

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE**

**NATIONAL ORGAN DONATION COMMITTEE (NODC) MEETING
AT 10:30AM ON THURSDAY 6 FEBRUARY 2020
BY SKYPE**

MINUTES

Present:

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| Dr Dale Gardiner (Chair) | DG | National Clinical Lead for Organ Donation |
| Dr Alex R Manara (Dep Chair) | AM | National Quality CLOD |
| Miss Jo Allen | JA | Performance and Business Manager, ODT, NHSBT |
| Ms Helen Bentley | HB | Head of Education and Professional Development, NHSBT |
| Dr Tom Billyard | TB | Regional CLOD, Midlands |
| Prof Stephen Bonner | SB | Royal College of Anaesthesia Representative |
| Ms Jackie Brander | JB | Lead Nurse, Service Delivery, NHSBT |
| Ms Chloe Brown | CB | Statistics & Clinical Studies, NHSBT |
| Dr Paul Carroll | PC | Regional CLOD, Eastern |
| Ms Joanna Chalker | JC | Regional Manager, South Wales |
| Ms Becky Clarke | BCI | Regional Manager, South Central |
| Mr Ben Cole | BCo | Lead Nurse, Family After Care, NHSBT |
| Mr Gordon Crowe | GC | Acting Regional Manager, North West |
| Dr Susan Dashey | SD | Regional CLOD, Midlands |
| Ms Clare Denison | CD | Innovation and Research Manager, NHSBT |
| Ms Laura Ellis-Morgan | LEM | Lead Nurse, Donor Transformation, NHSBT |
| Ms Jill Featherstone | JFe | Medical Education SNOD Lead, NHSBT |
| Prof John Forsythe | JFo | Associate Medical Director, ODT, NHSBT |
| Dr Pardeep Gill | PG | Regional CLOD, South East |
| Ms Monica Hackett | MHac | Regional Manager, Northern |
| Mrs Margaret Harrison | MHar | Lay Member |
| Dr Dan Harvey | DH | National Innovation and Research CLOD, NHSBT |
| Dr Tariq Husain | TH | Regional CLOD, London |
| Dr Alison Ingham | AI | Regional CLOD, North West |
| Dr Ben Ivory | BI | National Education CLOD, NHSBT |
| Mr Rodrick Jaques | RJ | Statistics & Clinical Studies, NHSBT |
| Mr Craig Jones | CJ | Lay Member |
| Mrs Sue Madden | SM | Statistics & Clinical Studies, NHSBT |
| Ms Patricia McCready | PMC | Critical Care Sister, St Thomas Hospital |
| Ms Olive McGowan | OM | Assistant Director of Education & Excellence, NHSBT |
| Dr Reinout Mildner | RM | Consultant Paediatric Intensivist, Birmingham Children's Hospital |
| Ms Katy Portell | KP | Organ Donation Ambassador Coordinator, NHSBT |
| Ms Susan Richards | SR | Operations, NHSBT |
| Ms Rachel Rowson | RR | Regional Manager, London |
| Ms Marian Ryan | MR | Regional Manager, Eastern |
| Ms Angie Scales | AS | National Lead Nurse for Paediatrics, NHSBT |
| Dr Dominic Trainor | DT | Regional CLOD, Northern Ireland |
| Dr Andre Vercueil | AV | Regional CLOD, London |
| Dr Angus Vincent | AVi | Regional CLOD, Northern |
| Ms Fiona Wellington | FW | Interim Assistant Director, Organ Donation & Nursing, NHSBT |

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| Mr Phil Walton | PW | Opt-Out Legislation Implementation - Organ Donation and Nursing |
| Ms Julie Whitney | JW | Head of Referral and Offering/Hub, NHSBT |
| Ms Claire Williment | CW | Head of Transplant Development, NHSBT |
| Dr Argyro Zoumprouoli | AZ | Regional CLOD, South East |

Apologies:

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| Dr Jeremy Bewley | JB | Intensive Care Society Representative |
| Dr Helen Buglass | HB | Regional CLOD, Yorkshire |
| Dr Chris Booth | CB | Regional CLOD, North West |
| Mr Anthony Clarkson | AC | Interim Director, Organ Donation & Nursing, NHSBT |
| Mr Andrew Davidson | AD | Regional CLOD, Yorkshire |
| Ms Sue Duncalf | SD | Head of Operations, NHSBT |
| Dr Katja Empson | KE | Regional CLOD, South Wales |
| Ms Amanda Gibbon | AG | Organ Donation Committee Chair Representative |
| Ms Susan Hannah | SH | Regional Manager, Scotland |
| Mr Rob Law | RL | Regional CLOD – Midlands |
| Mr Tim Leary | TL | Regional CLOD, Eastern |
| Dr Roger Lightfoot | RL | Regional CLOD, South Central |
| Dr Iain MacLeod | IML | Regional CLOD, Scotland |
| Prof David Menon | DM | Faculty of Intensive Care Medicine Representative |
| Mr Mark Roberts | MR | British Transplantation Society Representative |
| Mr Antonio Rubino | AR | Regional CLOD, Eastern |
| Ms Andi Ttofa | AT | Head of Organ Donation Marketing, NHSBT |
| Dr Charles Wallis | CW | Regional CLOD, Scotland |

In attendance:

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| Miss Heather Crocombe | HC | Clinical & Support Services, ODT |
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| Item | Title | Action |
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| 1. | <p>Welcome and Apologies DG welcomed everyone to the meeting and gave details of apologies received as shown above.</p> <p>Declarations of Interest NODC(20)1 There were no declarations of interest in relation to the Agenda.</p> | |
| 2. | <p>Review of previous Minutes and decisions made NODC(M)(19)3 Attendees reviewed the Decisions Made section of the Minutes from the last NODC Meeting held on 12 November 2019, and actions resulting from those Decisions Made. Please see previous Minutes for detail, but:</p> <p>11. NODC supported the actions to date and planned to remove artificial barriers between donor family and transplant recipient contact OM and BC are meeting in the coming week, and will keep DG updated as to progress</p> <p>12. Reasons for Family not Supporting Organ Donation SM has an updated the paper “Reasons for Family Not Supporting Organ Donation”. SM will send this to HC for circulation.</p> <p>13. Moment of Honour A Working Group has been established to look at this, and this is ongoing.</p> <p>NODC Membership List NODC(20)2 DG has circulated an updated NODC Membership List. Attendees are asked to look at this and let DG know if there are any amendments or additions to be made.</p> | <p>OM/BC</p> <p>SM/HC</p> <p>All</p> |

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| 3. | Standing Items | |
| 3.1 | <p>Performance</p> <p><u>ODT Performance Report and progress in reducing missed opportunities NODC(20)3</u></p> <p>This report covers December 2019</p> <p>Please see paper for details but:</p> <ul style="list-style-type: none"> • We have achieved a new record of 25.0 deceased organ donors per million population (in the 12 months to December 2019) and are still on track for another record year. However, January was a high activity month last year (156), so there is a risk that donors per million population will decrease next month if there are fewer proceeding donors • There were 147 deceased organ donors in December and 1228 YTD (vs 1174 in the same 9 months last year, +5%) • The overall consent rate YTD remains at 68%, corresponding to 1697 families saying yes to donation (104 more consents than the same period last year, +7%) • There were 333 deceased donor transplants in December and 2915 YTD (-0.1%, 4 transplants less than Apr – Dec 2018) • Annual turnover in ODT is now 9% • The “Pass It On” public awareness programme is progressing as planned and will build in scale as we approach implementation. New TV adverts were launched in England before Christmas. Awareness of the new legislation across England has reached 55%. 39% of the population of England has registered to opt-in on the Organ Donor Register • We continue to see spikes in opt-out activity, driven mainly by “fake news” on social media, which the team is working to address with new measures being implemented. YTD (Apr-Dec) there have been c400k ODR opt-out registrations <p>ODT Strategic Objectives</p> <ul style="list-style-type: none"> • Consent for organ donation – aim for 80% consent rate in 2019/20 • Deceased organ donation – aim for 26 deceased donors per million population (pmp)(based on a rolling 12-month period), equating to 1740 deceased donors in 2019/20 • % of consented ‘donors’ accepted with organ(s) accepted but no organ(s) transplanted (excluding DCDs who did not die within the timeframe to become an organ donor) • Patients transplanted – aim for a deceased donor transplant rate of 74 pmp (based on a 12-month rolling period), equating to 4956 deceased donor transplants in 2019/20 • Living Donation – aim for 26 living donors pmp (based on a rolling 12-month period), equating to 1740 living donors in 2019/20 <p>It is possible that we could get another record year if we get a great Q4. The work going into Optimising Donation and the new Strategy is focusing on increasing donor numbers.</p> <p><u>Missed Opportunities:</u></p> <p>Concerns were raised by Regional CLODs at the last NODC Meeting about the number of missed opportunities. Significant work has been going on over the last few months to gather data on this. There is an ongoing Datex pilot in the Midlands. It is fair to say there were some challenges in terms of setting it up. 50% of hospitals in the Midlands signed up to pilot. Only one Datex entry has been submitted so far, which was a missed ED referral.</p> <p>At Q2 QPR, we said we would aim to achieve a 97.5% referral rate to deliver up to a possible 48 more donors (by April 2020). Progress to date would indicate that the referral rate is static, but more patients are meeting referral criteria in Q3, leading to an 11% increase in the number of patients referred (214 extra cf Q2). The number of referrals where there has been SNOD involvement has risen to 801, from 796 in Q2.</p> | |

At Q2 QPR, we said we would aim for a 50% decrease in ‘hospital-only’ approaches to deliver up to 44 more donors. There has been a 9% decrease in ‘hospital-only’ approaches in Q3.

Following the plenary session delivered at the Intensive Care Society on best practice approach, there has been great feedback from SNODs and clinicians directly. We have produced a good, entertaining model that has proved to be great for teaching. It was asked whether it would be possible to do any of these training sessions online? DG said that some training videos are being prepared and eg. Regional Intensive Care Meetings would be great places to present.

The good work continues. There is a lot of focus on missed opportunities, and we are heading in the right direction.

Update Regional Deep Dives **NODC(20)4**

Background

The Regional Deep Dive Performance Reviews were initially introduced in September 2019 in response to the fall in deceased organ donors nationally at the beginning of 2019/20, and to support a regional approach to performance encompassing a more detailed review than can be facilitated as part of the monthly performance review calls.

Regions are sent a detailed slide set in advance of the Review Meetings: these slides provide a snapshot of the data at a given point in time, enabling an agenda for discussion.

8 key themes:

- *People*
- *Organ Donation Committees*
- *Pathway Performance Summary and Areas of Focus*
- *Missed Opportunities*
- *Consent/Authorisation*
- *Non-proceeding donors after consent/authorisation*
- *Length of process*
- *H.M Coroner/Procurator Fiscal Permission*

Progress

- North West, London, Midlands and Eastern regions have participated in a Regional Deep Dive Review. Feedback has been positive, with each region identifying outcome-focused actions.
- Missed opportunities have been a key area of focus across all regions
- Additional themes included: the importance of structured CLOD 1:1s, the success of Regional Organ Donation Committee Chair appointments, complexities for the workforce in relation to consent/authorisation, and supporting organ donation from BAME groups
- Deep Dives have resulted in key actions for the regional teams

Next Steps

- SMT have committed to Deep Dives being facilitated across all 12 teams. Dates confirmed with South West, Yorkshire and South East regions before the end of Q4
- Northern, Northern Ireland, Scotland, South Central and South Wales will be facilitated in Q1 2020/21
- Completion of actions to be managed by the Regional Manager for the region, who will feedback on progress at Regional Manager Meetings
- A more detailed report to be submitted to NODC following completion of the 12 regional reviews.

FW wanted to thank JB for all her hard work in putting this process into action.

Update Aide Memoire

JC provided an update on the referral and bedside nurse aide, which aims to assist in the streamlining of referrals, and ensuring that information is available for a quick and thorough suitability assessment.

- If the decision is made to mobilise a Specialist Nurse or Specialist Requestor to further assess suitability, the second page offers some guidance to the bedside nurses regarding what to expect and helpful actions that they may be able to take to progress the donation process in a timely manner
- One of the barriers to implementation appears to have been access to the document, despite the SNOD and SR workforce cascading within units. To overcome this the document is now uploaded onto the microsite. A further communication will be sent to the RCLODs from DG and JC. There is full support from NODC to ensure the implementation of this document, alongside the length of process project. The document will be referenced and included on the national Medical Education training programme. It is hoped that the combination of these actions assists to increase the use.

The form can be accessed and is displayed as below.

<https://www.odt.nhs.uk/deceased-donation/best-practice-guidance/donor-identification-and-referral/>

ODT CLINICAL

Home Deceased donation Living donation Retrieval Transplantation Statistics and reports

Home / Deceased donation / Best practice guidance / Donor identification and referral

Donor identification and referral

Any successful deceased donation programme has a fundamental reliance on the identification and referral of all potential donors.

Organ donation referral and post-referral checklist

This document will help you with the information to provide a referral to the organ donation team. It is also a bedside nurse aide for actions post referral to ensure a timely and thorough assessment, support family conversations and expedite the donation process.

Download the [Organ donation referral and post-referral checklist](#)

Update New PDA

Great progress is being made with the new PDA. It is currently in testing, and the testing seems to be going well. The schedule is tight in terms of delivery, but it is still hoped for delivery into live in March/early April 2020. Feedback from internal testing teams and SNODs doing UAT is that it is making good progress. Train the Trainer rollout starts next week.

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| | <p>SM advised that all programs are ready to go, based on the new design of the dataset, and she is happy with the current position. There may be some subtle differences compared with the current PDA, in the way that data is recorded. The new PDA will present more true and accurate data and will give a better picture of when a <u>real</u> missed DBD has occurred. Key communications will be circulated to everybody before release. DG asked LEM to join the next RCLOD meeting in March – LEM happy to join.</p> <p><u>Length of the Process</u></p> <ul style="list-style-type: none"> • Five pilot sites which have submitted data (three sites collected data for a full 12 months, two joined later) • Meeting took place last week to discuss feedback from those five pilot sites • Most delays were in relation to cardiothoracic offering (organs being accepted then declined at the last minute, causing delays) • It is apparent that screening for livers/kidneys etc is not as robust as we thought • Strict time frames need to be imposed for acceptance times <p>There is a lot of work still to be done, and the CT offering system needs a complete overhaul.</p> <p>OMcG wanted to thank everyone who had been involved with this piece of work.</p> <p>AM said that he was grateful that his centre could be one of the five pilot sites, and that he would find it really helpful to see the data, OM will share the data with all sites when available.</p> | OM |
| 3.2 | <p>Policy</p> <p><u>Peri Mortem Interventions</u></p> <p>The Executive Group Meeting is taking place in March. We need to know whether Scotland ‘wants in or out’ of these intervention recommendations. If they want ‘in’ it will have to wait until their legislation is in place – late 2020/early 2021</p> <p><u>Opt-Out Legislation</u></p> <p><u>Scotland NODC(20)5</u></p> <p>Update points:</p> <ul style="list-style-type: none"> • Public Consultation on Type A pre-death procedures closed 11.12.19, final draft of Type A Regulations is awaiting clearance with ministerial approval • Type B to follow as soon as possible after opt-out introduced with Type A • Excepted body parts regulations draft has been started, further discussions to be had, going out to public consult on content in Feb 2020 • Legislation Guidance (which reflects the requirement of the Act and aids delivery of the training) has been revised and is undergoing internal clearance on legal principles • The Scotland Training plan was recently signed off. Progressing with training dates with the first on 26 March 2020 at the Scotland Regional Collaborative • Monitoring and Evaluation of the 2019 Act has begun with Qualitative Baseline Study (QBS), visits have been paid to NHS sites and staff have been interviewed • Ongoing discussions with new media company regarding a new build on the website and design. Posters ready for advertising in February, infographics and flyer being worked on. • Scotland FAQs under review – will be incorporated into training materials. No evidence of fake news impact, but evidence of this within some BAME communities. Specific wording has been prepared to deal with any negative publicity that happens • No date for go-live of Opt Out in the Autumn will be given until everything is in place. | |

England

- Secondary legislation due to be laid before Parliament later this month and will be debated as soon as possible after that (hopefully in March). Once agreed, Agreed Codes of Practice will be circulated.
- There is no confirmed date for go-live
- All Module 1 SNOD training is complete, Modules 2 and 3 are ready for use
- Roadshows up and running from 11 March 2020, kicking off in Gatwick
- There have been some spikes in opt-out which have passed the 1 million mark. Mostly down to fake news. If anyone spots fake news in the media, please forward details to PW or CC who can react to it
- We are working hard with faith groups, particularly the Jewish groups
- ODR Activity – almost 226,000 opt outs over the course of a 7-day period in January, with 61,000 opt-outs in 9 January alone
- The ODR Team under pressure having to cope with these spikes
- The prediction is that there will be approx. 3¼ million opt-outs in total

Northern Ireland

- The perception is that there is a growing call to adopt opt-out legislation, particularly among politicians
- A Prioritisation Lead is to be appointed in order to move campaigns forward.

Congress 2021 + Next Level MeetingsRe Level 2020 or 2021 **NODC(20)6**Background

- In July 2016, hospital Boards/Trusts were moved from groupings of three levels of donation activity to four
- Re-levelling took place in June 2018
- There is no formula that a certain level generates a certain investment of CLOD and SNOD time, but CLOD PA allocation and SNOD time does follow activity
- Levels are predominantly used for allowing the comparing of “like for like” so that comparator data can be shared, and education/performance level meetings can be held
- Successful and well-evaluated level meetings were held December 2016 – March 2017 (4 level meetings + paediatrics by Skype) and in January 2019 (Level 1, Level 2 and Combined Levels 3&4) and a June 2019 paediatric invitational meeting
- Feedback evaluation suggested that we should re-level every 2 years (with level meetings) with some suggesting every year and others every three years

Options

1. Re-level June/July 2020
 - (a) Hold level meetings post summer 2021
 - (b) Don't hold level meetings
2. Re-level June/July 2021 (3 years)
 - (a) Hold level meetings post summer 2021
3. Other?

Questions for NODC

- Is there any benefit to levelling more often?
- Do we need levelling at all?

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| | <p>After discussion, the NODC recommendation is that Option 2 (Re-level June/July 2021 (3 years)) is the correct option.</p> <p><u>Commonwealth MOU/Charter NODC(20)7</u> <u>Ambition</u> By the 2022 Commonwealth Games in Birmingham, we will have gained support from Commonwealth Nations for an MOU/Charter on organ donation and transplantation which reflects our shared values in:</p> <ul style="list-style-type: none"> • the value of organ donation and transplantation to save and transform lives • the need to ensure safe and ethical practice, and • the benefit that can be derived to all Commonwealth countries through learning and sharing solutions with each other about the common challenges we face <p>The Birmingham 2022 Commonwealth Games presents a unique opportunity to showcase organ donation and transplantation and agree an MOU/Charter between Commonwealth Nations.</p> <p>Please refer to the paper for <i>Background and The Benefits to Commonwealth Countries and:</i></p> <ul style="list-style-type: none"> • http://www.transplant-observatory.org • Lancet, 2011, Oct 15:378(9800):1414-8 • The Declaration of Istanbul 2008 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2813140/ • The 63rd World Health Assembly Resolution 2010 https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-en.pdf <p>for further information</p> <p><u>CLOD 1:1 rename</u> What could we potentially rename the CLOD 1:1? Any suggestions should be emailed to Dale please.</p> <p><u>Should we stop using the term brainstem death? NODC(20)8</u> Question Should we recommend to SMT that we stop using the term “brainstem death”?</p> <p>NODC is asked to make a recommendation to SMT. The decision options are:</p> <ol style="list-style-type: none"> 1. Don’t change 2. Don’t change yet. Review in ... 3. Change for death diagnosis (DNC) but not for donation (leave DBD and DCD) 4. Make the change 5. Create a NODC working group to investigate more formally <p>The majority liked option 3. Forms for the diagnosis of death use “death by neurological criteria” already so ultimately terminology needs to be streamlined. Maybe leave DCD alone for the moment – change DBD? What would the public understand by <i>neurological criteria</i>? The sensible thing is to make no recommendations today but to take a look at it further down the line.</p> | |
| <p>3.3</p> | <p>Education <u>Medical Education Update and Annual Report NODC(20)9</u> NDDC The National Deceased Donation Course (NDDC) is now run six times per year, each course attended by 18 delegates. Tender Appointed Centres: Belfast (once completed), Cardiff, London, Newcastle, Nottingham, Salford, Stirling.</p> <ul style="list-style-type: none"> • Course regularly supports paediatric and adult ICM pathway trainees | |

- Paediatric attendees completing the course are eligible to attend the new Child and Infant Deceased Donation Leaders Course (CIDD)
- Newcastle now established as an excellence centre
- The London Hospital (Bart's Health Trust) is a new centre this year. This centre offers comparable facilities to Newcastle
- New centre Stirling (Forth Valley) is being prepared for delivery in April 2020
- Digital provision for this course needs further work
- CLOD Faculty recruited via this course exceeds 70 in number (adult and paediatric)
- A tender review process is ongoing

CLOD Inductions

There are now two CLOD inductions a year

Chair Induction

Demand only supported one course this year

Paediatrics

Work between the PDS team, medical education and paediatric leads saw the launch of the new Child and Infant Deceased Donation (CIDD) course in December 2019.

Website and e-Learning

Work on this has been slow, no further progress yet on an e-learning platform.

ACCP competency in diagnosis of death in donation

BI has worked with FICM to establish a core competency course to enable ACCPs to safely diagnose death in DCD donation cases.

State of the Art ICS Conference December 2019

Several successful interactive sessions were delivered at the Conference along with a plenary session.

Annual Medical Education Review has identified areas of work anticipated this year including:

- Continued networking and What's App Group with Regional Medical Education CLODs and via the national delivery of courses
- Establishing more comprehensive knowledge of regionally and locally delivered courses
- Continued working with paediatric leads to deliver the CIDD leaders' course for an additional year
- Work with external academics to explore the training and value of the communication used in donation conversations with families
- Development of a one-day non-trainee course
- Evening webinar/Skype lectures. Four planned for this year with the aim to gradually increase to one a month.
- Collaborative leadership to deliver the NHSBT and BTS Congress 2021

Update ACCPs diagnosing death

Signed off by us. We will be doing a run through/pilot in Plymouth in the next few months. To be run by a local SNOD, local CLOD and whoever else the local NHS Trust requires.


Clinical Education Webinars 2020

Four Skype/web-based lectures to be run this year. No firm idea yet what the subjects of those should be. Circulatory Criteria for Death/Clean Language might be a couple of options. 30 min lecture followed by 20 mins Q&A. Any ideas for topics, contact Dale. DG would like to produce a brochure giving details of upcoming topics for the year. SR said it would be a good idea to go to staff and ask them what topics they would like covered. SR will pick that up. LEM mentioned the new piece of technology that has come to NHSBT called Teams and that technology allows you to record sessions. LEM will investigate further and come back to DG.

KP advised that she used to run Webinar training in the US and so she will look at technology options and get back to DG with some advice.

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| 3.4 | <p>Promotion <u>Community Ambassador Programme (timeline for roll out) NODC(20)10</u> <i>Background of the Organ Donation Ambassador Programme:</i> <i>The TOT2020 Strategy placed an obligation upon ODT to “Develop a community volunteer scheme to support Trust/Health Board donation committees to promote the benefits of donation in local communities, particularly amongst groups with little tradition of organ donation”</i></p> <p>Please see paper for full details, but:</p> <ul style="list-style-type: none"> ▪ From January to December, Ambassadors: ▪ Volunteered more than 500 hours of their time to support more than 200 promotional activities or speaking engagements; ▪ Assisted more than 800 individuals to register their donation decision; and ▪ Reported an approximate 3,500 conversations with members of the public <p>The monetary value of the Ambassadors’ time in the 2019 calendar year is approximated at £9,610.</p> <p>DG wanted to thank KP for the huge amount of work she has put into this programme. In turn KP wanted to thank Sandy, who has provided a huge amount of support. If anyone would like an Ambassador to speak at an event, please email the Ambassador inbox (which is checked every day)</p> | |
| 4. | Working Group/Subgroup Reports | |
| 4.1 | <p>NODC Statistics Working Group <u>Exploring timely referral as a potential KPI NODC(20)11</u> Concern has been expressed in the donation community as to the number of referrals made in a timely manner for SNOD deployment. This paper investigated the number of referrals where the referral to approach time exceeded three hours.</p> <p>Please see paper for full details, but:</p> <ul style="list-style-type: none"> ▪ Of the data obtained, 317 observations (9.4% of all observations) were removed due to missing data or errors in the data ▪ The lowest referral to approach time recorded in 2019 was 4 minutes, the highest was 23 days 2 hours and the median was 17 hours 16 minutes ▪ Most referral to approach times exceeded three hours ▪ When a SNOD was present for the approach, a higher proportion of referral to approach times were in shorter time intervals when compared to those where a SNOD was not present ▪ The Eastern, London, Midlands and Northern teams reported the most referral to approach times in the time intervals below 3 hours <p>This was our first look at the raw data. There may well be differences between centres who have an embedded SNOD and where the SNOD needs to travel.</p> | |

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| | <p><u>Monitoring Opt-Out</u></p> <p><u>Proposal outline</u></p> <ul style="list-style-type: none"> • Estimate baseline consent/authorisation rates assuming continuation of current trends • Test for 5% change in consent/authorisation rates • Allow for bedding-in period of 2 years with interim assessment at 1-year post-implementation • Complement with retrospective risk adjusted logistic regression <p><u>Concerns</u></p> <ul style="list-style-type: none"> • Estimated baseline consent/authorisation rates are ambitious • 5% increase more achievable than 10% increase • 5% increase requires 8 year-long evaluation period for Scotland <p><u>Options</u></p> <ul style="list-style-type: none"> • Monitor England and Scotland, in the same way, to detect a 10% increase and accept the rates are ambitious (although similar to current rates in Spain) • Monitor England against a 5% increase and Scotland against a 10% increase, with a justification that it would take too long to detect a smaller increase in Scotland • Monitor England against a 5% increase and include Scotland as the logistic regression analysis to explore whether the same effects are true in Scotland and England <p><u>Question for NODC</u></p> <ul style="list-style-type: none"> • Can we agree the monitoring proposal for England today? The ultimate decision will be made by SMT • Do we use the 5% in England as proposed? Yes, SM to use the 5% for England • Do we use the 5% in Scotland even though this may take some years to achieve? Yes, SM to use the 5% for Scotland | |
| 4.2 | <p>Paediatric subgroup of NODC</p> <p><u>Paediatric & Neonatal Strategy Update</u></p> <p><u>Update Child and Infant Deceased Donation Leadership Course (CIDD)</u></p> <p>This Course was aimed at staff in ICU and Neonatal units. It was a pilot run at the start of December and RM thinks it was a very successful day. Hopefully the next course will have more medics attend, as the last one had a large number of nursing staff.</p> <p>Regional perfusion and DCD donation are now moving into the paediatric arena.</p> <p>Cambridge Group is working on a system that could allow DCD donation in much smaller children but that is going to take a long time.</p> <p>The structure of the NODC Paed Meetings seems to be working well. AS is working on a NODC Paed Performance Report which will be shared shortly.</p> | |
| 4.3 | <p>Research</p> <p><u>Donation Research Annual Report</u></p> <p>1. Projects</p> <p>A. UK Organ Donation & Transplant Research Network – first meeting next week</p> <p>B. 3T Study NIHR HTA submission</p> <p>C. NIHR Highlight Call – Organ Donation & Transplant</p> <p>D. DEPPART – final data analysis, paper expected shortly</p> <p>E. QUOD/RINTAG</p> | |

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| | <p>F. Post 2020 Strategy</p> <p>G. Links with NIHR/Critical Care Speciality Group/UK Critical Care Research Group</p> <p>H. <u>Current situation – ODT Research Studies</u></p> <ul style="list-style-type: none"> ▪ 30 Generic Studies ▪ 10 Specific Studies ▪ 3 Qualitative Research ▪ 1 Service Evaluation <p><u>Priorities 20/21</u></p> <ul style="list-style-type: none"> ▪ Continue/complete above ▪ Consent for Donor Interventional Research ▪ Open Organ Donation Research Meeting ▪ Research Strategy ▪ Network Comms ▪ Program Development Grant <p><u>Uterine Transplantation</u></p> <p>The DBD uterine transplantation programme is in place: there have been no donors as yet, but the process is in place.</p> <p><u>Olfactory bulbs</u></p> <p>Nothing to report back – remove from Agenda.</p> <p><u>QUOD</u></p> <p>Keep on Agenda, but to be called QUOD/INOAR</p> <p>Original funding for QUOD was substantial, and from NHSBT, now at a stage where QUOD needs to look for additional funding.</p> <p><u>There is going to be an organ donation supplement in <i>Anaesthesia</i> magazine in the upcoming months</u></p> | <p>HC</p> <p>HC</p> |
| 5. | <p>Additional Items</p> <p><u>Next Strategy NODC(20)12 and 12(a)</u></p> <p>BH thanked NODC for having him to present on today's Skype call, and presented a first draft of the Ten-Year Strategy to NODC. BH emphasised that all wording, data, tables, targets etc. are to be confirmed.</p> <p><i>Organ Donation and Transplantation : Meeting the Need</i></p> <p><i>A Ten-Year Vision for Organ Donation and Transplantation in the United Kingdom</i> (This is not the final title of the strategy – maybe have more of a transplant focus)</p> <p>Please see paper (below) for details</p> <p></p> <p>NODC(20)12 Organ Donation and Transpl.</p> <p>We are getting to the nitty gritty of the Strategy now so if something doesn't sound right, or if there are any problems with the wording, please speak up.</p> | |
| 6. | <p>Any Other Business</p> <p>None</p> | |
| 7. | <p>Dates of next meetings:</p> <p>22 June 2020, Coram, London</p> | |

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| | 10 November 2020, Coram, London 2 February 2021, Skype | |
| | CLOSE | |

Decisions made

DG wants NODC to be a Meeting which makes decisions. DG ran through the decisions made at the NODC Meeting in November. It has been agreed that "Decisions Made" will become a standing item on all future Minutes.