

NORS Mobilisation Single Process

This document has been developed to support stakeholders involved in NORS mobilisation. This is a high-level description of the process referred to in [SOP4574](#) - Logistics & NORS Mobilisation Manual - Hub Operations.

Stage of Process	Who?	Description from SOP
SNOD Registers donor	SNOD/HO:	Discuss specific requirements related to the donor (e.g. theatre timings, special requests).
	HO:	Notify Amvale if flights are likely to be required.
Organ Accepted	HO:	Discuss with the SNOD the likely need for CT and abdo NORS teams. If both teams are needed, continue offering until one CT organ is placed and one abdo organ is placed. SNOD books theatre slot and communicates time to HO.
	SNOD:	If only one team is needed, SNOD books theatre slot and communicates to HO.
	HO:	Notify Amvale of organs accepted and NORS team(s) booked to attend.
Mobilise Team	HO:	Within 10 minutes of the SNOD confirming they would like NORS teams, and assuming theatres have been booked, HO will contact NORS team(s)/RCPOC by telephone and relay key points of information (see end of this document). For multi-organ donors, NORS teams will be mobilised by way of the following sequence: <ul style="list-style-type: none"> • DBD donors – mobilise CT to arrive one hour before Abdo team. • DCD donors – both teams arrive together.
	NORS/ RCPOC:	NORS teams must be available to mobilise within ONE HOUR of the call if required. Notify the HO if there are any delays. For further information on mobilisation, please refer to Mobilisation – Supplementary Information (page 4).
	HO:	Record the time of the call asking the team to mobilise and the agreed time of arrival at the donor hospital based on travel time to donor hospital.
	NORS:	Record the requested departure time and the actual departure time on the RTI form.

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Escalation/Governance	<p>HO:</p> <p>ALL:</p>	<p>If there is a dispute regarding mobilisation decisions, this should be escalated from the NTLC to the on-site or on-call HOSM.</p> <p>Any disputes that cannot be resolved by an HOSM will be escalated by the HO to the Regional Manager on call. Details of this should be entered in to the Query Log tab on the NORS Calculator with reference to how long this dispute added to any delay in mobilising.</p> <p>The final decision related to mobilisation will be made by the HO after any discussions with the Regional Manager if required.</p> <p>ALL: Regional Managers must only be contacted by the HOSM or NTLC, not directly by the SNOD or NORS team.</p> <p>If a NORS centre or member of the team has any concerns about mobilisation decisions, these must be reported via the incident reporting system: https://safe.nhsbt.nhs.uk/IncidentSubmission</p>
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Mobilisation – Supplementary Information

Contractual Requirements

Refusal to mobilise to a donor or being unable to mobilise without giving prior notice of issues to Hub Operations will be investigated as a breach to the NORS contract.

NORS teams must be available to mobilise within ONE HOUR of the call if required. Failure to mobilise at the agreed time, or refusal to mobilise, will be investigated as a contractual breach, and if upheld will result in a financial penalty being issued to the team (£10,000 withheld from their workforce payments for the first breach).

Part-time Teams – Handover

If a part-time team is approaching the end of their week on call, they are required to mobilise up to two hours before the end of the shift – failure to do so will be investigated as a contractual breach.

In the two hours before the end of the shift, the NORS team can decide whether to mobilise, and if they attend they will be paid the workforce tariff for doing so (£6,730 in 2018-19). If a team does not mobilise in that two-hour period, this will not be investigated as a breach.

Activity

During busy periods, NORS teams could be expected to carry out more than two retrievals in a 24-hour period.

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Performance

If a NORS centre has concerns about the performance of their NORS team (e.g. due to a complex or distressing donor, or due to extended travel), they may ask for the team to be stood down for a period of rest – this must be done by the time they return to their base hospital and not at the time they are asked by HO to attend a donor. Failure to notify HO of this period of rest in advance will be treated as a breach of contract.

NORS centres may also request a period of stand down in the event of high levels of sickness, provided this is done in advance (again, not at the time they are asked to mobilise). Cases where teams have stood down will be reported to the National Retrieval Group so that any trends or issues can be identified.

NORS Team Allocation

HO will ensure the allocated NORS Team(s) attend each donor. The only exceptions are as follows:

- a) Small cardiothoracic donors (height <145cm **OR** weight <40kg) where the specialist team will attend (Newcastle or Papworth) and be paid for transport/consumables;
- b) Complex congenital recipients (listed as such with NHSBT) – the NORS Team of the accepting transplant centre may attend (instead of the allocated NORS Team) and will be paid for transport/consumables.
- c) Adult donors outside the UK.
- d) Multi-visceral donors. The accepting bowel centre will attend and retrieve all abdominal organs.
- e) DCD Donors. If the heart and lungs have been accepted, the accepting heart centre will attend and retrieve all cardiothoracic organs. The cardiothoracic team **should not** mobilised until the DCD heart has been accepted.

HO may ask the accepting centre to retrieve if this is more logistically sensible than mobilising a distant NORS team, and should consider costs of flights/transport, other donors in the region as well as other logistical considerations.

Key Points of Information

HO will obtain the following information from the SNOD and will convey this to the NORS team at the time the mobilisation call is made.

- Donor ID
- Donor Case Number
- Hospital Name
- Hospital Code (for use in EOS)
- Donor Age
- Type of Donor (DBD/DCD)
- Organs Accepted
- Organs still under offer
- Previous significant cardiac/abdominal surgery that may impact on the retrieval? Y/N
- QUOD consent
- Theatre Time
- Time for arrival at the donor hospital
- SNOD name
- SNOD contact number
- NRP to be used? Y/N
- Any additional equipment required/information about research

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GLOSSARY

HO (Hub Operations)	Hub Operations provides a link in the transplant process between the Organ Donation Services Teams, retrieval and transplant communities.
HOSM (Hub Operations Shift Manager)	Team Manager.
NTLC (National transplant liaison coordinator)	Member of the HO team responsible for matching, allocation and logistics.
NORS Team (National Organ Retrieval Service Team)	The competent retrieval team responsible for attending the donor and retrieving the organs, comprising lead surgeon, surgical assistant, organ preservation practitioner and scrub practitioner.
NORS Centre	The hospital/trust that employs the NORS Team.
SNOD (Specialist Nurse in Organ Donation)	One or more specialist nurses employed by NHSBT responsible for facilitating the donor.
RCPOC (Recipient Centre Point of Contact)	Designated contact at NORS team transplant centres responsible for mobilising NORS team.
Multi-organ donor	A patient who is donating cardiothoracic and abdominal organs
NRP (normothermic regional perfusion)	An intervention to improve the quality of the liver, NRP is used in DCD abdominal donors at the donor hospital.
KTS (knife-to-skin)	Refers to the operation start time
Part-time team	A NORS team that shares a rota with another centre (e.g. week on/week off).
Back to back donors	When a NORS team attends two donors without returning to base in between.
Subsequent donors	When a NORS team attends two donors sequentially, returning to base in between for restock. The team will have an hour to re-stock before mobilising to the subsequent donor and may take an additional hour to rest if this is required.