

**NHS BLOOD AND TRANSPLANT  
ORGAN AND TISSUE DONATION AND TRANSPLANTATION**

**MINUTES OF THE FORTY SEVENTH MEETING OF THE LIVER  
ADVISORY GROUP AT 11:00am on WEDNESDAY 13<sup>th</sup> NOVEMBER  
2024  
Via MS Teams**

**Attendees**

<b>Varuna Aluvihare (Chair)</b>	LAG Chair, Kings College Hospital, London
Mike Allison	Addenbrookes Hospital, Cambridge
Matthew Armstrong	University Hospitals Birmingham
David Bartlett	University Hospitals, Birmingham Hospitals NHS Foundation Trust
Lisa Burnapp	AMD - Living Donation Transplantation, NHSBT
Andrew Butler	MCTAG Chair/ Addenbrookes Hospital, Cambridge
Lee Claridge	Leeds Teaching Hospitals NHS Trust
Miriam Cortes Cerisuelo	King's College Hospital NHS Foundation Trust
Tim Court	Lay Member
Bobby Dasari	University Hospitals, Birmingham Hospitals NHS Foundation Trust
Audrey Dillon	St Vincent's Hospital, Dublin
Laura Ellis-Morgan	IT Services, NHSBT
Tassos Grammatikopoulos	LAGPSG Chair/King's College Hospital NHS Foundation Trust
Abdul Hakeem	King's College Hospital NHS Foundation Trust
Fiona Hale	Patient Representative
Pamela Healy	Chief Executive, British Liver Trust
Michael Heneghan	Kings College Hospital, Hepatology Representative
Satheesh Iype	Royal Free London NHS Foundation Trust
Maria Jacobs	Statistics And Clinical Research, NHSBT
Gareth Jones	Royal Free London NHS Foundation Trust
Debbie Macklam	SCORE, NHSBT
Andrew Madden	Lay Member
Derek Manas	Medical Director, OTDT, NHSBT
Aileen Marshall	Royal Free London NHS Foundation Trust
Steven Masson	LAG Deputy Chair/The Freeman Hospital, Newcastle
Nicky Matthews	SNOD Lead Nurse, NHSBT
Preya Patel	The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Peter Robinson-Smith	The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Abid Suddle	King's College Hospital NHS Foundation Trust
Rhiannon Taylor	Statistics And Clinical Research, NHSBT
Douglas Thorburn	Royal Free London NHS Foundation Trust
Rhiannon Wallis	Statistics And Clinical Research, NHSBT
Chris Watson	University Of Cambridge
Sarah Watson	Commissioning Manager, Highly Specialised Services, NHSE
Gwilym Webb	Cambridge University Hospitals NHS Foundation Trust
Steve White	PAG Chair/The Freeman Hospital, Newcastle Upon Tyne
Julie Whitney	Head Of Service Delivery, OTDT Hub, NHSBT
Michael Williams	Royal Infirmary of Edinburgh

**In attendance**

Liz Armstrong                      Head of transplant development, NHSBT

**Apologies**

Anya Adair, Sarah Banks, Joan Bedlington, Ian Currie, Dhakshina Vijayanand.

Item		Action
1.	<b>Welcome and declarations of interest in relation to the agenda</b>	
	<ul style="list-style-type: none"> <li>V Aluvihare welcomed everyone to the meeting</li> <li>Apologies were noted</li> </ul>	
2.	<b>Minutes of the last Meeting, held on 15<sup>th</sup> May 2024 - LAG(M)(24)01</b>	
2.1	<p>Accuracy</p> <p>The minutes of the last LAG meeting 15<sup>th</sup> May 2024 were approved.</p>	
2.2	<b>Action Points - LAG(AP)(24)01</b>	
2.3	<p>Matters Arising, not separately identified.</p> <p>Regional Collaboratives – Agenda item 13.11.2024</p> <p>Travel for Transplant – Document Circulated post meeting 15.05.2024</p> <p>New Service Evaluations- Weight and Blood Group now added</p> <p>Request for clarity re Vessel Bank – Letter sent to all Centre Directors by DMM after discussion with HTA re the use of vessels.</p> <p>Audit re 2<sup>nd</sup> and 3<sup>rd</sup> opinions re Liver Transplant Assessments– VA will present at paper at LAG Spring 2025</p>	
3.	<b>Medical Director's Report</b>	
3.1	<p>Organ Utilisation Group recommendations</p> <p>New appointments:</p> <p>-R Ramanan has completed 2<sup>nd</sup> term as KAG chair. G Jones has been pointed into the role and will commence as KAG chair 1<sup>st</sup> December. G Jones will continue in National Collaborative lead role.</p> <p>-B Stutchfield, Dep National Collaborative lead to support G Jones and the National Collaboratives.</p> <p>-R Venkateswaran is leaving his CTAG heart chair role and A Ranasinghe has been appointed as the CTAG Heart chair and will commence in post 1<sup>st</sup> December, S Pettit will become the CTAG Heart Deputy chair.</p> <p>-A 6-month pilot has concluded whereby OTDT H &amp; I support has been provided by H &amp; I Clinical Services. Following discussion at OTDT in September 2024, it has been agreed that OTDT H and I support will continue to be provided to OTDT by H and I Clinical Services under the leadership of K Latham. All SOAG will have H and I representation in future from a NHSBT H and I Consultant and BSHI rep to strengthen the H and I contribution to the SOAG.</p> <p>-Lead Heart CLU role will be appointed to in due course following A Ranasinghe's appointment to CTAG Heart chair role.</p> <p>-D Garcia Saez has stood down from her National Clinical Lead in Cardiothoracic Organ Utilisation post. V Gerovasili has agreed to undertake the role for an interim period until spending review decisions are made and communicated re future CLU finding.</p> <p>-M Wellberry Smith appointed into Environmental Sustainability in Transplantation (ESiT) Lead role. Role will include engagement within NHSBT will overlap with SCORE program including transport task force and other external groups.</p> <p>-RINTAG disestablished and now ROFG, co-chaired by G Pettigrew and E Lawson.</p> <p>-R and D steering group, co-chaired by S Marwaha (lay member) and R Ramanan, interim AMD R and D.</p>	


	<p>-Spending review baseline bid includes aNRP/ DCD heart and CLU funding. Funding is essential to maintain/ improve OU, expect to hear funding decision by end of 2024.</p> <p>- ARCS bid submitted to DHSC, likely to receive notification of decision by April 2025.</p> <p>-Matching and offering business case – see L Ellis Morgan update</p> <p>-Histopathology interim solution in place with funding identified. Aim will be to reduce the loss of organs due to lack of histopathology, PITHIA scanners will be used to process samples for reporting.</p> <p>-ISOU sub groups, Xeno, ARCS and H &amp; I due to report and conclude over the coming months.</p> <p>-Trust engagement, Stakeholder engagement and Patient engagement sub groups established and supporting the delivery of OUG recommendations.</p> <p>- ICE report published, next steps will be for the Cardiothoracic Transformation Programme to convene, Marius Berman and Anna Reed have been appointed as clinicians on this Programme.</p> <p><a href="https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/34815/report-on-uk-heart-and-lung-transplantation-services.pdf">https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/34815/report-on-uk-heart-and-lung-transplantation-services.pdf</a></p> <p>-Request made to complete CUSUM reviews in a timely manner. Majority of liver centres are positive re CUSUM reviews and view as an opportunity for learning and improvement.</p> <p>-Consent summit planned for 2025 in recognition of decreasing consent rate.</p> <p>-Diagnosis of death new guidance goes live Jan 2025.</p> <p><a href="https://www.aomrc.org.uk/publication/2025-code-of-practice-for-the-diagnosis-and-confirmation-of-death/">https://www.aomrc.org.uk/publication/2025-code-of-practice-for-the-diagnosis-and-confirmation-of-death/</a></p>	
<b>3.2</b>	<p>Formal National Liver Offering Scheme review</p> <p>NLOS review group meeting on a weekly basis. Stakeholder meeting Thursday 23rd Jan 2025 at Royal Free. All centres inc. Paeds to be represented alongside public and patient voices.</p> <p>Jack Lake from the US is an external reviewer on the group and will be joining the meeting in Jan 2025 with an European expert.</p>	
<b>3.3</b>	<p>NOUC update</p> <p>Chris Callaghan co-chairing Trust engagement subgroup</p> <p>Group will be leading the delivery of Recommendation 10:</p> <p><i>"All Trusts with a transplant programme must have a transplant utilisation strategy to maximize organ utilisation"</i></p>	
<b>3.4</b>	<p><b>SCORE - LAG(24)54</b></p> <p>D Macklam advised of extensive engagement with the donation community re SCORE and planned arrival time of NORS to enable in the main nighttime retrieval and daytime transplantation. Donor families have advised that the 'certainty' of planned theatre time will be reassuring. SCORE team have attended Regional Collaboratives to present re SCORE and have engaged with CLODs and other members of the clinical community.</p> <p>SCORE colleagues are visiting transplant units and will present bespoke data and modelling pertinent to their centres. Centres are requested to consider the impact of SCORE on their units, including job planning.</p> <p>Noted that SCORE will bring benefits in terms of daytime transplantation,</p>	

	<p>challenges potentially in terms of attractiveness of NORs roles although planned arrival time will ensure teams do not extend 'shift' times.</p> <p>Super urgent retrievals will continue to take place 24/7 (super urgent pathway)</p> <p>Discussion with regards to retrievals using aNRP and impact of increased night time retrievals as aNRP retrievals are in the main consultant led.</p> <p>Group acknowledged that pre 'donation task force' all retrievals took place overnight and currently 30% of retrievals take place overnight.</p> <p>J Whitney advised that it is anticipated that the HUB will have clinical oversight to aid decision making re retrieval timings and NORS mobilisation.</p> <p>Discussed that current limit of accepting 3 livers per centre at any one time will need to be revisited and LAG would be best placed to advise on this. Modeling is available to support discussion and decision.</p> <p>Potential to include ACLF patients in the super urgent pathway maybe considered in the future.</p> <p>If ARCS funded in the future the impact on the SCORE programme will need to consider.</p> <p>It is anticipated that a digital acceptance and decline system will be delivered to support a smooth pathway for recipient coordinators. Regular meeting are being held with the recipient coordinators to contribute to pathway development.</p>	
3.5	<p>Regional collaboratives</p> <p>G Jones thanked colleagues for their support to date. Aims of the collaboratives is to improve resilience and collaboration.</p> <p>Liver collaboratives include: London Northern Midlands</p> <p>M Armstrong asked if there should be two collaboratives (Northern and Southern) rather than three due to previous working relationships and geographical challenges with Birmingham joining the Northern Collaborative and Cambridge joining the London/Southern Collaborative.</p> <p>G Jones acknowledged that liver collaboratives will be different to renal collaboratives and the appointment of B Stutchfield will be key in developing the collaboratives.</p> <p>National Renal Collaborative Inaugural meeting 9<sup>th</sup> December. Similar meeting for Liver Collaboratives in 2025.</p> <p>G Jones confirmed Collaboratives are to be multi-disciplinary, ToR will include multi-disciplinary roles and patient and public voice representatives. National Renal Collaborative Meeting will include consideration and discussion with regards to broadening input on the Collaboratives. <b>Action:</b> ToR to circulate to LAG membership and G Jones presentation re Liver Collaboratives.</p> <p>Regional collaboratives will include adult and paediatric and further discussion will take place with regards to this at the National Renal Collaborative Inaugural meeting 9<sup>th</sup> December. It was agreed that collaboratives should be discussed at the next Paediatric subgroup.</p>	LA

3.6	<p>Matching and offering business case for organ allocation</p> <p>Several attempts for funding since Organ matching and allocation first registered on the corporate risk register. 2017.</p> <p>M &amp; O FBC approved by Investment Committee Nov 2024</p> <p>Final step M &amp; O FBC submitted to the NHSBT board for Approval Nov 2024.</p> <p>Option 2b preferred approach 'Recruit a permanent team of resources to address immediate backlog, with additional help from contracted resources'</p> <p>Permanent team to be appointed to support 5-year Programme and then built into baseline</p> <p>M &amp; O will include plans for digital offering/ accepting and digital HTA A and HTA B forms. Workshops being planned centres to be involved in shaping and defining next steps.</p> <p>M &amp; O will include NLOS offering scheme review and recommendations. Acknowledged that NLOS is based on clinical decision making.</p> <p>V Aluvihare requested L Ellis Morgan presents M &amp; O at Centre Director meeting.</p> <p><b>Action:</b> L Ellis Morgan to present M &amp; O business case for organ allocation at Centre Directors meeting</p>	LA/LEM
3.7	<p>Liver Utilisation Report for noting - <b>LAG(24)28</b></p> <p>This report examines the offering outcome of livers offered for transplantation from UK deceased donors between 1 January 2020 and 4 November 2024 as recorded on the UK Transplant Registry on 10 November 2024.</p> <p>A decrease in donors over last few months has impacted on pediatrics in particular. 1 paediatric transplant performed in October 2024.</p>	
4.	<b>LDLT Project</b>	
	<p>First adult to adult living donor liver proctor case performed in October 2024 at the Royal Free.</p> <p>L Burnapp highlighted relevant areas re LDLT on the ODT clinical site.</p> <p><a href="https://www.odt.nhs.uk/living-donation/living-donor-liver-transplantation/">https://www.odt.nhs.uk/living-donation/living-donor-liver-transplantation/</a></p> <p><a href="https://www.organdonation.nhs.uk/become-a-living-donor/donating-part-of-your-liver/">https://www.organdonation.nhs.uk/become-a-living-donor/donating-part-of-your-liver/</a></p> <p>Resources also include altruistic donation.</p> <p><a href="https://www.organdonation.nhs.uk/become-a-living-donor/donating-part-of-your-liver/donate-part-of-your-liver-to-someone-you-dont-know/">https://www.organdonation.nhs.uk/become-a-living-donor/donating-part-of-your-liver/donate-part-of-your-liver-to-someone-you-dont-know/</a></p> <p>BTS - International Living Donor Liver Transplant UK Symposium held 8<sup>th</sup> November 2024 with good attendance and positive feedback.</p> <p><a href="https://bts.org.uk/wp-content/uploads/2024/10/BTS-iLDLT-UK-Symposium-2024-Programme.pdf">https://bts.org.uk/wp-content/uploads/2024/10/BTS-iLDLT-UK-Symposium-2024-Programme.pdf</a></p> <p>HUB Information Services will support the project in terms of data collection and monitoring. Requirement also to establish a donor data base.</p> <p>NHS E supporting from a commissioning perspective and any amendments to service specifications will be considered.</p> <p>Living donor proctor project presented at LAG – PSG. Project will focus on</p>	

	<p>adults due to limited resource, including financial.</p> <p>L Burnapp plans to contact centres individually to identify what support is required.</p> <p>All proctor team referrals to be sent via <a href="mailto:MDOOfficePAs@nhsbt.nhs.uk">MDOOfficePAs@nhsbt.nhs.uk</a></p> <p>Noted that there is limited funding for the project and that expenditure is monitored monthly.</p> <p>S Watson will be working with centers to understand resources required to deliver the living liver programme in the longer term.</p> <p><b>Action:</b> A Hakeem and L Burnapp to identify patient to join New Indications FTWG.</p>	<b>AH/LB</b>
<b>4.1</b>	<p>ERAS for liver Transplant</p> <p><a href="https://www.odt.nhs.uk/transplantation/enhanced-recovery-after-surgery/">https://www.odt.nhs.uk/transplantation/enhanced-recovery-after-surgery/</a></p>	
<b>5.</b>	<b>ERAS</b>	
	As per 4.1	
<b>6.</b>	<b>Update on the National Liver Offering Scheme</b>	
<b>6.1</b>	<p>Compliance with Sequential Data Submission - <b>LAG(24)29</b></p> <p>NHSBT have received 18563 SDC forms between 14 December 2017 and 24 October 2024 across all seven UK liver transplant centres. Of the 501 patients on the elective CLD/HCC transplant list on 24 October 2024, 122 (24%) had not had a SDC form returned to NHSBT within the last 2 months and NHSBT had not received any SDC forms for 57 patients who were on the transplant list for more than one month.</p> <p>Centres are reminded to send regular updates to NHSBT regarding their patients so that the TBS score accurately reflects the patient's condition.</p>	
<b>6.2</b>	<p>National Liver Offering Scheme (78 month data) and Summary Feedback of key points from NLOS - <b>LAG(24)30</b></p> <p>The new National Liver Offering Scheme was implemented on the 20<sup>th</sup> March 2018 and updated on 4<sup>th</sup> October 2022. Overall, 5497 DBD livers and 5740 DCD livers were offered in the first seventy-eight months of the scheme. For DBD donors, the proportion retrieved ranged between 85% and 94% in the 78 months post and 88% in the year prior to NLOS. The equivalent proportion for DCD was 26% to 47% for the 78 months post and 32% in the year prior to NLOS.</p> <p>NLOS review underway and noted that the scheme was principally designed for DBD liver offering.</p> <p>Essential that for future iterations of the scheme consideration is given to how clinicians and patients are informed with regards to how the scheme works.</p>	
<b>6.3</b>	<p>Flight costs and blue light paper - <b>LAG(24)31</b></p> <p>Concern has been raised regarding the increase in flights commissioned to transport livers between the donor and transplant hospitals since the introduction of the National Liver Offering Scheme in March 2018. This paper monitors the number and cost of flights during a recent six month period.</p> <p>Centres are asked to review flights where the estimated road time was less than 5 hours.</p> <p>HUB operations coordinating travel in the future may reduce flights costs as HUB operations have oversight national activity, will be delivered as part of</p>	

	the SCORE Programme.	
<b>6.4</b>	<p>New service evaluations and HPS patients - <b>LAG(24)33</b></p> <p>This paper monitors the service evaluations for patients with either neuroendocrine tumours (NETs) or unresectable Colorectal liver Metastases (CRC Mets) which were introduced in August 2022. Changes were also introduced in August 2022 for patients with severe or very severe Hepatopulmonary Syndrome (HPS) patients and this is also monitored in this paper. Details regarding the service evaluations are in the Liver Selection Policy (<a href="https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/29064/pol195-200223.pdf">https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/29064/pol195-200223.pdf</a>) and SOP5907 (Registration process for liver indications requiring additional waiting time - <a href="https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/30865/sop5907.pdf">https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/30865/sop5907.pdf</a>).</p> <p>It has been agreed that patients with NET should receive a named patient offer within six months of listing while patients with CRC Mets or CCA should receive a named patient offer within three months of listing.</p> <p>This paper also monitors the service evaluation for patients with intrahepatic cholangiocarcinoma (CCA) which opened on Monday 20 February 2023.</p>	
<b>6.5</b>	<p>Liver after multi-visceral – heart/lung</p> <p>Group have met twice and have reviewed data provided. 2 cases whereby patients have received a liver transplant following a multi- visceral transplant and 5 cases whereby patients have received a liver transplant following a heart transplant.</p> <p><b>Action:</b> P Patel to bring paper to LAG May 2025 meeting and noted that best practice would include the standardisation of practice.</p>	<b>PP</b>
<b>6.6</b>	<p>Standardising waiting list and mutual aid</p> <p>FTWG setup after previous LAG meeting to develop standardised assessment criteria for transplant assessment, extend waiting list management and CVS assessment. Some members of the group have left over time and there is confidence that the group will be reformed in 2025 and present progress at May 2025 LAG and will include IT considerations.</p> <p><b>Action:</b> B Hogan/M Armstrong to present paper re Standardising waiting list and mutual aid to LAG May 2025.</p>	<b>BH/MA</b>
<b>6.7</b>	<p>New indications- update and review</p> <p>FTWG looking at whether new cancer indications are appropriate / need to be updated and if more stakeholder engagement is required and by whom.</p> <p>Opportunity to provide information on the patient information website discussed.</p> <p><a href="https://www.odt.nhs.uk/information-for-patients/">https://www.odt.nhs.uk/information-for-patients/</a></p>	
<b>7.</b>	<b>Lessons learned from Synnovis outage</b>	
	<p>Deferred to LAG May 2025.</p> <p><b>Action:</b> V Aluvihare to present paper Lessons learned from Synnovis to LAG May 2025.</p>	<b>VA</b>
<b>8.</b>	<b>OUG Duty of candour</b>	
	Discussed as part of medical directors update 3.1	
<b>9.</b>	<b>Paediatric Subgroup</b>	
<b>9.1</b>	<p>Paediatric offering data - <b>LAG(24)35</b></p> <p>Paper presented following concerns raised re paediatric liver offering to centres as opposed to named patients. The paper was reviewed at the last paediatric subgroup meeting.</p>	
<b>9.2</b>	Paediatric prioritisation/ non zonal offering	

	 <p>LAGPSG(M)03 - Minutes 05.11.24 - F</p> <p>C Callaghan chairs Patient Information Steering Group who are working towards increasing information re paediatric transplantation onto Patient Information website.</p> <p><a href="https://www.odt.nhs.uk/information-for-patients/">https://www.odt.nhs.uk/information-for-patients/</a></p>	
9.3	<p>Paediatric offering sequence/multi-visceral transplant</p> <p>This will be revisited at the next paediatric subgroup meeting.</p>	
10.	<b>New indications</b>	
10.1	ACLF	
10.2	<p>Hilar Cholangiocarcinoma</p> <p>Research into the use of proton beam therapy in the treatment of patients with Hilar Cholangiocarcinoma. Ethics submission with minor amendments have been sent and waiting for a response. There will be two centres undertaking proton beam therapy (Christie and UCL). Depending on outcome of research there may be a favorable position with regards to this treatment as a standard of care. Funding has been agreed from all four nations.</p>	
10.3	<p>UKTR data collection <b>LAG(24)56</b></p> <p>The development of linked datasets within NHSBT would be of value in providing quality assurance of transplant outcomes, facilitating international benchmarking, and understanding of the quality of survival of patients after liver transplantation. Additionally, developing pipelines for analysis will both reduce the involvement of clinical teams in the return of data and provide sustainable routes for analyses of key quality outcomes. This process is clearly aligned with NHSBT strategy and structures and data assets developed could be extended to all other solid organ transplant programmes. NHSBT will review.</p>	
10.4	<p>Early liver transplantation for severe alcohol-related hepatitis</p> <p>Deferred to LAG May 2025.</p> <p><b>Action:</b> M Allison to present paper re Early liver transplantation for severe alcohol – related hepatitis to LAG May 2025</p>	<b>MA</b>
10.5	Sickle cell liver disease	
10.5.1	<p>Proposal to LAG for SCH to become an accepted indication for liver transplant - <b>LAG(24)55</b></p> <p>Sickle cell liver disease</p> <p>Previously some reticence to transplant patients with Sickle cell and liver disease due to poor outcomes.</p> <p>Understanding the phenotype of such patients have enabled a greater understanding with regards to outcomes and recommendations which patients/ phenotypes should be considered for liver transplantation.</p> <p>Consensus that patients would need rigorous and multi- disciplinary assessment for transplantation, and this would include the involvement of a hematologist with sickle cell expertise. A defined protocol has been produced.</p> <p>Previous Centre Director discussions have included appeal route for patients with Sickle cell liver disease requiring transplantation.</p> <p>Agreed Birmingham and Kings are best placed to lead a National MDT approach.</p>	

	<p>Protocol to be recirculated to LAG members.</p> <p>A Suddle to work with Birmingham and Kings to develop National MDT, no requirement to report back to LAG, any concerns to be directed to V Aluvihare/ R Taylor.</p>	
<b>10.6</b>	<p>Adenoma guidelines</p> <p>FTWG has developed Adenoma guidelines, suggested MDT approach to adenoma patients to be convened by A Suddle (minimal listing criteria appeals panel) and chaired by B Dasari.</p>	
<b>11.</b>	<b>Liver CLU Scheme and Liver Utilisation</b>	
<b>11.1</b>	<p>Ideal liver report - <b>LAG(24)38</b></p> <p>Funding for local CLU supported for this financial year with optimism that this will continue. (Funding secured 24/25 bid submitted for 25/26)</p> <p>Two WTE support the CLU team meetings</p> <p>National Organ Utilisation Conference (NOUC) Held in Birmingham Sept 24 160 registered. Multidisciplinary attendance including trust managers, patient representatives and NHSBT CEO</p> <p>Organ Utilisation annual report will now be published</p> <p>National Utilisation meeting recommendations -standardisation across all specialties and units: Presented at NOUC and now out for consultation at present across units</p> <p>Current audits being carried out by Liver CLU team:</p> <ul style="list-style-type: none"> <li>• Utilisation of organs at times of high donor numbers</li> <li>• Late declines of both DBD and DCD livers</li> <li>• Review the impact of donor factors on graft utilisation and outcome including bilirubin, lactate, sodium, and high BMI</li> </ul> <p>Number of letters re as per offer review scheme is decreasing.</p>	
<b>11.2</b>	<p>Recommendations of national framework for offer decline meetings - <b>LAG(24)32</b></p> <p>Each organ group in each transplant centre should meet at least once per month, with target best practice of weekly meetings.</p> <p>Title of meetings is 'Organ Utilisation Meeting', with title reflecting organ to be discussed (e.g. Liver Utilisation Meeting).</p> <p>Will be discussed at Paediatric subgroup.</p>	
<b>12.</b>	<b>Liver Transplant Commissioning</b>	
<b>12.1</b>	<p>NHS England</p> <p>Service Specification for Livers needs to be reviewed and rewritten. S Watson will work with LAG membership to re write specification, specification will include reference to live liver programmes.</p> <p>Peer review standards also need refreshing.</p> <p>Adult service specification to be prioritized and will take note of OUG recommendations.</p> <p><b>Action:</b> S Watson, D Manas and V Aluvihare to meet and agree an approach, all centres will be required to contribute.</p> <p>Patient involvement will be key.</p> <p>Likely that a small group would devise document followed by a consultation approach.</p>	<b>SW/DM/VA</b>

	LAG members were informed of recent Commissioning Summit held 6 <sup>th</sup> November with NHSBT, Commissioners, Clinicians, managers and patients in attendance.	
12.2	National waiting list  No update dependent on IT solution	
13.	<b>British Liver trust update</b>  P Healy provided an update on behalf of V Hebditch. Some success across the board working with NHS E on variety of issues including transplantation. BLT have been invited to invite to meet with senior members of NHSE in collaboration with clinical colleagues.	
14.	<b>Governance Issues</b>	
14.1	Non-compliance with allocation  Not discussed	
14.2	HTA B forms  Thank you to all centers for improved completion and returns.	
14.3	Availability of vessels for vascular grafts  SNODs working on a clear pathway to identify when vessels are required. Head of Service Delivery leading on this work and will be asked to provide a update at next LAG meeting. <b>Action:</b> Head of Service Delivery K Dreyer to provide update to LAG May 2025	<b>KD</b>
14.4	Patient Safety Team Report - <b>LAG(24)40</b>  Discrepant weight reported by transplant centre. Weight given at retrieval was 2.2kg, weight estimated by transplant centre was 2.7kg. This resulted in the liver not being transplanted as too large despite cut down for intended patient.  The Retrieval Advisory Group will make recommendations to prevent a similar incident.	Attached
14.4.1	Summary of CUSUM monitoring of outcomes following liver transplantation - <b>LAG(24)41</b>  Over the last six months, there has been one signal against the national rate for super-urgent paediatric liver transplants and one signal against the centre-specific rate for adult elective liver transplants.	
14.4.2	Report on recent triggers (shared learning)  No update	
14.4.3	Updating the CUSUM Baseline Rates - <b>LAG(24)42</b>  No objection to baseline rates being updated.  <b>Action:</b> A Ali to be informed that there are no objections baseline rates being changed.	<b>LA</b>
14.5	Mutual aid in renal transplant  No update	
15.	<b>National Clinical Trials - LAG(24)43</b>  The PLUS study has entered the data cleaning phase.  The DeFat study opened to recruitment on 23/02/2023, 22 livers have been randomised to the study. Recruitment is currently paused and is due to reopen shortly pending formal TSC approval.	

<b>16.</b>	<b>Statistics and Clinical Research Report</b>	
<b>16.1</b>	<p>Summary from Statistics and Clinical Research - <b>LAG(24)44</b></p> <p>Update from Statistics and Clinical Research and summarises recent presentations, publications, and current and future work in the area of liver transplantation.</p>	
<b>16.2</b>	<p>Follow-up form return rates - <b>LAG(24)45</b></p> <p>For adult transplants, the overall form return rate for the one-year follow-up form was 85% and ranged between 64% and 100%.</p> <p>The overall form return rate for the lifetime follow-up forms (2 years or over) was 69% and ranged between 24% and 96%. Four transplant centres had a lifetime follow-up form return of less than 75%.</p> <p>For paediatric transplants, the overall form return rate for the one-year form was 82% and ranged between 44% and 100%. The overall form return rate for the lifetime follow-up forms was 71% and ranged between 21% and 77% for the three paediatric centres.</p> <p>Centres are asked to ensure follow-up is up-to-date to enable us to accurately monitor liver transplantation.</p> <p>Work underway to explore a data linkage approach to obtaining information required for the registry.</p> <p><b>Action:</b> R Taylor advised that the STATs team are currently working with C Callaghan and an update will be requested with regards to progress with this work (see 10.3).</p>	<b>RT/CC</b>
<b>17.</b>	<p><b>Multi-visceral and Composite Tissue Advisory Group (MCTAG) update</b></p> <p>A Butler reported small bowel content additions the Patient information website are making progress.</p>	
<b>18.</b>	<p><b>AOB/Date of next meeting 21<sup>st</sup> May 2025, Venue TBC</b></p> <p>M Alison enquired as to the availability HHV8 of data for LAG plan to proactively seek the possibility of real time HHV8 testing and reporting prior to retrieval and transplantation. V Aluvihare reported recent discussion at OTDT Clinical Team whereby it appears most centres are undertaking real time PCR testing.</p>	
<b>19.</b>	<b>FOR INFORMATION</b>	
<b>19.1</b>	Group 2 Transplants - <b>LAG(24)46</b>	
<b>19.2</b>	Outcome of appeals - <b>LAG(24)47</b>	
<b>19.3</b>	Activity and organ utilisation monitoring (dashboard) - <b>LAG(24)49</b>	
<b>19.4</b>	Machine Perfusion working group - <b>LAG(24)50</b>	
<b>19.5</b>	HCV positive transplants into HCV negative recipients - for noting - <b>LAG(24)51</b>	
<b>19.6</b>	HCC downstaging - <b>LAG(24)52</b>	
<b>19.7</b>	QUOD Statistical Report - <b>LAG(24)53</b>	
<b>19.8</b>	IT Changes and Update - <b>LAG(24)48</b>	