



## **Blood and Transplant**

**NHSBT Board**  
24 November 2016

### **NORS Review: Implementation Closure**

#### **1. Status – Public – Information section**

#### **2. Executive Summary**

This paper sets out the results of the implementation of the National Organ Retrieval Service (NORS) Review.

#### **3. Action Requested**

The Board is asked to:

- Note the completion of the NORS Review Recommendations.

#### **4. Background**

The Board of NHSBT agreed to commission the Review in September 2013 to ensure that NORS could meet the requirements of the Taking Organ Transplantation to 2020 (TOT2020) Strategy and has the capability and flexibility to meet demand and contribute to the improvement of transplant rates stated within the Strategy.

The aim of the Review was to benchmark the current service provision, identify any gaps or shortfalls and make recommendations in line with the following principles:

- Equity and timeliness of access to a retrieval team for all potential donors whilst acknowledging geographical challenges;
- Sufficient flexibility to cope with peaks/troughs in activity;
- High quality and cost effective;
- Ability to cope with projected future activity levels.

There were fifteen recommendations to achieve these principles. An Implementation Board was established, with four Working Groups to undertake more detailed work. The target date for implementation was April 2016.

#### **5. Outcome**

5.1 There were fifteen recommendations; nine of these were time limited and have been completed and the remaining six relate to ongoing refinement and service development and have been moved to business as usual.

- 5.2 The major cost benefit was achieved through the introduction of standard, equitable funding across all teams and a reduced on call rota for cardiothoracic teams. The anticipated savings were in the region of c. £2.3 million, to be realised from April 2016.
- 5.3 There was also a recommendation to introduce a shared scrub nurse role between abdominal and cardiothoracic teams. This represented c. £0.5 million of the total saving. However, as previously reported, this was found to be currently unsafe clinically particularly for DCD (donation after circulatory death) retrieval. This work has now been taken forward through NORS Workforce Transformation, however this saving will not be realised.
- 5.4 Therefore, NORS contract budgets were reduced by c. £1.8 million from April 2016.
- 5.5 The changes have resulted in some challenging discussion, however, the new rota works and no organs have been lost. As of October, a fourth cardiothoracic team needed to be called once due to concurrent cardiothoracic retrievals, which was agreed and the additional tariff incurred.
- 5.6 The key successes of the NORS Review and implementation process have been that it has demonstrated transparency and clarity, been based on robust evidence and that some challenging conversations and decisions had been made. Good principles had been established and there will be regular review so that the NORS system can be flexed with increasing or decreasing activity without requiring a new review.
- 5.7 It has been noted that the median travel time for teams have increased. This will continue to be monitored. A national handover time was agreed; KPIs are being developed and work is going on with the Duty Office to make the dispatch of teams more efficient and effective.

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