NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION DIRECTORATE

NATIONAL ORGAN DONATION COMMITTEE (NODC) MEETING AT 10:30 AM ON MONDAY 22 JUNE 2020 BY ZOOM

MINUTES

Present:

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 Liz Armstrong	LA	Head of Transplant Development, NHSBT
Dr Jeremy Bewley	JBe	Intensive Care Society Representative
Dr Tom Billyard	TB	Regional CLOD, Midlands
Prof Stephen Bonner	SB	Royal College of Anaesthesia Representative
Dr Chris Booth	CB	Regional CLOD, North West
Ms Jackie Brander	JBr	Lead Nurse, Service Delivery, NHSBT
Ms Chloe Brown	CB	Statistics & Clinical Studies, NHSBT
Dr Helen Buglass	HB	Regional CLOD, Yorkshire
Ms Joanna Chalker	JC	Regional Manager, South Wales
Ms Becky Clarke	BCl	Regional Manager, South Central
Mr Ben Cole	BCo	Lead Nurse, Family After Care, NHSBT
Mr Andrew Davidson	AD	Regional CLOD, Yorkshire
Ms Sue Duncalf	SDu	Head of Operations, NHSBT
Ms Laura Ellis-Morgan	LEM	Lead Nurse, Donor Transformation, NHSBT
Dr Katja Empson	KE	Regional CLOD, South Wales
Ms Jill Featherstone	JFe	Medical Education SNOD Lead, NHSBT
Prof John Forsythe	JFo	Associate Medical Director, ODT, NHSBT
Ms Amanda Gibbon	AG	Organ Donation Committee Chair Representative
Dr Pardeep Gill	PG	Regional CLOD, South East
Ms Monica Hackett	MHac	Regional Manager, Northern
Ms Susan Hannah	SH	Regional Manager, Scotland
Mrs Margaret Harrison	MHar	Lay Member
Dr Dan Harvey	DH	National Innovation and Research CLOD, NHSBT
Mr Ben Hume	BH	Assistant Director, Transplantation Support Services
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
Mr Tim Leary	TL	Regional CLOD, Eastern
Dr Iain MacLeod	IML	Regional CLOD, Scotland
Mrs Sue Madden	SM	Statistics & Clinical Studies, NHSBT
Ms Patricia McCready	PMC	Critical Care Sister, St Thomas Hospital
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
Mr John Richardson	JR	Acting Assistant Director, OTDT
Mr Antonio Rubino	AR	Regional CLOD, Eastern
Ms Marian Ryan	MR	Regional Manager, Eastern

Ms Angie Scales	AS	National Lead Nurse for Paediatrics, NHSBT
Mr John Stirling	JS	Interim Head of Operations, Organ Donation and Nursing (N.Ireland, Scotland, Northern, Yorkshire & North West)
Mr Ian Thomas	IT	Regional CLOD, South West
Dr Andre Vercueil	AVe	Regional CLOD, London
Dr Angus Vincent	AVi	Regional CLOD, Northern
Dr Charles Wallis	CWa	Regional CLOD, Scotland
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	CWi	Head of Transplant Development, NHSBT
Dr Argyro Zoumprouoli	AZ	Regional CLOD, South East

Apologies:

Ms Helen Bentley	HB	Head of Education and Professional Development, NHSBT
Dr Paul Carroll	PC	Regional CLOD, Eastern
Dr Maria Cartmill	MC	British Society of Neurosurgeons Representative
Mr Anthony Clarkson	AC	Director of Organ & Tissue Donation & Transplantation
Mr Gordon Crowe	GC	Acting Regional Manager, North West
Dr Susan Dashey	SDa	Regional CLOD, Midlands
Ms Clare Denison	CD	Innovation and Research Manager, NHSBT
Mr Rob Law	RLa	Regional CLOD – Midlands
Dr Roger Lightfoot	RLi	Regional CLOD, South Central
Ms Olive McGowan	OM	Assistant Director of Education & Excellence, NHSBT
Prof David Menon	DM	Faculty of Intensive Care Medicine Representative
Mr Mark Roberts	MR	British Transplantation Society Representative
Ms Rachel Rowson	RR	Regional Manager, London
Ms Rachel Stoddard-Murden	RSM	Acting Regional Manager, South West & South Wales
Dr Dominic Trainor	DT	Regional CLOD, Northern Ireland
Ms Fiona Wellington	FW	Interim Assistant Director, Organ Donation & Nursing, NHSBT

In attendance:

Mrs Jacqui Bennett	JRB	Clinical & Support Services, OTDT

Item	Title	Action
Decisions made 1. **The NODC meeting priority was to allow the sharing of COVID-19 first-wave reflections. This would inform any second-wave planning.** 2. **Results of the survey of procurement process for simulation centres (compiled by BI) be shared with SMT.** [Taken to SMT 21st July and will be escalated to Executive Team by Anthony Clarkson.] 3. **Support for NODC Statistics Working Group to** a. **Monitor legislation change as per outlined statistical plan** b. **Trust/Board reports to be 11 months activity only for PDA; donor numbers 12 months** c. **Trust / Board CEO letter – in light of the pandemic to include a strong thank you**		
1.	**Welcome and Apologies** DG welcomed everyone to the meeting; apologies listed above. **Declarations of Interest NODC(20)13** There were no declarations of interest in relation to the Agenda.	

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2.1 Review of previous Minutes and decisions made NODC(M)(20)1
The minutes were accepted as a true and correct record.

DG went through the decisions made at the last meeting. No further comments made.
(i) Full support for implementation of the aide memoire document, as part of the length of process project
(ii) NODC recommendation is that Trust / Board Re-level should be in June/July 2021 (3 years).
(iii) Further discussion is required regarding terminology for death diagnosis and DBD and DCD.
(iv) NODC recommended for Opt-Out Monitoring that a difference of 5% was the best compromise to achieve a useful statistical and clinical analysis of deemed legislation impact in England and Scotland.

This is to be a meeting of reflection.

2.2 Review NODC Membership
DG previously circulated a NODC Membership List (updated in Jan 2020).
DG has made some updates, but appreciates it is ever changing.
Email DG with any further changes, including emails, roles etc.
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<td><u>Standing Items</u></td>
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COVID-19 Updates

COVID-19 impact on Deceased Donation & Transplantation
DG noted thanks to nurses, RMs and Stats for collecting data.
Data presented for United States, Canada and the Netherlands by way of comparison – see report for details.
UK Data revealed:

Until end Feb, predicted increase 2% of deceased donors.
Signs of recovering, but not back to normal.
Referrals dropped in peak of pandemic, now on the way back up. Reason for drop:

COVID +ve, unable to donate.
Age restrictions were implemented to take pressure off intensive care, avoid people travelling around the country, and avoid extensive stays in hospital.

Normal DCD : DBD is 1 : 1.5, ratios altered substantially through worst of the pandemic DBD >> DCD.

DG opened up for comment:

How widely were the age reductions known in Intensive Care and whether surgeons were aware of drop in age range? AI suspects may not have known. SR said consciously tried not to change criteria with hospitals, as prefer they sent referrals for review.
Goal is 100% referral, so none are missed. Nervous at how it will look in next few weeks. Also, whether any fundamental change to DCD.
GV reported drop in referral for DCD. Re-start does look slow, as comparison with data from Spain and Netherlands show.
TL said there appeared to be a widespread assumption in the clinical community that transplantations had stopped. In actually, most urgent patients, were still being transplanted. Referring may have been difficult with so many other competing demands. Data suggests did still refer.
CWa felt as a lot of centres closed, perception is not doing transplants.

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- JBr advised to keep message out whilst transplant centres closed, donation is still very much happening.
- IML said many ICU staff are redeployed staff and not used to dealing with donation. Positive effect in units where nurses team are empowered to refer.
- DG continues to work with SM and Stats team to monitor data ongoing, including referrals and any missed opportunities.
- JFo confirmed that transplant centres which are closed are working hard to try to re-open. Barriers put in place at different centres this morning. Royal College of Surgeons guidelines prioritisation didn't mention transplantation. Discussing fix to this with RCS.
- JFo been working collaboratively with advisory chairs, with meetings held twice a week, including WhatsApp groups.

3.1 Performance

- **National (International) Presentation**
  See report for info.

- **Performance Report** (see report for information)

- **Updates by Region**
  - Staffing
  - PDA
  - Reflections / Issues

- **Eastern Region**
  - MR reported significant staffing issues impacting on SNOD capacity: large number in vulnerable groups, some working from home (WFH) and not able to participate in on-call rota, with additional staff on long term sick.
  - Able to maintain on-call rota and she and RR looked at various ways how London on- call can support the Eastern rota.
  - PDA – at end of last month, still a significant number of hospitals weren't able to audit. However, expect to be up to date by end of this month.
  - Referrals – been monitoring closely, in particular referrals of patients outside DBD/DCD age criteria. Seen a steady increase month by month, quite reassuring.
  - TL requested various time points being mentioned. Feedback from RCS in terms of elective restoration. Is there a timescale we are working towards at which age criteria will be removed and back to BAU? Currently on 60, talk about raising to higher.
  - Concerns about kidneys in that age group as centres closed. No exact date, just monitoring and reviewing.
  - JFo wants to avoid putting too much strain on ICUs. Mentions on most bi-weekly meetings with clinical teams. Agreed to look at further relaxation this week.

- **London**
  - TH reported donor numbers slowly coming back up. Stretched in terms of staffing, relying on redeployed staff from other areas. Asked to double ITU capacity, but staff not available to do that.
  - RA reported London team did good job in supporting wider NHS. All back in team now, reviewing process of what had to deal with and how are we going to work moving forward.
  - London team very dependent on public transport, COVID exposure risk.

- PDA working on VPN access, need time to get back to normal.

- **Midlands**
  - See report provided for more information.
  - TB advised variable how each centre has been hit. Birmingham hit hard, lesser in other areas. Most units are referring. Had one centre said would not support donation at all. Everyone back referring and active. Really brought forward the cluster working, worked with South Central, S.West and S.Wales.
  - PDA OK – Regional team confident retrospective picked everything up. Spoke to various CLODs in Trust, reminding importance of overseeing date.
  - Staffing – well down on SNOD workforce, a lot of vulnerable staff shielding, trainees, secondment, only at 35% of workforce where they should be.
  - Enormous support from neighbouring regions, couldn't have coped without. Haven't been able to not attend a donor yet, due to the additional support. Collaborative work with neighbouring regions has been invaluable.
  - Now back to having monthly updates, CLOD reviews etc.

- **Northern**
  - MHac reported from a SNOD perspective, it's settling back down. Staff that were redeployed have mostly now returned to substantive posts. Impact from those who are vulnerable and degree of challenge with rota cover, but not as bad as others.
  - Team been very diligent. Referral numbers comparable to previous years, although referral rate down by 10% in relation to DCD potential. Age related or C-19 related, no missed opportunities. Donor numbers down 50% on last year, starting to pick up. All units supportive with referrals.
  - GV said hit later and less hard than some other regions. SNOD team did fantastically well. Donation activity getting towards back to normal.

- **Northern Ireland**
  - MHac reported that N.Ireland bucked trend; donor numbers sustained or higher.
  - Transplant centre in Belfast remained open and undertaken 72 transplants during the pandemic, an increase on last year.
  - Staffing – offered service to units, but now fully returned to service. Working on reduced capacity due to vulnerable personnel and staff openings.
  - Activity referral rates comparable, no missed opportunities. Seen an increased in consent rate year to date.
  - Improved relationships with colleagues from different areas. Focus to continue as they are, but alter needs to maintain referrals.
  - DT confirmed referrals maintained for deceased donation; SNODs work appreciated.

- **North West and Yorkshire**
  - Sue D reported for N.West & Yorkshire – N.West has one person shielding, back to full rota from 1 June.
  - Some units still having spikes of C-19.
  - Yorkshire had problems with SR rota, but nearly back to normal.
  - Facilitated 15 donations since April.
  - PDA challenge for some NW hospitals, with 4 not being quite up to date.
  - Isle of Man a particular challenge. Managed to get access to systems which been trying to get for long time.
  - Yorkshire PDA and ICUs up to date.

- Focussed on positive relationship building, ICU, better comms and ways of doing things differently, reducing travel, efficiency and donation outcomes.
- Swabs and ETAs been challenging, but had good feedback. Cluster has been good with support and learning.
- CB led on survey of PPE, highlighted difference on guidance. Found SNODS getting challenged in different ways, either wearing too much or not enough. Give reassurance about level expected. Different approach in every unit. Would be helpful if strong national guide as to what is required and timeframe provided in. This could be pushed out to units and get the right samples in place.
- DG asked CB to share survey, even if anonymised. JFo said recovery doc on website. May fulfil queries. Interested in different views.
- Thanks to JBr for coming to Yorkshire to test.

▪ **Scotland**
  - SH reported staffing of SNODS has gone back to normal on rota. Not had sickness or vulnerable staff. Feedback is they enjoyed working in clinical.
  - Initial PPE probs, but better. Limited office space varies between hospitals. Able to undertake PDA in all places.
  - CLODS said eligibility dropped off. Donation impacted in April, but now recovering.
  - Planning and prep was exhaustive. Challenge in theatre capacity.
  - Building relationships been good. Video calls positively received.
  - CWa said there were challenges between SNODs' desire to be visible on units, but social distancing and requested guidance on this. SH has produced guidance on teams, encouraging staff to go back in where possible.

▪ **South Central**
  - BCl reported S.Central not so badly affected. However, SR service was, so had to suspend.
  - 70% on on-call rota, working towards reinstating. Now got trainees.
  - PDA – team did amazing job in continuing throughout.
  - 3 or 4 weeks no donors, no donor potential. Also included Isle of Wight. Organ Donation starting to recover.
  - Reflection – redeployment to ICUs was positive to develop relationships.
  - Main area – cluster management team pulled together with deployment etc.
  - 3-weekly calls with management team. Continued monthly calls. Beginning to get back to BAU.

▪ **South East**
  - PG reported donation activity mirrors what doing nationally.
  - Activity halved (8 donors in May when last year 16). DCD referrals can't see any true missed opportunities.
  - Workforce – maintained on call service. Workspace back by end May.
  - CLODs – interviews outstanding, arranged online interviews for more.
  - How to reconnect with CLODs and missed regional collaborative was cancelled last minute. Need to plan how to rearrange autumn collaborative, as a year since met with group.
  - MR confirmed able to maintain PDA throughout.

▪ **South Wales**

	- JC reported for S.West & S.Wales, as operate merged rota, which has been invaluable in terms of being able to maintain service, worked together really well. - Affected by shielding and vulnerable staff, sickness etc, operating on 75% of rota. Balanced out to enable to operate and sustain. - With support of colleagues, able to reinstate SR service (which had been suspended). - Two hospitals, Royal Gwent affected, highest hit with C-19 and highest donating. - Lot of support from management team. Been some different guidance, PPE etc. - Opportunity in terms of learning, technology and remote working. - Performance – referrals down, but consent rate 100%, whilst ops been reduced, all been converted. - KE said good for SNOD teams to be part of workforce for ICU. Breaking bad news over phone etc. - IT confirmed relatively spared in terms of C-19 in S.West. ICUs had surge in capacity, but not at levels in other parts of country. Wariness as holiday season approaches. - Activity halved (7 proceeding donors ytd, compared 14 last year). KPIs running at 100%. Donation embedded within units. - Made great use of video conferencing etc to keep staff engaged. Overcome challenges imposed by C-19. - Shared learning between hospitals – encouraging CLODs to keep in touch. Taken opportunity to review procedures, identified areas which may be able to change slightly, which hope to be able to share. JFo is satisfied with how managed, a lot of activity and collaborative working, DBD back to normal, need to work on DCD. Aware another surge in regional/district may occur.	
	3.2 Policy • **Update new PDA** - LEM advised PDA project paused due to pandemic. Were in final stages of test but training wasn't completed due to SNODs and other depts being redeployed. - Everyone worked hard to pause project safely so could restart as quick as poss. Managed to pick up at pace to try to get to a point where can go live. - Completed testing, training sessions recommenced with HI leads and PDS team. - Final user testing to complete over next few weeks for user acceptance. Hopeful for go live Aug or Sept. Working on a couple of features for subsequent release; being able to respond to or accurately report on emergencies. Ability to do case review section, understanding requirement for subsequent release. • **Peri-Mortem Interventions** Working with IC society. Meeting in November, but C-19 intervened. Hope to have project launched in Feb 2021. Signed off for autumn. • **Deemed Consent England** - Disrupted by C-19. Delays to debate stages of legislation in May, deemed consent in England came into force on 20th May 2020. - Not implementing legislation straight away, although law in force. Priority NHS work took over so delay in implementation. - Teams come back and Cathy Miller's team did good job in putting training in online.	

	- 3-phase approach - Cluster and Tissues completed training last week; Cross Countries 4 regions 6 July; Great North 20 July. - Comms gone out for phase 1 to NORS teams and relevant parties; feel like on track again. - Putting training on website. • **Deemed Authorisation Scotland** - SH confirmed Scotland took decision would be delayed and will not come into force until May 2021 (instead of autumn 2020). Group to reconvene in autumn. - Training by video conferencing and online training. Guidance doc remains under review until later in review. - Body parts regulations - no further updates at this time, reviewed Sept. A lot of work to be done to get back on track. Less advanced than England. • **Length of Process / Retrieval time** - IT advised in infancy, understanding complex issues. - Let by OM. - Focus on DBD rather than DCD. • **Next Strategy** BH reported on the Strategy: ▪ Work on Strategy was paused due to BH moving to cover a plasma project in Blood at the start of the pandemic, but moved back to OTDT a couple of weeks ago and has returned to developing strategy. ▪ An umbrella strategy; an overall strategy with plans for specific areas of focus. ▪ Following impact of C-19, aiming to have signed off by September 2020. 3 steps: - Demonstrate impact of C-19 by way of Impact Analysis (for both living donation and deceased donation) with Stats, assisted by Lauren Caddick graduate. - Change strategy with ODT Strategy steering group, engaging with health depts, input from non-execs. - Timing of publication; need to re-engage with organisation and confirm with Board, focussing on Sept launch. BH to send strategy to DH to circulate to group.	
	3.3 Education • **Medical Education Update** - Face to face courses currently paused. - JFe advised looking at digital solutions and re-engagement. - Planning Congress 2021. - See Medical Education report for further details. • **Specialist Nurse Training** - HB reported many teams struggling with on-call capacity. Had to suspend last cohort intake until September, as right at the beginning of lockdown. - Putting together rapid recruitment to hardest hit teams to get them started in Sept. By module 1 end of Sept, hoping to have some FTF workshops. However, working on plan B of video links. Need another 6. Need to get back to simulation work. Next sim course due Feb. Cohort 12 missed out on sim training. - Reducing length of time for competence for SNs to get them out asap.	

	• **Update Survey of procurement process for simulation centres** - Decision that results of the survey be shared with SMT.	
	3.4 Promotion • **Community Ambassador Programme** - KP undertook checking recipients in vulnerable groups. Some doing OK, but some struggling. - Try to understand what further mental health support to extend to ambassadors. Exploring giving access to EAP. - Overall, real determination and keenness to stay active in ambassador programme. Since March, cancelling and postponing events. Were previously on track for record breaking year but had to postpone all activities. - Took on 40 more ambassadors. Applications closed, will hold on file to contact when in a position to continue. - Going forward, programme to go digital, as not clear when things get back to normal. Have pioneering ambassadors who have done digital events for WI groups etc. - Planning more digital presentations and socials. Given Zoom licence to share with community so don't get cut off at 40 mins. - HB requested evening presentations. Yes – reconnecting zooms in lunch hour, didn't really work out. Will be scheduling few out of hours. Also recording sessions to those ambassadors can watch later. Offering some out of hours opportunities. Ambassadors pivotal to rebuilding. - Still building presentation for post law change update. If anyone has presented and has some slides, please send to KP for ideas. ▪ Commonwealth Tribute to Life MOU Project 2022, still proceeding. UK opportunity to demonstrate worldwide leadership and support BAME donations.	
4.	**Working Group / Subgroup Updates**	
	4.1 NODC Statistics Working Group **Support for:** ▪ Monitoring legislation change statistical plan ▪ Trust/Board reports to be 11 months activity only for PDA; donor numbers 12 months ▪ CEO letter – tonal change – to be a strong thank you	
	4.2 Paediatric subgroup of NODC 5th June meeting, PICU call - PICU activity reduced - No observed paediatric COVID surge in numbers admitted - Some PICUs therefore took adult patients - High mortality in adults, non-accidental paediatric injury and PPE and family visits-hard for paediatric teams to observe - PICU teams are exhausted - Donation activity and metrics held up well	

	- Strategy implementation delayed, new triggers for referral, workstreams slowly restarting - P-NODC virtual meeting Sept. - 4 Paediatric DCD heart Tx at GOS during pandemic - Paediatric heart donor occurred	
	4.3 Research - Research in donation and transplantation reduced or ceased - Lessons being learnt from COVID-19 research in ICUs	
5.	**5.1 COVID-19 Updates by NODC External Stakeholder Representatives (if present)** • **BACCN** - Trish reported very quiet throughout pandemic. - Morale – aware been extremely stressful time. - Trying to get back to normal and continue with plans before pandemic hit. • **British Society of Neurosurgeons** • **British Transplant Society** • **Faculty of Intensive Care Medicine** • **Intensive Care Society** - JBe reported profile of Intensive Care not been higher. - Pressure to expect ICU beds, particularly in London, resulting in an increase in spending. - Focus of feeding into new developments. JBe will ensure Organ Donation included within that. - Education excellent at State of the Art meeting last December. This December will be postponed. - In meantime, moving a lot of education online with webinars; eg deemed consent. Organ donation and effect of COVID-19 on it a consideration. - As a charity, heavily focused on fundraising for staff wellbeing. - Stood up compared to other countries. Celebrating donors. - BI offered to assist with developing. • **Royal College of Anaesthesia** - SB reported anaesthetists supported C-19 situation enormously. Starting to relent a little, but RCA keen to get activity up and running. - Running at about 25% of activity at present. Donation top of list of priorities. - Feedback how to promote going forward. • **Royal College of Emergency Medicine** KE reported big change in emergency. Numbers dropped off significantly, greater than thought, only just creeping back to normal. Analysis of attendees to A&E taking place.	

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SWOT Summary
Strengths
1. Use of Technology
2. Cluster working – sharing workload
3. Visible leadership and regular communication
Weaknesses
1. Preventing mixed messaging about importance of the donation service, transplantation still occurring, PPE, need to emphasise differences in devolved nations
2. Needing a health and safety and risk assessment plan for redeployment and PPE
3. Speed and clarity around virology testing

Opportunities
1. New ways of using technology (e.g. live offering, reducing travel and f2f, rapid access to existing systems – VPN, collaboratives – need to explore hybrid models of some f2f and some virtual)
2. Review the SNOD model
3. Relationships – public, government, ICU, bereavement care, transplanters (via weekly clinical team meeting), virology (relationship established with Dr Ushiro-Lumb, NHSBT's virologist)
Threats
1. Variety of response in ICU – PPE, virology, communication and access of relatives, responded
2. Health and Well Being, exhaustion, anxiety, ongoing staff shielding and vulnerability (especially if goes on), staffing shortages on the rota, getting the staff back for 2nd surge that we had last time
3. Massive backlog of non-COVID patients in need, could donation and transplantation be deprioritised

Fuller report, available on request.</td><td></td></tr>
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NIL</td><td></td></tr>
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10 November 2020, Coram, London (if we are able to meet physically)
2 February 2021, Skype</td><td></td></tr>
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