

NHSBT Board
May 2020

Coronavirus Response

1. Status – Official

2. Executive Summary

The coronavirus has been the cause of pandemic and has required a health response in all the countries affected. In the UK, NHSBT has responded, coordinated with the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSEI). The response has affected all key products and services. Plans are now being considered and put in place as a result of learning in response, development of new products and processes, new ways of working and consideration of how the NHS may change as a result.

3. Purpose of the paper

This paper aims to give a summary of the response to date for the Coronavirus pandemic in the UK and the planning assumptions and forward view for response, restoration of NHS services and considerations for a future state.

4. Action Requested

- 4.1. The Board is asked to note the response to the coronavirus pandemic and to note the future plans for response, changes to operations and how learning affects future plans for NHSBT.

5. Background

- 5.1. On 12 January 2020, the World Health Organization (WHO) confirmed that a novel coronavirus was the cause of a respiratory illness in Wuhan City, China. The virus spread to the United Kingdom in late January 2020, where transmission was first documented on 28 February. On 11 March, the outbreak was declared a pandemic and on 20 March all schools, restaurants, pubs, indoor entertainment venues and leisure centres in the UK were closed. On 23 March, the UK government imposed a lockdown on the whole population, banning all "non-essential" travel and contact with people outside one's home, and shutting almost all businesses, venues, facilities, amenities and places of worship.

6. NHSBT Response

- 6.1. On 5 February, NHSBT stood up an emergency response led initially within the routine Emergency On-Call procedures. The pre-existing Pandemic Plan was updated for coronavirus, approved, issued and activated. On 2 March, Richard Rackham was appointed as Pandemic Director and in Mid-March the response was escalated to an Executive led response.

Decisions and actions are documented and tracked from these meetings. A situation report (SitRep) has been created and whilst initially was a daily report, is now produced on Monday, Wednesday and Friday.

6.2. Activity has been coordinated under four themes:

- **Safety and wellbeing of staff and donors:** NHSBT has ensured that PPE has been made available and other safety measures have taken on donor sessions and on our sites. There has been a shift to homeworking for a third of our staff, supporting the Government's 'Stay at Home' guidance. Following the guidance from NHS England and NHS Improvement (NHSEI) in a letter sent to all NHS organisations on 29th April, NHSBT has undertaken a risk assessment for black and minority ethnic (BAME) colleagues as these were noted to be at greater risk of being infected and having worse outcomes. Briefing sessions are being provided for line managers enabling a specific risk assessment for BAME colleagues, with a reference to a specialist Health and Safety advisor if the assessment is complex.
- **Continuity of supply:** NHSBT has continued to supply critical products and services to demand in the healthcare system throughout the pandemic. This has been achieved despite high rates of absence, the need to impose social distancing, fluctuating demand, pressures on the system caused by new challenges and changes in public behaviour affecting blood donation. Demand for blood components fell to 60% of pre-pandemic levels and rose again (before the issue of the 29 April letter from NHSEI) to 90% of pre-pandemic levels. The reason for the rise was not clear but following the issue of the letter, and with the experience of other European blood services, demand is likely to continue to rise. Organ donation fell to almost zero due to a lack of suitable donors and the closure of transplant centres, and activity is now building.
- **Support to the wider NHS:** NHSBT Specialist Nurses have been redeployed into front-line NHS roles, frequently into hospital ICU. A team has led a project to develop a novel convalescent plasma product which, if found to be effective, can be used to provide passive immunity to those who are not responding to supportive ICU treatment. NHSBT has provided staff to a bereavement helpline, which signposts the recently bereaved to relevant services for support. We have provided samples to a seroprevalence study, to establish how many people in the population have been infected. NHSBT has loaned a high throughput nucleic acid testing analyser to Porton Down for the rapid testing of swabs for coronavirus.
- **Strengthening the donor base for the future:** Since the Coronavirus pandemic, we have seen an increase in the number of people wanting to give blood (in April alone, there was a 24% increase in the number of people registering to give blood). Whilst we initially struggled to manage this increase in interest, resulting in a frustrating donor experience, we have accelerated our blood tech strategy to develop a new 'registration of interest form' (sitting prior to the registration process), which educates and prioritises new enrollees on the basis of their ethnicity, blood group

and gender. This form will encourage some groups to book an appointment for the future, whilst suggesting alternative action for others. This is set to go live in early June 2020. In addition, we are delivering direct communications to keep people warm and engaged whilst they wait.

7. Recovery Planning

- 7.1. We are now planning for recovery, capturing both the immediate restoration of activity as wider NHS services are restored, and how we transform our our organisation for the post Covid world. Of the changes we have introduced into our organisations, we will need to decide which ones to roll out and which ones we may want to keep or evolve. As importantly, we will need to engage with the wider NHS which is considering fundamental changes to ways of working. Rather than wait to respond to these changes, we are seeking to actively shape and inform those that relate to our products and services.

8. Restoration of NHS Functions

- 8.1. On 29 April, a letter from NHSEI was sent to NHS organisations directing that urgent services should be restored within the following six weeks, and non-urgent services as soon as possible. Earlier that week, the Secretary of State for Health and Social Care had made it clear that the pace and scope of restoration would be “locally owned”.
- 8.2. Operational teams are managing the restoration of services, with a weekly cross-directorate management group managing cross-cutting issues such as PPE, staffing, people management, health and safety, estates management and IT. Operational issues affecting only the relevant directorate are being managed in Directorate Senior Management Teams, with the exception of the blood supply chain, which is being managed through BOLT.
- 8.3. NHSBT has created projects to support the response in the NHS. The major project is, of course, the Convalescent Plasma project, but there are others such as the collection of samples for prevalence studies. These need to be brought into business as usual with, for example, convalescent plasma becoming a product in the normal portfolio of NHSBT’s blood components. We will need to align the planned activity with wider planning in the NHS for ongoing Covid-19 treatment and seroprevalence.
- 8.4. As COVID-19 cases increased in the UK, Public Health England was asked to conduct urgent population serosurveillance. We have been providing up to 2,000 samples a week from donors to support this work, the results of which feed into SAGE. The change in the proportion of ‘healthy’ donors with antibodies to the coronavirus is increasing the understanding of the level of exposure to the virus. In addition, the NIHR BTRU in Donor Health and Genomics has established a new study (TRACK-COVID) which aims to recall INTERVAL and COMPARE participants who will be asked to complete for COVID-19 related serial

questionnaires. The ultimate aim of this study is to collect multiple samples over time from these donors to study changes in seroprevalence.

- 8.5. A BioArchive of plasma samples has been established to support COVID-19 research. Units of FFP from negative and positive donors is being aliquoted into small volumes for use in assay validation and verification studies by external researchers. This is an important reference collection of negative pre-COVID and positive convalescent samples.
- 8.6. The non-clinical issue team have provided units of convalescent plasma to the National Institute for Biological Standards and Controls which have been used to create antibody standards. Such standards are an essential part of antibody testing strategies.

9. Transforming our future

- 9.1. In order to support the guidance from the government, NHSBT has introduced or enhanced systems to ensure that working practices comply. The most obvious of these is the shift to homeworking and on-line meetings, which have become the norm since 23 March.
- 9.2. This has shown us the possibilities from working in different ways, with new flexible working, using our estate differently, and making use of technology to enable us to work together differently. We will be looking at how we work across the organisation to learn lessons on what's worked well, and what's worked less well, and where there is potential to build on this learning to be proactive in shaping our future Smarter Working.
- 9.3. As the NHS looks to move to the next phase of COVID response, we are aware that the wider NHS is considering fundamental changes to how it operates in the future. We will review the changes we have made to our services throughout the Covid-19 response, including how we have worked with blood donors and transplant services, and seek to build on those areas to shape how we work with the NHS to deliver services in the future. As the wider NHS transforms services, recovering to a new normal, we need to not only respond to the changes, but also collaborate and provide leadership on how we can shape the landscape for our services.
- 9.4. Katie Robinson, Director of Strategy and Transformation, will be leading an exercise to update our transformation plan which we aim to bring to the Board in July.

10. Conclusion

- 10.1. NHSBT has responded well to the coronavirus challenge, flexing services and responding to changing demands both in our established areas of work and to new challenges made of us by the Government and others in helping the NHS respond to the largest public health crisis in a generation. Tribute should be paid to our staff who have worked flexibly during this time, had roles changed, supported the NHS on the front line of healthcare, worked from home and met new challenges; basically, they have stepped forward and performed excellently.

10.2. The Government has stated that we need to plan for the next phase, and so NHSBT is planning to support the restoration of NHS services, operationalise programmes that have met new challenges, look at benefiting from legacy and look at how we will support the NHS as it moves, possibly, to a new way of working. We must always keep in mind that there is likely to be a second wave of infection, and possibly a third. Progress, therefore, is likely not only to stall, but at some points go backwards as we respond to fluctuations in infection numbers.

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