

**MINUTES OF TRANSPORT SPORT
ANNUAL GENERAL MEETING
Hilton Garden Inn, Abingdon
24TH January 2025**

1. Trustee apologies: Attended online due to travel disruption

Roger Burnley
James Neuberger

Trustees attending:

Paul Harden
David Nix
Daley Cross
Greg Henshall

2. Introductions:

Paul Harden- Transplant physician -Chairman
David Nix- Life President and founder of Donor Family Network- Vice Chair TS
Daley Cross -Oxford Team Manager; Assistant Team Manager Team GB; Youth Worker
Greg Henshall - Chartered Accountant; acting Treasurer
Roger Burnley - Former CEO ASDA; live kidney donor
James Neuberger- Professor of hepatology; former medical director for NHSBT

Marija Backovic- part time administrative assistant. Outsourced – jointly working between
MLS/ TS (20 hours each).

3. Welcome and Explanation:

PH stated that only one person at a time should speak during the meeting and no one
group was to take control of the meeting in line with Charity commission guidelines.

PH asked for a few moments of reflection for Graham Moore, who passed away on 1st
December 2024, who over the years has provided a huge benefit to TS. In 2008 he saved
the charity from liquidation. He has been a massive supporter of TS and, through,
Westfield Heath, has subsidised the British Transplant Games in the region of £750,000.

4. Review of Transplant Sport: 1999-2024

Due to the Covid epidemic of 2020 the BTG in Coventry were cancelled; there was
minimal income; a deficit of £100k caused a risk of insolvency; the bank accounts were
consolidated and reserves had to be used to enable the charity to continue. Westfield
Health still supported the charity by delivering their sponsorship grant for 2020 whilst some
other sponsors including the University of Coventry Hospitals Trust Fund did not provide
pledged funding.

Following the continuing restrictions around Christmas 2020 it became clear that the BTG
2021 due to be held in Leeds, would not go ahead. Both the BTG and WTG were virtual
events,

Following the commencement of the COVID vaccine programme in 2022 and after much
discussion, the BTG went ahead in Leeds, together with the EDTG in Oxford. There were
less athletes registered at BTG than in 2019. Since then, numbers have increased year on
year.



To summarise:

- TS survived the initial pandemic
- 2 x BTG cancelled
- Satellite events recommenced in 2022
- EDTG 2022 Oxford - 26 countries competed; 670 competitors resulting in a small financial surplus
- The medical form was replaced by a medical waiver
- BTG Nottingham 2024 attracted the largest number of registrations at any BTG
- Team GB has taken part in EDTG x 2 in 2022 and 2024/ WTG 2023, Perth / WWTG 2024, Bormio and the World Transplant Football Cup 2024
- Increased media coverage
- The legacy from EDTG 2022 in Oxford will subsidise BTG Oxford 2025
- There will be more social events at BTG in Oxford
- Most of the facilities at Blenheim will be free
- Launch of BTG Oxford 2025 in December 2024
- Successful launch of Transplant Active

5. Financial Review:

Financial year 1st January to 31st December 2024:

Bank balance at year end 31st December 2024: £234,640

Restricted funds: £103,526

Unrestricted funds: £131,114

Restricted funds:

Children in Need grant- balance was returned despite appeal as TS was unable to utilise for the agreed project within the specified timeframe as term of the grant.

Monies are held on behalf of a number of athletes/ teams for their use in future events.

The surplus from the Transplant Football World Cup is to held for future football tournaments.

Residual funds from the EDTG Games in Oxford 2022 will help to subsidise the BTG Oxford 2025.

Unrestricted funds:

Income - £47,087 included donations, gift aid and capitation fees.

Expenses- £57,163 included PR, professional fees, branding and website, public liability insurance and all expenses to the charity.

Resulted in deficit of £10,076.

Donations received were £22,878 (which included a number of runners involved in Marathons and half marathons), compared to £35,840 in 2022.

There is a trend that many athletes do not use the TS umbrella for fundraising but use crowd funding. This does not gain gift aid for TS and so no funds are received to assist with the infrastructure of the charity.

BTG:

TS is successful in raising funds to host BTG. (£292k in 2024 for Nottingham). Includes grants from 26 organisations including NHSBT, Westfield Health; Kidney Care UK and local hospital charities. This money is held by MLS and does not pass through TS bank



accounts, so is not shown in TS financial reports. Registration fees for the BTG is only ¼ of the funds required. £123k was raised by TS to host the EDTG Oxford 2022 which is the first time these Games have been held in the United Kingdom.

DN presented the financial review providing an explanation as to the meaning of restricted and unrestricted funds. An explanation was also given as to how the charity collects Gift Aid. A financial examination of the accounts will be conducted and the final accounts subsequently uploaded to the Charity Commission and Companies House, where they will be publicly available later this year in line with defined time lines.

Question- why do the slides not show enough accuracy of the finances for an AGM? Figures are too general.

Response- It is only 4 weeks since the end of the financial year so more detail will be available in the final accounts.

Question -What is covered in the Public Liability Insurance?

Response - £10million cover for all events. Medical indemnity is provided in the UK by NHS. Athletes need to take out their own travel insurance and cover for loss of earnings.

Question- What does the WTG restricted funds relate to?

Response – Monies are paid into TS restricted funds by athletes through fund raising platforms, which is subsequently claimed back to cover their fees. Monies relating to the football team is kept separate and the residual monies are to be held for future football events. Please see previous description in the minutes above.

Question- What about last year's accounts?

Response- These are available on the Charity Commission and Companies House. The accounts are examined and signed off annually by an independent company of Accountants.

PH requested that any specific questions are sent to TS to be answered individually.

6. Transplant Active - New Initiative:

PH emphasised that Transplant Sport is still the charity name. Transplant Active is an initiative that was launched at the BTG Oxford launch event. There will be new logo and branding and the two websites will merge. New social media accounts to be set up and older one's closed.

Sophie shared her story, which explains why the move has been made to Transplant Active. Sophie had a kidney transplant aged 9 and has had good kidney function for 16 years. No mention was made regarding the possibility of her taking part in the BTG until 2022, when it was made clear that the games were not only for sporty recipients but were inclusive for all.

It is believed that transplant recipients are turned off by the term "sport" and that encouragement to keep "active" would encourage more individuals to participate. Sports such as Darts, Bowling, Pétanque and the Walk could be considered for those less able to participate in physical sports.



One of the three main aims of TS is to preserve and protect physical and mental health through the provision of recreation and leisure activities.

Statistics - Only 1.98% of those with functioning kidneys attend the BTG; 98% do not benefit from TS. Statistics have shown that the number of athletes attending the BTG rises for the team based in the city in which the games are held.

TS aim should be to improve the numbers attending events. There is a clear need to encourage patients whilst in clinic. 40,000 people are alive with a functioning kidney. The average age of those living with a transplant has risen to 65, so there is a need to include activities aimed at older people. Between April 2023 and March 2024 there were 4570 transplants but only a small number have joined hospital teams and participated at TS events.

Aim – to recruit; allow more inclusivity; promote an active lifestyle; widen the reach (a suggestion was made that each transplant unit should arrange a park run); target the whole transplant community. Also, that all recipients should be encouraged to use the refit for life programme.

Questions raised as to why clinicians are not more proactive in giving recipients more information regarding activity following transplants. Could a leaflet be prepared or ambassadors used to go into clinic to talk to patients? It was acknowledged that there had previously been resistance with previous projects to try to approach recipient centres re. non-medical issues. Most physicians concentrate on the organs only. Some comments were made by those attending the AGM that they were initially put off by the idea of sport and that they would not be able to be involved

Question – Will Transplant Active take funds out of TS/ BTG.

Response- No, Transplant Active is a brand name and a dormant company.

7. Transplant Sport Trustees: Skills review / Appointment process:

The charity can have 9 Trustees; there are currently 6.

A skills mix has been carried out. It is agreed that whilst there is substantial diversity of the skill mix of existing Trustees, not all areas are covered and Trustees with experience of marketing and fundraising would be advisable.

TS is to bring in a new process for selection for Trustees, with a new Trustee selection and nomination committee. A Chair has been appointed (Lucinda Herklots, who has extensive knowledge in relation to Trustee selection). JN will sit on the committee, with an additional independent person with knowledge of charity commission governance. The post will be advertised nationally. The charity aims to have two new Trustees by Summer 2025 and the process will be used to progressively select and appoint new and replacement Trustees in the future.

Summary:

- Chair already appointed
- Committee to be finalised
- Trustee application pack to be produced
- Opportunity for anyone to apply



8. Communication: new website; rationalisation of social media sites; communication policy

TS has been accused of poor communication. Strategies are to be in place to improve communication. However, Trustees are volunteers and several have full time jobs. It has been agreed that individual Trustees will take responsibility for certain areas:

JN Medical & Governance
DC Sport/ Safeguarding/ Team GB/ Satellite events
DN Team Issues/ Administration / Membership
GH Financial Issues
PH Charity policy / WTGF/ MLS/ General

Queries to be emailed to TS Office. Responses to be made within 3 days (if more consideration needs to be given, 10 days). Certain enquiries may involve the need for a Trustees meeting or advice to be sought which will take longer to resolve.

It was suggested that a new social media page be developed for supporters but will not include any posts from the Charity.

Question -How can posts be made to social media.

Response-Send via Liquid who will share stories. Publicity material is available.

Question -How can more people become involved?

Response- There will be an application process developed & applications are open to all.

Question- Could TS speak at more conferences?

Response- Attendance at medical conference sessions has not been good. There is a need to get more people in the transplant community involved as TS has limited resources.

Question – How will the Board be developed regarding diversity and over what time frame?

Response -2 new Trustees by the Summer 2025; further 2 over the next two years; by 2026 there will be a very different structure to the Board.

Question – How can social media be used to educate Team Managers?

Response- There may be time for a drop in an the BTG / possible zoom meetings/ possible meet with Liquid at the BTG.

Fundraising:

It is easier to raise money for an event; less so to support the infrastructure of the charity. The possibility of legacies should be considered; capitation fees replaced the membership fees, which helps with ongoing costs.

It is currently difficult to progress TS due to lack of funding; the Children in Need grant had to be partially repaid as TS were unable to utilise it for the terms agreed after covid as it proved difficult to get young transplant recipients to engage; consideration to be given to the possibility of a Trustee who could deal with grant writing; however, it is difficult to get funding as it is difficult to match criteria.



Question – Please clarify why TS cannot receive grants from lottery

Response – Their code of conduct has been checked, and TS do not meet the criteria. With the changes which are to be made it is hoped that in the future TS may in a position to make applications, however the success rate is very low.

Future of BTG – there is a capacity issue. There are currently 25 sports over 4 days. A proposal was made that the Games could be held over 4 ½ days. The Gala event has grown and it gets increasingly hard to get a large enough venue, which is cost effective. In Oxford there will be a After Games Party instead. The closing ceremony will be at the athletics track on Sunday afternoon, with a disco and party (no food) in the evening. Medical forms – athletes to take own responsibility. To bring a list of medication to the Games, along with a recent transplant clinic letter.

Satellite events- Need to consider whether there is a resource. Also, whether cost effective if not much interest. Numbers are reducing and money is being lost. People are needed to come forward to organise these events.

Football – has developed well since 2016, with numbers increasing. 2024 saw the formation of the England, Wales and Northern Ireland Transplant Football Teams which attended the World Cup.

9. Transplant Sport Management Committee:

This was dissolved pre covid due to being dysfunctional, the Trustees incorporating all aspects of management. The Trustees feel it is time to re-introduce a representative management board. There will be a consultative process, a committee structure developed with Terms of Reference, an application procedure and appointments later this year.

Governance

Safeguarding has to be taken seriously; could be a requirement for satellite events in the future. At all events there must be someone who is DBS checked and responsible for safeguarding. All Trustees & Team Managers need to undergo DBS checking. TS provides free safeguarding training. Copies of certificates must be forwarded to TS. Currently Team managers are 90% compliant with valid DBS checks.

There is currently no record of safeguarding training / DBS status of Team GB management team. No current Terms of Reference and no mention in the Transplant Sport Memoranda of Association or bye-laws. A Team GB working group is to be established to deal with this.

MLS deal with the safeguarding for BTG. DC is the Trustee responsible for TS safeguarding.

10. Transplant Sport Team GB: Terms of Reference:

The existence of TS Team GB is not in the Terms of Reference at all. A new structure will be developed over the next few months.

Selection – current position:

- No clear selection criteria
- Inconsistent approach
- There have been multiple complaints

In a current byelaw from the WTGF it states that the Games are open to all transplant recipients from the member country, and compliance with this byelaw has been agreed by TS. An athlete selection process occurs in less than 10% of countries.



In reaction to the above WTG byelaw it was initially decided that for the WTG 2025 there should be an open selection process, which proved to be unpopular with many athletes who have previously competed at WTGs. In response the Trustees suggested a hybrid process whereby athlete selection would initially take place but a subsequent open application to the Trustees would enable other members of TS to become part of Team GB if they were committed to their sport. The Trustees have considered 48 successful applications from athletes who are not part of the usual selection process.

Currently approx. 300 athletes are part of TS Team GB who will go to Dresden, 85% of which have been selected and 15% are from open application. This is a pilot process for the WTG in 2025 and future processes for WTG participation for members of TS will be decided by the new TS Team GB working group to move this forward.

Expressions of interest will be considered to create a working group to consider the future of the TS Team GB.

Comments were made regarding the likelihood of the non-selected athletes getting funding for international events. This will become evident in the longer term.

Memorandum of Articles- it is accepted that this needs some regeneration to include the formation / future of TS Team GB. If selection is to continue there needs to be a clear and transparent written selection criteria for each sport. This is an area which the working party will consider. It is also important to get the opinion from a wider representation of members of TS. Comments were made about decisions being made by the Trustees without the members being consulted which should be addressed by formation of a representative working group.

11. AOB:

AGM:

There was no option to hold an AGM in 2020 / 2021.

TS sessions held at Team Managers meeting were successful and included the opportunity to get the view of a wide representation of TS membership.

Proposal that going forward the AGM could be held at the Team Managers meeting.

New project:

PH explained a new pilot project involving BTG participation for transplant waiting list patients. This study will involve the inclusion of 30-50 patients taking part in the BTG. They will be able to compete in only three sports (Pétanque, Ball Throw and 2.5km Road Race). Initially adult renal and liver patients. Medical students will be distributing a questionnaire to such participants to consider the benefits of attending the games, taking part in events and meeting other athletes.

Question – How do you know who is an active member of TS?

Response- There is a database of 3700 members. Everyone who registers for the BTG automatically becomes a member. There is an ongoing process to check the database is correct; all team managers will be asked to confirm who is still an active member of their team.

Meeting closed.

Additional Questions and comments picked up through the on line chat:-



Q. Can the Trustees describe how the consultation process for rebranding transplant active was rolled out?

A. The Trustees presented the concept of Transplant Active at the Team Managers meeting in Nottingham in early 2024 to seek a range of feedback. The feedback was positive. Previous discussions several years ago had considered a change to Transplant Support which was not popular.

It is important to realise that the Registered Charity Name is Transplant Sport there has been no change. Transplant Active is the new face and working name of Transplant Sport aiming to attract a wider range of participants.

Q. How much has the re branding cost?

A. The re-branding was produced for us by ICON at a discounted cost of £4,000. This sum was funded entirely from surplus money resulting from the European Transplant and Dialysis Games in Oxford in 2022.

Q. Why not produce a QR sticker linked to a site with videos/ information - to be left in clinics?

A. We have produced a pilot flyer in the Oxford Unit which includes a QR code link to the BTG Registration site. If you email the TS Office we can send you the template which you can customise to your centre.

Q. In the accounts the accountancy fees are 70% of the PR. Is that all that is spent on PR/ publicity?

A. We spent an increased amount on public relations / media last year approx. £16,000 with good effect.

Q. What initiatives are the Trustees looking at to support competitive athletes in accessing more sports?

A. Our current focus is to increase overall activity and participation at TS events amongst all transplant recipients and living donors in Great Britain. We have limited resource and this is our current priority. However, we anticipate that the TS Team GB working

Q. Have you considered poll /e mails asking members why they haven't attended satellite events and what would encourage them to do so?

A. This is a useful idea which we will consider using the new website when available.

Q. Why can't the question be asked about being a disability charity? This would benefit TS and gain access to more funding resources.



A. There has been mixed opinion about this in the past with several members not wishing to be categorised as disabled. However, it would certainly open up many additional funding opportunities and we think she be re-considered.

Q. *Is the Board committed to sharing and acting on advice provided by the Charity Commission, to ensure that TS's governance meets the Charity Commission best practice?*

A. TS already conforms to the majority of the criteria recommended by the Charity commission. The Charity commissioners have not recommended that we undertake any additional measures and have no plans to investigate or require a written report.

Q. *Do the Trustees aim to implement the Code for Sports Governance, the allow TS to apply for relevant sports funding?*

A. We already fulfil most of the criteria for Code of Sport Governance and are obtaining advice from UK Deaf Sport who have achieved Tier 3 Funding. We intend to apply for Tier 1 funding this year.

