

## Minutes of Transplantation Advisory Group

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**Date** 6 October 2015  
**Venue** Mary Sumner House  
 24 Tufton St  
 London  
 SW1P 3RB

**Protective Marking** OFFICIAL

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### Present

#### Members

Amanda Gibbon (Chair), Authority Member  
 Sam Abdalla, Authority Member  
 Sharmila Nebhrajani, Authority Member  
 Lisa Burnapp, Lead Nurse, Living Organ Donation, NHSBT  
 Keith Rigg, Consultant Transplant Surgeon  
 Michael Heneghan, Consultant Hepatologist  
 Jessica Porter, Living Donation Manager  
 Catherine Cullen (Secretary), Living Donation Officer

#### Observers

Sarah Kelly, Stakeholder Engagement Manager

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### Item 1 – Welcome, Apologies and Minutes from 17 March 2015 Meeting

1. Apologies were received from Anthony Warrens, Catharine Seddon, Gurch Randhawa, and Allan Marriott-Smith.
  2. A warm welcome was extended to Sarah Kelly who attended the meeting as an observer.
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3. The minutes from the 17 March 2015 meeting were agreed.
4. All actions from the previous minutes have been completed.
5. Lisa Burnapp updated the Group on the new NHSBT donor led guidance. The guidance will include links to the British Transplantation Society guidance and website. Recipient focussed guidance is to follow.

## **Item 2 – Update**

6. Jessica Porter updated the Group on the issues arising from the quarter 1 Living Donation Activity Report (LDAR).
7. An Independent Assessor training day had taken place in London in September and 11 new Independent Assessors (IAs) had been trained and accredited.
8. Jessica Porter updated the Group on a guidance document that was being developed for practitioners in Scotland. The guidance will cover the requirements under the Scottish legislation and will include practical advice to both the solid organ community and the bone marrow community. This was because Scotland had been removed from the scope of the revised Codes of Practice. The aim was to publish this in December or early 2016 following consultation with the Scottish Government.
9. The Group discussed options to further expand the IA pool. It was noted that the group of recently accredited IAs included a retired head teacher and a hospital non-executive board member, so options were being explored.
10. The Group were informed about a panel case where the referral letter had stated a specific risk to the donor but that the IA had not addressed this during the interview with donor.
11. The Group discussed whether the donor's understanding of any additional risks unique to them should be verified during the IA interview or whether that responsibility fell to the clinical team.
12. The Group acknowledged that donors are worked up clinically and psychologically in accordance with British Transplantation Society guidelines and that these standards are maintained by the clinical teams.
13. The Group agreed that it was sensible that IAs should explore with the donor where specific risks had been highlighted in the referral letter and reflect this in their reports.

## Action

1. **To advise IAs, in the next edition of the Guidance to Transplant Teams and Independent Assessors, that where specific risks to the donor have been highlighted in the referral letter these are explored with the donor to ensure the donor has been made aware by the clinical team. The IA should document that conversation in their report to the HTA. This will also be included in the next issue of the Independent Assessor bulletin.**

## Item 3 – Outcome of Internal audit of Living Donation Systems

14. The Group were informed that the Internal Auditors had identified one high risk recommendation during their review. The recommendation was that the HTA gain assurance that all IAs have current Disclosure and Barring Service (DBS) checks in place. Many IAs already have DBS checks in place; however some are retired or are not employed by the NHS.
15. The Group discussed whether the legal responsibility to ensure DBS checks were in place should fall to the HTA or the Trusts.
16. The Group agreed that in future new IAs should provide DBS certificates before accreditation can take place but agreed that current IAs should continue to conduct interviews whilst applications for DBS checks were continuing.

## Action

2. **DBS requirements for new IAs to be included in the next edition of the Guidance to Transplant Teams and Independent Assessors. Legal advice to be sought.**
17. One medium risk finding had been identified, which addressed the issue of the HTA being unable to monitor delays between a referral being made and the submission of an IA report.
18. A sample of 25 cases had been checked during the review. In two of those selected the IA interviews did not take place within one month of the referral being made and one report was submitted 10 days after the interview date both of which are outside of the timescales recommended by the HTA.
19. The Group discussed whether a copy of the referral could be sent to the HTA at the same time that it is sent to the IA but agreed this would not be appropriate for the level of risk posed and could be burdensome.
20. The Group agreed that this recommendation is a guideline and that the HTA could tolerate a slight delay rate of 3:25 assessments as patient treatment was not affected. The Group further agreed that when there are delays in the

submission of reports in future cases the HTA should explore the reasons why the IA did not meet the recommended timescales.

21. The LDAT will undertake a piece of work to sample cases to identify any further trends.
22. Jessica Porter discussed improvements to the IA reaccreditation system that had been identified as low risk by the auditors and noted that this was currently under review and will be linked in with the IT upgrade which has recently been completed.

#### **Action**

- 3. LDAT to explore with IAs any delays in submission of IA reports following interviews or where there has been an obvious delay in time taken between date of referral and date of IA interviews.**
- 4. LDAT to test a random sample of 25 IA reports to identify any further trends.**

#### **Item 4 – Change of Law in Wales and HTA role**

23. The Group were informed that a debate was due to be held on the new Code of Practice and Regulations in the Welsh Assembly later that day. The Code was due to be laid before Parliament on 12 October.
24. It was noted that there had been an enormous public awareness campaign in Wales and recent polls suggested 89% of the Welsh population were aware of the change in law, due to come into force on 1 December.
25. Jessica Porter stated that a bill to introduce a soft opt-out system had been laid in the Scottish government and that a similar change was also being considered in Northern Ireland.

#### **Item 5 – Independent Assessor Survey**

26. Jessica Porter thanked the Group for the suggestions so far and outlined to the additions and updates that had already been made to the revised IA survey.

#### **Action**

- 5. Members to review the questions and send any further amends to the LDAT via e-mail.**

**Item 6 – Early outcome – Codes of Practice consultation and public engagement discussion**

27. Jessica Porter informed the Group that the revised Codes of Practice had been discussed at three workshops so far and the response had been broadly positive. The HTA intends to publish them in April 2016 subject to Parliamentary approval.

28. The Group discussed whether the HTA should do more in terms of engaging the interested public with the Codes as one suggestion had been to produce short ‘summary documents.’

29. The Group agreed it was important to remember that the Codes are primarily aimed at a professional audience but that they must be accessible to members of the interested public – the Group felt that the Codes were already written in a clear and accessible way.

**Item 7 – Any Other Business and date of next meeting**

30. The date of the next two TAG meetings have been confirmed as 22 April and 14 October 2016.