

**UK TRANSPLANT
SPECIAL HEALTH AUTHORITY**

**MINUTES OF THE THIRTY-FIRST MEETING
OF THE SPECIAL HEALTH AUTHORITY
HELD AT 11:00 AM ON FRIDAY 23 APRIL, 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
	Neil Goodwin	- Non-Executive Director
	Penny Hallett	- Director of Communication & PR
	George Jenkins	- Non-Executive Director
	Judith Mackay	- Non-Executive Director
	Alistair McGilchrist	- Non-Executive Director
	Gilbert Park	- 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 Gurch Randhawa.

1 DECLARATIONS OF INTEREST IN RELATION TO THE AGENDA

- 1.1 Alistair McGilchrist declared his interest as a hepatologist, who wished to support a live liver programme in Edinburgh.

**2 MINUTES OF THE 30TH MEETING OF THE SHA HELD ON
1 MARCH 2004 - UKT(M)(04)2**

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

2.2 Action Points – UKT(AP)(04)3

- 1 Screening for pregnancy of female potential donors: A meeting has been arranged with the Royal College of Obstetricians for advice. The target for completion of this item is September 2004.
- 2 Review of allocation rules re legally incompetent adults: Margaret Branthwaite advised that a change in legislation relating to the appointment of medical attorneys might negate the concerns on this issue. This would be discussed with the Medical Director outside the meeting.
- 3 Draft guidance on disposal of Board papers – See minute 4.7

2.3 **Matters arising, not previously identified**

2.3.1 There were no matters arising, not previously identified.

3 **FINANCE AND BUSINESS PLANNING**

3.1 **Financial Report to 29 February 2004 – UKT(04)23**

3.1.1 Members noted the report on the financial position as at the end of February showing that the Authority has a net underspending of £184k. The outturn for 2003/04 is forecast as showing a break-even position, taking into account agreed brokerage of £750,000.

3.2 **Financial Report to 31 March 2004 – UKT(04)24**

3.2.1 The year-end position shows a provisional net underspend of £85k, which will almost certainly reduce. There is a new requirement this year for the Authority to have a zero balance in the bank account at year-end, with any balance being deducted from next year's cash and resource allocation (unless brokered). The cash limit is fully drawn down except for a small balance, which will have a minimal impact on the 2004/5 cash and resource allocation. The Board congratulated the Director of Finance on achieving this position under difficult circumstances.

3.3 **Activity Report: March 2004 – UKT(04)25**

3.3.1 Transplant activity for 2003/04, based on preliminary year-end data, is encouraging with a very busy last quarter. In the majority of cases there was an increase in the number of transplants carried out over and above the same time last year, with cardiothoracic transplants showing significant increases. Whilst the cadaveric donor rate is disappointing there has been a significant increase in live kidney donors. Liver and kidney transplants from non-heartbeating donors have increased significantly in the last three years as a direct result of the establishment of new non-heartbeating programmes. There are still issues to be dealt with, particularly the high relative refusal rate and concerns surrounding the ability of the NHS infrastructure to cope with an increase in the number of transplants. The Chief Executive agreed to provide Members who requested it with an electronic copy of the data. Discussion took place on the issue of sharing this data with transplant units via UKT Advisory Groups and what could be done further to make it more widely available. With regard to corneas it was suggested that the Ocular Tissue Advisory Group might consider setting uniform criteria for patients requiring an ocular transplant.

3.4 **Quarterly performance monitoring report**

3.4.1 The Chief Executive advised that this report would form the basis for discussion at the Accountability Review with the Department of Health next week and would be included on the agenda of the next Board meeting on 1 June 2004. The majority of performance indicators had been achieved and there were no major issues for Board concern at this time.

4 **PAPERS FOR APPROVAL**

4.1 **Budgets 2004/05 – UKT(04)26**

Members approved the financial framework contained in the Business Plan in March and the Director of Finance outlined the proposed summary budgets for 2004/05. A small difference of £20k was noted, which reflects the adjustment to

employers' payment contributions. A 5% reduction in overall pay budgets is being targeted together with 2% efficiency savings in the non-pay budget. The Director of Finance recommended that the Authority approve the revenue and capital budgets for 2004/05, noting the risks relating to confirmation of allocations for 2004/05 and notification of allocations for 2005/06, with some relevant recurring elements. The Board approved the revenue and capital budgets for 2004/05 as notified and noted the risks identified.

4.2 **Living donor liver transplantation - UKT(04)27**

4.2.1 Various liver transplant centres in England and Scotland are developing proposals to start a programme of living donor liver transplantation. Advice is being sought from UKT on the appropriateness of such a programme by NSCAG and NSD. Following discussion with the Chairman of the UKT Liver Advisory Group, the Medical Director presented a position statement and recommendations for consideration by the Board. Detailed discussion took place on justification of the concept of living donor liver transplantation and the risks and benefits involved. The Board accepted the position statement and recommendations for submission to NSCAG and NSD. The Medical Director agreed to submit the position statement to NSCAG and NSD and to keep the Board informed on any future developments.

4.3 **Board paper re personnel/human resource contract – UKT(04)28**

4.3.1 The contract with NHSp for strategic personnel advice to UK Transplant is due to be re-tendered in May 2004 with a view to having a new contract in place by 1 October 2004. In view of the fact that the current arrangements are working well and the uncertainty surrounding the Arms Length Bodies it was agreed to extend the current contract for a further year, with marginal changes to the specification to reflect current working arrangements.

4.4 **Clinical governance strategy – UKT(04)29**

4.4.1 The Authority's clinical governance strategy was formally approved in March 2002 and due for review no later than March 2004. This had now been reviewed with minor amendments made to reflect changes to the organisational structure. Subject to a minor amendment relating to equity of transplant services across the UK, the Board approved the revised document and agreed to a subsequent review date of April 2008.

4.5 **Revised risk management policy – UKT(04)30**

4.5.1 The Authority's risk management policy was originally incorporated in the Clinical Governance Strategy, approved in March 2002. It was now proposed that this be a separate document in its own right and a revised version was submitted for Board approval. Since March 2002 the arrangements for reporting risk have changed, resulting in the policy being updated to reflect these changes. The risk action plan and risk register are now routinely reported to the Audit Committee with the full Board receiving an annual risk report. The Board approved the revised risk management policy with a review date of no later than April 2008.

4.6 **Clinical audit plan**

4.6.1 **Report on outcome of the clinical audit plan 2003/04 – UKT(04)31**

4.6.1.1 The Director of Statistics and Audit reported on the outcome of the action plans within the 2003/04 clinical audit. The majority of work has been completed

with the exception of some items which have either been superseded by other developments or which no longer have a high priority. It is proposed that for 2004/05 the clinical audit plan will summarise major areas of activity, in addition to detailing reports that are required at Advisory Group meetings. The Medical Director agreed to liaise with the intensive care audit group (ICNARC) to ascertain if any benefit could be gained from liaison with this group.

4.6.2 **Clinical audit plan 2004/05 – UKT(04)32**

4.6.2.1 Members noted the itemised plan for 2004/05 containing a list of individual audits for Advisory Groups. Discussion took place on the timescales for these audits, and specifically when the data could be used to address the issues under consideration, such as the relative refusal rate. Gilbert Park raised the possibility of improving the relative refusal rate by trialling a scheme whereby patients admitted to hospital would be asked for their position on organ donation in the same way that they are asked about resuscitation and their religious views. During discussion the Director of Communications & PR suggested that one solution might be for publicity about organ donation to be enclosed with hospital appointment information. The Director of Communications & PR agreed to liaise with Gilbert Park on this suggestion outside the meeting.

4.7 **Retention of SHA and sub-committee papers – UKT(04)33**

In order for the Authority to respond in a timely and consistent manner to all requests for information about SHA and/or sub-committee meetings it was proposed that a retention policy be drawn up for all SHA and sub-committee papers. The Director of I, T & SS produced a proposal that all copies of meeting papers issued to non-executive directors are returned at the end of each meeting, retained in the Chief Executive's office for a period of 12 months, and then destroyed. Similarly copies of meeting papers held by executive directors are destroyed after twelve months. Corporate Services will retain master copies of all papers indefinitely. Members agreed to the retention period although if individual non-executive members wish to retain their papers after each meeting they could do so. All copies of SHA and sub-committee papers would be destroyed at UKT after 12 months.

5 **PAPERS FOR INFORMATION**

5.1 **Health & safety report – UKT(04)34**

5.1.1 A report detailing progress on the recommendations made to improve health and safety provisions at UKT was received, together with details of health and safety issues that have subsequently arisen. Members noted completion of the actions required to address the independent review recommendations, and the continuing low level of safety issues.

5.2 **Annual risk report – UKT(04)35**

5.2.1 From April 2003 there was a requirement that the risk register and action plan would be presented at each meeting of the Audit Committee, with an annual report on risk management to be provided to the SHA. The revised risk management policy was approved at this meeting (see item 4.5 of these minutes) and members noted the summary of the changes to the risk register during 2003/04. The Director of I, T & SS agreed to review the detail of the risks on the register, which are reported to the Audit Committee, and to consider the timing of the report in relation to the Audit Committee meetings so that the

Controls Assurance Unit (CASU) returns could be reviewed at the same time. In future, the risk register and risk action plan would be presented to the SHA with the annual risk report. For this year, copies of the risk register and risk action plan would be circulated to members with copies of these minutes.

5.3 **Corneal retrieval services project group – UKT(04)36**

5.3.1 Members noted a paper from the Director of Finance updating the Board on the review of the current eye retrieval mechanisms in the UK. Over the period October 2004 to April 2005 UK Transplant intends funding eight Eye Retrieval Centre programmes on a cost recovery basis. Trusts will shortly be invited to bid for these programmes to commence funding in two phases.

6 **Executive Directors' reports**

6.1 **Director of Donor Care & Co-ordination – UKT(04)37**

6.1.1 The appointment of a fifth Donor Transplant Co-ordinator Regional Manager was noted. The Director of Donor Care and Co-ordination delivered a summary on the production and publication of various national policies, procedures and forms for Members' information. Margaret Branthwaite expressed concern regarding the national 'lack of objection' form and rationale and to what extent this will be affected by impending legislation. Whilst the form aims to standardise practice and ensure that informed consent is obtained from donor families it is recognised that it will have to change when legislation is enacted. The prime focus for the Donor Care and Co-ordination Directorate in 2004/05 is to minimise the relative refusal rate for organ donation and a detailed strategy will be presented to the Board in the near future.

6.2 **Medical Director – UKT(04)38**

6.2.1 The Medical Director advised Members of the key points from the Cardiothoracic Advisory Group. Namely the annual review of the cardiothoracic retrieval and allocation zones; and the results of a joint NSCAG/UK Transplant survey on the impact of the European Working Time Directives on cardiothoracic transplant units. It is likely that NSCAG and UK Transplant will wish to draw their concerns on the impact of the EWTD to the attention of the Department of Health.

Members also noted the main items for discussion at this year's Renal Transplant Services Meeting, held on 19 March, particularly the work being undertaken by the three working parties established by the Kidney and Pancreas Advisory Group. These are to review organ allocation, equity of access to transplantation, and the appropriate information that should be made available to the wider public concerning individual transplant units. Data on the impact of cold ischaemia time on the outcome of kidney transplantation highlighted the requirements to provide timely access to operating theatres for cadaveric renal transplantation.

The Medical Director reported on the International Forum on the Care of the Living Organ Donor.

6.3 **Chief Executive – UKT(04)39**

6.3.1 The minutes of the Department of Health Accountability/Business Plan meeting were received and noted.

The Chief Executive extended her congratulations to the Chairman on her reappointment for a further year until March 2005 and Members endorsed

this.

Members noted that the Northern Ireland equality scheme, originally submitted in January 2002, has been formally approved under Article 6, Schedule 9 of the Northern Ireland 1998 Act.

7 ANY OTHER BUSINESS

7.1 Margaret Branthwaite expressed disappointment at the recent Channel 4 programme “The Transplant Trade” which she believed contained misleading and inaccurate information and gave a negative impression of the present position on transplants within the UK. The Director of Communications and PR confirmed that UK Transplant had been approached by the programme producers and had directed them to sources of information, but had declined an offer to be part of a studio audience. It was agreed that the Chairman and Chief Executive would review the programme and concerns raised with a view to considering a formal complaint if necessary.

7.2 In response to a query on news on the Arms Length Body Review the Chief Executive advised that no details were yet known. Members would be notified as soon as any further details were received.

8 DATE OF NEXT MEETING

8.1 The next meeting of the SHA will be on Tuesday 1 June 2004 at UKT, Bristol.