

**NHSBT Board**

September 2020

**Winter Impacts**

**1. Status – Official**

**2. Executive Summary**

The End of the Transition Period (EoTP) following the withdrawal of the UK from the European Union (EU) will occur in the winter of 2020-21. A second wave of coronavirus and normal NHS winter pressures are also likely, and severe weather is possible. The interaction of these events is considered as a reasonable worst-case scenario (RWCS) for this winter and current preparations are described. Proposals for mitigation include improved incident management arrangements, additional resource for the Business Continuity Team and associated teams, a review of stock holdings and stock management, and a review of business continuity plans.

**3. Purpose of the paper**

To highlight the impacts of EoTP, coronavirus, winter pressures and severe weather interacting to form a RWCS for winter 2020-21. This includes considerations of the secondary effects of these events, such as staffing implications arising from the delivery of convalescent plasma.

To set out our proposed approach to provide resilience and mitigation for the reasonable worst-case scenario.

**4. Action Requested**

The Board is asked to:

- Note and comment on risks identified to date.
- Discuss the actions in section 7

**5. Winter Drivers and Reasonable Worst-Case Scenario**

5.1. The EoTP following the withdrawal of the UK from the EU will occur in the winter of 2020-21. A second wave of coronavirus and normal NHS winter pressures are also likely, and severe weather is possible. These events are against the background of the normal pressures on blood stock over the Christmas period, the pressure on staffing capacity resulting from the convalescent plasma programme and a worsening world trade position led by China and the USA.

5.2. **End of Transition Period.** The transition arrangement with the EU ends on 31 December 2020, and the UK relies on the agreement negotiated between the UK government and the EU. The reasonable worst-case scenario is that

no framework for a future relationship is in place. This is further complicated by new arrangements, not yet fully understood, between Northern Ireland and Great Britain.

- 5.3. **Coronavirus second wave.** A second wave of infections could peak in the 2020-21 winter period. A similar range of impacts to those experienced between March and May 2020 could be expected, which for NHSBT included staffing pressures, reductions in blood donation and impacts coming from collecting convalescent plasma, all of which combined in putting pressure on blood stock.
- 5.4. **NHS Winter pressures.** This is an annual impact on the NHS with seasonal flu, norovirus and the impact of falls particularly in the older population impacting on NHS capacity. These issues do not normally affect NHSBT, but in combination with other impacts may exacerbate pressures on the NHS, and so affect demand for products and services provided by NHSBT.
- 5.5. **Severe weather.** NHSBT has been impacted by poor weather previously, most recently in 2018 by snow which affected blood stock by reducing collection capacity. However, flooding is also becoming more frequent in the UK and can have more significant impacts due to the longer-term loss of access to certain areas.
- 5.6. It is probable that two or more of the events described above will occur during the winter and NHSBT will be required to manage two simultaneous or interacting events across a range of scenarios described below.

## 6. Reasonable Worst-Case Scenarios

- 6.1. This section describes the main areas of risk to delivery from the four drivers above in a reasonable worst-case scenario and the interaction between them.
- 6.2. **Impact on Stock and meeting demand.**
  - On the supply side, collection and distribution capacity could be disrupted by severe weather (as seen in 2018), impaired access to hospitals from a combination of EU Exit related congestion in some parts of the country, or a decline in donor attendance (as seen during the initial coronavirus response). Collection capacity could be constrained due to reintroduction of staff shielding, sickness absence and social distancing in venues. Further disruption could occur if a vaccine distribution programme affects blood collection venue availability, and there is also a smaller risk of a live vaccine being chosen, which would affect deferral rates.
  - On the demand side, much of the impact of restricted collections was offset by reductions in demand as routine activity fell in the wider NHS. It is possible that, because of lessons learned in the wider NHS from the first wave of COVID, that demand does not fall as far. The effect of winter pressures may also change the hospital capacity for “normal” activity, if combined with increased admissions due to coronavirus. This could lead to less predictable pressures on demand. This is in addition to the normal impact of Christmas Bank Holidays.
  - The combined effect could make meeting demand for blood and blood components significantly more challenging, especially if demand does not fall to the same extent as in the first wave coronavirus response. This could be

further exacerbated if hospitals perceive this as a risk, and seek to increase stock of blood components, which could impact on demand and wastage.

6.3. **Impact on Organ Donation and Transplantation.** Access to hospitals may be affected both by congestion at the short-straight ports and by weather. The movement of SNODs, NORS Teams and organs may be affected, with direct impacts on the availability of organs and indirect impacts on reputation (a donor consented, and organs retrieved, but not being able to be transported to transplant centres, for example). However, if the coronavirus second wave impacts in a similar way to the first wave, it may be that transplant centres reduce activity, although significant reductions in activity are considered less likely.

6.4. **Impact on Group Services Operations.**

- **Estate.** In addition to the potential impact on collection venues, there are also possible effects on wider estate (Colindale and Birmingham Vincent Drive have both been subject to flooding in recent years) and new estate for convalescent plasma collection has not yet been assessed for flood risk. The risk of Filton flooding, as it did in 2012, is low as the new culvert has been put in place and is monitored.
- **People.** Coronavirus caused staffing challenges as colleagues shielded, were unwell or isolating. As well as collection capacity, this created pressure on Subject Matter Expert (SME) and management resource to manage new challenges and the pressures of response. For those staff working on-site, additional challenges over winter could be posed by the accessibility issues from severe weather or congestion. There is also a significant possibility of external requests for qualified staff, especially our clinical colleagues, to support hospital activity, administer vaccines and to otherwise assist with response. The increase of colds and flu may result in staff being isolated due to COVID-like symptoms on a much more frequent basis, and the requirement for testing may escalate, resulting absence at short notice. Colleagues may also be going into these challenges with lower resilience and greater fatigue.
- **Technology and Equipment.** Whilst NHSBT is exploring the risk of data access from EU Exit, there may be effects on non-ICT equipment as engineers find travel to and within the UK difficult. Many engineers are based in the EU, and so reaching the UK may be problematic (engineers of this type are exempt from the quarantine requirements following discussion with DHSC), and congestion and severe weather may affect the movement of engineers within the UK.
- **BAU Incidents.** It is inevitable that incidents will continue to occur, and these may be affected by or interact with the four risks already outlined. For example, an incident such as a cyberattack (cf. Wannacry) may be exacerbated by the availability of IT consumables and engineers.

6.5. **Impact on the supply chain.**

- EU Exit impacts the whole supply chain from trade agreements to congestion, and this may be exacerbated by severe weather and staffing impacts of coronavirus for logistics companies, as well as global pressures on some key consumables.

## **7. Preparedness**

7.1. A debrief has been undertaken following the first wave of coronavirus. The inputs included one-to-one interviews with Executive Directors, questionnaires sent to members of the Operational Team and responses to 'Hot Debrief Postcards' available to all staff. The findings were consistent with parallel work undertaken by internal audit. There were many achievements and positive reflections, which included NHSBT meeting demand, supporting the wider NHS, creating a new convalescent plasma product, support for staff within their teams and the work done in blood collection to provide larger venues. Opportunities for improvement were also identified and this resulted in thirteen recommendations, which included these key issues:

- The Critical Incident Plan (MPD539) is to be amended to improve its support for a long-term incident by clarifying roles within an emergency response (e.g. Chief Executive, Accountable Emergency Officer, Loggist, Incident Director), ensuring that response objectives are regularly reviewed, de-escalation is set out and delegation of response activity is clarified. This is being carried out by the Business Continuity Team.
- Information, such as regional impacts and consumable stocks are to be made easily available using either the Situation Report or a web available dashboard.
- Additional resource to strengthen the Business Continuity Team over winter has been agreed. Additional resource, funded by DHSC, remains in place to support EU Exit preparations.

### **7.2. Risk Management and Business Continuity Plans.**

- All business areas will be supported to review their risks considering the reasonable worst-case scenario. These action plans to include a review of business continuity plans supported by the Business Continuity Team.

### **7.3. Blood Stock.**

- BOLT is overseeing a 'back to green' plan to build blood stocks ahead of winter. Key areas of work include staffing capacity, maximising capacity across blood and convalescent plasma, changes to triage arrangements, maximising venue capacity and working with COVID secure arrangements.

### **7.4. Consumables Stock.**

- The Executive Team has approved a 6-12-week stock of consumables that have an EU touchpoint to mitigate the risk of EoTP. Existing plans for EU Exit have considered the impact of changes and customs arrangements, and we continue to participate in DHSC National Supply Chain Disruption assurance work, including a recent exercise, to continue to test this.
- While NHSBT has numerous controls in place to help identify and mitigate failures in supply, the increasing global demand for testing equipment and related consumables, caused by the COVID-19 pandemic, has led to certain supply lines being restricted (i.e. suppliers will maintain supply to NHSBT to enable our key products/ services to be delivered but have requested NHSBT maintains a lower level of stock than we would routinely hold). No supplier has yet indicated a complete failure in supply. We are strengthening our assurance on stock and order management processes to ensure we are able

to act, and escalate when needed, earlier. Current issues have been escalated within DHSC and wider UK government for awareness and to seek their support. We are finding it necessary to be very explicit with suppliers about NHSBTs importance to the overall NHS system and seeking assurance we are on a prioritised list for supply.

#### **7.5. Staff capacity and wellbeing.**

- We have launched a campaign with the ambition of 100% uptake of flu vaccinations for our staff as a method of protecting staff and mitigating the impact of absence of colleagues. Staff are now able to book appointments for their flu jabs, either on site for those who are working across our estate, or with vouchers for those working from home, to prevent unnecessary travel into our estate.
- RNA swab testing would help to minimise the risk of absences from flu-like symptoms that might be similar to but are not caused by coronavirus. NHSBT is exploring options to enable testing including joining with the wider NHS testing plan, private sector options, or mobilising testing internally within NHSBT.
- We are in the process of recruiting just under 800 WTE to support our collection capacity, across nursing and donor carers. A new approach to working with partners to recruit at scale is in place, with early positive signs of a high level of interest (over 1,700 online applications). An 18% margin has been built into our assumptions on staff capacity, and further work is underway to continue to test this at a site level, and against ongoing monitoring of absences.
- Work is ongoing to monitor our estate, ensuring compliance with guidelines for COVID secure workplaces and collection venues. Preparations have also included stockpiling Personal Protective Equipment (PPE).

### **8. Summary**

Separate specific elements of preparations for each element highlighted in this paper already exist, but the combined potential impact and capacity to prepare in advance is important therefore further activity is recommended to be undertaken before November 2020.

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