

NHSBT Board Meeting
November 2018

Increase in NORS Team Capacity

1. Status – Official

2. Executive Summary

An evaluation of the capacity of National Organ Retrieval Service (NORS) to meet demand for organ retrieval has been undertaken. The evaluation investigated both the capacity of the retrieval teams and the impact of the retrieval activity itself on teams. This led to a number of recommendations to improve the monitoring of the intensity of retrieval activity, the deployment of the retrieval teams to alleviate pressure on the busier teams, while increasing the activity for quieter teams, and principally to increase the number of abdominal NORS teams on call at anyone time to eight from the current seven. If the recommendation is supported an implementation group will be established to work through the preferred option to increase capacity whilst continuing engagement with the NORS teams.

3. Action Requested

- **Note the capacity and intensity pressure on NORS.**
- **Support the recommended option to increase abdominal NORS capacity from 2019/20.**
- **Agree to the establishment of an implementation group.**

4. Purpose of the paper

This paper describes the background to the evaluation of the capacity of NORS teams to meet demand for organ retrieval, which has led to a recommendation that the number of abdominal NORS teams on call is increased to eight at any one time. It sets out how the capacity can be increased and the associated financial investment required.

5. Background

- 5.1 One of the Recommendations of the NORS Review, which took place in 2013/14, was that “NHSBT makes the modelling of the retrieval service part of its core business, to ensure that capacity is better aligned to

demand in the future". The Recommendation was that NORS team capacity would be reviewed by the National Retrieval Group (NRG).

5.2 NRG recommended that a further evaluation would be required after teams reached a certain threshold in their activity and these were agreed as:

- NORS teams are active at least 70% of their time on call for three successive quarters (upper limit of activity);
- NORS teams are inactive at least 70% of their time on call for three successive quarters (lower limit of activity);
- Loss of donor due to insufficient NORS capacity.

5.3 In addition to the reviews at the NRG, the percentage of time each NORS team spends attending a donor is monitored monthly by the ODT Commissioning Team and the evaluation was triggered by an abdominal team hitting 70% of their time on call.

5.4 Appendix 1 (Table 10.1: Proportion of days each NORS team spent attending at least one potential donor when on call) shows the activity data from January 2018. The table shows occasions where teams have been active for at least 70% of their time on call (highlighted in yellow) and where teams are inactive for at least 70% of their time on call (in green).

5.5 Although Glasgow had been consistently inactive for at least 70% of their time on call, it was recognised that this is due to the geographical location of donors and it was not felt that this should trigger an evaluation.

5.6 It should be noted that the overall percentage of days spent by NORS teams attending donors was around 57% for all abdominal teams and 44% for all cardiothoracic teams.

5.7 In November 2017, a proposal was taken to the Clinical Retrieval Forum (CRF), a sub-group of NRG, outlining how the evaluation would be managed, the process and outline timescales for delivery. It was agreed that if any changes were required to the current NORS on call rotas, the following criteria would be considered:

- Geographical location of donors will inform where the increases / decreases in capacity will occur (for example within three hours of the busiest areas);
- Cost / benefit analysis will be undertaken before increasing or decreasing team capacity;
- Travel costs will also be analysed;
- Additional issues associated with current team configurations, eg shared teams.

6. Evaluation and Recommendations

6.1 In early 2018, the evaluation of current NORS team capacity and its ability to meet demand was undertaken.

6.2 The evaluation working group had representation from abdominal and cardiothoracic retrieval surgeons from several NORS teams, regional Specialist Nurse management, Statistics and Clinical Studies, ODT commissioning and finance. The following principles were agreed:

- Activity should be as equitable as possible across all teams;
- Travel times should be within 3-4 hours wherever possible.

6.3 The group looked at the impact of different team models on activity levels and made recommendations for further modelling based on the key principles.

Activity and Intensity

6.4 One of the key issues arising from the evaluation is the impact of retrieval on the NORS teams. The Service requires them to carry out intense and complex surgery at night in unfamiliar surroundings, frequently having travelled extensively. As activity increases, busier teams are often asked to attend back to back retrievals (two donors with no return to base in between) or subsequent retrievals (donors one after another with a return to base in between).

6.5 The intensity of retrieval activity is having a detrimental effect on NORS teams and is something which the evaluation panel strongly recommended is addressed. It was also recommended that in addition to the current measure of capacity (percentage of days a team spends attending at least one donor when on call), the intensity of retrieval is also monitored.

6.6 The evaluation found that there are currently sufficient teams on call to meet demand however, this is based purely on donor attendances and does not address the issues with intensity.

6.7 The recommendation, therefore, was that an increase from seven to eight abdominal teams on call at any one time is required as soon as possible to address equality of activity and intensity due to extended periods away from base and the impact this has on performance, recruitment and retention of NORS workforce.

6.8 A further increase to both abdominal and cardiothoracic capacity will be required in 2022/23 based on current projections.

6.9 The findings were presented to the Clinical Retrieval Forum Stakeholder Event on 16 May and were overwhelmingly well received.

Coordination of NORS Teams

6.10 The 2013/14 NORS Review recommended changing the way teams are mobilised, from an allocated system (each donor hospital was allocated a first, second, third on call NORS team, and so on), to mobilising the closest available team.

- 6.11 Unfortunately, this change led to inequalities in activity across NORS teams and failed to address the issue of NORS teams being sent out of region to retrieve, while another team is brought into their region.
- 6.12 The evaluation therefore recommended we return to the previous system of named team allocation so that activity can be more evenly distributed to alleviate pressure on the busier teams, while increasing the activity for quieter teams. At the Stakeholder Event in May, the less busy NORS teams suggested they provide second on-call cover for more remote donor hospitals.
- 6.13 Statistics and Clinical Studies presented the first draft of the allocations to NRG in October 2018, whilst further work is required it is expected that the revised system will be in place by the end of January 2019.

7. Engagement

- 7.1 During the Stakeholder event, several teams highlighted that they might not be able to increase their capacity, or that it could be challenging to do so. In particular, a proposal that part time abdominal teams increase their time on call from 50% to 75% may not be financially or operationally viable for centres.
- 7.2 All NORS centres were contacted and asked if they were interested (without prejudice) in increasing their capacity. Six centres failed to respond, one centre responded to say they were unable to consider an increase. Three abdominal and three cardiothoracic centres have responded to confirm they can consider increasing their capacity, which would be sufficient for an increase from seven to eight abdominal teams on call.
- 7.3 The positive responses were from NORS centres across the UK, including those in the busiest donation areas, which means any increase in capacity could be in the areas where demand is highest.

8. Options

- 8.1 To deliver the necessary increase in abdominal teams on call during 2019/20, the following options have been considered:

Option One – Do Nothing

- 8.2 This is not a viable option as to do nothing would exacerbate the increasing pressure on the service and the individuals involved, who are already voicing concerns about the impact on staff well-being, recruitment and retention.
- 8.3 There is a risk that to do nothing would result in 24 donors a year with no NORS team immediately available.

Option Two – Increase to eight abdominal teams on-call (recommended option)

8.4 By increasing two of the abdominal part time teams to full time this would essential add in another team on call to the abdominal NORS rota, bringing the number of teams on call from seven to eight, which would address the immediate issues with capacity.

8.5 Any increase in retrieval team activity as a result of legislation change, would put even more pressure on the NORS and is subject to separate assessment.

9. Finance

9.1 The cost associated with option two is £1.48m per annum. Appendix 2 present the costs associated with each option.

9.2 The proposal is that the £1.2m ODT funding normally allocated to Behaviour Change is used to support this increase in NORS capacity. This would leave a cost pressure of £280k which would be built into the ODT prioritisation process.

10. Next Steps

10.1 If the recommendation is supported, a period of consultation with the NORS centres will take place. It is likely the increase from seven to eight abdominal teams will be implemented in Q2/Q3 2019/20.

10.2 There would also need to be a wider piece of work with all stakeholders to ensure this change is palatable and manageable and that all risks and dependencies have been understood, explored and where possible, mitigated. A working group will be established with members of each of the NORS teams to explore how the increase in capacity can be implemented.

11. Recommendations

That the Board support the NORS evaluation recommendation to increase to eight abdominal teams available at any one time at a cost of £1.48m per annum.

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