



**MINUTES OF THE ANNUAL GENERAL MEETING
HELD 10.00–12.00, 27 NOVEMBER 2021
By Zoom**

PRESENT:

Sue Lyon (Chair), John Connor (Vice Chair), Janice Stephens (Treasurer), George Brown (Trustee), Teresa Durkin (Trustee), John Ogilvy (Trustee), and 12 members.

INTRODUCTION:

The Chair opened the meeting at 10.00 am by welcoming all GSTTKPA members and speakers.

APOLOGIES:

Apologies were received from Sonia Moorhouse and Margaret Clare.

GUEST SPEAKERS:

Mr Benedict Philips, Transplant Surgeon in Training: GSTTKPA-funded research to improve outcomes of transplantation

Mr Phillips explained that the advantage of the new method of machine warm perfusion technology is that deceased-donor kidneys are maintained in a functioning state. This enables better assessment and the possibility of improving the kidneys' function.

Guy's is the second hospital in the world to use the technology clinically. The GSTTKPA-funded research has revealed that millions of donor-derived cells, including cytotoxic T-cells, remain in the donated kidney, and may cause delayed graft function. It may be possible to remove these cells to improve the functioning of the kidney, though experiments to date have shown that no difference in blood flow, urine flow or oxygen production compared to controls.

Mr Phillips will be presenting his research at the 2022 British Transplant Society meeting. Future investigations could look at the use of stem cells or nanoparticles using the technique.

Dr Dimitrios Moutzouris, Consultant Nephrologist: The role of peritoneal dialysis in treatment

There are two types of PD: continuous ambulatory peritoneal dialysis (CAPD), performed three to four times a day, or automated peritoneal dialysis (APD), which is done overnight and uses a machine.

Peritoneal dialysis (PD) is not suitable for everyone, but it has important advantages in that it is performed at home, and is suitable for people with heart disease and without haemodialysis access. Complications include exit site infections, peritonitis (which is the most serious complication, but a patient can be treated as an outpatient) and incorrect placing of the catheter.

It is not possible to say that PD is 'better' than haemodialysis (HD). There is no one 'best' method of dialysis. All types of dialysis have different advantages and disadvantages, and choice depends on the needs and preferences of each patient.

Dr Taryn Pile, Consultant Nephrologist : COVID-19 and its impact on the GSTT kidney unit

COVID-19 had had a massive impact on the renal unit.

- Transplants were suspended on 23 March 2020. They have now been restarted, but patients remain at high risk and so post-operative stays are as short as possible.
- In-centre dialysis patients are at high risk, which was addressed by several measures including a multidisciplinary Dialysis Tactical Team (DTT) and cohorting Covid+ patients (Guy's was one of the first units to do this). Mortality in the first Covid wave had been very low compared to other units, which was due to the work of the DTT.
- More people have started PD as it can be performed at home.
- There have been constant challenges on the inpatient wards. Staff were wearing uncomfortable PPE, communication had been a struggle, and they had also been affected by Covid. No visiting had been allowed, and patients had been given iPads to communicate with family.
- In-person outpatient activity had been reduced by 80% in March 2020. Patients were triaged for all clinics and virtual tools had been rapidly introduced.

The circumstances have improved:

- Vaccines against Covid are now available. Although most haemodialysis and PD patients respond well, immunosuppressed patients are less likely to respond, but real world data show fewer admissions and lower mortality among kidney patients.
- There is now a bundle of care for hospitalised Covid patients, thanks to the RECOVERY trial, including dexamethasone, monoclonal antibodies and antivirals.

Advice to patients in the Covid era:

- Maintain a healthy lifestyle and weight
- Use resources to maintain mental health
- Seek advice from the renal unit if you are concerned about your kidney care.
- Continue to follow Government guidelines

CHAIR'S REPORT:

Covid-19 has had a significant impact on GSTTKPA. The AGM was taking place by Zoom for the second time, 40th anniversary and other events had been cancelled, and the GSTTKPA Committee and Trustee meetings continue to meet online.

The Chair reminded the meeting of GSTTKPA's objectives: To promote the welfare of patients of Guy's and St Thomas' Hospital, and their satellite units and the Evelina London Children's Hospital, who are suffering from kidney disease or kidney failure and to support research at Guy's and St Thomas' Hospital.

Despite the ongoing pandemic, GSTTKPA has been able to continue to meet its objectives:

- Financial support for dialysis units and wards, including grants for Christmas gifts and Christmas cards
- Kidney Kitchen calendar for dialysis and AKCC patients
- Activity book for dialysis patients
- iPads for St Thomas' dialysis unit

- Commitment to support for Art on Dialysis project, beginning at the Borough Kidney Treatment Centre
- Support for young adult transplant football team for young adults at GSTT; discussions with Adult Transplant Games team
- Two issues of the GSTTKPA newsletter: spring and autumn, both print and online
- Continuing involvement by GSTTKPA members in the London Kidney Network, and national organisations, e.g. Kidney Care UK, UK Kidney Association.

The Chair ended her report by thanking the KPA Trustees and Committee for their support for the KPA and for her personally. She also thanked the team at GSTT kidney unit, for continuing to support patients during the pandemic.

TREASURER'S REPORT:

The Treasurer's key point was that the charity's finances for the year are good and there are £180,000 free reserves, which can be spent on projects the Trustees choose, and £600,000 of restricted funds where the Trustees should be seeking to spend money in line with those restrictions. The Treasurer is continuing to advise the Trustees to seek projects where these funds can be committed.

Overall income was £91,700 for this financial year, £50,000 higher than the previous year. Income varies, generally due to a single large donation or legacy:

- There were two legacies totalling about £70,000
- This was partly offset by reductions in income resulting from the pandemic.

Expenditure was £16,700, £39,000 less than the previous year. This reduction can be linked to the pandemic:

- The Transplant games did not go ahead
- There was no Fun Day
- Dialysis units were not able to organise their summer or Christmas events
- The Trust was not in a position to apply for research grants.

Expenditure included £3,350 for blood pressure machines, £4,600 for more restricted activities at the dialysis units and £5,400 of restricted grant to Professor Dorling.

Governance and administration costs include independent examiner fees, legal fees, insurance costs, bank charges and company secretarial costs.

Since this year's income was £75,000 more than costs, reserves have increased. The charity's balance sheet remains healthy with £852,500 in the bank and £842,500 of funds.

There are £239,000 of unrestricted funds. Charities are required to keep a reserves balance in order that they can keep running if income reduces suddenly and the Trustees have agreed to maintain this sum at 18 months of core costs covering running costs and key annual grants. Once this is set aside, the charity has £180,000 of 'Free Reserves' available to the Trustees to commit in line with the objects of the charity. The Trustees are working with the hospital to seek projects to commit these free reserves.

There are £600k of restricted funds, with £500k of this relating to a legacy from Miss Currie which is to be used for portable dialysis equipment. The Trustees are actively talking to the Trust about how this can be committed. The remaining restricted funds sit in a number of smaller funds to support transplant patients, psychological support and renal patients at the hospital.

In conclusion, the balance sheet is good and finances of the charity remain strong, However, in the current year, general donations continue to fall. The question facing the Trustees is

whether this will bounce back to previous levels, and if so when this will happen. The charity remains protected in the short to medium term, but in the longer term, if donations do not return to previous levels, GSTTKPA may need to reduce expenditure plans accordingly.

- Motion to approve the accounts:
Proposed: John Ogilvy
Seconded: George Brown
Agreed unanimously.
- Motion to approve employment of Avram Associates as Auditors:
Proposed: John Ogilvy
Seconded: John Connor
Agreed unanimously.

2020 AGM MINUTES AND MATTERS ARISING

There were no matters arising.

- Motion to approve the Minutes of the 2020 AGM:
Proposed: Janice Stephens
Seconded: John Connor

ELECTIONS:

Nominations for the officers of GSTTKPA:

- Chair: John Connor
Proposed: Charles Jaja
Seconded: Janice Stephens
Agreed unanimously.
- Vice-Chair: vacant
- Secretary: Sue Lyon
Proposed: Charles Jaja
Seconded: John Ogilvy
Agreed unanimously
- Treasurer: Janice Stephens
Proposed: Charles Jaja
Seconded: Nicos Kessararis
Agreed unanimously
- Committee:
John Addison, Adisa Akintola, Adora Beleno-Harriott, George Brown, Margaret Clare, Yvonne Dixon, Teresa Durkin, Omolara Fasegha, Nicola Ibe Charles Jaja, Mr Nicos Kessararis, Sonia Moorhouse, John Ogilvie, Nicholas Palmer, Dr Manish Sinha, Janice Stephens, Joao Teixeira
Proposal to re-elect the Committee en bloc:
Proposed: George Brown
Seconded: Charles Jaja
Agreed unanimously.

MEETING CLOSURE (11.45 am)

The Chair thanked all attendees at the meeting, especially the three speakers for their interesting presentations, and Trustees and Committee members for their support.

[ends]