

**ORGAN DONATION AND TRANSPLANTATION DIRECTORATE – NHS BLOOD & TRANSPLANT
NATIONAL ORGAN DONATION COMMITTEE (NODC) MEETING
MEETING DATE: Tuesday 9 March 2021, by Zoom**

MINUTES

Members

Dr Dale Gardner (Chair)	DG	National Clinical Lead for Organ Donation
Dr Alex R Manara (Deputy Chair)	AM	National Quality CLOD
Ms Helen Bentley	HB	Head of Education and Professional Development, NHSBT
Ms Cliona Berman	CB	Regional Manager, Eastern and South East
Dr Tom Billyard	TB	Regional CLOD, Midlands
Dr Chris Booth	CBo	Regional CLOD, North West
Ms Jackie Brander	JBr	Head of Service Delivery – Organ Donation and Nursing, NHSBT
Ms Chloe Brown	CBr	Statistics & Clinical Studies, NHSBT
Dr Helen Buglass	HB	Regional CLOD, Yorkshire
Ms Joanna Chalker	JC	Regional Manager, South Wales and South West
Ms Becky Clarke	BCl	Regional Manager, Midlands and South Central
Mr Andrew Davidson	AD	Regional CLOD, Yorkshire
Ms Sue Duncalf	SDu	Regional Manager North West and Yorkshire, NHSBT
Dr Katja Empson	KE	Regional CLOD, South Wales and RCEM Rep.
Prof John Forsythe	JFo	Medical Director, OTDT, NHSBT
Ms Amanda Gibbon	AG	Organ Donation Committee Chair Representative
Ms Monica Hackett	MHac	Regional Manager, Northern and Northern Ireland
Ms Susan Hannah	SHa	Regional Manager, Scotland
Mrs Margaret Harrison	MHar	NHSBT Lay Member
Dr Dan Harvey	DH	National Innovation and Research CLOD, NHSBT
Dr Alison Ingham	AI	Regional CLOD, North West
Dr Ben Ivory	BI	National Education CLOD, NHSBT
Mr Craig Jones	CJ	NHSBT Lay Member
Dr Roger Lightfoot	RL	Regional CLOD, South Central
Mrs Sue Madden	SM	Statistics & Clinical Studies, NHSBT
Ms Holly Mason	HM	Deputy Head of Organ Donation Marketing, NHSBT
Dr Reinout Mildner	RM	National Paediatric CLOD
Ms Katy Portell	KP	Organ Donation Ambassador Coordinator, NHSBT
Mr John Richardson	JR	Assistant Director – Organ Donation and Nursing, OTDT
Mr Antonio Rubino	AR	Regional CLOD, Eastern
Ms Angie Scales	AS	National Lead Nurse for Paediatrics, NHSBT
Mr John Stirling	JS	Interim Head of Operations, Organ Donation and Nursing
Ms Rachel Stoddard-Murden	RSM	Acting Regional Manager, South West & South Wales
Mr Ian Thomas	IT	Regional CLOD, South West
Dr Dominic Trainor	DT	Regional CLOD, Northern Ireland
Dr Andre Vercueil	AV	Regional CLOD, London
Dr Charles Wallis	CWa	Regional CLOD, Scotland
Mr Phil Walton	PW	Opt-Out Legislation Implementation, Organ Donation & Nursing

Apologies

Miss Jo Allen	JA	Performance and Business Manager, OTDT, NHSBT
Ms Liz Armstrong	LA	Head of Transplant Development, NHSBT
Dr Jeremy Bewley	JBe	Intensive Care Society Representative
Prof Stephen Bonner	SB	Royal College of Anaesthesia Representative
Mr Ben Cole	BCo	Lead Nurse, Family After Care, NHSBT

Ms Alexandra Cullen	AC	Head of Organ Donation Marketing, NHSBT
Ms Laura Ellis-Morgan	LEM	Lead Nurse, Donor Transformation, NHSBT
Ms Jill Featherstone	JFe	Medical Education SNOD Lead, NHSBT
Dr Pardeep Gill	PG	Regional CLOD, South East
Dr Tariq Husain	TH	Regional CLOD, London
Mr Roderick Jaques	RJ	Statistics & Clinical Studies, NHSBT
Mr Tim Leary	TL	Regional CLOD, Eastern
Dr Iain MacLeod	IML	Regional CLOD, Scotland
Ms Patricia McCready	PMC	BACCN Representative
Ms Olive McGowan	OM	Assistant Director of Education & Excellence, NHSBT
Ms Susan Richards	SR	Head of Operations, NHSBT
Ms Rachel Rowson	RR	Regional Manager, London
Dr Angus Vincent	AV	Regional CLOD, Northern
Ms Julie Whitney	JW	Head of Referral and Offering/Hub, NHSBT
Ms Claire Williment	CWi	Head of Legislation Implementation Programme, NHSBT
Mr Colin Wilson	CW	British Transplantation Society Representative
Dr Argyro Zoumprouli	AZ	Regional CLOD, South East

In attendance

Mr Chris Callaghan	CC	National Clinical Lead for Organ Utilisation (Abdominal), NHSBT
Dr Nikki Crowley	NC	Specialist Trainee in Neonatology in London, and Trainee in Organ Donation (TROD)
Ms Louise Davey	LD	Team Manager, South East, NHSBT
Ms Clare Denison	CD	Clinical Trials Unit, NHSBT
Miss Gillian Hardman	GH	NHSBT Clinical Research and Clinical Audit Fellow in Cardiothoracic Transplantation
Mrs Sharon Henry	She	Team Manager, South West Organ Donation Services Team
Mr Ben Hume	BH	Assistant Director, Transplantation Support Services
Miss Trudy Monday (Minutes)	TM	Clinical & Support Services, OTDT, NHSBT
Ms Margaret Stevens	MS	Clinical Trials Unit, NHSBT

Decisions of NODC(M)(21)1

- NODC thanked and recognised Susan Richards and Maria Cartmill at their retirement for their contribution to organ donation in the UK.**
- A representative from the Pathway Intelligence Group, investigating the length of the donation pathway, will be asked to present their findings at the next NODC, June 2021.**
- NODC will seek to be able to endorse the Donation Actions Framework, in time for any launch at the ICS State of the Art December 2021.**
- NODC endorsed the proposed Role Description for Regional TRODs and agreed to encourage a TROD appointment in each region.**
- Locally designed diagnosis of death using neurological criteria (DNC) electronic testing forms: NODC would support any electronic version of the form provided they include the key aspects of the current nationally endorsed FICM/ICS testing forms, and as long as there is a mechanism which enables information to be shared easily with the NORS team. R-CLODs are urged to review any electronic testing forms in use or proposed in their region.**
- A short-term NODC working group was formed to revise the DBD Donor Optimisation Extended Care Bundle. To report at NODC, June 2021.**
- NODC congratulated the OTDT Medical Education Team for winning the Intensive Care Society Education Team of the Year for 2020.**
- NODC supported the use of a proposed revised 'DCD approach rate' calculation. This is based on a new category of eligible and medically suitable (no absolute contraindications and not screened out) available through the introduction of the new PDA in the UK.**

9. NODC acknowledged that more work is needed in the new PDA before use can be made of the new data on 'reason for planned withdrawal of life sustaining treatment' and 'primary SNOD input – active/passive/not reported.'		
No.		Action
1	<p>Welcome DG welcomed everyone to the meeting and advised that the meeting was being recorded to assist with minuting; there were no objections to this. DG announced that he is back to full health and expressed thanks to AM for chairing the last meeting.</p> <p>Apologies received Please see above.</p> <p>Declarations of Interest – (NODC)(21)1 There were no Declarations of Interest in relation to today's Agenda.</p>	
2	Reviews	
2.1	<p>Review of previous Minutes and Decisions Made – NODC(M)(20)3(AM) The minutes of the NODC Meeting from 10th November 2020 were deemed to be a true and accurate reflection of the content of that meeting.</p> <p>AM reported the following:</p> <ul style="list-style-type: none"> - Following last meeting's suggestion of a need for professional bodies to work together with NHSBT to create guidance due to the pandemic, it was decided that the focus should be on education through the ICS and the Association of Anaesthetists. BI reported that the education element has been running smoothly via webinars (including exam preparation), trying to communicate that donation is still happening. - Further consideration regarding terminology for criteria used in death diagnosis and confirmation of DCD and DBD would be at the planned RM/R-CLOD meeting in June. - AM circulated a paper regarding the extremely rare possibility of discovering an unexpected pregnancy during organ retrieval – Members are asked to send final comments to AM within this week, which will then be forwarded to Ian Currie for finalising and sharing with the Retrieval Advisory Group. 	All
2.2	<p>Review NODC Membership (for information and email update prior to the meeting) – NODC(21)2 Please send any amendments to TM going forward.</p>	
3	Standing Items	
3.1	<p>Performance</p> <p>COVID Update – NODC(21)3 DG shared slides (previously circulated to members). Key points highlighted:</p> <ul style="list-style-type: none"> - The R number is decreasing, really encouraging with these reassuring figures. - The data indicates how bad the second wave was in comparison to the first wave. - Re. these data, in the UK the donation and transplantation numbers are in-keeping with the other countries within Europe and around the world. - The consent rate was high even during the pandemic peaks. - A better understanding is needed re. the 'push' factor from donation versus the 'pull' factor from transplantation i.e. offering versus acceptance; it is made more complicated by screening occurring before offering in DCD. Interpreting the 'pull' factor from transplantation is important as this aspect is often not examined. 	

	<p>- As a donation community, the UK is very unique in the world and ahead in terms of vaccination and attitude towards recipient vaccination; some other nations are debating which vaccine to use. The UK view is to give either vaccine (this is the same for recipients of organs).</p> <p>JFo reported that the Statistics and Clinical Studies team set up a registry of COVID diagnosis patients (which has been a useful resource throughout the pandemic) and are keen to link vaccination data with that registry data as well. It will become apparent in time if vaccines are working effectively, and if one vaccine is more beneficial than another. There is an agreement in principle to link those data and sources, but this is not possible yet. DG commented that this is important and in future it is hoped that conclusions re. benefits for both vaccines will be able to be shared.</p>	
	<p>Performance Report – NODC(21)4</p> <p>Members received the OTDT Performance Report. The figures for February are still being compiled. JBr thanked everyone for their commitment and support across the deceased donation pathway through to transplantation. The following were highlighted:</p> <ul style="list-style-type: none"> - 1051 deceased donors until the end of February. - Activity was lower in February itself: 67 proceeding donors with 67 % consent rate but there were less approaches and less consent authorisation than what would be seen on another month; 73% consent rate for DBD, 58% consent rate for DCD, 164 deceased donor transplants. - A huge amount of work has gone on within the clinical teams to ensure that donation and transplantation can still happen. Thank you to units as well in supporting donors. - Very high referral rates continue – 94% with few missed potentials. Units are continuing to refer. Continued high rates of SNODs being present in family conversations. <p>In conclusion, transplant activity returned rapidly over the summer, and it is important for NODC to recognise the incredible efforts of people working in donation and transplantation. In addition, JR reported that in relation to the SNOD teams, the activity within the teams are recognised and acknowledged over the months, and this commendation should include Hub Operations also as they have worked hard in altering offering processes and relisting of patients etc).</p>	
	<p>Deemed Legislation Update</p> <p>PW reported the following:</p> <ul style="list-style-type: none"> - Since the legislation went live, the provisional data from England from a performance point of view: 316 consented with 232 proceeding to donation, resulting in 590 life-saving transplants. During the post-implementation phase, moving towards the 70% consent rate where deemed consent can be applied. - Opt Out programme for England is in the winding down phase and will be 'business as usual' from 1st April. That programme will be succeeded by a smaller project group which will be embedded in Scotland, Guernsey and Isle of Man as they progress their legislations. - Scotland go live on 26th March – everything is ready to go with support; all of the education side and engagement activity has been carried out. DG expressed best wishes to Scotland for this date. - Northern Ireland: consultation with the public has been opened and is now closed. There was an excellent response and looking very positive to move towards deemed consent in Northern Ireland. This gives colleagues the confidence to mirror what is happening in England and Wales, so transition and implementation should be straight forward. - Isle of Man – their legislation has gone through the legislation council – next stage is to apply/submit for royal assent – implementation is then received and hoped to go live in 2021. 	

<p>- Guernsey are prioritising their work schedule from a political perspective; their Act is in place but are yet to announce an implementation date.</p> <p>PW confirmed that re. the transition into BAU, there is a plan to continue the specialist nurse and requester debriefs: the debriefs would have already been transitioned to the professional development team with the undertaking of activities locally and at national level. Re. the Scottish point of view, SHa and the PDS in Scotland will take responsibility for the debriefs and will be continuing them.</p> <p>JFo expressed sincere and grateful thanks, which DG echoed, to the Opt Out team for not only taking this legislation forward in England at such a difficult time, but also to the Scottish team who have also done a superb job.</p> <p>SM stated that it would be difficult to disentangle the data re. the improvement in consent rate during COVID in relation to Opt Out. A retrospective analysis could be carried out to examine if there is an element which can be used to identify comparisons within that around the impact of COVID. SM will share her slides with members to illustrate the model going forward.</p> <p>SHa reported that some of the effects/impact are now coming through as a result of the leaflet drop, which was done very well with a good explanation around pre-death procedures and has prompted conversations in the community. SHa will share the leaflet with members.</p>	<p>SM</p> <p>SHa</p>
<p>Operational Update JS reported the following:</p> <p>Key successes:</p> <ul style="list-style-type: none"> - Supporting ICUs across the regions through the pandemic and coming out relatively intact. - At the recent BTS/NHSBT Awards: every region was represented either as a nominee or were highly commended; well done to all who were nominated or won an award. North West and Yorkshire regions were well represented in the CLODs section. - Maintaining great performance across donor pathway in terms of referrals across all regions. - Legislation and opt out rolled out in England and rolling out into Scotland. - Low staff turnover, stable workforce. - South Central have had their first ODC Chairs Network meeting which was successful. - South West have initiated the Remote Support Role for all referrals to support SNODs/SRs, enabling access to patient records – ensures that the whole process has been able to run smoothly. - R-Chair appointments taking place in South West, London and Northern. <p>Key challenges:</p> <ul style="list-style-type: none"> - Recognition that there has not been a normal ability for the SNODs to be present in the ICU wards. - Recognising staff and team morale could be overlooked as progress is made beyond the pandemic. - COVID cases remain high in some areas. Preparing for the 3rd/4th wave: Wales have had an extended second wave – staff have been extremely resilient. - Recognise potential for increased staff absences going forward and being caught in ‘test and trace’. - Training and supporting new staff: about how we can continue to support and train. <p>Regional/National initiatives/events:</p> <ul style="list-style-type: none"> - Spring collaboratives are likely to be virtual going forward for the time being. 	

<ul style="list-style-type: none"> - South Central have been trialling the role of a Tissue Donation Nurse; the pilot will be extended. - Transplant Games is scheduled to take place in Leeds in August; it is hopeful that it will go ahead in some form. - Introduction of Clinical Supervision: this has been piloted in the south west; looking to expand across all teams. - Well prepared for presumed authorisation in Scotland, going live on 26th March. - Ongoing work to support legislation change in Northern Ireland, Isle of Man and Guernsey. - Workforce phase 2: work ongoing and a business case is being worked on, likely to be taken forward in the new financial year. Workforce stage 1 was looking at cluster working; workforce 2 is looking at reducing number of hours on call. - Equality, Diversity and Inclusion Action Plan launches end of March, focusing primarily on workforce (the SNOD and SR workforce does not reflect the community which is served). - Liz Middlehurst (previously a SNOD and has held a number of senior roles) is the new Head of Operations, looking at supporting the South West, South Wales, South Central, Midlands, Eastern, South East and London. Position became vacant due to the retirement of Susan Richards who has been an amazing person and invaluable force. <p>In terms of celebrating and highlighting the success of organ donation and transplantation activity in the community, it was confirmed that engagement with social media has remained strong at a regional team level, however, a common message to the general public is needed. KP stated that this can be taken to the team to investigate any opportunities to promote stories of transplantation, including milestones, or past events, and find out if there are any plans to share this.</p> <p>RSM reported that normally these stories for the media come from the work carried out re. the St John Award: families receiving the reward generates conversations in all types of media platforms. Due to no reward ceremonies during the pandemic, the Communications Team have been asked if there are any families who wish to share their stories. Last year Scotland decided to make a video presentation for the family, with families being sent awards by post with a view to being part of a ceremony in the future. There is a meeting in May to discuss whether the rest of the UK would want to produce a video presentation in the same way. These films have been shared at congress and there is a meeting this month to discuss how these videos will be launched.</p>	
<p>Regional Chair Update</p> <p>AG reported the following:</p> <ul style="list-style-type: none"> - Appointment of Regional Chairs is gathering momentum. - AG has been assisted since 1st January by a second Regional Chair in London. The additional support they can offer to the Trust has been well received, helping with advising on ODC finances, and helping to re-establish an Organ Donation Committee (which is now in the process of finding another permanent Chair). - AM has run a regional session re. marketing, the feedback from which was very good. - A forum for Regional Chairs to meet to share practice and to think about what their role is would be useful (like R-CLODs). - The Regional Chair role is deemed necessary, and a collaborative of regional chairs may help the future Regional Chairs feel supported and empowered to carry out their role. - AM is looking to create a single database of all the Regional Chairs; JR will be able to locate a list of names via his PA and send to AM. It would be ideal if by the June NODC meeting there was a Regional Chair in place for each region. <p>DG raised the possibility (inspired by the 'Green Room' at the recent BTS Congress) for colleagues to have the opportunity to informally chat about issues by having a set time on a regular basis scheduled to do this (once per week maybe).</p>	<p>JR</p>

3.2	NODC Stakeholder Representative Update (if present)	
	<ul style="list-style-type: none"> • BACCN: No representative available today. • British Society of Neurosurgeons: Maria Cartmill has now retired – thanked, so a new representative is required – anyone with suggestions should email DG. • British Transplant Society: No representative available today. • Faculty of Intensive Care Medicine: No representative available today. • Intensive Care Society: No representative available today. • Royal College of Anaesthesia: No representative available today. • Royal College of Emergency Medicine: KE had no updates to report. Slowly recovering, normal attendances are returning, pressure from exit lockout from emergency unit to the hospital is improving. Not sure if there have been any major changes re. donation from the emergency unit. 	
3.3	Policy	
	<p>Length of the Process/Retrieval Time IT reported that the ‘Pathway Intelligence Group’ has been examining the length of pathway from referral to transplantation to identify any areas where changes can be made to reduce the process. This is an important piece of work because most transplantation happens during the day which impacts on theatre utilisation. Huge thanks were expressed to Statistics and Clinical Studies and Ian Currie for collating the data. A report which will be aimed at transplantation community colleagues will be available hopefully in the next couple of months in time for the June NODC meeting; comments are welcomed.</p> <p>6-Monthly Length of Process Report (for information) – NODC(21)5 The 6-monthly length of process report (April to September 2020) was received by Members; the next report will extend to June 2021. SM highlighted that for both DBD and DCD family decline occurred because the length of process was too long. DG reported that LEM was going to look at the time codes to be used with the new PDA to gain more information.</p> <p>Donation actions framework AM reported that the findings from this project (which started in 2019 but has had delays due to COVID) was presented at the recent BTS Congress.</p> <p>The reason for updating the anti-mortem interventions guidance was primarily driven by the Department of Health’s withdrawing of its guidance in 2009 asking the professional bodies to manage and provide clinical guidance. A number of professional, ethical and legal publications are being brought together within this project and will include areas such as Opt Out legislation, and how new technologies can be approved. Regional perfusion helping with organ recovery and aspects of practice which are already embedded may also be covered.</p> <p>The plan is to have a writing committee to go through the framework sentence by sentence and a final draft made available for consultation by June (and for NODC to endorse it). It will also go out to stakeholders and feedback will be incorporated into the final document. The aim is to launch the framework in time for the Intensive Care Society meeting in December (if that takes place). This new document will supersede the previous Department of Health document.</p> <p>Trainees in organ donation – NODC(21)6 RM reported that NC and AG are the two national neonatology and paediatric Trainee Representatives in Organ Donation (TRODs).</p>	

<p>NODC is asked to endorse the proposed Role Description for Regional TRODs and encourage their appointment in each region.</p> <p>DG asked Members to take this to the regional collaboratives in the spring, with a view to ideally having some TRODs in post for the June NODC meeting. It was noted that the Regional TROD role description is purposely provided as a Word document and can be modified to the role required by a TROD within the region. Any Regional TROD applicant needs to ensure that they have support from their educational supervisor. This role is established by NHSBT and does not attract remuneration. However, reasonable expenses (eg. travel expenses) with prior approval will be reimbursed.</p> <p>Following an online vote during this meeting, it was agreed that TROD should be the abbreviation for 'Trainee Representative in Organ Donation' rather than as in the draft role description 'Trainee in Organ Donation'.</p> <p>NODC endorsed the proposed Role Description for Regional TRODs and agreed to encourage a TROD appointment in each region.</p> <p>Electronic diagnosis of death forms</p> <p>JS reported that feedback received from some of the SNODs is that paperless documentation is becoming increasingly preferred in some Trust/Boards. Some have designed their own electronic form for diagnosing death using neurological criteria (DNC). These local forms do not always reproduce the information and questions found in the nationally endorsed testing forms. Additionally, it is not always easy to share the electronic form with attending NORS teams who need to sight the confirmation of death before commencing organ retrieval.</p> <p>The following points were raised during discussion:</p> <ul style="list-style-type: none"> - The guidance and paper testing forms from FICM and Intensive Care Societies have been revised/developed over time, and with the AoMRC Code of Practice are the standard advised to maintain safety in the diagnosis. - Communicating that information to the NORS Teams in a consistent way is important – an electronic version would need to provide the same, but this could be difficult to do as each Trust uses different systems. - An electronic form would need the feature of being able to add specific values, not just drop-down answers, if it is to replicate the nationally endorsed forms. - Sheffield has a system whereby an electronic form is printed and then completed by hand. - Would it be possible to have a pdf-type of form which could be completed online? - There is more risk with different forms being used in different regions – the R-CLODs would be able to confirm which forms are being used in each region. <p>In conclusion, DG confirmed that NODC would support any electronic version of a form which captures the key aspects of the current (FICM/ICS) testing form being used, and as long as there is a mechanism which enables information to be shared easily with the NORS team. R-CLODs are urged to review any electronic testing forms in use or proposed in their region.</p> <p>CLU update</p> <p>DG welcomed CC to the meeting and thanked him for joining today. CC reported that this is a short-term scheme funded by NHSBT for transplant physicians and surgeons. Invitations went to all units asking for nominations of people for these posts. All transplant units (except one) in the country successfully fulfilled roles. The role needed to look at improving</p>	<p style="text-align: center;">All</p> <p style="text-align: center;">R-CLODs</p>
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utilisation, engaging grass roots with colleagues within their units, making contact with CLODs, and attending an organ donation committee if needed.

There have been 3 or 4 engagement calls comparing notes on local and national projects, looking at how ideas can be compared. DG has provided support and feedback re. how the scheme should move forward. It was noted that fundamental change within units occurs when there are champions within units; this is to ensure transfer from donor to transplantation – the whole process.

Next steps: a report will be written as an outcome of the CLU scheme. There is a national utilisation conference in late May when the project can be finalised, following which a business case will be submitted to NHSBT. DG noted that to secure funding for this will be important for the transplantation community, especially as there is pressure from other projects in terms of obtaining funding. Patients on dialysis is expensive, so the case is strong in terms of the improving transplantation as well as donation.

Donor Optimisation Survey

GH gave an update on some of the ongoing work with information gathering re. the donor management pathway within the UK, which is looking at improving the quantity and quality of organs by improving donor management – this should happen across the whole range of transplantation throughout the organisation. In the UK, the DBD donor optimisation extended care bundle is used, but there is some variation and inconsistency with the use of this, and the research aims to look at the attitudes and ideas towards the donor care bundle and donor management.

GH outlined a summary of the information gathering:

- 1st phase was a self-administered questionnaire study which was sent out to all CLODs, SNODs and Regional CLODs across all 12 regions in the UK (it closed on 5th March). 290 responses were received, which is 46% response rate – good representation across all groups across all regions.
- Most agreed that good donor management and increased optimisation generates increased proceeding donors; some mentioned using the donor optimisation bundle.
- A donor care tool is useful (especially as having a donor in hospital is an infrequent event), easy to use, and forms part of people's practice when it comes to donor management, but the donor care bundle should be redesigned and updated (currently too-wordy, too complex) – needs to be acceptable to all staff groups, usable and user friendly (need to think about what the tool needs).
- Sometimes there is a lack of awareness of the tool.
- The study's free text boxes gave more informative data for the analysis. The themes arising include the view that a standardised approach to care is important but recognised that some Trusts do not implement the NHSBT donor care bundle.
- It was agreed that having prompts and targets helped the SNODs, CLODs and bedside nurses, giving them the confidence to raise these concerns and manage the situation with the patient.

Next steps: further analysis of the results to be completed, and then forwarding to a focus group to develop and advance the bundle in its current form based on the feedback about the current bundle; this new version will then be submitted to NODC for feedback. A prototype could be piloted in a region first from June onwards, with a view to implement it nationally in November; an evaluation/audit of the new version would follow.

To understand more about what individual groups of users need from the bundle (ICU staff members of different grades, other clinical professionals) input is welcomed from anyone from the NODC community – interested people should contact GH directly. A short-term

	NODC working group will be formed to work on this. AS to consider the needs from a paediatric perspective.	
	~ Lunch ~	
3.4	Education	
	<p>Medical Education Update – NODC(21)7 Members received a brief summary update. BI highlighted the following:</p> <ul style="list-style-type: none"> - Won the Intensive Care Society Education Team of the Year for 2020. - During COVID, organ donation education has continued within intensive care. CLOD inductions have been carried out remotely, and Chair sessions have been booked for next week. Sessions have also been scheduled for intensive care trainees. - The National Deceased Donation Course for Intensive Care Medicine Trainees is scheduled to take place at the end of June in Cardiff (fully booked); also, dates are in place for London and Belfast. - Getting back on track towards ‘business as usual’ re. training. <p>DG praised BI and JFe for managing to continue the delivery of this medical education in a pandemic, and BI for his leadership.</p> <p>Specialist Nurse Training Update HB reported that NHSBT are one of the very few NHS organisations that has kept training going in a pandemic. The following summary was given:</p> <ul style="list-style-type: none"> - There has been a delay with the start date for those in new roles, so they have continued in their existing capacity for the interim. Those with existing competence – 6 out of 23 were competent at the 5-month stage. Virtual training has been provided for the theoretical aspect. Some element of celebration of this training will take place when it is possible to do so in the future. - The next cohort of training for 14 SNODs has started this week. - Delivering full training virtually is not the way forward due to the long days at a screen, which poses challenges with discussion and sharing practice. Therefore, the aim is to try to run a hybrid version going forward; this could be from July but depends on people’s ability to travel. - All other training is continuing. - Regular debriefs are taking place on all sessions, including legislation – this has become a lot more embedded and people are becoming more confident. - National e-Learning Programme: working platform space is being worked on with Lisa Johnson; there are no time scales yet. <p>DG gave credit to HB and her team for delivering this training, and for enabling new SNODs to join the rota in a pandemic, great work done.</p> <p>Congress 2021 update The event was very positive, exceeded expectations, and the ‘green room’ was a particularly useful resource; the formal report will be available in June. On-demand videos will be available for everyone to access. The following was highlighted:</p> <ul style="list-style-type: none"> - It was noted that from an ambassador’s perspective, it was very useful to have them and donor families involved – they felt valued, and the networking opportunities were great for sharing ideas and best practice. - The ‘UK Opt Out Experience’ session was well received, especially with the international audience. It is available on YouTube. - Since the last NODC meeting, work on consent rate analysis was submitted, and is now accepted for publication. 	

	<ul style="list-style-type: none"> - Forthcoming projects in the coming months include new data fields in the PDA, and the impact on COVID in the UK (comparison of risk rates with COVID). - Standardisation of data to be used to be able to make comparisons with other countries. <p>A hybrid version of this event going forward would allow access to more people to attend flexibly. It was asked if it would be possible to have someone from Tissue and Eye services involved also, but this seems unlikely unless there were a lot of orthopaedic surgeons or ophthalmology surgeons attending. The next joint Congress will be in 2023.</p>	
3.5	Promotion	
	<p>Community Ambassador Programme KP summarised the following:</p> <ul style="list-style-type: none"> - For the 2020 programme, since many of the ambassadors are in a vulnerable group, a risk assessment was carried out re. attendance at events, and eventually all events were adapted to digital/virtual delivery. - From a training and social perspective, virtual meetings have enabled more people to meet. Despite COVID, the team have been working at capacity, feeding into projects. - Supported 125 speaking engagements over the year. Recorded more than 250 volunteer hours, sharing stories and messages. Any calls for speaker requests can be sent to the NHSBT Ambassadors inbox (Ambassadors.ODT@nhsbt.nhs.uk). - Focus groups are continuing to support the 'Leave Them Certain' campaign. - The Ambassador Programme is now sitting in the Marketing Team which already has great benefits re. marketing projects. - KP wanted to pay tribute to ambassadors recognised for their contribution to raising awareness of organ donation in the 2021 UK Awards for Excellence in Organ and Tissue Donation and Transplantation: 'Exceptional Volunteer' winner Sarah Jones, and those highly commended for 'Exceptional Volunteer' were Hilaria Asumu, Mahmud Nawaz and Alan Hyde. - Some priority projects going forward include creating an ambassador directory and supporting the new PSHE curriculum with some KS3 and 4 educational material which will be available in the summer – working in schools to deliver this. - There has been some support for families who have had to reach an anniversary date by themselves through the pandemic via the Ambassador Programme. 	
	<p>Commonwealth 'Tribute to Life' MOU (For Information) https://www.odt.nhs.uk/odt-structures-and-standards/clinical-leadership/commonwealth-tribute-to-life-project/</p> <p>A meeting is scheduled soon seeking official recognition for the Commonwealth Tribute to Life, and a decision around whether this memorandum will be showcased during the Birmingham 2022 Commonwealth Games. So far, 50% of common nations have representation on the International Advisory Panel. Contact has also been made with the devolved governments, and the Department of Health and Social Care re. this initiative.</p>	
	<p>Campaign Update ('Leave Them Certain') HM presented some slides to update Members on the following:</p> <ul style="list-style-type: none"> - The 'Leave Them Certain' campaign was launched on 8th February following the law change in England last year. It had very good media coverage (radio and TV) including stakeholder support (internally and externally). - Research showed that around 75% of adults were aware of the law change, and the campaign aims to encourage people to talk about organ donation. Conversations were modelled to give people ideas about how to bring up the discussion and share views with family/friends. 	

	<ul style="list-style-type: none"> - During the first period of the campaign there has been an increase of people visiting the website, including the Opt Out pages. Also, an increase in awareness with around 48% of adults sharing their decision. - Two focus groups (looking at messaging, and campaign concepts) took place in summer 2020, and a lot of people were more open to talking about donation and end of life care during this time – COVID probably made it more of a normal conversation to have. - Some interesting partnerships developing with food manufacturers to discuss information on the packaging of food products. - ‘Tropical sun partnership’ has opened doors to working with 14 Black and Asian Mayors and Councillors who have committed to raise awareness of this campaign within their constituency. Each mayor will receive a toolkit on how they can support the campaign. - The Organ Donation Campaign Hub is an active resource shared as a ‘sway’ document which is a live link. Regional Chairs can disseminate this information to colleagues. <p>The clinical website which is used by the transplant community is historic, and the deceased donation section is not easy to find and requires review to reflect what an Organ Donation Chair or CLOD would want/find useful.</p> <p>DG stated that one thing which is needed is regular stories which engage with families afterwards, and an easier process is required to be able to share stories.</p>	
4	Working Group/Subgroup Updates	
4.1	<p>NODC Statistics Working Group PDA 2019/20 Report (For information) – NODC(21)8</p> <p>The new Potential Donor Audit (PDA) was implemented on 1st September 2020. Members received a paper analysing 5 months of preliminary data from 1st September 2020 to 31st January 2021. It is hoped that the new dataset will try to build a better understanding of DCD exclusion and screening, reasons for why life sustaining treatment was withdrawn and the donation decision conversation.</p> <p>The following points were highlighted re. the new PDA:</p> <ul style="list-style-type: none"> - There is a newly defined point in the DCD donor pathway – defined as eligible and medically suitable (no DCD absolute contraindications and not screened out). - Revised DCD approach rate for all medically suitable DCD donors is 85.6% compared with the eligible donor approach rate of 41.4% previously. This starts to make ‘approach rate’ a more meaningful statistic. - Reasons for not approaching families: a majority not approached because they were deemed not viable as a potential donor. - When a SNOD is described to have a passive role re. conversations with the family, there is a much lower consent rate. More work needs to occur to make the most of the data and opportunities created by the new PDA. 	
4.2	<p>Paediatric Sub-Group of NODC – Update</p> <p>The following successes were highlighted:</p> <ul style="list-style-type: none"> - Meetings have continued successfully amongst regional paediatric CLODs and SNODs. - Performance PDA referral rates: these have increased for both DBD and DCD. - Consent rates when a SNOD is present are increasing. - Ongoing strategy implementation with the 4 different workstreams. - There is now an online version of the Child and Infant Deceased Donors course – this has been well attended and well received. - Lots of regional training in organ donation continuing across the UK. - An SOP template has been devised to identify what is going on locally. - Extended notification criteria – it is hoped that this will start next month, and it is expected to be part of the early referral process. 	

	<p>The following challenges were highlighted:</p> <ul style="list-style-type: none"> - COVID in general. Organ donation activity in London has been difficult in particular. - Hope to see improvement for neurological death testing rates. - Utilisation, and children under 5 – this can be explored within the CLU project. - Raising awareness amongst BAME families. 	
4.3	<p>Research:</p> <p>SIGNET Trial Update</p> <p>This was launched at the recent BTS Congress. An update on the trial will be communicated to the collaborative meetings this spring. All Regional managers and CLODs will be written to with an introduction to the SIGNET study in terms of how it is going to work. The ‘go live’ date is now hoped to be 1st July 2021. The NHSBT Research Team is working to ensure that everything is in place from an operational perspective before introducing to the SNODs and CLODs. Apart from the consent process itself, the requirements are very small. There is no protocol on the website yet so the information should not be shared widely at this stage; in the meantime, clinicians are encouraged to start discussions within their teams.</p> <p>Peer Educator Research Proposal</p> <p>This would be funded by the charitable sector as it is non-pharmaceutical in the pathway re. donor intervention. This charity-funded model is one that may be built on in the future, building good collaboratives and will aid learning.</p> <p>General Update</p> <p>DH reported that in terms of bio banking of tissues and organs, the plan initially prior to COVID was to extend this to physiology data. There are a lot of complications re. data sharing in terms of collaborating across the organisation. This is a process which allows organs for transplantation and for research.</p> <p>In terms of the innovation side: the use of recovery centres for organ perfusion could be investigated; the idea is currently being explored and views are being sought.</p>	
5	<p>DCD Heart Update</p> <p>AR reported the following:</p> <ul style="list-style-type: none"> - In the first six months since the start of the programme there have been 52 patients that have met the criteria for DCD heart referral; these have come from all 4 nations in the UK and all 12 NHSBT organ donation regions. - There have been no occasions when a heart donation opportunity has been missed and the correct allocation and offering process has been followed on all occasions. - NORS teams have mobilised with the intention to retrieve 19 times. On 9 occasions the heart was retrieved and successfully transplanted, including not only adult but paediatric transplantation too. - It is notable that during the challenging COVID period, organs were declined for ICU capacity reasons infrequently. <p>AM expressed congratulations to the team for their achievements over the past year.</p>	
6	<p>Any Other Business</p> <p>Intensive Care Society – They are very supportive with the work of NODC and recognise the need to have CLODs in every ICU and strong collaborative approaches.</p> <p>Link to ISODP journal watch newsletter – thanks to AM for all his hard work.</p> <p>Information re. NIHR funding for research: TM will send an email to all NODC and NODC Paediatric Members with the latest information.</p>	TM

	<p>Future meetings: The straw poll conducted during today's meeting indicated that 1 face to face meeting and 2 virtual meetings per year (from 2022) is favoured. Further discussions on this will take place in the autumn.</p>	
7	<p>Dates of next Meetings</p> <p>Summer:</p> <ul style="list-style-type: none"> • Wednesday 23rd June, 10:00-15:00, Virtual Meeting – <i>Post-meeting note: Revised date is Tuesday 22nd June 1000-1300.</i> <p>Autumn:</p> <ul style="list-style-type: none"> • Tuesday 9th November: R-CLODs/RM Away-Day • Wednesday 10th November, 10am – 3pm: NODC – Face to face 	

To be ratified