

**UK TRANSPLANT
SPECIAL HEALTH AUTHORITY**

**MINUTES OF THE THIRTY-EIGHTH MEETING
OF THE SPECIAL HEALTH AUTHORITY
HELD AT 12.30 PM ON THURSDAY, 24 FEBRUARY 2005
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
	Penny Hallett	- Director of Communication & PR
	George Jenkins	- Non-Executive Director
	Alistair MacGilchrist	- Non-Executive Director
	Judith Mackay	- 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, Gilbert Park and Gurch Randhawa.

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 reported on the issues from the Audit Committee. There was particular focus on risk management, both in the context of the existing risk register and the additional risks of managing the organisation in the lead up to the change to NHS BT whilst continuing to deliver the normal level of service. Particular focus would need to be given to those risks impacting on transplantation performance with other risks existing around communication and reputation.

The issue of an award for permanent injury benefit for a former employee was also discussed. In January confirmation was received that an award had been made. It was noted that this benefit is payable for life and the estimated lifetime costs are in the region of £450k over the life expectancy of the employee. The Director of Finance confirmed that the liability would need to be accounted for in this year and as a consequence the authority's resource limit would need to be increased in order to avoid the annual accounts being qualified. In light of discussions about the regulations relating to this award, most specifically the lack of right of appeal for the employer and the lifetime nature of the award, the Committee recommended that the Authority should consider making an appropriate formal response.

3 MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 22 NOVEMBER 2004 – UKTAUDIT(M)(04)3

- 3.1 The minutes of the Audit Committee Meeting held on 22 November 2004 were accepted.

4 MINUTES OF THE 37TH MEETING OF THE SHA HELD ON 14 JANUARY 2005 - UKT(M)(05)1

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

4.2 Action points – UKT(AP)(05)2

- 4.2.1 1 The Medical Director confirmed that the final version of the protocol on screening for pregnancy of female potential donors had been agreed and it was planned to submit this to the General Medical Council for comment.
 2 This item is noted at minute 7.3.1 below.
 3 The position statement on living donor lung transplantation has been amended and forwarded to NSCAG.

4.3 Matters arising not separately identified

- 4.3.1 Item 4.1.1 – The Chief Executive reported that the funding arrangements for next year had been discussed at a recent meeting with Department of Health officials. It is understood that, subject to Ministerial approval, UKT's 2005/06 budget submission will be agreed.

5 FINANCE AND BUSINESS PLANNING

5.1 Financial report to 31 December 2004 – UKT(05)9

- 5.1.1 Members noted the financial position as at the end of December 2004 which had been reported on verbally at the last meeting.

5.2 Financial report to 31 January 2005 - UKT(05)10

- 5.2.1 The Director of Finance reported no change to the overall cash limit at £11,679m. It was predicted that a balanced cash position would be achieved by the end of the year. With reference to the compensation award reported at minute 2.1 above, members noted the probability that, subject to National Audit Office advice, the full liability of the lifetime of this claim would need to be charged against the Authority's current year income and expenditure resource limit. As previously stated, negotiations are to be held with the Department of Health on an uplift in the resource limit to cover this.

In view of this need, members felt that consideration should be given to retaining any monies allocated for expenditure for which contracts had not yet been signed, whilst accepting that this was unlikely to be the case at such a late stage in the financial year.

Following further discussion on the award, it was agreed that legal advice would be obtained, on a low cost basis, on whether the regulations had been applied fairly in this case and whether the Authority could challenge the regulations more generally. The Director of Finance would write to Sir John Bourne, National Audit Office, to highlight the issue as a matter of public interest.

5.3 **Activity report – January 2005 – UKT(05)11**

- 5.3.1 The Chief Executive summarised the activity report for January 2005. Activity in January was lower than that reported in the same month last year, affecting the gains in transplants reported in December. Whilst current performance is satisfactory it is disappointing that kidney and cardiothoracic transplant rates are not higher than at this time last year. In part, this is due to the fact that over 10% of donors are non-heartbeating, leading to a reduction in the number of organs that can be retrieved and successfully transplanted.

5.4 **Quarterly performance monitoring report: October to December 2004 – UKT(05)12**

- 5.4.1 A formal review of internal performance was undertaken in January 2005 and members noted that progress is on target to achieve the high level objectives set by the year-end.

6 **PAPERS FOR APPROVAL**

6.1 **Organ box contract extension – UKT(05)13**

- 6.1.1 The Director of Finance outlined the current arrangements for the production, assembly and distribution of organ boxes for kidneys and corneas, the contract for which has an approximate value of £50k. In light of discussions with the National Blood Service, which also has a contract for blood products and tissue boxes, it was felt to be sensible to extend both current contracts until June 2006, at which time a joint specification, covering organs, tissue and blood, could be written. This could then be advertised for tender in the European Journal. Under the Authority's Standing Financial Instructions, members approved a further extension to the organ box contract until 30 June 2006, to enable a new contract to be specified and tendered for the new authority, NHS Blood & Transplant.

7 **EXECUTIVE DIRECTORS' REPORTS**

7.1 **Director of Statistics and Audit's report – UKT(05)14**

- 7.1.1 Further data on the potential donor audit is now being analysed. Initial results suggest that the pattern for the 15-month period (April 2003 to June 2004) is similar to that for the 12 month period to March 2004. The overall relative refusal rate is 42% with the refusal rate in the period from April – June 2004 being 37%, substantially lower than that recorded for the same period of the previous year. Since the previous report the effect of involving the transplant co-ordinator in the approach has been examined in greater detail and analysis suggests that this involvement is associated with lower refusal rates.
- 7.1.2 The results of statistical analyses and audits continue to be disseminated through attendance at national and international conferences, with 18 abstracts being accepted for the joint Renal Association/British Transplantation Society Congress in April 2005. Again, this type of work was acknowledged as extremely worthwhile in highlighting the profile of UKT to the NHS community in general.
- 7.1.3 The Director of Statistics and Audit reported on the development of links with universities in order to provide resource for undertaking projects of scientific and statistical interest but which are of relatively low priority. In total, ten possible MSc projects have been formulated and provided to the Universities of Reading and Southampton.

Whilst noting the report on the attendance of statistics directorate staff at conferences and the development of links with universities, George Jenkins questioned the value to the authority of these activities. Following discussion it was acknowledged that cost benefit was achieved, the PDA being a particularly good example of evidence being used to influence strategic direction and investment to improve donation rates.

7.2 **Medical Director's report – UKT(05)15**

7.2.1 The Medical Director advised members that he had been invited by the Chairman of the Committee for the Microbiological Safety of Blood and Tissues to become a member of MSBT. The principal item for discussion at the January meeting was a report from a working party on the testing of tissue donors for variant CJD, a process that has implications for solid organ donation. Together with the Director of Donor Care and Co-ordination, the Medical Director would be joining the working party to develop the proposals to test all tissue donors.

7.2.2 The UKT Patients' Forum met in January and the Medical Director reported that the meeting was extremely successful, discussing developments from the Advisory groups. These included the necessary consent process for the recipients of 'marginal' liver transplants, and the principles behind the current re-evaluation of the National Kidney Allocation Scheme.

7.2.3 An extraordinary meeting of the Kidney and Pancreas Advisory Group took place in early February to discuss the proposed changes to the National Kidney Allocation Scheme and members noted that these proposals would be considered further at the meeting of Renal Unit Directors on Monday, 7 March 2005.

7.2.4 The Medical Director reported on the main topics for discussion at the Ocular Tissue Advisory Group on 26 January. Of particular concern was the potential impact of the establishment of NHS Blood & Transplant on donation and transplantation of ocular tissue. Two further issues related to mechanisms for the identification and reporting of adverse events following corneal transplantation under the EU Directive on Tissue and Cells, and the reporting mechanism for adverse events following the removal of eyes by medically qualified practitioners.

7.3 **Chief Executive's report – UKT(05)16**

7.3.1 Members noted that UK Transplant's accountability review and formal business planning meeting was held with the Department of Health on 31 January 2005. Department of Health officials were satisfied with the performance to date.

7.3.2 The Human Tissue Authority, under the chairmanship of Baroness Hayman, will be established shortly with the majority of the Human Tissue Act coming into force in April 2006. The Human Tissue Authority will regulate a number of areas affecting NHS BT and until the Human Tissue Authority is fully established, Department of Health led working groups will be producing draft codes of practice, including codes on transplantation as well as communication and consent. It is anticipated that, following consultation, the codes will be implemented in April 2006.

The codes will confirm that consent is required for donation for transplantation. Members discussed the issue raised at the last meeting regarding the validity of consent from a child. The Chief Executive agreed to circulate to members copies of legal advice sought on this matter. The code of practice is likely to say that

whilst consent from a child between the ages of 16 and 18 will be deemed to be given competently, competence must be tested for those under 16. For this reason, UKT will not actively encourage the registration on the ODR of those under 16 and will 'flag' all those who do register between 0 and 16. In the event of their death this can be used as an indicator of their thinking at that time, but will not be valid as full consent, which will have to be sought from the person in a qualifying relationship with the deceased child. Margaret Branthwaite suggested that upon reaching the age of 18 these children should be asked to reaffirm their consent.

- 7.3.3 The Chief Executive advised members that a joint meeting of NBS and UKT directors had recently taken place at which a project plan was produced for work required prior to the establishment of the new authority in October 2005. Advertisements for the appointment of chairman to the new authority had been placed by the NHS appointment commission with a view to holding interviews on 23 March 2005.

7.4 **Director of Donor Care & Co-ordination's report – UKT(05)17**

- 7.4.1 Following on from the success of the workshops held last year for donor transplant co-ordinators, the Director of Donor Care and Co-ordination reported on plans to run two pilot workshops for intensivists. Following a full evaluation of the workshops work will take place with the Intensive Care Society to review current practice and recommend appropriate changes.

8 ANY OTHER BUSINESS

- 8.1 The Chief Executive reported on the appointment of Dr Dave Collett, Director of Statistics and Audit, as an expert at the Medical Research Council. The Board congratulated Dr Collett on this appointment.
- 8.2 It was noted that in a list of ten examples of good practice identified by the National Audit Office, UKT was mentioned twice. The Chairman asked the Director of Finance to pass on the Board's thanks to the Finance Team.

9 DATE OF NEXT MEETING

- 9.1 The next meeting of the SHA will be held at 11.00 am on Tuesday 12 April 2005 in Conference Suite 2, UKT, Bristol.