NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE
THE TWENTY-THIRD MEETING OF THE NHSBT CTAG HEARTS ADVISORY GROUP
ON WEDNESDAY 26 MARCH 2025 VIA MICROSOFT TEAMS

MINUTES

Attendees:

Aaron Ranasinghe	**CTAG Hearts Chair;** Cardiac Consultant Surgeon, Queen Elizabeth Hospital, Birmingham
Lynne Ayton	Transport Managers' Representative; Golden Jubilee Hospital, Glasgow
Marius Berman	Chair, Retrieval Advisory Group; Papworth Hospital
Raymond Braid	NHS Services, Scotland
Robert Burns	Co-Chair, CTAG Patient Group
Paul Callan	Consultant Cardiologist, Manchester University NHS Foundation Trust
Ian Currie	Associate Medical Director – Retrieval, NHSBT
Jonathan Dalzell	Centre Director, Golden Jubilee Hospital, Glasgow
Shamik Ghosh	CTAG Lay Member Representative
Margaret Harrison	CTAG Lay Member Representative
Katrijn Jansen	Adult Congenital Cardiologist, Freeman Hospital, Newcastle
Eleanor Johnson	NSA for Transplant Co-ordination, UHB
Maggie Kemmner	National Head of Transformation, NHS England
Sern Lim	Consultant Cardiologist, QEH Birmingham
Guy Macgowan	Cardiologist, Freeman Hospital, Newcastle
Debbie Macklam	Head of Service Development, OTDT, NHSBT
Maria Monteagudo-Vela	Cons Cardiologist, Royal Brompton and Harefield Hospital
Andrew Morley-Smith	Lead Heart CLU; Cons Cardiologist, Royal Brompton and Harefield Hospital
Mohamed Nassar	Cons Paediatric Cardiologist, Freeman Hospital
Stephen Pettit	Deputy Chair CTAG; CT Centre Director, Royal Papworth Hospital
Anna Reed	NSA for Lung Transplant; Cons Respiratory and Transplant Medicine, Royal Brompton and Harefield Hospital
Miguel Reyes Roque	Statistics and Clinical Research, NHSBT
Sally Rushton	Principal Statistician, Statistics and Clinical Research, NHSBT
Marian Ryan	Specialist Nurse Organ Donation
Fernando Riesgo-Gil	Interim Centre Director (Hearts), Royal Brompton and Harefield Hospital
Craig Sanford	Transplant Manager, Royal Brompton and Harefield Hospital
Philip Seeley	Recipient Transplant Co-ordinator, Newcastle
Jacob Simmonds	Consultant Cardiologist, Great Ormond Street Hospital
Sarah Watson	Highly Specialised Services Senior Commissioning Manager, NHS England
Craig Wheelans	NHS Services Scotland
Daniel White	Recipient Transplant Co-ordinator, Royal Papworth Hospital
Julie Whitney	Head of Service Delivery, OTDT Hub, NHSBT

In attendance:

Caroline Robinson (Minutes)	Advisory Group Support, NHSBT

Apologies received:
Richard Baker, Delordson Kallan, Anna Maria Macleod, Derek Manas, James Palmer, Zdenka Reinhardt

No.	Item	Action
	Welcome and Apologies	
	A Ranasinghe as the new Chair of CTAG Hearts, welcomed all to the meeting. Apologies are shown above.	
1.	**Declarations of Interest in relation to the Agenda CTAGH(20)22**	
	There were no declarations of interest in relation to today's Agenda.	
	Please note that it is the policy of NHSBT to publish all papers on the website unless the papers include patient identifiable information, preliminary or	

	unconfirmed data, confidential and commercial information or will preclude publication in a peer-reviewed professional journal. Authors of such papers should indicate whether their paper falls into these categories	
2.	**Minutes and Action Points of the CTAGH Meeting held on 9 October 2024 CTAGH(M)(24)02 and CTAGH(AP)(24)02**	
2.1	The Minutes of the CTAG Hearts Meeting held on 9 October 2024 were accepted. • One clarification was made from the last Governance report which highlighted a recipient who was anaesthetised prior to confirmation of a heart's acceptance for transplant. In accordance with the national protocol, it was reiterated that patients should not been taken for anaesthesia until the heart is confirmed for transplant. Full discussion with the patient of the possibility that s/he may be woken up should the procedure not go ahead must take place prior to anaesthesia.	
2.2	The following Action Points were discussed:	
2.2.1	CTAG Patients Routine Blood Monitoring Report – A shared monitoring agreement with GP practices and follow up of patients is still requested as an improvement to this service. This remains on the agenda for CT Centre Directors' meetings	**ONGOING**
2.2.2	CAV Vasculopathy - Due to insufficient national evidence currently to guide best practice and the availability of local guidance only, S Lim will be asked to reconvene a further meeting to plan a consensus statement to present to the Transformation Programme.	**ONGOING / S Lim**
2.2.3	Re-transplant into CUSUM calculation – *See Item 4.4*	
2.2.4	Survival from Listing – *See Item 11*	
2.2.5	DCD Hearts Regular Report - As DCD transplant is not possible for younger patients, it was previously agreed that paediatric transplants would be excluded from future reports comparing DCD and DBD.	**COMPLETE**
2.2.6	DCD Hearts Regular Report – It was previously agreed the next report will separate out paediatric and adult activity at Newcastle.	**COMPLETE**
2.2.7	SU Heart Data Review – A fixed term working group with representation from all centres will continue to look at centres' data to decide on future steps. *See Item 10.1*	**ONGOING**
2.2.8	6M review of 20 cm rule removal - Recipient Co-ordinators are again asked to remind colleagues to state the reason when a patient is removed so that it is recorded in the data.	**COMPLETE**
2.2.9	CT Transplant Co-ordinators' Report - Centres Directors are again asked to feedback names of their Transplant Managers to L Ayton who will then cascade information from CTAG Hearts.	**COMPLETE**
2.2.10	CT Annual Review – At the previous meeting CTAG members were asked to correspond with A Ali/NHSE to suggest items for the agenda	**COMPLETE**
3.	**Medical Director's Report**	
3.1	Developments in NHSBT - In D Manas' absence, I Currie gave an update on current issues. • ToR - A planned review of ToR (Terms of Reference) for all Advisory Groups, including the terms of office for members of the group, is ongoing. • Funding - Following the spending review, funding should be confirmed on 2 April by the NHSBT Board which will mean DCD hearts, CLUs and NRP will be included in ongoing baseline funding. • There is agreement to appoint more IT posts which it is hoped should result in more rapid implementation of changes requested. • ARCs – The Board will also agree on how much funding will be allocated in the coming week. Full details will be sent to unit directors once the spending review is signed off. • Histopathology – The business case for this is now with NHSE and funding has been identified to ensure progress is made. A delay is now anticipated following the recent announcement regarding the dissolution of NHSE and D Manas will be following this up. • National Liver Offering Scheme – A review was initiated 6 months ago with a number of stakeholder events and will report in July 2025.	

	• CT collaboratives – these are being established to help develop best practice and shared understanding. • CT Transformation Project – This is being run externally and is not affected by NHSE changes. • Commissioning – A summit in November 2024 was held to confirm a strengthening of the relationship with NHSBT and commissioning for transplantation and this should help improve the infrastructure to manage transplantation services, and for patients and clinical teams as well as update standards and services specifications. The Transplant Oversight Group (TOG) has been endorsed as part of this and a monitoring and patient safety subgroup will help ensure quality in transplantation. • Organ donation consent rates – This is 60% currently which is significantly lower than previously recorded. A review of consent practices will take place in June 2025 with invited international experts contributing to look at how various steps of the pathway can be improved to increase consent rates. • Utilisation – results indicate the best results ever recorded at 2.56 organs per donor overall and shows increasingly effective decision making and risk management across all disciplines to try and improve organ transplantation with the same or fewer donors. • OUG – initiatives run by OTDT supporting OUG include clinical leads for organ utilisation, transplant collaboratives, enhanced recovery effort transplant surgery, deceased donor renal transplantation ERAS. A live donor ERAS is in train. OUG will also look at improvements for patients and improved utilisation and outcomes through projects like ARCs to increase organ re-conditioning. Lead organs for this are liver, lungs and kidneys. A group, including Chris Callaghan's involvement, has been set up to examine utilisation and the benefits of best or optimal utilisation. Patient facing websites will also be updated to ensure there is better engagement and understanding of transplantation issues by patients. This will be supported by the new AMD for Patient Engagement. • Live donor liver proctoring project – A meeting in November 2024 featuring international guests was very successful and has resulted in an uptake in live liver transplantation uptake in the UK. • Environmental Sustainability – Matt Wilberry Smith will chair a group to give this topic more focus for transplantation and all aspects supporting it. This will be covered in more detail at RAG in May. • SCORE – *See Item 6.1* • ISOU – Patient engagement, innovation (including H&I and Xenotransplantation and ARCs workstreams have reported. The Trust Engagement Group has completed its work and final documentation will be submitted shortly to trusts. Commissioning has also reported. Workforce will have a summit on 7 May and the data subgroup's work is ongoing. • EVLP – This work has commenced at Papworth with some successes already reported and collaboration with Birmingham is planned. • Research – The deadline for funding for projects for research was December. Two projects from CT were rated highly and the outcomes will be announced in April. • HHV8 – A working group has been established at pre-donation testing. Although this issue mostly affects liver recipients it was highlighted that all recipients are at risk • DCD heart retrieval – A review is planned, and further information will follow. • CT Scanning – A FTWG will consider the feasibility of donor CT scanning for coronary artery disease to prevent unnecessary retrieval journeys that are currently resource heavy and bad for the recipient due to receive the organ. It was noted that coronary angios can be an appropriate tool to assess an organ which can be assessed during the working day.	
3.2	New Appointments	

	On behalf of D Manas, I Currie welcomed A Ranasinghe and S Pettit as the new Chair and Deputy Chair of CTAG Hearts. R Venkateswaran and S Lim were also thanked for their hard work on behalf of CTAG Hearts as the previous Chair and Deputy Chair. In addition: • Carla Rosser is the new OTDT H&I rep and will be invited to future CTAG Hearts meetings. • D Garcia Saez was thanked for her work as national lead CLU. V Gerovasili takes over that role in the interim. • Andy Morley Smith was welcomed as the new lead Heart CLU. • Patient Engagement Group – A new AMD is being appointed to lead this new group representing patient interests for all organs. This will replace the current Patient Groups for Heart and Lungs, Liver and Kidney.	
4.	**Patient Safety Issues (formally Clinical Governance)**	
	Please report cases to the Patient Safety Team - OTDT NHSBT Policies and guidance - ODT Clinical - NHS Blood and Transplant	
4.1	Non-compliance with Heart Allocation – In R Baker's absence the group are asked to note the report below and in particular the incident highlighted.	
4.2	Patient Safety Report – **CTAGH(25)01 –** This paper was circulated prior to the meeting. CTAG Members are asked to note a decline in direct communication between retrieval and transplanting surgeons during donor retrievals. OTDT AMD for Clinical Governance and the National Surgical Lead encourage direct communication to support and enhance information available on TransplantPath.	
4.3	CUSUM Monitoring of 90-day outcomes following heart transplantation – **CTAGH(25)02** – this paper was circulated prior to the meeting. • Since the last CTAG Hearts meeting, there has been 1 signal against the centre's specific rate at Papworth. This is now closed. S Pettit stated the investigation showed 6 cases contributed to the signal and there was a cluster of risk factors including multiple re-do sternotimies, temporary MCS before transplant, long travel times and consequent long total ischaemic times. Papworth is looking at these risk factors when listing patients and has altered co-ordination timings to give more time prior to an organ's planned arrival. Triggering CUSUM was useful and highlighted some recent issues for Papworth as well as the opportunity to make improvements. Another meeting with NHSBT is planned to look at changes on a national level. **ACTION: S Pettit offered to share Papworth's report with interested CTAG members.**	**S Pettit**
4.4	Updating baseline period for CUSUM – **CTAGH(25)03** – this paper was circulated. • The current baseline period of 2015-2018 is now out of date and this will be updated across all organs to Jan 2020-Dec 2023 with monitoring updated to 2024. Inclusion of re-transplants in the CUSUMs is not yet implemented, but this will happen at the same time as the baseline update. • The paediatric rate was particularly high in the updated baseline period, so S Rushton was asked to investigate whether this was a blip. • Further work will investigate whether the limit should be lowered to 1.5 for paediatric charts. The proposal was to bring the conclusion of this to the Centre Directors' meeting to ensure changes can be implemented as soon as possible, however after discussion it was agreed that S Rushton would circulate the further investigations to CTAG-Heart members giving a 2 week deadline for comments or concerns. • Clarification was given on how re-transplants are handled; any re-transplant is included not just those within 90 days of the first transplant. • None of the CUSUM data is risk stratified or adjusted. • There was previously a difference between how a centre specific and a national trigger were treated, but it has been decided to investigate both in the same way. The CUSUM policy is due to be updated and the link to see the current policy is https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/31230/sop5963.pdf	**S Rushton**

	ACTION: S Rushton to check paediatric failure rate across different baseline periods to determine whether the 2020-2023 rate is particularly high. S Rushton to also confirm whether the limit should lowered to 1.5 for paediatric charts or not. Results to be circulated to all CTAG-Heart members with a 2 week window for comments.	
4.5	Group 2 Transplants – There were Group 2 Transplants	
5.	**NHSE CT Review – Update and Progress Report**	
	M Kemmner was joined by National Speciality Advisors (NSA) E Johnson (Transplant Co-ordinator, Birmingham) and A Reed (Lung transplant physician, Harefield). The heart NSA is M Berman (Surgeon, Papworth). • The impending dissolution of NHSE will not change the commitment to the programme and work will continue as usual**.** • It is now agreed to include paediatrics in the programme's work following a peer review process. • There is agreement to work together with NHSBT on the use of data, the establishment of the collaboratives and the work of the CLUs as well as potentially work around joint financial cases across respective financial commissioning remits. • Listing practice, enhanced recovery ERAS, PROMS and PREMS allocation and diagnostics and optimisation in donor ITU will also be a focus. • The first stage is information gathering followed by design and implementation/intervention. Work is ongoing to build a data model and the establishment of the programme. There will be webinars and other meetings to ensure centres' involvement and wider engagement. Although the workstreams are not decided yet, it is likely they will include referral in, lifetime care post-transplant, use of data, finance and workforce. • A Reed stated the project is being viewed from the perspective of the patient journey from patient identification to outcome and to map out unmet need across the UK. There is nothing in the specification for lifelong care currently, so it is important to engage transplant co-ordinators, cardiologists and physicians to decide what good care looks like. There are differences between heart and lungs and volunteers will be needed to take part. • E Johnson will cover the holistic part of the pathway and particularly access to different allied health professionals and how this differs across centres from psychology and psychiatry to pharmacy, radiology, anaesthesia and intensivists. There have been conversations with international experts and other organ specialities within the UK. Finance and how much money centres receive will also be included as this affects patients' access to resources. • M Berman highlighted utilisation and why there are not more transplants in the UK. This includes, challenges impacting decision making, logistics, job plans, workforce issues and who is making key decisions. A Ranasinghe thanked the team for this huge piece of work and for everyone's collaboration.	
6.	**OTDT Hub Update**	
	J Whitney gave an update from the Hub: • All units were thanked for the good returns of HTA-B forms and follow up forms. • There have been some issues with EU donor offers coming to the UK due to access to flights. J Whitney will be doing a review of the pathway and will set up a Teams call at the point of acceptance. Feedback will go initially to CT Centre Directors.	
6.1	Sustainability and Certainty in Organ Retrieval (SCORE) - D Macklam stated that SCORE has been looking at further modelling for the last 12-18 months to understand the impact of the planned arrival window of 8 pm to 3 am, particularly around transport and lab services. There has also been ongoing engagement with all stakeholders across the whole pathway to explain why SCORE is needed and the likely impact of the programme's work.	**D Macklam**

	• CT Centres were visited 12 months ago. Some helpful engagement and input into some specific CT challenges came out of this. **AGREED: D Macklam will arrange a 2-hour interactive session on Teams in the next 2 months to bring all up to date and to look at any challenges centres have.** • There has been continued analysis and modelling of data to bring the planned arrival window data up-to-date and to model last year's data. • Shadow reviews have started to analyse the impact the planned arrival time will have on allocating transport teams. CT Centres will be asked to help with this. • An update session with Transplant Commissioners will take place • A business case will go through the governance stage at NHSBT and it will be at least 12 months before there is any change. • Digital Discovery workshops have been held across the UK. The intention is to have an interactive platform that is part of TransplantPath where centres will be able to get offers, see patient lists and respond. Centres will code their own reasons for decline, and this will aid understanding of utilisation and why organs have been turned down. At the next CTAG meeting it is hoped that there will be more information of what this will look like.	
7.	**DCD Hearts**	
7.1	<u>DCD Hearts Oversight Meeting update</u> – The key areas from the last meeting in December 2024 were highlighted: • <u>Retrieval centre updates</u> - There are ongoing challenges in delivering the service predominately with recruitment, staffing, health and wellbeing and transport. A DCD Heart Stabilisation group has been set up to respond to these challenges • <u>Finance</u> – an overspend of £100K is forecasted. However, it is likely DCD hearts will now be included in the spending review as baseline funding. This is based on 2021 funding and one team on the retrieval rota. Once the baseline funding is approved, all centres will be informed, and it will be clearer how other centres can get involved. • <u>Paediatric transplants and retrieval</u> – The mOrgan device is not yet close to delivery. However, L Kennedy gave an overview on XVIVO which is being used under a grant of waiver and charity funding. • <u>TN-ARP</u> – A Rubino stated that 2 NRP have been undertaken. 5 NRP and then 5 TA-NRP need to be done before this can move forward. • <u>Chair</u> – Due to A Ali's departure from NHSE, K Quinn has agreed to chair the group in the interim.	
7.2	<u>DCD Hearts Regular Report</u> – **CTAGH(25)04 -** This paper was circulated prior to the meeting. • The paper circulated shows activity from 1 Feb 2015 to 31 Dec 2024. Patient outcomes and offer data is shown from 7 Sept 2020 to 31 Dec 2024. Full results are shown in the paper circulated. • There is no specific action, but teams are reminded to return DCD Heart Passport forms in a timely manner • There was a query about how often coronary artery disease is discovered at retrieval. It was noted it is not clear where DCD hearts are accepted but not used and how many were declined before or after retrieval. • It was agreed that the rise in warm ischaemic times from 20-30 minutes should be captured at national level. From the perspective of retrieval team there is frustration if a heart is then declined by accepting centre for reasons that could have been apparent before retrieval or for spurious reasons. • It was noted that long term LVAD use may affect decision making regarding who gets a transplant as DCD heart transplantation for a patient with an LVAD is riskier. • J Dalzell stated that the allocation sequence for DCD hearts means that hearts can go to non-urgent patients zonally before urgent patients out of zone. A Ranasinghe stated that part of the CTAG workplan will be to work towards more equitable access to hearts and lungs.	

8.	**CTAG Patient Group**	
8.1	CTAG Patient Group (CTPG) report (11 Sept 2024) – **CTAGH(25)05 / CTAGH(25)06 / CTAGH(25)07** – the most recent CTPG report was circulated prior to the meeting. R Burns included 2 appendices: • Appendix 1 – **CTAGH(25)06 -** this covers patient group concerns regarding the proposal for single tariffs for heart and lung transplants. Patient reps believe the tariff is not fit for purpose and have tried to engage with NHSE but have had no response. Patient reps believe that how funding for CT is allocated to centres is used. • Appendix 2 **CTAGH(25)07 -** is a presentation given at the ISOU Transplant Commissioning Symposium in November 2024 which was circulated prior to the meeting.	
8.2	Infectious Diseases Update – **CTAGH(25)08** – This paper was circulated prior to the meeting. • The Spring 2025 COVID vaccine booster programme starts on 1 April 2025. Online bookings on the National Booking Service available from 25 March. It has been noted that there is significant vaccine fatigue in the heart transplant community. • There have also been difficulties accessing flu vaccines and some patients believe vaccine prevention is not fit for purpose. • Infectious diseases have a significant impact on the mortality and morbidity of cardiothoracic transplant recipients. • R Burns and other NHSE PPV representative have established early-stage discussions with Dr Ushiro-Lumb and Dr Gerovasili about how care pathways can be changed to better meet patient needs. Further information is available in the paper circulated.	
8.3	CT ICE Phase 2 Survey results - **CTAGH(25)09** - R Burns gave a presentation that is circulated with these Minutes. Areas of concern highlighted were: • Assessment waiting times • Variation of experience in lifelong care • Mostly poor psychosocial experience • Many patients do not feel comfortable to raise their concerns. However, the results of the survey align with general feedback from patients. R Burns confirmed that he has met NHSE & DHSC representatives to discuss the survey results and proposed recommendations. Although the risk communication tool was highlighted as an important means of communicating information to patients, R Burns stated that there is a feeling that the infographics are poor. It was noted that the infographics did come from CTAG, and feedback is always welcome for new iterations in the future. As many patients live long distances from centres, it will not always be possible to go through this with a clinician face to face and more needs to be done to ensure that information is available online. **ACTION: A Ranasinghe and R Burns will look at this together.**	**A Ranasinghe / R Burns**
9.	**Heart Utilisation**	
9.1	CLU Update – A Morley Smith was introduced as the new Lead Heart CLU: • The offer review scheme work continues • The Cardiothoracic Utilisation Conference was previously held 2 years ago and was well attended. A further conference is planned again for this year. • Work is ongoing to ensure that all local CLUs have job plan allocated time. Help from Centre Directors may be needed with this. • Better recording of the output from the whole CLU scheme and local CLUs is also a priority. Local CLUs will be asked to identify projects, specific outputs and KPIs to feed back into the scheme. A Morley Smith will provide a longer update at the next CTAG Hearts meeting.	
10.	**Heart Allocation**	
10.1	Super Urgent Heart Data review – S Lim chairs this group that last met on 17 March to try and understand current practice across centres. The group was formed to	**J Whitney / All**

	discuss the criteria used for SU patients and whether using temporary MCS is reasonable. • The initial process was to understand current practice using data collection. It was agreed this was incomplete, and some fields needed updated. Centres agreed a 2-week period to update data, and the group will then meet again to discuss the patients that are being put on temporary MCS across centres. • It was suggested that some physiological parameters may be needed to guide criteria for listing. • It was agreed that centres need to take responsibility to collate the data for their units quickly so that decisions can be made about potential changes to the SU scheme quickly. • It was agreed that in the meantime all SU patients will go through adjudication prior to listing to ensure national oversight. **ACTION: With immediate effect, all potential SU patients will be adjudicated to ensure a timely response and equitable access to transplantation. J Whitney to work on an urgent communication to centres to be cascaded to all relevant colleagues. A further meeting of the SU group will take place in near future.**	
10.2	Paediatric Heart Allocation – J Simmonds has written to Centre Directors to express concerns about paediatric priority in the current heart allocation sequence. As paediatric outcomes are good and there is a lot to gain for these patients, it is suggested that there is priority for paediatric patients on the heart transplant list, particularly as waiting times are very long. The ToR for this group are circulated with these Minutes. **AGREED: A FTWG will be convened to be chaired by S Pettit. Membership to be from all transplant centres, HUB and Stats team.**	**S Pettit**
10.3	Heart Allocation Zone Review – **CTAGH(25)10** – This paper was circulated prior to the meeting. The heart allocation zones were last adjusted in July 2024. The time periods analysed are 1 February 2023 to 31 January 2025 for registrations, and 1 February 2022 to 31 January 2025 for donors. S Rushton stated: • There were no significant differences observed in the percentage share of heart registrations and donors across centres/zones. No changes will be made to the heart zonal boundaries at present. • It was agreed that as it is not known if the proportion of imported hearts has increased, it would be worthwhile looking at this for DCD by urgency to see if hearts are going to non-urgent patients nationally and whether this differs across zones.	
11.	**Statistics and Clinical Research reports**	
11.1	Summary from Statistics and Clinical Research – **CTAGH(25)11 –** This paper was circulated prior to the meeting. • The first Annual Report on Organ Utilisation, covering all organs, was published in February 2025 https://www.odt.nhs.uk/statistics-and-reports/. • Risk Communication Tools – These could previously be accessed on two websites. However, these have now been taken down from the Winton Centre website as the data sets have been updated on the NHSBT website. Those wanting access should use the NHSBT website only. Any queries on the report should be emailed to S Rushton.	
11.2	Paediatric survival from listing – **CTAGH(25)13 –** This paper was circulated prior to the meeting. It was stressed that this is preliminary, and S Rushton would like feedback on the methodology. A second iteration will go to the Autumn CTAG meeting. Patients were included if they were registered at either GOSH or Newcastle and were aged <16 years at the time of listing. They were only retained in the analysis if they remained at either GOSH or Newcastle throughout the lifetime of their care. If they were transferred to an adult centre, they were dropped from the analysis either pre- or post-transplant. Full results are shown in the paper. **ACTION: S Rushton to email J Simmonds and M Nassar regarding the methodology.**	**S Rushton**

11.3	Adjudication Panel Activity – **CTAGH(25)12 -** This paper reports on adult and paediatric, urgent and SU, Heart Adjudication Panel referrals between 1 Jan 2022 and 31 Dec 2024 was circulated before the meeting. It also reports on urgent or SU heart-lung and re-transplant referrals. It was noted that it would be good to have the outcome of those who are turned down by the adjudication panel, but NHSBT don't hold this information. **ACTION: M Nassar to work with other centres to find this out.**	**M Nassar**
12.	**Reports from sub-groups**	
12.1	CT Centre Directors' Report – In J Parmar's absence, there was no discussion. The next meeting of the group is on Friday 11 April 2025 and 6-weekly thereafter.	
12.2	Feedback from CTAG Lungs Group – EVLP work is ongoing. Work also progresses on changes to the Lung Allocation Scheme.	
12.3	CT Transplant Co-ordinators' Report – D White stated that transplant co-ordinators have been involved in the digital accept and decline project and this has been progressing well.	
12.4	Retrieval Advisory Group Update – M Berman gave an update from the autumn RAG meeting and items to be included at the next meeting of RAG on 14 May. • Sustainability of DCD Hearts remains a high priority. • Work on Paediatric DCD Hearts is ongoing. Newcastle was congratulated for delivering the youngest worldwide DCD transplant using the HOPE device from XVIVO. • Providing more hearts for research is a priority. • TA-NRP – There have been 2 cases of NRP and 1 more is needed based on data presented at BTS before moving onto TA-NRP. • ESIT (Environmental Sustainability in Transplantation) will also give a presentation at May's meeting.	
12.5	Workplan update – **CTAGH(25)15** – The existing workplan was circulated. **ACTION: A Ranasinghe to update this for circulation to the group**.	**A Ranasinghe**
13.	**For Information**	
	For Transplant Activity Report please see link https://www.odt.nhs.uk/statistics-and-reports/annual-activity-report/	
13.1	QUOD Update – **CTAGH(25)14 –** The latest information was circulated for information.	
14.	**Any other business**	
14.1	Key points from this meeting to cascade to teams – A Ranasinghe highlighted key points for CTAG members to cascade to their teams: • It is agreed that all SU patients now need adjudication. The work of the SU fixed term working group will continue. • There will be a fixed term working group for paediatric allocation. • The CT ICE patient survey results were discussed in the meeting and the presentation from R Burns is attached to these Minutes. • The annual report on organ utilisation is now published on the ODT website • There is now a high likelihood that DCD funding will be included in baseline funding.	
14.2	Next CTAG Hearts Meeting - Thursday 18 September 2025 – Mary Ward House, 7 Tavistock Place, London, WC1H 9SN. There is no hybrid option.	

Future Dates of CTAG meetings

CTAG Lungs Meeting – Thursday 12 June 2025 – 10:30-15:30 – Wesley Hotel, London
CTAG Hearts meeting – Thursday 18 September 2025 – 10:00-15:30 – Mary Ward House, London
CTAG Lungs meeting – Thursday 4 December 2025 – via Microsoft Teams