NHS Blood and Transplant

**NHSBT Board**

16th March 2020

**Chief Executive's Report**

**Status: Official**

As I sit down to write this note, the situation on Coronavirus is rapidly changing around us. As such, I'm conscious that what I write here will almost surely seem dated by the time we meet next week.

## Coronavirus Update

As the Board will know, we activated our Pandemic Plan on 5 February. Our key objectives are continuity of supply, together with staff and donor safety. The Executive Team is now meeting daily as a strategic National Emergency Team (NET) to review the latest operational data and guidance, and to take decisions accordingly. This includes reviewing what BAU and transformation activity can/should be paused in order to free up resource to support our emergency response. We are conscious that this situation is likely to go on for several months and to get much worse before it gets better.

The strategic NET is being supported by an operational NET, made up of representatives from each directorate and chaired by Richard Rackham. Their remit is to operationalise the decisions made by the strategic NET and to escalate risks and issues that require ET attention.

We are ramping up our comms machine to ensure we can provide up-to-the-minute advice and guidance to staff, donors and hospital customers. We are responding to a rapidly evolving situation but our aim is to get ahead of the curve by anticipating questions and concerns and providing comprehensive FAQs. We are also reviewing our comms channels to ensure that everyone has access to this information.

A key feature of our response is the welfare of staff: guidance containing frequently asked questions has been created covering school closures, critical staff, home working, leave, self-isolating individuals and other key topics. Subject matter experts are advising on clinical, epidemiological and safety issues, including personal protective equipment. Issues raised include infection prevention control, the safety of organ donation nurses as they travel from hospital to hospital, and risk assessments on the receipt, management and analysis of samples for testing.

Supply chain risks are also being explored with 230 suppliers of critical consumables contacted to date. A small number of suppliers have indicated that there may be potential supply risks; these are being investigated.

We have set aside time on the Board agenda to discuss the latest Situation Report.

**Blood Supply**

As at 19 March, red cell stock levels remain above target at 6.9 days supply. Whilst we have seen a significant (c15%) reduction in collections over the last few days (due to a combination of staff, venue and donor related issues), this has been offset by a c12% fall in hospital demand. We are closely modelling the leading indicators of supply and demand in order to take mitigating action, as required.

As part of our scenario planning, we have modelled how quickly stocks could fall to 4 and 2 DOS, based on different % drops in collections and hospital demand. The results are shown in the following tables.

No. Weeks Until O pos Amber Stock Alert (2.0 DOS)

| Collections Variance to Plan | Demand Variance to Plan | | | |
|---|---|---|---|---|
| | -20% | -10% | -5% | 0% |
| -10% | | | 12 weeks | |
| -20% | | 6 weeks | 4 weeks | |
| -30% | 7 weeks | 4 weeks | 3 weeks | |

No. Weeks Until O pos at 4 DOS

| Collections Variance to Plan | Demand Variance to Plan | | | |
|---|---|---|---|---|
| | -20% | -10% | -5% | 0% |
| -10% | | | 4 weeks | |
| -20% | | 3 weeks | 2 weeks | |
| -30% | 3 weeks | 2 weeks | 1 week | |

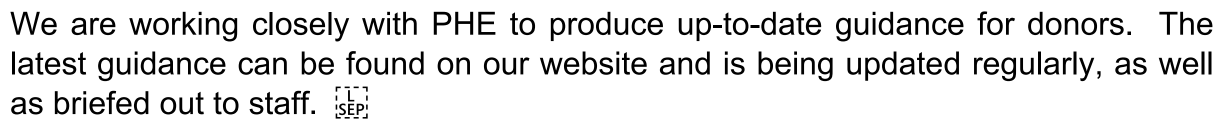
Note: we have modelled O pos instead of overall stock as this blood group is the lowest of all blood groups at the moment (5.4 DOS).

Should stocks fall towards 4-4.5 DOS, we will look to activate mitigating actions, such as a donor appeal and bringing forward WIP. Should stocks fall to 2 DOS, NHSBT would issue an Amber Alert to hospitals, asking them to reduce their stock holdings.

At the moment, our key public message is for healthy donors to continue booking and attending their donation appointments, which we are proactively pushing in PR and social media. From next week, we will be ramping up our comms with radio and social media advertising, as well as emails and letters to donors. In this, we will be highlighting that blood donation is a critical activity - essential to keeping the NHS running.

At the request of hospitals, we have started to publish stock levels on our website (https://hospital.blood.co.uk/business-continuity/coronavirus-covid-19/), together with further information and updates to help clinical and laboratory staff manage the impact of Covid-19.

Donor and Staff Safety Precautions


We are working closely with PHE to produce up-to-date guidance for donors. The latest guidance can be found on our website and is being updated regularly, as well as briefed out to staff.

It is worth noting that there are no confirmed cases of any form of coronavirus being passed on through the donation of blood or other substances of human origin, e.g. organs, tissues and stem cells. Our guidance to donors is therefore focused on reducing the risk of transmission to other donors and our staff.

Our teams on session are regularly trained in thorough universal hygiene precautions to prevent the spread of all infections. These include regular handwashing, wiping down donor-touched areas, using sterile collection sets for every donation, and preparing the arm with an aseptic cleanser. We have handwashing stations and handgels on session.

We are working up plans to incorporate a further layer of donor triage at the front of session as a further safety measure to exclude any unwell donors from entering the session environment. We will continue to explore additional measures, such as increasing the distance between donors on session, if clinical guidance and/or donor feedback suggests this is required. Due to space constraints, however, this could have a significant impact on the amount of blood we are able to collect.

Convalescent Plasma

We are liaising with NHSE, PHE and other clinical groups about collecting convalescent plasma for patient treatment and have plans and processes to collect this when requested. We have previously collected or been ready to collect from patients recovering from Ebola and MERs CoV and did so relatively widely in the 2009 flu pandemic.

Testing for NHS staff

We are supporting PHE in their efforts to increase testing for NHS staff. Specifically, we are working to send one of our high throughput NAT analysers from Manchester to Porton Down. We have also agreed to provide donor testing to the Welsh Blood Service (WBS) out of Filton so that they can send their analyser as well. To mitigate the risk of a reduction in our own testing capacity, we are working with the Scottish blood service (SNBTS) to provide mutual contingency arrangements. I would like to formally thank WBS and SNBTS for the speed at which they have worked with us on this solution to meet the national need.

**Organ Donation**

As at 8 March, deceased donation was 31 (2.1%) ahead of the same point last year however transplants remain 50 (1.4%) behind. Living donation was 20 (2.2%) ahead of the same point last year. Coronavirus is likely to have a significant impact on organ donation and transplantation as demand for intensive care increases. Living donation is currently most impacted with many transplants being postponed; the April Living

Kidney Sharing Scheme matching run has been cancelled to allow for the postponed transplants to be rescheduled. Deceased donation and transplantation continues, but is becoming increasingly challenging.

The Board received a first draft of the ODT Strategy at its January meeting. Our original plan was to review this again at a one-off seminar in late April, with a view to commending it afterwards to the UK Health Departments and our NHS partners. However, we will now need to review this timeline and have already agreed with DHSC to pause all but a *de minimus* amount of our planned Opt Out campaign in order to concentrate our communication resource and activity on coronavirus.

**Quality**

There were no external regulatory inspections carried out during January and February. Priority during this time was therefore given to managing the corrective and preventive actions from the majors cited at the Birmingham MHRA inspection. In particular this included work on actions in relation to irradiation and Data Integrity. The MHRA recently completed an inspection at Newcastle where no majors were reported. They have cancelled their planned inspections of Basildon but we are still awaiting further details about their forward plan. We are still awaiting formal notification from the HRA that they will be pausing their inspection programme. The CQC has suspended routine inspections and delayed their planned engagement meeting with me until July.

On overdues, I'm sorry to report a significant increase as at the end of February. The increase was seen in all areas with the exception of Tissue and Eye Services. One positive point to note is that the majority of overdues are less than 30 days old and so the age profile has improved. Ian Bateman has been working with each Director to develop a plan to address the underlying reasons that have prevented us from reducing overdues on a sustainable basis. We are concerned about our short term ability to deliver this plan due to the surge in coronavirus-related activity. I have asked for this to be raised at GAC on 19 March.

**Software Release Testing**

In December, we froze all releases of patient impacting changes to the live environment whilst we undertook an assurance review of our testing processes. We have now completed reviews of 14 planned releases - of which 13 required urgent action before reaching 'assured' status. That said, none of the actions were deemed material to patient safety and all have now been completed.

The majority of the 'urgent actions' related to a lack of documented decision making during the testing phases, where the level of detail necessary for robust decisions and audit requirements wasn't consistently captured - particularly in relation to Risk and Impact assessments. Improvements will be built into our standard Software Development Lifecycle (SDLC) reviews and assessed by the allocated QA resources during each release.

The reviews also identified non urgent 'follow up' actions to improve our testing approach. Systemic themes point to a lack of consistency and standardisation of methods, processes, tooling and inconsistent governance. Many of the teams rely heavily on individual knowledge and 'heroics' of team members. A schedule of continuous improvement activities is currently being developed, alongside a fundamental review of our ICT operating model.

Pulse testing practices are under external review, as part of a wider project looking to improve the Pulse development lifecycle. Edge Consulting will be submitting their recommendation in April. There are six other patient critical applications which we have not yet had the opportunity to review, owing to releases not yet ready for assessment. These have all be been scheduled for the coming months.

## Major Projects and Programmes

Operating Model Review

Attached to this report is an update on this work. Apart from the consultation already underway, we will have to review planned next steps in light of the evolving situation with Coronavirus.

EU Exit: No Deal Planning

As requested by DHSC, we have ramped down our no deal preparations. Some stockpiles are being maintained for operational or supplier reasons. Planned responses, such as the congestion around the short-straights ports, have been decommissioned but remain available for rapid reactivation should the need arise. A key aspect of planning is now anticipating the issues that may occur at borders in the event of new trading arrangements with the European Union. The identification of commodity codes, the potential tariff regime and other border issues for products provided by NHSBT to other countries is essential to the easy movement after the end of transition in January 2021. This does not represent large volumes of material, but involves significant items such as organs, blood, samples, stem cells and reagents. Also under consideration is the impact of the Northern Ireland Protocol, and we are managing ongoing requests for information and reporting from DHSC.

Infected Blood Inquiry

Together with other members of the UK Forum (Northern Irish, Scottish and Welsh blood services), we met this week with the Infected Blood Inquiry (IBI) solicitors. They continue to be positive about our collaboration and responsiveness to queries. The scene setting expert evidence - in the areas of Hepatitis, HIV, Bleeding Disorders and Psychosocial issues - has recently finished. The estimated start date for evidence from the remaining Core Participants has been postponed from the summer until autumn 2020 due to the evolving situation with coronavirus. At this point, we do not anticipate that NHSBT will be involved before next year.

NHSBT has now provided the IBI with approximately 3000 boxes, with further deliveries expected this year. We expect to receive notification shortly that the IBI

considers a significant number of documents from these boxes to be relevant to the Terms of Reference. Such documents will need to be reviewed by our solicitors for relevance, redaction and whether or not the information might also apply to other blood services or organisations.

Session Solution

Session Solution has been progressing to plan. The first cycles of User Acceptance and Penetration testing are now complete, and performance testing has been completed. All identified defects have been passed to Savant and BT for resolution ahead of the second testing cycle. Unfortunately, we have decided to pause further work on Session Solution in order to free up operational resource to support our emergency response.

Logistics Review Programme (LRP)

Collective consultation on the proposals for the National Rota Review (NRR) has been concluded. The proposals include the postponement of the implementation of an On-Call rota for emergency deliveries, the removal of contracted overtime and the provision of long term pay protection. The National Trade Unions are conducting a ballot of their members and the result is expected on 2nd April. We will be pausing the programme after the ballot in order to free up resources for our emergency response.

Imported plasma

Our project to end the importation of plasma, in line with SABTO recommendations and DHSC instructions, remains on track. We have now built up our stocks of all the UK plasma blood components as per our plans ahead of the April 2020 milestone. Increased donations from Group A and AB male donors are progressing well, with targets for AB already being met and targets for Group A met already at 49% of total (vs. target of 50%).

The last delivery of imported plasma was received at the end of January and manufacturing colleagues are now close to end production of non UK plasma components. From April, hospitals will begin to order generic FFP and Cryo, with NHSBT issuing a mix of UK and imported plasma components whilst non UK stocks ramp down. Reviewed UK plasma prices for 2020-21 are expected to be agreed by the National Commissioning Group and communicated to hospitals in early March. Work has also commenced to set up and validate the new neonatal UK plasma components as per the Red Blood guidelines with the aim to have them available to issue in the summer. The only risk to this timeline is if there are any further delays to PULSE or OBOS as some of the resources are refocused on Coronavirus planning or action plans.