

NORS ORGAN QUALITY WORKING GROUP

TERMS OF REFERENCE

Aims and Objectives

The Working Group aims to develop a system to audit NORS performance, and to contribute to improvements in organs utilisation by retrieval excellence.

Membership, Roles and Responsibilities (current members)

NHSBT Statistician (Rachel Hogg)

Abdominal retrieval quality oversight lead (Hynek Mergental)

Cardiothoracic retrieval quality oversight lead (Pradeep Kaul)

National Clinical Lead for Retrieval(Ian Currie)

Associate National Clinical Lead for Retrieval (Marius Berman)

NHSBT OTDT commissioning representative

Organ Damage Imaging Group representative

NHSBT Governance Team representative

HUB Operations representative

By agreeing to support this group, members will keep the content of any discussions confidential. Any outputs will be shared through the established ODT channels and structure. Members are attending in their capacity as a subject matter expert and not to represent the views/interests of their own team or organisation, unless otherwise stated.

Declaration of Interest

Members are required to state any Interests that should be regarded as relevant and material, including any ongoing active research studies, service developments or engagements with other relevant projects, affiliation, directorships, ownership, consultancies that are possibly seeking to do business with the NHS, a position of authority in a charity or voluntary organisation in the field of health and social care, Receipt of fees/expenses from external bodies/companies e.g. lecture, editorial or patent fees.

The group will co-opt other team members from associated disciplines as it sees fit.

Remit

The Group's remit is to review the organ damage data, and to develop and implement a robust and clinically relevant tool for continuous monitoring of NORS service quality performance.

Plan

The group will develop, assess, and present potential models to monitor the retrieval surgical procedure quality. The data presentation and formats will aim to maximise the learning from

the NORS teams' excellence and to collect most common types and reasons for retrieval injuries to facilitate reflective learning.

For the real-world relevance, the group will monitor retrieval injuries contributing to the organ discard (i.e. moderate and severe effect according to current organ injuries grading).

Meetings and Timeframes

The working group meetings frequency will be guided by the data availability for the model development. It is envisaged the initial phase will require frequent meetings to develop the pilot models. The further refinement will continue with monthly meetings. Once the methodology is established and validated the meetings will continue quarterly. All meetings will be held via Teams platform.

This working group has a fixed remit, although time is required for full implementation. The aim is to develop the pilot methodology within 6 months, the first report in 12 months, with subsequent longitudinal validation, refinement and implementation, closing at 24 months.

Output

The group will develop methodology to produce CUSUM plots for longitudinal monitoring of the organ retrieval procedure quality. Due to the differences in volumes and events, the initial work and outputs will focus quality in abdominal, followed by cardiothoracic retrievals.

During the development phase the working group will closely collaborate with the established NHSBT governance, organ transplant advisory groups, and seek feedback from the NORS team to ensure the produced outputs are representative and real-world useful.

When developed, the CUSUMS will be produced quarterly and distributed to centres along with the organ damage reports. The regular paper reporting on organ damage will be prepared for the RAG meetings, including the quarterly reports and 12-monthly summary. Once the methodology is established and validated, the group will consider production of a manuscript for submission to a transplant-speciality journal.