

**UK TRANSPLANT  
SPECIAL HEALTH AUTHORITY**

**MINUTES OF THE FORTIETH MEETING  
OF THE SPECIAL HEALTH AUTHORITY  
HELD AT 11.00 AM ON WEDNESDAY, 25 MAY 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                 |
| 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 Neil Goodwin 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 39TH MEETING OF THE SHA HELD ON  
12 APRIL 2005 - UKT(M)(05)3**

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

**2.2 Action points – UKT(AP)(05)4**

1 This item is to be carried forward to the next meeting in the absence of the Medical Director.

**2.3 Matters arising, not previously identified**

2.3.1 **Item 3.2.1** – Following on from discussion at the previous meeting Gilbert Park raised the issue of the balance between heartbeating and non-heartbeating donor initiatives and the effect on overall donor rates. The Director of Statistics and Audit agreed to liaise with the Medical Director to produce a paper on the preliminary data available for discussion at the next Board meeting.

2.3.2 In response to a query on the status of the protocol on screening for pregnancy of female potential donors the Director of Donor Care and Co-ordination confirmed that this was still with the General Medical Council for comment.

### 3 FINANCE AND BUSINESS PLANNING

#### 3.1 Financial report to 31 March 2005– UKT(05)30

- 3.1.1 The Director of Finance reported on the final figures for the financial year 2004/05, subject to official audit by the National Audit Office. The entire approved cash limit was drawn down with a year-end bank balance of £645, which is in line with Department of Health guidance. After taking account of debtors and creditors there was a net underspend of £27k at year-end.

Members noted that the long-term liability for the Permanent Injury Benefit claim was still awaiting a satisfactory resolution, although an additional resource limit had been provided to meet the year-end provision for this claim.

At this early stage of the new financial year there were no matters of concern and expenditure was in line with expectations. Agreement has been reached with the National Blood Authority and the Department of Health on the appropriate budget profile for the first two quarters of the financial year and then for the remainder, which will transfer to the new authority (NHS BT).

The Board congratulated the Director of Finance and his team on their excellent work in managing the Authority's finances.

#### 3.2 Transplant activity report – April 2005 – UKT(05)31

- 3.2.1 The Chief Executive reported on the first month's activity for this financial year. Whilst the transplant rate looks promising it is too early to predict future performance. One of the aims of the business plan for this year is to increase the transplant rate by 2% and a new graph showing total organ transplants from April 2004 was noted.

#### 3.3 Quarterly performance monitoring report: January to March 2005 – UKT(05)32

- 3.3.1 The Chief Executive reported on the performance of the Authority for the final quarter of the financial year against the targets and performance indicators detailed in the business plan. The Board noted that the majority of targets had been met and that the Department of Health had confirmed it was satisfied with performance.

In response to a query, the Director of Communications agreed to provide the Chairman with an evaluation of the campaign to encourage and develop partnerships with local authorities, Government departments and commercial organisations to extend opportunities for people to register their wishes on the NHS ODR.

Members noted that the report on the evaluation of the commissioned programmes had been circulated to all strategic health authorities and commissioners.

### 4 PAPERS FOR APPROVAL

#### 4.1 Commissioned donor programmes – Proposals for the transfer of funding from donor liaison schemes to an alternative model – UKT(05)33

- 4.1.1 The Director of Donor Care and Co-ordination reported on a proposal to transfer funding from the donor liaison schemes to an alternative model. This proposal had been developed following a review of donor initiatives and their impact on

donor rates when it was found that there was no significant difference in the average numbers of solid organ donors per month pre and post-funding of the donor liaison scheme. However, there was evidence that the average number of cornea donors per month was greater in the period after funding began. It was therefore proposed that an alternative model be developed incorporating the successful elements of the donor liaison scheme.

There was a wide-ranging discussion on the proposal put forward, particularly surrounding the job profile for the proposed in-house co-ordinator role and the flexibility of cover in hospitals and ICUs. The importance of ensuring continuity of practice was emphasised and Members endorsed the proposal outlined with the caveat that further detail is made available on the job profile for the co-ordinator and how it is intended to integrate this role into the existing structure.

#### 4.2 **Senior management pay 2005/06 – UKT(05)34**

4.2.1 The Chief Executive asked the Board to approve the senior managers' pay increase of 3.225% in line with other strategic and special health authorities. The Board endorsed this proposal with effect from 1 September 2005 for all senior managers whose performance has been assessed as satisfactory.

It was noted that a new national framework for the most senior NHS managers is being finalised by the Department of Health. It was agreed that following field-testing and approval this would need to be referred to the Authority's Remuneration Committee.

### 5 **PAPERS FOR INFORMATION**

#### 5.1 **UKT/NBA merger risk checklist – UKT(05)35**

5.1.1 The current assessment of progress and risks against key action points for the merger of UKT and NBA was reported. There are eleven high level risks and significant progress has been made since the first assessment was completed. The main risks are associated with the non-appointment of the chairman, chief executive and directors for the new authority. The Director of IT&SS confirmed that this report will be updated and presented to future Board meeting prior to the establishment of NHS BT. Future reports will also include progress against the key actions on the project plan.

#### 5.2 **Testing of tissue for vCJD – UKT(05)36**

5.2.1 Members received a report from the Medical Director on the testing of organ and tissue donors for variant CJD. Initial testing proposed by the National Blood Service will apply to tissue-only donors but consideration could be given to extending testing to those solid organ donors who also donate tissue. The implications of this were considered by the Authority's solid organ advisory groups, as there are fundamental differences between solid organ and tissue transplantation. The advice of these groups was:

- There is currently no relevant testing available for vCJD that is applicable to solid organ donation and transplantation.
- Post-mortem testing (taking 72 hours or more) of solid organ donors is not recommended.

- Further consideration needs to be given to the information that should be made available to any transplant recipient who receives an organ from a donor who is tested through the tissue donation process and found to be positive for the vCJD prion.

The Board noted the recommendations from the advisory groups and suggested that these should be reviewed on a regular basis as further work on this type of testing moves forward.

## 6 EXECUTIVE DIRECTORS' REPORTS

### 6.1 Director of Statistics & Audit's report – UKT(05)37

- 6.1.1 The Director of Statistics and Audit reported on work with the Healthcare Commission, which will help the Commission in the corroboration of Trust declarations against the Department of Health Standards.

Detailed discussions are underway with the Director of the Clinical Effectiveness Unit at the Royal College of Surgeons to produce a joint proposal to deliver the liver and cardiothoracic audits from 1 April 2006. This will enable NSCAG to take advantage of the key strengths of both organisations and avoid duplication of effort. The Director of Finance highlighted the need for consideration of appropriate input costs for this work.

A report on the socio-economic status of donors and organ donor registrants was received for information. Board members noted that the Organ Donor Register has a higher proportion of individuals from the more prosperous socio-economic categories of the population and those from the less prosperous categories are under-represented on the register. Discussion took place on the impact of this data on the recruitment of organ donor registrants from ethnic minorities and the need to improve equity by focusing on campaigns which impact on the less prosperous categories such as locally organised events rather than national campaigns. It was also suggested that this data might prove useful for the positioning of the proposed in-house co-ordinator posts in order to focus on the primary care trusts with large ethnic minority communities.

### 6.2 Chief Executive's report – UKT(05)38

- 6.2.1 The Chief Executive updated the meeting on the abolition of UK Transplant and the establishment of NHS BT. Regular steering group meetings continue to be held and a decision is awaited on the appointment of a Chairman for the new authority. An external stakeholders group has also been established to provide advice to the designate chair and members of NHSBT on arrangements for strategic direction, organisational outcomes, Board structure, and formal professional advisory group arrangements. The Chief Executive stressed the importance of this group and its ability to influence future arrangements.

The Chief Executive formally advised the Board that she had been offered and accepted a post as Chief Executive for Poole Hospitals Trust. On behalf of the Board the Chairman congratulated the Chief Executive on the appointment and thanked her for her hard work and commitment to transplantation. The Chairman and Chief Executive will be meeting to ensure appropriate leadership arrangements remain in place. In addition the Chief Executive will contribute to the strategic intentions for NHS BT for the next three years. The Director of IT & SS will lead for the authority on the development of NHSBT's 2006/07 business plan.

**7 ANY OTHER BUSINESS**

7.1 There were no further items of business.

**8 DATE OF NEXT MEETING**

8.1 The next meeting of the SHA will be held at 12.30 pm on Monday 27 June 2005 in Conference Suite 2, UKT, Bristol.

**UK Transplant**

**May 2005**