



NORS Review Launch Event

Keith Rigg


Non-Executive Director, NHSBT
& Consultant Transplant Surgeon



Background to the Review

- Taking Organ Transplantation to 2020 Strategy
 - Review the NORS service to ensure that there is sufficient capacity and flexibility within the retrieval teams to meet any increase in donation.
 - Independently chaired review
 - Involvement from a wide range of stakeholders, including UK Health Departments, providers and commissioners
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Launch Event Agenda

- Findings and Recommendations of the Review
 - Summary of process
 - Presentation of Findings and Recommendations
 - Next Steps – Implementation
 - Project Board and Working Groups
 - Timescales
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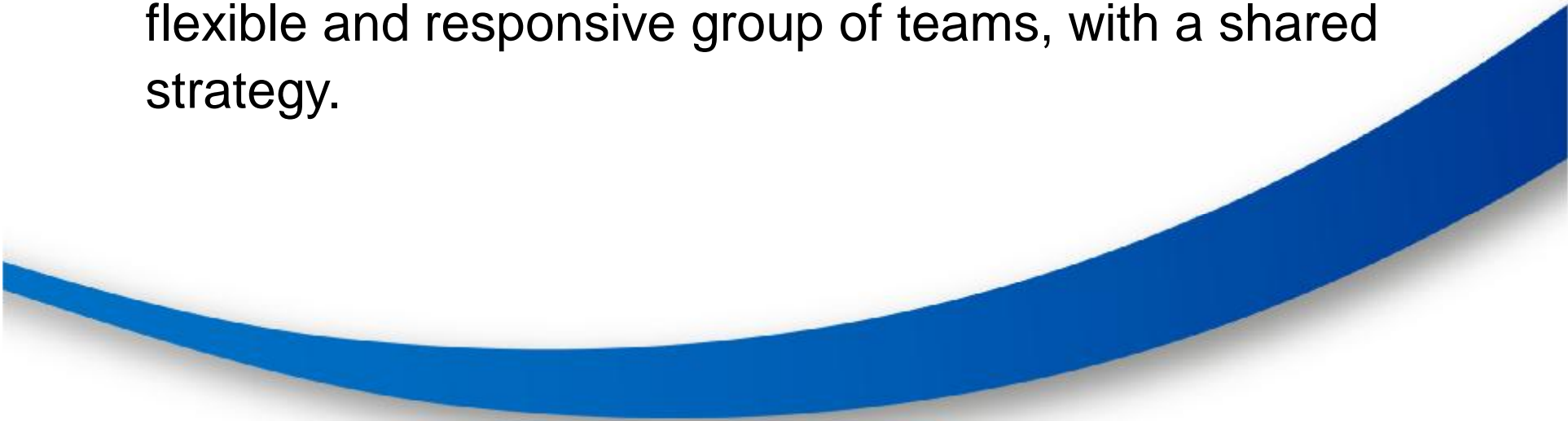
Kathleen Preston
Chair, National Organ Retrieval Service (NORS)
Review



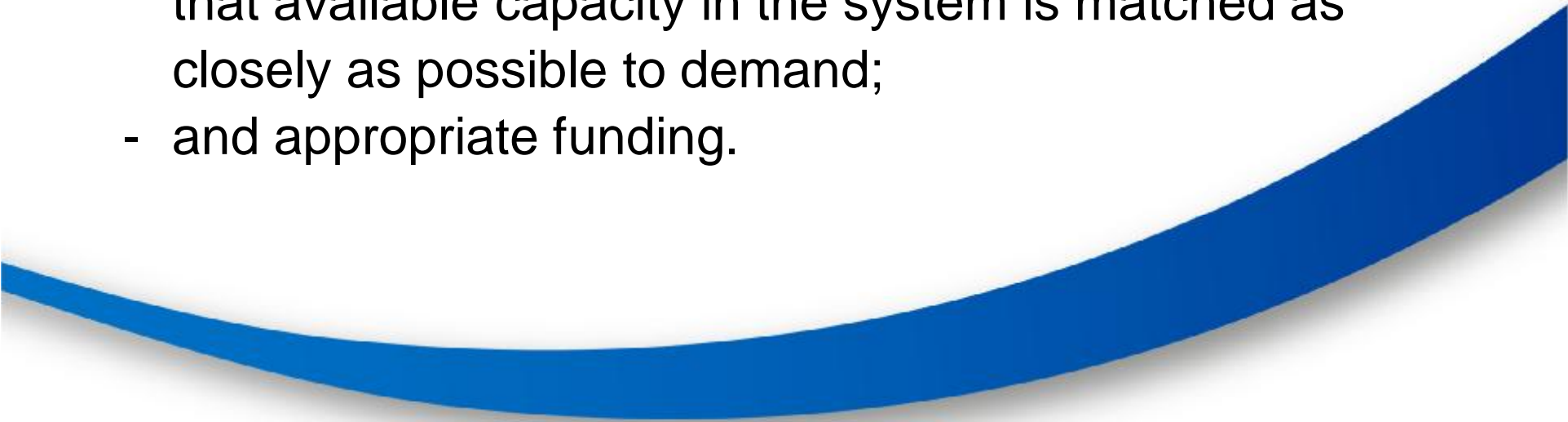
The National Organ Retrieval Service (NORS) is a vital part of the transplantation pathway, which makes organ transplantation a realistic option for the 7000 people on the transplant waiting list.

NORS must provide a high quality, safe service for the donation hospitals and transplant centres, and, most importantly the recipients of the organs.


The Service should be delivered by a well-coordinated, flexible and responsive group of teams, with a shared strategy.



Achieving this will require:


- better management of the Service;
 - a rigorous focus on quality;
 - a realignment of the current service provision, to ensure that available capacity in the system is matched as closely as possible to demand;
 - and appropriate funding.
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Report focuses on three main themes:

- realignment of capacity;
 - commissioning for quality;
 - identifying the future service requirements.
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The Work and Findings of the Capacity Workstream

Sally Rushton
Statistician, NHSBT



Acknowledgments

Laura Hontoria del Hoyo, Assistant Director of Strategic Business Transformation Blood Supply, NHSBT

Members of the Capacity Workstream

Chris Callaghan (Chair)

Dan Gosling (Review Manager)

Karen Quinn (NHSBT)

Susan Richards (NHSBT)

Aaron Powell (NHSBT)

Michael Faluyi (NHSBT)

Rajamiyer Venkateswaran (Cardiac Surgeon, Manchester)

Others

Rachel Johnson (NHSBT)

Emma Billingham (NHSBT)

The Work

1. Reviewing recent activity data to understand how the service operates and the current capacity
2. Modelling different configurations of NORS against current and expected future demand



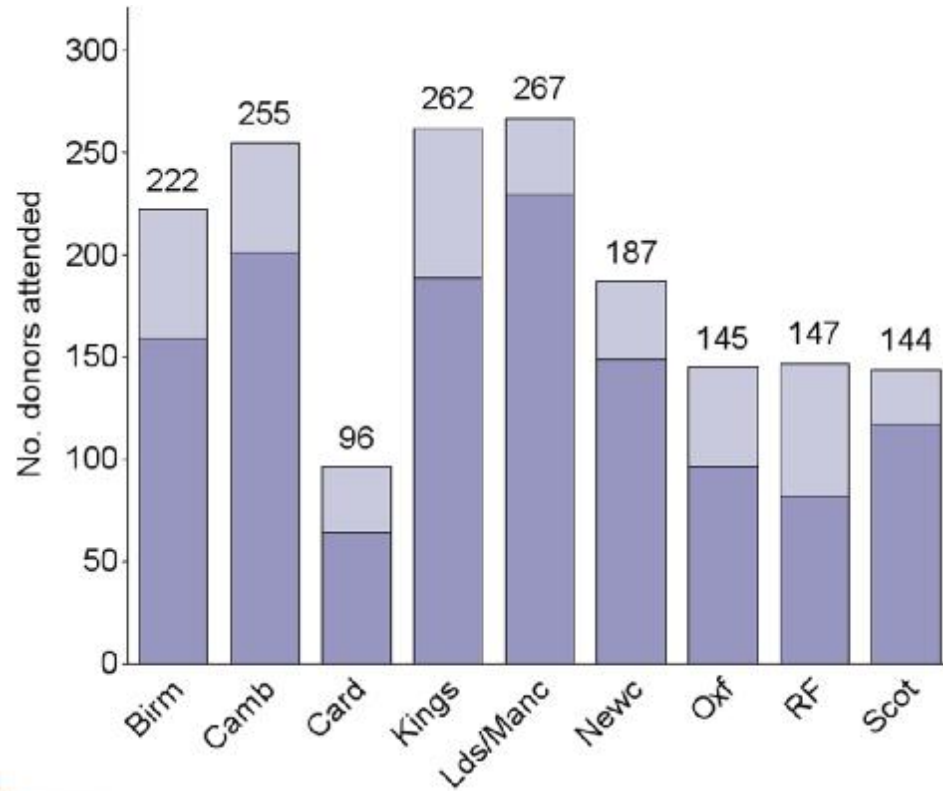
Part 1

1. Reviewing recent activity data to understand how the service operates and the current capacity
2. Modelling different configurations of NORS against current and expected future demand

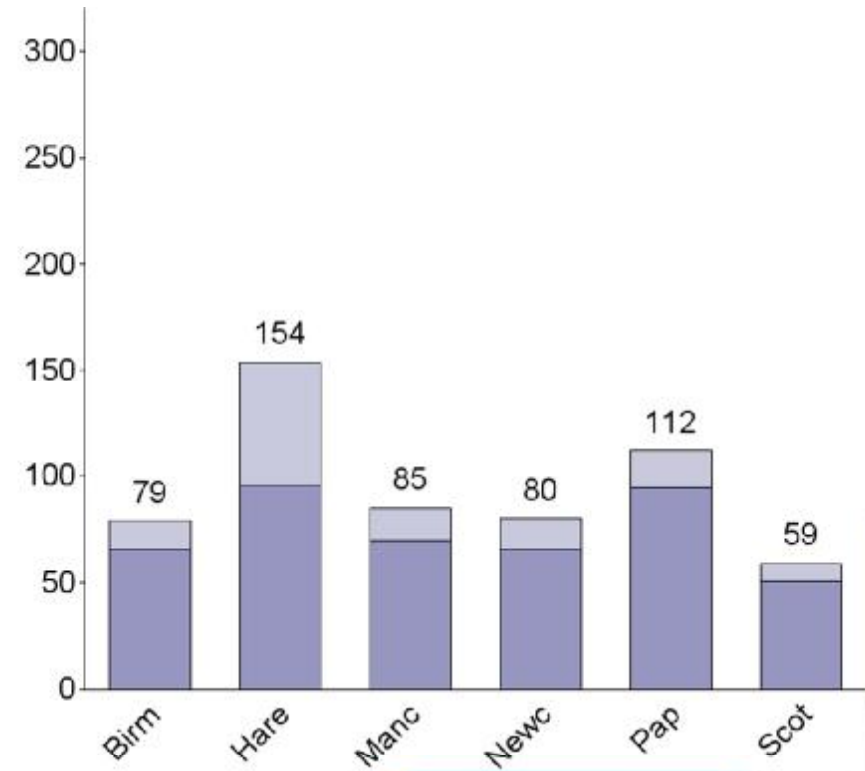


Donor attendances 2013/14

Abdominal teams



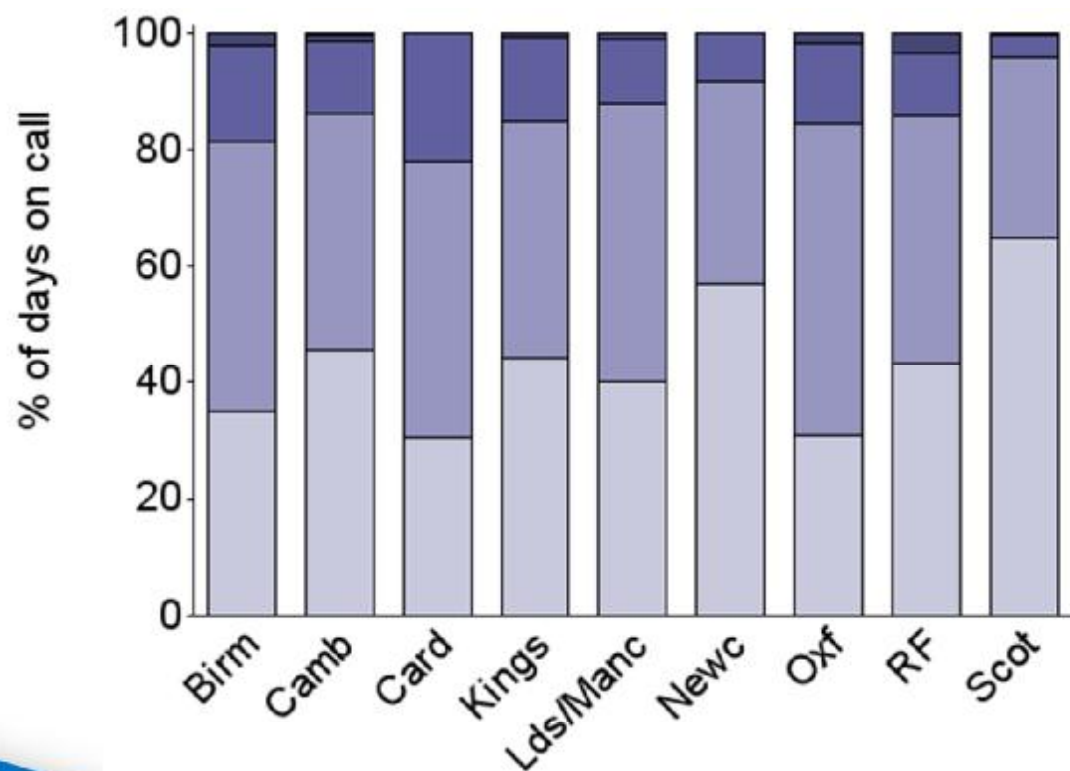
Cardiothoracic teams



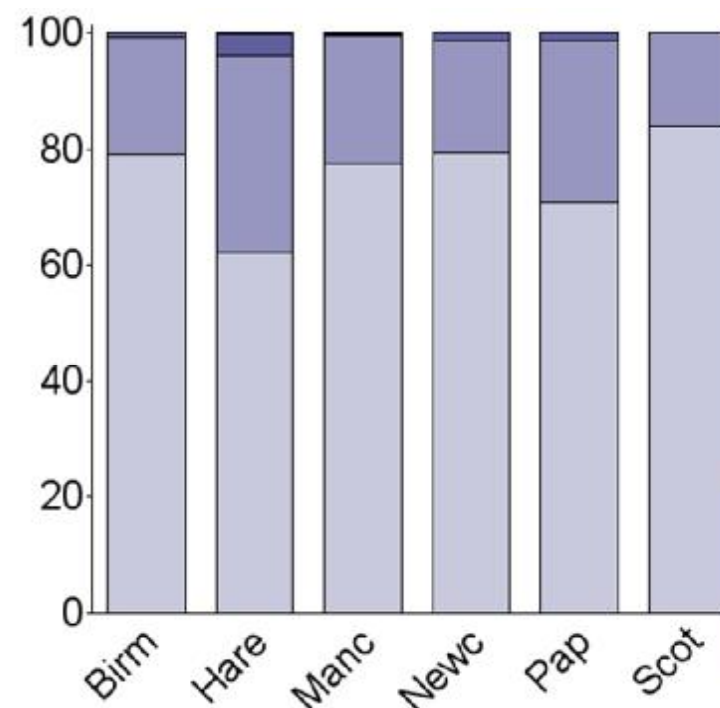
■ Within zone ■ Out of zone

% days attending at least one donor 2013/14

Abdominal teams



Cardiothoracic teams

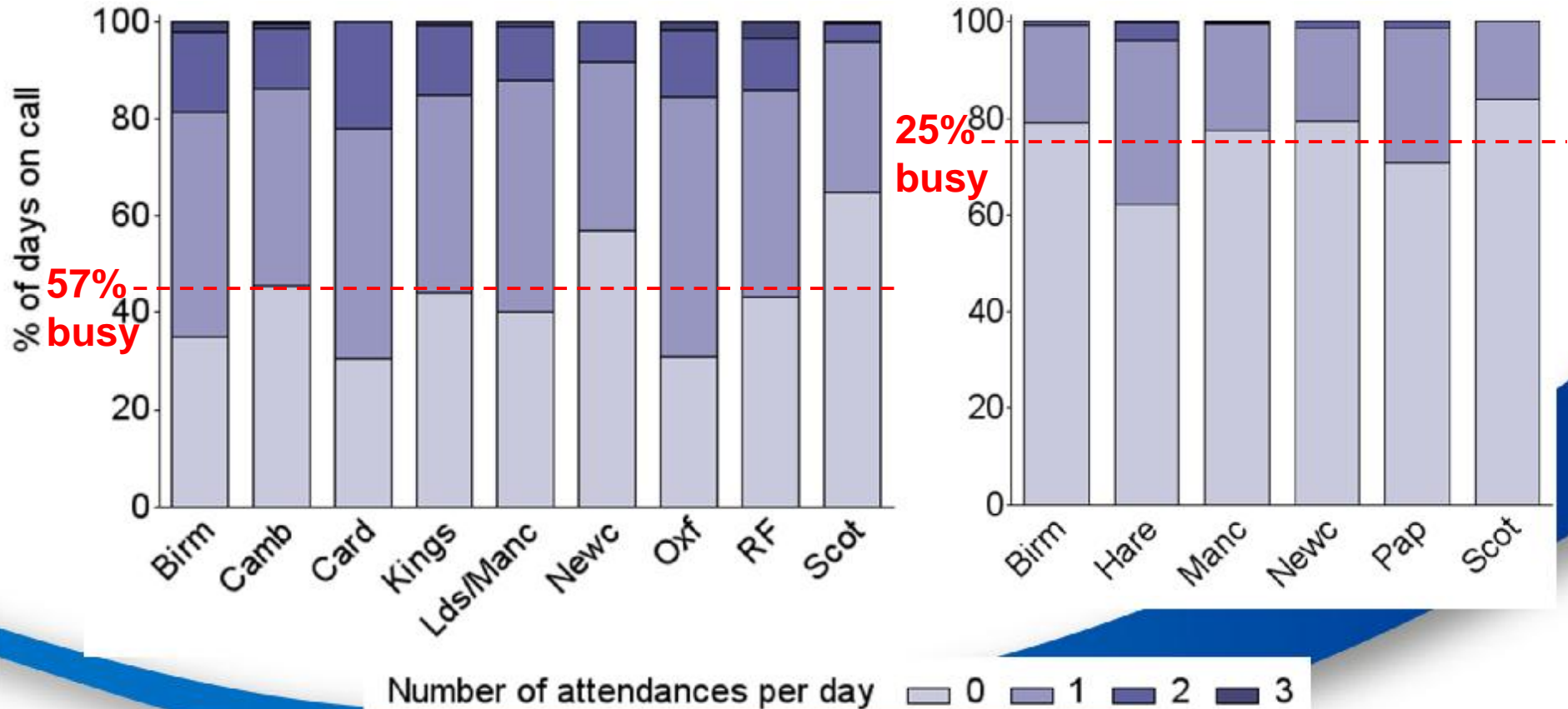


Number of attendances per day 0 1 2 3

% days attending at least one donor 2013/14

Abdominal teams

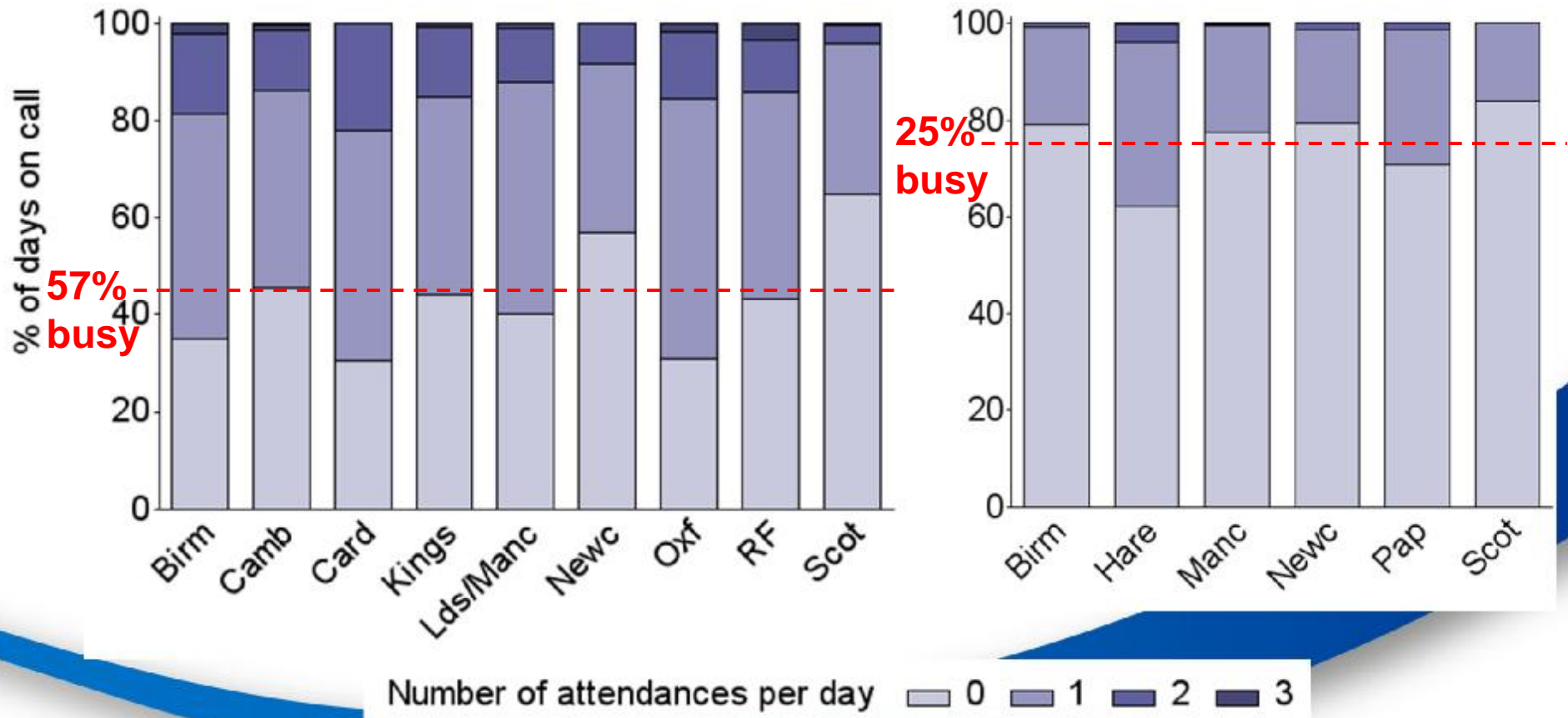
Cardiothoracic teams



% days attending at least one donor 2013/14

Abdominal teams

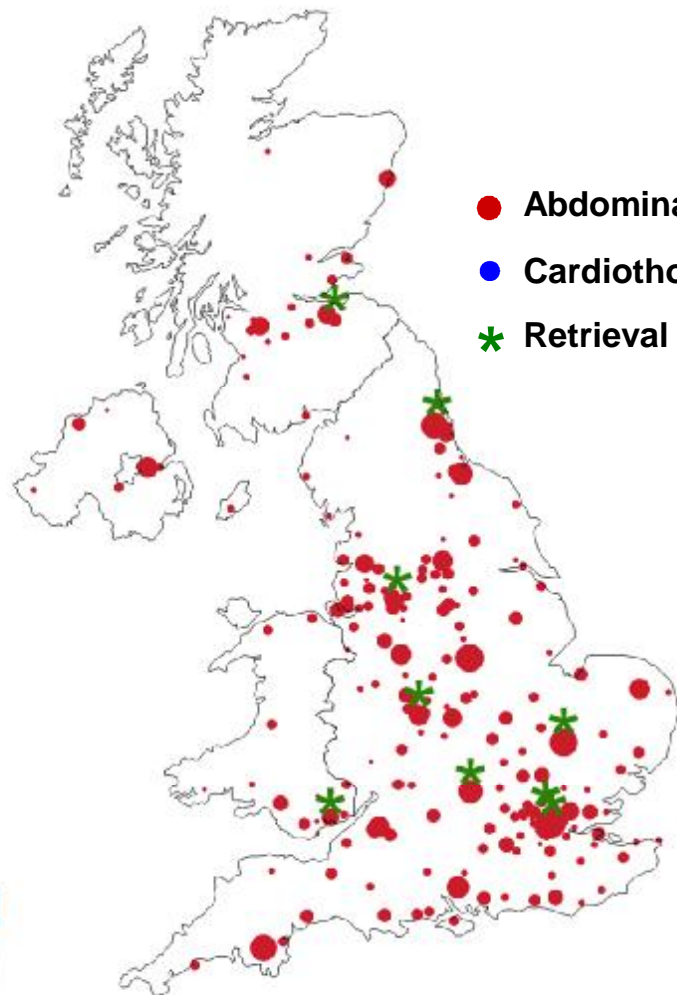
Cardiothoracic teams



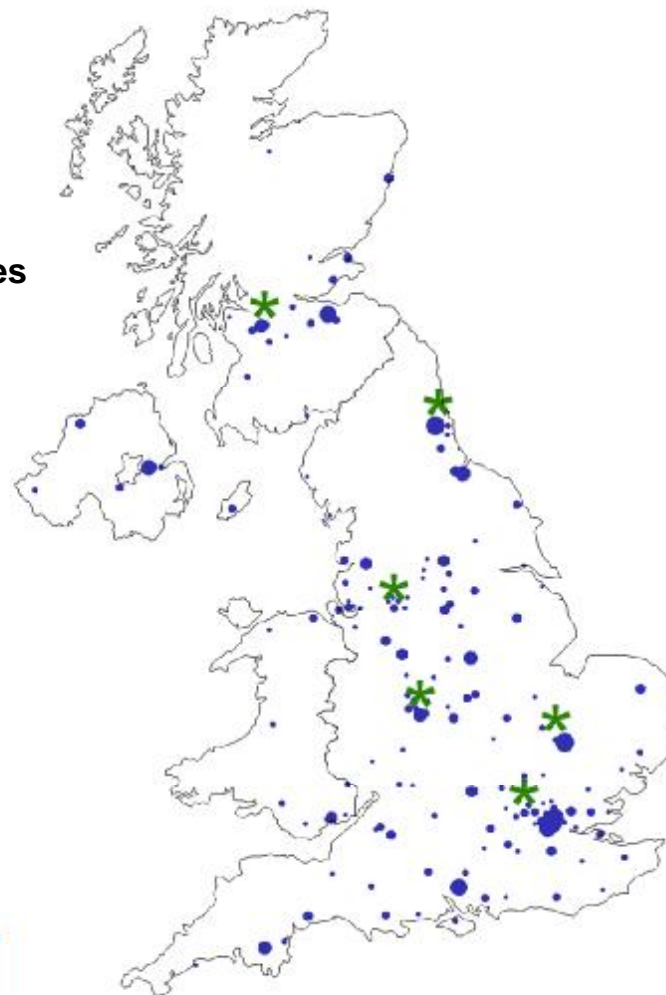
Three Critical Incidents in 2013/14 where no NORS team available

Geography of donors 2013/14

Abdominal



Cardiothoracic



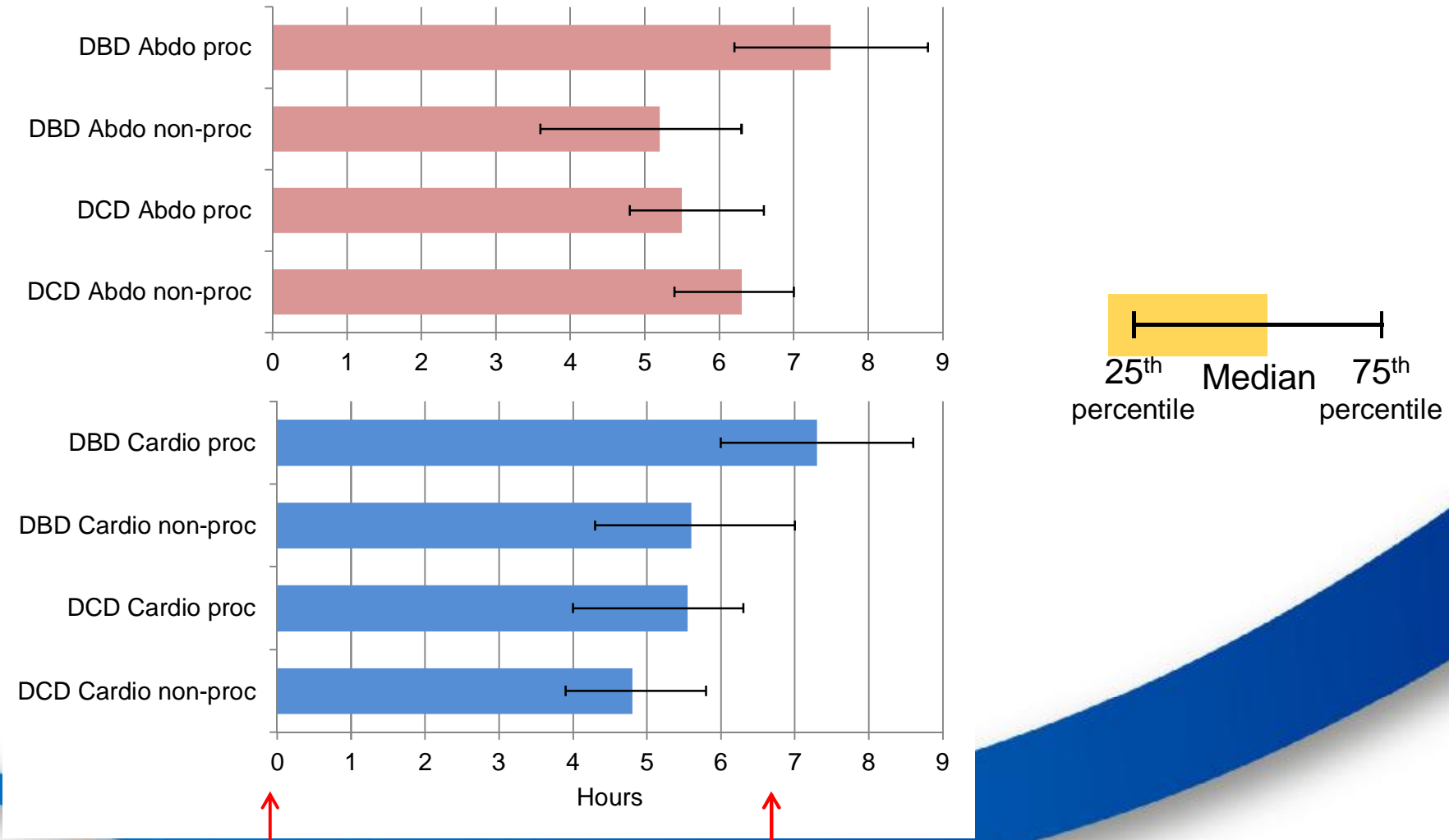
- Abdominal attendances
- Cardiothoracic attendances
- * Retrieval team base

Teams generally close to hospitals with high donor numbers
Travel times usually < 3 hours

Time of day/day of week that donors arise 2013/14

Day of week	Hour of day																							TOTAL	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		23
Monday	13	16	11	10	6	16	11	8	7	8	3	2	2	3	5	2	2	3	3	8	12	14	14	20	199
Tuesday	18	26	17	14	9	15	18	14	5	5	5	0	6	1	3	1	8	7	10	11	11	14	14	31	263
Wednesday	13	23	23	24	20	15	17	9	14	5	8	8	1	2	3	4	4	6	11	7	13	19	22	29	300
Thursday	21	14	23	17	11	13	13	10	10	9	3	9	1	1	0	6	7	7	9	8	15	12	13	31	263
Friday	28	31	16	11	9	20	11	14	8	7	6	1	2	2	3	2	2	8	10	7	10	10	17	22	257
Saturday	22	18	19	15	20	18	9	7	16	9	6	6	1	4	4	4	3	3	7	10	13	7	15	26	262
Sunday	9	16	17	9	10	11	9	9	2	10	5	3	4	2	1	1	4	2	6	8	14	15	16	14	197
TOTAL	124	144	126	100	85	108	88	71	62	53	36	29	17	15	19	20	30	36	56	59	88	91	111	173	1741

Length of retrieval process 2013/14




Mobilised

Leave theatre

Part 1

Summary

- Abdominal teams busier than cardiothoracic teams
 - No suggestion of under capacity, rather over capacity
 - The current configuration is reasonably well positioned, geographically
 - Teams are mobilised most frequently at night-time
 - Retrieval process takes 5-7 hours on average
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Part 2

1. Reviewing recent activity data to understand how the service operates and the current capacity
2. Modelling different configurations of NORS against current and expected future demand



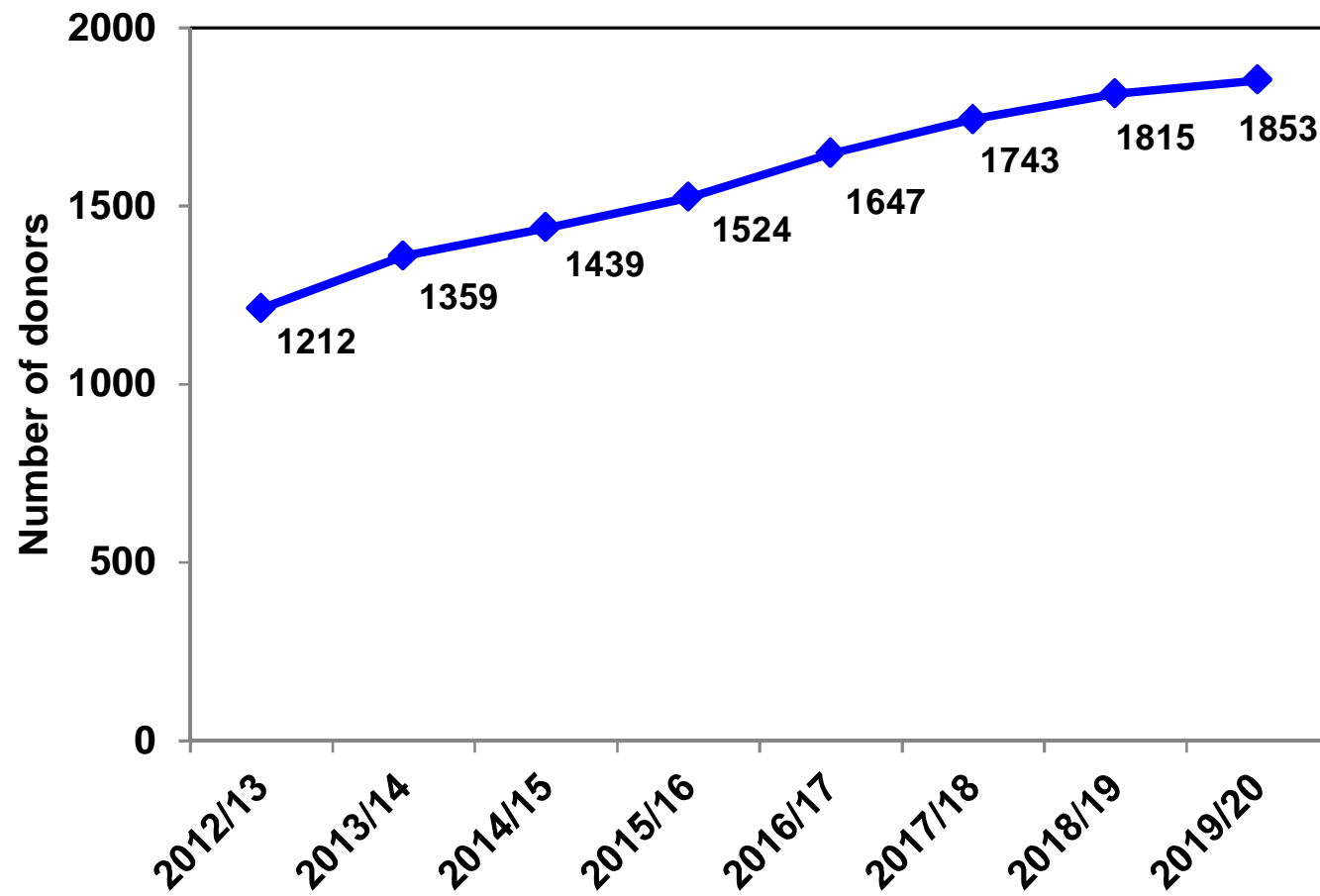
Part 2

1. Reviewing recent activity data to understand how the service operates and the current capacity
2. Modelling different configurations of NORS against current and expected future demand
 - a) **Predicting future demand**
 - b) **Modelling (simulating) different team configurations**

Part 2

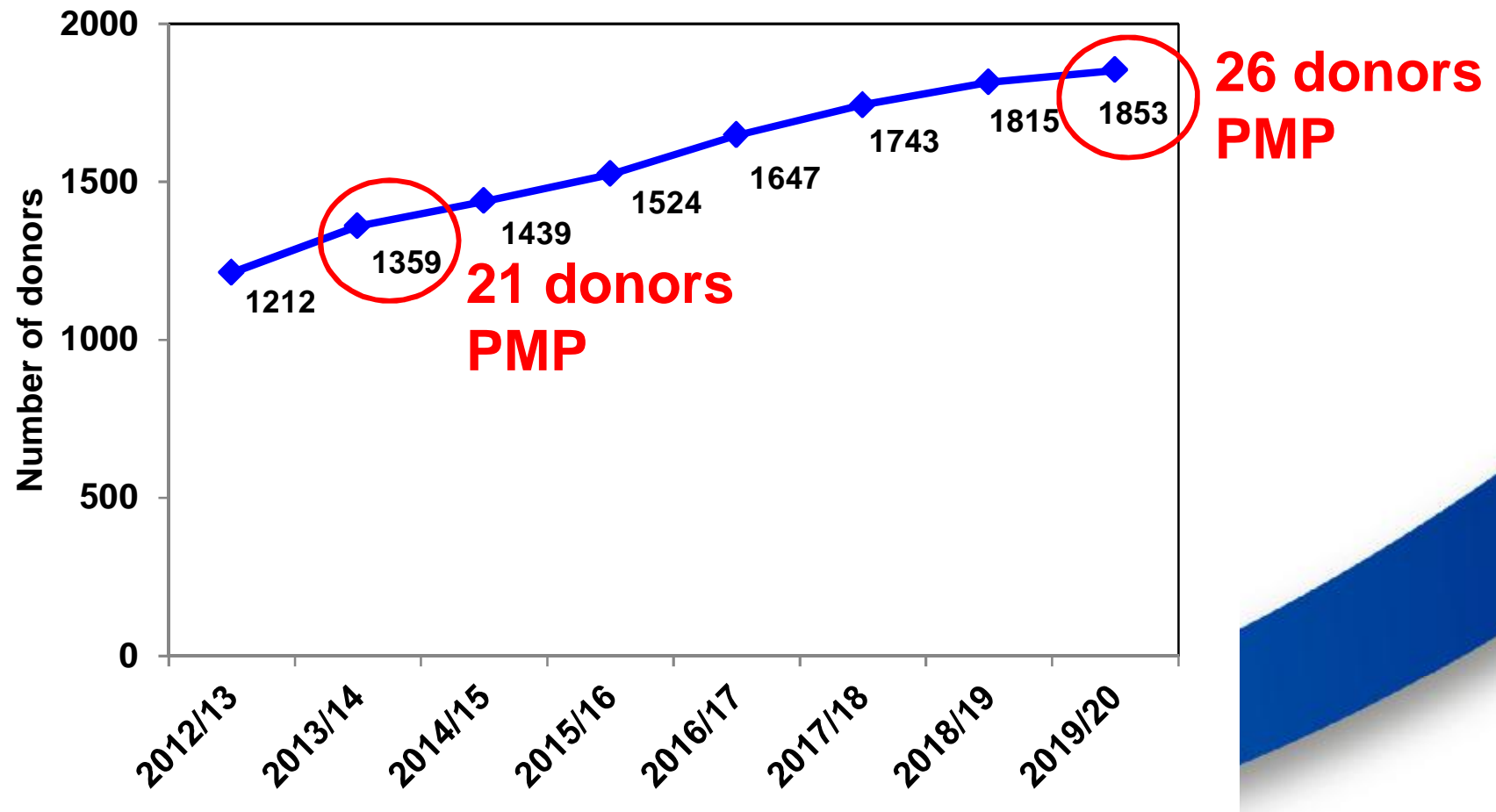
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Expected increase in deceased donors based on meeting NHSBT strategic objectives*



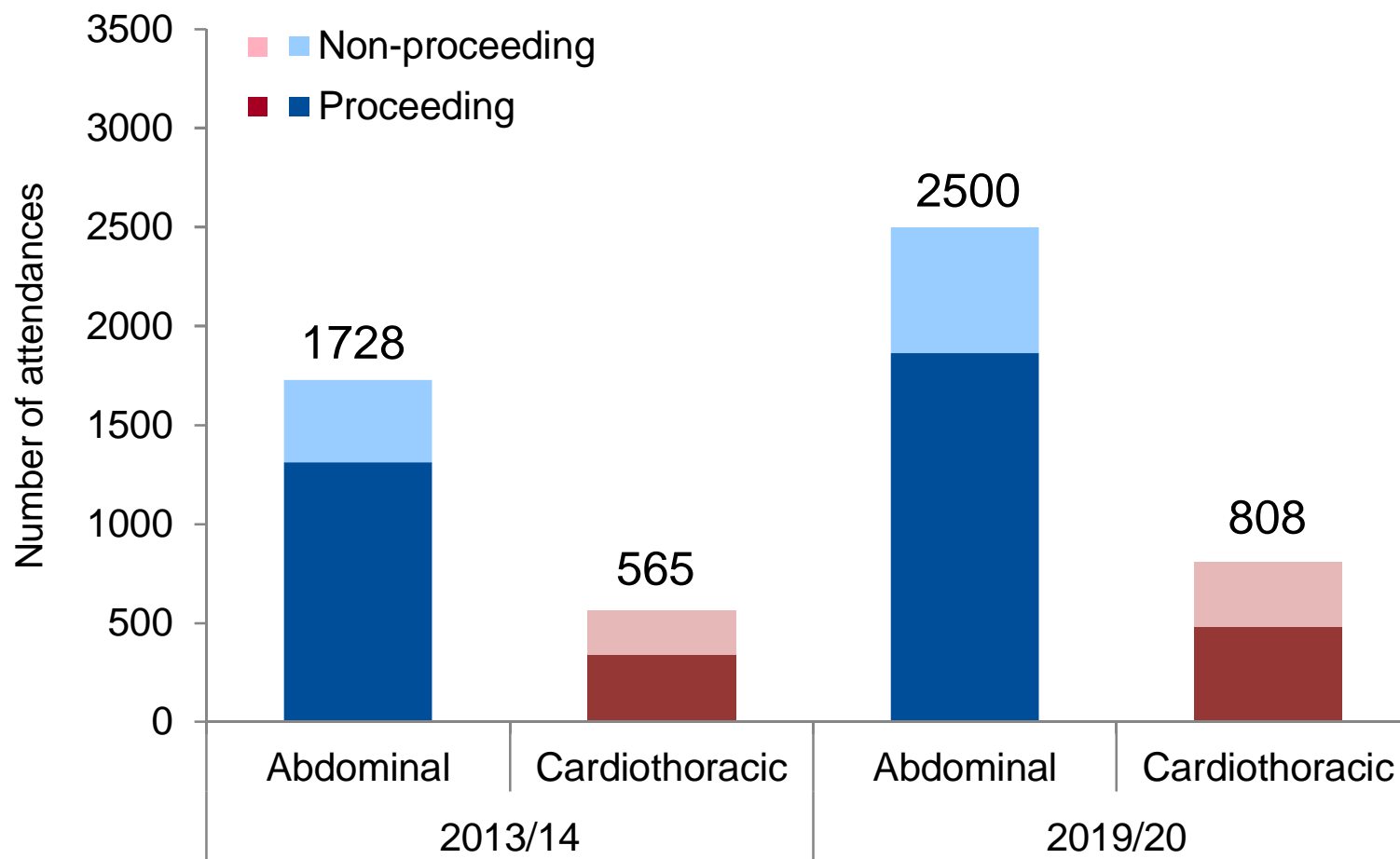
*Predictions as at Dec 2013 to achieve overall TOT2020 targets for donors per million population (pmp)

Expected increase in deceased donors based on meeting NHSBT strategic objectives*

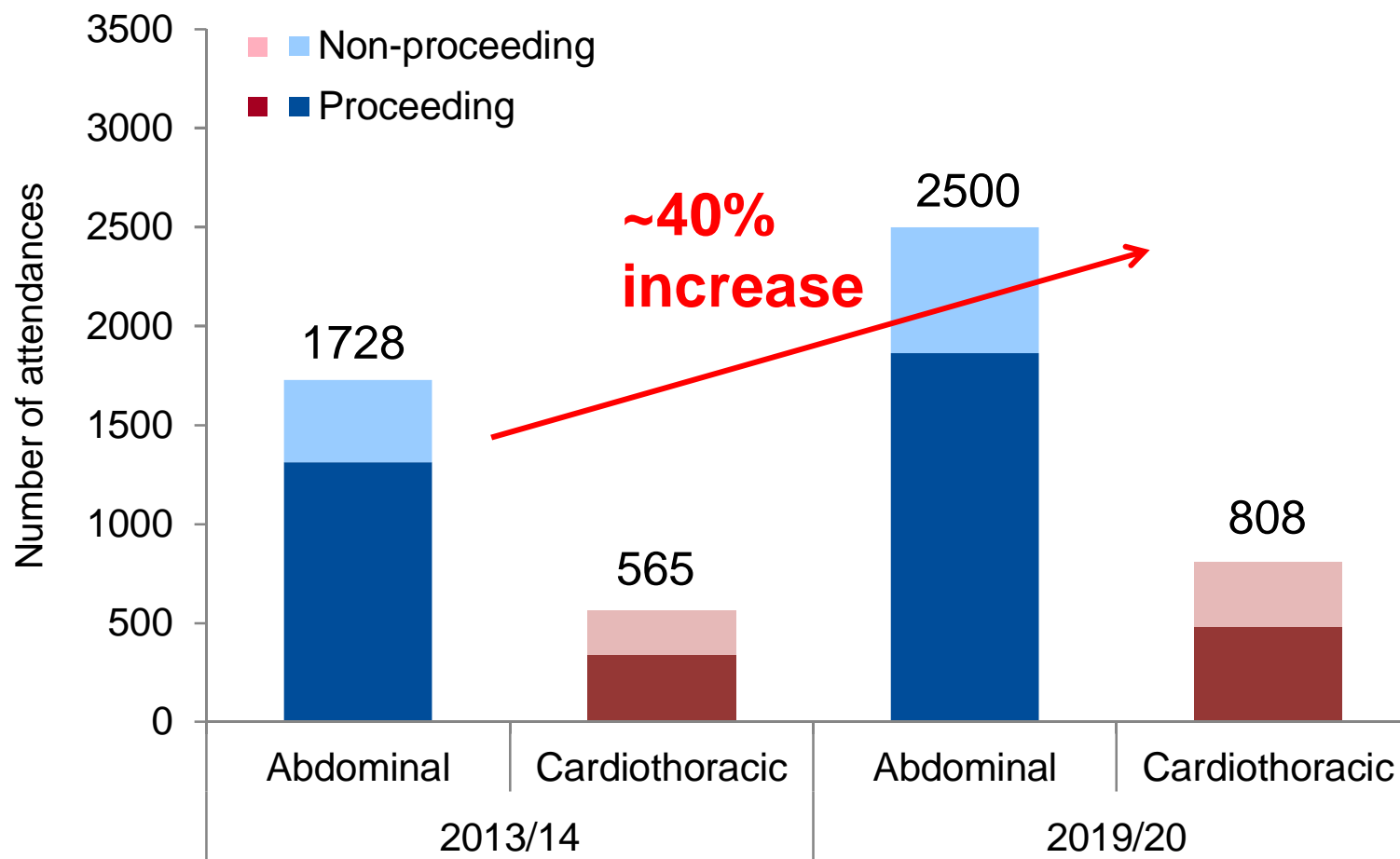


*Predictions as at Dec 2013 to achieve overall TOT2020 targets for donors per million population (pmp)

What does this mean for retrieval teams?



What does this mean for retrieval teams?



Assumptions for 2019/20 demand

Where?

When?

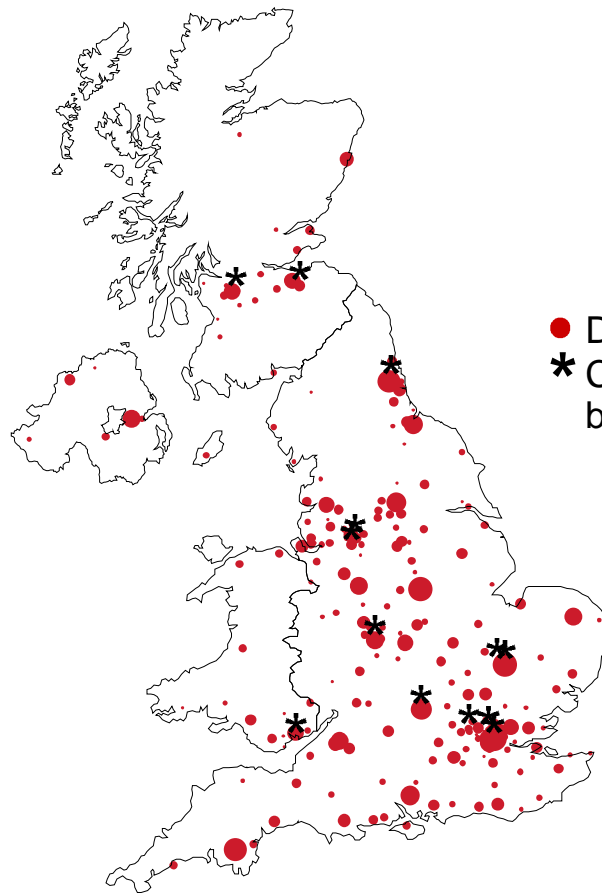
Duration?



Assumptions for 2019/20 demand

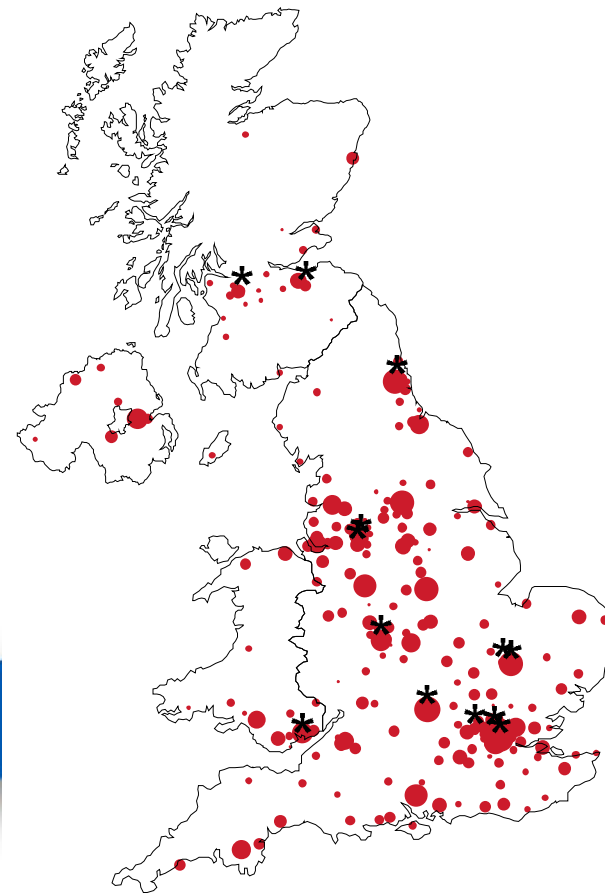
Where? Geographical distribution of donors assumed to stay the same

2013/14



- Donor attendances
- * Current retrieval team base

2019/20



Assumptions for 2019/20 demand

When? Arrival of donors follow same pattern as seen historically

2013/14

Day of week	Hour of day																							TOTAL	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		23
Monday	13	16	11	10	6	16	11	8	7	8	3	2	2	3	5	2	2	3	3	8	12	14	14	20	199
Tuesday	18	26	17	14	9	15	18	14	5	5	5	0	6	1	3	1	8	7	10	11	11	14	14	31	263
Wednesday	13	23	23	24	20	15	17	9	14	5	8	8	1	2	3	4	4	6	11	7	13	19	22	29	300
Thursday	21	14	23	17	11	13	13	10	10	9	3	9	1	1	0	6	7	7	9	8	15	12	13	31	263
Friday	28	31	16	11	9	20	11	14	8	7	6	1	2	2	3	2	2	8	10	7	10	10	17	22	257
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TOTAL	124	144	126	100	85	108	88	71	62	53	36	29	17	15	19	20	30	36	56	59	88	91	111	173	1741

Sampling



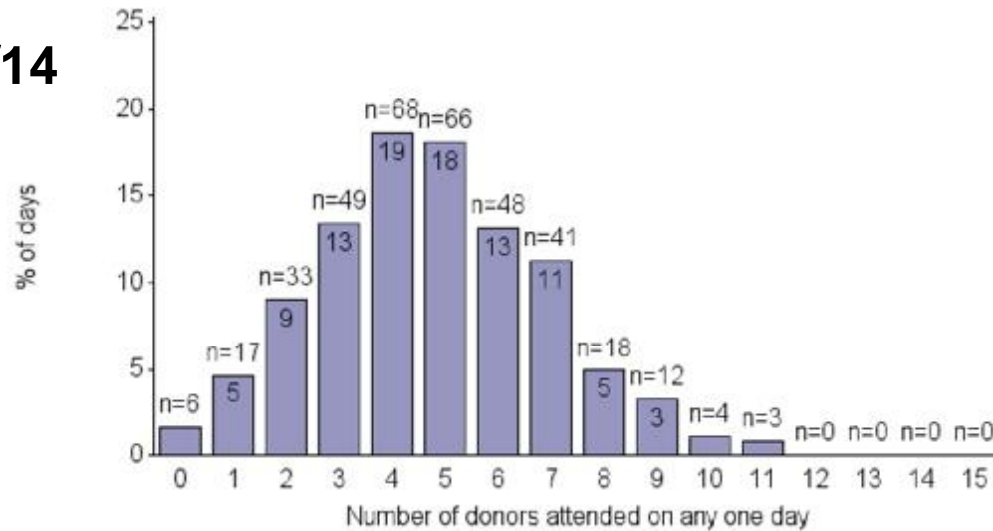
2019/20

Day of week	Hour of day																							TOTAL	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		23
Monday	19	25	20	16	7	17	14	7	8	10	6	6	4	2	5	2	4	8	14	16	14	26	23	36	309
Tuesday	27	37	23	25	15	24	22	20	9	8	6	2	7	3	4	5	7	10	8	12	20	19	34	43	390
Wednesday	20	36	29	29	29	20	20	11	18	5	9	8	2	3	2	5	7	10	17	9	24	23	27	36	399
Thursday	28	26	27	26	20	19	22	13	11	7	3	5	1	2	1	8	9	11	9	16	23	26	23	39	375
Friday	42	38	25	16	17	21	11	17	10	14	9	3	5	3	5	5	7	12	17	13	16	20	25	34	385
Saturday	27	26	31	21	24	22	16	14	19	10	5	5	5	5	3	7	8	7	10	12	23	16	20	27	363
Sunday	18	18	22	13	18	15	13	14	6	12	5	4	5	4	1	1	4	4	6	15	13	25	27	23	286
TOTAL	181	206	177	146	130	138	118	96	81	66	43	33	29	22	21	33	46	62	81	93	133	155	179	238	2507

Assumptions for 2019/20 demand

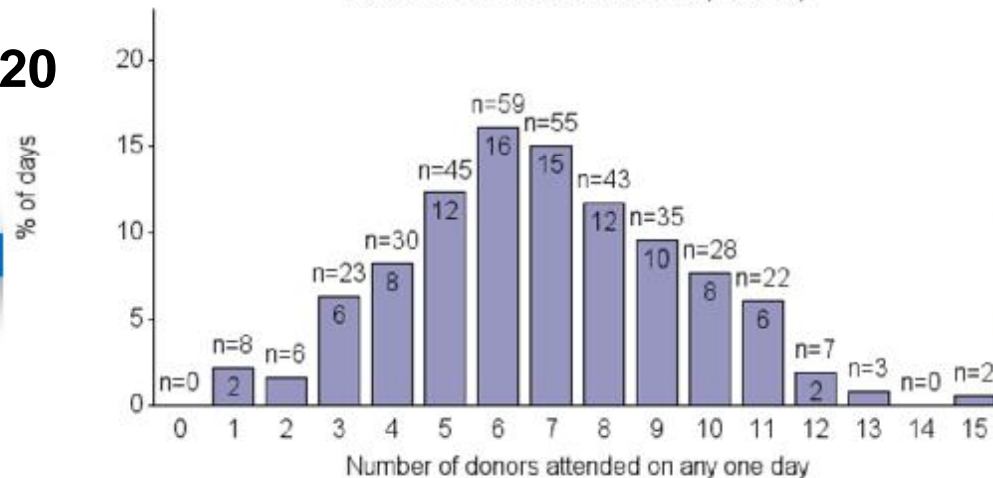
When? Arrival of donors follow same pattern as seen historically

2013/14



Average no. donors per day = 4.8

2019/20



Average no. donors per day = 6.8

Assumptions for 2019/20 demand

Duration?

10 minute muster + travel time there and back + theatre duration



Assumptions for 2019/20 demand

Duration?

10 minute muster + travel time there and back + theatre duration

**Average time
between a team's
agreed departure
time and actual
departure time in
2013/14**



Assumptions for 2019/20 demand

Duration?

10 minute muster + **travel time there and back** + theatre duration

**Largely using Google
Maps times but flight
times incorporated
where appropriate**



Assumptions for 2019/20 demand

Duration?

10 minute muster + travel time there and back + theatre duration

Time between arrival and departure at donor hospital

Sampled from historic data, dependent on

- 1. Abdo/cardio**
- 2. DBD/DCD**
- 3. Proc/Non-proc**

Part 2

1. Reviewing recent activity data to understand how the service operates and the current capacity
2. Modelling different configurations of NORS against current and expected future demand
 - a) Predicting future demand
 - b) Modelling (simulating) different team configurations**

Simulations

INPUTS

2013/14
demand

2019/20
demand

Simulation of
different team
configurations

Closest available team
assigned to each donor as
they arise based on shortest
travel time

OUTPUTS

- 1 No. attendances per team
- 2 No. donors where no team available
- 3 % days attending at least one donor
- 4 % extended travel times (>3 hours)

Simulations

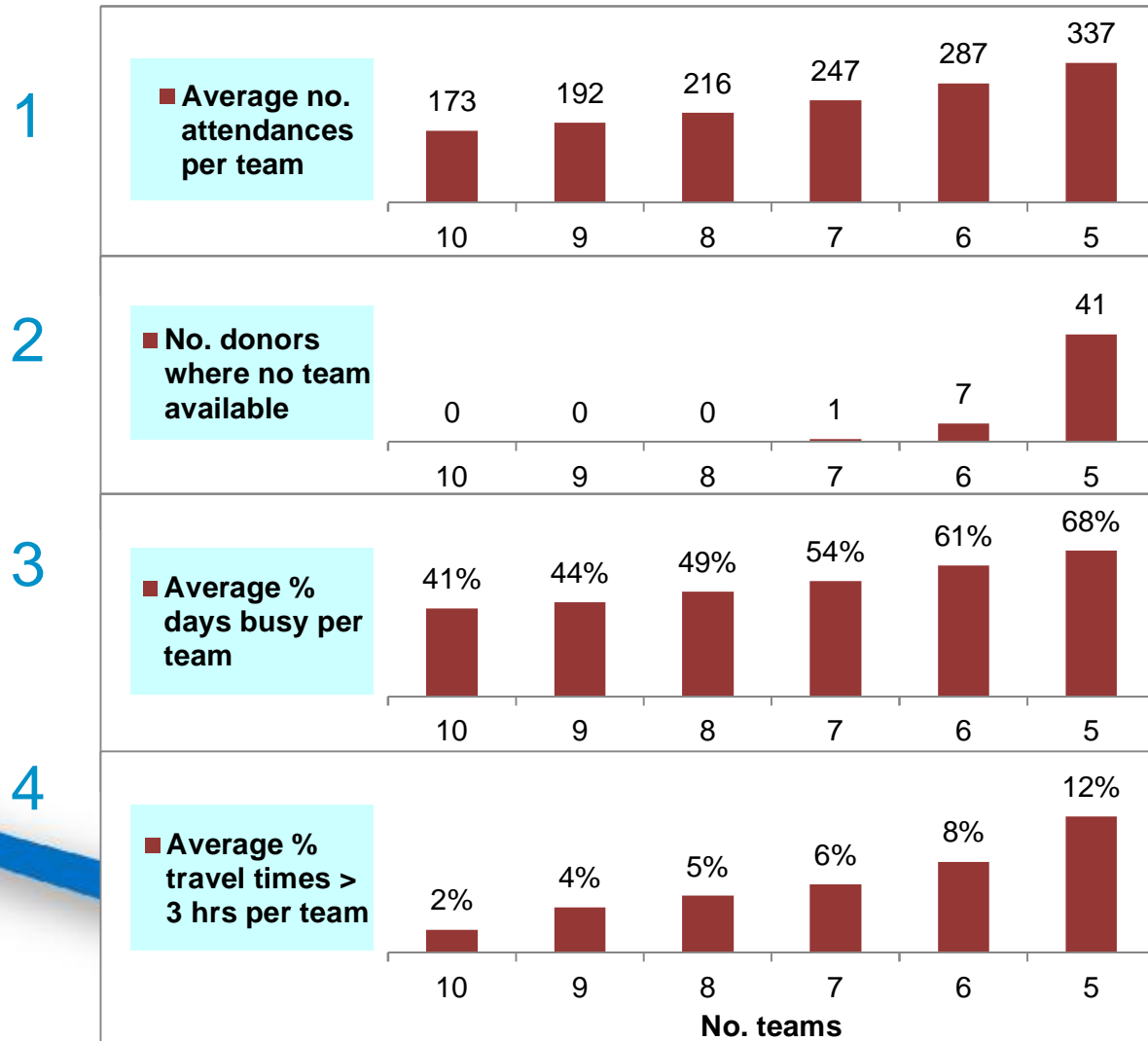
	A	B	C	D	E	F	G
1							
2	Enter here the cardio NORS team scenario to simulate						
3	Team	Type	Location	Included?			
4	Birmingham CT team	Cardiothoracic	B15 2TH	Y			
5	Harefield CT team	Cardiothoracic	UB9 6JH	Y			
6	Manchester CT team	Cardiothoracic	M23 9LT	Y			
7	Newcastle CT team	Cardiothoracic	NE7 7DN	Y			
8	Papworth CT team	Cardiothoracic	CB23 3RE	Y			
9	Scotland MO team	Both	G81 4DY	Y			
10							
11	Enter here the abdominal NORS team scenario to simulate - joint teams						
12	Team	Type	Location	Included			
13	Birmingham/Cardiff AB team	Abdominal	B15 2TH	Y			
14	Cambridge AB team	Abdominal	CB2 0QQ	Y			
15	King's College AB team	Abdominal	SE5 9RS	Y			
16	Leeds/Manchester AB team	Abdominal	M13 9WL	Y			
17	Newcastle AB team	Abdominal	NE7 7DN	Y			
18	Oxford/Royal Free AB team	Abdominal	OX3 7LJ	Y			
19	Scotland MO team	Both	EH16 4SU	Y			
20							
21	Enter here the abdominal NORS team scenario to simulate - individual teams						
22	Team	Type	Location	Included			
23	Birmingham AB team	Abdominal	B15 2TH	Y			
24	Cambridge AB team	Abdominal	CB2 0QQ	Y			
25	Cardiff AB team	Abdominal	CF14 4XW	Y			
26	King's College AB team	Abdominal	SE5 9RS	Y			
27	Leeds AB team	Abdominal	LS9 7TF	Y			
28	Manchester AB team	Abdominal	M13 9WL	Y			
29	Newcastle AB team	Abdominal	NE7 7DN	Y			
30	Oxford AB team	Abdominal	OX3 7LJ	Y			
31	Royal Free AB team	Abdominal	NW3 2QG	Y			
32	Scotland MO team	Both	EH16 4SU	Y			
33							

Cardio Simulation

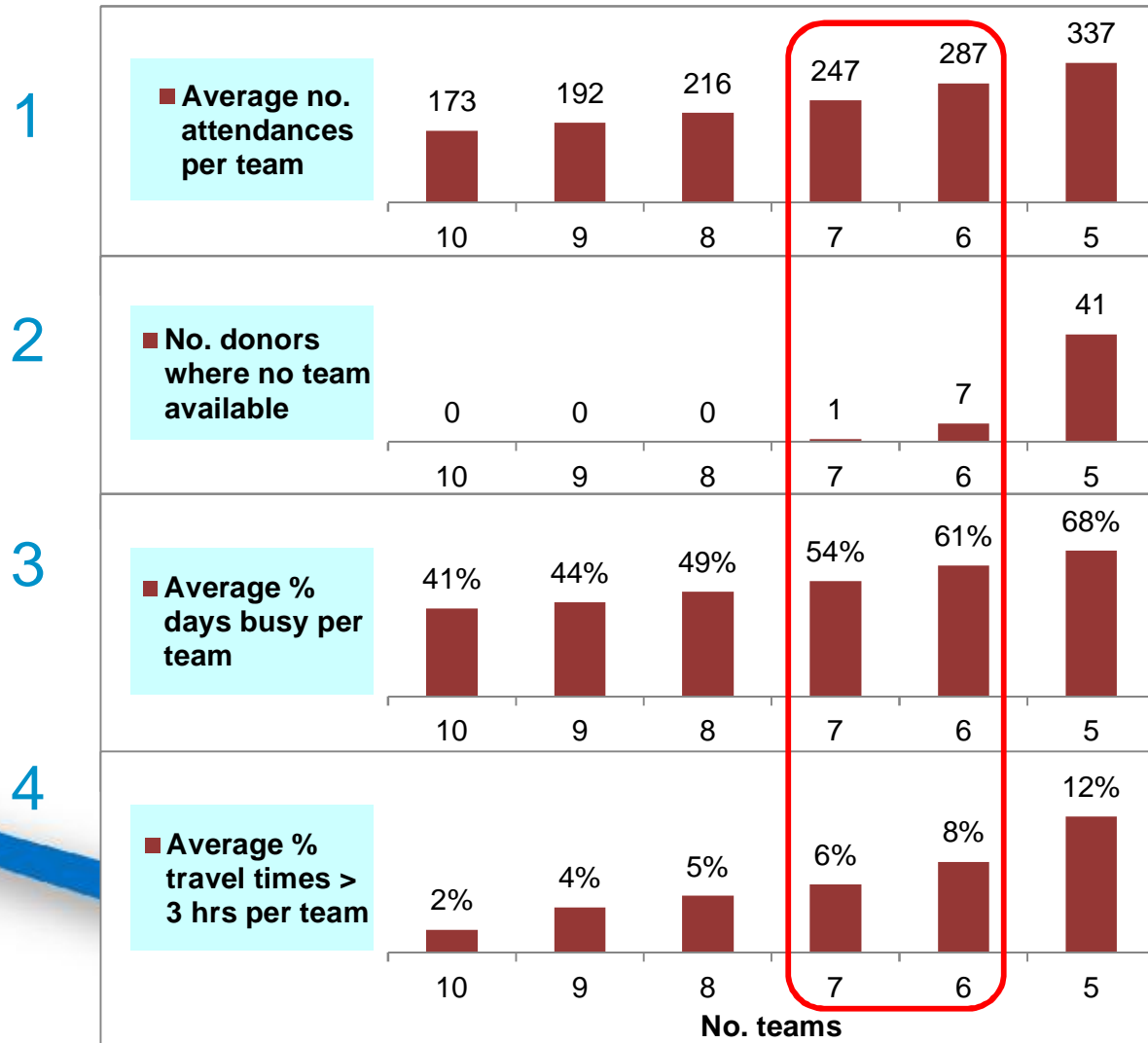
Abdominal Joint Simulation Final

Run Abdominal Individual Scenario

Simulation results – Abdominal 2013/14

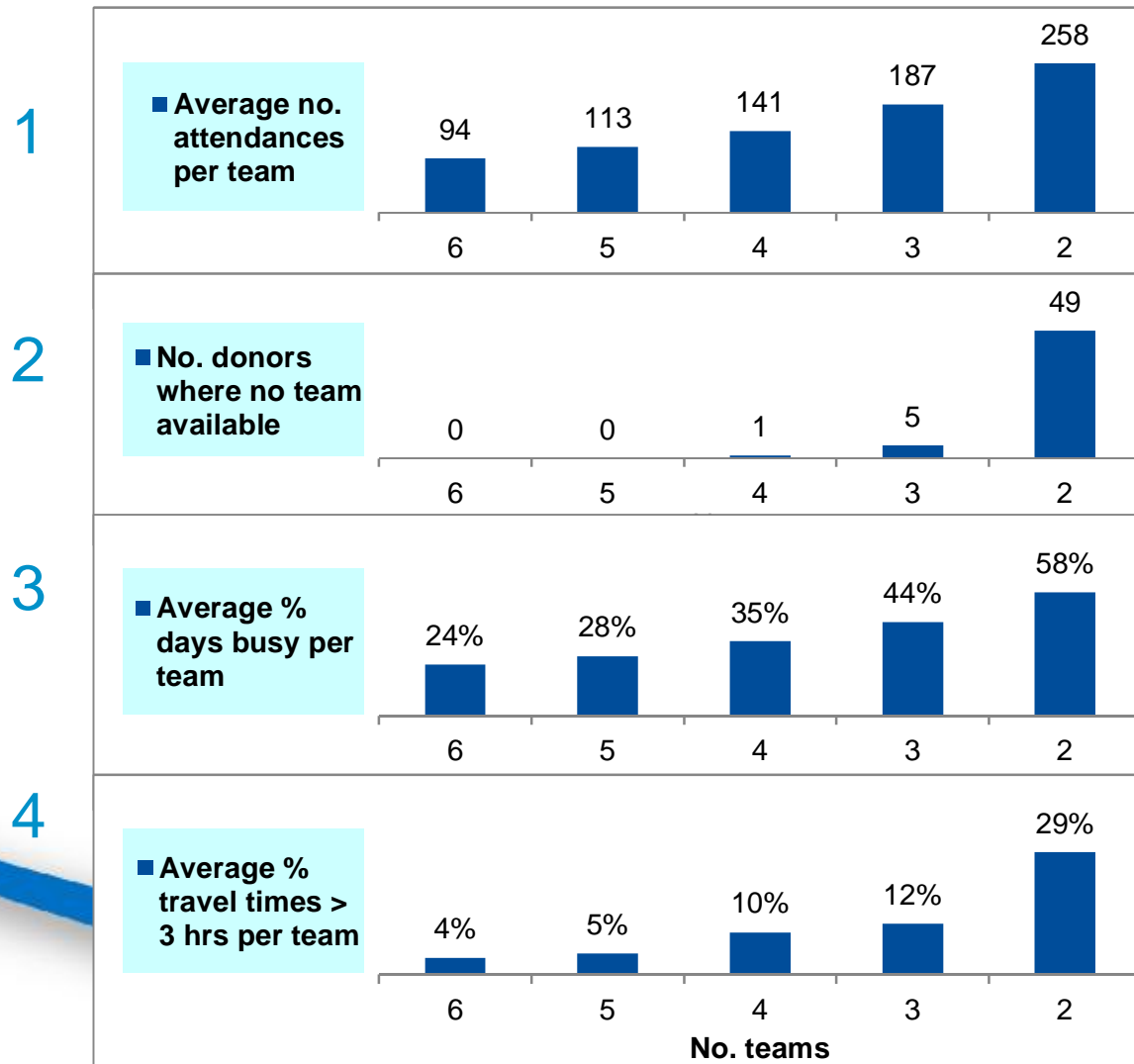


Simulation results – Abdominal 2013/14

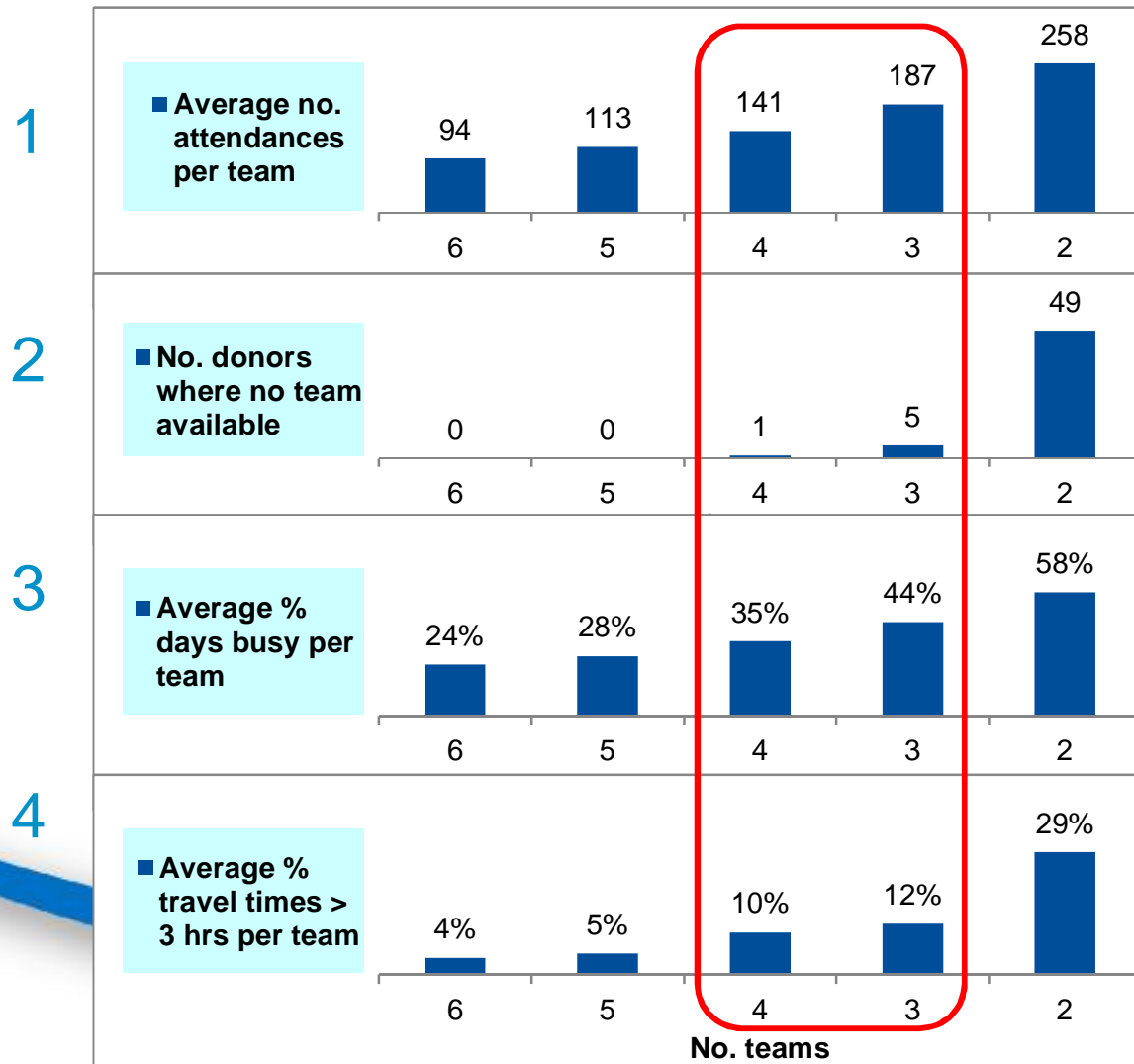


Current demand could be reasonably served by 6-7 abdominal teams

Simulation results – Cardiothoracic 2013/14

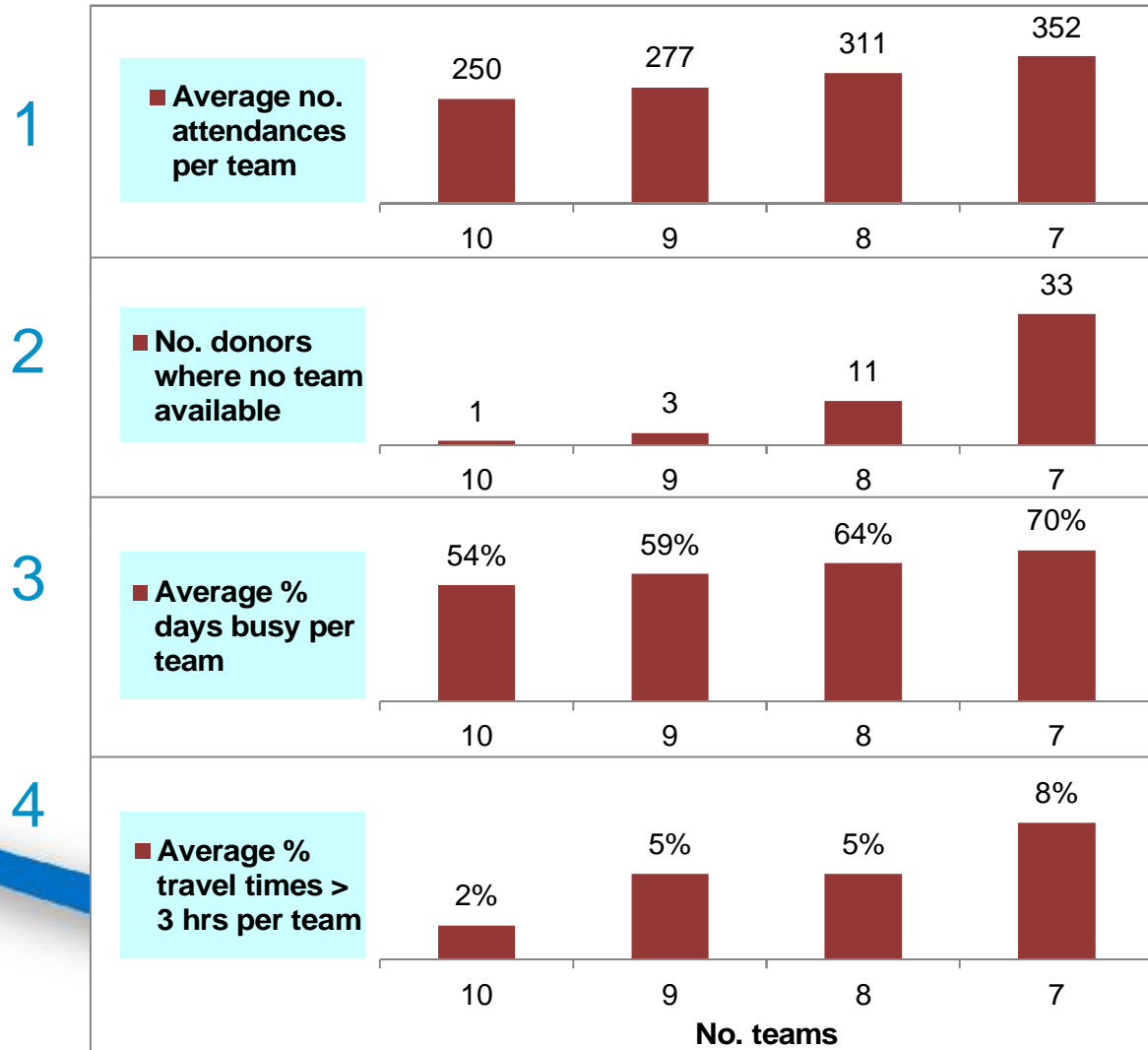


Simulation results – Cardiothoracic 2013/14

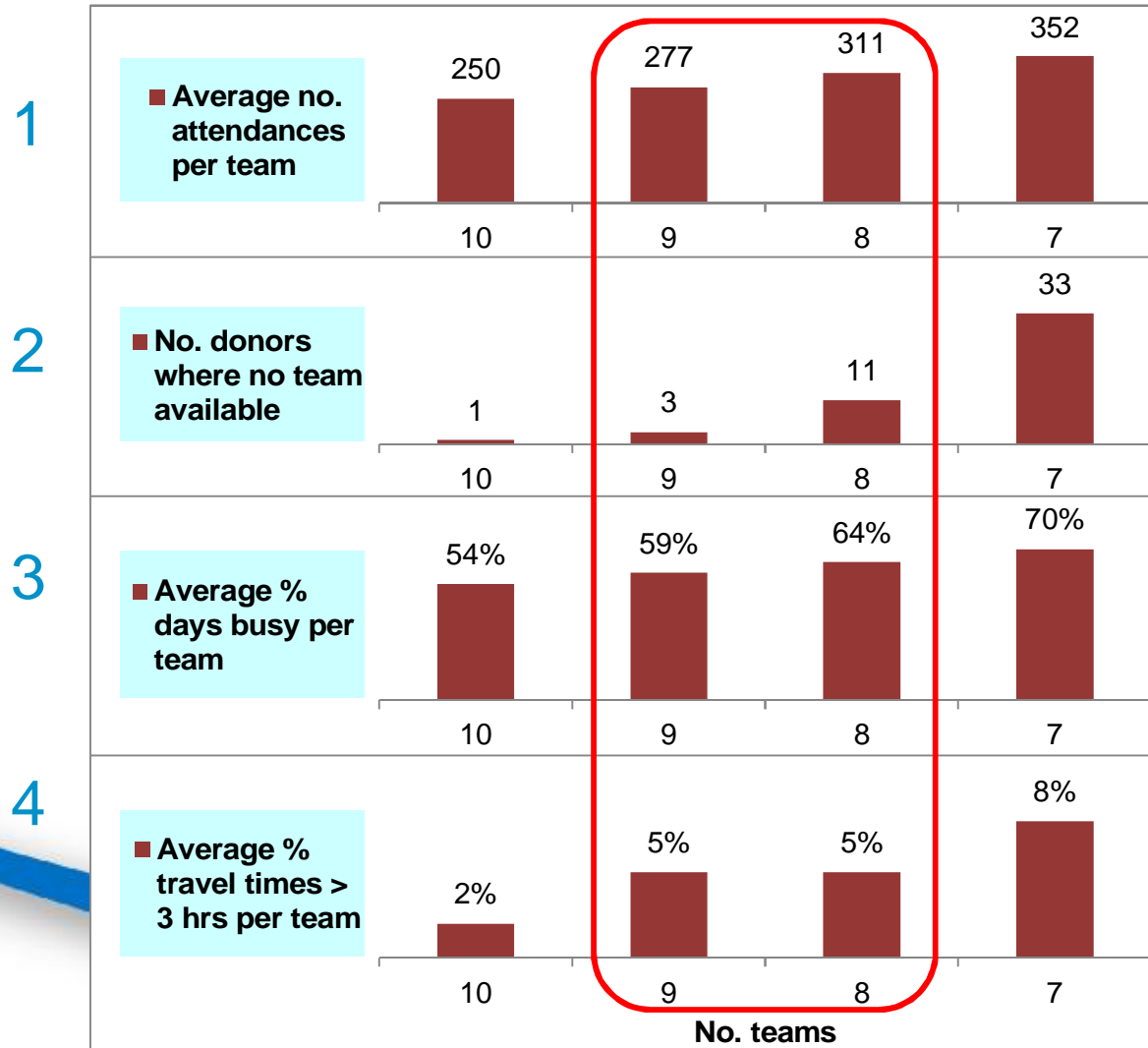


Current demand could be reasonably served by 3-4 cardiothoracic teams

Simulation results – Abdominal 2019/20

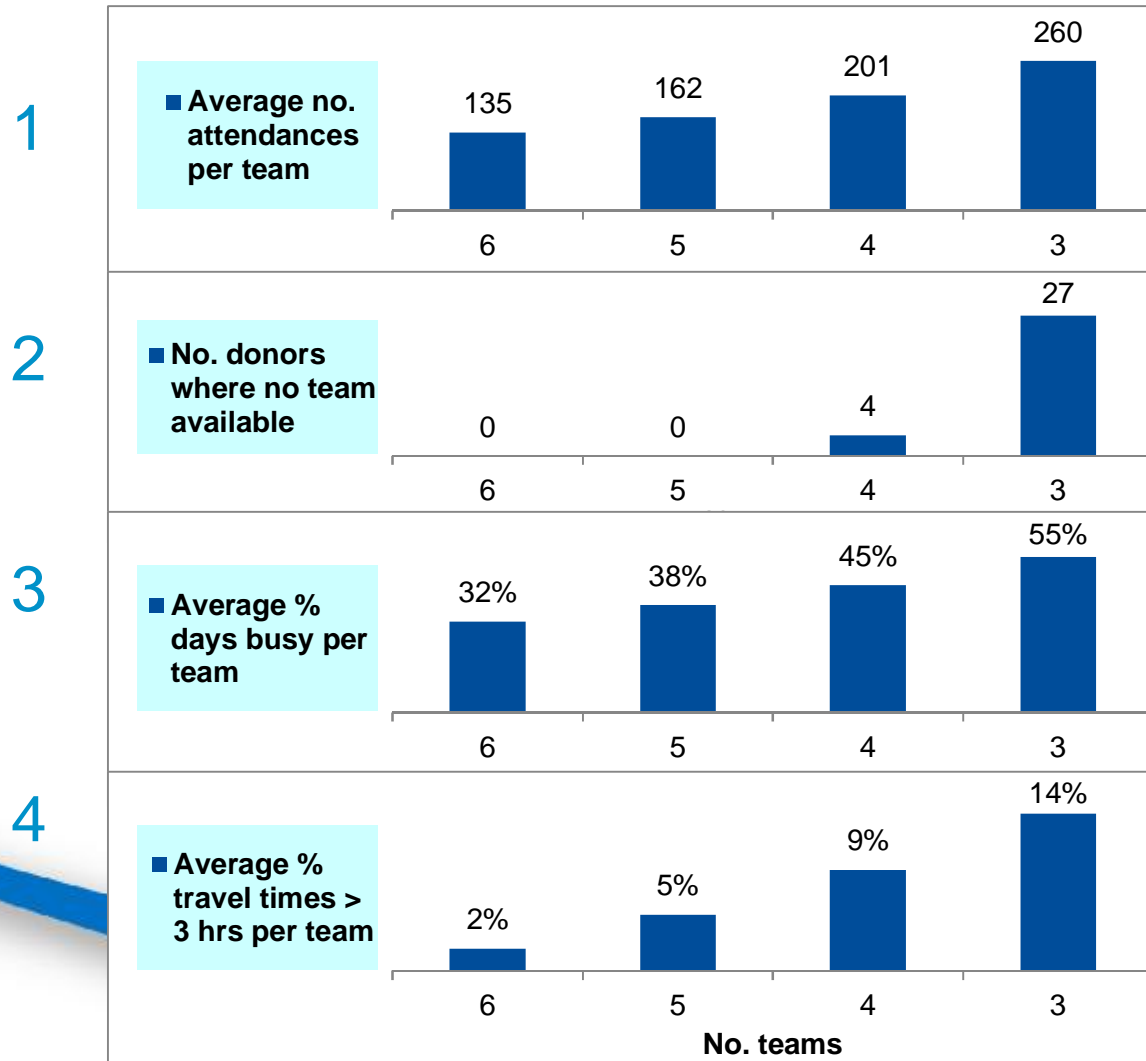


Simulation results – Abdominal 2019/20

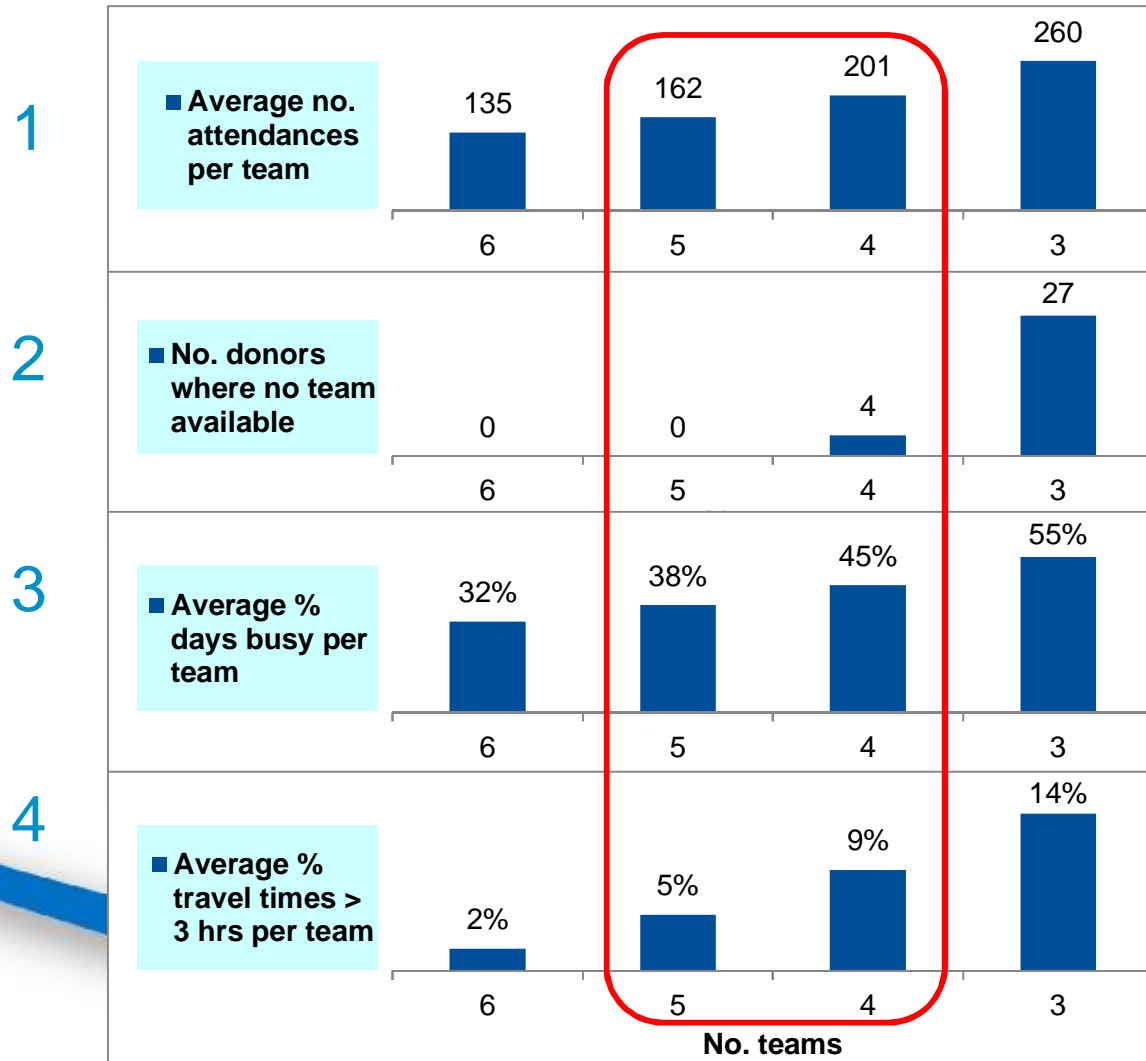


Future demand could be reasonably served by 8-9 abdominal teams

Simulation results – Cardiothoracic 2019/20



Simulation results – Cardiothoracic 2019/20



Future demand could be reasonably served by 4-5 cardiothoracic teams

Part 2

Summary


Current requirements

- Simulations suggest 2013/14 demand could have been served by:
 - 6-7 abdominal teams and
 - 3-4 cardiothoracic teams
- if closest team available dispatched

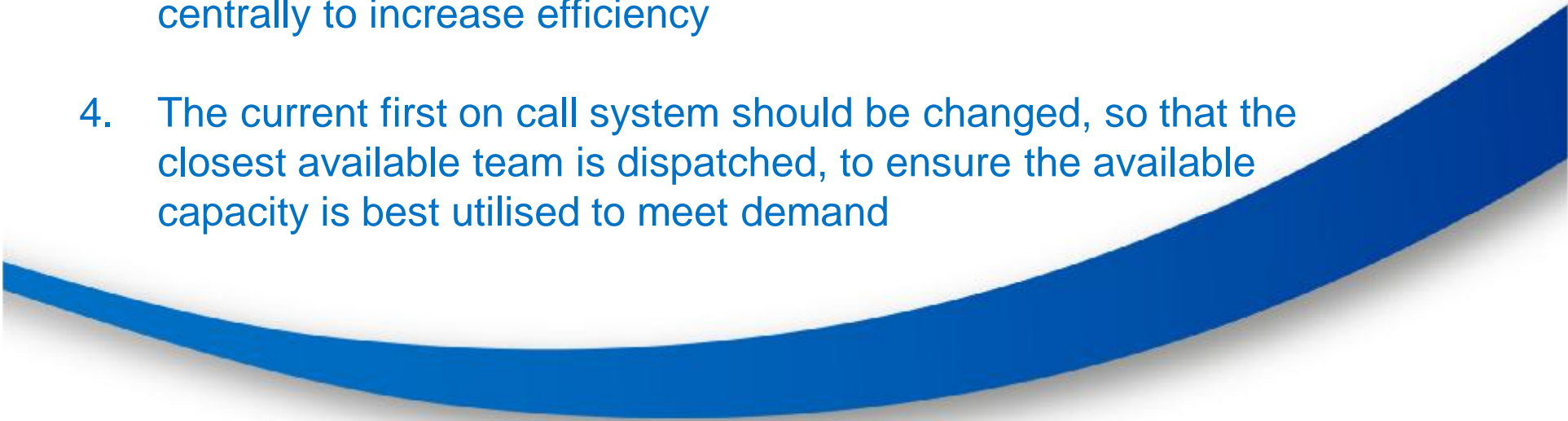
Future requirements

- Simulations suggest 2019/20 demand could be served by:
 - 8-9 abdominal teams and
 - 4-5 cardiothoracic teams
- if no significant changes in location, arrival and duration of retrievals, but demand increases in line with 26 deceased donors pmp

Overall findings of the Workstream

- Current service has more capacity than required for current level of demand
 - Adjustments required but can be made without major service redesign
 - Capitalise on what is already good practice and work together to develop and consolidate
 - Prefer concept of shared rotas, with more joint working across the service, rather than reduction in number of providers due to link between retrieval and transplantation
- 

Recommendations from Workstream

1. Modelling of NORS should be part of NHSBT's core business, to ensure that capacity is better aligned to demand in the future
 2. Change the current 24/7 NORS into an annual NORS rota, which does not necessarily mean every NORS team will need to be available 365 days a year
 3. Call-out and dispatch of NORS teams should be co-ordinated centrally to increase efficiency
 4. The current first on call system should be changed, so that the closest available team is dispatched, to ensure the available capacity is best utilised to meet demand
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Workforce

Roberto Cacciola



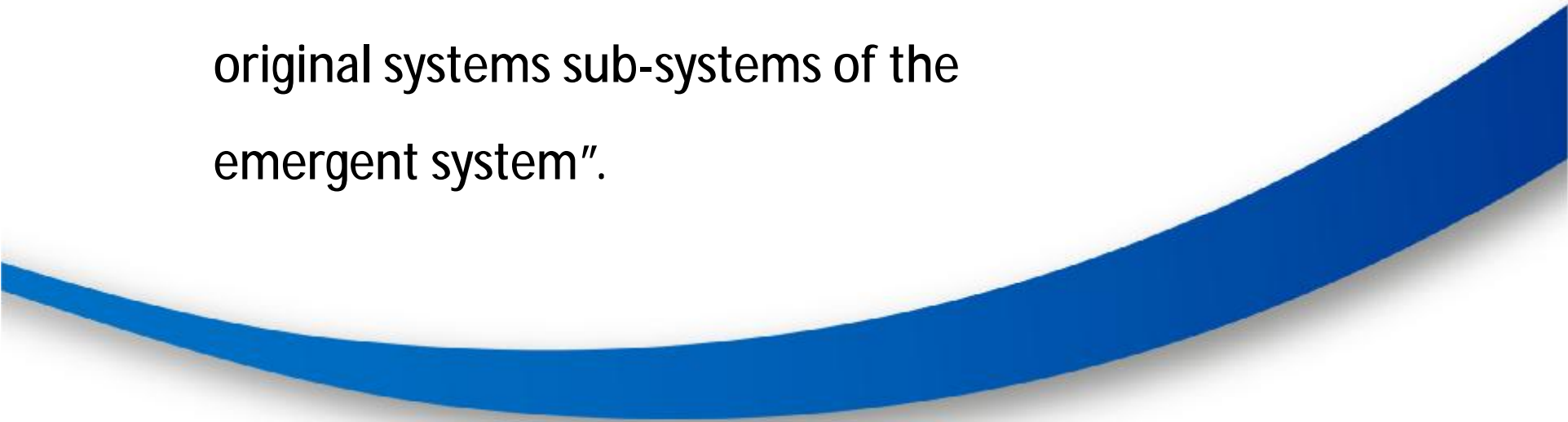


The Principle

Workforce workstream took a 'bottom up' approach to how the service is delivered and considered, from a provider perspective, what staffing requirements were needed to participate in and deliver NORS.

“Bottom up approach”

“A bottom-up approach is the piecing together of systems to give rise to more complex systems, thus making the original systems sub-systems of the emergent system”.



The Work

- Took a detailed look at the current service and the different delivery models, including the current staff rotas.
- Felt that provision of 'back office' staff, including admin, finance and management support, should be included in the recommended staffing model.
- evaluated three options:
 - Stand-alone teams for abdominal and cardiothoracic retrieval
 - Multi-organ (joint) retrieval teams
 - Separate DCD and DBD teams
- NORS Project Board felt that the Workstream should explore the joint (multi-organ) model in detail, as this is the model used by most other international organ procurement organisations and is more efficient than mobilising two fully staffed stand-alone teams.

Recommendation

NORS moves to joint working arrangements, where there is provision for Standard (abdominal) retrieval and Extended (cardiothoracic) retrieval






Standard Team Model for Abdominal-Only Donors	Banding / Level	Total WTE
Surgical team		
Lead Surgeon - ABDO	Consultant/Speciality Doctor	5.33
Assistant Surgeon - ABDO	Speciality Trainee	5.33
Theatre team		
Scrub Nurse ABDO	AfC Band 5	5.33
Theatre practitioner ABDO	AfC Band 5/6	5.33

Extended Team Model for Multi-Organ Donors	Banding / Level	Total WTE
Surgical team		
Lead Surgeon - ABDO	Consultant/Speciality Doctor	5.33
Assistant Surgeon - ABDO	Speciality Trainee	5.33
Lead Surgeon - CT	Consultant/Speciality Doctor	5.33
Assistant Surgeon - CT	Speciality Trainee	5.33
Theatre team		
Scrub Nurse ABDO	AfC Band 5	5.33
Theatre practitioner ABDO	AfC Band 5/6	5.33
Theatre practitioner CT	AfC Band 5/6	5.33

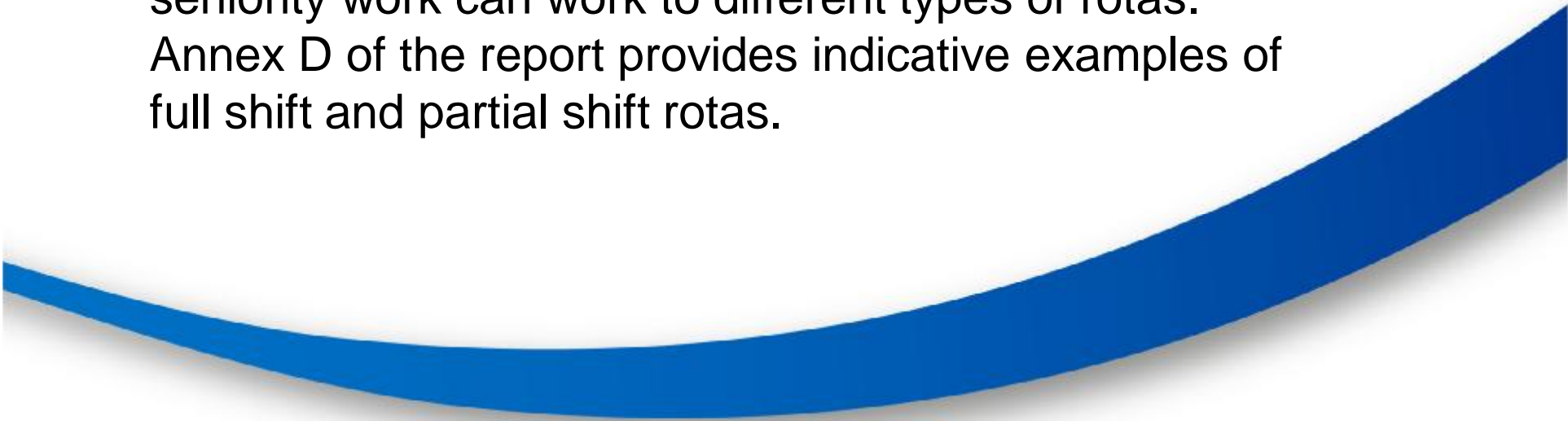
Back Office Support	Banding / Level	Total WTE
Abdominal NORs Centre		
Admin/Audit ABDO	AfC Band 4	1.00
Management ABDO	AfC Band 8A	0.20
Finance ABDO	AfC Band 7	0.10
RCPOC/Retrieval coordinator oncall ABDO	AfC Band 7	0.67
Consultant (clinical lead/management) ABDO	Consultant	0.20

Back Office Support	Banding / Level	Total WTE
Cardiothoracic NORs Centre		
Admin/Audit CT	AfC Band 4	0.50
Management CT	AfC Band 8A	0.10
Finance CT	AfC Band 7	0.10
RCPOC/Retrieval coordinator oncall CT	AfC Band 7	0.33
Consultant (clinical lead/management) CT	Consultant	0.10

- Theatre Team + Back Office Support
 - Competent and certified Lead Surgeon supported by Assistant Surgeon for CT and ABDO
 - Theatre practitioner for CT and ABDO
 - Shared Scrub
 - Protected management time for Clinical Lead and Operational Management
- 

A medical staffing manager was consulted to sense check the theatre workforce assumptions, to ensure that there was sufficient staffing to run a full shift rota, including prospective cover.

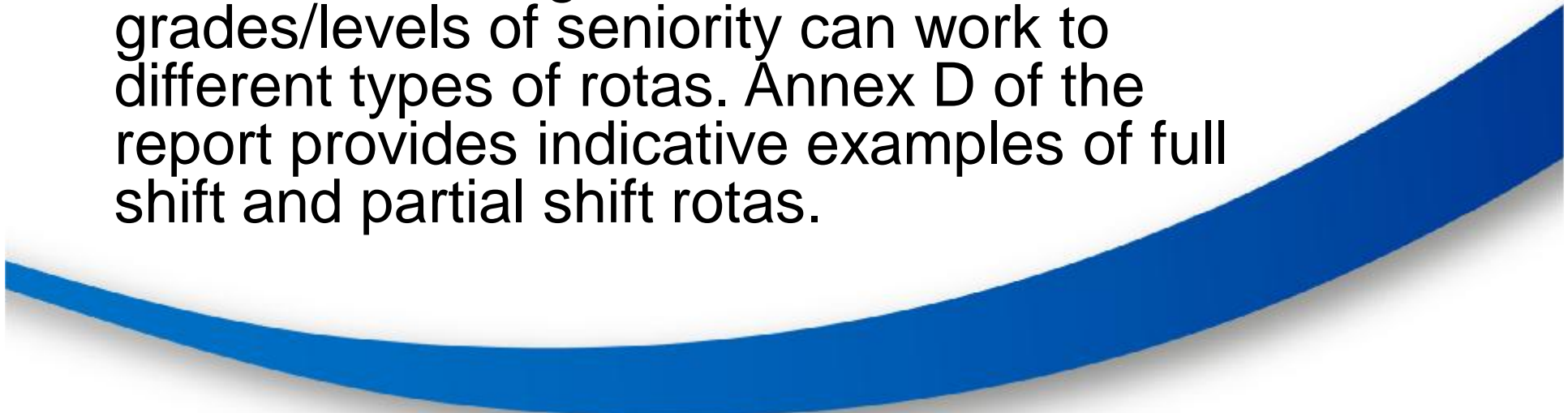
It was acknowledged that different grades/levels of seniority work can work to different types of rotas. Annex D of the report provides indicative examples of full shift and partial shift rotas.



Further work

A medical staffing manager was consulted to sense check the theatre workforce assumptions, to ensure that there was sufficient staffing to run a full shift rota, including prospective cover.

It was acknowledged that different grades/levels of seniority can work to different types of rotas. Annex D of the report provides indicative examples of full shift and partial shift rotas.



Key Points

1. Change of philosophy

Multiorgan retrieval team as opposed to standing alone teams

2. Retrieval (Theatre) Practitioner

This new role is aimed to support SNODs/DCP and all retrieval team. In particular this role is aimed to support the use of Novel Technologies as well as organ perfusion. Dedicated training and assessment will be necessary for this new role.

3. One Scrub Nurse for both Abdominal and Cardio-Thoracic team

The skills and competencies will need to be developed in order to ensure satisfactory work dynamics during the Multi-Organ Retrieval with both Abdominal and Cardio-Thoracic

4. Full back office support has been assumed for both abdominal and cardiothoracic (Lead Surgeon time for Abdominal and CT Teams)

Major achievement

- Financial disequalities will no more exist in the National Organ Retrieval Service
- Same Team
- Same Cost



Acknowledgements


- Daniel Gosling – NORS Review Manager
- Phil Walton – NHSBT ODT Operational rep
- Helen Tincknell – NHSBT Nurse rep
- John Stirling - Scotland
- Michael Faluyi – NHSBT finance
- Diane Goodwin - Transplant Managers Forum
- Magdy Attia - NORS Lead: abdominal
- Stephen Clark - NORS Lead: cardiothoracic
- Emma Billingham – Senior Commissioning Manager, NHSBT
- Rutger Ploeg – National Clinical Lead for Organ Retrieval

Commissioning

Emma Billingham



Who Commissions and How?

- Reviewed international organ procurement organisations
 - Recognised advantages to a single commissioner from donation to transplant follow up
 - Encourage more joint working between providers and commissioners
 - Annual contract
 - Review of KPIs
- 

Workforce Funding Options:

- Availability vs Activity
- Transparent equitable funding

Recommendation:

**Future commissioning arrangements are based
on the provider's participation in an annual
NORS rota**



Reimbursement for activity-driven costs:

- Feedback from providers highlighted current admin burden.

Recommendations:

Reimbursement for consumables is moved to a block contract.

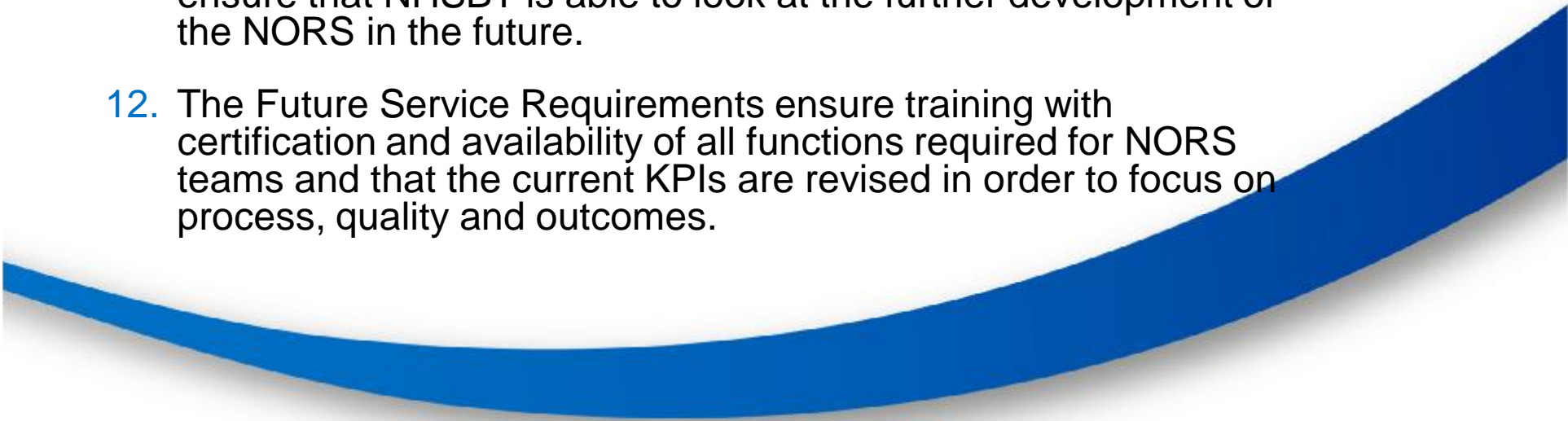
Move to central provision and management of retrieval team transport and that a review of use of flights is undertaken to ensure more effective use.

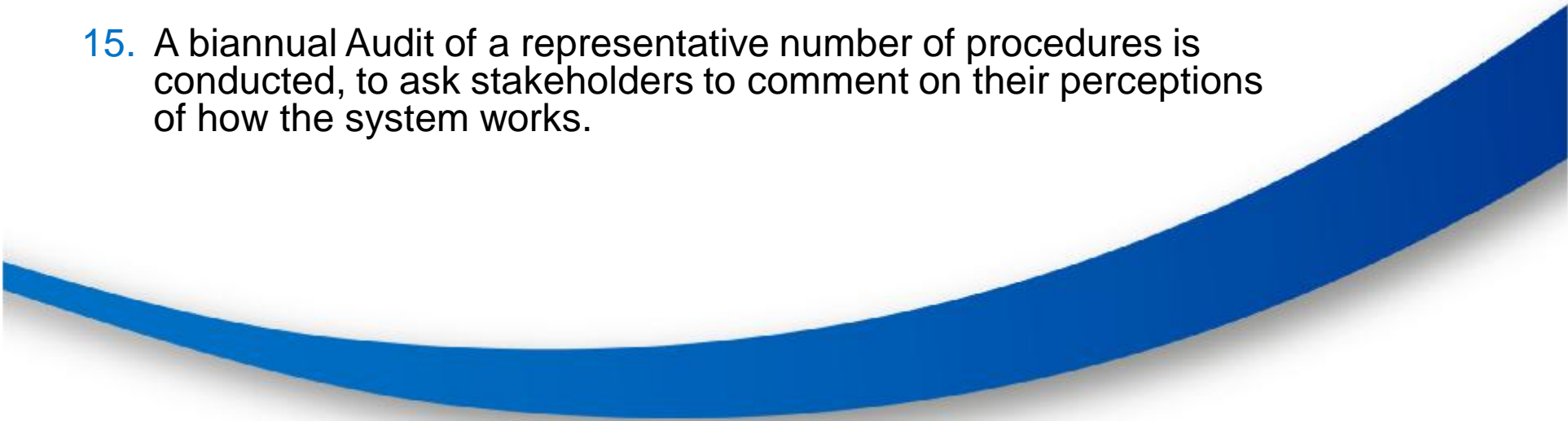
Future Service Requirements

Workstream recommendations


Kathleen Preston



9. The focus of the Future Service Requirements be on achieving a high quality service, and the quality of the organs retrieved, to support an increase in the number of patients successfully transplanted.
 10. The Future Service Requirements encourage and support more, and better, communication and sharing of information across all parties involved in the donation, retrieval and transplantation pathway. In particular, the Review supports the work, currently underway at NHSBT, looking at electronic reporting of retrieval data.
 11. The Future Service Requirements are flexible and adaptable to ensure that NHSBT is able to look at the further development of the NORS in the future.
 12. The Future Service Requirements ensure training with certification and availability of all functions required for NORS teams and that the current KPIs are revised in order to focus on process, quality and outcomes.
- 

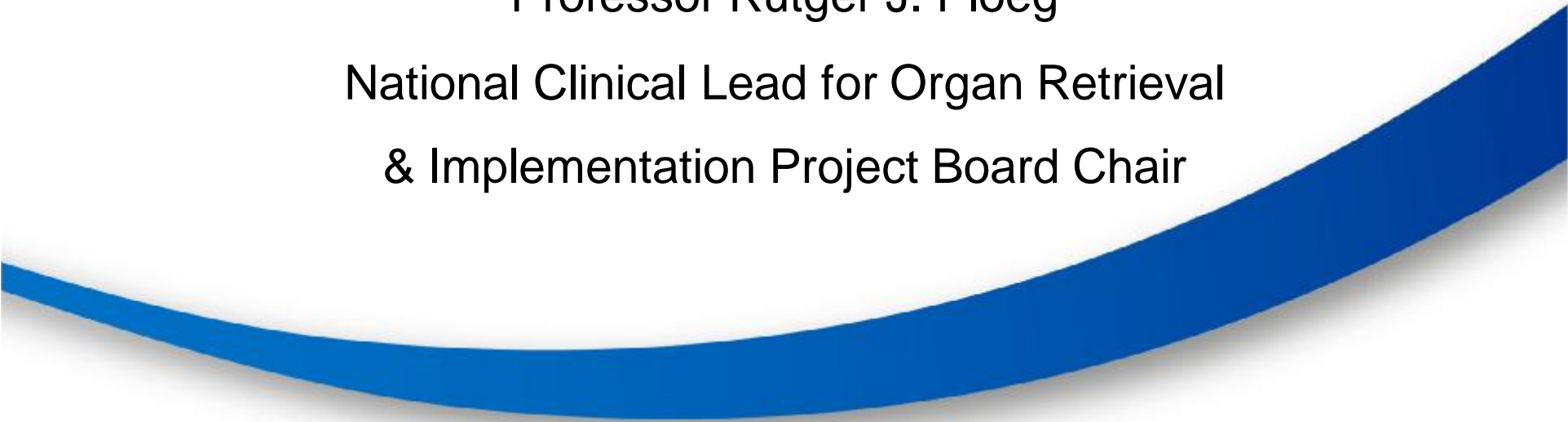
13. The solid organ advisory groups, in consultation with their communities, produce guidance on pre-determined categories, with well-defined criteria, within which it would be expected that organs would be retrieved.
 14. The Novel Technologies in Organ Transplantation working party evolves into an advisory group for NHSBT that brings together stakeholders and commissioners and explores the role of novel technologies and innovative approaches to increase organ recovery and transplantation rates.
 15. A biannual Audit of a representative number of procedures is conducted, to ask stakeholders to comment on their perceptions of how the system works.
- 

Conclusion


- Taking Organ Transplantation to 2020 sets out a vision for the next few years.
 - We need change if NORS is to continue to support the needs of the donation and transplant community and to make its contribution to meeting the targets.
 - We need to ensure that we have a National Organ Retrieval Service with the skills, ability, capacity and willingness to deliver against the wider objectives set out in TOT 2020
 - We hope that the recommendations in our report will ensure that NORS can continue to play its vital part on behalf of the 7000 people on the transplant waiting list.
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Next Steps - Implementation

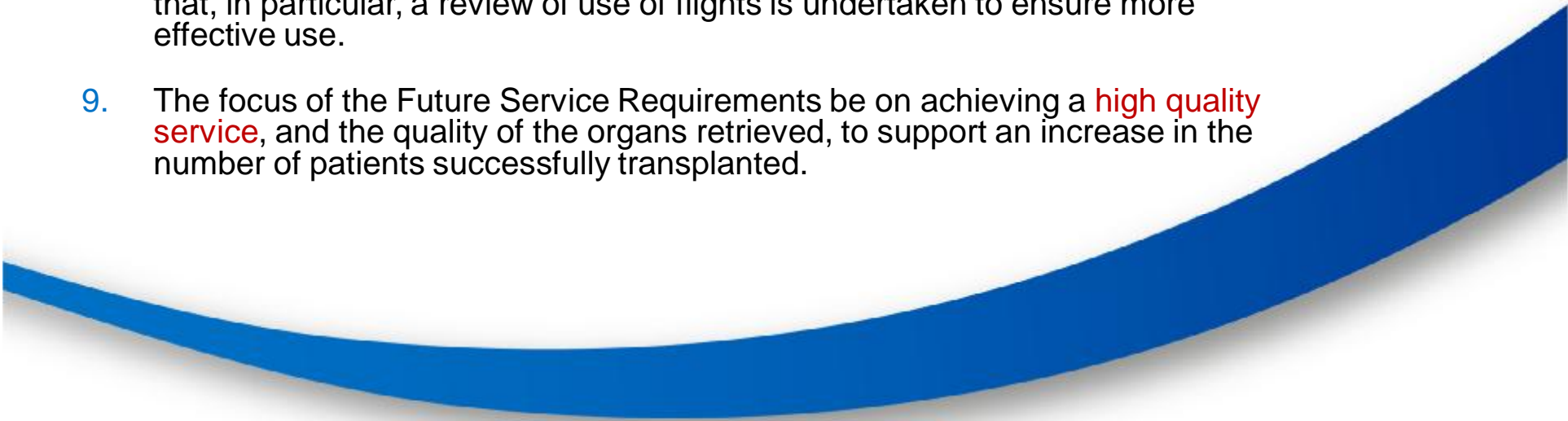
Professor Rutger J. Ploeg
National Clinical Lead for Organ Retrieval
& Implementation Project Board Chair




Recommendations

1. NHSBT make the **modelling** of the retrieval service part of its core business, to ensure that capacity is better aligned to demand in the future.
 2. A change to the current 24/7 NORS into an **annual NORS rota**, which does not necessarily mean that every NORS team will need to be available 365 days a year.
 3. The call-out and **dispatch of NORS teams** is co-ordinated centrally and we consider it essential that NHSBT moves forward, as quickly as possible, with the development of this capability to enable it to implement the recommendations.
 4. The current first on call system is changed, so that the **closest available team** is despatched, to ensure the available capacity is best utilised to meet demand.
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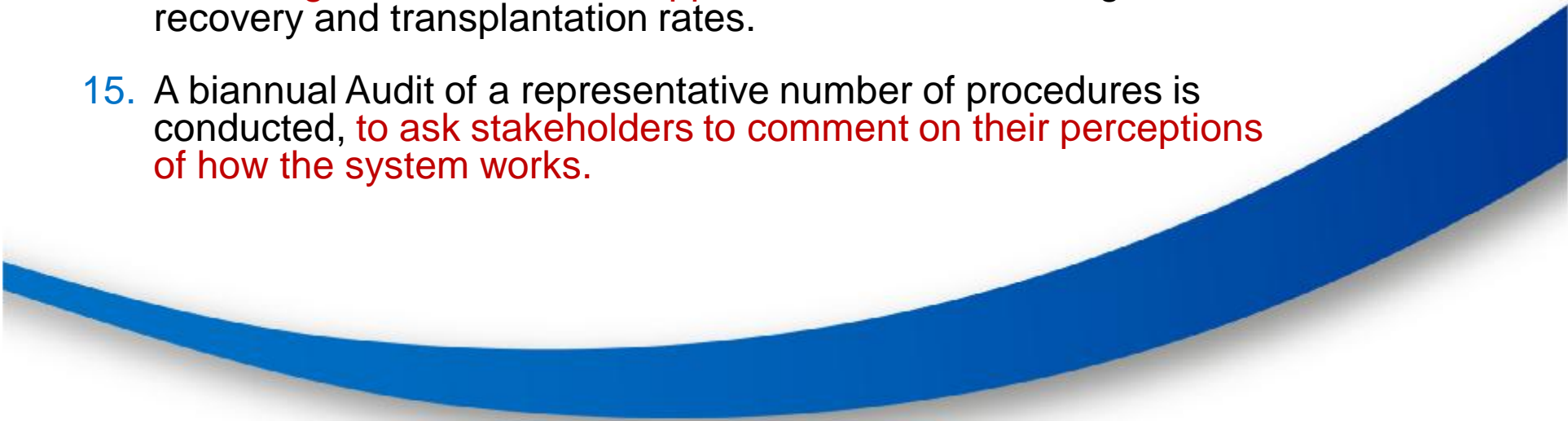
Recommendations Cont'd

5. NORS moves to joint working arrangements, where there is provision for **Standard (abdominal) retrieval and Extended (cardiothoracic) retrieval**.
 6. **Commissioning arrangements** are based on the provider's participation in an annual NORS rota.
 7. Reimbursement for consumables, instruments and disposables is moved to a **block contract**.
 8. A move to **central provision** and management of retrieval **team transport** and that, in particular, a review of use of flights is undertaken to ensure more effective use.
 9. The focus of the Future Service Requirements be on achieving a **high quality service**, and the quality of the organs retrieved, to support an increase in the number of patients successfully transplanted.
- 

Recommendations Cont'd

10. The Future Service Requirements encourage and support more, and better, **communication and sharing of information** across all parties involved in the donation, retrieval and transplantation pathway. In particular, the Review supports the work, currently underway at NHSBT, looking at electronic reporting of retrieval data.
 11. The Future Service Requirements are **flexible and adaptable** to ensure that NHSBT is able to look at the further development of the NORS in the future.
 12. The Future Service Requirements **ensure training with certification** and availability of all functions required for NORS teams and that the current KPIs are revised in order to focus on process, quality and outcomes.
- 

Recommendations Cont'd

13. The solid organ advisory groups, in consultation with their communities, produce guidance on **pre-determined categories**, with well-defined criteria, within which it would be expected that organs would be retrieved.
 14. The Novel Technologies in Organ Transplantation working party evolves into an advisory group for NHSBT that brings together stakeholders and commissioners and explores **the role of novel technologies and innovative approaches** to increase organ recovery and transplantation rates.
 15. A biannual Audit of a representative number of procedures is conducted, **to ask stakeholders to comment on their perceptions of how the system works.**
- 

Project Board

- Chair: Professor Rutger J. Ploeg
- Membership:

Karen Quinn, AD UK Commissioning	Prof. John Dark, National Clinical Lead for Governance
Prof. James Neuberger, Associate Medical Director	Mr. Roberto Cacciola, Associate National Clinical Lead for Organ Retrieval
Transplant Managers' Forum Rep	BTS Rep
Abdominal NORS Team Rep	Cardiothoracic NORS Team Rep
NTOT Rep	Donation Rep
Commissioning Lead – Emma Billingham	Devolved Administration Commissioning Reps
Statistics Lead – Rachel Johnson	Communications Lead – Heather O'Shea
Finance Lead – Dave Metcalf	Mr. John Asher, Medical Health Informatics Lead

- Date of First Meeting: 12 June 2015

Working Groups

- Four Working Groups
 - NORS Team Functions and Capacity
 - Training
 - Logistics, Quality and Reporting
 - Commissioning

Working Groups' Role

- NORRS Team Functions and Capacity
 - To cover:
 - Transition to Standard and Extended NORRS Teams
 - Model Cardiothoracic working patterns
 - Model Abdominal working patterns

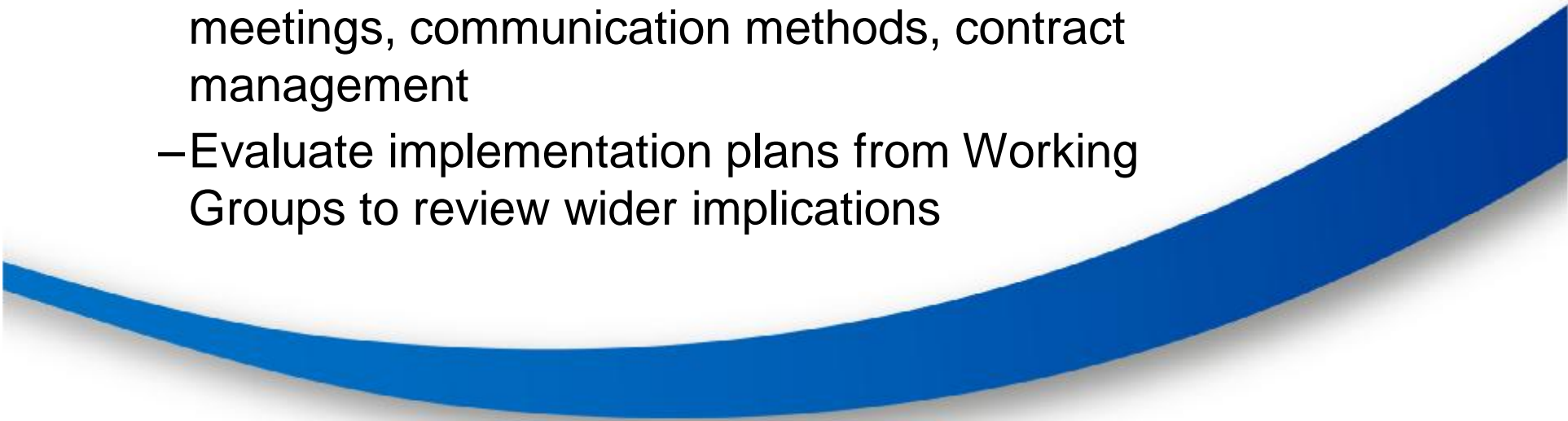
Working Groups' Role Cont'd

- Training and Competency
 - To cover:
 - Abdominal surgical training
 - Cardiothoracic surgical training
 - Joint scrub nurse training
 - Theatre practitioner training
 - Certification

Working Groups' Role Cont'd

- Logistics, Quality and Reporting
 - To cover:
 - New KPIs to assess quality
 - Audit tool development for stakeholders
 - New service requirements
 - Central dispatch for NORS teams
 - Flight policy and new transport contracts
 - Block contract for consumables
 - NORS Quality Requirements

Working Groups' Role Cont'd

- Commissioning
 - To cover:
 - Clarify the commissioning arrangements for paediatric and multi-visceral retrievals
 - Develop commissioning process e.g. frequency of meetings, communication methods, contract management
 - Evaluate implementation plans from Working Groups to review wider implications
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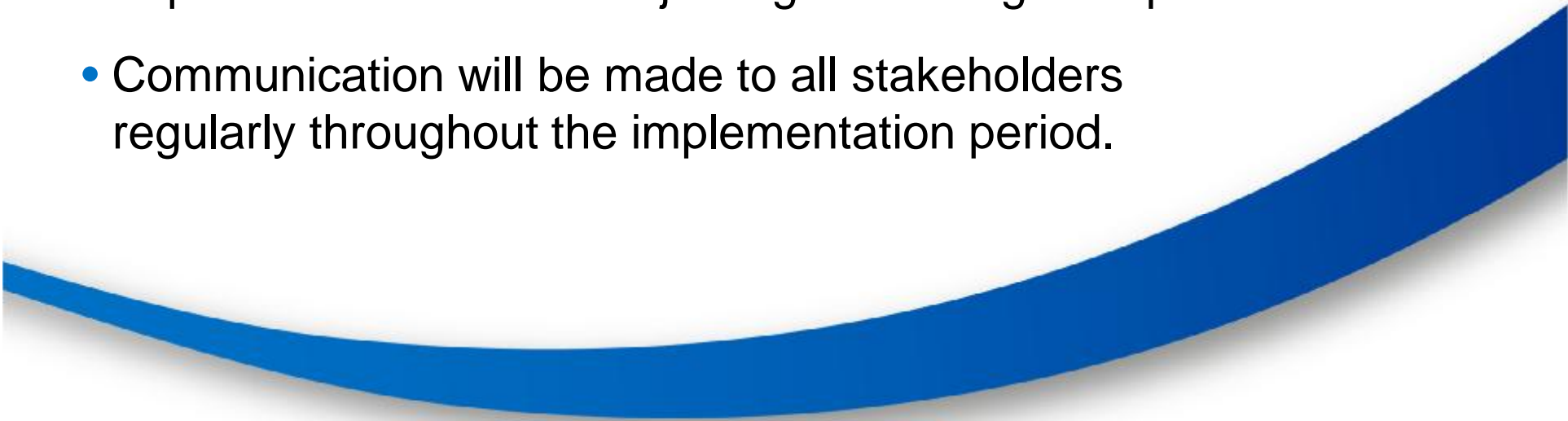
Milestones

- By 1 April 2016:
 - New contracts with updated KPIs and service specifications
 - Realignment of NORS team capacity
 - Central dispatch of NORS
 - Block contract for consumables
 - New transport contracts and flight policy
 - Audit tool for stakeholders
 - Clarity on paediatric and multi-visceral retrievals
 - NORS Quality Requirements

Milestones Cont'd

- Ongoing Work
 - Capacity modelling
 - Continued focus on Quality
 - Improved communication between all parties
 - Continual review of future requirements
 - Bi-annual audit by stakeholders of the service

Next Steps

- Meetings with NORS teams to discuss the impact of the recommendations
 - Plenary discussions about the NORS Review at Clinical Retrieval Forum
 - Expressions of interest in joining a Working Group
 - Communication will be made to all stakeholders regularly throughout the implementation period.
- 

Keith Rigg



Call to Action

- Continued support of the Review through Project Board and Working Groups
- Collaboration with the Project Board to implement the Review recommendations

Thank you for your support to date

