NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION

MINUTES OF THE FIFTY SECOND MEETING OF THE KIDNEY ADVISORY GROUP ON WEDNESDAY 15th OCTOBER 2025
09:00 - 13:00
Via MS TEAMS

ATTENDEES

Gareth Jones	**KAG Chair**
James Barnes	Birmingham Representative
Catherine Boffa	Portsmouth Representative
Raymond Braid	Programme Manager, NSD Commissioning
Kathryn Brady	Recipient Coordinator, Leeds
Chloe Brown	Statistics & Clinical Research, NHSBT
Lisa Burnapp	AMD - Living Donation and Transplantation, NHSBT
Jo Chalker	Regional Head of Nursing, NHSBT
Andrew Connor	Plymouth Representative
Sam Dutta	Nottingham Representative
Jack Galliford	North Bristol Representative
Abbas Ghazanfar	St George's Representative
Paul Harden	Oxford Representative
James Hunter	Kidney Clinical Lead - Assessment and Recovery Centres, NHSBT
Helen Jones	KAGPSG Chair/Evelina Childrens Hospital Representative
Katrin Jones	Newcastle Representative
Lazarus Karamadoukis	Dorchester Representative
Nicos Kessaris	Guys Representative
Usman Khalid	Cardiff Representative
Claire Lish	Lay Member
Vijay Luthra	University of Glasgow
Derek Manas	Medical Director, OTDT, NHSBT
David Manlove	University of Glasgow
Miriam Manook	Surgical Trainee Representative
Sanjay Mehra	Liverpool Representative
Zia Moinuddin	Manchester Representative
Anand Muthusamy	WLTRC Representative
William Pettersson	University of Glasgow
Gavin Pettigrew	Co-Chair, Research Operation Feasibility Group (ROFG), NHSBT
Laura Pairman	Recipient Coordinator, Edinburgh
Matthew Robb	Statistics & Clinical Research, NHSBT
Carla Rosser	OTDT H&I Lead, NHSBT
Debabrata Roy	Coventry Representative
Eleanor Sandhu	Imperial Representative
Avinash Sewpaul	Edinburgh Representative
Sapna Shah	BTS/King's Representative
Jelena Stojanovic	Deputy Medical Rep. KAGPSG/GOSH Representative
Rowland Storey	WLTRC Representative
Nicholas Torpey	Cambridge Representative/ BTS Vice-President
Samuel Turner	Bristol Representative
Madeleine Vernon	Leeds Representative
Matt Welberry-Smith	Environmental Sustainability in Transplantation Chair, NHSBT
Michelle Willicombe	Transplant Lead, HLA selected red cell group
Rowland Storey	Imperial Representative
Julie Whitney	Head of Service Delivery - ODT Hub, NHSBT
Anthony Wrigley	Lay Member

IN ATTENDANCE

Cherrelle Francis-Smith	Clinical Support Services, NHSBT
Alicia Jakeman	Clinical Support Services, NHSBT

APOLOGIES

John Asher, Richard Baker, Atul Bagul, Aisling Courtney, Ian Currie, Nick Inston, Ismail Mohamed, James Palmer, Sanjay Sinha

ITEM		ACTION
1	**Welcome and Apologies. Declarations of interest in relation to agenda and responsibilities of KAG members.** ***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.***	
	There were no conflicts of interest declared.	
2	**Minutes of the meeting held on 18th June 2025 - KAG(M)(25)02**	
	2.1 Accuracy	
	The minutes were agreed as an accurate record of the previous meeting.	
	2.2 Action points - KAG(AP)(25)02	
	Those actions not marked as complete, for discussion; **AP4 Waiting list review** For discussion under Item. 4 **AP7 Outcomes of Fast Track Scheme** For discussion under Item. 8 **AP11 Feedback from Non-Transplanting Centres** G Jones confirmed that an Expression of Interest was sent out for Non-Transplant Centre Representatives, with a good response. **AP12 Any other business** L Burnapp advised that a FTWG will be created to agree a way forward.	
	2.3 Matters arising, not separately identified	
	G Jones advised members that two new Patient Partners have been interviewed who are currently undergoing induction and training with NHSBT, they will be invited to the 2026 KAG Meetings. For the 2026 meetings, G Jones proposed to ban acronyms, with a lay summary to accompany the papers for Patient Partners and Lay Members, to make the meetings as inclusive as possible.	
3	**Medical Director's Report**	
	Appointments D Manas advised that Caroline Walker is the Interim Chief Executive of NHSBT, the vacancy is being advertised. Assistant Medical Directors are deputising for D Manas; John Casey as Clinical Deputy and Rommel Ravanan as R&D Deputy. D Manas advised the Group that from 1st November 2025, Chris Callaghan has been appointed as PAG Chair, Irum Amin has been appointed as MCTAG Chair. Ben Stutchfield will replace G Jones to lead on Collaboratives. D Thorburn has been appointed as NHS England National Clinical Lead for Transplantation. Funding NHSBT has funding for the ARCs, work on matching and offering has started. The rollout of NRP has started, the ISOU work is almost completed, ending December 2025. H&I has funding issues. L Burnapp has progressed the Enhanced Recovery after Surgery (ERAS) programme well,	

	empowering patients. The Living Donor Living Transplantation programme is also going well. The NHSBT IT changes are ongoing. The vacant post of AMD for Utilisation is under consideration. The Transplant Oversight Group is being developed as a collaborative between NHSE and NHSBT. A Sub-Group entitled The National Transplant Clinical Panel, is led by D Manas and D Thorburn, focussing on quality measures, emerging concerns, Risk Management and monitoring Trust engagement with CUSUMs. Expressions of Interest have been sent to Centres to join the ARCs pilot scheme, the Lung ARC should start in December 2025. Kidneys that have been turned down by all centres will go to an ARC. There is a Paediatric Renal Transplant Summit on Friday 17th October, looking at Surgical workforce. A Patient Advisory Group has been set up with Jaz Palmer as Chair. Consent D Manas advised that the consent for organ donation is variable. For DCDs it's 50% for DBDs it's 80%, overall, it's 60%. An International Group delivered a week-long engagement event, with a report due on strengthening processes and improving donation. Histopathology D Manas confirmed that developing National Histopathology Services has started, with agreement from Commissioners to fund scanners and Pathologists. NHSBT have an agreement with University Hospitals Birmingham NHSFT who will be the billing agents and the Hub for Donor Characterisation and quality assessment for Kidneys.	
	3.1 ODT Hub Update	
	J Whitney advised the KAG members of her new role as Hub Transformation Clinical Engagement and Leadership Lead. With changes underway in ODT and Information Services, her current role is being advertised. She confirmed that there are 57 3-month forms outstanding currently, she will be writing to centres individually. G Jones advised that within the Annual Report there are a number of centres with no one-year or five-year outcomes and are therefore unmonitored. D Manas confirmed that this will be built into the work of the National Transplant Clinical Panel to monitor outcome and quality.	
	3.2 Organ offers via text	
	G Jones asked members to advise of the barriers to their centres receiving offers by text rather than telephone. Text message offering of organs is standard in the majority of kidney centres. The requirement for the Hub to contact centres directly, especially if through a hospital switchboard, can be time consuming for hub staff. Lack of mobile phone coverage was raised. K Brady advised that Leeds centre use a pager system with no option to use text messages with their telephone system. J Whitney advised that there is a second point of contact within the new system.	**All centres**
	3.3 Digital update	
	J Whitney provided a SCORE update with shadow modelling underway one week per month to test the viability of proposed Planned Arrival Window (PAW) timings and understand considerations and identify barriers which could impact implementation. SCORE will start in Autumn 2026, following an IT change. J Whitney confirmed that centres have completed surveys and shared concerns on progress, this information is shared with Commissioners and other centres who may have the same problem. She will share the presentation with the group after the meeting. J Whitney confirmed that flight costs for kidney, lung and liver transplantation have reduced.	**J Whitney**

	Centres confirmed that theatre capacity can be an issue with kidneys and pancreas arriving at the same time. While some centres have livers transplanted in a separate theatre or under a separate service, some centres only have a single transplant service only, covering all abdominal organ groups.	
	3.5 ARCs Programme: Kidney Workstream update	
	J Hunter provided an update on the ARC (Assessment and Recovery Centre) pilot to increase utilisation of organs. The pilot will need to show a utilisation rate above current levels to be successfully funded in the long term. The trigger for organs being offered to an ARC will be after the fast-track scheme, if an organ has not been accepted. Once organs are assessed and deemed suitable for transplant, the organs will be offered out though the fast-track scheme, with centres not in the fast-track scheme not receiving these offers.	
	3.6 Environmental Sustainability in Transplantation (ESIT)	
	M Welberry-Smith shared a presentation with the Group on the Impact of Climate Change. The UK Healthcare Act 2022 places a legal duty on Healthcare Organisations to reduce carbon emissions. 84% of the UK population want more action from Governments. The Environmental Sustainability in Transplantation (ESIT) Initiative have a Core Team, Steering Group and a UK-wide Green Champions network. The ESIT Strategy document was shared with members prior to the meeting. The Vision and Mission were shared following an online launch in April 2025. M Welberry-Smith asked Transplant Centres to engage, with an appointed Transplant Green Champion, to complete the Self-scoring ESIT dashboard upon receipt and to join the National SusQI Project. The presentation will be disseminated to members after the meeting.	**All centres** **M Welberry-Smith**
4	**Follow up on suspended patients**	
	G Jones advised in January 2025 that , 36% of the patients on the waiting list were suspended, a total of 3554. Almost 800 were suspended for two years or more, approximately 150 were suspended for five years or more. At that point NHSBT sent centres a list of patients who have been suspended for five years or more, asking for a review to either reactivate or remove the patients. 21 centres did not respond, this will now be reviewed again in the KAG January 2026 meeting, with a request for centres to continue to review their suspended lists in order to reactivate their patients.	**All centres**
5	**H & I update**	
	C Rosser presented a paper detailing no discrepancies reported from June 2024-June 2025 for Human Leucocyte Antigen (HLA) donor characterisation. There were a total of seven H&I/HLA related incidents with potential impact on kidney transplants reported by NHSBT between May and August 2025. Issues with incorrect HLA reports being sent to Labs are being investigated with the cause likely to be the requirement for manual transcription. These will be mitigated with digital offering. C Rosser is working with ODT Hub to offer training sessions. C Rosser advised that following discussions at previous KAG meetings on unsensitised patients with a matchability score of 10 who received kidney offers sooner than would have been expected,solutions are being investigated and hope to report back at the January meeting. The integration of HLA-DP unacceptable antigens into the cRF calculator tool has been discussed with NHSBT Statisticians, who are working to align the cRF prediction with the matching runs. G Jones advised on an incident in the Patient Safety Report with a known code error in the National Transplant Database (NTxD) which relates	

	to the listing of unacceptable antigens for recipients. The Clinical Scientists at those patients' centres have been contacted by NHSBT. KAG Members reported HLA reporting inconsistencies between H&I laboratories nationally due them being run independently. C Rosser advised that they're commissioned to provide a service. NHSBT do not stipulate as part of the contractual demands that they have to provide a level of HLA to a certain resolution. NTXD is not actually currently capable of handling the higher resolution typing. The ISOU recommendations support improving reporting resolution but this will be implemented by each laboratory independently and has cost and/or logistical implications.	
6	**HTA update**	
	6.1 Donor characterisation	
	J Porter, Head of Regulation for organ donation and transplantation at the HTA reminded members on the information that must be verified prior to transplantation as set out in the documentary framework. Annex A: Minimum dataset and Annex B: Complementary dataset were shared. J Porter highlighted that centres must document who has reviewed the data, e.g. donor details and characterisation information, as set out in Annex A. The records must be stored for 30 years.	
	6.2 Overseas transplantation	
	J Porter advised that regulations require a Clinician to report a reasonable suspicion of an offence of an organ donation/transplantation related offence or modern slavery offence. She confirmed that all UK patients travelling abroad for living and deceased transplantation and returning to the UK need to be reported to the HTA. Some clinicians are reporting when a patient is still overseas, but the investigation cannot be started while the patient remains abroad. There have been 68 reports so far, with 19 referred to the Police. Four cases were investigated by the police, with no action taken. 32 are still under investigation by the HTA. All cases must be reviewed to consider if the transplant has been accessed legitimately and lawfully outside of the UK. The April 2024 HTA guidance will be updated this year.	
7	**Commissioning Update**	
	R Braid provided a Commissioners' update from National Services Scotland, who continue to support the Service Management Teams with the SCORE implementation. They will review the feedback from the Scottish Centres from the SCORE survey with Service Colleagues. Meetings with Renal Services are held quarterly. The use of Imlifidase is monitored with one case to date. There will be Clinical representation at the Paediatric Renal Transplant Summit on Friday. D Manas provided an update on Commissioning for Renal Transplant Services, with NHS England deciding to keep with ICBs; 9 Super Regional ICBs not 27 individual ICBs, this may stay when it goes to the Department of Health.	
8	**Review of Fast Track Scheme participation**	
	G Jones confirmed that at present there are 15 centres in the Fast Track Scheme, three further centres have indicated that they will be joining when they have logistics in place. One centre is having ongoing discussions and a further 4 centres are unable to join the fast-track scheme at present due to logistical or staffing considerations. As previously advised, those centres not in the fast-track scheme will not receive offers under the ARCs Programme.	
9	**Organ specific report - 10-year data proposal**	
	G Jones asked if there should be more focus on long-term outcomes, with one-year and five-year graft and patient survival outcomes reported. To	

	produce ten-year survival metrics NHSBT Statisticians will require 75% return of the 10-year follow-up return forms It was acknowledged that some centres do not reach the 75% return rate for one-and five-year follow-up. The Annual Activity Report contains national data not centre specific data for 10-year survival metrics.	
10	**HLA selected cell update**	
	M Willicombe shared the paper to update members on a 6-month Pilot Clinical Programme at Imperial to determine if NHSBT could supply HLA selected blood for waiting list renal patients in a timely manner and if it was safe. The service has been extended to the Royal Free and Newcastle Hospitals. The service /requests can only be made within working hours with a turn round time of 48 hours. Emergency requests for blood are therefore not permissible. The pilot showed that 98% of requests were delivered within the 48hour in hours turn around time. A total of 467 matched units have been issued to patients over 18 months with a median ABDR mismatch of 3 compared to 5 in historical controls. M Willicombe advised that H&I Laboratories in Renal Centres will be approached. The aim is to roll out the program to all units over the next 2 years. the use of HLA selected blood will be at the discretion of the Clinician.	
11	**Living Donation Update**	
	L Burnapp provided highlights on the Living Donation Programme, to remind members that the October matching run is the first one where stand-up meetings are introduced, if centres are unable to schedule a transplant between the exchange centres within a fortnight. This was previously approved in the last KAG meeting. L Burnapp updated members on the Enhanced Recovery after Surgery programme (ERAS) in transplantation programme in living kidney donors. The transplant recipient programme is active and released on the NHSBT website, the donor programme will be delivered by mid-November.	
	11.1 Update to the algorithm	
	D Manlove presented his paper on simulations of enhanced algorithms for the UK Living Kidney Sharing Scheme (UKLKSS). Currently the UKLKSS allows exchange cycles with two or three recipient-donor pairs (2-cycles and 3-cycles) and chains triggered by non-directed donors with one or two recipient-donor pairs (2-chains and 3-chains, corresponding to the number of transplants obtained by these chains) L Burnapp advised of the aim for NHSBT to use enhanced matching software on the Kidney Sharing Scheme as part of its Digital Transformation Programme. D Manlove detailed the effects of the simulations allowing longer cycles and chains. They investigated the effect of increasing the number of recipient and NDAD arrivals per matching run and increasing both chain length and cycle number. The recommendations were that NHSBT should be open to introducing longer cycles and chains, including NEAD (Non-simultaneous Extended Altruistic Donor) chains, with potential future changes to the optimal objectives currently used for the UKLKSS. Should the recommendations be well received, it was proposed to develop new software for the UKLKSS in the future. Discussion was held by members on what software changes KAG members would like to see to the algorithm from a clinical perspective.	
	11.2 Unmatched NDADs for paediatric patients	
	C Brown presented the paper to the Group providing an update following an agreement in 2021 by KAG that unmatched non-directed altruistic donors (NDADs) in the UKLKSS would be offered preferentially to paediatric recipients on the deceased donor waiting list. This measure was	

	implemented to try to aid in managing the increase in the number of children who were on dialysis. This measure is reviewed annually by KAG. Since its implementation in July 2021, there have been 36 unmatched NDADs which have resulted in one offer to paediatric recipients. This offer was accepted and transplanted. In the last four matching runs, there have been 10 unmatched NDADs, none matched a paediatric recipient on the list, Of the 10 unmatched NDADs, 6 were aged over 60; 7 were blood group A and 3 blood group AB. 7 met the donor kidney complexity criteria. This will be reviewed after the April 2026 matching run and brought to the Summer 2026 meeting to discuss whether the scheme should continue. Although the impact to adult transplantation is low, the matching to paediatric recipients requires a labour intensive manual step with a low number of organs matched to paediatric recipients.	**C Brown**
12	**Patient Safety Update**	
	12.1 NTN registration incident INC9100	
	G Jones provided an update on an incident raised following a unit contacting NHSBT to advise that they had a patient who had been waiting for a prolonged period of time on the waiting list and had not received any offers. During the investigation it appeared that the patient's dialysis start date had not been reported correctly, meaning that they did not have the correct waiting time points. When investigating further this was found to be a registration issue. Out the 23 adult kidney transplant centres, most of the centres register patients using ODT online, there are 5 centres that still use NTN to submit their registrations to NHSBT. Within the NTN submissions there is no means to enter the patients' primary disease or dialysis start date. This requires a text entry in the "special instructions" box and subsequent manual transcription by NHS BT. Once centres have submitted their registrations on NTN, there is a requirement to go back into ODT online to make sure the registration is correct. In this instance the centre did not recheck the registration. G Jones asked those centres that use NTN to create a Standard Operating Procedure to make sure that their patients' registrations are correct and to consider registering patients using ODT online instead. He advised that the "specialist instructions" field will be unavailable moving forward and any centre that uses NTN for registration will be required to supplement their registration with ODT online.	
13	**KAG Paediatric Sub-Group Update**	
	H Jones provided an update from the KAG Paediatric Sub-Group, with the update to the HLA age match points change, active since 25th February 2025. There have been 38 transplants as at 8th October 2025, since 2019 there were between 42 and 50 deceased donor transplants, the modelling has accurately reflected the number expected. This data is also being analysed at centre level, at Evelina Children's Hospital, they have completed seven deceased donor transplants since the points change was introduced, six of these patients were on dialysis, some were long waiters, there was a mix of ethnicity and gender. H Jones will also be attending the Paediatric Renal Transplant Summit on Friday 17th October at NHS England. The National decline audit project to standardise the work-up of paediatric patients for renal transplant has been ongoing for two years, working alongside the prioritisation work. She raised the issues of transition of transplant patients from paediatrics to adult, asking if this should be considered for future discussion. The HLA age match points and non-directed altruistic donors will be brought to Summer 2026 KAG Meeting.	

14	**Recipient Coordinator Update**	
	K Brady confirmed that there was nothing to report or request from the Recipient Coordinator Team.	
15	**PAG Update**	
	C Callaghan thanked S White for his 5-year contribution as PAG Chair. He confirmed that the number of pancreas transplants has fallen in the last ten years resulting in less SPK transplants.	
16	**CLU Update**	
	G Jones provided an update in N Inston's absence; 1. The number of letters sent out in the last 6 months for decline queries has been minimal. 2. The practice regarding AKI donors appears to be variable - we will be doing some work on this. 3. The national organ utilisation conference (NOUC) is set for November 13th 2025 and is oversubscribed. 4. Whilst the CLUs are not directly responsible for the trust organ utilisation strategies many are involved in the drafting of these documents. Some concerns regarding trust engagement are being voiced. 5. The OU development team are developing a toolkit to assist in developing strategies and documents.	
17	**Feedback from Non-Transplanting Reps**	
	L Karamadoukis had no issues feedback. G Jones thanked L Karamadoukis and J Stoves for their contribution to KAG during their tenure as Non-Transplanting Reps.	
18	**Feedback from Trainee Reps**	
	M Manook provided an update from The Herrick Society who remain keen on a National TPD and are focussing on equity of access to training, following the BTS Conference Theme. Transplantation is very much surgically staffed by International Medical Graduates who are keen to progress. M Manook advised that The Herrick Society are due to survey their members on their opportunities, access and interest in paediatric surgical kidney transplantation. She will email the survey to D Manas and G Jones for them to speak to at Friday's Paediatric Renal Transplant Summit. N Kessaris has invited the Trainee Reps. to speak at the Paediatric Symposium at Guy's in December 2025.	**M Manook**
19	**Any Other Business**	
	M Vernon raised an exemption request at Leeds centre with G Jones. She will email G Jones who will convene a panel to make a decision, as per POL186. M Robb reminded members to complete the 30-day follow up form for Imlifidase treated patients. N Torpey confirmed that there have been nine transplants thus far utilising Imlifidase. G Jones informed members of an intent to review outcomes when 10 patients have been transplanted. C Brown advised members that NHSBT will be doing the next update of the donor age criteria this month due to the annual review. She will be emailing centres in the next few days.	**M Vernon** **All** **C Brown**
	19.1 Update on the SIGNET Trial	
	G Jones confirmed that the SIGNET Trial has now closed early. The SIGNET closure letter was disseminated to the group prior to the meeting.	
	19.2 Kidney outcomes with NRP	

	G Jones advised that papers had been shared with the group on behalf of C Watson, to raise awareness of the rollout of NRP, with data detailing the benefit of NRP in kidney graft survival.	
	19.3 Recruitment of Tier A patients to EMPRIKAL-2 Trial	
	N Kessaris detailed the proposal to review whether Tier A patients should be excluded from the EMPRIKAL-2 Trial. KAG members were asked to vote on the following proposals regarding the recruitment of Tier A recipients to the EMPIRIKAL-2 trial. Proposed options 1. Continue the restriction. 2. Lift the restriction. 3. Continue the restriction and review after a 6-month period of recruitment to allow monitoring of recruitment at all sites and further potential reallocation events. G Jones confirmed that a number of mitigations have been put in place, particularly making sure that the donor kidney is not treated until the recipient is safely under anaesthesia. Members voted unanimously for Option 2.	
20	**FOR INFORMATION**	
	20.1 QUOD Report - **KAG(25)25**	
	20.2 Patient prioritisation - **KAG(25)26**	