

NATIONAL RETRIEVAL GROUP - WORKPLAN 2015/16							NRG(16)2
Priorities identified	Justification for priority rating	Plan to achieve completion	Start Date	Finish Date	Measure of success	Key deliverables	Update
<b>Priority 1: Central Dispatch</b>	Need for central coordination of nors to prevent extended travel times and costs, and to ensure teams are used as efficiently as possible	See paper	Started	Phase 2 by July 2015	Coordination of NORS teams will be carried out centrally. Travel times will only exceed three hours when the local team is unavailable for a long time.	Principles of mobilisation to be agreed at NRG in February, telecon in February and workshop in March to test the new system by working through some real-life examples	Previous key deliverables have been achieved. Duty office is now reviewing key real-time data (where this is available) and making a decision about whether to deploy a NORS team from out of zone or explore other options (eg is the zonal team willing and able to carry out a back-to-back retrieval?). To support the Duty Office, a workshop has been arranged for 22/10 with key stakeholders to review the Transport Management System (an IT system used by NHSBT in the Blood Service) and to test out its ability to support central coordination of NORS teams.
<b>Priority 2: Training and Certification</b>	Specific action contained within TOT2020. Work already underway and progressing well. Resources in place.	Work with Dutch Transplant Service and Stephen Clarke to develop CT e-learning module. Liaison with Royal College of surgeons to accredit complete training programme.	Oct-13	Jan-16	(i) Number of trained retrieval surgeons - Retrieval surgeons will undertake and complete accredited training programmes; (ii) Collaboration/ alignment with EU recognised certification; (iii) Reduction in graft loss resulting from retrieval incidents; (iv) Increase in numbers of transplantable organs retrieved from each donor	(i) CT e-learning package; (ii) accredited training programme	<b>The RCS attended the Masterclass and we received very positive feedback regarding the curriculum overall. The final decision regarding accreditation will be made by the RCS QA Board at their meeting at the end of January. Work has commenced, through NORS WG2, to establish a robust curriculum for NORS nurses and theatre practitioners.</b>
<b>Priority 3: NORS Review</b>	Phase 1 is complete and contains recommendations. These will contribute to TOT2020, as well as secure an efficient NORS service, able to meet the demands of predicted donor numbers.	A launch event of the recommendations will take place on 21 May. A project board is being created and will meet after this, with associated working groups, to action the deliverables linked to each recommendation.	Started	Phase 1 is complete, Phase 2 will be complete by March 2016	The deliverables will be completed, resulting in a more efficient service, with unnecessary travel time, costs and inefficient journeys reduced. The administrative burden on NORS teams will be reduced and there will be a cost saving associated with reconfiguration of the service.	Outcomes will be monitored through CPB	<b>NORS Review recommendations being implemented. Cardiothoracic rota will be in place in shadow form from 1st April and a review meeting is planned in May. Funding will not be withdrawn from Cardiothoracic teams until July 1st. Training and competencies work is ongoing and all teams are being encouraged to start training as soon as possible with a view to achieving the full E-learning package in the longer term.</b>
<b>Priority 4: Cardiothoracic NORS Scout pilot programme</b>	Potential to increase CT donation and transplantation.	Phase II of UK Scout pilot launched on 1st April 2015 and will run for up to 18 months. Regular analysis of data inputted to monitor recruitment to the project.	01/04/2015	10/01/2016	Primary measure: Donation rate. The proportion of donors who met the criteria that went on to become heart donors will be compared between the scouted group and the non-scouted group. Secondary measures: - 30-day post-transplant survival - Survival from listing - Adherence to the Scout protocol	Report to NRG and ODT SMT on outcome of Scout pilot and recommendations on next steps.	<b>An interim report has been provided to ODT Senior Management Team, demonstrating strong associations between a scout service being in place and an increase in heart transplants. The key effective interventions seem to be improved measurements and interventions. The SMT concluded that the Scout project should continue while work is undertaken to embed as part of 'business as usual'.</b>
<b>Priority 5: Electronic quality forms replacing HTA A and B forms</b>	Potential to increase organ utilisation and reduce the number of reported incidents.	Proposal to CPB in September 2015. Work with stakeholders to develop data fields.	Started	30/09/2017	New process for HTA A & B forms in place and aligned with proposals for The Hub. Reduction in number of reported incidents Ability for real-time data to support surgical decision making and inform	On-line data collection form.	<b>Work is continuing to agree the final datasets for the new system. This will be shared at BTS and the Clinical Retrieval Forum.</b>
<b>Priority 6: Business case for 24/7 histopathology support</b>	Improve safety of organ allocation process	Liaise with NHSE to develop a business case for a National Histopathology service.	01/08/2015	30/07/2016	Business case approved by NHSE and NHSBT.	Business case for national histopathology service.	<b>A Steering Group has been established, including representatives from NHS England, NHSBT, Retrieval surgeons and pathologists. The aim is to seek funding from NIHR for a 'proof of concept' project for a histopathology 'hub and spoke' model, utilising digital pathology processes.</b>
<b>Priority 7: Alignment of NORS Standards and perfusion protocol</b>	TBC -awaiting feedback from CTAG to confirm if this work is required.	Hold stakeholder group to advise of CT perfusion protocol. Identify any funding implications arising from the new protocol and secure funding if necessary. Build CT perfusion protocol	01/12/2015	30/06/2016	Effective CT perfusion protocol in place, agreed by all Units, built in to NORS standards. Reduction in risk to patient outcome and graft survival through standardised process.	CT Perfusion protocol to be built in to NORS standards.	<b>A stakeholder meeting was held and the key elements of the perfusion protocol agreed. A draft has been circulated to stakeholders and is in the process of being revised following comments received.</b>