

**UK TRANSPLANT  
SPECIAL HEALTH AUTHORITY**

**MINUTES OF THE TWENTY-NINTH MEETING  
OF THE SPECIAL HEALTH AUTHORITY  
HELD AT 12:00 NOON ON THURSDAY, 22 JANUARY 2004  
IN CONFERENCE SUITE 2, UKT, BRISTOL**

**PRESENT:**

Gwynneth Flower	-	Chairman
Margaret Branthwaite	-	Non-Executive Director
Dave Collett	-	Director of Statistics and Audit
Martin Davis	-	Director of Finance
Sue Falvey	-	Director of Donor Care & Co-ordination
Penny Hallett	-	Director of Communication & PR
Judith Mackay	-	Non-Executive Director
Alistair McGilchrist	-	Non-Executive Director
Gilbert Park	-	Non-Executive Director
Gurch Randhawa	-	Non-Executive Director
Chris Rudge	-	Medical Director
David Shute	-	Director of IT and Support Services
Sue Sutherland	-	Chief Executive

**IN ATTENDANCE:** Kathy Cardwell - Secretary

**APOLOGIES**

Apologies were received from Neil Goodwin and George Jenkins.

**1 DECLARATIONS OF INTEREST IN RELATION TO THE AGENDA**

1.1 No Member present declared a conflict of interest in relation to the agenda.

**2 MINUTES OF THE 28<sup>TH</sup> MEETING OF THE SHA HELD ON  
25 NOVEMBER 2003 - UKT(M)(03)8**

2.1 The Minutes of the meeting were agreed and signed as a true and correct record.

**2.2 Action Points – UKT(AP)(04)1**

- 1 The Medical Director requested clarification from Margaret Branthwaite on the precise nature of her query in relation to transplantation in legally incompetent adults. Margaret Branthwaite queried whether decisions such as this should only be based on the opinion of the clinicians involved. The Medical Director agreed to pursue this matter further.
- 2 See minute 5.2.
- 3 This item is ongoing to allow the Advisory Groups to comment on any protocol before the document is brought to the Board.

### 3 FINANCE AND BUSINESS PLANNING

#### 3.1 Financial Report to 30 November 2003 – UKT(04)1

3.1.1 The Finance Director confirmed that formal notification of the additional allocation of £390k had been received. However, the campaign cash and resource limit has yet to be formally issued. The Authority is continuing to comply with all financial targets and as at 30 November was showing an underspend of £183k.

#### 3.2 Financial Report to 31 December 2003 – UKT(04)2

3.2.1 The overall cash limit remained unchanged and formal notification is still awaited on the cash and resource limit for campaigns.

Confirmation has been received regarding the funding for 2004/05 although the Chief Executive of the NHS is not yet in a position to confirm full funding for 2005/06 onwards. The Finance Director reported an underspend of £375k as at 31 December 2003 with a forecast outturn in the order of £500,000. Following significant discussion, Members agreed that this was the inevitable result of the uncertainty regarding funding. The Board accepted that the Directors were focused on minimising the underspend and that one of the immediate benefits would be to extend the DVLA campaign for a further two months.

#### 3.3 Activity Report – December 2003 – UKT(04)3

3.3.1 Members noted the activity report showing the number of transplants undertaken in the financial year to end of December 2003. Kidney transplants from heartbeating donors continued to deteriorate, although significant improvements were reported in numbers of transplants from non-heartbeating and live donors. Cardiothoracic rates are satisfactory with a steady increase in lung transplants. Numbers registered for heart/lung transplants are decreasing whilst those registered for lung transplants continue to increase. The number of people registered for a liver transplant continues to increase although numbers of liver transplants carried out are falling. The Chief Executive reported that it is increasing unlikely that the annual target will be achieved for both kidney and liver transplants. Detailed analysis of the problem of relative refusal rate is underway and Members noted the importance of the investment in live and non-heartbeating programmes in slowing down the decrease in the number of kidney transplants. The wide variances displayed in the data on cornea only donors were queried. It was agreed that this data was not routinely required as the data on transplants was more helpful.

#### 3.4 Quarterly Performance Monitoring Report (October – December 2003) – UKT(04)4

3.4.1 The Chief Executive and Director of Finance had undertaken a formal review of internal performance for 2003/04. Members noted that in the majority of cases progress is satisfactory and targets would be achieved by the end of the year.

The Chief Executive reported a 20% increase in live donors & 17% increase in non-heartbeating donors. Consideration is being given to transferring funds to those schemes, which are proving more productive. Judith Mackay felt that mention should be made of the effect that the uncertainty of funding had on the liver and kidney transplantation figures for this year. Had the Authority received confirmation of the required funding then it would have been feasible to allocate more funds much earlier to those programmes proving more worthwhile, such as non-heartbeating donors.

## 4 PAPERS FOR APPROVAL

### 4.1 Draft Business Plan 2004/05 – UKT(04)5

4.1.1 The Chief Executive reported on the draft Business Plan for 2004/05, which has evolved with input from UK Transplant staff within individual directorates. Members were asked to approve the general intentions set out in the document. The draft Business Plan was approved with suggestions for minor alterations.

### 4.2 Extension of data collection contract – UKT(04)6

4.2.1 The Director of IT&SS presented a paper to the Board requesting an extension to the Innovex data collection contract, which expires in February 2004. It had originally been decided not to extend or re-tender the contract until the direction of the Information Strategy for the renal NSF was clarified. This was now seen as part of a long-term project (Integrated Care Record Service) and there would continue to be a requirement for a data collection service for some time. The Board therefore approved the extension to the Innovex contract for a further year. An explanatory paper would be presented to the next Audit Committee meeting in March.

## 5 PAPERS FOR INFORMATION

### 5.1 Patient consent – UKT(04)7

5.1.1 The Director of IT & SS summarised the aims of the pilot Consent Scheme Working Group and the outcome of the first meeting in November 2003. At this meeting agreement was reached on a number of issues. Draft guidelines, briefing notes, forms and information material would now be developed and the group agreed to pilot common consent procedures over a nine month period. A patient information leaflet would be produced for those patients who are waiting for or have already received a transplant and whose details are therefore already held on the NTxD. The aim is to start the pilot at the beginning of April 2004. Gilbert Park advised contacting the National Joint Registry, which had already made provision for obtaining explicit consent from patients.

### 5.2 UK Policy for management of potential organ/tissue donors with confirmed positive virology results – UKT(04)8

5.2.1 The Medical Director outlined the policy, which provides guidance on the management of potential organ/tissue donors with positive virology results. Members commented on the document and minor changes were recommended. This document will be circulated to all transplant co-ordinator teams and ICU Directors for reference as well as being available on the UKT website. The Medical Director also stated that he would investigate the possibility of submitting a paper on this subject to an appropriate medical journal.

## 6 EXECUTIVE DIRECTORS' REPORTS

### 6.1 Director of Donor Care & Co-ordination's Report – UKT(04)9

6.1.1 The Director of Donor Care and Co-ordination advised Members that both she and the Medical Director had been invited to take part in a working group to revise the Intensive Care Society Organ Donation Guidelines. The revised guidelines will be expanded to include non-heartbeating organ donation and tissue donation. Following wide consultation and approval by the ICS Council it is anticipated that the revised guidelines will be published by the end of 2004.

6.1.2 The relative refusal rate of 49%, which was recently highlighted by the Potential Donor Audit, was reported to be a cause of concern to the donor transplant co-ordinators. Donor transplant co-ordinators have been reminded of the importance of ensuring that all potential donors are checked against the ODR in order to advise the family of the known wishes of their relative.

## 6.2 Director of Statistics & Audit's report – UKT(04)10

- 6.2.1 The first meeting of the steering group set up by the NHS Information Authority to oversee the development of a national renal data set was attended by the Chief Executive and Director of Statistics and Audit. This will lead to a single data set for national clinical audit purposes and is expected to be completed by April 2005.
- 6.2.2 The Statistics and Audit Directorate are currently preparing a report comparing data on laparoscopic nephrectomy and open nephrectomy in live kidney donors. This would be submitted to the National Institute for Clinical Excellence (NICE) to be considered as part of evidence being prepared on the safety and efficacy of laparoscopic nephrectomy for live kidney donors.
- 6.2.3 The Director of Statistics and Audit reported on a meeting of the Alliance for Organ Donation and Transplantation held in December 2003. UK Transplant would be working with the Department of Health to develop and implement any funded programme proposed in relation to co-ordinating transplant related research across a number of countries. The Director of Statistics and Audit will also meet with statisticians from France and Italy to discuss methodological issues prior to the next meeting of the Alliance in early February.

## 6.3 Medical Director's Report – UKT(04)11

- 6.3.1 A summary of the principal items discussed at the KPAG meeting was given by the Medical Director. These included the establishment of a task force to review the Kidney Allocation Scheme; an analysis of issues surrounding the allocation of kidneys from non-heartbeating donors; and the annual review of the current Kidney Allocation Scheme.
- 6.3.2 The Medical Director informed Members that the Renal Transplant Services meeting will take place at 10.30 am on Friday, 19 March at the Royal College of Physicians in London. Members were encouraged to attend if at all possible.
- 6.3.3 The Medical Director reported that he had visited Mr Peter Butler, Consultant Plastic Surgeon at The Royal Free Hospital in London regarding the work he was carrying out on the establishment of face transplants. In view of the potential for adverse publicity on this issue and the way in which this might affect organ donation, Mr Butler was keen to work with UK Transplant in the future.
- 6.3.4 On the retirement of Mr J Engeset, Grampian University Hospitals NHS Trust had agreed that the Aberdeen Renal Transplant Unit should close. Members noted that all renal transplant services for Aberdeen patients were transferred to the Royal Infirmary, Edinburgh on 26 December 2003.

## 6.4 Chief Executive's Report – UKT(04)12

- 6.4.1 Members welcomed the letter from the NHS Chief Executive, Nigel Crisp, confirming the resolution of the funding shortfall for 2004/05 and acknowledging that UK Transplant needs to be able to plan ahead with the confidence of recurring funding.
- 6.4.2 The Chief Executive reported that formal notification has been received of the impending Review of Arms Length Bodies. The Board had discussed, in a prior session, the future strategic direction for UK Transplant with a view to discussing

the preferred solution with the DoH review team. It is anticipated that the review will be complete by June 2004.

- 6.4.3 Members noted for information the minutes of the Authority's formal accountability review meetings with DoH officials.
- 6.4.4 The Chief Executive updated the meeting on the latest situation with the Human Tissue Bill, which received its second reading on 15 January 2004. A possible opt out amendment is probably unlikely to succeed but Members welcomed the debate as it contributes to heightening the profile of transplantation. The Chief Executive stated that there is currently no provision in the legislation for transferring across the consent of the eleven million people on the Organ Donor Register. UK Transplant is in the process of writing to a select committee of MP's, the BMA etc. regarding this issue.
- 6.4.5 Members noted that, following consultation, the DoH will be issuing a framework and timetable for new pay and contractual arrangements for NHS Chief Executives and Directors in due course. Upon receipt of the framework the Board will be asked to agree the principles on which the new arrangements should be drawn. The detailed proposals will then be subject to review and approval by the Remuneration Sub-Committee.
- 6.4.6 The Chief Executive reported that in view of the change of external audit arrangements from the Audit Commission to the National Audit Office, she had received confirmation of her responsibility as the "accounting" officer for the Authority. This confirms a direct accountability to Parliament for the effective financial stewardship of the Authority.
- 6.4.7 The Board congratulated Dr Dave Collett on being awarded visiting fellow status at the University of Bristol.

## **7 ANY OTHER BUSINESS**

- 7.1 The Chief Executive reported that in light of the Arms Length Bodies review and work on the future of UK Transplant, the DoH had proposed to extend all non-executive appointments for a further year, after which a formal review of appointments would be made. The Chairman supported this approach. The majority of Members were due for reappointment in June 2004 with the Chairman due for reappointment in April 2004.
- 7.2 The Finance Director advised Members that the 15 July meeting of the Audit Committee and SHA would need to be rescheduled in light of the National Audit Office requirement to lay the Authority's accounts before Parliament. Due to the dates of the Parliamentary recess, these meetings needed to be brought forward and it was agreed that the revised date for the Audit Committee and SHA would be 5 July 2004. Members were asked to note this new date.

## **8 DATE OF NEXT MEETING**

- 8.1 The next meeting of the SHA would be on Monday 1 March 2004 at UKT, Bristol.