

**NHS BLOOD AND TRANSPLANT  
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE**

**THE TWENTIETH MEETING OF THE NATIONAL RETRIEVAL GROUP (NRG)  
WEDNESDAY 18<sup>TH</sup> APRIL 2018 FROM 10:30 UNTIL 15:30 AT THE  
MEDICAL SOCIETY, LETTSOM HOUSE, 11 CHANDOS STREET, LONDON W1G 9EB**

**MINUTES**

**Present:**

Prof Rutger Ploeg	National Clinical Lead for Organ Retrieval ( <b>Chair</b> )
Ms Karen Quinn	Assistant Director UK Commissioning, ODT ( <b>Co-Chair</b> )
Mr John Asher	Clinical Lead – Medical Informatics (ODT)
Ms Emma Billingham	Senior Commissioning Manager, ODT
Ms Melissa D'Mello	Independent Lay Member
Prof John Forsythe	Associate Medical Director – ODT, NHSBT
Mrs Victoria Fox	Independent Lay Member
Ms Victoria Gauden	National Quality Manager – ODT, NHSBT
Ms Kate Martin	Statistics and Clinical Studies, NHSBT
Ms Olive McGowan	Assistant Director of Education & Excellence
Mr Gabriel Oniscu	RINTAG Surgical Representative
Ms Isabel Quiroga	NORS Clinical Lead Representative
Mr John Stirling	NORS Workforce Transformation Programme Lead
Mr Mick Stokes	Deputising for Jacqueline Newby – ODT Hub Operations
Mr Steven Tsui	Cardiothoracic Advisory Group Surgical Representative
Prof Chris Watson	Kidney Advisory Group Surgical Representative
Ms Julie Whitney	Lead Nurse Service Delivery

**In Attendance:**

Mr Gavin Pettigrew	Consultant Transplant Surgeon, Addenbrooke's Hospital
Mrs Kathy Zalewska	Clinical and Support Services Manager, NHSBT

**Apologies:**

Ms Liz Armstrong	Head of Service Development
Mr Roberto Cacciola	Associate National Clinical Lead for Organ Retrieval
Mr Chris Callaghan	National Clinical Lead for Abdominal Organ Utilisation, ODT
Mr John Casey	Pancreas Advisory Group Surgical Representative
Prof John Dark	Clinical Lead for Governance, ODT, NHSBT
Prof Peter Friend	Bowel Advisory Group Surgical Representative
Prof Derek Manas	LAG Surgical Representative
Ms Debbie McGuckin	Senior Commissioning Manager, ODT, NHSBT
Mr David Metcalf	Divisional Finance Director, ODT
Ms Jacqui Newby	Head of Referral & Offering, ODT
Ms Fiona Wellington	Head of Operations for Organ Donation (SN-OD Representative)
Mr Colin Wilson	British Transplantation Society Surgical Representative
Mrs Claire Williment	Head of Transplant Development, ODT, NHSBT (part meeting)
Ms Belinda Wright	Finance Business Partner, ODT

Item No	TITLE	ACTION
<b>1</b>	<b>WELCOME AND DECLARATIONS OF INTEREST IN RELATION TO THE AGENDA – NRG(18)1</b>	
1.1	R Ploeg welcomed members to the meeting. No declarations of interest were reported.	

Item No	TITLE	ACTION
2	<b>MINUTES OF THE RETRIEVAL GROUP MEETING HELD ON WEDNESDAY 8<sup>TH</sup> NOVEMBER 2017 – NRG(M)(17)3</b>	
2.1	<p><b>Accuracy</b> The minutes of the previous meeting were agreed as a correct record subject to the following amendments:</p> <p><b>Minute 7.1</b> – amend second sentence to read ‘Development work will begin in March 2018.’</p>	
2.2	<p><b>Action Points – NRG(AP)(18)1</b></p> <ul style="list-style-type: none"> <li>• <b>AP1 Retrieval of Small Intestine &amp; Bowel</b> Carried forward to the next meeting in the absence of P Friend.</li> <li>• <b>AP2 Advisory Group Priorities – Pancreas</b> – ongoing. Carried forward to the next meeting.</li> <li>• <b>AP3 RINTAG Olfactory bulbs study</b> – Refer to minute 4.1.</li> <li>• <b>AP4 Use of bank blood and donor blood for novel technologies</b> Completed - paper now circulated to members for comment.</li> <li>• <b>AP5 Request from NORS Teams to retrieve organs for own recipients</b> Completed – Letter sent to NORS Teams and included within NORS standards.</li> <li>• <b>AP6 Contaminated Ice</b> Completed - Letter sent to NORS Team and transplant centre leads.</li> <li>• <b>AP7 Use of TOE in Cardiothoracic retrieval</b> Closed – no exceptional use of TOE.</li> <li>• <b>AP 8 Histopathology update</b> Completed – Paper sent to members for comment.</li> <li>• <b>AP9 Terms of Reference</b> Refer to minute 7.8</li> <li>• <b>AP10 Progress on Vanguard project</b> Refer to minute 9.2</li> <li>• <b>AP11 Demand and capacity</b> Refer to minute 11.1</li> <li>• <b>AP12 Opt out in England</b> Completed – consultation finished.</li> </ul>	<p><b>Clinical &amp; Support Services</b></p> <p><b>Clinical &amp; Support Services</b></p>
2.3	<p><b>Matters Arising Not Separately Identified</b> There were no further matters arising.</p>	
3	<b>ADVISORY GROUP PRIORITIES</b>	
3.1	<p><b>Multivisceral and Composite Tissue</b> No issues reported in the absence of the Chair.</p>	
3.2	<p><b>Cardiothoracic</b></p> <ul style="list-style-type: none"> <li>• No new issues were reported</li> </ul>	
3.3	<p><b>Kidney</b></p> <ul style="list-style-type: none"> <li>• KAG is moving forward with the revisions to the kidney allocation scheme which it is hoped will be active by April 2019 if not sooner. Once finalised the policies will be submitted to TPRC for approval prior to implementation.</li> </ul>	

Item No	TITLE	ACTION
3.4	<p><b>Liver</b></p> <ul style="list-style-type: none"> <li>On the first day of the new liver offering scheme there were 17 donors in the UK – a new record. The new scheme represents significant change and has largely gone well. This early in the new offering scheme high UKELD patients are receiving more offers than usual but this is expected to even up over time. Due to a number of changes happening at once it is more likely that retrieval teams will go out to retrieve on behalf of another team when a large number of donors occur on one night in the same area of the country.</li> </ul>	
3.5	<p><b>Pancreas</b></p> <p>On behalf of J Casey, R Ploeg updated members on issues from PAG:</p> <ul style="list-style-type: none"> <li>There are concerns with pancreas damage at retrieval together with the issue of under-reporting by both donor and recipient teams. PAG is seeking advice/solutions to rectify the problem.</li> <li>Discussions are taking place to continue the trial carried out by Edinburgh and Oxford using an agreed protocol to carry out routine photographic assessment of pancreases.</li> <li>Discussions are taking place with the HTA on whether a pancreas is considered as an organ or tissue/cell (if offered for islets) according to European Directives. Pancreas offered as a whole organ should not be considered as a tissue/cell.</li> <li>A letter has been sent to NORS teams asking them to retrieve any pancreas offered in order to improve the pancreas quality on the back table and retrieval technique.</li> </ul>	
4	<b>UPDATE ON RESEARCH DEVELOPMENTS</b>	
4.1	<p><b>RINTAG</b></p> <p>G Oniscu briefed members on key points from RINTAG:</p> <ul style="list-style-type: none"> <li>A joint meeting with the British Transplantation Society was held in January with the aim of identifying and reviewing research, innovation, novel technologies and service developments. The meeting was also a useful platform for horizon scanning and discussing future developments in the field of transplantation. Progress made was encouraging.</li> <li>A recent incident was highlighted where the retrieval team was not aware it was required to retrieve the pancreas for research. SNODs need to let teams know that if organs have been placed for research then teams should arrive with appropriate equipment.</li> <li>J Parameshwar and E Murphy are heading up the work on DCD heart programmes</li> <li>The olfactory bulbs study was unanimously supported. Further documentation is awaited.</li> <li>The uterine transplant project was approved in February and confirmation is awaited from Oxford which is supporting the project. Guys Hospital is also considering living donor uterine transplantation.</li> <li>Funding for a pilot of face transplantation in Newcastle has been withdrawn</li> <li>BTRU is looking to expand access to organs to approximately 20 sites for pancreas, hearts and lungs. Eight lungs have already been received towards the target of ten.</li> </ul>	

Item No	TITLE	ACTION
4.2	<p><b>Service development of NRP</b></p> <p>Service development of NRP is progressing well. Results from Cambridge and Edinburgh mirror those from Spain and a business case has been approved by SMT which will now be submitted to the next sustainable funding meeting at the end of May. A campaign is underway to disseminate the results so far, particularly to those teams not involved in the study, in order to try to establish the programme in more centres. Funding is still available for service development to continue, including provision of consumables.</p>	
4.3	<p><b>QUOD report – NRG(18)2</b></p> <p>Members received the latest QUOD statistics report for information.</p> <ul style="list-style-type: none"> <li>• A request for further tissues to be collected has been discussed and agreed at both RINTAG and CTAG.</li> <li>• Ethics approval for the QUOD biobank has been revalidated.</li> <li>• Consultation will need to take place re DCD donation in relation to the Adults with Incapacity (Scotland) Act. Due to the MRC extension to QUOD, the national consortium will also retrieve whole organs (pancreas, heart, lung) for research. The process, as regards consent for whole organ research, is in hand (NHSBT).</li> </ul>	
5	<b>NHSBT UPDATE</b>	
5.1	<p><b>AMD Update including new appointments</b></p> <ul style="list-style-type: none"> <li>• J Forsythe reported that there were 1,575 deceased donors in 2017/18 which resulted in more than 4,000 transplants. This represented an 11% increase on the number of deceased donors last year and a 95% increase over the ten years since the Organ Donation Taskforce baseline year (2007/08). NHSBT acknowledged that this increased workload was putting extra pressure on the transplant centres, further exacerbated by the introduction of new offering schemes. The increasing trend is likely to continue as part of the TOT2020 strategy. A meeting has been scheduled for 16<sup>th</sup> May 2018 to evaluate NORS Team demand and capacity. There is also an initiative being led by the BTS on transplant sustainability with a summit meeting scheduled for 12<sup>th</sup> June 2018.</li> <li>• Work on consent and risk is underway, looking at the provision of extra information for patients on the consent process, in particular the inclusion of tools on the website. This work will be taking place over the next few months with a view to implementation at the end of 2018/beginning of 2019.</li> </ul>	
5.2	<p><b>ODT Hub update</b></p> <p>M Stokes gave an update on the ODT Hub:</p> <ul style="list-style-type: none"> <li>• The new National Liver Offering Scheme has now gone live. The scheme matches livers on a national rather than regional basis and will help to place the organ with the patient most likely to benefit from it. The scheme is expected to increase the number of life-years gained from transplanted livers and reduce the number of people who die on the waiting list.</li> <li>• Development of digital HTA A and B forms used to capture and share information about retrieved organs and transplants performed.</li> <li>• New kidney and pancreas offering schemes will be developed during 2018/19.</li> </ul>	

Item No	TITLE	ACTION
	<ul style="list-style-type: none"> <li>• Building better tools and integrated databases to enable Hub Operations to handle the increasing number of organ offers.</li> <li>• Releasing digital donor assessment forms designed to provide a more structured approach to the way in which referrals of potential organ donors are taken, giving support and guidance to the person taking the referral.</li> </ul>	
<p>5.3</p>	<p><b>NORS Team mobilisation and update from rapid improvement event – NRG(18)3</b></p> <p>A rapid improvement event was held to review and streamline the mobilisation process, to establish clarity around recording key timings, and to ensure the right team is in the right place at the right time.</p> <p><u>Outcomes/Actions:</u></p> <ul style="list-style-type: none"> <li>• Develop a single process as the current process is fragmented.</li> <li>• Develop a checklist of questions for Hub Operations to ask the SNOD about the donor. This information will then be conveyed to the NORS team. This checklist should include clarification of whether the NORS team will arrive before or during the theatre/ICU handover period.</li> <li>• Ensure theatre time is available in most cases so that Hub Operations can allocate the most appropriate team.</li> <li>• Agree key phrases for Hub Operations to use when speaking to surgeons/RCPOCs discussing mobilisation.</li> <li>• Commissioning team to clarify what is meant by ‘agreed’ muster time; what are deemed acceptable delays to mobilisation; and what constitutes a breach.</li> <li>• Develop a NORS calculator, using cross-clamp time, to allow Hub Operations to work out assumed time of retrieval and return to base time so that teams can be better co-ordinated and mobilised.</li> <li>• Allow Hub Operations to override the rule that NORS teams cannot be booked more than five hours in advance.</li> <li>• Develop clear guidelines for Hub Operations on how to handle those teams which wish to retrieve their own organs.</li> <li>• Ensure that issues which cannot be resolved by the NTLC/Team Manager in Hub Operations will be escalated to the Regional Manager via Hub Operations.</li> <li>• Any request to mobilise a NORS team prior to an organ being placed must be approved by the Regional Manager on call (Hub Operations to escalate). Requests to be monitored to identify trends.</li> <li>• Wherever possible, the SNOD should avoid changing the NORS mobilisation time but, if deemed necessary this must be communicated to the NORS Team via Hub Operations.</li> </ul> <p>Additionally, NORS Teams will be asked to report issues around mobilisation to contribute to a process of continuous learning.</p> <p>Recommendations to NRG:</p> <ul style="list-style-type: none"> <li>• Include NORS mobilisation as a standing item at future NRG meetings. <i>Agreed.</i></li> </ul>	<p><b>Clinical &amp; Support Services</b></p>



Item No	TITLE	ACTION
	<ul style="list-style-type: none"> <li>I Quiroga illustrated an example of the left kidney being allocated with an SPK but which was severely damaged. The subsequent request for the right kidney was turned down as the patient was not in the high priority category for whom a request for the right kidney would be considered. KAG needs to consider what should happen if the left kidney is deemed unusable as in this case.</li> </ul>	C Watson
<b>7</b>	<b>CLINICAL GOVERNANCE</b>	
7.1	<p><b>Organ Quality E-Forms update – NRG(18)4</b></p> <p>J Asher reported that the plans for the ODT Hub for 2018/19 will now include the development of the electronic Organ Quality Forms to replace HTA Form A and B and members were briefed on the architecture to be used. The dataset and prototype have been refined and a Clinical Stakeholder Group will be established to ensure end user input into the development tools. Both forms will reconcile in the background to allow visibility of any discrepancies between the information provided by the retrieval surgeon and the transplanting surgeon. J Forsythe thanked J Asher for his work on these forms and requested an update for the next AMD newsletter.</p>	J Asher
7.2	<p><b>SaBTO Aide Memoire – NRG(18)5</b></p> <p>The Aide Memoire was developed by Dr Paddy Trotter, NHSBT Research Fellow, to provide, in an easily accessible format, a summary of SaBTO guidance on risks of donor-transmitted disease. The ultimate aim is to host this guidance on the ODT website and members were asked to visit the prototype at <a href="http://www.txtools.net/sabto/">www.txtools.net/sabto/</a> and provide feedback on the user interface to J Asher.</p>	All
7.3	<p><b>Reconciling severe damage on HTA B forms and incident reporting</b></p> <p>It was reported during a commissioning meeting that if damage is reported on the HTA B form it is not automatically flagged as a clinical governance incident. There have been over 30 cases of organs not used due to damage at retrieval which were not reported as a clinical governance incident. Members were asked to reiterate to clinical colleagues the importance of reporting any damage via the clinical governance incident report form. Members felt it would be useful to have a non-mandatory link to the incident report form in the forthcoming electronic version of the HTA B form if this would not delay the project. Alternatively investigate other ways of linking damage reporting on forms to incident reporting.</p>	
7.4	<p><b>Surgical checklist/briefing post cross clamp organ retrieval</b></p> <p>Members were asked for their opinion on a serious incident where all organs were accepted from a multi-organ donor and a nodule was found on the lungs at retrieval. No biopsy was arranged whilst the cardiothoracic team were present as the nodule was not thought to be of consequence and the team left with the heart. The abdominal surgeon arranged for a biopsy of the lung nodule the result of which came after the liver transplant had begun and was established as lung carcinoma. The incident was a series of miscommunication and the Governance Assurance group had asked for this incident to be investigated further.</p> <p>It was felt that an additional checking process was not warranted</p>	

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	<p>and that the WHO checklist should be strengthened and incorporated into the existing safety checklist at retrieval. Additionally, the 3<sup>rd</sup> column of the WHO checklist should be completed before the cardiothoracic team leaves.</p>	
<p>7.5</p>	<p><b>Clinical Governance report – NRG(18)7</b>                      Members received a paper on the annual breakdown of incidents reported to ODT and noted that retrieval was a significant component. A number of trends were identified as well as specific incidents with useful learning:</p> <ul style="list-style-type: none"> <li>• 18 incidents were reported where there were delays with NORS retrieval or difficulty in contacting the retrieval team, particularly during busy periods.</li> <li>• Instances of NORS teams arriving inadequately equipped</li> <li>• Instances of inadequate or absent cross matching material</li> <li>• A single pulmonary valve was discarded by a tissue bank due to being cut too short</li> <li>• On 2 occasions, with separate teams, the lead surgeon did not take part in the pre-theatre briefing</li> <li>• A donor hospital anaesthetist commenced ventilation in a DCD donor before the statutory ten-minute period. The policy which was developed to prevent inadvertent re-start of the arrested heart has previously been widely circulated.</li> <li>• Lack of awareness of a visiting retrieval team from Europe on the protocols of retrieval in the UK. The visiting retrieval team, which had accepted the organ, performed the lung retrieval. A letter is to be sent to all of the European OPOs advising of the protocol in the UK. Additionally, the fax sent to European centres by the ODT Hub will clarify the retrieval arrangements. It was, however, acknowledged that although the UK lead surgeon should lead it is at their discretion whether the EU surgeon assists.</li> </ul> <p>It was noted that a report on the number of organs lost through delays at retrieval is highlighted at monthly Senior Management Team meetings as it is a KPI. O McGowan agreed to provide data in future reports on the number of occasions where consent was rescinded or withdrawn. Data on the impact of delays on transplants should also be captured. K Quinn agreed to look at ways of identifying named patients who are called in and then miss out on a transplant due to delays at retrieval.</p> <p>Arising from an incident where the implanting surgeon stated the gall bladder was not flushed correctly, R Ploeg agreed to ensure the correct procedure for how and when the gall bladder should be flushed is included in the NORS standards.</p>	<p><b>K Quinn/ R Ploeg</b></p> <p><b>O McGowan</b></p> <p><b>K Quinn</b></p> <p><b>R Ploeg</b></p>
<p>7.6</p>	<p><b>Tissue procurement by NORS Teams from organ donors in theatres – HTA Licensing requirements</b></p> <ul style="list-style-type: none"> <li>• Some organs are retrieved for the primary purpose of transplant as tissues (pancreas for islets / liver for hepatocytes) and also some tissues, such as rectus fascia.</li> <li>• HTA have advised that these procurements must be compliant with Tissues &amp; Cells regulations.</li> <li>• Licencing will be under NHSBT’s tissues and cells licence – under a third party agreement – which is an appendix of the current contract – not yet signed off with DI.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• Two contentious issues: when and by whom are tissue selection guidelines applied and how to meet the requirements for serology testing.</li> <li>• NHSBT will act as the procurement organisation and when the tissue is received at the tissue processing centre, heart valve bank, or islet laboratory the tissue donor criteria are applied under the Tissues and Cells Directive.</li> </ul> <p>Comments/questions:</p> <ul style="list-style-type: none"> <li>• Risk of repeat testing as donor serology testing and testing as part of the HTA regulations need to be carried out in different laboratories.</li> <li>• NORS teams need to be trained and competent in retrieving any new tissues they are asked to retrieve (existing tissues are already covered under existing NHSBT licensing)</li> <li>• Are there implications for iliac vessels to support the transplantation of organs from the same donor as these are classed as tissues after 48 hours. If used to support another living liver donation they fall under the Tissues &amp; Cells Directive.</li> </ul>	
7.7	<p><b>Organ Damage Report – NRG(18)8</b></p> <p>Members received a review of organ damage rates between 1<sup>st</sup> January 2016 and 31<sup>st</sup> December 2017 and noted the data showed a significantly high damage rate for DBD hearts from Manchester. This will be investigated and discussed at CTAG as previously the data has been queried as to the accuracy of the damage reporting.</p> <p>Members were happy for each NORS team to continue to receive monthly team specific reports on the damage reported on all organs they retrieved.</p> <p>A KPI for pancreas injury below a specified threshold such as &lt;5% was suggested. R Ploeg agreed to communicate this to the PAG Chair.</p> <p>Members were reminded that the damage report is being sent to teams to confirm and teams need to reported back if incorrect.</p>	R Ploeg
7.8	<p><b>Terms of Reference – NRG(18)9</b></p> <p>A revised version of the NRG Terms of Reference was submitted for comment. Various changes were suggested and a further revision will be undertaken.</p>	Clinical & Support Services
8	<b>UPDATE ON CLINICAL DEVELOPMENTS</b>	
8.1	<p><b>DCD Heart Retrieval</b></p> <p>To date 81 DCD heart transplants have taken place world-wide, 58 of which are in the UK (Papworth 44, Harefield 7, Wythenshawe 6, Newcastle 1). Thirty day mortality is 2.5% with 7 recipient deaths. There are outstanding issues at Newcastle and until these have been rectified no further DCD heart transplants will be undertaken there.</p>	
8.2	<p><b>Study of hypothermia in DBD organ donors</b></p> <p>C Watson reported on a research proposal for a follow up study initiated by C Watson, D Gardiner and R Ploeg, to one carried out in the USA in 2015 on hypothermia in DBD donation. The aim is to</p>	

Item No	TITLE	ACTION
	improve delayed graft function in kidneys transplanted from these donors. No effect on the outcomes of other organs is anticipated but this will be closely monitored.	
<b>9</b>	<b>WORKFORCE TRANSFORMATION AND TRAINING</b>	
<b>9.1</b>	<p><b>NORS Workforce Transformation project</b></p> <p>The multi-disciplinary Organ Retrieval Masterclass was successfully completed in December 2017 with the next masterclass scheduled to take place in January 2019 due to availability of the clinical training centre.</p> <p>All abdominal NORS teams are now compliant with the appointment of Organ Preservation Practitioners as from 1.4.18.</p>	
<b>9.2</b>	<p><b>Progress on Shared Scrub Practitioner Vanguard – NRG(18)10</b></p> <p>Members received a report on the Vanguard project and noted that SMT had approved the recommendation that NORS teams remain in standard configuration until the impact of novel technologies are assessed and recommendations for donor management are implemented. The final report will be available in September 2018, following which an engagement event will be held with the wider retrieval community to disseminate the findings of the report.</p>	
<b>9.3</b>	<p><b>Scout business case – NRG(18)11</b></p> <p>A report summarising the findings and recommendations of the NORS Workforce Transformation Board Scout sub-group was received. SMT was in agreement with the recommendations to establish a national scout service using non-medical clinical practitioners from the existing cardiothoracic NORS workforce; however, the implementation model could not be supported financially. Discussions are taking place with the clinical community in order to identify alternatives. S Tsui questioned the figures contained in the report referring to the suggested increase in the number of hearts transplanted as these figures were incorrect and underestimated the positive impact of the scout pilot. Members agreed that the scout sub-group should review the data and remodel the business case</p>	<b>J Stirling</b>
<b>10</b>	<b>NORS STANDARDS REVIEW</b>	
<b>10.1</b>	It is anticipated that the review will be completed within the next few weeks, following which it will be widely circulated.	
<b>11</b>	<b>COMMISSIONING</b>	
<b>11.1</b>	<p>Current triggers for NORS teams are:</p> <ul style="list-style-type: none"> <li>• NORS Teams that are busy at least 70% of their time on call for three successive quarters</li> <li>• NORS teams that are inactive at least 70% of their time on call for three successive quarters</li> <li>• Loss of donor due to insufficient NORS capacity</li> </ul> <p>The NORS Demand and Capacity Working Group looked at the average number of donor attendances per day, both current and predicted; the 'busyness' of teams and down-time by NORS team; off duty attendances; and compared the current closest team first versus retrieval zones.</p>	

Item No	TITLE	ACTION
	<p>Summary:</p> <ul style="list-style-type: none"> <li>The number of donors attended per day will increase by 2022/23 but there are currently enough teams to meet demand.</li> <li>Median downtime varies between teams: Abdominal teams – 17 hours; Cardiothoracic teams – 27 hours</li> <li>In theory the closest team first should change activity but in practice it hasn't</li> </ul> <p>Adjustments will need to be made to the times that teams are on call as well as to mobilisation ie 1<sup>st</sup> and 2<sup>nd</sup> on call hospital to reduce travel time and equalise activity. This will involve a phased approach in conjunction with work on NORS demand and capacity. On 16<sup>th</sup> May 2018 a NORS demand and capacity event is scheduled, and will take place prior to a meeting of the Clinical Retrieval Forum.</p>	
11.2	<p><b>Remembrance of donor</b></p> <p>Discussions had taken place within some clinical teams on some form of SNOD led remembrance for the donor. Members felt that this should not be mandatory and should be led by the retrieval team lead with agreed wording. K Quinn agreed to provide further guidance on the format for inclusion in the NORS standards.</p>	K Quinn
12	<b>FOR INFORMATION</b>	
12.1	<p><b>Commissioning Performance Report – NRG(18)12</b></p> <p>This report was received and noted. There is a widening difference between DBD organs retrieved and transplanted by one UK centre and it was suggested this data be split by organ to see if this is attributable to differences between kidney and pancreas.</p>	K Martin
13	<b>ANY OTHER BUSINESS</b>	
13.1	<p>V Gauden reported on a Patient Safety Alert relating to a risk of harm from a bag of organ perfusion fluid being mistaken for a saline bag. Members highlighted the importance of reviewing NORS Team practice to ensure the risk of this type of occurrence is reduced by recording the number of bags supplied, used and removed. NORS Teams should also be advised not to leave any fluids at the donor hospital.</p> <p>It was also noted that, due to a near miss in Cambridge, this issue had been highlighted in the Cautionary Tales, and AMD newsletter.</p>	R Ploeg
14	<b>Date of next meeting</b>	
14.1	Wednesday, 3 <sup>rd</sup> October 2018 – Association of Anaesthetists, London	