NATIONAL ORGAN DONATION COMMITTEE (NODC)
MINUTES OF THE FIFTEENTH MEETING HELD ON TUESDAY 27TH FEBRUARY 2018
Via GoTo meeting/Teleconference

PRESENT:

Dr Paul Murphy (**Chair**)	National Clinical Lead for Organ Donation
Miss Joanne Allen	Performance & Business Manager, ODT, NHSBT
Prof Stephen Bonner	RCoA Representative
Ms Helen Buglass	Regional CLOD - Yorkshire
Ms Lisa Burnapp	British Transplantation Society Representative
Ms Sarah Clarke	British Association of Critical Care Nurses Representative
Mr Anthony Clarkson	Assistant Director, Organ Donation & Nursing
Dr Katya Empson	Regional CLOD – South Wales
Dr Dale Gardiner	Deputy National Clinical Lead for Organ Donation
Ms Amanda Gibbon	Donation Committee Chair (Non-Clinical Donation Rep)
Dr Pardeep Gill	Regional CLOD – South East
Dr Paul Glover	Regional CLOD – Northern Ireland
Ms Monica Hackett	SNOD Regional Manager – Northern Ireland
Mrs Margaret Harrison	Lay Member, ODT, NHSBT
Ms Alison Ingham	Regional CLOD – North West
Ms Sally Johnson	Director of Organ Donation and Transplantation
Mrs Lesley Logan	Regional Manager – Scotland
Ms Sue Madden	Statistics and Clinical Studies - NHSBT
Dr Alex Manara	Regional CLOD - South West
Ms Olive McGowan	Assistant Director, Education & Governance, ODT
Ms Jackie Newby	Head of Referral & Offering/TSS Representative, ODT
Ms Ella Poppitt	Head of Service Development
Ms Susan Richards	Regional Manager – Midlands & South Central (part meeting)
Prof Jonathan Thompson	Regional CLOD – Midlands
Dr Ian Tweedie	Regional CLOD – North West
Dr Andre Vercueil	Regional CLOD – London (part meeting)
Dr Angus Vincent	Regional CLOD – Northern
Dr Charles Wallis	Regional CLOD – Scotland
Mr Phil Walton	Regional Manager – South Wales & South West
Ms Fiona Wellington	Head of Operations for Organ Donation, ODT, NHSBT
Dr Mike Winter	Medical Director, NSD Scotland

IN ATTENDANCE:

Mrs Claire Williment	Head of Transplant Development, ODT (part meeting)
Mrs Kathy Zalewska	Clinical & Support Services, ODT

Item	Title	Action
1	**WELCOME AND INTRODUCTION** P Murphy welcomed everyone to the meeting. Apologies were received from: Dr Jeremy Bewley – Intensive Care Society Representative Mr Gareth Brown – Department of Health – Scotland Dr Paul Carroll – Regional CLOD - Eastern Dr Catherine Coyle – Consultant in Public Health Medicine – N Ireland Prof John Dark – National Clinical Lead for Governance, ODT Mrs Sue Duncalf – Regional Manager – North West/Northern/Yorkshire	

Item	Title	Action
	Prof John Forsythe — Associate Medical Director, ODT, NHSBT Dr Kay Hawkins — Chair Paediatric Subgroup of NODC Mr Ben Hume — Assistant Director TSS Mr Tim Leary — Regional CLOD - Eastern Dr Sian Lewis — Acting Medical Director Welsh Health Specialised Services Dr Iain MacLeod — Regional CLOD – Scotland Mr Joe Magee — Department of Health – Northern Ireland Dr Justin McKinley — Regional CLOD – Yorkshire Prof David Menon — Faculty of Intensive Care Medicine Representative Dr Nilesh Parekh — Regional CLOD – Midlands Dr Brodie Paterson — College of Emergency Medicine Representative Prof Rutger Ploeg — National Clinical Lead for Organ Retrieval Ms Marian Ryan — Regional Manager – Eastern, London & South East Ms Angie Scales — National Paediatric & Neonatal Specialist Nurse, ODT Ms Sarah Watson — Programme Director Highly Specialised NHS England Dr Malcolm Watters — Regional CLOD – South Central Ms Emma Wilbraham — Department of Health – England Dr Argyro Zoumprouli — Regional CLOD - South East **Declarations of Interest – NODC(18)1** There were no declarations of interest in relation to the agenda.	
2	**REVIEW OF PREVIOUS MINUTES AND ACTION POINTS – NODC(M)(17)2 & NODC(AP)(17)3**	
	Members were asked to report any corrections to the minutes of the previous meeting following the call. **Post meeting note**: No corrections were reported and the minutes have therefore been agreed as a correct record. **AP1 Education & Training:** Deferred to the next meeting for an update. **AP2 Research – the role of NODC:** Deferred to the next meeting for an update. **AP3 Regional Stretch Goals:** Completed. **AP4 Draft Annual PDA report:** Completed. **AP5 Donation Committee Review:** Refer to minute 5. **AP6 Length of Donation Pathway:** It was confirmed that in a deemed consent situation blood samples can be sent for tissue typing and should be treated in the same manner as samples from a patient who has formally registered on the ODR. **AP7 Specialist Requestors:** Completed. **AP8 DCD Heart Retrieval:** Refer to minute 3.	

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	AP9 Plans for Future National Meetings: RCLODs and CLODs are being encouraged to attend the BTS Annual Congress in March, particularly those in the South East and London in view of the proximity to Brighton. The importance of emphasising the problem of the length of the donation pathway to the transplant community was highlighted. **AP10 National Hub:** Deferred for update at the next meeting. **AP11 Paediatric Sub-Group Update:** Refer to minute 4.3 **AP12 Definition of SNOD Involvement:** Deferred for update at the next meeting.	
3	**MATTERS ARISING**	
3.1	**E learning** Simon Flood is liaising with Jill Featherstone to develop the e-learning package and an accessible platform. An update will circulated via email.	**O McGowan**
3.2	**Pregnancy** The DH guidance concerning organ donation and end of life care in women who are pregnant has not yet been withdrawn or retracted. S Johnson agreed to follow this up with relevant parties.	**S Johnson**
3.3	**Ante-mortem interventions** DH have now confirmed that the current legal guidance on ante-mortem interventions in DCD donors in England and Wales will be withdrawn. Ongoing governance and oversight of this element of DCD donation will be passed to the relevant professional bodies as is already the case for other aspects of end of life care. This decision was the ideal trigger for revision of the current professional guidance on DCD donation published in 2010/11, within which a review of ante-mortem interventions could be undertaken. The Joint Standards Committee of the ICS and FICM have nominated representatives to join a small NHSBT steering group to guide the process and representation will also be sought from RCoA and the BTS.	**S Bonner/ L Burnapp**
3.4	**DCD heart retrieval: Update on retrieval protocols** Three cardiothoracic centres (Papworth, Harefield and Manchester) have now undertaken over 50 DCD heart transplants but funding to carry on with these transplants is likely to become more challenging. There is no sign of any reduction in the cost of this equipment and Newcastle is looking to begin a clinical trial of an alternative, less costly device which will need to be approved and passed by the necessary regulatory authority. It was noted that a sub-group of RINTAG, the DCD Heart Working Group, was being established to ensure the safe implementation of DCD heart programmes with effective governance. The group will also enable NHSBT to explore the best way to proceed with DCD heart donation in the context of multi-organ donation and other novel technologies for abdominal organ retrieval. **Post meeting note:** An invitation to join the group has been sent to G Vincent as the Donation Clinician representative. M Ryan will be asked to supply members with an update on progress with the final version of the DCD heart protocol document by email.	**C & SS**

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3.5	**Hypothermia trial** D Gardiner will represent NODC on work with Prof Chris Watson to repeat the 2015 trial on hypothermia in brain dead donors in a UK context. Other IC clinicians will be involved as required and the trial is likely to centre on larger neuro-intensive care centres.	
3.6	**Uterine transplantation / Olfactory bulbs** Uterine transplantation: Paperwork and assurances on the proposal are still awaited by RINTAG. Further discussions are also taking place with REC. Olfactory bulbs: The team at St George's Hospital is due to go live with its proposal on 12th March 2018. Agreement has been reached for three retrievals with a requirement to report back to RINTAG/NHSBT after each retrieval. A review will take place after three retrievals have been undertaken. Olfactory bulb retrieval will take place via craniotomy after organs have been retrieved from a DBD donor.	
3.7	**Length of donation pathway** Actions to reduce the pathway are progressing and pilots are taking place in different regions but it is too early at this stage to measure the impact of the work so far. On 26th March a meeting will take place to decide on a standard for the donation pathway for DBD and DCD. Each element of the pathway will be reviewed to see how long it should take and data will be reviewed to assess any differences. Members supported the principle of the donor hospital being called when the retrieval team is 30 minutes away in order to allow mobilisation of the appropriate clinicians to theatre. Mobilisation of the donor to theatre is a less realistic outcome as this would take longer. It was agreed to circulate to members the slides being prepared for the BTS meeting on improvements to the length of the pathway for sharing at the spring collaboratives.	**P Murphy/ O McGowan**
3.8	**Scout project** Scouts travel ahead of the full retrieval team to optimise and more completely assess the cardiopulmonary function of a donor. The Workforce Transformation Board will be taking the Scout project forward following improvement in heart utilisation from DBD donors seen during the pilot. The Scout sub-group looked at the function and criteria for the Scout and will present the preferred option to upskill the existing organ preservation practitioners to take on this function. The potential for scouting and donor optimisation has also been discussed in the wider ODT workforce planning. Funding for this work will be considered alongside other initiatives such as DCD heart retrieval, specialist requesting, and NRP for livers and other organs.	
4	**STANDING ITEMS**	
4.1	**Performance** **Organ Donation Hospital Annual Awards – NODC(18)3** A Clarkson introduced a proposal from SMT to establish an annual awards scheme for outstanding achievements in organ donation in the UK. It is anticipated there would be regional awards together with an overall national award with these being based on a combination of measurements and value based judgements. Members supported the awards scheme in principle as it would help organ donation to be more widely recognised by Trust Executives and Medical Directors. A Manara and A Gibbon agreed to join a working group to devise the scheme for approval at the next meeting.	**J Allen**

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4.2	**Statistics & Clinical Studies** **Impact of Emergency Department strategy – NODC(18)5** A paper assessing performance in the EDs before and after the launch of the ED strategy was received. Data presented indicated that in the first six months since the launch of the strategy there was no notable change in the number of missed referrals and approaches without a SNOD present in the EDs throughout the UK. It was acknowledged that it would take time for the strategy to have an effect as internal policies and guidelines within each hospital may need to be re-written before best practice is endorsed and implemented. To help get the message to clinicians within ED these slides have been added to those being presented at regional collaboratives. It was suggested that additional support be sought from the College of Emergency Medicine to promote this strategy. **Investigating the recent increase in DBD donor numbers – NODC(18)6** A paper investigating the recent increase in the number of DBD solid organ donors indicated that the increase appeared to be most significant in those donors over 50 years old and in the smaller level Trusts/Boards, although the reason for the increase is not evident. Further analysis of data will take place at the end of the financial year to try to identify cause. It was recommended that the letter sent to Trusts at the end of each financial year thanking them for their work to support organ donation and transplantation should acknowledge the increase in donors arising from these smaller level hospitals.	**K Empson**
4.3	**Paediatric Sub-Group Update** A Scales will circulate the paediatric and neonatal strategy document to members of NODC and the NODC Paediatric sub-group in the next few days with a 6-8 week turnaround for comment. An updated version will be submitted to the next SMT with final approval being sought at the end of May 2018.	
4.4	**Medical Education** D Gardiner tabled a paper detailing the Medical Education plan for 2018/19. Dr Dan Harvey and Dr Ben Ivory have joined Jill Featherstone (PDT Lead for Medical Education) to form the team responsible for the delivery of medical education, which will now sit within the Professional Development Team. Key points of the plan include: • Deceased donation academy • Medical Education Courses: - Deceased Donation Course - CLOD Induction - Chair Induction - Clinician Training • Bespoke programmes to support international delegation visits • Website – to encourage interdisciplinary learning and tiered to learning requirements. • Understanding the specific requirements of paediatrics All UK advanced ICM trainees will receive a standardised training course. In Scotland two individuals will share the education role and will be developing a SIM course similar to that being developed for England. In the North West region monies have been identified for an education lead at consultant level.	

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5	**Organ Donation Committee Review**	
	• **Update** Arising from the medical students' review of ODC's, a Rapid Improvement Event will be held on 25th/26th April in Birmingham where Committee Chairs and stakeholders will have the opportunity to go through the recommendations, and assess needs and deliverables. • **Further thoughts and proposals – NODC(18)7** M Harrison presented feedback on the structure of Organ Donation Committees from a lay member point of view. Key points: • The purpose and scope of ODCs needs to be clear and understood by members and the wider community. Further detail on the role of the Regional Collaboratives/Regional Organ Donation Team would be useful. • ODT website - The two-way flow of communication/engagement should be covered in the role of the Regional Collaboratives. • There is a need for a forum, possibly as part of the Regional meetings, where ODC Chairs can share best practice and concerns. • Chairs of ODCs who are also on the Trust Board found it easier to influence the Trust than others. • It would be helpful for ODC Chairs to have an aide memoire/top tips for running successful meetings. • It was noted that some committees have an element of fatigue and some Chairs feel isolated and lack support. Additional support is likely to be required when the new donor reimbursement arrangements are in place. Recommendations from the RIE will be submitted to both SMT and NODC.	
6	**Any Other Business**	
	• Opt out consultation is due to close on 6th March. The Private Member's Bill was successful at its 2nd reading on 23rd February and now passes onto Committee Stage. A NODC response to the DH consultation, which draws on responses from the regional collaboratives, is being drawn up and any further comments should be submitted to P Murphy by the end of the week. At the next round of regional collaboratives consideration should be given to the evidence that should be given at Committee Stage. P Murphy thanked C Williment for supporting the consultation and in particular with the donation community. • P Murphy thanked NODC members for their support during his time as Chair. On behalf of NHSBT and NODC members, D Gardiner and S Johnson paid tribute to the contribution made by P Murphy during his time as Chair of NODC and as NHSBT's National Clinical Lead for Organ Donation.	
12	**Dates of 2018 Meetings**	
	• Tuesday, 5th June 2018 – London venue to be confirmed • Tuesday, 6th November 2018 – London venue to be confirmed	