

**MINUTES OF THE FORTY-FIRST MEETING
OF THE SPECIAL HEALTH AUTHORITY
HELD AT 12.30 PM ON MONDAY, 27 JUNE 2005
IN CONFERENCE SUITE 2, UKT, BRISTOL**

PRESENT:	Gwynneth Flower	- Chairman
	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
	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 Margaret Branthwaite, Neil Goodwin and Gurch Randhawa.

1 DECLARATIONS OF INTEREST IN RELATION TO THE AGENDA

1.1 The Medical Director declared that he was in receipt of a bursary from the British Transplantation Society to attend the International Transplant Congress, as well as hospitality from several pharmaceutical companies.

2 REPORT BACK FROM AUDIT COMMITTEE MEETING HELD EARLIER

2.1 George Jenkins reported back from the Audit Committee held earlier today at which the accounts for the year 2004/05 were considered together with the Letter of Representation, both of which were recommended to the Board for acceptance. There were no issues the Auditors wished to raise and the Board thanked the Director of Finance and his team for their hard work during the year.

3 MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 24 FEBRUARY 2005 – UKTAUDIT(M)(05)1

3.1 The minutes of the Audit Committee Meeting held on 24 February 2005 were accepted.

4 MINUTES OF THE 40TH MEETING OF THE SHA HELD ON 25 MAY 2005 - UKT(M)(05)4

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

4.2 Action points – UKT(AP)(05)5

4.2.1 1 The Medical Director reported on the progress of the Organ Retrieval Working Group. A framework has been produced and the group is investigating the possibility

of basing retrieval arrangements around the current liver units. Once the feasibility of this proposal has been assessed, costings will be added. It is probable that an agreed framework will be produced by the end of the year but, due to the likely costings involved, the establishment of multi-organ retrieval teams will be a medium to long-term proposal. Members heard from Alistair MacGilchrist that the pilot multi-organ retrieval team set up by the National Services Division in Scotland may stop after one year due to an inability to fund.

Gilbert Park queried the progress on the donor care physiologist role being piloted at Papworth hospital. The Medical Director responded that NSCAG would be meeting with representatives from Papworth to evaluate the role and how to take this forward.

- 2 This item is noted at minute 7.3 below.
- 3 The Chairman confirmed that the Director of Communications had provided her with an evaluation of the campaign to encourage and develop partnerships with various organisations.
- 4 The Director of Donor Care & Co-ordination provided further clarification for members on the appointment of in-house co-ordinators. Local negotiations are underway with trusts concerning this role and it is anticipated that the majority of co-ordinators will be employed as part of the national transplant co-ordinator system, although a degree of flexibility will be needed dependent on geographical requirements.

The issue of incorporating Agenda for Change into this process was raised and the Director of Donor Care & Co-ordination confirmed that the national job descriptions were compatible with Agenda for Change and had been issued to donor transplant co-ordinator teams. It was noted that as Trusts employed donor transplant co-ordinators, UK Transplant was not in a position to impose these job descriptions. Therefore, the situation would need to be reviewed if the grading was not consistent across the UK. Work is ongoing to agree the knowledge and skills framework outlines for the donor co-ordinator structure.
- 5 The Chief Executive reported that the new national pay framework for the most senior NHS managers had been sent to several strategic health authorities for piloting. However, the resulting feedback had indicated that the system was unworkable, which would inevitably mean delays in implementing this within the remaining health authorities.
- 6 This item is noted at minute 7.1 below.

4.3 **Matters arising not separately identified**

- 4.3.1 In response to a request from Gilbert Park, the Medical Director updated the meeting on the latest situation relating to the protocol on screening for pregnancy of female potential donors. This had been revised in light of comments from the Royal College of Obstetrics & Gynaecology and the British Medical Association and was now with the General Medical Council for approval.

5 **FINANCE AND BUSINESS PLANNING**

5.1 **Financial report to 31 May 2005 – UKT(05)40**

- 5.1.1 The Director of Finance reported a small addition to the cash limit of £0.569m to meet capital charges. Cash limit drawings are on target and there is a small underspend against routine revenue budgets of £34k. In addition there is a net underspend against reserves and capital of £61k. Although it is early in the financial year a full spend against the resource limit is still predicted.

5.2 **Transplant Activity report – May 2005 – UKT(05)41**

- 5.2.1 The Chief Executive summarised the activity report for May 2005. Activity for kidney, pancreas, heart and lung transplants in the first two months of the year has exceeded corresponding numbers in the first two months of the previous year, whilst that for liver and cornea transplants is very similar. In response to a query regarding the growing number of non-heartbeating liver transplants it was agreed that data on this activity would be included in the next report for the Board and six-monthly thereafter.

6 **PAPERS FOR APPROVAL**

6.1 **Draft annual report – UKT(05)42**

- 6.1.1 The Director of Communications gave an overview of the Authority's annual report for 2004/05 and tabled sample layouts of the design for members' comments. Discussion took place on the overall theme of this year's report as this would be the last report produced by UK Transplant prior to the transfer to NHS Blood & Transplant. Members' comments on the interviews with key members of the transplant community were noted as well as the importance of strengthening the message on transplantation and focusing on continuous improvement.

6.2 **Kidney allocation scheme – UKT(05)43**

- 6.2.1 The Medical Director submitted details of the recommendations for a new national kidney allocation scheme for the UK. He explained that the current scheme was introduced in 1998 and it had become increasingly clear that the scheme needed to undergo formal reassessment in order to correct inequities in access to transplantation in terms of patients' geographical location, blood group and ethnicity. A series of criteria were developed against which the new scheme should be judged and possible algorithms developed and tested. These were presented to Renal Unit Directors at a meeting in March 2005. Following concerns raised at this meeting around variations in transplant activity between centres the proposal was adjusted to allow the scheme to be phased in progressively over a 6-7 year period. The final proposal was then approved at the Kidney & Pancreas Advisory Group in May 2005, although the representative from one alliance expressed disagreement with the proposal. The Chairman confirmed that he had written to her advising that the alliance is unhappy with the proposed changes on the grounds that patient waiting times in that alliance would be compromised.

Members were advised that throughout the process discussions had also taken place with the National Kidney Federation. It was noted that the new scheme met all of the required criteria and members highlighted that the proposal should include reference to both rigorous and regular reviews. The Medical Director confirmed that the scheme was subject to annual review.

The Board endorsed the general principles and approved the recommendation for a new national kidney allocation scheme as proposed by KPAG, including any agreed changes required as a result of further negotiations with the dissenting alliance in an attempt to reach a mutually satisfactory conclusion. It is intended to commence the scheme on 1 January 2006.

***Post meeting note:** The Chairman of UKT has replied to the Chairman of the alliance referred to above, stressing that UK Transplant has a responsibility to ensure equity of allocation across the whole of the UK and cannot condone special treatment of one region against the rest of the UK.*

6.3 **Letter of representation – UKT(05)44**

6.3.1 The Director of Finance reiterated the decision of the Audit Committee to accept and recommend the Letter of Representation to the Board. Following discussion the Board approved the letter.

6.4 **Adoption and approval of annual accounts – UKT(05)45**

6.4.1 The annual accounts of the Health Authority were reported and considered for approval. The accounts had been audited by the National Audit Office and, following consideration by the Audit Committee earlier today, Board Members agreed to formally adopt the accounts.

7 **PAPERS FOR INFORMATION**

7.1 **UKT/NBA merger risk checklist – UKT(05)46**

7.1.1 The Director of IT&SS presented an updated checklist of the progress and risks for the merger of UKT and NBA, together with a summary of the joint UKT/NBA and NHS BT project plan. Members noted that the number of high and medium risks had reduced although it was requested that the remaining high risks should be emphasised in future reports. The Chairman acknowledged the work of the executive directors during this period of uncertainty and thanked them for their ongoing commitment.

7.2 **Potential donor audit – UKT(05)47**

7.2.1 The Director of Statistics & Audit delivered an update on the results from the potential donor audit covering the period 1 April 2003 to 31 December 2004. During this period the overall relative refusal rate for potential heartbeating donation was 40%. The Director of Donor Care & Co-ordination confirmed that measures were being taken to understand the reasons why three transplant co-ordinator teams had rather lower refusal rates. Gilbert Park raised the question of dual publication of this data and was reassured that the paper submitted for publication would cover a different timescale from that hitherto published on the website.

7.3 **Balance between heartbeating and non-heartbeating donor initiatives – UKT(05)48**

7.3.1 Arising from a request at the last Board meeting, the Director of Statistics & Audit provided members with a report on the balance between heartbeating and non-heartbeating donor initiatives and the effect on overall donor rates. As in other European countries the number of non-heartbeating donors may be increasing at the expense of heartbeating donors and members noted the recommendation that these results be borne in mind when considering future strategies for increasing deceased donor organ transplantation.

8 **EXECUTIVE DIRECTORS' REPORTS**

8.1 **Director of Communication's report – UKT(05)49**

8.1.1 A joint initiative between the Department of Health and UK Transplant is planned for approximately eight million organ donor registration forms to be sent to UK holidaymakers between 1 July 2005 and 31 March 2006. These will be posted with the new European Health Insurance Card

The Director of Communication reported on the presence of UK Transplant at three Asian mela events during the summer.

During discussion the subject of the organ donor register target arose. There are currently 12.3 million registrants, 21% of the population, on the register. The Board expressed concern over whether the target of 16 million registrants is achievable by 2010 and

recommended that this concern should be highlighted to the new Board of NHSBT for consideration. Members congratulated the Director of Communication and her team on the achievement to date.

8.2 Chief Executive's report

- 8.2.1 The Chief Executive advised members that this would be her last Board meeting before taking up her new post as Chief Executive at Poole Hospitals Trust at the end of July. Arrangements have been made for the Director of Finance to act up as Chief Executive until the new arrangements for NHS BT are in place. Members noted the appointment this month of the new Chairman of NHS BT, Bill Fullagar.

The Chief Executive thanked everyone for their support during her time at UK Transplant and the Board wished her well in her new role and for the future.

9 ANY OTHER BUSINESS

There were no other items of business to report.

10 DATE OF NEXT MEETING

- 10.1 The next meeting of the SHA will be held at 2.30 pm on Monday 12 September 2005 in Conference Suite 2, UKT, Bristol.