



**National Retrieval Group**  
July 2017

## **NORS WORKFORCE – ORGAN PRESERVATION PRACTITIONERS**

### **1. Executive Summary**

This paper provides an update to NRG on the NORS Centres' progress against recruiting organ preservation practitioners.

Currently five abdominal NORS teams are not capable of independently perfusing and preserving organs. This function is carried out on their behalf by the Specialist Nurses in Organ Donation (SNODs).

NORS Centres were originally given notice in January 2017 that the SNODs would no longer perform perfusion on their behalf from 1 August 2017. Despite giving more than six months' notice, and suggestions as to how this could be delivered, four of the five centres are unable to meet this requirement.

This issue was discussed at ODT SMT in June, along with a proposal for how this is managed. SMT agreed that the deadline of 1 August would be extended to 31 March 2018.

### **2. Purpose**

The purpose of this paper is to appraise NRG of the current issues with the NORS workforce, and how this function is carried out until all NORS teams can become fully independent.

### **3. Background**

Following the recommendations of the NORS Review, the NORS Workforce Development Project Board discussed and agreed that all abdominal and cardiothoracic teams should include an individual who is trained and competent in cold perfusion and preservation of liver, pancreas and kidneys or heart and lungs, respectively. Five of the ten abdominal teams do not currently perform this function, the SNODs do so on their behalf.

NORS Centres have been advised that they can look at different solutions for meeting this requirement, such as using the assistant surgeon to perfuse and preserve the organs, rather than recruiting a full team of practitioners, but even using existing staff there will be additional resource requirements and a lead-in time for training and recruitment.

Despite ongoing correspondence and liaising with the teams since January notifying them that they must be able to independently perform this function, four of the five teams are unable to meet this requirement by 1 August 2017. Their responses are included as an appendix for information, but the recruitment and training could go until February 2018.

#### **4. Proposal**

SMT was presented with two options for managing this issue:

- Terminate the contract with these centres until they are able to cover this function.

This is a risky option, because if the four centres are not providing a NORS team, there is no opportunity to train up staff to carry out this role.

If this is the preferred option, the NORS Rotas would need to be reviewed, modelling on demand and capacity with this configuration would need to be carried out, along with some high level financial work to consider the impact on the change in rotas and travel costs.

- Continue with the SNODs providing perfusion support until centres are trained.

SNODs are currently providing this service on behalf of the four teams and they could continue to do so until the centres are trained. Realistically, the teams are going to be recruiting and training for around six months, so a fully competent team will not be in place before February 2018 at the earliest.

SMT was also asked to consider the following financial considerations associated with this option.

There would be no additional costs with this option, but there are the following financial considerations:

- a) withdraw perfusionist funding from the above four NORS teams with immediate effect as they are not providing the service. This could have a further impact on their ability to recruit to this service and is not, therefore, a preferred option.
- b) continue funding the perfusionist role until the end of March 2018 – this will support teams through the recruitment and training period.

## **5. Outcome from SMT**

SMT agreed to ask the SNODs to continue providing this Service until 31 March 2018. If any centres are unable to meet this deadline, SMT advised that we may consider recouping funding for this role.

## **6. Next Steps**

All centres have been notified of the extension. Telecons will be established with the centres to monitor progress.

Cardiff has advised they are experiencing significant difficulties in recruiting to this post as they are only on-call for 15 weeks of the year - this means they incur a financial loss against the NORS Contract Value, as the additional staff are on a full time basis.

Manchester has confirmed they are likely to meet this deadline, but that they need to appoint 4.33 WTE for a viable rota (funded for 2.67 WTE).

## **7. Appendix**

Appendix One – summary of responses from NORS Centres.

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Responses from NORS Centres currently unable to provide a perfusionist:

NORS Team	Comment	Compliant from August?
Manchester	I am hoping that we should be able to have a perfusionist for the 1st of August and are in the process of advertising the job	Yes
Newcastle Abdominal	<p>Due to current staffing numbers we are unable to place an additional member of staff on the retrieval team to undertake the role of organ preservation practitioner.</p> <p>To date we have gone to international recruitment as well as seeking applications locally. Both will result in not having the required number of additional practitioners in post by August 17. We have explored using other staff groups however it would only deplete another service. We anticipate that additional staff should be in post by January 18.</p> <p>We appreciate we are non-compliant and apologise for this.</p> <p>We therefore request assistance, would it be possible to maintain SNOD input for abdominal perfusion for the Newcastle NORS Team until we can staff the team appropriately?</p>	No Aiming for January 2018
Birmingham Abdominal	<p>UHB cannot currently guarantee to meet this requirement by 1st August 2017 but will continue to plan towards this. We are reviewing the requirements of the role and believe it matches to a Band 3 profile - could you please clarify why this is not acceptable.</p> <p>We will be looking at all options to try and meet the implementation target date, however our overall plan will take us outside of this based on recruitment and training. We have a continuous recruitment cycle but unfortunately still have vacancies and are conscious the lead in time from advert to competency is at least 6 months.</p> <p>Whilst we appreciate the role has been factored into the contract value for the abdominal team, we have serious concerns about the method of calculation. The narrative indicates that payment is based on a Band 5/6 theatre practitioner but an annual value of £31k per 1.0wte is not sufficient to cover enhancements paid to these staff to reflect the unsociable hours worked – the actual cost incurred is £49. Furthermore</p>	No Not before February 2018

	Birmingham's payment has been scaled down to reflect 39 weeks on call, however a simple pro rata of the 52 week cost is a false representation – a minimum number of staff would need to be employed throughout the year to provide a compliant rota and as such there should be a contribution to the cost incurred for the entire year and not just 39 weeks.	
Cardiff	Sorry for the delay in getting this message to you. As you know we are attempting to arrange a meeting with you to discuss the implementation of a perfusion preservation practitioner; I am afraid that we are not at present in a position to fulfil this new request by August 2017. We of course will continue to work closely with NHSBT, the Welsh Renal Clinical Network and our own organisation to resolve this issue. We are very proud of our NORS service and will do all we can to support and ensure that Cardiff and Vale UHB continues to host this important and valuable service.	No No timescale for delivery
Leeds	We have been struggling to appoint band 5's for the role of organ perfusion. Unfortunately we in Leeds will not be able to meet the timeline of 1st of August.  However we endeavour to appoint additional team members for the retrieval and anticipate that it might take another 6 months given the shortage of band 5's. I would be grateful if the SNOD's could continue to support our team in the interim. Happy to discuss the timeline again.	No Aiming for February 2018