007 · DP010 · DP012 · PER001 · PER004**

Linked recovery actions are already being progressed through the Integrated Recovery Action Tracker and associated teams.

Recovery activities mobilised

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Analysis has identified three priority opportunities for near-term improvement. Activity is now mobilised through the Integrated Recovery Action Tracker and associated pillars.

1



FAMILY APPROACH & CONSENT

WHY WE ARE ACTING

Largest near-term recovery opportunity, with below-historical consent performance and significant regional variation.

RECOVERY ACTIVITY MOBILISED

- SNOD capability programme
- Annual Approach Workshops (AAW)
- Deliberate and shared practice
- Direct Observation Tool (DOT) rollout
- Consent & authorisation curriculum
- Regional consent working groups
- ODR override review and targeted education
- Consent-form implementation

NEAR-TERM FOCUS

- Complete current capability phase
- Progress DOT rollout nationally
- Consolidate learning into measurable outcomes
- Review effectiveness of ODR interventions

LINKED RECOVERY ACTIONS: **DP001 • DP004 • DP005 • DP006 • DP007**

2



NEUROLOGICAL DEATH TESTING

WHY WE ARE ACTING

Performance remains below historic levels, with significant variation and lost donor progression opportunities.

RECOVERY ACTIVITY MOBILISED

- National NDT improvement programme
- Established NDT working group
- Clinical engagement and education
- Escalation-pathway review
- Hospital-level variation assessment
- Monitoring through Appropriate NDT Rate

NEAR-TERM FOCUS

- Confirm intervention milestones
- Link activity to hospital-level evidence
- Identify and transfer stronger practice
- Assess impact on DBD progression

LINKED RECOVERY ACTIONS: **DP008**

3



REGIONAL & HOSPITAL VARIATION

WHY WE ARE ACTING

Significant variation exists between hospitals and regions, creating opportunities for targeted intervention and replication of effective practice.

RECOVERY ACTIVITY MOBILISED

- Priority Trust recovery plans
- Referral-trigger improvement activity
- Executive Trust engagement
- Regional baselining
- Hospital-level performance dashboards
- Regional recovery assurance
- Transferable-practice assessment

NEAR-TERM FOCUS

- Finalise Trust-level plans
- Implement referral improvements
- Deploy targeted dashboards
- Translate findings into corrective actions

LINKED RECOVERY ACTIONS: **DP002 • DP003 • DP007 • DP010 • DP012 • PER001 • PER004**

INTEGRATED RECOVERY ACTION TRACKER — **36** Actions | **18** Donor Pathway | **9** Performance | **9** Communications & Marketing

Analysis has now been translated into a defined portfolio of interventions, with activity mobilised through the Integrated Recovery Action Tracker

4 areas of focus

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Emerging analysis and recovery activity indicate four priority areas where targeted intervention is expected to have the greatest impact on donor pathway performance.

AREA OF FOCUS	WHY IT MATTERS	→ RECOVERY ACTIVITY UNDERWAY	→ CURRENT POSITION
FAMILY APPROACH & CONSENT	Consent remains one of the largest recovery opportunities, with material regional variation and recent performance below historical levels.	SNOD capability: Annual Approach Workshops (AAW), deliberate practice & shared learning • Direct Observation Tool (DOT) national rollout • consent-form implementation • regional consent working groups • consent & authorisation curriculum development • ODR override review & education pilots • peer review, PAT & family-approach practice support	**NATIONAL ROLLOUT UNDERWAY** National capability, consent and observation activity is underway, including DOT rollout, regional consent interventions and targeted ODR education. Current activity is progressing through implementation and evaluation phases ahead of wider learning consolidation and rollout.
NEUROLOGICAL DEATH TESTING	NDT remains a significant opportunity; hospital and regional variation restricts progression through the DBD pathway.	National NDT improvement programme • established NDT working group • clinician engagement and education • hospital-level variation review • escalation-pathway assessment • transfer of high-performing regional practice • ongoing DBD progression monitoring	**IMPROVEMENT PROGRAMME ACTIVE** Existing national improvement activity continues through a dedicated working group focused on barriers to NDT, supported by targeted analysis, hospital review and intervention development.
REGIONAL & HOSPITAL VARIATION	Performance varies significantly between hospitals and regions, creating opportunities for targeted intervention, executive engagement and transfer of best practice.	Priority Trust recovery plans • referral-trigger working group • executive Trust engagement • hospital-level performance dashboards • regional baselining • transferable-practice rollout • regional recovery assurance	**TARGETED DELIVERY UNDERWAY** Priority Trusts and lower-performing areas have been identified, with recovery planning, referral improvement activity and hospital-level performance reporting supporting targeted intervention and delivery assurance.
PERFORMANCE, GOVERNANCE & BENEFITS	Improved visibility, reporting and accountability are required to support timely intervention, prioritisation and evidence-based decision making.	Hospital-level dashboard development • KPI and benefits framework • NDT data-quality review • Silver governance and action assurance • workforce capability assessment • benefits tracking • BAU transition planning	**FOUNDATIONS ESTABLISHED** Governance, reporting structures and programme controls are established, with dashboard development, KPI mapping, benefits tracking and workforce assessment now progressing through implementation.

Analysis and delivery activity continue to indicate that family approach & consent, neurological death testing, hospital-level variation and performance management represent the strongest opportunities for near-term improvement, whilst wider system opportunities remain under assessment.

Next steps for the Recovery Plan - interventions across priority areas of focus

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*Subject to ongoing iteration as analysis advances

Area of Focus	October	November	December	& Beyond (2027+)
Hospital-Level Donor Pathway Variation	Finalise hospital-level variation analysis and list of **interventions required in low performing sites**	Establish regular **NHS Trust reporting of hospital performance and donor pathway variation analysis with ranking** to regularly incentivise high performance		• Embed **hospital-level variation analysis based on new modelling and findings as a part of BAU** to continuously identify and intervene where there are challenges or issues
	Identify **high-performing hospitals**, track best practices that make meaningful difference and **share across all hospitals to replicate relevant best practices**			
Integration with NHS Partners		Conduct **Executive-Level site visits** at target lower performing hospitals to escalate priorities around performance (informed by site variation)		• Proactively plan for **regular (e.g., annual) senior-level hospital visits, particularly at Level 1** (and some Level 2) hospitals focused on OD performance
		Understand and intervene in hospitals **require support at the CLOD/SNOD level** to foster more integrated/embedded relationships with the NHS clinical staff to drive organ donation outcomes		
Our Structure & Support		Conduct **diagnostic of current state of our model/structure** to identify areas of improvement that will drive improved donation performance	Establish work package to implement a **vision for future support** for sustained improvement	• Conduct an **in-depth operating model review** to implement changes aligned to improved performance
Performance Management	Continue **refining the Recovery Plan Performance Management and Governance** for programmatic rigour and to transfer to BAU			• Continue **refining and enhancing performance management and reporting mechanisms** for greater visibility into **where to intervene, and a comprehensive view of progress**
	Identify areas of improvement in performance management and reporting, specifically around **data captured (i.e., what is measured) across the donor pathway and KPIs**	Establish a taskforce to begin **implementing performance management and reporting changes,** including data capture		