NHS BLOOD AND TRANSPLANT

LIVER ADVISORY GROUP

Governance Report May 2017

All Incidents in a 6 month period from September to March, reported to ODT where "Liver" was identified on a key-word search were identified and viewed. There were 79 in all, but only 39 were directly pertinent to the liver – a figure notably greater than for the same time period last year.

The others primarily involved other organs, or were inconsequential. For instance, Incidents surrounding minor transcription errors, subsequently corrected, on EOS, may be included in the key-word search because the liver was subsequently used, but had no effect on allocation, donation, retrieval or transplantation.

Of those 39, most could be directly allocated to a particular area, but some affected more than one:

Retrieval	20
Donation	10
Transplantation	7
Transplant Support (inc Duty Office)	2

Note on Retrieval Incidents: Across the board, approximately 40% of all Incidents are ascribed to Retrieval. In recognition of this high proportion, detailed summaries of Retrieval Incidents are also reported to the Clinical Retrieval Forum (CRF) and to the National Retrieval Group (NRG), which are more appropriate arenas for analysis and discussion.

Where, as in most cases, they affect individual NORS teams, they are also to be discussed at contract review visits. The forthcoming changes in NORS will include a more robust Governance process, with, for instance, retrieval timings included in data by which teams are assessed, and an obligation to respond to Incidents with a complete report within 30 days.

Some liver-specific Incidents are detailed below. Most are relatively trivial, and easily resolved, so not presented.

Retrieval

There were no less than 7 reported instances of retrieval damage, predominantly vascular injury. In 4 cases the liver was used after reconstruction.

There were 4 Incidents related to Splitting. One involved a long ischaemic time due to questionable logistics:

- Donor in Northern Ireland. Liver transported to London to be split and then transported to Edinburgh. It has been reported that this caused a 14 hour CIT and that the recipient developed primary graft failure and required re transplant. Both segments of liver accepted pre retrieval with knowledge of geographics.

In another there was poor communication:

- It has been reported of miscommunication between the splitting and implanting surgeons regarding reconstruction of outflow and additional vessels. The right segment required further reconstruction in situ with a PTFE as no additional vessels available, graft initially run but then thrombosed and despite apparently patent joins could not get running again. Patient requires re-transplantion and is currently on SU list.

Another lobe was lost because of logistics:
- Liver was split and accepted for transplant by two centres. The centre accepting the right lobe declined due to bed capacity. The liver was fast tracked but declined due to cold ischemic time. There are questions around whether this could have been fast tracked earlier to enable the organ to be transplanted by another centre.

This Incident was similar to another potential overload of facilities which led to another complex Incident, when a centre had accepted 3 livers in the same day, but offered on the third in a “provisional” fashion:

- Centre offered a provisional offer on 09/09/16, and were informed that another centre had accepted the full offer. The other centre had already accepted two other liver offers and at present were transplanting. Centre informed that the full offer centre may cancel at the last minute, so their offer was a back up only. The 'provisional offer' centre then made the decision to proceed with making arrangements in preparation for a transplant, based on the information given. Retrieval time was arranged for 03:15. The 'full offer' centre transplant co-ordinator was paged twice, by the other centre at approximately 6:00-06:15 with no reply. 'Provisional offer' centre contacted the DO as no one had got back to them regarding if the liver was going to other centre or coming to them (their recipient was now in and prepared for surgery, as well as the team). It was then that the 'provisional centre' were informed that the other centre had accepted the full offer and would proceed to transplant with their recipient.

There were two instance of damage from QUOD biopsies, but with no disadvantage to the recipient.

Two positive fungal transport fluid cultures were reported. Despite the best of intentions, there remains confusion about reporting of fluid contamination. A letter clarifying what should be reported, and to whom, will be circulated in the next few months.

There were several delayed retrievals or early call-outs – this should improve when the Duty Office assumes an overview of NORS team dispositions.

One liver was turned down at the recipient end on examination, but not sent for research despite the SNOD having secured the necessary consents.

Finally, there were the usual problems of change of mind when accepting a marginal liver when the retrieval was already planned or even in progress. One delay was some 3 hours, when the accepting surgeon felt, very reasonably, that he had a Duty of Candour to discuss the risks face to face with the recipient. This may occur more often in the future.

Histopathology
There were several incidents surrounding biopsies of abnormalities found in the donor – One had what turned out to be a papillary thyroid cancer, and the other a large cell lymphoma. Another liver recipient had the operation cancelled when already asleep when a lung lesion was described as possibly malignant. It turned out to be pneumonitis, reported by a non-pulmonary pathologist.

The logistics of obtaining biopsies, and importantly, of having expert review, are currently being examined by an NHSBT working party.

Conclusions
The Incident Reporting System enables NHSBT to fulfill it’s legal responsibilities to the HTA. But more importantly, it is a robust mechanism for reporting problems back to transplant centres, SNOD teams and NORS teams, and to improve local learning. It also allows us to identify trends and arrange feed-back, as we have done for the Retrieval problems, to the relevant national bodies.