

**UK TRANSPLANT
SPECIAL HEALTH AUTHORITY**

**MINUTES OF THE THIRTY-SIXTH MEETING
OF THE SPECIAL HEALTH AUTHORITY
HELD AT 12.30 PM ON MONDAY, 22 NOVEMBER 2004
IN CONFERENCE SUITE 2, UKT, BRISTOL**

PRESENT:	George Jenkins	- Acting 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
	Penny Hallett	- Director of Communication & PR
	Judith Mackay	- Non-Executive Director
	Alistair MacGilchrist	- 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 Gwynneth Flower and Neil Goodwin.

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 REPORT BACK FROM AUDIT COMMITTEE MEETING HELD EARLIER

2.1 George Jenkins reminded members that they had asked the Audit Committee to monitor the use of livers from non-heartbeating donors in two particular units. The Medical Director confirmed that, having monitored the situation, UK Transplant is satisfied that the correct procedures are in place and being adhered to. A report to this effect has been sent to the Deputy Chief Medical Officer.

2.2 The Committee reviewed the main internal audit reports and progress on internal audit to date and no significant issues were raised. The Management Letter from the National Audit Office was also discussed. Consideration was given to the addition to the risk register of the risks surrounding the Arms Length Bodies review. A detailed report on the review is included in the closed session of this Board meeting. The Committee will continue to manage the risk register around the core business whilst taking into account the additional risks from this review.

3 MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 5 JULY 2004 – UKTAUDIT(M)(04)2

- 3.1 The minutes of the Audit Committee Meeting held on 5 July 2004 were accepted.

4 MINUTES OF THE 35TH MEETING OF THE SHA HELD ON 15 OCTOBER 2004 - UKT(M)(04)7

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

4.2 Action points – UKT(AP)(04)8

- 4.2.1
- 1 Item discussed at the closed session of this meeting.
 - 2 See minute 8.1.
 - 3 The protocol on screening for pregnancy of female potential donors had been endorsed by the Royal College of Obstetrics & Gynaecology and had now been circulated to the BMA Ethics Committee and the Intensive Care Society for comment. Gilbert Park felt that this should be considered by the Royal College of Pathologists and the Medical Director agreed to pursue this.
Regarding the review of allocation rules re legally incompetent adults, Members noted that the Mental Capacity Bill, which is currently going through Parliament, might resolve this matter. It was agreed that any further work on this issue would be deferred until the Bill is completed. The Medical Director would then update Members on the situation.
 - 4 The Finance Director reported that the proposal for single quotation action for the supply of single use eye retrieval instruments had been reconsidered and the decision taken to seek competitive quotations for this work. The result was that Malosa would be awarded the contract as they quoted the cheapest unit cost for these instruments in line with the original recommendation.

4.3 Matters arising, not previously identified

- 4.3.1 There were no further matters arising from the minutes of the previous meeting.

5 FINANCE AND BUSINESS PLANNING

5.1 Financial report to 31 October 2004 – UKT(04)85

- 5.1.1 Members noted the report on the financial position as at the end of October 2004 showing that a total of £7.11m had been drawn down with a month end bank balance of £158k. The overspend against routine activities is currently £12k. The net underspend, taking into account reserves, non-recurring expenditure and capital, is £535k. Likely year-end cash and expenditure balances are being actively monitored. Directors have reviewed the proposals to redeploy reserves and agreed to fund additional projects totalling £223k, although this situation will be kept under review. Members discussed these additional projects and the Director of Communications agreed to provide information on the expected benefits/response rate from radio advertising.

5.2 Annual management letter and report on accounts – UKT(04)86

- 5.2.1 The annual Management Letter and report on accounts produced by the National Audit Office had been considered at the Audit Committee earlier today. The Director of Finance reported that the NAO had certified the accounts as giving a true and fair view. The Authority was found to be well controlled with only three minor issues highlighted. In future years it was expected that the NAO would be looking in more depth at value for money and management matters.

5.3 **Activity report – October 2004 – UKT(04)87**

- 5.3.1 The Chief Executive reported on transplant activity as at the end of October 2004. Solid organ transplant rates remain satisfactory, although the number of lung transplants has decreased against last year, affecting the overall rate of cardiothoracic transplants. This requires more detailed analysis as, although it appears that fewer lungs are being donated, the number of cadaveric donors is higher than at the same time last year. Members commented on the decreasing numbers actively registered for a heart/lung transplant and the Medical Director advised that the biggest single reason for this reduction is better medical management, reducing the need for transplantation. The numbers of cardiothoracic, liver and cornea transplants anticipated at the year-end is likely to be achieved, if not exceeded and the performance of the Organ Donor Register continues to be very satisfactory with 20% of the population now on the ODR.
- 5.3.2 Presentation of the activity data was considered. It was agreed that the current format had evolved into an effective report. In response to a request from Gilbert Park the Chief Executive agreed to consider the appropriateness of reporting donor data.

6 **PAPERS FOR APPROVAL**

6.1 **Freedom of Information and records management policies – UKT(04)88**

- 6.1.1 The Director of Information, Technology and Support Services outlined two new policies on freedom of information and records management. These policies, supported by appropriate procedures, set out how the Authority will comply with the provisions of the Freedom of Information Act 2000 and Department of Health Guidance, together with the Lord Chancellor's Code of Practice on the Management of Records issued under section 46 of the Act. The Board approved the draft policies, which will now form part of the Authority's Policies and Procedures and which will ensure the Authority complies with its legal obligations under the Act until its abolition in October 2005.

6.2 **Cendris contract – UKT(04)89**

- 6.2.1 The contract for the processing of paper registrations for the Organ Donor Register (ODR) was placed with the current contractor, Cendris, in April 2002 for a period of three years with the option to extend it for a further two years. When the contract was originally tendered Cendris was the lowest at £45 per 1000 forms, with the next lowest at £85 per 1000 forms. Having secured the contract Cendris realised that the bid they had submitted was too low and sought to negotiate an increase in the contract price with the Authority, which was rejected. Despite the issues surrounding the price Cendris have provided a good standard of service, creating the input screens and applications to process the forms. In addition the company responded well in processing increased volumes of applications as a result of the Local Authority campaign. In view of their performance Cendris have been asked to consider an extension of the contract for a further two years and have agreed subject to an increase in the price to £75. The Director of Information, Technology and Support Services recommended that the contract with Cendris be extended as the increase in the contract price is still competitive and represents good value for money. Additionally, the Board noted that there is no comparable service operated or managed by the National Blood Service that the Authority could consider using. The Board approved the extension to the Cendris contract for a further two years.

7 PAPERS FOR INFORMATION

7.1 Annual report on contractors – UKT(04)90

7.1.1 The annual report identifying the major contractors used by the Authority was presented for information. Members accepted the report and noted that the contract with Quintiles for the data collection contract is currently being re-tendered through OJEU and a proposal will be brought to the Board in January 2005 for approval.

7.2 Quarterly performance monitoring report: July to September 2004 – UKT(04)91

7.2.1 The Chief Executive presented the performance monitoring report for the second quarter and confirmed that the performance across the Authority is satisfactory and targets are being achieved within set timescales. Members noted the figures for Human Resources, indicating a staff turnover of 16.41% compared to 18.9% in the previous quarter, together with a low sickness absence of 2.22% compared to 2.77% in the previous quarter. These indicators reflect a committed and loyal workforce with turnover and sickness rates very much lower than seen elsewhere in the NHS.

7.3 Test of contingency plan: 3 November 2004 – UKT(04)92

7.3.1 Members noted that the third user test of the Authority contingency plan was carried out on 3 November 2004. Since the last test the previous contingency service supplier has been taken over by IBM, which has introduced new invocation rules. The invocation procedures operated by IBM worked very effectively and the contingency site systems were up and running and fully operational within 40 minutes, the shortest time taken so far for the system to be fully operational. The testing of the failover of the telephone system to the contingency site will be taking place as soon as possible.

7.4 Review of the impact of three initiatives for improving organ donation rates in the UK – UKT(04)93

7.4.1 Three funded schemes were implemented on three-year fixed-term service level agreements between UK Transplant and the recipient NHS Trust to maximise the number of solid organ donors within the UK. These were the implementation of a Donor Liaison Scheme to maximise cadaveric donation within Intensive Care Units, a Living Renal Donor Co-ordinator Scheme to increase the number of living donor transplants, and a Non-heartbeating Donor Scheme to increase non-heartbeating donation. The additional funding for these schemes was awarded on submission of a business case to cover the period 2001-2006. Members noted that there is very clear statistical evidence that the living donor and non-heartbeating schemes have been very effective in increasing the numbers of solid organ donors. The Donor Liaison Scheme has increased the number of cornea donors and also appears to have had an impact on public and NHS awareness of organ donation in their locality. However, there is no statistical evidence of an increase in solid organ donors. Both the Living Renal Donor Co-ordinator scheme and the Non-heartbeating Donor Schemes are also highly cost effective. Members agreed that the outcomes of this review should be used to influence the five-year corporate plan (2006-2011) of the new Authority. The Chief Executive would be forwarding this report to the four Health Departments in the UK with a recommendation that the current level of investment in organ donation initiatives has been proven to be cost-effective and should therefore be maintained.

Consideration should be given to expanding the number of non-heartbeating and live donor programmes and to incorporate the successful elements of the donor liaison schemes into alternative new initiatives following the expiry of the current service level agreements. A suggestion to publish these outcomes in the British Medical Journal in order to heighten awareness of the schemes would also be considered.

8 EXECUTIVE DIRECTORS' REPORTS

8.1 Director of Statistics & Audit's report – UKT(04)94

8.1.1 As requested at the last meeting data on those patients undergoing kidney transplants abroad and being followed-up in the UK were reported. Alistair McGilchrist commented that although the numbers are perhaps not as high as expected they are still significant and should not be ignored.

8.1.2 The Director of Statistics and Audit reported that consideration had been given to a publication strategy for the Potential Donor Audit and agreement reached on the most appropriate way to increase awareness of these findings. The report has been sent to Regional Managers for dissemination to all Transplant Co-ordinators and will be placed on the websites of both UK Transplant and the British Transplantation Society. A paper, based on a poster presentation at the 2004 International Congress of the Transplantation Society in Vienna, has been accepted for publication in 'Transplantation Proceedings' and a further article is being prepared for the British Medical Journal. In addition to publication the audit will be used by senior managers and clinicians to develop a strategic response to the findings of the audit.

8.1.3 Members noted that a new project board had now been set up to develop a dataset to provide longitudinal information on all patients with end-stage renal failure, from time of diagnosis until death. This would take over from the project begun over a year ago by the NHS Information Authority that was postponed as a consequence of their abolition.

8.2 Medical Director's report – UKT(04)95

8.2.1 The Medical Director reported on a meeting of the National Blood Authority at which he had been invited to talk on the role of UK Transplant in the NHS.

8.2.2 The meeting of the UKT Patients' Forum scheduled for October had been cancelled due to several members being unable to attend. The meeting has been rescheduled for January 2005.

8.2.3 The Pancreas Task Force met on 29th October 2004 with the addition of representation from the transplant unit in Cardiff, which had recently been commissioned to undertake a pilot programme of kidney pancreas transplantation. The Medical Director drew members' attention to an issue raised at the meeting surrounding the development of pancreas islet transplantation. This is currently a developmental procedure, which from the clinical point of view is a preferred option for some patients. This may need to be considered as a clinical procedure once the research project, funded by Diabetes UK, is complete and proves to be a success. Members agreed that the Department of Health should be made aware of the fact that UK Transplant could play a significant role in the allocation of pancreata for this purpose.

8.3 Director of Communication's report – UKT(04)96

- 8.3.1 The Director of Communication updated members on the programme of national and local activities to celebrate the tenth anniversary of the Organ Donor Register. Six transplant teams around the UK have been allocated funding by UKT to stage events and activities aimed at raising awareness of organ donation and transplantation in their local area and encouraging people to join the register.

8.4 Chief Executive's report – UKT(04)97

- 8.4.1 The Chief Executive circulated a copy of "Saving Lives, Valuing Donors – a Transplant Framework for England – One year on" which was formally published by Rosie Winterton, Minister for Health, at the recent National Kidney Federation conference. Significant progress has been made in the last year, due to the work of both those directly involved in transplantation services and a wide range of stakeholders.
- 8.4.2 Members noted that in advance of the establishment of the new Human Tissue Authority, the Department of Health have established a working group to undertake some preliminary work on the Codes of Practice that will be required by the legislation. Both the Chief Executive and the President of the British Transplantation Society have been invited to join this group and will endeavour to ensure that the Codes of Practice are comprehensive enough to allow the continual development of high quality transplantation services.
- 8.4.3 The Authority's formal accountability review took place on 27th October when Department of Health officials confirmed their satisfaction with progress against the aims and objectives of the business plan.

9 ANY OTHER BUSINESS

- 9.1 The Medical Director reported on the death of Mollie McGeown, who established the Northern Ireland Renal Service and was instrumental in the development of national kidney sharing. Members noted that details are awaited of a memorial service at which it is hoped UK Transplant will be represented.

10 DATE OF NEXT MEETING

- 10.1 The next meeting of the SHA will be held at 11.00 am on Friday 14 January 2005 in Conference Suite 2, UKT, Bristol.