NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION

MINUTES OF THE FIFTY FOURTH MEETING OF THE KIDNEY ADVISORY GROUP ON WEDNESDAY 10th JUNE 2026

10:00 - 15:30
Lecture Theatre 4, 1st Floor, Queen Elizabeth Hospital Education Centre, Birmingham, B15 2TH

ATTENDEES

Gareth Jones	**KAG Chair**
John Asher	Glasgow Representative
Atul Bagul	KAG Deputy Chair/Leicester Representative
Nick Barnett	Lead CLU, Guy's
Kathryn Brady	Recipient Coordinator, Leeds
Lisa Burnapp	AMD - Living Donation and Transplantation, NHSBT
Chris Callaghan	PAG Chair
Andrew Conner	Plymouth Representative
Katy Conner	Trainee Representative, Edinburgh
Aisling Courteney	Belfast Representative
Rachel Davison	Non-Transplanting Centre Representative
Geraint Dingley	Portsmouth Representative
Nick Earl	Assistant Director for Transplantation, NHSBT
Jonathan Ellis	Birmingham Representative
Ann Gath	Patient Partner
Abbas Ghazanfar	St George's Representative
Paul Harden	Oxford Representative
James Hunter	Kidney Clinical Lead - ARCs, NHSBT
Nicos Kessaris	Guy's Representative
Usman Khalid	Cardiff Representative
Makis Laftsidis	Royal Free Representative
Claire Lish	Lay Member
Helen Jones	KAGPSG Chair
Katy Jones	Newcastle Representative
Nicos Kessaris	Guy's Representative
Claire Lish	Lay member
Derek Manas	Medical Director, OTDT, NHSBT
Mihaela Marfa	H&I Scientist, OTDT Scientific Support, NHSBT/Observer
William McKane	Sheffield Representative
Sanjay Mehra	Liverpool Representative
Zia Moinuddin	Manchester Representative
Samuel Newman	Lead Nurse, SN-OD Team - South Central – OTDT, NHSBT
Natasha O'Brien	Guy's Representative
Belinda Otas	Patient Partner
Laura Pairman	Recipient Coordinator
Jas Parmar	Patient Partner Advisory Group Co-Chair
Mysore Phanish	Non-Transplanting Centre Representative
AnnMarie Pritchard	NHS Wales Joint Commissioning Committee
Sam Richards	Statistics & Clinical Research, NHSBT
Matthew Robb	Statistics & Clinical Research, NHSBT
Carla Rosser	OTDT H&I Lead, NHSBT
Avinash Sewpaul	Edinburgh Representative
Sapna Shah	BTS/King's Representative
Olivia Shaw	BSHI Representative, Guy's
Mick Stokes	Operations Manager - ODT Hub, NHSBT
Sam Turner	Bristol Representative
Madeleine Vernon	Leeds Representative

IN ATTENDANCE

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

APOLOGIES

Chloe Brown, Jo Chalker, Nick Earl, Jack Galliford, Anand Muthusamy, John O'Callaghan, Nick Torpey

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.*	
	G Jones welcomed attendees to the meeting. Apologies were noted. There were no declarations of interest.	
2	Minutes of the meeting held on 11th February 2026 - **KAG(M)(26)01**	
	2.1 Accuracy	
	The minutes from the last meeting were agreed as an accurate record of the last meeting.	
	2.2 Action points - **KAG(AP)(26)01**	
	AP1 – The request from John Dark to reinforce the need of follow-up forms to close the SIGNET trial was raised again - CLOSED. AP2 - Organ offers via text - no responses were communicated to the chair and assumption was made that all members were in a position to move to text organ offers in advance of digital offerring later this year, item on agenda - CLOSED AP3 - SCORE presentation was circulated - CLOSED Nominations were sent - CLOSED M Stokes will advise if centres haven't responded AP4 - ARCS - On agenda AP5 - NTxD recommendation to regularly download local waiting list in case of future NTxD failure - CLOSED AP6 - Waiting List Review/Follow up on long term suspended patients - Responses were received from the majority of centres- a number of centres- including Royal London, Guy's, Glasgow and West London have not responded. This will be re-reviewed. AP7 - Organ specific reports - 10-year data proposal It has been agreed by stats that this data will not appear in 25/26 report. This will be discussed at the next KAG meeting for consideration in the 26/27 OSR. AP8 - Tier A Kidney Offering Scheme simulations On Agenda. AP9 - Living Donation - Offering of NDADs to Tier A suspended for 2 out of 4 annual runs has been implemented- CLOSED AP10 - Commissioning Update. CLOSED	

	AP11 - FTWG - Anatomically challenged patients On Agenda, there has been slow progress on this FTWG, a new Chair will be appointed. AP12 - Intestinal allocation policy review - The GFR guidance has gone into Policy - CLOSED. AP13 - KAG Paediatric Sub-Group Update - On Agenda.	
	2.3 Matters arising, not separately identified	
	Imlifidase will be reviewed after ten patients treated. KAG understands 10 patients have been treated but NHS BT have only received 4 outcome forms. Members who work within units that have been performed Imlifidase transplants are asked to check they have sent the required follow up form for NHS BT for data analysis. G Jones asked for the MS forms to be submitted via the below link: https://forms.office.com/e/UJVvNrsfRv	**All** **G Jones**
	2.4 Key learning points	
	These will be sent out after the meeting.	
	2.5 New KAG Members and Centre representation	
	G Jones welcomed new members to KAG.	
	2.6 Updated KAG Terms of Reference	
	These were distributed prior to the meeting, for discussion at the next meeting.	
3	Medical Director's Report	
	D Manas provided an update; Appointments Chief Executive Frances O'Callaghan Karen Quinn is retiring, replaced by an Assistant Director for Transplantation; Nick Earl. John Casey is the MD Deputy, R Ravanan is now the CMO. Chris Callaghan is PAG Chair. Irum Amin is MCTAG Chair Jas Parmar is Chair of Patient Partner Advisory Group. Eight new Patient Partners have been appointed. G Jones is remaining working with the Collaboratives alongside Sern Lim. Anna Reed is CTAG Lungs Chair. Funding Funding for ARCs is being drawn down. DCD Hearts and NRP funding is available to rollout the NRP Programme. ISOU is closed. TOG and NTCP are up and running. A recent article on Cardiothoracic transplantation has been responded to. Concerns Islet transplantation programme has issues due to new technology requiring approval. HHV8 testing will be completed by NHSBT, a pre-donation test is being developed. Paeds Heart allocation is under review. COVID screening has stopped.	

	3.1 Follow up form return rates - **KAG(26)15**	
	M Stokes shared the Dashboard with the Group; detailing follow-up forms received from Centres. He asked Members for suggestions of changes to the Dashboard. G Jones reiterated the requirement for the data to be sent to NHSBT. He asked for the Dashboard to be sent quarterly. H Jones asked for the Paediatric data to be separated from the Adult data. L Burnapp asked for a similar Dashboard for Living Donation.	**M Stokes**
	3.2 ODT Hub Update	
	J Chalker was not present at the meeting. M Stokes advised that digital offering is being developed. G Jones advised the Group that he has seen the OrganPath system and centres will be able to electronically accept or decline offers for individual patients or the whole local list.	
	3.3 Organ offers via text - Centre responses	
	G Jones confirmed that, in the future, offers will be made by text only, there won't be any phone calls anymore. The system will override any silent system that is on phones if logged into the system. Go live is aiming for later in 2026.	
	3.4 Digital update	
	J Whitney was not present at the meeting.	
	3.5 Planned Arrival Window (PAW)	
	The digital update will be introduced prior to the PAW programme. PAW is aiming for Spring/Summer 2027.	
	3.6 ARCs Programme: Kidney Workstream update - **KAG(26)16**	
	J Hunter provided an update, with 9 Centres expressing an interest in accepting an ARC kidney. The go-live date is 31st August 2026. Roadshows are underway at all Centres. He advised of the potential for kidneys perfused 'in-house' to be re-offered if not transplanted by the Centre. The Group agreed that if a locally offered kidney is used for ARC establishment but not found to be suitable for implant at assessment, the Fast Track scheme would be triggered to offer on the kidney to other units who may wish to consider transplanting. ARC parameters would be made available to interested centres. The Steering Group have agreed four hours' travel time from the Centre.	
	3.7 Patient Engagement	
	J Parmar shared a presentation with the Group detailing the key components of the Patient Advisory Group. Laura Stamp is the Co-Chair. Core Themes have been developed, including clearer information and incorporation of PROMs and PREMs. Specific requests for the Advisory Groups were shared. The presentation will be shared after the meeting. The Patient Partners were present at the meeting, in agreement that the source of information is not easy to navigate. Peer to peer support was suggested as a useful tool.	**J Parmar**
4	Paediatric Liver/kidney allocation change - **KAG(26)17**	
	G Jones advised members that this paper has been presented at LAG, LAG Centre Directors and LAGPSG. A recommendation has been made for a change in the allocation of kidneys to paediatric recipients awaiting simultaneous liver and kidney transplants. M Robb advised	

	that there is no defined route for paediatric patients. The proposal is: Subject to no Tier A kidney patients, a kidney from a DBD donor would be reserved until the paediatric liver transplant centres had declined the kidney. There are two patients currently active. The Group agreed to support this change, this will be reviewed annually.	
5	H & I update - **KAG(26)18**	
	C Rosser provided an update with discrepancy monitoring, detailing two discrepancies in national Human Leucocyte Antigen (HLA) deceased donor characterisation reported in the past 12 months. There has been a small number of cases regarding how H&I data has been recorded, due to this being a manual transcription. This has been raised at the June NHSBT Clinical Audit, Risk and Effectiveness (CARE) group. There was a further unplannned NTxD downtime issue on 16th April, this required local allocation with ODT Hub unable to allocate organs. Centres were reminded of the importance of having a local download of their patient list. Donor Characterisation Electronic Result Transfer (DCERT) is utilised by 9 H&I laboratories currently, with the remaining 11 units hoping to go-live in the Autumn. The cRF calculator has not yet been updated, due to the workload of assessing the issue with Tier A recipients.	
6	Statistics and Clinical Research	
6.1	Tier A Kidney Offering Scheme simulations - **KAG(26)19**	
	M Robb provided an update on the Tier A scenarios, in Chloe Browns absence. Following the matchability banding change in February 2024 there was concern regarding a larger than anticipated increase in Tier A transplants, specifically an increase in the number of Tier A patients with a matchability score of 10 and a low cRF, who receive transplants very rapidly. Alternative criteria for achieving Tier A status were modelled and presented. Simulations were performed to understand the impact of these changes on transplant activity, and the results were presented. To implement any of the simulations presented, an IT change would be required which would cause a significant delay to resolution and require a change to NHS BT policy. • KAG members were asked whether a 2-stage solution should be implemented to initially address the issue in a timely manner, rather than waiting for a longer-term solution to be implemented. • KAG members were asked whether the matchability score banding should be reverted to the pre-February 2024 definition as a timely and easily implementable first stage of the solution, while longer term and more defined solutions are simulated and implemented. The Group agreed to revert to S4: Waiting time >7 years or matchability score 10 or 100% cRF applying the previous 2019 points bandings. In addition, a further paper will be	**C Brown** **C Brown**

	produced for the next KAG meeting, to present 3 of the simulations in order to make a decision on an alternative definition of Tier A that would require a longer-term IT change.	
6.2	Ethnicity Data - **KAG(26)20**	
	S Richards shared the paper with the Group investigating ethnicity differences in access to kidney transplantation. Waiting times across blood groups, ethnicity and matchability were presented. Patients of Black and Asian ethnicity continue to experience longer waiting times to kidney transplant and lower rates of pre-emptive listing compared to white patients. Patients with blood group B also have longer waiting times to kidney transplant compared to patients with other blood groups. The differences in outcomes will be analysed next.	
7	Living Donation - Update on International Collaboration - **KAG(26)21**	
	L Burnapp asked Centres to look at their Sharing Scheme data where there is a match but the transplant doesn't proceed. M Robb shared the presentation detailing the Recipients transplanted under the Scheme. The European Network for Collaboration on Kidney Exchange Programmes (ENCKEP) across Europe shows that UK has the biggest scheme. In 2023 a proposal was approved at KAG to explore and implement International collaboration in kidney exchange, to increase options for transplant for difficult to match pairs. A working group was established in 2025 to produce an implementation plan. A protocol has been developed but a memorandum of understanding has not yet been finalised. The European Kidney Exchange Programme (EURO-KEP) project objectives were shared.	
8	Commissioning Update	
	Welsh Commissioners provided an update on a new National Programme and Joint Commission of Chief Executives within each Health Board. Relationships will continue to develop with Clinical Colleagues. Scotland, Northern Ireland and NHS England were not present.	
9	FTWG - Anatomically challenged patients	
	G Jones advised that he will seeking a new Chair for this FTWG. He asked for Colleagues to email him if they wished to volunteer, he will contact members of the Group.	**G Jones**
10	Definition of graft failure - **KAG(26)22**	
	G Jones advised Members of an appeal for retrospective recognition of pre-transplant waiting time after a transplant had failed where the patient's graft had not been reported as failed to NHSBT. The point of graft failure in POL186 is not defined. Although return to long term dialysis and graft removal (NHS BT stats definitions of graft failure) is clear cut, the situation is less clear in patients who were pre-emptively transplanted or have sufficient function to remain	**G Jones**

	off dialysis but never achieve an eGFR over 15ml/min. Additional wording was suggested to address the policy shortcoming. This will be slightly amended and reviewed again in one year's time. This will not apply retrospectively. KAG members were reminded to register the graft as failed prior to 180 days to retain pre-transplant waiting time. Grafts that are registered as functioning post this time point should not be considered for retention of waiting time retrospectively.	
11	National Transplant Clinical Panel (NTCP) Dashboard - **KAG(26)23**	
	D Manas advised that KPIs will be developed and reported. The Dashboard/Outliers Report has been previously sent to Centres. Colleagues can complete a Disclosure form for items to be raised with the National Transplant Clinical Panel. G Jones encouraged Colleagues to review their Centre's report. A Quality Metrics report will be created next.	
12	Patient Safety Update - **KAG(26)24**	
	The report was shared prior to the meeting.	
13	KAG Paediatric Sub-Group Update	
	H Jones provided an update with some children moving to other UK centres under mutual aid. A National Model of Care and standardisation of work-up are ongoing. ERAS will be discussed within a working group.	
13.1	HLA Age point prioritisation - **KAG(26)25**	
	G Jones advised that following the change on 25 February 2025, the impact was reviewed, with an increase in the number of of offers to paediatric recipients and paediatric transplants. DCD decline rates have decreased to 56%, DBD decline rates have decreased to 34%, reflecting the work of the community to reduce organ offer decline rates. Despite the changes, the number of patients awaiting transplant on dialysis remains high and have not decreased significantly. Members agreed to continue this change to offering and review annually.	
13.2	Non-directed altruistic donors - **KAG(26)26**	
	M Robb detailed the content of the paper including the change in 2021 to offers made from unmatched NDADs in the UKLKSS to paediatric recipients first, ahead of the highest ranking recipient. He asked Members if they wished to continue with the change in matching runs. There has been one offer to a paediatric recipient on the transplant list since this change in the offering process was introduced in 2021. This offering process requires a significant manual work around and the number of kidney offers to paediatric recipient was low. Therefore, KAG members voted to discontinue the scheme but will be reviewed again if required in the future. A change will be made to the Living Donor Kidney Transplantation policv to reflect this change	M Robb
14	Recipient Coordinator Update	

	K Brady had no update for members.	
15	PAG Update	
	C Callaghan advised that the Pancreas waiting list has increased by 16%, transplants have decreased by 50%. A Pancreas Summit is scheduled for 30 June 2026. Islet Colleagues have technology issues with their COBE machines, a new PRISM machine is being introduced. This is not CE marked and requires validation.	
16	CLU Update	
	N Barnett has been in Post as Lead CLU for nine weeks. Ten kidneys that were high-quality offers were not used during the last nine weeks.	
17	Feedback from Non-Transplanting Reps.	
	R Davison and Phanish Mysore have been contacting Non-Transplanting Centres to ask Colleagues what priorities they have. They are looking at creating recommendations for the Centres.	
18	Any Other Business	
	L Burnapp asked Members to contact her if they wish to be part of the Living Donation Futures Workstreams.	**All**
Date of next Meeting: Monday 5th October 2026 via MS Teams		
19	FOR INFORMATION	
	19.1 QUOD Report - **KAG(26)27**	
	19.2 Living Donor Kidney Transplantation Activity Update - **KAG(26)28**	
Organ and Tissue Donation and Transplantation Directorate		**June 2026**