

## NHS BLOOD AND TRANSPLANT

## BOWEL ADVISORY GROUP

Governance Report for Bowel Advisory Group, October 2016

A keyword search was performed, identifying only 3 incidents linked to the term "Bowel".

Two of these, one an initial blood group transcription error, the other a finding of a small paraganglioma in peri-nephric fat, were not in fact linked to any bowel retrieval or transplant.

The third related directly to Bowel:

*On the 5<sup>th</sup> May 2016, a centre was offered a small bowel for a named patient, they questioned why the group (Gp)1 patient had not received this offer first. Subsequently the offer was declined for the Gp1 patient on size, and then accepted for the Gp2 patient. All other centres had declined prior to the offer to the centre. The patient was transplanted correctly.*

*Due to this incorrect offering sequence the Duty Office highlighted this to the Stats department. The duty office manager explained "there is no manual over-ride of the system possible for bowel matching runs as the Duty Office cannot distinguish between Gp1 and Gp2 patients".*

*The incident was reported on the 10<sup>th</sup> May, a request was made to the Stats team and it was identified that there are no Gp2 patients on the waiting list currently for intestinal transplantation. Furthermore, since the policy change in November 2015 there was one Gp2 patient who was transplanted on the 5<sup>th</sup> May 2016, identified above, and was transplanted correctly.*

*On discussion with a representative from Stats, in 2013 the new matching run was put into place. There was no requirement to prioritise Gp 1 patients as so few Gp2 patients, up to this point only one registered patient which was transplanted in 2010. Something drove the policy to be changed in November 2015, to prioritise Gp1 patients over Gp2, possibly the fact that two Gp2 patients were transplanted in 2014. At the time of the policy change there was no identification that the algorithm for the matching run needed changing.*

*On discussion it has been agreed the best way forward is to put a temporary work around in place. However, it has been agreed that this needs to be corrected urgently due to the risks involved. It has been agreed that work can start on fixing the algorithm in July.*

This is a relatively minor issue, and no patient came to harm. Whoever represents the Duty Office at BAG can perhaps give an update

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