NHS
Blood and Transplant

NHSBT Board

23 July 2020

Chief Executive's Report

Status: Official

As the country starts to open up after lock down, NHSBT is no less busy than we were when managing the initial emergency response to COVID-19. Indeed, the pace and scale of our emerging plasma programme has placed significant demands on the organisation which we are working hard to manage alongside business-as-usual operations which, themselves, are having to cope with unprecedented pressures.

In this volatile, uncertain, complex and ambiguous environment, the priorities I set at the beginning of the pandemic remain the same:

- Safety of staff and donors;
- Continuity of supply;
- Support to the wider national response; and
- Building our donor base for the future.

We continue to review and flex our emergency response to COVID-19, including the format and cadence of governance meetings. We have attempted to document and collect all our decision making in a central repository, recognising that we may need to rely on it in future. I have asked Internal Audit to review our governance and risk management to date. We will be bringing the results and recommendations from this independent review – as well as a separate lessons learnt exercise that has been kicked off internally – to ET for discussion.

Priority 1: Safety and Wellbeing

Individual risk assessments for BAME colleagues (who are statistically at greater risk of COVID-19) are underway, with 84% complete. We are aiming for 100% completion by 22 July, as requested by NHSE. We are also undertaking individual risk assessments for colleagues who are shielding at home, in order to help them return to work.

More broadly, we are undertaking site-based risk assessments to make our workplaces COVID-19 secure. This may include identifying social distancing enhancements we can put in place (e.g. screens, masks, etc) to protect staff and address the business continuity risk of losing whole teams due to Test and Trace. As part of these measures, we have advised people who can work from home to continue doing so until further notice.

We are in the process of offering antibody testing to staff and on-site contractors through NHSE/I. The original timescale they set for providing this was 10 July, but we have so far only been given access in 3 of their 7 regions. We are hoping the rest will be provided shortly. Scotland is not providing this service and Northern Ireland and Wales are providing access through local health boards.

Priority 2: Continuity of Supply

Blood

Demand for red cells has continued to increase since Easter and currently sits at approximately 90% of pre-Covid levels. Whilst overall hospital activity has not returned to this level, we know Trusts are prioritising the most complex cases and unwell patients. Indeed, our PBM data suggest that, at many large trusts, less urgent elective surgery accounts for only 10% of red cell demand. Nevertheless, there is an active debate as to whether the current level of demand is appropriate or risks wasting blood supplies and driving unnecessary collections. I suggest we pick this up at the Board during our discussion on O neg demand.

At the moment, our baseline plan assumes that hospital demand will be fully restored by September. We have therefore, been taking action to increase collection, which has operated at reduced levels since mid-March. This has been primarily due to:

- Social distancing: 16 of our static sites and nearly 900 of the community venues we use for blood collection have operated with a reduced number of donation chairs in order to create safe levels of distancing for colleagues and donors. We have so far resolved these issues at c150 of the worst impacted venues by moving to larger venues or adjusting the session layout (e.g. with use of an adjacent room).
- Staff absence: at the outset of lockdown, c400 front line blood donation colleagues were absent from work for Covid and non-Covid related reasons. We have worked with them to ensure they can safely return to work, with their wellbeing being paramount. As of early July, the total number of colleagues absent has reduced to c250.

As a result of these and other actions, we have increased collection to just below 90% of pre-Covid levels (c.25k units/week). We have further actions scheduled over July-August to enable full restoration of collection by September. These include moving to more larger venues, recruiting additional front-line staff and conducting over 130 individual risk assessments for those colleagues still shielding with a hope that we can find a way for them to return to work safely.

Total red cell stocks have remained at or above target levels since the outset of the pandemic. As the demand rise observed since Easter has tracked just above the rate at which we have increased collection, total red cell stocks have been steadily reducing. This has helped us reduce the high volume of expiries first observed when demand dropped sharply. Despite an increasing proportion of red cell demand being for O neg, our prioritisation of O neg donors has also ensured that stocks of this universal group have remained above target. However, as of early July, stocks of O pos and A pos have fallen into the amber banding (4.5-5.4 days of stock). Based on

current forecast collection and issues, stocks of A pos should remain in the amber banding over the coming weeks, while O pos may reduce to just below target levels during July (<4.5 days of stock). We are attempting to increase the proportion of total collection from donors with these blood types. We will also be taking action to reverse the decline in new black donor recruitment and our black donor base which we have seen since the start of the pandemic. We will bring an update to the Board in September with our plans to implement the recommendations from our work with McKinsey.

As we have observed for red cells, demand for other blood components has also been increasing. As of early July, platelet demand sits at c.85% of pre-Covid levels. We have ensured continuity of supply and healthy stocks by increasing the platelets produced through both apheresis and pooled methods of production.

Similarly demand for Fresh Frozen Plasma (FFP) and Cryoprecipitate (Cryo) have returned to 85-90% of pre-Covid levels. Stocks of both components have been at or above target levels. In late June we worked with some hospitals to proactively issue c2.5k units of FFP in order to create internal freezer capacity for storage of convalescent plasma units, while we purchased and installed new freezer capacity at Filton and Colindale.

Whilst many supply chains have struggled to cope with the disruption of Covid-19, the team should be congratulated for maintaining our On Time In Full (OTIF) performance at record levels of >98.5%.

Convalescent Plasma

We have been balancing our efforts to maintain healthy blood stock levels with the challenge of ramping up our collection capacity for convalescent plasma. Whilst other blood services around the world have been able to convert their existing plasmapheresis programmes to collect convalescent plasma, we have had to recruit and train new people, as well as build new processes, systems and infrastructure from scratch. We have been pushing the organisation hard to do so quickly given the peaky nature of the first wave of recovered patients and, therefore, the short window of opportunity to collect high titre plasma units. This has required creative solutions and new ways of working. We are not only operating in ‘start up’ mode but are having to take an agile approach, changing our operating model and tactics as we learn more about our donors (e.g. conversion and deferral rates) and the half-life of antibodies.

Colleagues across the organisation have risen to the challenge and are delivering fabulous results in this challenging environment - something that has been recognised by ministers and officials at DHSC. As we look to extend collections beyond the initial phase of the programme, we are building in lessons learnt to date, as well as additional resources to put the programme onto a more sustainable footing. We have just received confirmation from DHSC that ministers have approved £80m of additional funding for us to of extend the programme for a further six months and at an increased capacity. A fuller update on our progress to date and key priorities as we move into the next phase will be covered in a separate agenda item.

Alongside DHSC funding, we have been awarded a £3m grant from NIHR to provide scientific support to the two trials on convalescent plasma: REMAP-CAP (in intensive care patients) and RECOVERY (in hospitalised patients with COVID-19). We are also partners in a 4m euro grant to collate and analyse information on the collection, testing and use of convalescent plasma across Europe. Lise Estcourt, Heli Harvala and David Roberts are leading.

Organ and Tissue Donation and Transplant

Max and Keira's law came in to force in England on 20 May, receiving significant media coverage. Despite our planned public awareness activity being disrupted due to COVID-19, research in May showed that 68% of adults in England were aware of the law change - the highest level to date, putting us in a strong position to meet our target of 75% in 2020/21. Whilst awareness amongst BAME adults increased to 48%, it remains significantly below target. We have bursts of marketing and comms activity planned for the Autumn and Q4, with extra focus on improving our engagement with key BAME groups.

We agreed with DHSC that, due to the immediate impact of COVID-19, the conditions for applying deemed consent were not yet met. However, our Specialist Nurses have now returned from the front line, training has been completed and donation and transplant programmes are successfully recovering. As such, we anticipate the system of deemed consent will be in place throughout England by 20 July.

In advance of this date and following feedback from stakeholders, we have strengthened the faith declaration on the Organ Donor Register to provide greater clarity and reassurance about NHSBT's commitment to supporting people with faith/ beliefs through the organ donation process. We continue to liaise closely with the Scottish Government as they progress with their legislation and implementation plans in advance of their March 2021 go-live date.

Organ donation and transplant activity continues to recover with the majority of transplant units now open. Whilst activity is down 57% on the same period last year, we were pleased to see 74 organ transplants from 28 donors last week, which is close to pre COVID 19 levels.

We are also seeing Tissue and Eye Services activity beginning to recover as the NHS restarts normal elective surgery. We have worked with cornea transplant surgeons to plan for a return to pre COVID levels by 1 October. During the peak of COVID-19, we were actually able to increase production of serum eyedrops and clear the waiting lists. Heart valve transplants also increased during this period.

The Organ Donor Register (ODR) team have, for some time, been working through a number of legacy data issues. We have decided to commence a more systemic review to identify any potential impacts and bring them to a final conclusion. The review will consider several aspects of data migration, the registration process and the appropriateness of the all the entry point / feeds to the register. We will update the Board in due course on the findings.

Clinical Services

Clinical work has picked up as the burden of caring for COVID patients has decreased. In specialist cancer services such a haematopoietic stem cell transplantation (HSCT), only the most urgent cases were treated during the COVID-19 period. Rapid NICE guidelines were produced to support prioritisation of treatment during this period. Mitigations included treating patients in separate COVID free locations and changes in procedures for the storage and transportation of stem cells internationally.

There has now been a very marked acceleration of HSCT activity with collection of stem cells and platelets returning towards pre-COVID levels. This is to be expected as the number of patients with underlying blood cancers heading towards transplantation has not reduced.

In TAS, activity remains at approximately 80% of pre pandemic levels but is variable across the country with workload in Bristol back to normal levels.

Infected Blood Inquiry

We continue to support the IBI hearing with the revision and provision of documents, although at a slower rate as fewer people are able to review boxes at one time due to COVID-19 restrictions. We understand that the hearings, originally due to be held in June and July, are now due to go ahead in the Autumn and in person.

Quality

In June, the MHRA conducted three desk-based remote inspections of Sheffield, Basildon and Oxford under the Blood Safety and Quality Regulations - all with very positive outcomes. The Inspectors raised just one ‘other’ finding at each site, which we have logged on our quality management systems and are managing through the appropriate teams.

Millie and I met with our counterparts at the HTA, which has also moved to desk-based inspections. They were very complimentary of our proactive and collaborative approach to regulation, using Opt Out as a specific example.

EU Exit

We are re-standing up our EU Exit programme to prepare for the end of the transition period at the end of the year. In the short term, we will be reviewing and agreeing our planning assumptions, in line with Government guidance. Ian Bateman will remain as SRO with Richard Rackham as the Accountable Executive.

Our Continuity of Inbound Supply Chain team will continue to engage with key suppliers on the potential need for stock building of critical consumables contingency, re-routing of supplies and general trader readiness. We will also be reinstating our contingency arrangements across transport, hospital services and hospital planning, as well as revisiting previous issues such as data access and ensuring we are ready for new customs arrangements.

We have established good links into the EU Exit Communications team in DHSC and will be liaising closely with them on any external communications. We have also remained in line with the National Supply Disruption Response arrangements should there be the need for reporting and management of any critical consumable shortages - whether due to EU Exit and/or COVID-19.

Summary

In summary, a very busy two months at NHSBT, with more 'excitement' to come. Our emerging plasma programme, in particular, creates both opportunities and challenges for the organisation. It is exciting to be in a position where we can make a unique and important contribution to the treatment of patients suffering from COVID-19. The programme has already served to raise our profile within the health system and to accelerate our plasmapheresis capabilities which, subject to the outcome of the MHRA review, we would hope to repurpose in order to collect plasma for fractionation.

That said, the pace required to collect convalescent plasma from the first wave of recovered patients has placed enormous pressure on the organisation. The next phase of the programme will require the same pace of change, but at a much larger scale. We will need to provide assurances to the Board and other stakeholders that we will be able to deliver at this pace and scale without impacting our core activities and other transformation priorities. The ET and I are in the process of discussing how we organise and resource ourselves to do just that.

We will not have the solution in place by the time we get to Board but hope to share our early thoughts. We will also have an opportunity to provide an update on our wider Transformation Portfolio, which will have to flex given the impact of plasma and the wider demands from COVID-19. As I have already committed to the organisation, diversity and inclusion will be at the heart of our transformation plans. I have written a short update on our recent activity to support a specific agenda item on this topic.