ORGAN & TISSUE DONATION AND TRANSPLANTATION DIRECTORATE
NHS BLOOD & TRANSPLANT
NATIONAL ORGAN DONATION COMMITTEE (NODC) MEETING
MEETING DATE: Wednesday 10th November 2021, by Zoom

MINUTES

Members

Dr Dale Gardiner (Chair)	DG	Associate Medical Director, OTDT, NHSBT
Dr Alex Manara (Deputy Chair)	AM	National Quality CLOD
Ms Helen Bentley	HB	Head of Education & Professional Development, NHSBT
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
Dr Helen Buglass	HB	Regional CLOD, Yorkshire
Ms Joanna Chalker	JC	Regional Manager, South West
Ms Becky Clarke	BCl	Regional Manager, Midlands & South Central
Dr Andrew Davidson	AD	Regional CLOD, Yorkshire
Ms Sue Duncalf	SD	Regional Manager North West & Yorkshire, NHSBT
Ms Laura Ellis-Morgan	LEM	Interim Head of Health Informatics, NHSBT
Dr Katja Empson	KE	Regional CLOD, South Wales & RCEM Rep.
Mr Colin Faichnie	CF	Team Manager, Scotland
Mr Shahid Farid	SF	British Transplantation Society Representative
Ms Jill Featherstone	JFe	Medical Education SNOD Lead, NHSBT
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
Dr Ben Ivory	BI	National Education CLOD, NHSBT
Mr Craig Jones	CJ	NHSBT Lay Member
Dr Tim Leary	TL	Regional CLOD, Eastern
Dr Roger Lightfoot	RL	Regional CLOD, South Central
Dr Iain MacLeod	IML	Regional CLOD, Scotland
Mrs Sue Madden	SM	Statistics & Clinical Research, NHSBT
Ms Holly Mason	HM	Head of Organ Donation Marketing, NHSBT
Ms Patricia McCready	PMC	BACCN Representative
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
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
Dr Alan Sweenie	ASw	Regional CLOD, Northern
Dr Ian Thomas	IT	Regional CLOD, South West
Dr Dominic Trainor	DT	Regional CLOD, Northern Ireland
Mr Phil Walton	PW	Opt-Out Legislation Implementation, OD & Nursing
Dr Argyro Zoumprouli	AZ	Regional CLOD, South East

Apologies

Miss Jo Allen	JA	Performance & Business Manager, OTDT, NHSBT
Ms Liz Armstrong	LA	Head of Transplant Development, NHSBT
Ms Cliona Berman	CB	Regional Manager, Eastern & South East
Dr Jeremy Bewley	JBe	Intensive Care Society Representative
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
Prof John Forsythe	JFo	Medical Director, OTDT, NHSBT
Ms Amanda Gibbon	AG	Organ Donation Committee Chair Representative
Ms Susan Hannah	SHa	Regional Manager, Scotland
Mr Roderick Jaques	RJ	Statistics & Clinical Research, NHSBT
Ms Olive McGowan	OM	Assistant Director of Education & Excellence, NHSBT
Ms Liz Middlehurst	LM	Head of Operations, Organ Donation & Nursing
Ms Susan Richards	SR	Head of Operations, NHSBT
Ms Rachel Rowson	RR	Regional Manager, London
Ms Rachel Stoddard-Murden	RSM	Acting Regional Manager, South West & South Wales
Dr Andre Vercueil	AV	Regional CLOD, London
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)3

1. Agreement of the following wording for Death using Neurological Criteria (DNC) patients progressing on a DCD category 4 pathway:
"The National Organ Donation Committee's position is that it is important to respect a donor family request to be with their loved one at the end of their life when cardiac activity ceases. In such circumstances it is unacceptable for the heart to restart, even if the confirmation of death remains valid. 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."

2. The next draft of the Donation Actions Framework was supported. A final version would be available at the next meeting for NODC endorsement.

3. NODC supported the Chair's submitted response on behalf of NODC to the Organ Utilisation Group.
In this response NODC identifies:
Three challenges:
1) Performance Management
2) Inefficient and Wasteful Processes
3) Heart and Lung Transplantation.
Three opportunities:
1) Have an explicit vision for organ utilisation and transplantation
2) Invest in people
3) Investment in technology

4. NODC restated its strong support of the Ambassador Program which was established in the 2020 Strategy but has still not been fully realised. Only 5 of 9 England's regions have ambassadors; and the program is yet to commence in Northern Ireland, Scotland and Wales. An action from the 2030 Strategy is 'To promote organ donation through community and national partnerships and through NHSBT's Donor Ambassador programme leading to increased diverse community advocates for the benefits of organ donation.' NODC fully supports this action.

5. DG and NODC acknowledged and thanked Dr Katja Empson, who will be leaving NODC as an RCLOD but will continue reporting to NODC in her role as the representative from the Royal College of Emergency Medicine.

No.		Action
1	**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. **Apologies received** Please see above. **Declarations of Interest – (NODC)(21)17** There were no Declarations of Interest in relation to today's Agenda.	
2	**Reviews**	
2.1	**Review of previous Minutes and Decisions Made – NODC(M)(21)2** The minutes of the NODC Meeting and Decision Made from 22nd June 2021 were deemed to be a true and accurate reflection of the content of that meeting. **Draft policy: DNC patient progressing on a DCD category 4 pathway:** No comments, policy therefore agreed. DG will edit the wording to read as follows:	**D Gardiner**

	NODC's position is that it is important to respect a donor family request to be with their loved one at the end of their life when cardiac activity ceases. In such circumstances it is unacceptable for the heart to restart, even if the confirmation of death remains valid. 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.	
2.2	**Review NODC Membership (for information and email update prior to the meeting) – NODC(21)18** Please send any amendments to TM.	
3	**Standing Items**	
3.1	**Performance**	
	Performance Report – NODC(21)19 Members received the OTDT Performance Report for September 2020-21 (the version running to 31st October 2021 is currently being drafted). Main points summarised: - Running at 90% pre-COVID activity, fantastic. Grateful to all involved across the pathway, especially Regional Chairs and CLODs, and SNODs. - 93% referral rate: 99% for DBD; 91% for DCD. - Able to take advantage of the new case reviews within the PDA - gives a more accurate measure. - High levels of SNOD involvement; small numbers of patients where specialists nurses are not involved. Ultimately, high levels of good practice are being seen with SNOD involvement. - 68% consent rate against target of 70%. This has been discussed at national performance and leadership calls, including factors such as NHS pressures, impacts, taking these into consideration and thinking about how they can be addressed. - Outstanding work going on in Northern Ireland with 100% referrals year to date and 87% consent rate; JB acknowledged the success and expressed thanks. JR acknowledged a good month for performance considering ICU pressures, resources, staff. DG and JBr shared a graph of the deceased organ pathway which examines where the influences are in terms of lost donation (idea from Tissue Services) and identify the factors which can be influenced. The definitions can and will be reviewed over time. This is a work in progress and any comments should be sent to DG. JR noted that careful consideration needs to be given to the wording used, for example, the length of process (which is quite complex) is out of the clinicians' control. DG shared a slide looking at ethnicity, categorised by White, Asian, Black, Chinese/East Asian - it shows the top four reasons for family decline. There is wide variation by ethnicity category. There is no UK 'BAME' population – there are multiple ethnicities, that have different needs. Slide adapted from activity report Table 3.3: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/25529/bame-report-final-2020_2021.pdf	

Family Decline	Potential Donor Ethnicity			
Top Reasons	White	Asian	Black	Chinese / East Asian
Reason 1	Patient had previously expressed a wish not to donate	Family felt it was against their religious/cultural beliefs	Family felt it was against their religious/cultural beliefs	Family felt it was against their religious/cultural beliefs
Reason 2	Family were not sure whether the patient would have agreed to donation	Patient had previously expressed a wish not to donate	Patient had previously expressed a wish not to donate	Family were not sure whether the patient would have agreed to donation
Reason 3	Family felt the length of time for the donation process was too long	Family did not want surgery to the body	Family were not sure whether the patient would have agreed to donation	Patient had previously expressed a wish not to donate
Reason 4	Family did not want surgery to the body	Family were not sure whether the patient would have agreed to donation	Family felt that the body should be buried whole (unrelated to religious / cultural reasons)	Family did not want surgery to the body

Deemed Legislation update and UK Opt Out Summary Report (April-September 2021) – NODC(21)20

Members received the 6-monthly Opt Out Summary Report; the following key items were highlighted by SM:

- ODR registrations: Scotland have the highest proportion of opt in registrations (51.6%); Wales has the highest proportion of opt out registrations (6.2%). UK opt-in registrations is at 40.6% .
- Trends in registrations: generally, for opt out there was a build up to the legislation launch, and some spikes in opt out registrations are due to various negative messaging on social media.
- Data from the PDA re. consent rate: In England, after an initial high soon after implementation, there has been a declining trend. Data for Wales shows a similar trend to the UK. For Scotland, good authorisation rates have been maintained in the last 12-18 months. There has been a significant improvement in consent rates in Northern Ireland most recently.
- COVID-19 effect difficult to unpick.

DG thanked SM for this excellent report.

In response to a question re. consent rates during the pandemic, DG explained that the highest consent authorisation rate ever was recorded during this time, and the rate seems to now be decreasing but there is no explanation for this, it could be a temporary issue. Reasons behind this could be change in public spirit/social frustration; complaints are also increasing. MHac commented that the success with consent rates in Northern Ireland may have been helped by the recent publicity around the legislation through a more co-ordinated approach and groundwork within the communities – a recent promotional manager had engaged with lots of charities, and stakeholders at grass roots level, which has really helped to engage people and increase numbers.

It was noted that a more relaxed attitude re. visiting within intensive care units would be beneficial for clinicians and families.

DG suggested that it would be interesting to find out if there is such a thing as a national altruism survey to measure 'community spirit'; if not, then it would be worth collating some information from regions regarding visiting.

SM stated that the paper will be made available on the ODT clinical website.

Regional and Workforce Update

JS reported the following:

Key successes: in last quarter

- Implementation of deemed authorisation in Scotland and progress of deemed consent bill in Northern Ireland
- Sustained high levels of referrals, SNOD involvement and consent/authorisation
- Some return to face-to-face meetings (workforce and in terms of collaborative)
- Many regions close to, or on track, to matching 'best every year'
- Virtual Donor Management pilot – South Central and Midlands – good feedback
- Great levels of engagement in Organ Donation week (most done virtually)

Key challenges: in next quarter

- Staffing concerns – acute in some regions – sickness/test and trace/vacancies – 28 Vacancies in SNOD workforce across the UK. London has lots of vacancies.
- Challenges faced by wider NHS
- Perceived drop in eligible donors: feeling that the eligibility is decreasing slightly
- COVID cases variable and unpredictable with uncertainty

Regional initiatives/events:

- Workforce phase 2 – implemented in spring 2022: to improve safety and working life for SNODS
- Recruitment changes to improve diversity
- Autumn collaboratives, some are face-to-face, some virtual or hybrid
- Piloting of new Donor Care Bundle: in North West, Yorkshire and Northern
- Re-starting of limb transplant program

DG commented that it is very pleasing to hear that the virtual scout is so welcomed. Also, in relation to consideration of visiting hours – could be a factor in relating to unexplained dip in consent rates.

Regional Chair Update

DG reported that all regions have an Organ Donation Committee Regional Chair in place. A What's App group has been set up to help communication, and also a sway document is in the process of being created (which is being supported by Holly Mason and SD). It is hoped that the RM, RCLOD and lay person can support as a structure within the regions.

Deceased Organ Donation and Emergency Medicine: a brief review of the last 5 years – NODC(21)21

Members received a report outlining the main findings from a review of the Emergency Department (ED) data form the PDA in order to understand what progress has been made. The following points were highlighted by KE:

- The number of referrals of patients from EDs over the last 5 years has decreased – this change has happened without a general change in reduction of offers.
- Until last year there has been a confident trend downwards in the number of patients who fit the PDA criteria (ie: potential donors) who are dying in the ED.
- There are small numbers where approach has taken place without a SNOD present.
- The 2016 Best Practice Strategy papers have had some impact with changes in practice across EDs and Intensive Care units, and there is a good standard of end-of-life care as part of normal practice.
- A recent audit showed very few patients being referred for tissue donation.
- Uncontrolled DCD donation: the UK has the potential to see more numbers, particularly with lung and kidneys.

	- More understanding is needed in relation to the type of deaths which have happened (and increased) in EDs during the pandemic. DG thanked KE for this amazing and insightful report. JR commented as to whether cases are being picked up in the PDA data looking at (the increase) in referrals from EDs where patients are only being admitted if there was a potential for donation/family are interested in donation. DH commented that the latest version of the ICU data set in England and Wales should capture the reason for admission to intensive care, as observational prognostication as distinct from admission for organ donation only (there has been a shift in these figures), but there have been delays re. IT and COVID. In addition, there is no mechanism for trying to determine the outcome for these patients across the country, as a whole cohort. JR also commented in relation to tissue donation: within the OTDT Together Programme, referral pathways are going to be examined and some changes made. Retrieval capacity needs to be monitored in relation to this – information on any changes will be communicated. In addition, there is a new tissue referral system which is due to launch on 30th November, called 'Tissue Path'. The referral will go straight to Tissue Services and take into account the retrieval capacity as well. The pathway is in the process of refinement.	
3.2	**NODC Stakeholder Representative Update (if present)**	
	• **BACCN:** No representative available today. • **British Society of Neurosurgeons:** No representative available today. • **British Transplant Society:** SF gave a brief overview from the BTS Executive meeting last week: - Organ utilisation: visits have taken place around different centres; the findings of different issues will be fed into a report. Main recurring themes have been ICU capacity, workforce and resilience. This will also feature in the next BTS congress in March 2022. - As part of the congress' 50th anniversary, there will be a real emphasis on retrieval - Ian Currie will be presenting information on the NORS structure. SF has asked IC about NORS pressures and what can be done if there are a reduction in NORS Teams due to COVID. - Another feature will be Gavin Pettigrew looking at innovation and organs for research, with a particular emphasis on organ utilisation, digitisation, perfusion, and communication of images to aid decision-making (and prevent delays). Surgical care practitioners will also talk about organ retrieval. - Abstracts: submission deadline is 23rd November. • **Faculty of Intensive Care Medicine:** No representative available today. • **Intensive Care Society:** No representative available today. • **Royal College of Anaesthesia:** SB reported the following: - Frustrations around the need to increase ITU capacity. This has been discussed with S Webb, but nothing has been forthcoming in terms of commissioning. - Details from the Clinical Utilisation Group meeting were fed back to the President of the Royal College of Anaesthetists and Council: they are keen to be updated on theatre utilisation, support organ donation, supply anaesthesia support and look at	

	utilisation in terms of impact on theatres – it is unknown as to how many cases are cancelled due to retrieval. DH reported that there is no data to illustrate a national/regional view of ICU capacity and theatres for organ donation for transplantation or in general terms, or access to secondary impacts on access – Members are invited to send any local or regional case examples of data which relates to this, to DH for inclusion into a case report to showcase what data should be collected to help depict the situation (reports will be anonymised and remain confidential). SF reported that there is no actual dedicated funding to increase ICU commissioning unless health ministers change their mind. • **Royal College of Emergency Medicine:** No representative available today. • **Neuro Anaesthesia and Critical Care Society:** No representative available today. DG expressed thanks to the Stakeholders for voluntarily contributing to this meeting, and to PMC for her work in supporting the Donation Actions Framework.	**All**
3.3	**Policy**	
	Update: Length of the Process / Retrieval Time / Pathway Intelligence Group IT reported that the Pathway Implementation Group submitted a report to the Organ Utilisation Group re. length of process, timing of retrieval surgery and the impact on elective surgery. IT expressed his thanks to Ian Currie who has been the author of this. The report looks at the length of process, DBD screening, cardiothoracic offering, and hospitals in the country where retrieval takes place over night – very few retrievals take place during the day. There is also a focus on family refusals due to length of process and the family experience as part of that. DG expressed thanks to everyone working on this very important piece of work.	
	Update pilot: Donor Optimisation – Extended Care Bundle ASw reported the following progress on the agreed Extended Care Bundle: - It will be piloted in the North, North West, South West and South Wales. - A presentation is being prepared to explain why the bundle is changing, a description of some elements of it, and how it will be utilised and audited. - Hoping to share a completed version at a collaborative next Thursday, and the other collaboratives by the end of November – the paperwork will be shared by Regional Managers in readiness for the 'go-live' date of 1st January. There will be a focus to engage with clinicians and assist with trainees. DG commented that the audit of how this is used should be the next focus.	
	Provide initial NODC feedback to the draft 'Donation Actions Framework' – NODC(21)22 Members received the draft version of 'A Professional, Ethical and Legal Framework for Deceased Organ Donation Actions' which is a guidance document to support individual decision making in terms of ethical decisions for individual patients. DG thanked TB for leading on this work to completion, which is now ready for endorsement. It has been written by a large group, and various guidance around ethics and organ donation has been received by a range of bodies, with reference also to the UK Donation Ethics Committee (UK DEC). The following were highlighted: - Page 22: Categorisation of actions into before and after death, and before and after consent, and using these categories to be in likely or unlikely patient's best interests, and how they will be satisfied. It is important to note that this document	

	is not something which is mandatory, but is a suggestion of best interests, not a 'defined' best interests. - Section 6: Describes a need for this to be an ongoing developing document, and reflect new technologies when available, including which bodies are required to agree changes for implementation. - There could be a successor body to UK DEC in the future. - It is hoped for this document (for use in England, Wales and Northern Ireland) to be agreed with NHSBT soon; a similar document is hoped to be drawn up in Scotland in future. The pre-death procedures and the Adults with Incapacity Act makes use of the initial document version difficult to implement at present in Scotland. JR stated that this document will be useful for inclusion in the curriculum for SNOD training. In terms of a paediatric point of view, RM commented that maybe a supplement of further guidance in terms of neonatal units is required. RM agreed to review and comment on the document to decide whether a different version for paediatric patients is necessary. In terms of timeframes, the next step is to share this draft document with the Executive and record any feedback, and then have it endorsed to be launched formally at the Intensive Care Society State of the Art Conference, 29th June – 1st July 2022. Members are asked to read it and circulate to others who may want to read and comment.	**R Mildner** **All**
	NODC Response to the OUG, October 2021 (for information) – NODC(21)23 This has been provided to Members for information, outlining 3 challenges and 3 opportunities. DG highlighted the support required for the Clinical Lead for Utilisation (CLU) project; someone is needed to support CLUs, similar to SNODs and CLODs.	
3.4	**Education**	
	Medical Education Update JFe gave the following summary: - Chairs will now have two inductions per year: one online, one face to face. Discussions have taken place re. initiating a shared practice element for opportunities to support and improve induction, improve the website, and an overhaul of the induction handbook. - CLODs: the induction has been altered to focus on leadership within the role, and some practice sharing has taken place. SNODs have been less able to be embedded over the last year, so some innovation links with paediatrics and CLUS have been included in these inductions. - TRODs – trying to build network of support and initiatives with educational CLODs. - SIMS continue: one has taken place in Belfast (at a new centre). New iteration from a SIM is a paediatric element which is hoped to expand: Newcastle and London are the next scheduled ones which will include neurological death testing and optimisation as an option for the paediatric trainees, which will progress to a scenario for DCD. - Improving links for ACCPs and provision for them. - Looking at how work might be developed with an IT lead, to include developing the website, external elements and e-learning. - Continued links and collaborations with researchers. - Transitioning back to face-to-face, but there will still be a place for hybrid learning. DG reported of the overwhelming feedback received in relation to the face-to-face Deceased Donation Course and expressed thanks to those involved.	

	Specialist Nurse Training Update The following were reported: - Courses are being developed all the time to link with the performance issues and to address the needs which are being identified. - Currently rolling out some specialist paediatric training with Child Bereavement UK. Well received 3-hour online sessions. - In process of developing courses specialising in donor management, donor optimisation, and developing some team manager training. - Currently a review is ongoing looking at cohort training for the new SNODs to ensure that it is as inclusive as it can be, to promote a diverse workforce.	
	Regional TROD update: - Northern Ireland TROD: x1 - South West: in process of advertising - South Wales: x1 - North West: advert is live; interviews before Christmas - Scotland: x3 - Yorkshire: appointing 2 next week - Midlands TROD: advert going out this week - South Central: x1 - Northern: x2 DG stated that it would be useful for all TRODs to report to NODC in a year's time around activity, progress etc. Also, another RCLOD or Education CLOD for each region would be beneficial for a national perspective of what is happening.	
3.5	**Promotion**	
	Community Ambassador Programme KP summarised the following: - **The ambassadors** have supported more than 100 speaking events, giving more than 300 hours of volunteer service. They sometimes meet SNODs, join information briefing sessions and information collaborative meetings to give some context and help support. Having conversations with regions/teams who do not currently have ambassadors, and optimising and adding to the teams where there might be gaps geographically, and also trying to ensure diverse representation. The 5 regions which have ambassadors (excluding Wales, Northern Ireland and Scotland) are Midlands, London, North West, Yorkshire and Northern. Discussions need to be had re. how the programme expands beyond England (depends on resource). - **PSHE Resources:** Launched this year as part of KS3 and 4 curriculum for schools. Ambassadors are being trained for speaking about these items in schools. - **Leave Them Certain Campaign** – pushing for a more proactive approach including training of ambassadors and supporting them, in line with our strategy. - **Sharing of best practice amongst ambassadors and beyond:** Plans are in place in terms of taking advantage of virtual tools to expand and develop, and also to look at how closer work can be done with the Organ Donation Committees, GP offices, faith and culture centres, and local councils. Within Marketing there is currently a period of uncertainty because of an internal restructure so plans are being discussed as to how to maintain the success of this programme and build on the number of ambassadors. Reassurance and resource is needed from NHSBT to support this programme and fulfil the requirements of the new strategy. NODC restated its strong support of the Ambassador Program which was established in the 2020 Strategy but has still not been fully realised. Only 5 of 9 England's regions have	

	ambassadors; and yet to commence in Northern Ireland, Scotland and Wales. An action from the 2030 Strategy is 'To promote organ donation through community and national partnerships and through NHSBT's Donor Ambassador programme leading to increased diverse community advocates for the benefits of organ donation.' NODC fully supports this action.	
	Update: Marketing Campaigns / Organ Donation Week HM reported the following: - **Organ Donation Week:** A full evaluation is in progress, but initial results indicate that it was a success. A report will be created to review learning. 480 articles across national, regional, online and consumer media, generating 135 million opportunities to see the messaging. Next year the ODW is scheduled for w/c 19th September, a little later to avoid clashing with back-to-school period. - **Community investment scheme:** This was launched in August and will fund community and faith and belief organisations to positively engage Black, Asian, Mixed Race and minority ethnic communities in living donation. 27 applications have been received. There is a 3-tier application process: initial application, video pitches submitted, and then the final application process – the funding will then be assessed alongside a project plan. A total of £100k of funding is available, which will be awarded to projects in January 2022. There will also be a community event scheme for deceased donation and blood donation – the application process will be open in December. - **World Letter Writing Day:** Two new webpages launched on 1st September, which host a variety of new resources. One page covers the subject of communication between a living donor and their recipient, with the other guiding and supporting people through the process of writing to a donor family or transplant recipient after deceased donation. An evaluation of the launch is currently being worked on. National Letter Writing Day is on 7th December, presenting another opportunity to market these resources. There was a webinar last week with Living Donor Co-ordinators to raise awareness and discuss how these resources can be communicated amongst transplant centres. - **Activity calendar** shows upcoming events including – November: Diwali, Interfaith week; December: Christmas (focus on real life stories, encouraging conversations), Community Investment Scheme; January: Leave Them Certain Campaign, Living Kidney Transplant Scheme go live; February: some activity around Valentine's Day; March: World Kidney Day with a focus on living donation, Commonwealth Day with the launch of the Tribute to Life Project. - NHSBT covers England and Wales in terms of marketing; Scotland and Northern Ireland have their own marketing teams, although NHSBT have linked into their regional committees and Chairs meetings and relations are improving. Members are asked to contact Marketing if there are any ideas to suggest for improvement, and to communicate any events taking place.	
	Commonwealth 'Tribute to Life' MOU (For Information) https://www.odt.nhs.uk/odt-structures-and-standards/clinical-leadership/commonwealth-tribute-to-life-project/ DG reported the following update: - 41 out of 54 Commonwealth nations have now joined this project (98.5% of the Commonwealth population). The nations lacking are the smaller pacific islands – small populations, and low number of clinicians in such countries. On the website you can view a 1-minute promotional video summarising the project: https://www.youtube.com/watch?v=C2PCCwuEI0o.	

	-The formal launch is taking place on 14th March 2022, and the actual inauguration is the week before the Birmingham Commonwealth Games in July 2022. The Midlands Team are working closely with the links for this.	
	ISODP Journal Watch https://www.tts.org/isodp-newsletter Please see the link for information and circulate. DG expressed thanks to AM for collating the papers for this; there is one more to finalise, and then it is hoped for Canada to take this on for a year. It is great to have a donation journal to bring the donation community together and connect internationally.	
4	**Working Group/Subgroup Updates**	
4.1	**NODC Statistics Subgroup** **Update**	
	SM reported that this subgroup consists of some NODC Members who meet quarterly to plan and prioritise the statistics workload. The following update was given: - Last meeting was at the beginning of October – the group approved the annual PDA report and also the annual paediatric NODC report which was approved by Paediatric NODC in September. These reports are now published online on the ODT clinical website in the Statistics Reports section: https://www.odt.nhs.uk/statistics-and-reports/potential-donor-audit-report/ - Changes were discussed re. the 6-monthly Trusts' Board reports, and the draft Chief Executive's letter was agreed; data will start to be included into these letters in relation to ocular donation from next spring. The Trusts' reports have been sent; the validated version will be released next week (end of November when the letters get forwarded to the Chief Executives). - Discussions around developing some reports to present details around the key metrics and PDA data which go on the ODT Clinical website to be accessible to NODC and donation team members, CLODs and Chairs. - Work looking at new data that is available within the PDA analysing pre-mentions of donation before the donation decision conversation. - Discussions around ongoing project around Australian colleagues to standardise potential donor definitions so that datasets can be compared. - Currently working on Regional Collaborative slide sets – data abstracts will be available for Regional Collaboratives in the coming days.	
4.2	**Paediatric Subgroup of NODC – Update** RM reported the following: - The PDA indicates year on year increase in referrals to SNODs and approaches with SNOD presence. There is concern over neurological testing rates and consent rates which are a little behind. - National Paediatric and Neonatal Organ Donation Strategy, 4 workstreams have been set up. Structural workstream: - Continues to build on structure of support with regional paediatric SNODs and CLODs, and have either a paediatric CLOD or Organ Donation Lead in every PICU. - Work continuing to consolidate KPIs – aiming for 100% SNOD involvement in paediatric conversations. - ODC Chair information has been reviewed to look at incorporating paediatrics within their committees.	

	Operational workstream: - Work ongoing to develop post-donation resources and support for SNODs and families in supporting children; including a booklet by Gary Andrews to explain organ donation to children. - Paediatric Extended Notification Trial has been completed; the final report is now in draft form. This trial was about moving the point of referral further forward for children when approaching end of life. The report will be shared at the next Operational Management meeting. In the 3 regions: 100% referral rate and 100% rate for planning the approach with a SNOD involved. All those involved gave positive feedback. Huge congratulations to the Eastern and Yorkshire Teams for completing this. - Continuing work with paediatric pathologists and paediatricians to develop support for organ donation; this needs to be formalised before rolling out. - The paediatric and neonatal neurological testing forms are being reviewed alongside the adult forms, to include testing for children on ECMO. Educational workstream: - National Deceased Donation course: Newcastle and London paediatric clinical staff incorporated in delivering paediatric content in these centres, specifically aimed at PICU trainees. - Child and Infant Deceased Donation Leadership course, face-to face, scheduled to take place at beginning of December. - Created template slide sets which can be used for local paediatric courses. - Continuing work on consolidating the local Peer Review process in PICUs ensuring that this happens consistently. Neonatal workstream: - Aim is to achieve an audit of 75% of NICUS in the UK; this is currently at 30%. - Agreement has been met to increase the gestational limit for solid organ donation from 36 to 37 weeks.	
4.3	**Research:** **General update + SIGNET Trial**	
	DH expressed thanks to everyone for the support and enthusiasm with this trial. A summary was given as follows: - The trial opened on 14th September. To date, 32 sites are open, 14 donors recruited. - Feedback from Regional Team Managers, SNODs and Specialist Requestors has been overwhelmingly positive. - A concern was randomising patients, but the system has proved to be more straightforward than first envisaged. - Family approach has been positive. Consent rate is good (at least 80%) at the moment, which is an excellent start. This is an enormous study to recruit 2500 donors over 4 years. HR have requested site only donors to be recruited, which is ambitious as 80% of eligible donors need to be recruited in the sites, so site opening is key. Opening of the sites are reliant on training. If anyone is having problems with opening a site, DH should be contacted directly. Once a site is open it is important to make SIGNET 'normal', and this is shown in the feedback from embedded SNODs in open sites. The quality of the preparation work done by the NHSBT Research Team has been outstanding, and also the help and support from the Clinical Trials Unit. NODC were also thanked for the consideration, support, encouragement and enthusiasm.	

	DG expressed thanks for the report, and asked Members to please include this into Regional meetings, Regional Collaboratives, and feedback to DH where possible.	**All**
5	**Any Other Business**	
	AR gave the following updates: - ECHO: Donor optimisation for heart transplantation, starting the programme from DCD, how can access to ultrasound be improved, shorten the waiting time, considering exclusion criteria. A working group has been created which includes HB, TB, RM, and representatives from ICS and BSC to feed into this project. The aim is to try to understand issues around access to ultrasound, starting with a wide audit, and examining what is done with the images when received, and how they are reviewed and transmitted. Two ways to consider: an accessibility tool, and how communication can be improved once the images are received. There is a monthly call to discuss this and NODC Members are welcomed to be involved if they wish – please contact one of the working group members. - Exploring TNRP: A working group has been created with monthly calls trying to explore where TNRP has not been performed and whether it has been appropriate. Considering the technical challenges, a few research proposals are being drawn up to look at what is feasible. Feedback can be reported when the research has been carried out. DG reported that KE will be leaving NODC as an RCLOD but will continue reporting to NODC in her role as the representative from the Royal College of Emergency Medicine.	
6	**Dates of next Meetings**	
	Proposed date for the next NODC meetings: • 09.02.2022, 10am to 1pm – Virtual • 25.05.2022, 10.30am to 3.30pm – Face to face in London (venue TBC) • 08.11.2022 – TBC	