

Board of Directors (in Public)

Item 5.2

Subject: Exiting the European Union – Contingency Planning Update
Date of Meeting: Tuesday 24th September 2019
Prepared by: Robin Wiggs, Deputy Director of Strategic Partnerships & SRO for EU Exit
Presented by: Robin Wiggs, Deputy Director of Strategic Partnerships & SRO for EU Exit

BAF Ref	Impact on BAF
3.7	The report provides assurance that contingency planning processes are in place to mitigate the risks associated with the implications of exiting the European Union

1. Executive Summary

This paper updates the Board of Directors on the current risk assessment and implications for the Trust, arising from the UK's Exit from the EU - scheduled for 31st October 2019. It also updates the Board on the national guidance that has been received as well as local, regional and national contingency measures to mitigate the possible effects of a no-deal exit.

The Board of Directors received a detailed Trust risk assessment for EU Exit in September 2018 and a further update in March 2019. A multi-disciplinary contingency planning group regularly reviews Trust risks and plans, and updates are provided to Operational Board.

A regional contingency planning workshop was held by NHS England on September 11th to update the service on national risk assessments and contingency plans in the event of a no-deal Exit.

Given the national and local contingency planning that is in place for the continued supply of NHS material, and the relatively low numbers of EU nationals working in the Trust, the corporate risk register item has been maintained at a score of 12. The Trust has maintained a green preparedness rating using the NHS England assurance matrix.

There is no necessity based upon current risk assessments/national contingency plans for LHCH to alter its planned activity programme prior to or after October 31st. The situation is being kept under close review.

2. National Position

The default legal position in EU and UK law is that the UK will leave the EU at 11pm on 31st October 2019, unless an extension, deal or revocation of Article 50 is agreed and passed by Parliament. Government policy is to leave on this date with or without a deal. The parliamentary situation remains complex, and may well change following the EU Council meeting on 17th October.

It is not currently clear what kind of deal could be agreed with the EU before 31st October – but for the purposes of this paper it is assumed to be broadly similar to the earlier deal, and would contain a transition period during which there would be no sudden changes after Exit day. Thus LHCH risk assessments focus on the issues that may arise from a no-deal Exit.

NHS England advise that the possibility of a no-deal Exit remains high and Trusts should continue to plan for this. They also advise that the NHS is the best prepared of all sectors, and assurance nationally about the preparedness of the service is high. 99% of all NHS organisations have a Green or Amber (with a plan) assurance rating. LHCH has a Green rating, which was reconfirmed in mid-September.

The key potential risks to the service are:

- Disruption and/or delay to the transport of clinical and non-clinical supplies, particularly those that arrive via the Channel ports.
- Workforce risks.
- Operational/financial risks within adult social care services impacting upon patient flow within the NHS.
- Financial.

National contingency plans for a no-deal Exit remain broadly the same as for the March 29th/April 12th Exit days:

- National buffer stocks and mitigation of possible transport delays;
- Close inter-agency working;
- a regional/national command structure to escalate and manage incidents.
- continued recognition of EU regulatory and professional qualifications/standards.

However, since the earlier Exit days were extended, more detailed supplier-engagement has taken place over the summer on all 12,000 medicines used in the UK, medical devices, and non-clinical goods and services. Joint planning with Adult Social services has also improved.

An October 31st no-deal Exit will mean that any Exit-related issues may be exacerbated by the general increase in pressure on the system as winter approaches. There are not expected to be any immediate significant impacts of a no-deal Exit, rather a gradual escalation. However, public concern remains very high.

Local scenario planning has identified well-tested contingency plans across the Liverpool system for the anticipated issues that might occur– including medicines shortages, delays in the supply of goods/services, fuel shortages, traffic congestion and delays to patient flow between and out of hospitals. However, the combination of multiple issues would undoubtedly place greater pressure on the system than normal. The increased use of

Liverpool as a non-Channel port may lead to increased traffic congestion at times. Mitigations are covered in existing winter disruption plans.

All EU Exit planning guidance and correspondence for the NHS published by the UK government can be found here: <https://www.gov.uk/government/collections/planning-for-a-possible-no-deal-eu-exit-information-for-the-health-and-care-sector>

3. National Contingency Arrangements

The Department for Health & Social Care (DHSC) has implemented a dedicated national and regional contingency planning structure to run alongside the normal Emergency Preparedness, Resilience and Response structure. It will operate a tiered escalation and response model appropriate to the scale and significance of any impacts that arise. Support will be in place 24/7. It will also link closely to the normal winter pressures escalation systems.

There is a National Operational Response Centre for the NHS and social care established in the DHSC in London to manage cross-government activities. This is supported by a National EU Exit Co-ordination centre for the NHS in Leeds, and regional EU exit co-ordination centres in each of the NHS regions. The Trust is linked into the communications of the regional centre for NHS North/NorthWest.

A multi-layered approach to national NHS contingency planning has focussed on:

- Requests to suppliers to create “replenishing buffer stocks” of 6 weeks supply of medicines and key devices to smooth out any logistical supply issues;
- Procurement of dedicated non-Channel port freight capacity for NHS material, including air-freight for short-life material;
- Warehouse capability to store buffer stocks;
- Regulatory flexibility to ensure products continue to be placed on the UK market;
- A national supply distribution response in the Dept of Health & Social Care
- Ensuring supplier and trader readiness for anticipated EU and UK customs checks.

There is a requirement for monitoring and sitrep reporting nationally and regionally in the event of a no-deal Exit, and this commences from October 1st.

4. Possible impact areas of no-deal.

Following national guidance, the Trust has considered the possible impact of a no-deal Exit in the following 9 areas. This work builds upon the risk assessment presented to the Board in September 2018, and the position set out below reflects the latest information from NHS England set out in the regional workshop on 11th September.

1. Supply of medicines

Suppliers are maintaining a 6-week buffer of prescription only medicines, pharmacy supplies and unlicensed medicines. The additional dedicated and prioritised NHS freight capacity that is being procured is equal to the total current NHS capacity. Air freight will be secured nationally for short-life products. Serious shortage protocols have been agreed to enable pharmacists to dispense alternative medicines in the event of shortages, without recourse back to prescribers. For reference the NHS is currently managing in excess of 80 medicines

shortages that are not related to EU Exit, and is experienced in these contingency arrangements.

National advice is to prescribe and dispense as normal, and not to stockpile locally. Over-ordering, prescribing or stockpiling will be robust investigated and may result in regulatory or professional body intervention.

No supply issues have been identified for LHCH, providing the national contingency arrangements operate effectively. Appropriate communications to prescribers and for patients will be disseminated through the usual channels.

2. Vaccines and Public Health England

As with the supply of medicines, vaccines should not be stockpiled locally beyond business as usual levels. No issues with the supply or quantity of vaccines available are expected by Public Health England. The annual flu vaccine stocks will all be in the UK before 31st October. PHE outbreak management will operate as normal

National and WHO surveillance systems will continue to be in place, but participation in EU surveillance systems will not be in place unless or until an agreement is in place.

No issues identified for LHCH if the national contingencies operate as expected.

3. Clinical Trials and research.

Clinical trials will continue as normal. Dedicated NHS freight lines can be used for the supply of investigational products. UK government has underwritten existing research funding until 2020.

There is no immediate impact upon the Trust, and ongoing schemes such as Ritmocore have been confirmed as no-impact. However, reduced access to research grant funding from the EU may impact upon our strategy to increase future research activities at LHCH.

4. Medical Devices and Clinical Consumables

Similar to the multi-layered plans for the supply of medicines, extensive planning has been undertaken nationally with suppliers to ensure continuity of supply and buffer stocks where appropriate.

The Trust has reviewed all of its suppliers using the national tools, and has not identified any significant concerns about the supply of medical devices or consumables – providing the national contingency measures are effective. Clinical divisions have been requested to ensure that normal stock levels across all lines are in place in October and maintained through Exit day. An additional 3-day lead time for consumables has been advised by NHS Supply Chain, and the Trust's supplies team are putting in place arrangements for deliveries to be received outside of normal working hours if needed, and/or in conjunction with the Broadgreen supplies team.

5. Non-clinical consumables

Non-clinical consumables suppliers have been contacted and assessed for resilience by the Trust – eg patient food, IT hardware, printer cartridges. No concerns have been identified to date. Maintenance contracts have also been assessed and key suppliers have confirmed no concerns. There may be a risk to the delayed supply of parts for medical equipment, and NHS England have confirmed that these items may also be sent via the dedicated NHS freight channels should it be needed.

6. NHS Blood & Transplant

UK is self-sufficient in almost all areas. NHSBT requested normal practice to be maintained by providers unless requested otherwise. No problems anticipated for LHCH services.

7. Workforce

The Trust currently employs 63 EU nationals, slightly less than 4% of the total workforce – the NHS average is 4.6%, varying from 2% in the North-East to 13% in London. The number of EU nationals in the LHCH workforce has increased since the referendum in June 2016, a similar picture across the UK.

Of this group of staff, 32 are Irish citizens with pre-existing permanent residency and employment rights. The remaining 31 colleagues are spread across all professional staff groups and Divisions:

Staff Group	Heads
Medical and Dental	12
Nursing and Midwifery Registered	11
Allied Health Professionals	4
Administrative and Clerical	1
Additional Clinical Services	1
Add Prof Scientific and Technic	1
Estates and Ancillary	1
Grand Total	31

The Trust has participated in the Settled Status pilot since autumn 2018 and has encouraged and supported staff to apply for settled status. The UK government has confirmed that settled status will be available to existing EU nationals living and working in the UK in the event of a no-deal exit. Divisions are aware of and in touch with all of our EU national staff. The Trust has a successful recruitment record for domestic and non-UK staff. Consequently, the Trust continues to assess workforce as a low risk in the event of a no-deal exit.

8. Reciprocal Healthcare Rights and Overseas Visitors

In a no-deal scenario, existing reciprocal healthcare rights will cease on 31st October until bilateral replacement agreements are in place. Negotiations in this area are ongoing with a number of EU countries, but can not be concluded until after the UK has left the EU.

There are currently 890,000 UK nationals benefitting from reciprocal healthcare agreements in the EU, many of whom may return to the UK if these rights cease. The Cabinet Office has projected the increased demand on the NHS of these returners as equating to an increase of 0.3% spread across the country and upto 2021. This is similar to the increase in demand the NHS experiences on a typical winter day. It is unlikely to have a significant impact upon LHCH services, and would be tariff-bearing activity.

NHS services are free to anyone who is ordinarily resident in the UK, regardless of nationality. Therefore, it is possible that a larger number of EU nationals visiting the UK would be subject to charges for NHS care in future, and liable to payment directly rather than via government-to-government mechanisms. The Trust will need to determine NHS eligibility and comply with the NHS Charges to Overseas Visitors (incl Amendment) EU Exit Regulations 2019. The Overseas Visitor Manager is linked into this work, and the Trust has significantly increased its compliance over the past 12 months.

9. Data

On Exit day, the UK becomes a third country for GDPR purposes without an “adequacy” decision. This restricts UK access to databases containing sensitive information (ie personally identifiable) that are held within the EU.

An assessment of the impact upon the Trust has been undertaken, and no issues have been identified. All of our core patient databases (PAS, EPR, CareCube, etc) are not reliant upon access to EU data. In terms of software support or access to our data, the UK has recognised that EU countries have adequacy.

It is possible that access to research data held in the EU may be an issue for the Trust, and this will be managed on a case by case basis by chief investigators.

5. Local Contingency Planning

The EU Exit Contingency Planning Group has been reconvened, and contains representation from clinical divisions and all corporate functions. The group has risk assessed all areas as outlined above, and reports to Operational Board and Executive Committee as appropriate. The group reviews the corporate risk register item and departmental business continuity plans.

As of October 2019, the group will meet weekly to continue to review national guidance as it is received, to monitor the operational readiness of the Trust and to implement any contingencies as required.

The risk register item was reviewed on 13th September 2019 and maintained at a score of 12.

Tailored communications for Trust staff and patients have been prepared and will be issued following a regional communications workshop on 23rd September when core national and regional messages will be confirmed.

6. Recommendations

The Board of Directors is recommended to:

- Note this update on the current risk assessment and contingency planning relating to the UK's Exit from the EU, and that further updates will be provided as required.

ID	Location	Description	Key Objective	Owner	Date Reviewed	Inherent Risk	Consequence	Likelihood	Current Controls	Residual Risk	Target Score	Further Mitigating Actions	Internal Assurances	External Assurances
7158	Corporate	There is a risk to the continuity of services such as pharmacy, supplies, workforce and research, within the organisation Caused by there being no deal agreed for the UK's Exit from the European Union on October 31st 2019 Leading to possible disruption to patient services and care.	Quality, Patient & Family Experience	Director of Strategic Partnerships	Sep 2019	15	4	3	<p>---Prevention---</p> <p>Business continuity plans have been updated, where necessary, to include contingency planning in the event of no deal being agreed to ensure that the organisation has appropriate mitigation in areas of consumable supply, workforce and research funding</p> <p>---Prevention---</p> <p>Brexit contingency SRO identified (Deputy Director, Strategic Partnerships) to ensure that Brexit is kept high on the agenda for the organisation and areas of concern are highlighted and mitigations put in place</p> <p>---Prevention---</p> <p>Risk assessments of key operational areas (pharmacy, supplies, workforce, research) have been undertaken in the light of national "no deal" guidance being published to ensure that all possibilities are considered with contingency planning in place to mitigate any issues identified</p> <p>---Prevention---</p> <p>Close liaison with national and regional EU Exit teams to ensure that the Trust follows all national guidance on preparedness and contingency planning.</p>	12	3	<p>--- due 13th September 2019</p> <p>A Brexit Contingency planning group exists to discuss contingency measures and risk assessments.to ensure that the organisation is fully prepared for a no deal Brexit</p> <p>--- due</p> <p>Regular updates have been completed for the Board of Directors, Executive team and operational Board and general awareness raising has taken place.to ensure that the Senior Leaders in the organisation are fully apprised of the situation</p>	Updated business continuity plans reviewed by Risk Management Committee, as appropriate.	Trust is risk assessed as Green using NHS England EU Exit preparedness assurance framework.