

**NHSBT Board
28 January 2016**

Business Continuity Update

1. Status – Public

2. Executive Summary

The Business Continuity (BC) Team provides leadership, advice and support to deliver a world leading Business Continuity Management System (BCMS) for NHSBT, supporting the wider NHS in its emergency response arrangements, and providing a high degree of assurance around the security and sustainability of the organisation's key products and services. This paper outlines the progress against objectives set for the Business Continuity Team in April 2015, and sets out the objectives for 2016-17.

3. Action Requested

The Board is asked to:

- note the progress against the 2015-16 objectives;
- agree the proposed 2016-17 objectives.

4. Purpose of the paper

To outline progress in 2015-16 and to propose objectives for 2016-17. The paper was reviewed by the Governance and Audit Committee (GAC) in January 2016.

5. Background

The Business Continuity programme within NHSBT has included certification to ISO22301, the international standard for business continuity. NHSBT remains the only blood service worldwide to have achieved this standard. It provides an externally auditable standard of the quality of our BCMS, provides assurance to the Department of Health, customers and stakeholders and meets our regulatory obligations. As a part of this programme all of our main sites (blood centres, DTS laboratories and the ODT Stoke Gifford site) have been assessed for business continuity risk, taking into account internal risk, risks in the environment and the activity on each site, and business continuity plans developed in each case. As previously noted, our highest risk locations are Filton and Liverpool due to the concentration of activities at these sites.

6. Progress against Objectives

The objectives agreed for the Business Continuity team for 2015-16 by the Executive Team and the GAC were as follows:

- 6.1 Achieve full site ISO22301 certification for the remaining NHSBT blood centre, i.e. Cambridge, by Q3.

This objective has been completed. Certification for the Cambridge centre was obtained following an external audit in December 2015.

- 6.2 Conduct a scoping exercise to bring warehouses, key fixed donor centres and the eye banks within scope of the BCMS and ISO22301 certification.

This objective has been completed. Assessments have been conducted at ODT and NHSBT warehouses, but due to changes in these areas (e.g. the move from Stoke Gifford to Filton) they remain out of scope for this year's BCMS programme. Management teams at donor centres have been briefed, all major donor centres have been visited and are subject to site level risk assessments according to our standard procedure (MPD849). British Standards Institute (BSI) audits took place at Leeds, Sheffield, Bristol and Gloucester in December 2015 and key donor centres are now in the scope of the ISO22301 certification programme. The eye banks in Manchester and Bristol have been visited, and BC plans will be finalised once the eye bank move from Bristol University to Filton has been completed in early 2016.

- 6.3 Review the national cold room failure plan and the national re-provisioning plan for blood by Q4 (last reviewed following the Filton flood in 2012).

This objective has been completed. A workshop was conducted at the Tooting centre, the three national re-provisioning plans were reviewed and new plans have been drafted. Three regional exercises were performed in late 2015 to assess the effectiveness of the plans.

- 6.4 Develop a mass casualty response plan with relevant external partners by Q4.

This objective is unlikely to be achieved. This is delayed due to revision of deadlines by NHS England, who are leading on this exercise. NHSBT cannot move ahead alone as the plans across the health system must be integrated.

Work has also been undertaken on developing NHSBT's response to a mass casualty incident, the importance of which was highlighted following the terrorist attacks in Paris in November 2015. Standard Operating Procedures for a mass casualty incident are in place, as well as for delivering blood to temporary field hospitals. Indications of blood usage have been received both from the DH and from the French blood service. A workshop will be held in early 2016 to further develop our readiness and to model stock requirements.

6.5 Develop a pandemic influenza plan by Q4.

This objective is on track for completion. The existing plans have been reviewed in light of the DH / NHS England pandemic guidance and new plans have been drafted. These will be tested in early 2016.

6.6 Conduct a “live” crisis exercise for the National Emergency Team (NET) by Q4.

This objective has been achieved. This was completed at Director and Assistant Director level on 2 October with “Exercise Red Trident”, which simulated an explosion at our Birmingham New Street premises (office and donor centre). A debrief was performed with the Executive Team in December.

6.7 Develop a team of trained loggists from existing staff who can support senior managers during critical incidents.

This objective is on track for completion. Scoping of training providers has been undertaken, the training needs analysis has been completed and the training package will be completed by the end of the calendar year. Training will be delivered in Q4.

6.8 Scope and define the system for the BC support for other blood services (in line with UK Forum timetable) to formalise contingency arrangements across the UK blood services.

This objective is on track for completion, and detailed work has been undertaken to define contingency provision. A work plan was agreed with the UK Forum in September and the work has started.

6.9 Support key change programmes.

The BC team is supporting the core systems modernisation and data centre relocation programmes. In particular, it is leading the risk assessment and mitigation planning for the Colindale site prior to the data centre move in early 2016. In the worst case, an IT outage of around 24 hours could occur with the associated loss of the PULSE manufacturing system, and with consequent effects upon the blood supply chain, diagnostic services and Tissue Services. Detailed planning is therefore occurring to mitigate the risks of such an event.

7. Next Steps

The objectives for the BC team in 2015/16 are on track for completion. The following objectives for 2016-17 are proposed:

- To retain the ISO22301 certification in full across all current sites, to provide continued external assurance of our business continuity plans.

- To revise and test the BC plans for the following DTS departments:
 - Cellular and Molecular Therapies
 - Red Cell Immunohaematology (including reagents)
 - Histocompatibility and Immunogenetics
- To prepare and test a mass casualty response with external partners, assuming support from NHS England.
- To run a further Executive level National Emergency Team (NET) exercise.
- To develop a structured approach for greater understanding of supply chain risks including:
 - Formal assessment of critical suppliers for consumables and services (this currently occurs on an ad hoc basis);
 - A method for assessing supplier risks;
 - An annual programme of critical supplier audits.
- To achieve ISO22301 certification for the eye banks, once the move from Bristol University to Filton has completed.
- To support the core systems modernisation and data centre relocation programmes.

In addition, the following performance objectives are recommended:

- 90% employee compliance with BC mandatory training requirements
- 100% compliance with requirements for site level risk assessments
- Zero major non-conformances on the 2016 BSI external audit.

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