

**ORGAN & TISSUE DONATION AND TRANSPLANTATION DIRECTORATE
NHS BLOOD & TRANSPLANT
NATIONAL ORGAN DONATION COMMITTEE (NODC) MEETING
MEETING DATE: Tuesday 22 June 2021, by Zoom**

MINUTES

Members

Dr Dale Gardiner (Chair)	DG	Associate Medical Director, OTDT, NHSBT
Dr Alex Manara (Deputy Chair)	AM	National Quality CLOD
Miss Jo Allen	JA	Performance & Business Manager, OTDT, NHSBT
Ms Helen Bentley	HB	Head of Education & Professional Development, NHSBT
Ms Cliona Berman	CB	Regional Manager, Eastern & South East
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	CBo	Regional CLOD, North West
Ms Jackie Brander	JBr	Head of Service Delivery – OD & Nursing, NHSBT
Ms Becky Clarke	BCI	Regional Manager, Midlands & South Central
Dr Andrew Davidson	AD	Regional CLOD, Yorkshire
Dr Katja Empson	KE	Regional CLOD, South Wales & RCEM Rep.
Ms Laura Ellis-Morgan	LEM	Lead Nurse, Donor Transformation, NHSBT
Mr Colin Faichnie	CF	Team Manager, Scotland
Prof John Forsythe	JFo	Medical Director, OTDT, NHSBT
Ms Amanda Gibbon	AG	Organ Donation Committee Chair Representative – am only
Dr Pardeep Gill	PG	Regional CLOD, South East
Ms Monica Hackett	MHac	Regional Manager, Northern & Northern Ireland
Mrs Margaret Harrison	MHar	NHSBT Lay Member
Dr Dan Harvey	DH	National Innovation & Research CLOD, NHSBT
Dr Tariq Husain	TH	Regional CLOD, London
Dr Alison Ingham	AI	Regional CLOD, North West
Mr Craig Jones	CJ	NHSBT Lay Member
Dr Roger Lightfoot	RL	Regional CLOD, South Central
Dr Iain MacLeod	IML	Regional CLOD, Scotland
Mrs Sue Madden	SM	Statistics & Clinical Research, NHSBT
Ms Patricia McCready	PMC	BACCN Representative
Ms Liz Middlehurst	LM	Head of Operations, Organ Donation & Nursing
Dr Reinout Mildner	RM	National Paediatric CLOD
Ms Katy Portell	KP	Organ Donation Ambassador Co-ordinator, NHSBT
Mr John Richardson	JR	Assistant Director – OD & Nursing, OTDT, NHSBT
Ms Rachel Rowson	RR	Regional Manager, London
Dr Antonio Rubino	AR	Regional CLOD, Eastern
Ms Angie Scales	ASc	National Lead Nurse for Paediatrics, NHSBT
Mr John Stirling	JS	Head of Operations, Organ Donation & Nursing
Ms Rachel Stoddard-Murden	RSM	Acting Regional Manager, South West & South Wales
Dr Alan Sweenie	ASw	Regional CLOD, Northern
Dr Ian Thomas	IT	Regional CLOD, South West
Dr Dominic Trainor	DT	Regional CLOD, Northern Ireland
Dr Andre Vercueil	AV	Regional CLOD, London
Mr Phil Walton	PW	Opt-Out Legislation Implementation, OD & Nursing
Dr Argyro Zoumprouli	AZ	Regional CLOD, South East

Apologies

Ms Liz Armstrong	LA	Head of Transplant Development, NHSBT
Ms Chloe Brown	CBr	Statistics & Clinical Research, NHSBT
Mr Ben Cole	BCo	Lead Nurse, Family After Care, NHSBT
Ms Alexandra Cullen	AC	Head of Organ Donation Marketing, NHSBT
Ms Sue Duncalf	SDu	Regional Manager North West & Yorkshire, NHSBT
Ms Jill Featherstone	JFe	Medical Education SNOD Lead, NHSBT
Ms Susan Hannah	SHa	Regional Manager, Scotland
Dr Ben Ivory	BI	National Education CLOD, NHSBT
Mr Roderick Jaques	RJ	Statistics & Clinical Research, NHSBT
Dr Tim Leary	TL	Regional CLOD, Eastern
Ms Holly Mason	HM	Deputy Head of Organ Donation Marketing, NHSBT
Ms Olive McGowan	OM	Assistant Director of Education & Excellence, NHSBT
Ms Susan Richards	SR	Head of Operations, NHSBT
Dr Charles Wallis	CWa	Regional CLOD, Scotland
Ms Julie Whitney	JW	Head of Referral & Offering/Hub, NHSBT
Ms Claire Williment	CWi	Head of Legislation Implementation Programme, NHSBT
Mr Colin Wilson	CW	British Transplantation Society Representative

In attendance

Miss Gillian Hardman	GH	NHSBT Clinical Research & Clinical Audit Fellow in Cardiothoracic Transplantation
Miss Trudy Monday (Minutes)	TM	Clinical & Support Services, OTDT, NHSBT

Decisions of NODC(M)(21)2

1 – Length of the Process / Retrieval Time / Pathway Intelligence Group: A smaller group will be formed to explore some recommendations and report to SMT and NODC. IT and LM to represent NODC.

2 – Donor Optimisation – Extended Care Bundle: Pilot approved.

3 – Re-Levelling of Trusts / Boards: Accepted NODC SSG recommendation not to re-level in 2021 owing to the ongoing impact of the COVID-19 Pandemic. NODC SSG will review and make recommendations aiming for re-levelling in July 2022.

4 – Draft policy: DNC patient progressing on a DCD category 4 pathway: This paper was supported. NODC's position is that it is always important to honour the families of donors, and it is unacceptable for the heart to restart, even if the confirmation of death remains valid, if the family had not expected that or were under the belief that they were present, or requested that this be so, when the heart beat its last inside their loved one.

Five minutes is the safe standard for the prevention of autoresuscitation, as supported by the recent NEJM 2021 paper, and this should be the standard in the UK in all DCD pathways.

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.</p> <p>Apologies received Please see above.</p> <p>Declarations of Interest – (NODC)(21)10 There were no Declarations of Interest in relation to today's Agenda.</p>	

2	Reviews	
2.1	Review of previous Minutes and Decisions Made – NODC(M)(21)1 The minutes of the NODC Meeting and Decision Made from 9 th March 2021 were deemed to be a true and accurate reflection of the content of that meeting.	
2.2	Review NODC Membership (for information and email update prior to the meeting) – NODC(21)11 Please send any amendments to TM going forward.	
3	Standing Items	
3.1	Performance	
	<p>Performance Report – NODC(21)12 Members received the OTDT Performance Report for May 2020-21. JBr expressed continued thanks to all colleagues in critical care, making referrals. The following were highlighted:</p> <ul style="list-style-type: none"> - Scorecard shows annual totals making it easier to track back which is very useful. - The ambition of the 2021/22 year is for each region to match its best year ever. - Consent/authorisation rate continues to show an upward trend from end of May 2020. <p>DG, JR and Jfo commented on this reassuring data and a fantastic recovery with great performance in both donation and transplant communities, and expressed thanks to all.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> - Coroners' action plan - further work is due to be carried out across the organ and tissue pathway which the SNODs use to capture data. - Performance and capacity - returning to normal; however, there is much need for face-to-face time. - Transplantation - ICUs hugely affected by the pandemic and this includes access to an ICU bed after transplant. A lot of flexibility has been incorporated, as eg: moving patients around the country for access to an ICU bed (a first) to be able to facilitate transplants. - The Organ Utilisation Group (OUG) is a newly established taskforce with the first meeting scheduled for 1st July. - NHS pressures - Enormous backlog in surgical cases across the NHS. Some emergency departments are seeing a huge rise in numbers. 	
	<p>Deemed Legislation Update – NODC(21)13 Members received a paper outlining current progress and latest developments in relation to deemed legislation implementation. PW and CF highlighted the following:</p> <ul style="list-style-type: none"> - The embedding phases for England and Scotland are in progress, working through the PDA and other scenarios to support ongoing improvements in that area. - Potential challenges with progressing the draft Organ Donation Bill in Northern Ireland; before the next election. - Legislation implementation is going well and is having a positive effect in Scotland – it has been noticed that families have discussed donation more. <p>DG announced that NODC acknowledges the fantastic work which Scotland has progressed leading up to the implementation in March 2021.</p>	

<p>Workforce Update JS reported the following:</p> <p>Key successes: in last quarter</p> <ul style="list-style-type: none"> - Maintaining great performance, excellent referral rates across regions (some regions achieving 100% for DBD and DCD), SNOD/SR involvement remains very high despite the pressures and consent/authorisation remaining high - Opt out legislation introduction in Scotland - Regional collaboratives running virtually - New Regional ODC Chair in the South East - Low staff turnover and reduction in sickness/absences – Midlands and South Central - Appointment of new CLOD in Northern Ireland and Paediatric Lead CLOD for London <p>Key challenges: in next quarter</p> <ul style="list-style-type: none"> - DCD Pathway, responding to some drops in referral rates and proceeding donors - COVID remains prevalent in some areas – most notable in North West, Yorkshire and Scotland - Engagement with staff on Workforce Phase 2 - Increasing staff turnover in some regions, most notable in London - Staff absence – sickness, test and trace etc - Training and supporting new staff – London will have a number of vacancies <p>Regional initiatives/events:</p> <ul style="list-style-type: none"> - Formal introduction of Moment of Reflection/Honour in – South East - Paediatric Action plan – London - Virtual Donor Optimisation Project – Midlands - Closer Coronial contacts and relationship building – South Wales - Webinars in support of cultural awareness of organ donation – Scotland - Hosting regional Deceased Donation SIM in Belfast (1st time in Northern Ireland) – Northern Ireland - Piloting donor optimisation bundle – Northern <p>National initiatives:</p> <ul style="list-style-type: none"> - SIGNET launches - London School of Tropical Medicine Opt-out research – in England only - Embedding the new strategy - Advertising/appointing TRODs - National rollout of Clinical supervision 	
<p>Regional Chair Update</p> <p>AG reported that there is now almost a full complement of Regional Chairs. 11/12 regions now have a Regional ODC Chair. They are being well received in the regions and feedback from Committee Chairs is positive. It is very helpful to have a voice at a regional level and provides opportunity for shared learning across the regions.</p> <p>A Regional Chair is still required in South Wales; AG would be happy to talk to anyone interested about what is involved with the role.</p> <p>DG expressed thanks to AG for the good progress with this.</p>	

3.2	<p>NODC Stakeholder Representative Update (if present)</p> <ul style="list-style-type: none"> • BACCN: PMC had nothing to report. • British Society of Neurosurgeons: Maria Cartmill has now retired, and thanks were expressed to her at the last NODC; 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: Jbe reported that ICU in hospitals are recovering from COVID. The ICS, State of the Art virtual event is scheduled for 6th to 8th December; considering looking at spring/summer 2022 for face to face meetings going forward. • Royal College of Anaesthesia: SB reported that plans to meet previously were cancelled due to the second wave. This coming winter is perceived to be challenging in terms of capacity, flu, critical care, increased COVID cases, and supporting donor services through that. • Royal College of Emergency Medicine: KE reported that there are a number of initiatives from the college, trying to improve flow, etc. The conference this year is planned to be held virtually this autumn looking at legislation changes from an emergency medicine perspective. • Neuro Anaesthesia and Critical Care Society: RL reported that links have now been established between the NACCS and clinical leads, and any important information will be passed on to council members. DG expressed thanks to RL for taking this on. 	
3.3	<p>Policy</p> <p>Update: Length of the Process / Retrieval Time / Pathway Intelligence Group IT gave an update from the Pathway Implementation Group and expressed thanks, with DG, to everyone who has contributed. The group is examining:</p> <ul style="list-style-type: none"> - the length of process associated with organ retrieval (which is increasing), putting pressure on waiting lists which will lead to scrutiny of hospital theatre utilisation; - increasing incidence of retrieval surgery during daylight hours. <p>The following were highlighted:</p> <ul style="list-style-type: none"> - The preferred option for DBD is to operate overnight, but it is recognised as difficult to achieve considering staffing in donor hospitals. - Day time retrieval leads to complex transplant surgeries at night makes for fatigued staff and a less safe environment. - It is not known as to how many elective or emergency operations are rescheduled as a result of retrieval. - Smaller hospitals may only have one theatre perhaps available at weekends for emergencies. - Predominantly knife-to-skin time is mostly in daylight operating hours between 9am and 4pm. <p>Some of the findings from the data between 2011 and 2019:</p> <ul style="list-style-type: none"> - From an intensive care perspective, there is no significant shift in patterns re. time of family decision – afternoon typical. - Increased length of process from family decision to first offer. More offers are taking place overnight, leading to daytime surgery. - Offering: 2 hours approximately for Hub offering, significant increase in length of process. - Abdominal offering ranges 4-5 hours, but adding in CT offering almost doubles the length of the pathway. - Depart time is 3-4 hours; this becomes 7-8 hours when adding CT (increases the length of the pathway). 	

<p>Next steps:</p> <ul style="list-style-type: none"> - Senior group of stakeholders from each step of the pathway to use data to create a series of recommendations, and present these to SMT. - Establish standards and set targets. <p>Following a general discussion JR acknowledged that improvements can be made across lots of different areas. A smaller group will be formed with LM and IT to explore some recommendations and report to SMT and NODC.</p>	LM / IT
<p>Approval of pilot: Donor Optimisation – Extended Care Bundle – NODC(21)14a, b and c</p> <p>ASw and GH presented to Members documents for the pilot of the DNDD Donor Optimisation Extended Care Bundle and explained the implementation strategy. There is adult and paediatric representation on this working group.</p> <p>A previous survey was conducted which showed that in a majority of cases the donor care bundle was not being used in a formal way, though individual actions from the bundle are used. Therefore a review is required to develop a tool to empower staff to better manage donors, increase the quality of the donor, and to help provide all of the information needed at the time of offering.</p> <p>The following changes were noted:</p> <ul style="list-style-type: none"> - The bundle has been re-ordered to try to provide greater clarity and emphasise most important actions. - Following feedback from colleagues the layout has been changed from ‘landscape’ to improve ease of use. - A proposed stabilisation for Neurological Determination of Death document is for ICU staff use: it is not part of the bundle but an additional option to help with patient stabilisation and ensure they are managed appropriately. <p>DG commented on the improved streamlined look and recommended that the terminology is kept consistent with what is already used.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> - User guidance is required re. what needs to be recorded in terms of setting a target for cardiac index. - Commencement of organ donation specific drug should be moved to ‘after consent’. <p>Members are asked to send any feedback to ASw. ASw agreed to feedback at the next NODC meeting re. how many people have used these documents during the pilot and any comments received.</p> <p>DG expressed thanks to ASw, GH and the team.</p>	ASw
<p>Delaying: Re-Levelling of Trusts / Boards</p> <p>DG reported that In July 2016 hospital Board / Trusts were moved from groupings of three levels of donation activity to four.</p> <p>The benefits were:</p> <ol style="list-style-type: none"> 1. Level education events for all levels became manageable for the first time. 2. Level meetings occurred between December 2016 and March 2017. 3. It became easier to compare like with like - statistics reports comparing different levels were published for the level meetings with many attendees commenting on their usefulness. 	

	<p>Re-levelled in June 2018 and further well-evaluated level meetings were held (Level 1, Level 2, combined Level 3 and 4, paediatric only). These were the rules used to allocate levels in 2018:</p> <ol style="list-style-type: none"> 1. Donation activity is based on actual donors. 2. Averaged over the last two years (1st April 2016 – 31st March 2018) to reduce random variations, and; 3. provide a clear numerical separation between levels. 4. It is sought to have around 30+ Level 1s and 40+ each of Levels 2/3/4. This would allow a level meeting of under 100 people. <p>Due to re-level in July 2020; owing to the pandemic NODC delayed this re-level.</p> <p>NODC SSG has reviewed the possibility of re-levelling in 2021 but recommends that owing to the ongoing impact of the COVID-19 Pandemic this is not done.</p> <p>NODC accepted this delay and tasked the NODC SSG to review and make recommendations aiming for re-levelling in July 2022.</p>	
	<p>Draft policy: DNC patient progressing on a DCD category 4 pathway – NODC(21)15 Members received a document from AM describing the two situations when the DCD category 4 pathway is used: (and how to access this pathway with the family)</p> <ul style="list-style-type: none"> - Expected cardiac arrest after planned withdrawal of mechanical ventilation in a patient confirmed DNC; - Unexpected cardiac arrest in a patient confirmed DNC whilst awaiting organ retrieval. <p>It was noted that this guidance will be very useful for SNODs.</p> <p>Following a lengthy discussion around the ‘...usual five minutes observation period used in other categories of DCD... before organ retrieval can commence...’. DG summarised NODC’s position that it is always important to honour the families of donors, and it is unacceptable for the heart to restart, even if the confirmation of death remains valid, if the family had not expected that or were under the belief that they were present, or requested that this be so, when the heart beat its last inside their loved one.</p> <p>Five minutes is the safe standard for the prevention of autoresuscitation, as supported by the recent NEJM 2021 paper, and this should be the standard in the UK in all DCD pathways.</p> <p>AM’s paper was supported.</p>	
3.4	<p>Education</p>	
	<p>Medical Education Update There was no one available to report this update.</p> <p>Specialist Nurse Training Update HB updated Members on the following:</p> <ul style="list-style-type: none"> - Some face-to-face training is to resume, starting with the first session for two years in Cardiff next week. - Nurse education: all training has recommenced. No more residential based training but a mix of virtual and e-learning webinars, enabling shared learning on a national basis. - New care bundle in hospitals: 3 level development course for specialist nurses addressing donor optimisation and impact of donor management on graft function. - Multi-discipline pilot to be launched soon reviewing the donor pathway from start to end, looking at the different processes used across the directorate in order to help understand the roles and challenges within different disciplines. 	

	- Paediatric training being rolled out for specialist nurses in conjunction with Child Bereavement UK, which will include looking at long term issues for children who are bereaved.	
3.5	Promotion	
	<p>Community Ambassador Programme and Campaigns Update KP summarised the following:</p> <ul style="list-style-type: none"> - The Community Ambassador Programme has moved to the Marketing and Campaigns department. The ambitious plan is on hold although the next steps in the programme are being reviewed and consideration given as to how they can be progressed; all stakeholders will be notified. - 1st to 7th June was National Volunteers Week, where the team re-engaged with ambassadors, discussing the programme, looking at mindfulness including the Mr Motivator programme, which was all well received. - Highlights from the ambassador perspective: linking up existing ambassadors, and the new PSHE teaching resources (covering organ, blood and stem cell donation) which will be rolled out to schools and emphasised in organ donation week: https://www.nhsbt.nhs.uk/how-you-can-help/get-involved/download-digital-materials/donation-teaching-resources/ - Organ donation week is 20th to 26th September – this is a few weeks later than usual due to large scale media and PR events at this time. - Leave Them Certain campaign: this will continue to run during organ donation week. Sway link to updates and resources: https://sway.office.com/e9lnib4bbFV5Cjbjk?ref=Link&loc=play - All organ donation resources are on the link above, including ordering of materials for organ donation week. - No plans to support events involving gatherings of people at the moment because of the uncertainty re. social distancing. - The marketing team have assigned ‘marketing leads’ per region. - Donor Family Aftercare: One of the team members has been working on a project with Donor Family Aftercare looking at letter writing to families of donors, to include videos on the website. <p>Concern was raised over timeliness with communications of press releases and suchlike – as much notice as possible is required due to emails not being easily accessible by clinicians at short notice. It was acknowledged that cascading of such items needs to be improved, and this could be helped with the addition of the new Regional Chairs.</p> <p>A point was raised around the delivery of resources in schools and that the expectations need to be carefully planned for and managed due to the sensitivity of the subject.</p> <p>DG expressed thanks for this excellent work.</p>	
	<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>	
4	Working Group/Subgroup Updates	
4.1	<p>NODC Statistics Subgroup Update A summary was given of recent, and current reports in progress:</p>	

	<ul style="list-style-type: none"> - Recent publication of consent rate analysis exploring factors influencing consent in UK. Two abstracts accepted for ESOT presentation on Opt Out, and Paediatric Donation and Transplantation report. - Currently working on re-writes of Annual PDA report, and the Paediatric Donation and Transplantation report for new PDA data set. - Projects in progress <ul style="list-style-type: none"> • The impact of COVID on donation in the UK – final dataset to compile, and paper will be available in due course. • Collaboration with Australian colleagues to proposed international data definitions for potential donor audit. • Supporting London school of Tropical Medicine group responsible for independent evaluation of opt out in England <p>UK Opt Out Summary 2020/21 – NODC(21)16</p> <p>SM gave a summary of the report from the last financial year:</p> <ul style="list-style-type: none"> - Opt out legislation has been implemented in Wales (2015), Jersey (2019), England (2020) and Scotland (2021). New legislation is progressing in Northern Ireland, Guernsey and the Isle of Man. - PDA definitions: additional definitions used around different deemed consent groups. - Deemed criteria in Scotland is not the same as for England and Wales, so it is advisable to look at the definitions to compare exactly. - ODR registrations: 51% opted-in Scotland which was the highest in the UK. Scotland had less than 1% opting out prior to the implementation of the opt out legislation but now in line with England at around 3%. - Trends in ODR registrations over time: the peaks in opt-out registrations were probably related to some social media activity, and the introduction of the legislations. - Quarterly consent/authorisation rates: Consent rates, in England, have remained stable throughout the financial year despite the drop in numbers due to COVID. Similar figures for Wales, Scotland and Northern Ireland. - Consent/authorisation rates over the last 5 financial years: Northern Ireland had the highest consent rate in 2020/21 (79%). - There were 553 deemed approaches last year with a consent/authorisation rate of 67%. - Funnel plots comparing consent/authorisation rates by nations: Northern Ireland had a higher deceased donor consent rate. Scotland had a highest authorisation DBD rate last year, but for DCD there were no significant differences. <p>DG stated that this report (which will be produced by SM every 6 months going forward) is an excellent resource which summarises the data powerfully.</p>	
4.2	<p>Paediatric Subgroup of NODC – Update</p> <p>RM reported on the following successes/progress with the 4 workstreams:</p> <ul style="list-style-type: none"> - Structural workstream: 12 tasks completed, 6 in progress, 2 not started. Of the completed tasks: structure of National, Regional and local SNOD/CLOD support; performance measures established; main focus is the Peer Review Process; M&M guidance. - Operational workstream: 15 tasks in progress, 7 not started. Current focus: Paediatric Extended Notification Trial (establishing optimal triggers); representation in Organ Utilisation; need for small infant organs; post donation care; reviewing screening, blood collection processes; coroner/PF guidance. - Educational workstream: 3 tasks completed, 8 in progress, 1 not started. Of the completed tasks: National Leadership Course; establishment of TRODs. Current focus: regional SIM templates and support; local training support. - Neonatal workstream: 4 tasks in progress, 3 not started. Current focus: establishing neonatal audit across UK; information for and expectation of neonatal units and donation (in conjunction with BAPM); establishing need for organs in small infants. 	

	<p>Performance data (<18 years) January to March 2021:</p> <ul style="list-style-type: none"> - Referral (n=23): DBD = 100%; DCD = 91% (1 missed) - DBD Testing = 100% - Coroner/PF objection = 33% - Consent: DBD = 22%; DCD = 27% - Donation occurred = 4 <p>DG expressed thanks to RM, AS and the team.</p> <p>There has been a low consent/authorisation rate compared with that for referral and testing; both RM and AS confirmed that this area will be focussed on next with the specialist nurses.</p>	
4.3	<p>Research: SIGNET Trial Update</p> <p>DH expressed thanks for the enthusiasm from the regional collaboratives. There have been some details amended in the participant information sheets which adds a degree of delay to the process. Training for specialist nurses is crucial and an 8-week period has been factored in for this in early July, with a hope to have them embedded in August.</p>	
5	<p>Any Other Business</p> <p>2030 Strategy:</p> <p>There will be webinars held in July giving colleagues from the organ and transplant community the opportunity to ask questions to a panel of clinicians and senior colleagues from NHSBT. Details will be shared due course.</p> <p>https://www.odt.nhs.uk/odt-structures-and-standards/key-strategies/meeting-the-need-2030/</p>	
6	<p>Dates of next Meetings</p> <p>Autumn:</p> <ul style="list-style-type: none"> • Tuesday 9th November: R-CLODs/RM Face to Face Away-Day • Wednesday 10th November, 10am – 3pm: NODC – Face to face <p>Post-meeting note: Both of these meetings will be held virtually.</p>	