

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	23 January 2019	<b>Action</b>	Receive
<b>Item No.</b>	09	<b>Confidential</b>	No
<b>Title</b>	EU Exit Operational Readiness		
<b>Presented By</b>	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
<b>Author</b>	Lisa Featherstone, Deputy Director of Business Delivery		
<b>Clinical Lead</b>	-		

### Executive Summary

The UK government is preparing for every Brexit scenario, including a 'no-deal' outcome. The UK 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 has a duty to prepare for all scenarios.

Sir Chris Wormald, Permanent Secretary wrote to all providers and commissioners of NHS organisations to set out the guidance and actions to be taken locally to manage the risk of a 'no deal' exit. The guidance from the Department of Health and Social Care to all health and care organisations on how to prepare in case of a no-deal has been issued and focused on the implications on the NHS in the event that the United Kingdom (UK) leaves the European Union (EU) without a ratified agreement on 29 March 2019 – a 'no deal' exit.

This report provides an overview of the EU Exit Operational Readiness actions that are required to be completed by Commissioners, as set out in the EU Operational Readiness Guidance, issued by the Department of Health and Social Care on 21 December 2018.

### Recommendations

- It is recommended that the Governing Body:
- note the action plan and progress reported to date;
  - note the high level risk assessment that has been completed, and consider the current level of risk reported

### Links to CCG Strategic Objectives

To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>

To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF – n/a	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations that will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome

## EU Exit Operational Readiness

### 1. Introduction

- 1.1 This report provides an overview of the EU Exit Operational Readiness actions that are required to be completed by Commissioners, as set out in the EU Operational Readiness Guidance, issued by the Department of Health and Social Care on 21 December 2018.

### 2. Background

- 2.1 The EU Exit Operational Readiness Guidance has been developed and agreed with NHS England and Improvement and has been issued to all providers, including adult social care, commissioners and colleagues in devolved administrations to assist with preparations as part of UK-wide contingency plans.
- 2.2 The guidance, which is supported by a series of action cards, sets out that in addition to current responsibilities, Commissioners should ensure that their contracted health and care services are ready to manage the risks arising in a 'no deal' exit.

### 3 Actions for Commissioners

- 3.1 The CCG has reviewed the guidance and associated action card for commissioners and has developed an action plan, which is included at Appendix A.
- 3.2 Work has progressed against the required actions with progress reported accordingly to provide assurances that the CCG will be well positioned in the event of a 'no deal' scenario.
- 3.3 In summary, the CCG is required to:
- continue with business continuity planning, taking into account the instructions detailed in the guidance,
  - undertake local risk assessments, escalating any points of concern on specific issues;
  - liaising with providers of services that are commissioned, to ensure that providers are taking account of the actions for providers outlined within the guidance; and
  - discussed at Board level on a regular basis the EU Exit and its implications on health and care services
- 3.4 A high level risk assessment has been completed and is included at Appendix B for further discussion by the Governing Body. This reflects a current risk level of 12,
- 3.5 The CCG is proposing that contact with secondary care and third sector providers is undertaken on a lead commissioner basis as required, and separate letters detailing actions and assurances required will be drafted and issued.

## **4 Recommendations**

4.1 The Governing Body is required to:

- note the action plan and progress reported to date;
- note the high level risk assessment that has been completed, and consider the current level of risk reported

## Appendix A: Local EU Exit Readiness Action Plan

Action	Due Date	Owner	Status	Progress
<b>Risk Assessment and Business Continuity Planning</b>				
Undertake a risk assessment which takes account of the following requirements as a minimum: <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</li> <li>• Data sharing, processing and access</li> <li>• Potential increases in demand associated with the wider impacts of a 'no deal' exit</li> <li>• Locally specified risks resulting from EU Exit</li> </ul>	31 Jan 19	Lisa Featherstone	completed	Initial risk assessment completed and presented to Governing Body for review
To review existing business continuity plans in line with new guidance and ensure plans across wider health and social care system are robust	31 Jan 19	Lisa Featherstone / GM EPRR	To be progressed	
To support providers to test existing business continuity and incident management plans against EU Risk Assessment	28 Feb 19	GM EPRR	To be progressed	
<b>Communication and Escalation</b>				
To ensure Governing Body is sighted on EU Exit preparation requirements, actions and timelines	31 Jan 19	Margaret O'Dwyer	completed	Submitted to Governing Body and Primary care Commissioning Committee on 23 Jan 19
To raise awareness of EU Exit preparations, actions and risks amongst staff	31 Jan 19	Margaret O'Dwyer	In progress	Will be included in staff briefing scheduled 31 Jan 19
To ensure LHRP, LRF and A&E Boards are sighted on EU Exit readiness	31 Jan 19	Lisa Featherstone	To be progressed	

		/ GM EPRR		
To proactively keep abreast of further operational guidance from NHSE and Improvement to progress contingency planning	ongoing	Lisa Featherstone	To be progressed	
To review capacity and activity plans, including annual leave, on call and command and control arrangements around the 29 March 2019	31 Jan 19	Executive Directors	To be progressed	
To confirm escalation routes for issues arising from or affected by EU Exit, into the regional NHS EU Exit teams	31 Jan 19	Margaret O'Dwyer	completed	Escalation routes will be via the designated e-mail addresses provided in the Guidance for each area. Communications into the CCG will be via the Emergency Planning e-mail address
To note your nominated regional NHS lead for EU Exit and their contact details			noted	Local GM lead: Colin Kelsey <a href="mailto:England.euexitnorthwest@nhs.net">England.euexitnorthwest@nhs.net</a>
To escalate any issues identified as having a widespread impact to the nominated regional EU Exit team			noted	
To confirm the CCG's Senior Responsible Officer for EU Exit preparation and share with the regional EU Exit team	31 Jan 19	Margaret O'Dwyer	completed	Margaret O'Dwyer is the CCG's SRO and this has been confirmed with GM
To nominate named staff to work in a team in conjunction with the CCG's Senior Responsible Officer EU Exit preparation	31 Jan 19	Margaret O'Dwyer	completed	All on-call Directors and Senior managers will support this work area.
<b>Reporting, assurance and information</b>				
To respond to additional reporting requirements, as requested	ongoing	Lisa Featherstone	noted	To date the CCG has confirmed: <ul style="list-style-type: none"> <li>The EPRR e-mail address will be used as a designated single point of contact for all Brexit communications</li> <li>The action plan will be discussed by the GB on 23 Jan 19</li> </ul>
To provide an update to NHS EU Exit teams on progress made on actions requested of	ongoing	Margaret O'Dwyer	In progress	The action plan will be submitted to the EU Exit Team following discussion at

commissioners to inform the baseline assessment				GB
To raise any queries relating to specific topics areas of the EU Exit Operational Readiness Guidance document, with the relevant team, as outlined in the guidance document	As required	Margaret O'Dwyer	noted	
To note that any immediate risks or concerns regarding provision of NHS service continuity should be escalated to the relevant regional NHS EU Exit mailbox.			noted	
<b>Supply of medicines and vaccines</b>				
To promote the Secretary of States message in respect to healthcare providers to not stockpile medicines beyond their business as usual stock levels, and no clinician should write longer prescriptions for patients.	31 Jan 19	Margaret O'Dwyer/ Marie Clayton/Karen Richardson	To be progressed	A letter will be drafted and issued to Primary [medical] Care Providers and Secondary Care providers setting out all actions required and points to note.
To advise that there is no need to contact suppliers of medicines directly.				
To obtain assurance that providers are encouraging staff to reassure patients that they should not store additional medicines at home				
To inform providers that Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily and that any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly				
To inform providers that the Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines				
To be aware that the UK-wide contingency plan for medicines and vaccines is kept under review, and the	ongoing		noted	

Department will communicate further guidance as and when necessary				
To share letters from the Department aimed at an NHS and wider health and care provider audience, such as the third sector, private sector and home care, as necessary	ongoing	Margaret O'Dwyer/ Catherine Jackson / Julie Gonda	To be progressed	
To note that the Department has engaged directly with specialist commissioning leaders about prisons and defence in order to address their specific needs and concerns relating to medicine supply			noted	
To continue to report current shortage issues and escalate queries for medicine supply issues unrelated to current shortages through existing regional communication channels	ongoing	Marie Clayton	To be progressed	
To ensure that regional pharmacists and emergency planning staff meet at a local level to discuss contingency and collaboration arrangements that will drive forward and inform local plans,	28 Feb 19	Lisa Featherstone / GM EPRR	To be progressed	
To ensure that the Chief Pharmaceutical Officer meets with the chairs of regional hospital and CCG Chief Pharmacist networks (and representatives of private hospital Chief Pharmacists)	31 Jan 19	Margaret O'Dwyer	To be progressed	Will be included in the letter to providers
<b>Supply of medical devices and clinical consumables</b>				
To note and communicate that there is no requirement for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels.	31 Jan 19	Margaret O'Dwyer/ Marie Clayton/Karen Richardson/ Julie Gonda	To be progressed	Will be included in the letter to providers
To note that Officials in the Department will continually monitor the situation regarding medical devices and clinical consumables and if the situation			noted	



changes, further guidance will be provided				
To note that queries about medical devices and clinical consumables provided by NHS Supply Chain should be submitted to the usual contact.			noted	
To contact suppliers of medical devices and clinical consumables outside NHS Supply Chain directly with any queries as per the CCG's standard operating procedure	28 Feb 19	Marie Clayton	To be progressed	
To be aware that the medical devices and clinical consumables contingency plan is kept under review, and the Department will communicate further guidance as and when necessary			noted	
To send queries regarding medical devices and clinical consumables to <a href="mailto:mdcc-contingencyplanning@dhsc.gov.uk">mdcc-contingencyplanning@dhsc.gov.uk</a>			noted	
<b>Supply of non-clinical consumables, goods and services</b>				
To note that the Departments are undertaking supply chain reviews across the health and care and work is in progress to identify risk areas specific to primary care, adult social care and public health services			noted	
To continue commercial preparation for EU Exit as part of the usual resilience planning, addressing any risks and issues identified through your own risk assessments that need to be managed locally	ongoing	Lisa Featherstone	To be progressed	
To seek assurance that providers continue to update their local business continuity plans to ensure continuity of supply in a 'no deal' scenario	31 Jan 19	Lisa Featherstone / GM EPRR	In progress	Information is currently being gathered
To note that further advice from the Department on where actions should be taken locally by commissioners and providers of NHS-commissioned services will be provided as required			noted	
<b>Workforce</b>				
To ensure healthcare providers that deliver the	31 Jan 19	Margaret	To be	Will be included in letter to healthcare


CCG's commissioned services publicise the EU Settlement Scheme to their health and care staff who are EU citizens, and support them to apply for the scheme.		O'Dwyer	progressed	providers
To monitor the workforce impacts of EU Exit for primary and secondary care providers' business continuity plans and highlight risks to <a href="mailto:WorkforceEUExit@dhsc.gov.uk">WorkforceEUExit@dhsc.gov.uk</a> .	ongoing	Margaret O'Dwyer / Marie Clayton / Karen Richardson	To be progressed	
To ensure the CCG's providers' board-approved business continuity plans include workforce planning	31 Jan 19	Margaret O'Dwyer	To be progressed	Will be included in letter to providers
To assess if the CCG has incurred a reduction in the number of EU nationals in the workforce before the UK leaves the EU	28 Feb 19	Lisa Featherstone / GMSS HR	To be progressed	Working assumption at this time is that this relates to CCG workforce
To publish the EU Settlement Scheme to all staff who are EU nationals and actively support them to apply for the scheme when it opens in March 2019.	28 Feb 19	Lisa Featherstone / GMSS HR	To be progressed	
To regularly monitor the impact of EU Exit on the CCG's workforce, and update the local business continuity plans as necessary	28 Feb 19	Lisa Featherstone / GMSS HR	To be progressed	
To note that any workforce queries should be submitted to <a href="mailto:workforceEUExit@dhsc.gov.uk">workforceEUExit@dhsc.gov.uk</a>			noted	
<b>Professional regulation (recognition of professional qualifications)</b>				
To inform all staff and healthcare providers that health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point	31 Jan 19	Margaret O'Dwyer	To be progressed	Will be included in briefing to staff Will be included in letter to healthcare providers
To inform all staff and healthcare providers that health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current				

arrangements				
To note that further information from the Government on the future arrangements for health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019.			noted	
<b>Reciprocal healthcare</b>				
To note that in the event of a 'no deal' scenario, the current arrangements for reciprocal healthcare and for overseas visitors and migrant cost recovery will continue to operate until 29 March 2019, depending on the reciprocal agreements that are concluded			noted	
To inform NHS Trusts and Foundation Trusts that they should continue to maintain a strong focus on correctly charging those who should be charged directly for NHS care	31 Jan 19	Margaret O'Dwyer	To be progressed	Will be included with letter to acute provider
To note that the Department will provide updates and further information in due course to include migrant cost recovery charging after 29 March 2019 to enable NHS Trusts and Foundation Trusts to amend processes and train staff if reciprocal healthcare arrangements change.			noted	
<b>Research and clinical trials</b>				
To note that the Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario, which includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after Exit, until the end of 2020			noted	

To ensure the CCG providers who receive Horizon 2020 grants input basic information about their awards into a portal, which can be accessed <a href="https://apply-for-innovation-funding.service.gov.uk/eu-grant/overview">https://apply-for-innovation-funding.service.gov.uk/eu-grant/overview</a>	31 Jan 19	Margaret O'Dwyer	To be progressed	will be included in the letter to providers
To ensure the CCG providers who receive Third Health Programme grants contact officials at <a href="mailto:EU-Health-Programme@dhsc.gov.uk">EU-Health-Programme@dhsc.gov.uk</a> with information regarding their awards and any queries that they have, as soon as possible				
<b>Clinical trials and clinical investigations</b>				
To support the CCG's providers to respond to the Department's comprehensive assessment of the expected impact of a 'no deal' exit on clinical trials and investigations	31 Jan 19	Margaret O'Dwyer	To be progressed	Offer of support will be included in the letter to providers
To support the CCG's providers who run clinical trials or investigations in the UK to consider their supply chains for those IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical consumables which come from, or via, the EU or EEA as soon as possible				
To support the CCG's providers to participate in and/or recruit to clinical trials and investigations up to and from 29 March 2019, unless providers receive information to the contrary from a trial Sponsor, organisation managing the clinical trial or investigation, or from formal communications that a clinical trial or clinical investigation is being impacted due to trial supplies.				
To note that all queries concerning IMPs or medical devices to <a href="mailto:imp@dhsc.gov.uk">imp@dhsc.gov.uk</a>			noted	
<b>Data sharing, processing and access</b>				

To investigate the CCG's reliance on transfers of personal data from the EU/EEA to the UK, especially those that are critical to patient care and/or would have a serious impact upon the system if they were disrupted	14 Feb 19	GMSS IG	To be progressed	
To note that many organisations tend not to disaggregate personal and non-personal data. As such, please be aware that restrictions on personal data may have knock-on effects on data more generally			noted	
To follow the advice from The Department for Digital, Culture, Media and Sport and the ICO on data protection in a 'no deal' scenario, which can be viewed on gov.uk and on the ICO website, in particular to determine where to use and how to implement standard contractual clauses	14 Feb 19	GMSS IG	To be progressed	
To ensure that all data and digital assets are adequately protected, by completing the mandatory annual Data Security and Protection Toolkit assessment by the end March 2019 or early	31 Mar 19	GMSS IG	In progress	
To await further guidance, which will be provided to health and care providers in due course and to attend the webinars that will be available in early 2019			noted	
<b>Finance</b>				
To record all costs, both revenue and capital, incurred in complying with this guidance	ongoing	Mike Woodhead	To be progressed	
To record any costs with a direct financial impact separately to opportunity costs	ongoing	Mike Woodhead	To be progressed	
To discuss these costs with their regional NHS EU Exit support team and provide any relevant feedback to help inform whether any further guidance on cost collection is required		Mike Woodhead	To be progressed	

## Appendix B : EU Exit – No Deal Scenario Risk Assessment

<b>Risk Code &amp; Title</b>	EU Exit - No deal scenario				
<b>Risk Statement</b>	If no deal is reached for the EU Exit by March 2019 there is a risk of disruption across the NHS including but not limited to; supply chain, workforce and medicines distribution. This could result in disruption in the delivery of CCG objectives and daily operations.	<b>Assigned To</b>	<b>Current Risk Status</b>	<b>Direction of Travel</b>	<b>Annual profile</b>
		Governing Body		New	
<b>Current Issues</b>	<ul style="list-style-type: none"> <li>. Hypothetical risk</li> <li>. Likelihood of a no deal EU exit appears to be higher given difficulties of parliamentary support for a clear way forward</li> <li>. Potential to impact on procurement of consumables, equipment, staff recruitment</li> <li>. Biggest supply chain for the NHS Shared Business Services (SBS) who are owned by a French IT company and a lack of trade agreement may impact on consumable rates</li> </ul>				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
17-Jan-2019	4	3	12	17-Jan-2019	4	4	16	01-Mar-2019	4	1	4	31-Mar-2019

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> <li>. NHS England is working with PHE and the DHSC to facilitate an EPRR exercise to test the resilience of the health system against specific potential no deal Brexit impacts.</li> <li>. Bury CCG is well connected locally and regionally via the GM Governance Group, GMHSCP, LHRP, HERG and GMSS Resilience Team.</li> </ul>	<ul style="list-style-type: none"> <li>. GM's Local Health Resilience Partnership (LHRP)</li> <li>. The European Transition Unit programme aims to ensure that NHS England is prepared for the impact of Brexit and that the interests of the NHS are identified and articulated during the negotiations, the transition period, and beyond.</li> <li>. The European Transition Unit has supported the EU Exit Oversight Group to develop a comprehensive understanding of the potential areas of EU Exit exposure across NHS England's areas of responsibility.</li> <li>. Regional workshops have been held to get a clear picture of the regional interactions with the EU and to identify the specific risks and opportunities that Brexit could pose to each region;</li> <li>. Brexit operational readiness guidance for the health and care system in England issued on 21 December 2018, which Bury CCG is responding to and ensuring that relevant providers are appropriately addressing</li> <li>. GMSS Resilience Team - Bury Emergency Planning Resilience and Response (EPRR) leads</li> <li>. CCG Business Continuity Plans</li> <li>. EU Exit Operational Readiness Guidance and Action Plan</li> </ul>	<p><b>Gaps in controls:</b></p> <ul style="list-style-type: none"> <li>. Action Plan requires progressing</li> </ul> <p><b>Gaps in assurances:</b></p> <ul style="list-style-type: none"> <li>. Assurances from providers to be obtained</li> </ul>

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
Maintain a watching brief, reacting to national, regional and local briefings, and other updates via GMSS Resilience Team, and support providers	31-Jan-2019			0%		Check Progress
Actions required by NHS Bury CCG in relation to any relevant EU Exit related guidance from NHSE to be completed	31-Mar-2019	Geoff Little	<b>EU Exit Operational Readiness to GB Jan 2019 which identifies the action plan required to manage the risks arising in a no deal exit</b>	5%		In Progress