

Brexit Planning

4 February 2019



Agenda Item No: 8.4

Trust Board Report

Meeting Date:	4 th February 2019
Title:	BREXIT Planning
Executive Summary:	A scenario in which the UK leaves the EU without agreement (a no-deal) is possible, despite the ongoing negotiations and the need to secure a negotiated outcome. However despite this, it is our duty to prepare for all eventualities, including 'no deal', until we can be certain of the outcome of those negotiations. The Trust has started a process to ensure it is prepared for, and can manage, the risks in such a scenario occurring.
Action Requested:	This is to provide assurance to the Trust Board that the Trust is preparing its response in the event of a No-deal Brexit from the EU, which would take effect on 29 March 2019.
For the attention of the Board	SRO's for Brexit Planning have been agreed. A task and finish group to undertake risk assessments across 7 key areas is established – see overleaf. Procurement assessment was completed in December 18.
Assure	<ul style="list-style-type: none"> • Brexit planning, following current national guidance in on plan.
Advise	<ul style="list-style-type: none"> •
Alert	<ul style="list-style-type: none"> • There is no certainty as to what might happen and therefore all plans will require flexibility
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Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services
Resource Implications:	Revenue: unknown Capital: - none Workforce: unknown Funding Source: none
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	Potential impact in EU employed staff.
Risks: BAF/ TRR	To be completed post the Task and Finish group on the 25 th January.
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	CCG, LA and Local Health Resilience Forum
References	Department of Health & Social Care – EU Exit Operational Readiness Guidance

NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny
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Report Details	
1	<p>In December 2018, the Secretary of State for Health and Social Care issued information on the Government's revised border planning assumptions to industry and the health and care system.</p> <p>The Government and the EU have now agreed the basis upon which the UK will leave the EU in March 2019. A 'No deal' exit is not the Government's policy, but it is our duty to prepare for all scenarios. The Department of Health and Social Care has strengthened its national contingency plans for 'no deal'. With just a few weeks to go until the exit day, we are required to ramp up our own 'no deal' preparations in line with the recently published EU Exit Operational Readiness Guidance, which has been developed and agreed with NHS England and Improvement.</p>
2	<p>A national Operational Response Centre has been established who will work closely with all of the devolved administrations to ensure a co-ordinated approach across the UK is undertaken. The Operational Response Centre will co-ordinate EU Exit-related information flows and reporting across the health and social care system. The Operational Response Centre will not bypass existing regional reporting structures; providers and commissioners of NHS services should continue to operate through their usual reporting and escalation mechanisms. NHS England and Improvement are establishing local, regional and national teams to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required.</p> <p>The Trust's Senior Responsible Officer for BEXIT is the Chief Finance Officer, supported by the Trust's Chief Operating Officer.</p>
3	<p>The Trust must consider and plan for the risks that may arise due to a 'no deal' exit, ensuring we continue with business continuity planning, taking into account the instructions in the national guidance and on the specific issues set out in the in relation to seven areas of activity for exit contingency planning listed below.</p> <ul style="list-style-type: none"> • Supply of medicines and vaccines • Supply of medical devices and clinical consumables • Supply of non-clinical consumables, goods and services • Workforce • Reciprocal healthcare • Research and clinical trials • Data sharing, processing and access <p>The Trust has set up a 'Task & Finish' Group to look at these areas of activity.</p> <p>To date, Procurement has completed a high level self-assessment in December, highlighting our high impact clinical suppliers, and suppliers which are not covered by Department of Health. This is ongoing work being undertaken in terms of understanding our inventory stocks for different services as part of our contingency approach moving forward. Current advice (Jan 22nd) is that the NHS should not stockpile additional medicines beyond their business as usual stock levels.</p>

	<p>The Trust did establish that there were 3 suppliers which were considered as high risk and this has been escalated accordingly. A similar process is being undertaken in relation to medicines and vaccines.</p>
4	<p>The Trust is required to undertake an assessment of risks by end of January 2019, and to carry out any tests on business continuity and incident management against EU Exit risk assessment scenarios by the end of February. It is expected that NHS England and Improvement EU Exit teams will require confirmation on the Trust's progress on its readiness plans, in advance of March Exit. Contact to be made shortly by Regional Midlands EU Exit lead.</p>
5	<p>The Trust Board is asked to note the actions that are currently being undertaken in terms of the Trust's state of preparedness.</p>