# MINUTES OF THE NATIONAL ORGAN DONATION COMMITTEE (NODC) PAEDIATRIC SUBGROUP HELD ON WEDNESDAY 10TH FEBRUARY 2021 VIA MS TEAMS

**PRESENT:**

| | | |
|---|---|---|
| Reinout Mildner | (RM) | Co-Chair, National Paediatric CLOD, PNODC Chair and PICU Consultant Birmingham Children's Hospital |
| Angie Scales | (AS) | Co-Chair, Lead Nurse: Paediatric and Neonatal Donation and Transplantation, NHSBT |
| Habiba Ahmed | (HA) | Regional Paediatric SNOD Lead, South Central |
| Omer Aziz | (OA) | Paediatric CLOD, PICU Consultant Bristol Children's Hospital |
| Rachael Barber | (RB) | Paediatric CLOD, PICU Consultant Manchester Children's Hospital |
| Hannah Bartlett-Syree | (HBS) | Team Manager, South Central ODT Team, NHSBT |
| Cherry Brown | (CB) | Senior Communications Officer, Media and PR, NHSBT |
| Ben Cole | (BC) | Lead Nurse – Family Aftercare, NHSBT |
| John Forsythe | (JFo) | Medical Director, OTDT, NHSBT |
| Dale Gardiner | (DG) | National Clinical Lead for Organ Donation, NHSBT |
| Charlotte Goedvolk | (CG) | Paediatric CLOD, PICU Consultant Nottingham |
| Margaret Harrison | (MHar) | Lay Member, NHSBT |
| Sally Holmes | (SH) | Education and Professional Development Manager, Professional Development Team, NHSBT |
| Michelle Jardine | (MJ) | Paediatric CLOD, PICU Consultant Cardiff |
| Riaz Kayani | (RK) | Paediatric CLOD, PICU Consultant Addenbrookes Hospital |
| Chris Kidson | (CK) | Paediatric CLOD, PICU Consultant Royal Hospital for Children Glasgow / Edinburgh |
| Mairi Mackenzie | (MM) | Regional Paediatric SNOD Lead, Scotland |
| Sue Madden | (SM) | Senior Statistician, NHSBT |
| Alexandra Mancini | (AM) | National Lead Nurse for Neonatal Palliative Care, Chelsea and Westminster Foundation Trust and the True Colours Trust |
| Gail Melvin | (GM) | Regional Paediatric SNOD Lead, South Wales |
| Tracey Price | (TP) | Regional Paediatric SNOD Lead, Northern Ireland |
| John Richardson | (JR) | Assistant Director – Organ Donation and Nursing, OTDT, NHSBT |
| Rachel Rowson | (RR) | Regional Manager Representative – OTDT, NHSBT |
| Marian Ryan | (MR) | NORS Workforce Transformation Project Lead, ODT Commissioning, NHSBT |
| Emma Schoorl | (ES) | Regional Paediatric SNOD Lead, London |
| Rachel Stone | (RS) | Regional Paediatric SNOD Lead, South West |
| Lisa Tombling | (LT) | Regional Paediatric SNOD Lead - Northern |
| Christina von Barsewisch | (CvB) | PICU Nurse, and Link Nurse for Organ Donation, Manchester Children's Hospital |
| Carli Whittaker | (CW) | Paediatric Critical Care Society (PCCS) Nurse Representative |
| Rachel Wiseman | (RW) | Regional Paediatric SNOD Lead, Yorkshire |
| Joanna Wright | (JW) | Consultant Neonatologist, Leeds Teaching Hospital |

**IN ATTENDANCE:**

| | | |
|---|---|---|
| Trudy Monday | (TM) | Clinical & Support Services, OTDT, NHSBT |

| Item | Title |
|---|---|
| **1** | **Welcome, Introduction and Apologies** |
| 1.1 | R Mildner welcomed everyone to the meeting and noted apologies:<br>Jan Bengtsson, Sarah Box, Sam Bradshaw, Joe Brierley, Mehrengise Cooper, Jo Cox, Nikki Crowley, Michael Griksaitis, Steph Harrison, Nikki Hedges, Lara Jackman, Louise Leven, Sarah Mason, Nagarajan Muthialu, Shirley Riphagen, Mark Roberts, Nitin Shastri, Anju Singh, Jon Smith, Raynie Thomson, Stephanie Thomson, and Carli Whittaker. |

| | | ACTION |
|---|---|---|
| **2** | **Review of previous minutes and action points** | |
| | **NODC PSG(M)(20)2** | |
| 2.1 | The minutes of the previous meeting were agreed and approved as a correct record. | |
| | | |
| | **NODC PSG(AP)(21)1** | |
| | The following actions were reported on (others were discussed on the agenda):<br><br>**AP1 –** Review of the minutes - Action point 6: Social Media family contact:<br>A progress update will be given at the next meeting.<br><br>**AP2 –** Coroner Update Appendix to Integrated Care Plan: Refer to minute 3.1 / 3.2.<br><br>**AP3 –** POD PPP update: Refer to minute 3.3.<br><br>**AP4 –** PNODC Membership ToR: Completed; refer to minute 4.<br><br>**AP5 –** DNN on ECMO guidance: In progress; refer to minute 3.5.<br><br>**AP6 –** 10-point checklist: Refer to minute 6.1. | **A Scales** |
| | | |
| **3** | **Matters arising** | |
| 3.1 | **Coroner / Forensic Paediatric Pathology update** | |
| | Work has continued to engage the paediatric pathologist/forensic pathologists in cases where children die unexpectedly (homicide, or sudden unexpected death). In such cases, support is required from a pathologist regarding supporting proceeding for organ donation.<br><br>R Mildner is working with Dr Marton to develop specific guidance for pathologists; engagement with the Royal College of Pathologists as a representative body will be requested.<br><br>A Scales has requested feedback on the draft appendix from the Regional SNOD working group.<br><br>The point was raised around paediatric neurological testing being used to help with the coroner approval process, and that involving the coroner early allows for an earlier approach to families. This detail will be added to the appendix. The deadline for feedback is 1st May.<br><br>Members were reminded that a multi-disciplinary approach to decision making is important and this should be assessed on a case by case basis. | **R Mildner** |
| | | |
| 3.2 | **Coroner Update Appendix to Integrated Care Plan - NODC PSG(21)1a, b and c** | |
| | Refer to minute 3.1 above. | |
| | | |
| 3.3 | **POD PPP update (Paediatric Organ Donation from Paediatric Units: Investigating Potential, Perceptions and Practices)** | |
| | This research proposal was submitted to the NIHR but was unsuccessful at second stage consideration. Comments received were positive and the proposal was invited to be resubmitted to the next round for consideration in May 2021. D Harvey and A Scales have been working with the Lead, Tracy Long-Sutehall, on the requested amendments. | |
| | | |
| 3.4 | **Paediatric DCD heart update** | |
| | A Scales reported on behalf of L Armstrong. The Royal Papworth Hospital commenced their research study in July 2019 which is focussed on reconditioning of the donor heart | |

| | | |
|---|---|---|
| | (>50kgs) using ex-situ normothermic machine perfusion. The research study was paused in the spring last year due to the COVID pandemic and has not yet restarted. The team have advised that they are in discussion with the regulators regarding the next stage: either to restart the programme to continue their study or begin to use their machine for clinical use. L Armstrong will report an update at the next meeting.<br><br>M Ryan confirmed that the research project was about using the Papworth machine for adult use currently, but also looking at using it for donors of 30-50kg. | **L Armstrong** |
| | | |
| 3.5 | **DNN on ECMO** | |
| | Completion of a guide to support neurological death testing on ECMO has been delayed due to the pandemic. This item will be brought back to the next meeting. | **R Mildner** |
| | | |
| **4** | **PNODC Membership ToR – NODC PSG(21)2** | |
| 4.1 | The NODC Paediatric Sub-Group Terms of Reference were circulated to members and includes the amendment re. the Paediatric Critical Care Society name. | |
| | | |
| **5** | **Clinical Statistics Update** | |
| 5.1 | **Benchmarking Data – 6 monthly report – NODC PSG(21)3** | |
| | S Madden presented a report outlining recent donation activity in each hospital over a 6-month period. It was agreed that regular circulation of this report to members going forward would be helpful. A Scales will work with S Madden on this.<br><br>It was reported that the James Cook Hospital is now not a paediatric critical care unit, and this will need to be amended on the report.<br><br>Data re. PICUs is helpful to allow benchmarking and strategic progress. The data set is PICU-specific as opposed to the annual paediatric PDA which reports data on patients under the age of 18. | **A Scales / S Madden** |
| | | |
| **6** | **Clinical** | |
| 6.1 | **10-point checklist** | |
| | O Aziz reported that this checklist has been developed to ensure that all the different perspectives for paediatric assessment for donation are considered. It will be especially useful for SNODs who are not familiar with paediatric donation. The checklist has gone through several iterations and is currently with the SNOD working group; a copy will be circulated for any final comments before national circulation. | **A Scales** |
| | | |
| 6.2 | **Role of Paediatric retrieval service in organ donation – NODC PSG(21)4** | |
| | O Aziz explained that a need has been identified in the South West for transport teams to have specific guidance about organ donation when withdrawing life support in local District General Hospitals. A final draft document is currently going through local governance processes for implementation soon.<br><br>This document will also be presented to the acute transport group of the PCCS, and it is planned to carry out an audit over the last 5 years. How to capture these data nationally is uncertain but could be carried out via each transport team. It was reported that a 10-year review/audit of the Yorkshire retrieval service has already been carried out. O Aziz to contact Cath Penrose and feedback at next PSG NODC meeting.<br><br>It was noted that it would be useful to refer colleagues to the National Care Plan also within the 'Useful Links' section.<br><br>It is important to consider local/regional practices for example in certain geographies, local withdrawal may occur but that generally most children who are stabilised are admitted to PICU. | **O Aziz / C Penrose** |
| | | |
| 6.3 | **Paediatric Extended Notification Trial (PEN Trial) – NODC PSG(21)5** | |

| | | |
|---|---|---|
| | This paper has been circulated widely outside of NODC PSG and considered by the Operational Teams, Regional Lead Paediatric SNOD meeting, and the joint Paediatric CLOD/SNOD meetings in December, from which positive feedback was received. It has also been presented to the February ODT Business Transition Meeting to establish if the trial could progress forward from April 2021.<br><br>The trial will involve teams in London, Eastern and Yorkshire regions. The aim is to ensure that notification to the OD teams occurs in order for this to be considered as an option in end of life care decision making. It was noted that continuity/sharing of information requires good communications to ensure expectations and agreed planning is completed. J Richardson suggested that in terms of handover, opening a record on 'donor path' and leaving it 'pending' is probably the most straightforward approach in sharing information.<br><br>NODC PSG members are requested to feedback comments including any concerns. One question raised was re. how the success of the trial will be measured. In response to this, a Microsoft Forms mechanism has been set up to collate feedback on all of the notifications which are in place and will be available at the start of the trial. In addition, M Harrison has submitted detailed comments around clarity of responsibilities including feedback from families re: their experience.<br><br>There were no objections from members to commencing the trial in April as planned. A Scales reported that there are training sessions scheduled within the teams from tomorrow through to March. The trial is scheduled to run for 6 months, and the results tracked continuously, which will be reported at the next meeting. | **A Scales** |
| | | |
| **7** | **Regional Updates:** | |
| | Members feedback on progress with:<br>1. SOP / Peer Review<br>2. Successes<br>3. Challenges | |
| | | |
| | **Scotland: M Mackenzie reported the following:**<br>• Numbers remain low in Scotland.<br>• There are good review structures in place with monthly M&M meeting.<br>• Monthly PDA (including level 3 neonatal units) collection and discussions amongst staff take place.<br>• No CLOD in post in Edinburgh currently, it was suggested that reinstating a CLOD would improve joint working. | |
| | **Northern: L Tombling reported the following:**<br>• Paediatric CLOD in post who has instigated invitation to the M&M meetings and is encouraging peer reviews.<br>• Success: recent close work between the forensic pathologist and coroner to facilitate donation.<br>• Paediatric CLOD has good working relationship with the pathologist through regular meetings. | |
| | **Yorkshire: R Wiseman reported the following:**<br>• Monthly M&Ms with SNODs invited.<br>• Post death proforma includes organ donation and is completed for every child death in the hospital.<br>• Success: In the November edition of 'Nursing Times' the team was awarded for increasing patient dignity. This project started in 2015/16 to look at post donation care within the hospice. This has been extended to other hospitals and hospices in the region.<br>• SNOD has had a poster accepted for the BTS Congress.<br>• Plan to audit all level 3 neonatal units from April 2021. | |

| | | |
|---|---|---|
| | • R Wiseman is working with the university delivering 2-hour teaching slots with all paediatric trainees in the region.<br>• Normally a lot of donation promotion has taken place on the ground with the 'be a hero' campaign – this has curtailed due to COVID – therefore the production of large Perspex wall mounts for paediatric donor families are being displayed around the Trust.<br>• Challenge: donation from small infants and the impact on families and staff when logistical challenges prevent this. | |
| | **North West: R Barber reported the following:**<br>• Peer review: no feedback due to meeting papers not being received.<br>• Challenges: High turnover of SNODs. Some communication failure internally because of frequent change of SNOD.<br>• Successes: Continue to have a good referral.<br>• The Manchester Neonatal Unit has been audited since April 2020.<br>• Link PICU nurse has started a 6-month secondment to help promote organ donation within the unit; 50% clinical, 50% working with the organ donation team. She has been developing a parent handbook to work on with the SNODs to address specific issues and working with theatres to help give support and guidance – a poster re. this work has been submitted to the BTS Congress.<br>• N Kishore Puppala is stepping down from his role as CLOD in Alder Hey, so a replacement is required. | |
| | **Northern Ireland: T Price reported the following:**<br>• M&Ms have historically been hospital reviews rather than PICU-led M&M meetings.<br>• Debrief following deaths is common practice.<br>• Success: Recent positive donor experience with associated debrief; excellent teamwork noted.<br>• Challenge: Paediatric CLOD has now left; recruitment for the replacement is underway. | |
| | **Midlands: C Goedvolk reported the following:**<br>• C Goedvolk has been in the Regional Paediatric CLOD role since 1st January. All Paediatric CLODs wished to rotate the regional role to ensure that regional issues continue to be challenged.<br>• Relatively few deaths last year, but an increase since January.<br>• Donation is discussed in all M&M meetings which includes considerations around consent and processes.<br>• Challenges: A number of CLODs are from a neonatal background; there is a need to work out how any developments, learning and practice can be effectively disseminated to the PICUs who do not necessarily have a paediatric CLOD within the unit. Work has begun to establish links between units to try to establish improved communication within the region, and therefore aid more effective working. | |
| | **South Wales: G Melvin reported the following:**<br>• No missed referrals.<br>• All 3 level 3 neonatal units continue to be audited – good links there, and some teaching has been set up online.<br>• Involved in the POPPP research proposal.<br>• Positive links formed with the local hospice: patients can be moved to the hospice post donation.<br>• Challenge: Trying to keep up with the teaching within the unit – the team are a little depleted re. the on-call rota. | |
| | **South Central: H Ahmed reported the following:**<br>• There are two paediatric units in the region, both have monthly M&M meetings which the SNODs are invited to attend. | |

| | | |
|---|---|---|
| | • Oxford have the 'Child Death Review' which takes place after every proceeding donor to review the whole process, which the SNODs are invited to attend.<br>• Success: to date there have been six proceeding donors this year; there is a good relationship between the paediatric and the adult teams.<br>• Success: Very active paediatric CLODs on both sites with excellent SNOD relationships. | |
| | **London: E Schoorl reported the following:**<br>• Regrouping is currently taking place in London – there have been lots of redeployment and displacement of units.<br>• The final paediatric CLOD was appointed this week, so every unit now has a defined link clinician.<br>• Trying next to reallocate a SNOD for every hospital and forge direct links to regional leads.<br>• Next three London shared practices will focus on paediatrics and trying to ensure that there is an up-to-date SOP for each unit.<br>• Implementing a strategy for feedback to regional leads; information will be collated in order to identify any issues or areas for improvement.<br>• 7 paediatric donations this year to date compared with 13 for the whole of last year which is due to an increase of over 50% in consent rate.<br>• Involved in the upcoming PEN trial. | |
| | **Eastern: R Kayani reported the following:**<br>• PICU has been accommodating adults who are mostly under 25 over the last few months.<br>• Challenges: Impact of COVID on transplantation and the knock-on effect on organ donation.<br>• A retrieval service in the east of England is starting on 1st April.<br>• Managing to maintain strong links within the team through this challenging period whilst a lot are still working remotely. | |
| | **South East** – No representation today. | |
| | **South West: O Aziz reported the following:**<br>• Peer Review: The organ donation process is very much embedded within PICU ensuring that organ donation remains a priority within the unit as part of end of life care. The CLOD and SNODs are very much involved in the end of life SOPs.<br>• In terms of child death reviews, the CLOD and SNODs are invited to these to examine any issues, especially in terms of the consent process.<br>• Successes: 100% collaborative approach during the last 6 months predominantly because of the relationship between the SNOD and the PICU team which has been invaluable.<br>• Challenge: Neurological death testing in neonates and supporting colleagues in NICUs to facilitate this.<br>• Teaching: This is continuing across the region with all paediatric trainees, and all neonatal trainees. | |
| | | |
| | **Discussion on supporting neonatal units on testing:**<br>R Barber reported that she recently attended a court case in relation to recognition of neonatal brain stem death. The local unit have agreed that due to infrequency a member of the PICU team will support neonatal testing in future cases.<br><br>R Kayani reported that their unit has formed a core group of colleagues who are confident to perform brain stem death testing, and who can help in the neonatal unit if required; an external person is also used as a second tester.<br><br>O Aziz raised concern from an indemnity point of view as to how a colleague is covered if | |

| | | |
|---|---|---|
| | they are invited into another Trust to assist in facilitating the diagnosis of brain stem death; R Mildner confirmed that this will need to be explored.<br><br>A Scales stated that this discussion can be taken forward with a neonatal working group to examine the challenges raised. | **R Mildner**<br><br>**A Scales** |
| | | |
| **8** | **Media update** | |
| | C Brown summarised the following:<br>• The news has been dominated with COVID-19 over the year. In September 2020 the usual World Heart Day activity took place which went as well as expected and focussed on case studies around children.<br>• There was an article in The Mirror about a one-year old who received a heart during the pandemic, and social media posts have also been used to help raise awareness. This activity reached around 8 million people.<br>• Over the Christmas and New Year period some case study stories were placed directly with 7 out of 8 journalists who were contacted and had some coverage through the BBC. Most of these stories were paediatric related; the focus has been kept up on children and heart transplantation. This activity, along with social media coverage over the festive period, has reached more than 13 million people.<br>• Activity in 2021: further plans will be made for activities over the year as the pandemic situation calms down.<br>• Currently working with the BBC around paediatric hearts, and the GOSH and Papworth DCD Heart programme (they are leading on this activity). There will be a Sunday Times exclusive this month re. a strong positive story supported with various statistics and information to support it, and a BBC broadcast tied into this, hoping for good coverage this month.<br>• Transplant Games, 5th – 8th August: A decision will be made on 28th May as to whether the event will go ahead this summer in Leeds. It will need to be signed off by Public Health England and if there are any concerns with risks around participants and the wider audience it will not go ahead. There are 3 options: the full games dependent on the vaccination programme with medical advice and support from the Chair of Oxford University (who is acting as Medical Director); a socially distanced games; or virtual games; there will definitely be an event of some sort.<br><br>O Aziz raised concern around being mindful of donor families and maintaining anonymity in the media. C Brown confirmed that although there are different relations with different media, the details are kept as vague as possible and anonymity is adhered to in all reporting (omitting the dates, etc). There is a process to monitor this and link back to SNOD support with families where appropriate. | |
| | | |
| **9** | **Strategic plan – Workstream updates including progress data** | |
| 9.1 | **Structural:**<br>H Bartlett-Syree shared slides with members and highlighted the following:<br>• 10 tasks completed and 8 in progress.<br>• Timely review of cases is progressing; quarterly Regional SNOD and CLOD meetings support this.<br>• Quarterly paediatric KPI data/update is now being delivered, supported by paediatric SNODs.<br>• Work continues to ensure there is a clear support structure for all individuals involved in organ donation where a child is the donor.<br>• Ensuring an identified clinical lead for paediatrics in every PICU. No identified lead in the following units: Edinburgh, Liverpool, Leicester (two units), Northern Ireland and Stoke.<br><br>A Scales and R Mildner expressed thanks to H Bartlett-Syree for her hard work and good progress being made on this workstream. | |
| | | |

| | | |
|---|---|---|
| 9.2 | **Operational:**<br>A Scales shared slides with members and highlighted the following:<br>• Good progress is being made with 12 of the actions. 10 are not yet started due to some of the structural issues needing to be in place first.<br>• The Paediatric Extended Notification (PEN) Trial was a big part of this workstream which is due to start next month.<br>• Coroner/PF and Paediatric Pathologist Guidance (as discussed earlier) is also part of this workstream.<br>• The need for small infant organs and organ utilisation <5 years (which also sits under the Neonatal workstream) is a huge project: several SNODs and clinical colleagues are supporting this work. It is hoped for a paper to be submitted to the next meeting of NODC PSG. R Mildner and A Scales are working with the Organ Utilisation Leads to support this work.<br><br>D Gardiner reported that he is working with a team on the Steering Group also looking into organ utilisation: Chris Callaghan (abdominal), Diana Garcia-Saez (cardiothoracic) and Claire Williment (Head of Legislation Implementation Programme, NHSBT); the aim is to share strategy ideas nationally and internationally with colleagues re. organ utilisation. It is hoped that by the beginning of the summer there will be a substantial report available. | **R Mildner / A Scales** |
| | | |
| 9.3 | **Educational:**<br>S Holmes shared slides with members and highlighted the following:<br>• 9 tasks left, 3 have been completed, 1 is yet to be started (around competencies re. retrieval from small infants – this project needs to be taken forward but not at this time).<br>• SNOD: Shared professional practice course delivered virtually last year; there is also a webinar available as a resource to all specialist nurses. A Scales has been working hard at improving the support page on Share Point which is an excellent resource for all specialist nurses. The competencies are being examined to ensure that they continue to be fit for purpose.<br>• Clinical Staff: Deceased Donation Course cancelled in last year due to pandemic. Aim is to facilitate later this year.<br>• CIDD course is now 'business as usual': 3 have now been facilitated by NHSBT, with the last one delivered virtually. Looking to schedule the next one between March and May.<br>• Current focus has been around regional course delivery, working with the paediatric SNODs looking at a local training template and resources available for regional SIMS and how they can be delivered. O Aziz has been working hard with the TROD looking at the core structure of that and how it will be delivered.<br>• Peer review process is continuing, and this is being embedded as part of normal practice now.<br><br>O Aziz expressed thanks to everyone for their support in completing the survey which was circulated; this will contribute towards a resource which can be used for educational purposes – an update on this can be shared in the coming months. | |
| | | |
| 9.4 | **Neonatal:**<br>A Scales shared slides with members and highlighted the following:<br>• Good progress made: 4 tasks are in progress; 3 (from the low priority group) are yet to be started.<br>• Presently restructuring the membership of the workstream group because of changes to people's availability in relation to clinical duties.<br>• One of the other key actions is linking the resources around the safe determination of death (using the new neurological criteria/guidance) into the BAPM website. There has been a lot of discussion within units around where this training sits for neonatologists – most do not have training in this area, but numbers of those needing to do this are likely to be small. R Mildner confirmed that this can be kept under review.<br>• Determining the need for small infant organs is an ongoing extensive piece of work. | |

| | | |
|---|---|---|
| | Steph Harrison (Paediatric Regional SNOD Lead in the Midlands), has captured all audit data for neonatal units in the financial year 2019 and 2020 – approximately one third of the neonatal units have completed all of the audit data information requested. This work will be presented at the next meeting.<br>• Continued challenges with gaining audit data from the NICU: main challenges are accessibility around the data and depends on SNOD resources to capture that. More neonatal units are coming on board and the teams are willing to commit to this if they can.<br>• Work is almost complete with the BAPM website.<br><br>O Aziz referred to the survey conducted with R Mildner amongst neonatologists (not trainees) in 2015 around the process in determining neurological identification of death – there was no experience or training given at that time. R Mildner will send the survey report to C Goedvolk for information.<br><br>R Wiseman commented that some training delivered regionally this year with the neonatal team in Yorkshire directly focussed on neonatal and brain stem death testing which was a well-attended session.<br><br>It was asked as to which centres are currently transplanting neonatal organs. A Scales confirmed that these were the cardiothoracic centres, multi-visceral centres, and 3 liver centres; for kidney the 2 identified centres are Leeds and Guy's. The guidance can change daily though re. additional restrictions in terms of what is accepted in relation to COVID. In terms of lung transplantation and what is being considered by the teams has influenced the decision to push screening down to 36 weeks. | **S Harrison**<br><br>**R Mildner** |
| | | |
| **10** | **AOB** | |
| 10.1 | R Mildner expressed thanks to Stewart Reid with all the work carried out in Belfast. | |
| 10.2 | **Optimisation tool:**<br>C Goedvolk reported that it is due a review. A discussion has taken place with R Mildner, A Scales and C Penrose to identify minor amendments (clarity in terms of inotropes, decision-making around medication and suggested concentrations – obviously local guidelines should be followed); in terms of paediatric patients, there is little change.<br>R Mildner suggested a delay in release until the adult guidance has been reviewed first to determine if there is anything to feed into the paediatric guidance.<br><br>D Gardiner explained the importance of completing the Donor Optimisation survey (estimated 10 minutes to complete). It is thought that the bundles currently in place are perfectly acceptable but not used, and the challenge is to present them more attractively so that people will want to use them more. If colleagues have a paediatric focus, then comments specifically mentioning this would be very useful. In addition, comments re. the highlighted difficulty in navigating the NHSBT website are invaluable and welcomed to help aid future improvement. | |
| 10.3 | R Mildner reflected on positive data regarding organ donation, however also recognising that there continues to be more work to do. | |
| | | |
| **11** | **Next Meeting** | |
| 11.1 | The next NODC Paediatric Sub-group meeting will be held on **15th September 2021, 11:00 – 14:00 via Microsoft Teams** (not on 21st September as first announced).<br>***Post-meeting note:*** A calendar invitation was sent on 10th February 2021.<br><br>**May 2021:** There will be an interim meeting for the SNOD and R-CLODs group. | |