NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION

MINUTES OF THE FORTY FIRST MEETING OF THE KIDNEY ADVISORY GROUP ON TUESDAY 5th APRIL VIA MICROSOFT TEAMS MEETING

PRESENT:

Dr Rommel Ravanan	**Chair**
Mr Craig Andrews	Business Analyst, NHSBT
Mr Atul Bagul	Representative for Leicester & Nottingham
Ms Victoria Banwell	Surgical Trainee Representative
Dr Richard Baker	Assistant Medical Director for Governance, NHSBT
Mr Adam Barlow	Leeds & Newcastle Representative
Ms Lisa Burnapp	Associate Medical Director- Living Donation and Transplantation, NHSBT
Mr Chris Callaghan	Associate Medical Director - Organ Utilisation, NHSBT
Ms Aileen Clarke	Regional Manager and SNOD Representative
Ms Aisling Courtney	Northern Ireland Representative
Dr Sarah Cross	QUOD National operational Coordinator
Mr Ian Currie	Associate Medical Director for Organ Retrieval, NHSBT
Ms Rebecca Curtis	Statistic & Clinical Research, NHSBT
Mr Frank Dor	Deputy Chair and Imperial & Oxford Representative
Mr Abbas Ghazanfar	Guy's & St George's Representative
Mr Michael Gumm	Living Donor Project Manager, NHSBT
Ms Dela Idowu	Patient Representative
Mr Nick Inston	Birmingham Representative & Lead CLU kidneys
Dr Gareth Jones	Lead London Collaborative
Dr Lazarus Karamadoukis	Dorchester Representative
Professor Derek Manas	OTDT Medical Director
Dr Phillip Mason	Renal Association Representative
Mr Sanjay Mehra	Liverpool & Manchester Representative
Mr Pramod Nagaraja	Cardiff & Bristol Representative
Mr Ravi Pararajasingham	Sheffield & Cambridge Representative
Dr Paul Phelan	Glasgow & Edinburgh Representative
Mr Laftsidis Prodromos	Portsmouth & Plymouth Representative
Dr Tracey Rees	Chief Scientific Officer – OTDT
Dr Matthew Robb	Statistics & Clinical Research, NHSBT
Mr Debarata Roy	Birmingham & Coventry Representative
Mr Aamer Safdar	Lay Member Representative
Dr Cinzia Sammartino	Royal London & Royal Free Representative
Mr Nicholas Torpey	Renal Services Transformation Programme
Ms Clare Snelgrove	Recipient Co-ordinator Representative
Ms Susan Spence	Specialist services, Wales
Dr John Stoves	Bradford Representative
Mrs Julie Whitney	Head of Service Delivery – Hub Operations
Mr Alun Williams	KAG Paediatric Subgroup Chair
Mr Ian Wren	Commissioner, NHS England

IN ATTENDANCE:

Ms Alicia Jakeman	Advisory Group Administrative Officer, NHSBT

APOLOGIES:

Mr John Asher, Mr Stephen Bond, Ms Joanna Chalker, Ms Anushka Govias-Smith,

Ms Heidy Hendra, Prof. Chris Watson, Professor Steve White

		ACTION
1	**Declarations of interest in relation to the agenda** There were no declarations of interest.	
2	Minutes of the meeting held on 23 November 2021 - **KAG(M)(21)2**	
2.1	**Accuracy** The previous minutes were agreed as a correct record.	
2.2	**Action points - KAG(AP)(21)02** All action points were either completed, included on the agenda and those with a verbal update were listed below. **AP1 Sustainability – delayed audit data** R Curtis confirmed that she circulated the deceased donor transplant projection 10 year data to the group and will send again after the meeting. A Jakeman to disseminate with minutes of this meeting. **Update on A2 donors for B recipients** The working party is aiming to meet May/June 2022 and will feed back to next KAG meeting. **Fast Track Scheme Outcomes** The group has been meeting fortnightly and will take the paper to the July 2022 meeting, for consideration. **AP2 HTA B Forms** On agenda **AP3 Living Kidney Donor update** The group have produced a draft paper, L Burnapp will send to KAG members for email comment on her return from leave. I Wren has a list of regional contacts to share with A Jakeman who will circulate to members of KAG. **AP4 Incidents for review: KAG Clinical Governance Report** F Dor, the chair of the Retrieval Advisory Group (RAG) and Surgical colleagues from other Advisory Groups will identify an outcome for this **(clock stop and start to measure CIT and where possible aligned to other organs)** and bring to next meeting. **AP5 Transplant MDT workforce survey** R Ravanan to distribute the pdf version of the survey to KAG members, as well as the web link. He requested that members work with their unit clinical lead, both medical and surgical colleagues, nursing colleagues, Pharmacy, Therapies etc. with a deadline of the second week of May 2022. V Banwell & H Hendra to collect responses to aim to produce a paper for the next KAG meeting. T Rees advised that she contacted the Chair of BSHI who is happy to share the outcome of the BISHI survey on workforce. Their data has been collected but analysis not yet completed. **AP6 Organ Quality eForms update** No response has been received from J Asher & N Torpey about one of the workstreams taking place in the RSTP, R Ravanan to chase. **AP7 Report from Pancreas Advisory Group**	**AJ** **LB** **IW** **FD** **RR** **VB/HH** **RR**

	On agenda **AP8 Summary of CUSUM monitoring of outcomes following kidney transplantation** On agenda for July 2022 KAG meeting **AP9 HCV positive donor transplant – current centres** Complete	
2.3	**Matters arising, not separately identified** R Ravanan advised KAG members of the death of Dr Jennifer McCaughan, recognising her incredible talent and gave best wishes to her family	
3	**Medical Director's Report**	
	D Manas updated the group on new appointments, congratulating them on their new roles; Lorna Marson is the new Associate Medical Director for R&D, R Baker is now the Assistant Medical Director for Governance, Sanjay Sinha is the surgical Lead for Governance, I Currie is now Associate Medical Director for Organ Retrieval. L Burnapp's job title has changed to Associate Medical Director-Living Donation and Transplantation. Workstream Leads have been appointed for the Organ Utilisation Programme, although their reports are not yet ready, their recommendations will come out at the end of May 2022. L Burnapp advised of delays due to limited space in ministerial diaries. I Wren queried what the four workstreams are, D Manas advised they are ARCs, CLU project, Digital Infrastructure & Education. D Manas encouraged all Advisory Groups to have one face to face meeting a year to discuss bigger issues face to face rather than virtually. D Manas reported on Histopathology issues having no 24/7 service since 2016, 94 incidents have been reported in this time where temperature changes impacted in some way on outcome or length of retrieval process. A business case will be developed with NHSE.	
3.1	**ODT Hub Update**	
	J Whitney shared a new dashboard that will be used to monitor activity by transplant centres, sent to Clinical Directors on a monthly basis. It will be launched in May 2022 and include April's activity. It will look at offer compliance and response times, also HTA A & B form return rates & follow up form returns to identify backlogs on a monthly basis. This will identify backlogs a lot earlier, rather than running end of year reports. It includes named patient offering within the 45 minute compliance section for kidney only offers. A living donor dashboard is being developed. G Jones requested that J Whitney remove the private patients from this report.	
3.1.1	**HTA B return rates - KAG(22)01**	
	J Whitney stated that a new chase process was bought in, in November 2021 for HTA B compliance, which has been much more successful. J Whitney now emails Clinical Directors directly, which resolves most of the issues. HTA have started to do their round of inspections and this is one of the key areas that they are focussing on and asking questions on.	
4	**Living Kidney Donor update - KAG(22)02** Demonstration of living donation digital platform	
	L Burnapp presented the Living Kidney Donor update, with the main report on the Agenda for the next KAG meeting in July. She has identified a real issue in the reporting of living donor transplantation, which was particularly heightened	

	during the pandemic. She asked that centres encourage their living donor coordinator to complete the forms and return within seven days as living donor transplants are reported through the coordinators. The non-proceeding and delayed reporting activity has been reinstated in Survey Monkey and Commissioners and NHSBT have offered support to centres. Living donation is now at 80% or pre-pandemic activity. The initiative to transform the living donation pathway with the digital platform is now in it's first phase. M Gumm, product owner for the living donor project, demonstrated the prototype and preliminary design work, with the group. The first phase; all forms and data collection, will be live by the end of 2022 and used for matching runs in early 2023. The next phase will include donor registration, aiming to be released in Spring 2023, with the final phase including donor follow up. M Gumm confirmed that they will be completing a dry run prior to go live. C Andrews offered to do an offline demo for colleagues as a group ideally. R Ravanan raised the question that if clinical decisions are being made, for regulatory reasons this will need to be documented in the patients notes by printing off the form, which will need to be looked into being implemented. R Ravanan asked how colleagues will access the platform, M Gumm confirmed that local Trust or NHSBT login will be used. L Burnapp advised that a coordinated communications plan will be developed and communicated across the network.	
5.	**Governance Issues**	
	R Baker reported on new changes within the governance team with S Sinha taking on a new role as Surgical Lead. The team are currently investigating organ damage incidents, under a robust governance process, involving two independent objective reports by neutral and experienced nurses. The reports are then reconciled and the process completed by disseminating education in a constructive manner in the form of providing constructive feedback to junior surgeons. R Baker confirmed that the NORS contract is commissioned for Consultant supervised retrieval. I Currie advised that the NORS lead Surgeon for each centre is responsible for their retrieval service. They would need to sign off to say that any non-consultant grade Surgeon is safe to independently retrieve organs and has attended NHSBT Masterclass.	
6.	**Audit of decline after arrival and options appraisal for future - KAG(22)03 & KAG(22)04**	
	C Callaghan presented two papers, the first provides an overview looking at the time it takes between an organ arriving at a centre and the time of offer decline, if an offer decline occurs. This is new analysis as it has been highlighted by the Advisory Group chairs that there may be concerns, particularly with kidneys, on delays. If units decline an organ after arrival, this has a knock on effect in terms of CIT on other units that may wish to accept that kidney. It was a retrospective analysis between September 2019 and March 2020, looking at deceased donor kidneys transported to a primary UK accepting centre, trying to work out what the duration was between organ arrival and offer decline. The number of SLKs where the kidney was	

	subsequently declined was very small. As there is no national benchmark to compare against, an empirical benchmark of 90% of deceased donor kidneys declined within six hours of arrival was used. There were 560 kidneys which were delivered to a centre and subsequently declined by at least on centre, before either being transplanted or discarded. A large amount of data could not be used in the analysis because the time it was delivered was not recorded. More than 50% of those kidneys declined did not have a recorded organ arrival time, as this is not recorded by the centre or transport company. The median offer decline time was 4 hrs 30 minutes for kidneys and 2hrs 4 minutes for SPKs. No centre reached the target of six hours. 40%v of kidneys declined less than six hours were transplanted, 10% were transplanted when more than six hours. A Barlow advised that its important to collect organ arrival time, as part of the RSTP, one of the metrics they're looking at putting into a dashboard, for all units, is organ arrival time to re-perfusion. C Callaghan agreed that this data is essential as a key metric. F Dor asked if C Callaghan had an idea on common practices in units in the UK or how centres should collect that data informally or formally. N Inston informed the group that some centres run without juniors and needed to identify bottlenecks and asked what Surgeons would do if offered multiple kidneys all arriving at the same time, if they would be in a position to look at the third kidney and identify if it may be declined. R Pararajasingam stated that nurses have to sign for the kidney when it arrives into the Department, so that data is available and collects data on the time the organ was inspected by a Surgeon. Having this data would identify if it was inappropriate to accept it. J Whitney reported that this data was collected when NHSBT had a previous transport provider. This data collection is explicitly requested in the new specification with the current supplier. R Ravanan summarised; - Is it important for KAG to make a policy decision to start collecting data on arrival time? Unanimously agreed. - For those units that don't use IMT, R Ravanan will write to Clinical Leads to ask how the data can be collected. - OTDT Hub will collect organ delivery time from IMT and already record the offer decline time. - Is everyone is agreement that target should be 90% decline within 6hrs of organ arrival? Unanimous agreement for this benchmark to be trialled. The Group agreed on a monitoring exercise for a year, prospectively collecting this data, presenting to Summer 2023 KAG meeting is reasonable.	**RR**
7.	**NRP update – activity and outcomes - KAG(22)05**	
	I Currie shared the analysis entitled 'DCD kidneys retrieved with or without NRP – activity and outcomes'. I Currie advised that Newcastle, Birmingham, Oxford, Royal Free and Cardiff are all in the process of setting up NRP. In order to make NRP work, surgical issues are not the challenge, you need to have a number of appropriately supported practitioners who can run the NRP device, with the support of the surgeon who's leading. Edinburgh and Cambridge have both run courses to train staff to do NRP.	

	Chris Watson as Chair of the NRP Implementation Steering Group, with I Currie and others support overseeing guidance to centres and providing mentorship support, to make sure quality control is good. In liver practice, an NRP liver is treated as if it was a DBD liver, instead of eight hours CIT, they accept twelve hours. R Ravanan raised the question as to whether the Hub would say, at the time of offering, that it's an NRP kidney. I Currie confirmed that the form will have a sticker on saying NRP organ and that a passport is available which means that there is a set of data that describes perfusion parameters and the surgeon's telephone number, which is a manually completed form. A Barlow highlighted a recent case where he was not advised that a kidney was being NRP'd which caused a logistical issue where a kidney will arrive three hours later than anticipated. J Whitney advised that the Hub do not always know, when offering the kidneys, that they are going to be NRP'd and its another manual step for Hub staff to remember. The Policies have now been reworded to reflect this but at the NORS Team has not been allocated at the time of offering, the information can't be passed on then, only when the Hub find out themselves.	
8.	**Proposal for unacceptable antigen listing during re-registration - KAG(22)06**	
	J Whitney discussed the paper written by T Rees & M Gumm, raising the ongoing issues with unacceptable antigens for patients who have already been registered and move from one transplant centre to another. There was unanimous support to the recommendations in the paper. This will be in the next IT release, J Whitney to advise A Jakeman of go live release date.	**JW**
9.	**Pandemic impact on kidney transplant waiting list - KAG(22)07**	
	M Robb presented a paper summarising activity from 29 February 2020 including outcomes after COVID suspension. M Robb advised that NHSBT are happy to provide centres with a list of their patients for them to check their list of suspended patients. A Barlow advised that at Leeds, the biggest proportion of patients not reactivated, are those testing COVID positive and are having to wait seven weeks. Also that they had difficulty with access to investigations, particularly cardiac investigations and MRI scans. Leeds are working though the pathway for assessment to try and speed up the process of re-listing. C Callaghan provided the link to NHSBT guidance on SARS-CoV-2 Assessment and Screening in Organ Donors and Recipients https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/26301/pol304.pdf P Nagaraja advised that Cardiff have been regularly reviewing their suspended list and the high proportion of frailer, older patients and have been removed from the list. Also, the higher proportion of COVID positive patients, for those who remain asymptomatic they have been reactivated after two weeks, for those who required hospitalisation, they wait two to three months with a clear chest x-ray and negative test result. R Ravanan requested centre representatives (and requested help of twinned centre reps to discuss with their twinned centres) to review current suspended list for their centres and where possible work with local MDTs to un-block pathways to clear the COVID back-log of new patients waiting to be registered. Centres that have already cleared such back-log were asked to share best practise information, where appropriate, to help other centres.	

10.	**PITHIA & QUOD**	
10.1	**PITHIA update**	
	The PITHIA Study has now closed, there is some missing data required for analysis. A request has been sent to Research nurses to capture this missing data to ensure high quality analysis. The MELODY Study was an opt-in basis for recruitment, a mailshot has been sent to Kidney transplant recipients, to invite them to register in the study.	
10.2	**QUOD update - KAG(22)08**	
	S Cross updated the group on the QUOD Statistics, with a change in QUOD kidney biopsy size from 2mm punch to 3mm punch. All approvals have been received, the biopsy video has been updated, to be circulated to NORS Leads and will go live on 19 May 2022.	
11.	**CLU update**	
	N Inston advised that the CLU scheme has received further funding. It has aimed to try and identify barriers to organ utilisation. They have discovered a lot of variation around the country, with units doing transplants in slightly different ways. They've sent 17 letters to units that have declined high quality organs, receiving reasonable responses for the reason for decline, with most units responding a constructive way. The common themes in terms of utilisation barriers are workforce issues and staffing, which could go through KAG to identify how to help those units. N Inston reported that the other issue is the fast track system and the kidney allocation scheme, with some units relying on the fast track scheme to do transplantation. Multiple offers to the same unit does raise problems with cold ischaemic times.	
12.	**KAG Paediatric Sub-Group**	
12.1	**Report from KAG Paediatric Sub-Group: 11th February 2022**	
	A Williams presented an update from the last KAG PSG meeting held in February. The next meeting is 25th April 2022. KAG PSG discussed relisting patients on the waiting list with most centres reactivating patients after 28 days. A Williams reported that dialysis numbers have dipped but still high with some units running at full capacity. A Williams advised that his unit are succession planning. This is potentially a bit of a problem in smaller units but they are trying to address it individually.	
13	**Pancreas Advisory Group**	
13.1	**Report from Pancreas Advisory Group: 11th November 2021**	
	S White has given his apologies. R Ravanan provided an update on his behalf, that the Risk assessment tool is now live.	
14.	**Feedback from non-transplanting reps**	
	J Stoves reported that Bradford and Dorchester have supported the OUP workshops led by Claire Williment to share the perspective of non-transplanting centres. They are keen to get involved in the workforce survey and support the process.	
15.	**Feedback from trainee reps**	

	KAG trainee representatives confirmed they will be presenting at the next KAG meeting in July on the workforce survey that they have been working towards getting it out.	
16.	**AOB**	
	R Ravanan reiterated his request for the workforce survey to be completed within 5-6 weeks.	
18.	Date of next meeting: 07 July 2022, Friends House, 173 - 177 Euston Road, London, Greater London, United Kingdom, NW1 2BJ	
ORGAN AND TISSUE DONATION AND TRANSPLANTATION		**APRIL 2022**