

**UK TRANSPLANT
SPECIAL HEALTH AUTHORITY**

**MINUTES OF THE THIRTY-FIFTH MEETING
OF THE SPECIAL HEALTH AUTHORITY
HELD AT 11.00 AM ON FRIDAY, 15 OCTOBER 2004
IN CONFERENCE SUITE 2, UKT, BRISTOL**

PRESENT:	Gwynneth Flower	- Chairman
	Margaret Branthwaite	- Non-Executive Director
	Dave Collett	- Director of Statistics & 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
	Gilbert Park	- Non-Executive Director
	Gurch Randhawa	- Non-Executive Director
	David Shute	- Director of IT and Support Services
	Sue Sutherland	- Chief Executive
 IN ATTENDANCE:	 Kathy Cardwell	 - Secretary

APOLOGIES

Apologies were received from Alistair MacGilchrist and Chris Rudge.

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 34TH MEETING OF THE SHA HELD ON
1 SEPTEMBER 2004 - UKT(M)(04)6**

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

2.2 Action points – UKT(AP)(04)7

- 2.2.1
- 1 The Chief Executive advised that the Human Resources Advisor would be asked to produce a briefing paper on the injury benefit claim discussed at a recent meeting.
 - 2 The Director of IT&SS stated that the report on the patient consent pilot scheme had been amended to detail the process for dealing with consent for those patients too unwell to give consent at the time of registration.
 - 3 It was reported that discussions had taken place regarding a publication strategy for the data from the potential donor audit. The Director of Statistics and Audit will report back at the next meeting.

2.3 **Matters arising, not previously identified**

- 2.3.1 In response to an enquiry regarding progress on the national guidance on screening for pregnancy of female potential donors, the Director of Donor Care and Co-ordination confirmed that an update on progress would be given at the next Board meeting. Margaret Branthwaite also requested an update on a review of allocation rules re legally incompetent adults.

3 **FINANCE AND BUSINESS PLANNING**

3.1 **Financial report to 31 August 2004 – UKT(04)73**

- 3.1.1 Members noted the report on the financial position as at the end of August 2004 showing that a total of £5.04m had been drawn down with a month end bank balance of £329k. The Authority had an overall underspend, taking into account reserves, non-recurring expenditure and capital, of £499k. It is anticipated that full levels of expenditure will be achieved by year-end.

3.2 **Financial report to 30 September 2004 – UKT(04)74**

- 3.2.1 As at 30 September the cash drawn down was approximately 50% of the overall cash limit for 2004/05 of £11.679m and therefore on target. The overall underspend, taking into account reserves, non-recurring expenditure and capital, had increased to £602k. Budgets have been adjusted to reflect revised expenditure plans agreed with budget holders. As a result reserves have been adjusted and there is approximately £800k currently unallocated which could be redeployed for funding non-recurring expenditure.

The Director of Finance reported that, as yet, no details were available on funding for 2005/2006 or on funding of any transitional costs as a result of the Arms Length Bodies review. Discussion took place on future funding and the implications of the changes over the next year. The importance of protecting the financial position of UK Transplant during the transition was emphasised.

3.3 **Activity report – August 2004 – UKT(04)75**

- 3.3.1 All solid organ transplant rates remain pleasing with activity rates outperforming the rate for the same period last year. These increases are due to the increase in cadaveric donation from both heartbeating and non-heartbeating donors. Members noted that the report now shows the number of pancreas transplants performed either singly or with a kidney. The National Specialist Commissioning Advisory Group (NSCAG) now formally commissions these transplants and there is an expectation that more formalised arrangements for retrieval and allocation will lead to an increase. The target of achieving 12 million registrants on the Organ Donor Register is also likely to be achieved earlier than year-end if performance trends continue.

4 **PAPERS FOR APPROVAL**

4.1 **Senior Managers' pay award – UKT(04)76**

- 4.1.1 Members noted a request from the Human Resources Adviser for approval of a pay uplift for senior managers for 2004/05 of 3.225%. The Chief Executive confirmed that John Bacon, Group Director, Department of Health, had written to Strategic Health Authority Chief Executives on 23rd July confirming that the overall pay bill for NHS senior managers should be no more than 3.225%. The Board agreed to this request with effect from 1 September 2004.

4.2 **Single tender action & contract extensions – UKT(04)77**

4.2.1 The Director of Finance outlined requests for approval of three proposals under the Authority's Standing Financial Instructions and Financial Procedures. These were:

- a) To allow the University of Southampton to undertake a research project 'to investigate the end of life decision-making and hospital experiences of bereaved adults with whom organ and tissue donation for transplantation was discussed and who did not donate'. Two organisations submitted proposals for this project but only the University of Southampton was able to clearly demonstrate that it could meet the requirements of UK Transplant. The project will run for 1 year at a total cost of £96,191.69, which will fall equally between this financial year and the next. Members approved this single tender action.
- b) Due to the uncertainty over the requirements for the organisation of transport for organs for transplantation, corneas and surgical teams it was proposed that the contract with West Midlands Ambulance (due to end on 31 March 2005) be extended for a year from 1 April 2005 to 31 March 2006. This would be under the same terms and conditions as the current contract, but with an uplift in price in line with the NHS inflation formula from the current contract value of £169,000. Members approved the extension of this contract.
- c) The current contract with UK Transplant for the supply of single use instruments for eye retrieval is due to end on 30th November 2004. Both Bristol and Manchester Eye Banks are requesting a change to a specific new supplier who is more responsive to their needs and who can supply the kits at a significantly cheaper price. The contract value is such that single quotation action needs to be approved by the Authority. Members felt that there was insufficient information to make a decision and agreed to delegate this decision to the Director of Finance and Chairman of the SHA Audit Committee for further investigation. An update on the decision made will be provided at the next meeting.

The Director of Finance reported that the current payroll contract with Gloucestershire Finance Shared Services, which ends on 30th November 2004, had been extended for a further 6 months (to 31st May 2005) at the current rate of £8,594 p.a. This was due to uncertainty over the development of the National Electronic Staffing Record (ESR) System and the uncertainty over the Authority's requirements for payroll services in the future. Members noted this extension.

4.3 **Dates for SHA Board meetings 2005 – UKT(04)78**

4.3.1 Proposed dates for Health Authority meetings for 2005 were submitted for consideration. Members approved the proposals and were asked to advise UK Transplant if they were unable to attend on these dates.

5 **PAPERS FOR INFORMATION**

5.1 **Briefing note on European projects – UKT(04)79**

5.1.1 The Director of Statistics and Audit advised on UK Transplant's contribution to two major projects funded by the European Commission Framework Programme on Research, Technological Development and Demonstration. These are the European Group for Co-ordination of National Research Programme on Organ Donation and Transplantation (ALLIANCE-O) and Improving the Knowledge

and Practices in Organ Donation (DOPKI). The principal objective of ALLIANCE-O is to review a number of aspects of organ donation and transplantation in the participating countries, resulting in a harmonisation of best practice. The objectives of DOPKI are to improve organ donation rates by extending knowledge of the potential for organ donation and factors affecting whether or not a potential donor becomes a donor; and to investigate outcomes following donation from marginal donors and to define the limits for donor acceptability. UK Transplant will benefit from links that will be forged with Eurodonor through this project. Gilbert Park congratulated the Director of Statistics and Audit and his team for their work in these areas and Members acknowledged that this was an important step in heightening the profile of UK Transplant within Europe.

Discussion ensued on the implications of DOPKI and the transplant trade in existence in some European countries and any detrimental effect this may have on transplantation in the UK. The Chief Executive assured members on the rigorous procedures in place in the UK for accounting for organs and highlighted the agreements in place with some European countries. Gilbert Park suggested that it would be useful to know the numbers of UK patients who have gone abroad for a kidney transplant and which are now being followed up in the UK as well as the proportion of those transplants that then fail compared to those undertaken in the UK.

6 EXECUTIVE DIRECTORS' REPORTS

6.1 Medical Director's report – UKT(04)80

6.1.1 Members noted the Medical Director's report and the Chief Executive highlighted the decision made at the Cardiothoracic Advisory Group that, due to the uncertainty regarding the future of UK Transplant, Professor John Wallwork should continue as CTAG chairman until September 2005. This would allow the process to appoint his successor to start at the next CTAG meeting in Spring 2005. The Board endorsed this decision.

Discussion had also taken place at CTAG on living donor lung transplantation. As very similar concerns exist about both living donor lung and living donor liver transplantation NSCAG had asked CTAG for advice on the clinical situation. CTAG felt that living donor lung transplantation is an acceptable clinical procedure and NSCAG have now asked UK Transplant for a formal position statement. This will be submitted to the next meeting of the SHA Board.

6.1.2 Members noted that at the International Transplant Society meeting in Vienna in September the Global Alliance for Transplantation was launched. This was established to promote organ transplantation worldwide and to increase access to transplantation for patients in many countries where transplant programmes are still limited. UK Transplant has been asked to take a lead role in the statistics component of this project and members approved the recommendation that UK Transplant continues to take a leading role in these initiatives.

6.1.3 The Medical Director of UK Transplant had recently represented the UK at the Committee of Experts on Organisational Aspects of Co-operation in Organ Transplantation (SP-CTO) following the retirement of Dr Peter Doyle. Consideration needs to be given to future arrangements following Dr Doyle's retirement and the Board endorsed the recommendation that the Medical Director of UK Transplant should continue to represent the United Kingdom on this group as long as resources permit.

6.2 **Chief Executive's report – UKT(04)81**

6.2.1 The Chief Executive reported that in July 2004 the third phase of funding was allocated to non-heartbeating donor programmes, bringing the total number of these programmes across the UK to 15. The active programmes contributed to a 20% increase in non-heartbeating donors last year and UKT is currently undertaking a comprehensive review of all funded schemes in order to put forward evidence based proposals for funding beyond 2006. The report will be submitted to the Board for consideration at a future meeting. In response to a question regarding the detailed expenditure of programmes the Chief Executive confirmed that the arrangements vary from scheme to scheme but UKT does not fund routine transplant activity, the costs of which are borne by local or national commissioners.

6.2.2 The Chief Executive updated members on the funding of eight eye retrieval centres on a cost recovery basis. The first five centres were being funded from 1st October 2004 with the remaining three centres having been agreed for funding from 1st April 2005. In view of the current underspend situation it might be possible to bring forward the funding for these three centres.

6.2.3 Members were reminded that at the last Board meeting the Medical Director had confirmed that the National Specialist Commissioning Advisory Group (NSCAG) were going to transfer responsibility for the cardiothoracic and liver outcome transplant audits to UK Transplant. The Chief Executive reported that this decision had now been reversed and tabled correspondence from NSCAG received in response to her letter. Members noted that UK Transplant will commence a programme of regular and formal CUSUM analyses on liver and cardiothoracic transplant centres in order to assure the wider NHS of the quality of these services and to allow the Health Authority to meet its clinical governance obligations, whilst the responsibility for the audit remains with the Royal College of Surgeons.

6.3 **Director of Donor Care and Co-ordination's report – UKT(04)82**

6.3.1 The Director of Donor Care and Co-ordination advised members that at a meeting of the Intensive Care Society Working Group in September a final draft of the revised ICS Organ and Tissue Donation Guidelines had been produced. This is currently out for consultation and it is anticipated that the guidelines will be published by the end of the year. It was noted that the document will include national guidelines for non-heartbeating donation.

6.3.2 At the recent meeting of the Transplant Co-ordinators Advisory Group (TCAG) it was agreed that there was no longer a need for TCAG to meet on a regular basis. This was due to a lack of agenda items received which, it was felt, was a result of the excellent communication networks in place. The dates for 2005 would remain in the diary and the meeting agenda reviewed nearer the time.

- 6.3.3 In an effort to address the issue of the high relatives' refusal rate, a series of workshops was held to provide donor transplant co-ordinators with additional skills in approaching the families of potential donors. Approximately 95% of donor transplant co-ordinators have attended these workshops. The Director of Donor Care and Co-ordination reported on the success of the training, which was given by two trainers from the USA who have been providing training in the field of organ and tissue donation for over 20 years. The first two workshops have been extremely well evaluated and a further three workshops have been held this month.

7 ANY OTHER BUSINESS

7.1 Feedback on annual report

The Board noted a letter from a Chief Executive of an NHS Trust expressing appreciation to UK Transplant and the transplant team involved in the donation of a living kidney to a close relative. The impact of the Authority's annual report in this situation was also highlighted.

7.2 NHS Organ Donor Register – 10th Anniversary

The Director of Communication & PR reported on the activities held in Trafalgar Square on 6th October 2004 to highlight the tenth anniversary of the Organ Donor Register. There was national media coverage for the event. The Director of Communication & PR thanked all those Directors who were at Trafalgar Square to support the patients, NHS staff, recipients and drama students taking part. There has been an overwhelming response to the event with calls to the organ donor line rising from an average of 80 – 100 calls per day to 1,683 on 6th October together with an increase in the number of visits to the UK Transplant website from 1,268 on 5th October to 7,964 on 6th October. This level of interest has been sustained since the launch.

On 12th October 2004 Prime Minister Tony Blair welcomed ten transplant recipients to a reception at Downing Street to celebrate the tenth anniversary, as well as donor families, a leading transplant surgeon and representatives from UK Transplant.

8 DATE OF NEXT MEETING

- 8.1 The next meeting of the SHA will be held at 12.30 pm on Monday 22 November 2004 in Conference Suite 2, UKT, Bristol. The Chairman confirmed that, in her absence, George Jenkins would be chairing this meeting.