

# EU Exit Planning

## 7 October 2019

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Agenda Item No: 8.5

## Trust Board Report

<b>Meeting Date:</b>	7 <sup>th</sup> October 2019.
<b>Title:</b>	EU Exit planning
<b>Executive Summary:</b>	To update the Trust Board on the continued preparations in the event of the UK leaving the EU without a deal on 31 October 2019.
<b>Action Requested:</b>	Receive and note
<b>For the attention of the Board</b>	To provide an update on the Trust planning arrangements in the event of the UK leaving the EU without a deal on 31 October 2019.
<b>Assure</b>	<p>This report provides an update on the actions being undertaken by the Trust to prepare for, and manage the risks of a 'no deal' EU exit scenario.</p> <p>The report seeks to provide assurance around the Trust state of readiness and that known risk are being managed in accordance with previous published national guidance.</p>
<b>Author + Contact Details:</b>	Tel 01902 694310      Email diane.preston@nhs.net
<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>1. Create a culture of compassion, safety and quality</li> <li>2. Proactively seek opportunities to develop our services</li> <li>3. To have an effective and well integrated local health and care system that operates efficiently</li> <li>4. Attract, retain and develop our staff, and improve employee engagement</li> <li>5. Maintain financial health – Appropriate investment to patient services</li> <li>6. Be in the top 25% of all key performance indicators</li> </ol>
<b>Resource Implications:</b>	None
<b>CQC Domains</b>	<p><b>Safe:</b> patients, staff and the public are protected from abuse and avoidable harm.</p> <p><b>Effective:</b> care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p><b>Caring:</b> staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p><b>Responsive:</b> services are organised so that they meet people's needs.</p> <p><b>Well-led:</b> 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>
<b>Equality and Diversity Impact</b>	None
<b>Risks: BAF/ TRR</b>	
<b>Risk: Appetite</b>	N/A
<b>Public or Private:</b>	Public
<b>Other formal bodies involved:</b>	Local Health Resilience Forum, Local Authority, CCG, Department of Health and Social Care
<b>References</b>	N/A

<b>NHS Constitution:</b>	<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"> <li>• Equality of treatment and access to services</li> <li>• High standards of excellence and professionalism</li> <li>• Service user preferences</li> <li>• Cross community working</li> <li>• Best Value</li> <li>• Accountability through local influence and scrutiny</li> </ul>
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## Report Details

<b>1.0</b>	<p><b><u>Background</u></b></p>
	<p>On the 31 October 2019, the UK is set to exit from the European Union (EU). While the government has been clear about delivering a deal negotiated with the EU, there is a possibility of a ‘no deal’ exit.</p> <p>The Trust has been advised to undertake local EU exit readiness planning, local risk assessment and plan for wider potential impacts. There are seven areas of activity in the health and care system that the Department of Health and Social Care (DHSC) is focussing its ‘no deal’ exit contingency planning.</p> <ul style="list-style-type: none"> <li>- Supply of medicines and vaccines;</li> <li>- Supply of medical devices and clinical consumables;</li> <li>- Supply of non-clinical consumables, goods and services;</li> <li>- Workforce;</li> <li>- Reciprocal healthcare;</li> <li>- Research and clinical trials; and</li> <li>- Data sharing, processing and access.</li> </ul>
<b>2.0</b>	<p><b><u>Update on EU exit planning</u></b></p>
	<p>In preparation for a potential ‘no deal’ scenario the Trust is undertaking appropriate contingency planning to ensure that any disruption to patient care is minimised. A management plan and risk assessment has been produced which takes into account existing national guidance and the seven areas of activity. This is documented in Appendix 1. The current emphasis of work relates to procurement of clinical supplies and medicines.</p> <p>The Trust will continue to undertake necessary planning and follow national guidance as it becomes available. NHS Trusts are being advised that there is no need to stockpile medicines, medical devices or clinical consumables. The DHSC has also announced plans to ensure both medicines and medical products continue to be available if there is a ‘no deal’ EU exit. Such plans include building buffer stocks, national stock piling and securing air freight capacity. These arrangements echo plans put in place ahead of the previous March 31<sup>st</sup> deadline.</p> <p>In terms of medicine shortages the Trust has received advice from NHS England and Improvement that regional and hospital procurement teams are currently dealing with 450 national shortages of medication. While the impact of no deal EU exit could significantly increase shortages, the Trust is undertaking local planning to manage any potential risks. This includes reviewing all critical medicine supply and monitoring increased ordering. In circumstances where supply of medicines is significantly disrupted the Trust will consider alternative medicines manufactures and put in place a Memorandum of Agreement between Trusts.</p> <p>The Trust is also working closely with local partner organisations and will escalate any shortages through the regional procurement pharmacists. A national Medicines Shortage Response Group (MSRG) has been established to provide clear governance, communication and decision-making to improve the management of medicine shortages.</p>

	<p>To support the Trust with on-going preparedness an EU exit Task and Finish Group has been established. This is being overseen by the Senior Responsible Officer (SRO). In terms of local actions the Trust will focus on reinstating on call arrangements; ensuring business continuity plans are up to date; engaging with local systems and communicating with healthcare professionals. The group will continue to meet on a regular basis and review national guidance and any potential implications to Trust services.</p> <p>There will be a requirement for an overall local health economy review meeting to discuss potential impact in the social care and care home setting. This work is currently on going with the Local Authority and CCG(s).</p> <p>From the 21 October 2019, the Trust will be required to provide regular situation reporting to NHS England and Improvement regarding the Trust state of readiness in advance of the withdrawal on 31 October 2019.</p> <p>Leaving the EU with a deal remains the government's priority. However, the Trust must plan for every eventuality, including 'no deal'. TMC is asked to note the actions that are currently being undertaken in terms of the Trust state of preparedness.</p>
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<b>Appendix 1</b>	
1	EU exit 'no deal' consequence management plan

## Appendix 1



EU Exit No Deal Plan  
(Sept 19).docx

# EU EXIT 'NO DEAL' CONSEQUENCE MANAGEMENT PLAN 2019

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Version number	Date updated	Reason
1.0	March 2019	Creation of plan in response to UK leaving the EU 31 March 2019.
2.0	September 2019	Risk assessment updated in line with potential no deal EU exit on 31 October 2019.

## 1.0 INTRODUCTION

Along with other Government departments, the Department of Health and Social Care (DHSC) has been developing plans for a “no-deal” exit from the European Union (EU). This may impact on procuring and timely supply of goods services and medicines which could disrupt health care services that are delivered by The Royal Wolverhampton NHS Trust.

DHSC has been working closely with Cabinet Office to implement a cross-government approach to identify agreements that may be impacted by potential changes to trading relations with the EU and developing mitigating actions to help ensure that there are suitable arrangements in place at the point of exit.

In line with many health and social care organisations the Trust is required to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts, in addition to the defined actions in guidance covering seven areas of activity that the Department of Health and Social Care is focussing on in the event of a ‘no deal’ Exit.

The Trust’s greatest risk is the supply of medicines equipment / consumables. Central guidance expressly forbids local stockpiling, and the Trust is compliant with that guidance. The Trust has received assurance from DHSC that pharmaceutical companies and suppliers will hold six weeks supply of goods within the country in addition to normal stock levels. While the Trust fully supports the principle of stockpiling centrally will be more efficient than local stockpiling, the Trust is unable to assure itself that the supply of goods /consumable including medicines will be adequate for our operational needs, but will continue to monitor this.

The Trust has set up a Task & Finish Group which was established in January 2019, to prepare for the impact of ‘No deal’ EU Exit on the Trust’s services, working with partners across the Wolverhampton Conurbation working with Wolverhampton CCG and Wolverhampton Local Authority.

## 2.0 AIM & SCOPE OF THE PLAN

The aim of the plan is to provide the arrangements for how the Trust will dynamically identify, impact assess and best manage the consequences of a disruption to goods, services and medicines in the event of a ‘No Deal’ Exit from the EU.

The Trust’s portfolio consists of: New Cross Hospital, Cannock Chase Hospital, West Park Rehabilitation Hospital, Phoenix Centre including a walk in facility, GEM Centre for Children, Community Services including GP Practices (VI). It is the Trust’s responsibility to ensure that all services across its portfolio have plans in place in order to cope with a ‘no deal’ EU Exit as part of existing local business continuity plans.



### 3.0 OBJECTIVES

The objectives of this plan are:

1. Provide a clear EU Exit 'No Deal' specific command and control framework
2. Outline key staff to be involved.
3. Provide a process to dynamically impact assess issues and risks through Divisional / Service level intelligence and Situation Reports.
4. Provide a structured process for escalation.
5. Provide a structured process to capture National alerts from the Centre as well as locally.
6. Provide a clear structure for managing communications including reputational risks.

### 4.0 RISK ASSESSMENT

NHS providers are responsible for carrying out risk assessments for services and goods disruption against the 7 key domains identified which may affect the Trust.

Please see **Appendix 1** – Trust EU Exit 'No Deal' Specific Risk Assessment.

These risks will be reviewed regularly.

### 5.0 COMMAND AND CONTROL

#### External

- National Teams established
- National Operational Response Centre

Local, regional and national support teams are set up to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required. These teams will support Trusts to resolve issues caused or affected by EU Exit as close to the frontline as possible. These issues will be escalated to regional level, as required. Where issues are impacting across the health and care system at a national level, the Operational Response Centre will co-ordinate information flows and responses. The Trust's regional team is as per below.

Regional Team established for the Midlands - [England.mids-euexit@nhs.net](mailto:England.mids-euexit@nhs.net)

#### Internal

##### Key responsible individuals

- SRO/SCP – to support EU Exit preparation, implementation and incident response.
- The Chief and Responsible pharmacists are responsible for ensuring the Trust does not stockpile medicines unnecessarily.

- Head of Procurement – to continue with commercial preparation for EU Exit for supplies, non-clinical consumables, goods and services
- Task & Finish Group monitoring group for proposed actions, potential risks etc.

### Task & Finish Group Membership

Senior Responsible Officer (SRO) for EU Exit/Chief Finance Officer
Single Point of Contact (SPC) for the Trust/Chief Operating Officer/AEO
Head of Emergency Planning & Business Continuity/Sitrep monitor
Head of Procurement
Deputy Director of Human Resources
Information Governance Manager & Data Protection Officer
Deputy Chief Nurse
Clinical Director of Pharmacy
Chief Operating Officer NIHR Clinical Research Network West Midlands
Patient Services Manager
Deputy Chief Finance Officer
Head of Communications
Directorate Manager of Primary Care VI practices

- NB: by no means is this an exhaustive list

The Task & Finish Group meets on a bi weekly basis, chaired by the SPC/SRO.

### Standard Agenda

- Potential Risks & immediate, short/longer term & impact per service area/Division.
- Departmental Sitreps in line with the 7 domains highlighted by DHSC (Appendix 2).
- Current Stock/Supply levels: Medicines, equipment, consumables, soft FM services
- Service prioritisation/cancellation should 'No deal' EU Exit occurs.
- Managing expectations internally & externally
- Reputational risks/Media risks
- Identified issues to be escalated up VIA NHSE and the National Operational Response Centre.

Please see **Appendix 3** which details Trust arrangements that will be implemented in the event of the UK leaving the EU without a deal.

## 6.0 DIVISIONAL / DEPARTMENTAL / SERVICE SITUATION REPORTING

In the event of a No Deal exit, each service area will be asked to complete a Situational Report (SITREP) on a regular basis and be coordinated by the Divisions and the Trust's Task & Finish Group. The aim of the SITREPs is to ensure concise and relevant information can be obtained Trust wide to ensure effective oversight, management and support. Please see **Appendix 4**.

## 7.0 COMMUNICATIONS

Effective communications will be essential to keep patients and staff informed. It is anticipated that the Trust may be guided by a national Communications Plan for local implementation. Once this is available, this will be implemented by the Trust's Communication Department with sign off by the SRO/SRC.

The Trust Board is to receive regular reports from the SRO/SPO on a monthly basis on the Trust's preparedness for an EU Exit 'no deal'.

## APPENDIX 1 – Trust EU Exit ‘No Deal’ Risk Assessment

Area of activity	Current guidance post no deal	What is the risk?	Level of risk	How is the risk being managed?	What else can be done
Supply of medicines, vaccines and radio-pharmaceuticals	<p>DHSC is engaging with pharmaceutical companies that supply the UK with medicines and have put a number of arrangements in place to maintain supply.</p> <p>For national programme vaccines and medicinal countermeasures, Public Health England is leading on contingency plans.</p> <p>National advice is no changes to procurement should be undertaken by Trusts and organisations should not stockpile medicines.</p> <p>Advice to patients and FAQ's for clinical staff have been updated (September 2019) and is available on the NHS England website.</p> <p>Advice received from NHSE and NHSI in September 2019 is that regional and hospital procurement teams are currently managing 450 different national shortages of medication; only 13% of which are not classified</p>	<p>Disrupted supply of medicines resulting in shortages and delay in treatment reaching patients</p> <p>Increased demand in supply of alternative medication, consequently creating further shortages</p> <p>Failure to set up infrastructure for any new supplier route arrangements for the supply of medicines to be maintained</p> <p>Delays to emergency and routine procedures and disruption to patient flow e.g. discharge, from unavailability of medicines</p> <p>Diversion of patient-facing clinical time (medical and pharmacy) to managing medicines shortages and maintaining supply</p>	3x2= 6	<p>UK-wide contingency plans for the supply of medicines have been put into place by DHSC, these include a six week stockpile, and alternative transport routes from Europe to the UK to prevent shortages.</p> <p>Locally arrangements are in place within Pharmacy to monitor stock levels of medicines in the Trust. The pharmacy continues to align their stock holding of critical medicines to other Trusts (21 days), whilst the stock holding of non-critical medicines is 14 days.</p> <p>Pharmacy procurement has a process to monitor manufacturers that cannot supply and Pharmacy Medicines Information provides guidance on alternatives to prescribers and produces Trust-wide communications regarding this.</p> <p>There is a regional procurement pharmacist who has access to stock levels of medicines within all Trusts in the West Midlands and supports Trusts with responding to shortages. A memorandum of understanding has been developed between NHS organisations and circulated by the national team to enable organisations to share medicines if necessary.</p> <p>An escalation route is in place through the</p>	<p>Monitoring of increased ordering outside of normal requirements for all products.</p> <p>Pharmacy are flagging in the pharmacy computer system all critical medication to support appropriate stock levels and enable faster identification of critical issues.</p> <p>Communication team to send out to all prescribers from the Medical Director a directive to provide prompt clinical advice on product alternatives during shortages or out of stocks.</p> <p>A prioritisation group to be established, led by the Medical Director, to support clinical prioritisation of medicines should this</p>

	<p>as a critical medicine.</p>	<p>Delay in diagnostic studies</p> <p>Potential delay in undertaking some diagnostic tests and therapeutic procedures using radioactive medicinal products.</p>		<p>regional procurement pharmacist and regional NHSI pharmacist. The NHSI pharmacist provides regular updates to the Chief Pharmacists. Additional regional pharmacy posts to support a 'no deal' exit are being recruited to.</p> <p>Local business continuity plans are in place to factor potential 'no deal' exit impacts.</p> <p>The CCG continue to encourage Primary Care staff to reassure patients not to over order or store additional medicines at home. Clinicians have been advised not to write longer than required prescriptions.</p> <p>Providers of radioactive medicinal products are aiming to maintain backup of air freight to ship goods into country to avoid any potential delays at ports. MPCE locally will work with service users to re-phase use of products and minimise delays where possible.</p>	<p>be required.</p> <p>Continue to communicate with service users and suppliers to understand any changes in circumstances as they arise.</p>
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Supply of medical devices and clinical consumables	DHSC MDCC contingency plans include increasing stock levels nationally and putting in place arrangements to facilitate continued supply of products directly from the EU, as well as working with key suppliers, wholesalers and distributors to ensure that they are securing their own supply channels. The UK will recognise medical devices approved for the EU market and CE marked. Should this change in future adequate time will be provided for businesses to implement any changed new requirements. The UK will comply with all key elements of the Medical Devices Regulation and the in vitro diagnostic regulations which will apply in the EU from May 2020 and 2022 respectively.	Disrupted/restricted supply/access to medical devices resulting in shortage and delay impacting on patient safety.	1x2= 2	Watching brief with action to be taken if necessary once regulatory framework is announced.	
Supply of non-clinical consumable, goods and services  (Including hotel services; nutritional feeds; uniforms; capital equipment and spare parts; waste collection; contracts delivered abroad and other major supplies)	This is being reviewed and managed centrally by DHSC.	Disrupted supply of non-clinical consumables resulting in shortage and delay in reaching patients	1x2= 2	Trust is responsible for assessing the supply chain for all other hotel services including cleaning products not bought through NHS Supply Chain.	completion of self-assessment

<p>Workforce</p> <p>Staff - review of staff working on a temporary basis in the UK.</p>	<p>The number of non-UK residents that currently work within the Trust is 190. An assessment has been undertaken to review the staffing groups this affects.</p> <p>19+1 Clinical Services; 10 Admin &amp; Clerical; 9 Allied Health professionals; 6 estates &amp; ancillary; 17 Healthcare Scientists; 57 medical &amp; dental; 70 nursing &amp; midwifery. Total impact of staff base 2.0 % of the Trust's workforce.</p>	<p>Immediate loss of staff through regulatory restrictions and resulting impact on patient safety.</p>	<p>2x2=4</p> <p>Moderate due to the professional staff groups</p>	<p>Publication of EU Settlement Scheme to all healthcare staff who are EU citizens.</p>	<p>Develop briefing materials and clear messaging based on available information on the status of EU staff in the event of a no deal Brexit.</p>
<p>Reciprocal healthcare</p>	<p>In a no deal scenario, the current arrangements for reciprocal healthcare and for overseas visitors and migrant cost recovery will continue to operate until 31<sup>st</sup> October 2019, depending on the reciprocal agreements that are concluded.</p>	<p>Potential loss of income/additional cost pressure due to failure to appropriately charge and/or receive payment from those patients who are now ineligible for free NHS care.</p>	<p>1x2= 2</p>	<p>Continue to support current reciprocal healthcare arrangements (EHIC, PRC, S1, S2) and apply cost recovery regulations until further advice from Government on how the system may change.</p> <p>In no deal scenario EU citizens will have to pay upfront for non-urgent/routine treatment.</p> <p>People's health will not be put at risk, irrespective of status therefore any urgent or immediately necessary treatment will be carried out but will have a charge made and invoiced subsequently.</p> <p>All Emergency treatment free and primary care free.</p> <p>Opportunity for income may be lost by the Trust if new guidelines are not implemented robustly and overseas visitors are not</p>	<p>Check the NHS visitor and migrant cost recovery page regularly to see the latest guidance</p> <p>Overseas procedure would need to be updated</p> <p>Communication front line staff</p> <p>Update reception questions for overseas visitors</p> <p>Overseas Visitors Forum and internal communication required to ensure timely and consistent</p>

				<p>charged for their healthcare. Debt for the Trust may increase if patients do not pay invoices raised for any chargeable healthcare/treatment.</p> <p>There may be a cost associated with increased administration of changing and implementing the new arrangements.</p>	communication
Research and clinical trials	<p>The 2004 regulations will remain in force, modified using powers under the EU (withdrawal) Act to make sure they still work in the UK after exit</p> <p>DHSC have been working with organisations running clinical trials to gain assurance around supply of investigational medicines. Organisations recruiting to clinical trials should continue to do so and Investigational medicines should not be stockpiled.</p>	<p>In the short term R&amp;D could see a shortfall in predicted income if commercial trials are interrupted. The longer term risks are having the ability to attract individuals to work with us if we are unable to participate in multi-national studies, and not being able to offer patients the same opportunity to participate in research.</p> <p>Disrupted supply of investigational medicines results in shortages and delay in treatment reaching patients and/or early closure of trial.</p> <p>Increased demand in supply of alternative medication if trial closed due to</p>	1x2= 2	<p>All funding measures currently in place will be transferred to UK organisationally based tenders and awards prior to the Brexit period as part of existing arrangements no current issues flagged.</p> <p>Chief Investigating Officers have been liaising with trial sponsors.</p>	



		shortages, consequently creating further shortages.			
Data sharing, processing and access	The government has already taken steps to ensure its data protection regime is aligned as closely as possible with the EU by passing the Data Protection Act 2018. However the UK wants an adequacy decision from Brussels that would rate the UK's level of personal data protection as essentially equivalent to that of the EU or not, this would not be forthcoming until after the UK leaves.	Data sharing from UK to EU post October 2019 may become difficult  Potential risk to IT services where IT servers are based in the EU.	1x2=2	Currently the Trust is reviewing data flows and contractual assurances as a part of the DSPT toolkit self-assessment requirement. NHSx have provided re assurance that the below 18 companies have assured central government that data will continue to flow, in case of a no deal. <ul style="list-style-type: none"> <li>• Atos</li> <li>• Fujitsu</li> <li>• IBM</li> <li>• Motorola</li> <li>• Sodexo</li> <li>• Sopra Steria</li> <li>• Virgin Media</li> <li>• Salesforce</li> <li>• Accenture</li> <li>• Capgemini</li> <li>• CGI</li> <li>• DXC</li> <li>• Google</li> <li>• BT</li> <li>• Vodafone</li> <li>• AWS</li> <li>• Microsoft</li> <li>• Oracle</li> </ul>	Completion of toolkit self-audit.

Finance		<p>Financial pressures on the Trust increase in cost pressures. Reputational impact.</p> <p>Specific risks have been identified around:</p> <ol style="list-style-type: none"> <li>1. The cost of sourcing medicines from suppliers not on agreed contracts or frameworks</li> <li>2. Additional costs of recruitment if overseas staff leave</li> <li>3. Loss of income if the Trust does not put appropriate charging systems in place</li> <li>4. General cost of preparedness</li> </ol>	2x2= 4	<p>Monthly budget monitoring with service areas.</p> <p>None of these potential risks can currently be costed and each individually are not expected to be material (i.e. &gt;£0.5m). However, collectively the impact may reach a material figure.</p>	Any cost implications to let finance know
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## Risk Assessment

## Risk Rating

What is the Hazard/harm/consequence	What is the likelihood of occurrence		
	1 Low Impact	2 Moderate Impact	3 High Impact
3 Significant Concern	3	6	9
2 Moderate Concern	2	4	6
1 Minimal Concern	1	2	3

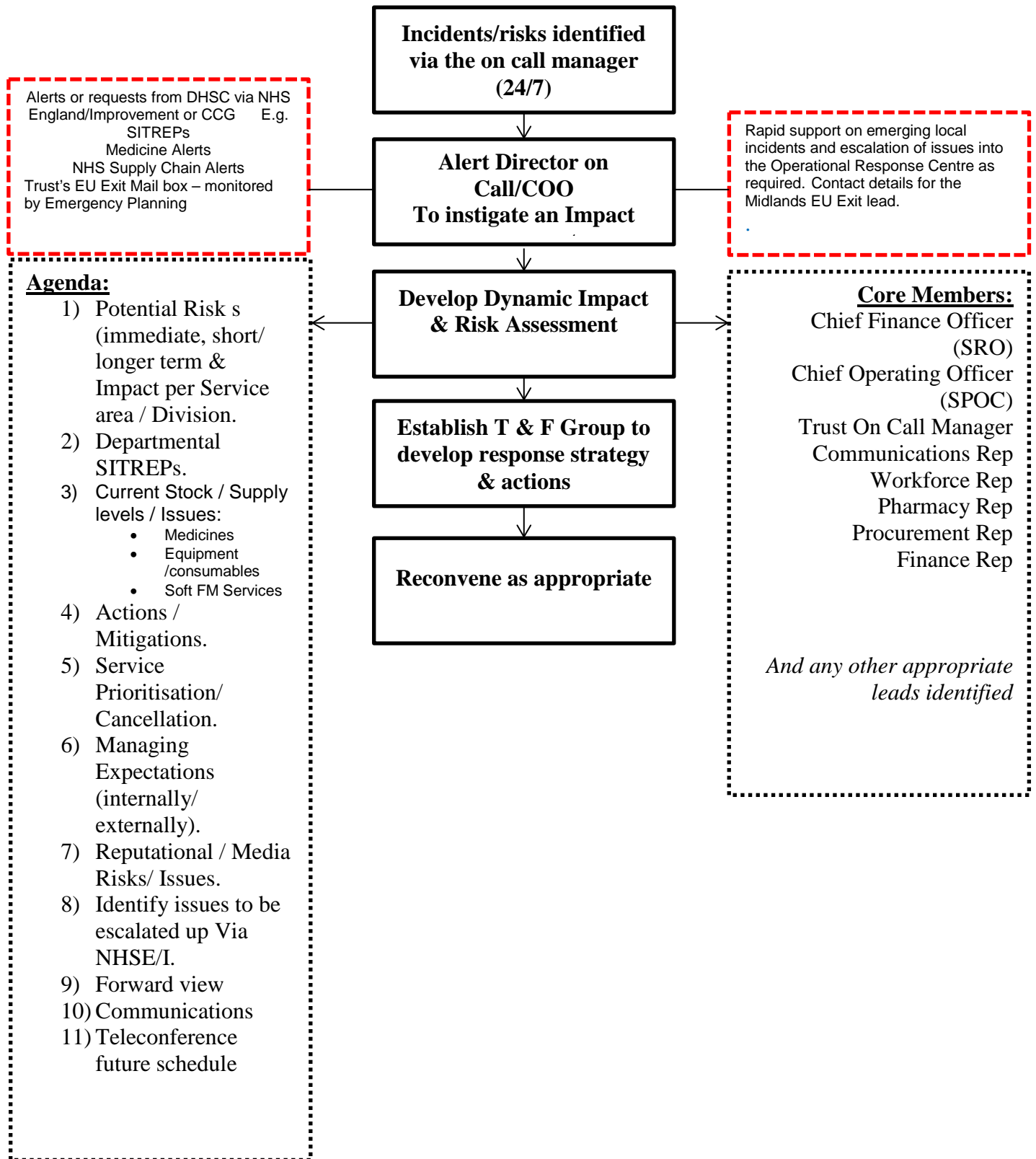
Multiply the consequence (1 – 3) with the likelihood of occurrence (1 – 3) will give you the rating.

Domain	1	2	3
<b>Clinical</b>	Delay in achieving care pathway/risk to discharge timelines impacting of capacity issues.	Delay in care/treatment resulting in patient pain and discomfort.	Immediate risk causing patient deterioration
<b>Medicines Management</b>	Patient and service inconvenience sourcing alternatives.	Delay in care/treatment and discharge leading to capacity issues.	Immediate issue causing patient deterioration
<b>Medicines</b>	Delay in supply of medication with possible delay in discharge an	Delay in patient treatment and discharge.	Unacceptable delay in treatment resulting in patient pain/deteriation.
<b>Medical devices and consumable goods</b>	Delay in supply of devices and consumable	Delay in patient treatment and discharge.	Unacceptable delay in treatment. & patient deterioration
<b>Continuity of Supply - purchasing/procurement</b>	Delay in supply of medicines, devices and consumables.	Delay in patient treatment and discharge.	Unacceptable delay in treatment. & patient deterioration
<b>Non clinical consumables</b>	Delay in supply of non-clinical consumables	Delay in patient treatment.	Unacceptable delay in treatment.
<b>Workforce</b>	Short-term low staffing level that temporarily reduces service quality.	Uncertain delivery of key objective/ service due to lack of staff	Non-delivery of key objective/service due to lack of staff
<b>Research and clinical trials</b>	Minimal disruption	Growing risk of deadlines not being met for research delivery.	High risk of deadlines not being met for for research delivery.
<b>Data sharing processing and access</b>	Delay in data access	Delay in data access affecting patient care	Data loss
<b>Financial</b>	No cost pressures	Cost pressures raised resulting in budgetary risk	Financial loss
<b>Performance</b>	Potential to breach national or other performance targets.	Meets less than 30% of targets	Performance externally supervised
<b>Governance</b>	No issues	Trust Board Concerns	External regulation risk

## Appendix 2 - Areas of activity in the health and care system that the Department of Health and Social Care is focussing on in the event of EU EXIT 'no deal'.

- 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 networks
- Data Sharing, processing and access ensuring data and digital assets are adequately protected; completion of annual data security and protection toolkit assessment
- Finance – revenue and capital costs incurred in responding to a 'no deal' EU Exit.

## Appendix 3 EU Exit NO Deal Specific action card – Command and Control



## Appendix 4 – Divisional / Service / Department SITREP

Impact Assessment Template	
<b>Division</b>	
<b>Completed by</b>	
<b>Date &amp; Time Completed</b>	
<b>Departments included in the Division Impact Assessment</b>	
<b>Submitted to</b>	

Disruption identified	Normal Business	Some Disruption	Close to Maximum Tolerable Period of Disruption	Stopped
<b>Number of Category 1 Processes</b>				
<b>Number of Category 2 Processes</b>				
<b>Number of Category 3 Processes</b>				
<b>List key risks/problems</b>				
<b>URGENT Resource shortfalls</b>				
<b>Comments</b>				

For **each process affected by the incident** you should establish the current situation. Under 'Current State' please select from:

- Some Disruption Experienced
- Close to Maximum Tolerable Period of Disruption
- Stopped

**Do not report on processes which are operating normally.**