

Council of Governors – 24 January 2019

Brexit Briefing

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Introduction

This report provides a briefing for the Council of Governors on NHFT's preparations for Brexit. It describes the breadth of risks the Trust has considered and its approach to the management of each risk in conjunction with the national framework for the NHS.

Governors are asked to receive the briefing on the preparations the Trust is making for Brexit for discussion at the Council of Governors.

A paper will be submitted to the Trust Board of Directors at the end of January to provide assurance on the current approach and consider the issues relating to Brexit.

Background

At the time of writing, significant uncertainty remains on Brexit's long-term impact. Most commentators do, however, agree some short-term implications are possible (and are more likely in a 'no deal' scenario). For this reason, the Secretary of State for Health and Social Care has issued clear instructions to the NHS in assessing and managing any risks arising from Brexit.

NHFT Brexit Project Group

Each NHS organisation has been asked to nominate a Senior Responsible Officer to lead on the necessary planning. The Director of Human Resources and Organisational Development is undertaking this role for NHFT and has established a project group consisting of leads from the following areas, as outlined in the 'EU Exit Operational Readiness Guidance':

1. Supply of medicines and vaccines (Chief Pharmacist);
2. Supply of medical devices and clinical consumables (Head of Procurement);
3. Supply of non-clinical consumables, goods and services (Head of Property Services);
4. Workforce (Deputy Director of Human Resources);
5. Reciprocal healthcare (Deputy Director of Finance);
6. Research and clinical trials (Head of Innovation, Research and Clinical Effectiveness);
7. Data sharing, processing and access (Deputy Director of Business and Performance); and
8. Business continuity planning (Emergency Planning and Resilience Manager).

The project group also has representatives from Operations, Communications and the Programme Management Office to ensure the right people are involved in assessing and managing the risks posed by Brexit. Whilst the impact of a 'no deal' exit on the health and adult social care sector is not limited to these areas, contingency plans are being developed nationally by the Department of Health and Social Care's (DHSC's) Operational Response Centre to mitigate risks in other areas.

The project group plans to meet on a fortnightly basis until the end of March. However, it will monitor the frequency of its meetings and arrange more if/as required. Leads for each of the eight areas will prioritise these meetings, or send a deputy.

The EU Exit Operational Readiness Guidance has been distributed to the project group. Whilst planning for a 'no deal' exit from the EU is being led by the Department for Health and Social Care, NHFT are logging and monitoring all activity, outcomes and key actions in relation to the areas listed above to ensure that any issues that may arise are logged and mitigated against (where possible and appropriate for the organisation to do so).

NHFT will run a communications campaign to inform and assure staff that planning for a 'no deal' scenario is in hand, as much as it is in the organisation's gift to do so.

In addition to project group meetings, NHFT's Executive Team has regularly discussed Brexit at its Executive Board Meetings, including consideration of national guidance and local action required.

At its recent meeting, the Executive Team, in reviewing the Trust's Organisational Risk Register (ORR) concluded that, in the light of the current position, Brexit should feature as a specific risk on the ORR going forwards and this will be reported as part of the ORR report to the January Board of Directors.

Contingency Planning and Governance Structures

The DHSC, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre. This will lead on responding to any disruption to the delivery of health and care services in England, which may be caused or affected by EU Exit. The Operational Response Centre will co-ordinate EU Exit-related information flows and reporting across the health and care system.

The Operational Response Centre will also work closely with all of the devolved administrations to ensure a co-ordinated approach across the UK. 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 will also establish local, regional and national teams to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required.

NHS providers and commissioners will be supported by NHS England and Improvement local teams to resolve issues caused or affected by Brexit 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.

In addition to the above contingency and business continuity structures, and NHFT's actions as an individual organisation, NHFT is participating in the Northamptonshire Local Health Resilience Partnership (LHRP), which will be taking a lead role in the local system response to Brexit.

NHS Contingency Planning Assumptions

- A minimum of 6 weeks additional supply of medication will be stockpiled by pharmaceutical companies. There is no requirement for health providers to locally stockpile medication beyond business as usual stocks - Chief Pharmacists are responsible for ensuring local stockpiling does not take place.

- National arrangements will be made for ensuring supplies into the UK of medicines with a short shelf life (such as medical radioisotopes) will be maintained.
- Health and social care providers are not required to stockpile additional medical devices and clinical consumables beyond business as usual stocks.
- Following the procurement self-assessment which all providers were required to complete by the end of November 2018, the findings will be utilised by the DHSC to provide additional guidance with regards to planning for the supply of non-clinical consumables, good and services

Current Action Plan

The briefing below, on the eight areas outlined above, has been provided by NHFT's workstream leads.

1. Supply of Medications and Vaccines

The Government recognises the vital importance of medicines and vaccines, and has developed a UK-wide contingency plan to ensure the flow of these products into the UK in a 'no deal' scenario. The plan covers medicines used by all types of providers, including private providers.

In August 2018, DHSC wrote to pharmaceutical companies that supply the UK with prescription-only and pharmacy medicines from, or via, the EU or European Economic Area (EEA) to prepare for a no deal scenario. Companies were asked to ensure they have a minimum of six weeks' additional supply in the UK, over and above their business as usual operational buffer stocks, by 29 March 2019. Companies were also asked to make arrangements to 'air freight' medicines with a short shelf life. There has been very good engagement from industry to ensure the supply of medicines is maintained in a 'no deal' exit.

Discussions have also been held between government and UK manufacturers of medicines currently using the short straits crossings of Dover and Folkestone. The Government is working to ensure there is sufficient roll-on, roll-off freight capacity to enable medicines and medical products to continue to move freely into the UK. The Government has agreed that medicines and medical products will be prioritised on these alternative routes. This includes all medicines, including general sales list medicines. In the event of delays caused by increased checks at EU ports, the Department will continue to develop the UK-wide contingency plan for medicines and vaccines with pharmaceutical companies and other government departments.

UK health providers – including hospitals, care homes, GPs and community pharmacies – should not stockpile additional medicines beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions and the public should be discouraged from stockpiling. Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.

The DHSC, NHS England and NHS Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines; arrangements are also likely to be put in place to monitor the unnecessary export of medicines.

The Department is putting in place a 'Serious Shortage Protocol', which will involve changes to medicines legislation to allow flexibility in primary care dispensing of medicines. Robust safeguards will be put in place to ensure this is operationalised safely, including making authoritative clinical advice available.

Public Health England (PHE) is leading a separate UK-wide programme ensuring the continuity of supply for centrally-procured vaccines and other products that are distributed to the NHS for the UK National Immunisation Programme or used for urgent public health use. PHE also continues to work alongside contracted suppliers on their contingency plans to ensure that the flow of these products will continue unimpeded in to the UK after exit day.

The main risks for NHFT is if the supply chain via the EU is disrupted then patients may go without medication or we will have to change to alternatives. We cannot currently mitigate this risk as we do not know what medication may be affected. However, this is no different to our normal levels of risk relating to manufacturer issues (which are actually quite common). NHFT continues to monitor the situation alongside our partners Lloyds and will act in accordance with national direction.

2. and 3. Supply of medical devices, clinical consumables, non-clinical consumables, goods and services

In October 2018, the DHSC issued a communication to all Heads of Procurement (HoP) asking all HoPs to complete and return an EU exit self-assessment by the end of November 2018. (NHFT achieved this deadline.) This communication also advised we need take no action in relation to suppliers who are part of the NHS Supply Chain, as contingency arrangements are being developed centrally.

NHFT's Head of Procurement is participating in a national WebEx on 17 January 2019 and a conference in London on 29 January 2019.

DHSC guidance says the Department has identified national suppliers of non-clinical consumables, goods and services and is reviewing and managing these at national level (examples include food and laundry services).

NHFT's self-assessment examined a number of suppliers for main contracts (e.g. utilities, waste and maintenance services). It concluded NHFT does not envisage any issues with these contracts, at this stage. However, the Self-Assessment is being analysed by DHSC and further guidance is expected by end of January.

Notwithstanding national guidance, we have decided to write to local suppliers to seek assurances about continuity of supply.

4. Workforce

NHFT has identified 312 workers in either bank or substantive roles from the EU. 195 of those have less than 5 years' service. These staff are employed in a variety of roles across the organisation and there is no anticipation that any one service will be materially adversely impacted.

The Trust is currently looking at the possibility of supporting staff who wish to make a settlement application once the EU Settlement scheme is open fully from 30 March 2019. (It runs until 30 June 2021.)

At this point, staff and their families will be able to apply for settlement at a cost of £65 pounds per person. The Trust, in line with other NHS employers in the East Midlands, will look to gain agreement from the Trust Board to pay this fee for each member of staff.

The Trust will also run some engagement workshops for all affected staff to help them understand what is required, to allow them to remain in the UK.

In mitigating the risk, the Trust has a recent successful track record in recruitment campaigns for permanent staff as well as having the continued ability to deploy bank or agency staff to any high-risk areas.

5. Reciprocal Healthcare

Currently all UK residents are entitled to reduced cost or free medical treatment when temporarily visiting a European Union (EU) country. In order to access this members of the EU apply for a European Health Insurance card (EHIC) and this is shown when healthcare is accessed.

The Government has recently introduced the Healthcare (International Arrangements) Bill to ensure that we have the legal powers to enter into reciprocal healthcare agreements in a 'no deal' scenario. The bill could support the continuance of existing reciprocal arrangements such as the EHIC.

DHSC is leading preparations for reciprocal healthcare and has committed to providing updates and further information prior to 29 March 2019.

6. Research and clinical trials

The Government has agreed to guarantee funding committed to UK organisations for certain EU funded projects. UK clinicians would be required to leave European Reference Networks (ERNs) on 29 March 2019 in the event of 'no deal'. Recruitment and support of patients into clinical trials should continue; however, organisations should contact their relevant trial sponsors for confirmation plans for supply chains for Investigational Medicinal Products (IMP) are unaffected.

NHFT holds no EU funded grants directly and has had no notification of any issue with grant funding from any partners. We do not sponsor any IMP studies in our role as participating site. NHFT Innovation and Research (I&R) is working with Clinical Research Network East Midlands (CRN EM) and the East Midlands Innovation and Research Leads to identify any further guidance, assess risk and identify impact.

Nationally, DHSC has communicated with Sponsors of trials to emphasise their responsibility for ensuring the continuity of Investigational Medicinal Product (IMP) supplies for their trials. NHFT I&R has a database of clinical trials that include IMP currently running or due to start shortly. I&R has contacted Chief Investigator/Sponsor directly to seek assurance that IMP supply lines will be supported.

7. Data sharing, processing and access

Personal data must continue to flow between the UK, EU and European Economic Area (EEA) member states following Brexit. If this were to happen under 'no deal' criteria, the Information Commissioner's Office (ICO) has set out six steps that organisations should take in order to be prepared. In addition, the DHSC has identified an action card for providers to help them to prepare.

NHFT is already progressing actions in response to these requirements, including action plans in relation to GDPR, data security and protection. NHFT is participating in nationally organised webinars through which it expects to receive further information on national arrangements and any additional local actions required.

8. Business Continuity

In addition to the previous seven areas, which are nationally mandated, NHFT has established an eighth area. It has instigated a wholesale Business Continuity review to ensure each and every service has identified, assessed and managed the risks relevant to its continuing operations and has documented their plans in 'Business Continuity Management Plans'. (These documents cover all risks, not just those associated with Brexit.)

At a Trust level, NHFT has been assessed by NHS England as fully compliant with Emergency Preparedness Resilience and Response (EPRR) national standards, which provides further assurance over the robustness of local

contingency/business continuity planning. NHFT's EPRR Manager is working closely with relevant colleagues to ensure that we have a framework in place to ensure continuity of priority services.

Conclusion

Governors are asked to receive the briefing on the preparations the Trust is making for Brexit for discussion at the Council of Governors.

Chris Oakes, Director of Human Resources and Organisational Development (and NHFT's Senior Responsible Officer – Brexit), January 2019