

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

**MINUTES OF THE THIRTY SIXTH MEETING OF THE
KIDNEY ADVISORY GROUP PAEDIATRIC SUB-GROUP**

Thursday 6th NOVEMBER 2025 12:00 - 17:00

**at Lewis Carroll Room, Post-Grad Education Centre, Nottingham City Hospital,
Hucknall Road, Nottingham, NG5 1PB**

ATTENDEES

Helen Jones

**KAGPSG Chair/Evelina Childrens Hospital
Representative**

Sarah Beale
Chris Callaghan
Martin Christian
Mairead Convery
Jan Dudley
Anusha Edwards
Iram Haq
Shuman Haq
Richard Holt
Nick Inston
Maria Jacobs
Joanna James
Katie Jones
JJ Kim
Rosemary Lamb
Omar Masood
Mordi Muorah
Jenny O’Gorman
Rob Pearson
Hitesh Prajapati
Ben Reynolds
Carla Rosser
Olivia Shaw
Mohan Shenoy
Vlad Shumyeko
Jelena Stojanovic
Afshin Tavakoli

Service Development Manager, NHSBT
PAG Chair/GOSH/AMD Organ Utilisation, NHSBT
Nottingham Representative
Belfast Representative
Bristol Representative
Bristol Representative
Surgical Trainee Representative
Southampton Representative
Liverpool Representative
National CLU/Birmingham
Statistics & Clinical Research, NHSBT
Transplant Coordinator, Leeds
NHS England
Deputy Medical Representative/Nottingham
Nottingham Representative
Leeds Representative
Birmingham Representative
Medical Trainee Representative
Surgical Trainee Representative
Leeds Representative
Glasgow Representative
OTDT H&I Lead, NHSBT
BSHI Representative
Manchester Representative
Glasgow Representative
Deputy Medical Representative/GOSH
KAGPSG Deputy Chair/Manchester Representative

IN ATTENDANCE

Cherrelle Francis-Smith
Alicia Jakeman

Clinical Support Services, NHSBT
Clinical Support Services, NHSBT

APOLOGIES

Shouja Alum, Richard Battle, Claire Lish, Derek Manas, Grace McCall, Charlie Pickles, Sarah Plant, Julia Sanpera, Kay Tyerman, Julie Whitney, Anthony Wrigley

ITEM		ACTION
1	Welcome and Apologies Declarations of interest in relation to agenda	
	H Jones welcomed KAGPSG members to the meeting. There was no Cardiff Representation. JG medical trainee rep was present to give updates from Newcastle.	
2	Minutes of the last meeting held on Thursday 8 th May 2025 - KAGPSG(M)(25)1	
2.1	Accuracy	
	The minutes from the last meeting were agreed as an accurate record of the last meeting.	
2.2	Action points arising - KAGPSG(AP)(25)21	
	Those actions not marked as complete were on the agenda for today's and 2026 meetings. AP3 HLA mismatch - on Agenda J Stojanovic advised the group that a paper on studies on a USA database is in print, she will send to members. She confirmed that with Paediatric patients, HLA matching does not increase the waiting time for children. Living donation provides better matching. AP4 - Harmonisation data H Jones advised that additional data sent NHSBT from centres is to be analysed following the introduction of the National immunosuppression protocol. This is a manual process to both complete the supplementary forms and enter data. H Jones suggested a new FTWG to look at this, with some forms outstanding and some centres not completing the forms. Need to review response rates.	J Stojanovic
2.3	Matters arising not separately identified	
	There were no matters arising.	
3	KAGPSG Membership	
	H Jones welcomed Rob Pearson, Surgical Trainee Representative to the Group, congratulating him on his Consultant post. Iram Haq and Julia Sanpera, Trainee Representatives, have sent apologies. It was noted that the Surgical Trainee Representative from Birmingham has not attended meetings and has also now been appointed as a Consultant. Alba Beuno's Trainee Representative role will require back-filling. The Group agreed that Eols will be sent to recruit into this post. H Jones advised that she has received interest from Nurses wishing to join the Group.	H Jones
4	Medical Directors update	
	C Callaghan provided an update in D Manas' absence. Appointments Caroline Walker is the Interim Chief Executive of NHSBT, the Chief Executive vacancy is being advertised.	

	Assistant Medical Directors are deputising for D Manas; John Casey as Clinical Deputy and Rommel Ramanan as R&D Deputy. C Callaghan has been appointed as PAG Chair, stepping down from his AMD Role. Irum Amin has been appointed as MCTAG Chair. G Jones will step down from his Collaboratives role, upon his appointment as KAG Chair, with Ben Stutchfield replacing G Jones as National Collaborative Lead. 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 Transplant Oversight Group (TOG) has rolled out a sub-group: National Transplant Clinical Panel (NTCP), focussing on Quality & Risk Management and monitoring of Trust engagement with CUSUMs. A Paediatric Renal Transplant Summit was held on Friday 17th October, attended by H Jones. Jas Parmer has been appointed as the Chair of the Patient Advisory Group. Consent The consent rates for DBDs is 80%, DCDs is 30%. C Callaghan confirmed that developing National Histopathology Services has started, with agreement from Commissioners to fund scanners and Pathologists.	
4.1	SCORE	
	S Beale provided an update on the NHSBT SCORE Programme; Stage 2 of Shadow modelling on the planned arrival windows (PAW) is underway. The first shadow modelling was completed between April and July 2025. There remains an aim to use flight resources better. Fewer flights were used during the modelling, with the closest NORS Teams allocated for organ retrieval. The new shadow modelling timeline was shared with the Group, the new digital go-live date is now October 2026 with the SCORE go-live date planned for January 2027. NHSBT are now engaging with H&I Labs. A Self-Assessment Survey has been shared with all Advisory Groups, with 38 responses so far. The QI code to complete the Survey was included in the slideset, with a request that Clinicians include the word 'Paediatric' when detailing their centre upon completion.	

	C Callaghan asked S Beale to provide an update on the introduction of group offering to the top five centres, for Cardiothoracic organs between 8-10am, Livers and Multivisceral organs between 10am and 12pm. For Tier A kidneys, these will be offered by named patient offering between 9am and 1pm. S Beale will share the presentation with the Group.	S Beale
	H&I Update - KAGPSG(25)05	
	C Rosser provided the group with an H&I update (see report). Discussions were previously held at KAG in June 2025 regarding an increase in rapid adult kidney offers (within days of activation) for patients with a matchability score of 10, but low cRF (<10%). The number of patients meeting these criteria increased from 3 (March 2023-March 2024) to 42 (March 2024-March 2025), coinciding with a change to how the matchability score is calculated. It was agreed at KAG that this represents inequity of access and NHSBT Stats have been asked to do some modelling - to report back early 2026. Further to this, at the PAG/PAG-ISG meeting in September 2025, it was mentioned that anecdotally there has been a reduction in the number of kidney-pancreas offers received by unsensitised Tier A recipients (i.e. long-waiters). It was discussed whether this could be linked to kidney only offers being prioritised for high matchability score patients. The integration of HLA-DP unacceptable antigens into the cRF calculator tool has been discussed with the NHSBT Statistics team and is being developed. Hopefully this will be available in early 2026.	
5	UK renal transplantation status	
5.1	Centres operating	
	Discussions were held with members on whether their centres have fixed transplant surgical lists. H Jones confirmed that should a transplant not go ahead because of theatres or capacity issues, D Manas will write to centres. Members provided updates for their centres for 2025: Glasgow - V Shumyeko and B Reynolds confirmed that their service is business as usual, they have a dedicated transplant list. They have completed both living and deceased paediatric transplants since 1st January 2025. Dialysis numbers still remain low, with only two patients on HD and three on PD, with two hovering near end stage. They have a transplant case planned for December. They have no major management issues and are waiting on Scottish government feedback on a business contingency plan/mutual aid agreement. Manchester - M Shenoy advised of no issues at Manchester, all transplant offers go to Liverpool centre. Nottingham - R Lamb and M Christian confirmed that	

	six paediatric patients have been transplanted this year, one patient at Manchester with another due in Manchester today. Nottingham have over 40 paediatric patients on dialysis still. Liverpool - R Holt advised that staffing is comfortable., all transplant offers go to Manchester. Leeds - H Prajapati confirmed that they have completed nine transplants this year. They have dialysis capacity, with some paediatric patients moving over to the adult service. Southampton - S Haq confirmed that have completed five paediatric transplants since December with only one deceased donor transplant. Their Haemodialysis Unit is full, they have two 16 year olds on dialysis. Long term patients are on the waiting list for 4/5 months which has increased post-pandemic. Evelina- H Jones also are struggling for access to Theatres. Now using day surgery unit lists for paediatric urology consultant to remove transplant stents but do have dedicated transplant theatre lists. Their Haemodialysis numbers are ok, but they have 22 patients on PD some with high complexity. Bristol - A Edwards confirmed that they don't receive very many offers, however they have completed two deceased donor transplants. 80% of their transplants are from living donors. Birmingham - M Muorah advised that they don't have a dedicated theatre list, despite ongoing discussions. Birmingham have completed 8 transplants this year, one LRD, with two LRDs planned for later in November. Haemodialysis is stretched with over 20 patients currently. He confirmed that when their patients turn 16 they can't go to their adult unit, they will move to the adult service aged 18 years old. Belfast - M Convery confirmed that they have transplanted 3 paediatric patients this year so far. Their dialysis capacity is fine with some patients leaving haemodialysis. They have appointed two new dialysis nurses. Belfast refer transplant patients for work-up for living donation and will have discussions with the living donation teams to clarify those patients that have been referred. A new Consultant Urologist has also been appointed. Newcastle - J Gorman provided an update, with a shift in moving patients to Home Dialysis. There has been a more recent issue in their PICU as it is very busy and will not accept patients over 16 years old. They have received one deceased donor offer this year. GOSH - J Stojanovic confirmed they have no current issues, they have completed 21 paediatric transplants this year.	
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	Their PD capacity is stretched. She confirmed that GOSH do have a fixed weekly renal list for transplants for both living and deceased transplant.	
5.2	Surgical Challenges	
	A Tavakoli and K Jones advised that the summit on 19th October was a success. A service disruption survey was completed. Service delivery complexity was discussed, with some FTWGs working on key areas, with a FTWG focussing on equity of service delivery. Recommendations were agreed on the day; Service disruptions - a national standard protocol for service disruption when triggered and when escalated Service delivery - a scoring system to define complexity, with the tariff to be discussed within the FTWG. Workforce - training regional fellowships, developing a national preceptorship scheme. Simon Kenney asked for patient and public engagement working alongside FTWGs. H Jones confirmed that there was good engagement, with every centre represented. She asked all members to circulate the email to colleagues to join the FTWGs. J Dudley confirmed that BAPN have patient and parent representatives who could be approached to join the FTWGs.	All
6	NHSE Transplant network working group update and Transplant Surgical Summit update	
	See above summary in 5.2 as combined agenda items.	
7	Clinically urgent scheme https://nhsbtbde.blob.core.windows.net/umbraco-assets-corp/35789/pol186.pdf	
	There have been no referrals for clinically urgent paediatric patients since the previous meeting.	
8	Use of the Kidney fast-track scheme in paediatrics	
	C Callaghan advised that he felt that the policy could be reworded to be made clearer. He reminded members that Fast-Track kidneys can be used in paediatrics, with 30% of kidneys offered via the Fast-Track scheme. Four kidneys for recipients under 18 have been transplanted through the Fast-Track scheme with good outcomes. In adults, ~85% 5-year graft survival for kidneys transplanted by the KOS and Fast-Track scheme. N Inston confirmed that not all centres are in the Fast-Track scheme, they can choose to join the Fast-Track scheme.	
9	DCD withdrawal times	
	J Dudley updated the group on the background to this item, previously discussed within the group; Bristol previously received an offer w didn't reach asystole within three hours. Further correspondence suggested that three hours to not accept or decline a kidney is a hard-stop for the Retrieval teams but this is not documented in Policies. The group were asked to consider this, with A Tavakoli clarifying that the Cold	

	Ischaemic Time definition with DCD organ; withdrawal time is to asystole, then functional Warm Ischaemic Time is more important. Two hours is recommended, the organ will not be accepted after 3 hours. Up to 3 hours the kidney can be fast-tracked to other centres. Cold Ischaemic Time starts at cross-clamp and the organ can be perfused. C Callaghan advised members that NHSBT commission NORS Retrieval Teams, they have guidance with a minimum time to stay for 3h then it is up to the NORS team. The guidance is available: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/34612/mpd1043.pdf	
10	Renal Transplant Collaboratives	
	H Jones advised that there is no paediatric collaborative currently. If a Paediatric Collaborative is created, a Chair will be required, when developed. She asked members how this could be taken forward. J Dudley confirmed there is a need for centres to support each other. However geographically this may cause issues rather than collaborating at a national level rather than collaborating at a national level which paediatric centres have already done with various projects. One National Collaborative was agreed, to formalise existing arrangements, with a KAGPSG Member being the Collaborative Lead. Noted there is a potential for overlap with the renal transplant network models of care work.	
11	Update following HLA vs Age point prioritisation in paediatric recipients - KAGPSG(25)06	
	M Jacobs presented the paper on the update on the HLA age points in the 2019 Kidney Offering Scheme, implemented on 25th February 2025, with a formal review due after 18 months. Data on the 7 months since the HLA age points update, from 25 February to 30 September 2025, was compared against the same period in 2023 and 2024. In 2025 there was a decrease in the number of kidney offers from DBD donors and an increase from DCD donors. The overall number of offers is lower. There have been 38 transplants in the 2025 period, compared to 27 in 2023 and 20 in 2024. There has been an increase in the proportion of DCD donor transplants, recipients aged 13-18 years old, HLA mismatch level 2 transplants, moderate matchability score transplants, and recipients with 'Black or Other' ethnicity. The demographic proportions for those transplanted will be compared to those on the waiting list to identify if related to any changes.	M Jacobs
12	Centre specific organ decline rates - KAGPSG(25)07	
	M Jacobs presented the paper, looking at offer declines by centre and by donor type for kidney-only transplants performed in the UK between 1 January 2015 and 30 June 2025. The outcomes of offering data relating to paediatric offers to named individual patients were analysed. Only	

	offers where the kidney was subsequently transplanted were included in the paper. It was noted that National paediatric offer decline rate for DBD donors (41%) was lower than the 2024/25 adult rate (51%). The national DCD offer decline rate was 56% which was slightly higher than the national decline rate for adult offers of standard criteria DCD donors (53% in 2024/25). The main reasons for decline are organ unsuitable and donor unsuitable. By centre, there was variation on the DCD offer decline rate. Members were asked to regularly review their reasons for declining kidney offers in order to minimise offer decline rates within their individual transplant centres.	All
12.1	Declining deceased donor offers KQuiP NHSBT QI project	
	J Dudley advised that the group are collecting a lot of data over two years. This data has not yet been analysed, although observations have been made. Not all centres have decline meetings, it was thought useful for a KAGPSG Member to attend their meetings and cascade learning. Members confirmed that shared centres both attend the decline discussions for their centres. A Edwards recommended inviting trainees to the decline discussions. N Inston advised members that local CLUs can aid these discussions, he asked members to contact him if they require further information on where the kidney was transplanted. H Jones will be invited to Nottingham organ decline meetings. The funnel plot of kidney decline rates will be sent with key points from the meeting for members to disseminate to colleagues.	All All R Lamb H Jones
13	CUSUM - KAGPSG(25)07	
	In December 2024 NHSBT updated the current paediatric CUSUM expected rates to ensure CUSUM monitoring is relevant to current practice. The updated rates moved to monitoring centres against the national expected rates. For centres where the centre-specific rate for deceased donor graft survival is less than the national rate, a report monitoring against their centre-specific rate is produced for reference only. There have been no paediatric signals in the two paediatric kidney transplantation CUSUM monitoring runs in the past twelve months.	
13.1	Follow up form return rates	
	J Whitney was not present at the meeting. M Jacobs advised that follow-up rates are currently reported by centre so work would be required to separate paediatric rates from adult follow up form return rates.	
14	Quality improvement & academic R and D	
14.1	Kidney transplantation in anuric children without lower urinary tract problems	
	S Haq advised that numbers are approaching 40. He will resend the information to R Holt.	S Haq

14.2	Paediatric use of the UKLKSS/ UKLKSS International Collaboration	
	M Christian requested that members ask a colleague from their centre to complete the survey from the QR Code provided. The 5-year cohort data will be presented at ESPN in 2026.  H Jones asked members for ideas for future projects; Early graft failure for paediatric patients could be considered as a future project, looking at the donor pool. N Inston asked members if they have been approached to join the Organ Utilisation Strategy Group. C Callaghan advised that letters have been sent to CEOs of all Trusts. He asked for questions to be emailed to him.	All All
15	Any Other Business	
	There were no additional items for discussion.	
16	For information	
16.1	Centre specific transplant list and transplant activity report - KAGPSG(25)08	
17	Date of next meetings: Wednesday 6th May 2026 via MS Teams Thursday 5th November 2026 Venue TBC	