

**NHS BOLTON CLINICAL COMMISSIONING GROUP  
Public Board Meeting**

**AGENDA ITEM NO: .....10.....**

**Date of Meeting: .....25<sup>th</sup> January 2019.....**

<b>TITLE OF REPORT:</b>	No Deal Brexit – Guidance and Response	
<b>AUTHOR:</b>	Joanne Taylor, Board Secretary/ Gill Baker, Senior Commissioning Manager Urgent Care	
<b>PRESENTED BY:</b>	Su Long, Chief Officer	
<b>PURPOSE OF PAPER: (Linking to Strategic Objectives)</b>	<p>To update the Board on the local risk assessments undertaken for EU exit, confirming levels of preparedness against national issues and identifying specific local risks.</p> <p>Members can find further information in the national guidance at <a href="https://www.gov.uk/government/publications/brexit-operational-readiness-guidance-for-the-health-and-social-care-system-in-england">https://www.gov.uk/government/publications/brexit-operational-readiness-guidance-for-the-health-and-social-care-system-in-england</a></p>	
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	<b>Deliver Year 3 of the Bolton Locality Plan.</b>	
	<b>Ensure compliance with the NHS statutory duties and NHS Constitution.</b>	√
	<b>Deliver financial balance.</b>	
	<b>Regulatory Requirement.</b>	
	<b>Standing Item.</b>	
<b>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</b>	The Board is asked to review the recommendations outlined in the attached report and confirm if any further actions are required.	
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>		
<b>REVIEW OF CONFLICTS OF INTEREST:</b>	Conflicts of interest are reviewed throughout the risk assessment process.	
<b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>	Not required for this report.	

<b>OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:</b>	To be considered as actions are progressed.
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### 1 Executive Summary

- 1.1 The EU Exit Operational Readiness Guidance, developed and agreed with NHS England and Improvement, lists the actions that providers and commissioners of health and care services in England should take if the UK leaves the EU without a ratified deal – a ‘no deal’ exit. This will ensure organisations are prepared for, and can manage, the risks in such a scenario.
- 1.2 This guidance has been sent to all health and care providers, including adult social care providers, with associated action cards, to ensure the health and care system as a whole is prepared.

### 2 Introduction and Background

- 2.1 All organisations receiving this guidance are advised to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts. The action cards in the guidance request commissioners and providers to focus on seven areas of potential impact in the health and care system, when planning for a ‘no deal’ scenario:
  - supply of medicines and vaccines;
  - supply of medical devices and clinical consumables;
  - supply of non-clinical consumables, goods and services;
  - workforce;
  - reciprocal healthcare;
  - research and clinical trials; and
  - data sharing, processing and access.
- 2.2 The impact of a ‘no deal’ exit on the health and adult social care sector is not limited to these areas, and the Department is also developing contingency plans to mitigate risks in other areas.

### 3 Action Card for Commissioners:

- 3.1 The action card for Commissioners outlined in the guidance has now been reviewed by CCG and Greater Manchester EPRR leads and a full risk assessment undertaken (Appendix 1), which has resulted in no high risks being identified in terms of commissioning capacity.
- 3.2 However the key risks identified, which may have some impact are:-
  - Supply of medicines and vaccines and how this is being dealt with on a national basis.
  - Workforce risks in provision of health services.
- 3.3 In addition to commissioners providing assurance on their own business, a key element of the action card is also to gain assurance from providers. A summary of the risk assessments and associated action plan undertaken by our main provider, Bolton FT, has been included to give the Board further

assurance that the seven areas of activity across the health and care system are being reviewed and appropriate actions are being taken. This can be found in Appendix 4. It is also proposed that assurance is also gained from the following providers, GMMH, BARDOC, NWAS, BMI and North West boroughs. Due to the reliance of the health system on care providers, the CCG will work with Bolton Council to understand actions in their responsible areas.

- 3.3 A detailed action plan has been developed (Appendix 2) which details the actions the CCG is required to take to prepare for a 'no deal' exit of the EU. This will be reviewed further for full implementation as required through the Urgent and Emergency Care Board.
- 3.4 The highest risk to patient care relates to availability of medicines. This is being managed nationally with instructions to all NHS organisations and providers not to stockpile. Two formal letters have been sent by NHS England and the Department of Health & Social Care to update organisations on actions taken nationally, including stock availability reviews and alternative transport arrangements. A public communication on this issue is included at Appendix 3.

## **4 Recommendations**

- 4.1 The Board is asked to review the recommendations and actions outlined in this report for assurance purposes.

**Name of person presenting the paper: Su Long**  
**Title: Chief Officer**  
**Date: January 2019**

## Appendix 1

### Brexit Risk Assessment – NHS Bolton CCG

NHS England have asked CCGs to complete a local risk assessment for EU Exit, confirming levels of preparedness against national issues (seven identified key areas) and identifying specific local risks.

The seven key areas identified nationally are outlined in the risk assessment table below. An overall risk assessment has been undertaken to the areas of responsibility of the CCG, which includes the commissioning of services and the responsibility for safe delivery of commissioned services. To complete the risk assessment the risk rating tables illustrating likelihood, impact and risk rating method on the next page were used to quantify the risk, before mitigating actions are taken.

#### 1) EU exit key area risk assessment, undertaken 16<sup>th</sup> January 2019

Key Area		Risk			Comments
		Likely-hood	impact	Unmitigated Risk Rating	
1	Supply of medicines and vaccines	4	4	High	Reflects risk for provision of services. Actions being taken at national level [NHSE letters 7 Dec & 21 Jan]
2	Supply of medical devices and clinical consumables	4	3	Medium	Reflects risk for provision of services. National and provider actions on supply chain.
3	Supply of non-clinical consumables, goods and services	4	3	Medium	Reflects risk for provision of services. National and provider actions on supply chain.
4	Workforce	4	3	Medium	Reflects risk for provision of services. Provider actions to support registration and review rotas & leave. CCG commissioning impact = lower
5	Reciprocal healthcare	4	3	Medium	Actions being taken at national level [NHSE letters 7 Dec & 21 Jan]
6	Research and clinical trials	2	2	Low	Actions being taken at national level [NHSE letters 7 Dec & 21 Jan]
7	Data sharing, processing and access	3	2	Medium	

The following descriptors should be used when assessing the LIKELIHOOD of a potential risk event					
	5	4	3	2	1
Descriptor	<b>Probable</b>	<b>Possible</b>	<b>Unlikely</b>	<b>Rare</b>	<b>Negligible</b>
Likelihood of occurrence	More likely to occur than not	Reasonable chance of occurring	Unlikely to occur	Will only occur in rare circumstances	Will only occur in exceptional circumstances
	>50%	>5%	>0.5%	>0.05%	>0.005%
	>1 in 2 chance	> 1 in 20 chance	>1 in 200 chance	>1 in 2000 chance	>1 in 20,000 chance

The following descriptors should be used when assessing the IMPACT of a potential risk event				
5	4	3	2	1
<b>Catastrophic</b>	<b>Major</b>	<b>Moderate</b>	<b>Minor</b>	<b>Insignificant</b>
Permanent loss of core service or facility	Sustained loss of service which has serious impact on delivery of patient care	Some disruption in service with unacceptable impact on patient care. Non-permanent loss of ability to provide a service	Short term disruption of service with minor impact on patient care	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide a service

Pharmacy Business Continuity Plan 2014

**Risk Rating (likelihood x impact)**

		Likelihood					
		<i>Negligible</i>	<i>Rare</i>	<i>Unlikely</i>	<i>Possible</i>	<i>Probable</i>	
<b>Impact</b>	<i>Catastrophic</i>	5	5	10	15	20	25
	<i>Major</i>	4	4	8	12	16	20
	<i>Moderate</i>	3	3	6	9	12	15
	<i>Minor</i>	2	2	4	6	8	10
	<i>Insignificant</i>	1	1	2	3	4	5

**Risk Rating:**    **Low (1-4)**            **Medium (5-12)**            **High (15-25)**

## Appendix 2 NHS Bolton CCG – Brexit Action Plan

Action	Lead	Current Status	RAG rated
CCG to review and test their Business Continuity Plans within the last 12 months.	EPRR Lead/ CCG Board Secretary	BCP has been used in recent incident testing.	Completed
Dedicated single point of contact email address to be set up for all Brexit communications.	CCG Board Secretary	Emergency control inbox already in place, accessible by all CCG on-call directors.	Completed
Confirmation that organisational boards or equivalent are sighted on the EU exit planning and progress against NHS Guidance.	CCG Chief Officer	Board to receive briefing at the January public board meeting.	Completed
Local risk assessment for EU Exit has been completed, confirming levels of preparedness against national issues and identifying specific local risks.	EPRR Lead/ CCG Senior Commissioning Manager Urgent Care/CCG Board Secretary	Initial risk assessment undertaken for the CCG.  Included this as a risk within the CCG's Board Assurance Framework relating to workforce capacity issues.  Requested risk assessments from main providers the CCG commissions with to gain provider assurance on the 7 areas of activity in the health and care system.	Completed
		Seek assurance from Council that risk assessments and associated actions completed relating to social care.	To be undertaken February 19
Nominate a senior responsible officer from each organisation.	CCG Chief Officer	Su Long nominated as CCG SRO.	Completed

CCG plans as to how they will stand up the capacity and capability to feed into national BREXIT related assurance and reporting from February 2019.	CCG Chief Officer	Any additional capacity planning regarding workforce capacity across health and care including planning for annual leave from 29 <sup>th</sup> March 19.	To be reviewed from February 19
Ensure Urgent and Emergency Care Board (UECB) and Health Economy Resilience Group (HERG) are sighted on whole system impacts on urgent care/emergency response.	CCG Senior Commissioning Manager/Urgent Care/EPRR Lead	Guidance update and review of risk assessments for commissioner/providers on agenda for February UECB and HERG meetings.	To agree any further planning/actions required through these groups.
CCG to act as co-ordinator/support role.	CCG Chief Officer	Dependent on risks identified by main providers and how the CCG can support providers.	To be reviewed as BREXIT plans are known.
Review CCG risk assessment with CCG teams to confirm any specific actions required that may have an impact on teams particularly around workforce/annual leave/supply of medicines and vaccines.	CCG Board Secretary	Finalising risk assessment on receipt of updates on actions taken at national level.	To be shared with CCG line managers in February 19



### **Appendix 3**

## **NHS England Public Message on Getting medication, released 21 January 2019**

Information for patients on how they will continue to receive medicines and treatment, if the UK leaves the EU without a deal on 29 March.

The government is working with pharmaceutical companies, suppliers, and the NHS to make sure patients continue to receive the medication they need if the UK leaves the EU without a deal.

Around three quarters of the medicines and over half the devices and one-use medical products, such as syringes, that the NHS uses, come into the UK via the EU.

The Government has analysed the supply chain, made plans to reduce the risk of disruption, and given instructions to pharmaceutical companies to ensure that they have adequate stocks to cope with any potential delays at the border. We are confident that, if everyone does what they should do, the supply of medicines and other medical supplies will be uninterrupted in the event of exiting the EU without a deal.

This means if your doctor prescribes you with medicines or special equipment for a health condition, you should still be able to get the treatment you need from your GP or pharmacist.

Occasionally we do experience temporary shortages of specific medicines. If this happens, your doctor will prescribe the best alternative to your usual medication – this is a tried and tested system.

If there are any shortages of particular medicines after EU Exit, the same system will be in place – your doctor will advise you of the best alternative to treat your condition.

This is a UK-wide policy. The Department of Health and Social Care in England is working with counterparts in Scotland, Northern Ireland and Wales to deliver the uninterrupted supplies people expect.

**Appendix 4 – Bolton FT’s Board of Directors Report Summarising Risks and Actions**

<b>Agenda Item No</b>	
<b>Meeting</b>	
<b>Date</b>	
<b>Title</b>	EU Exit “No deal” scenario Business Continuity planning
<b>Executive Summary</b>	<p>EU Exit Operational Readiness Guidance, developed and agreed with NHS England and Improvement, lists the actions that providers and commissioners of health and care services in England should take if the UK leaves the EU without a ratified deal—a ‘no deal’ exit. This will ensure organisations are prepared for, and can manage, the risks in such a scenario.</p> <p>This paper summarises the National Health focused preparations and outlines the preparation undertaken by Bolton NHS FT in line with the national guidance and the specific risks identified for provider organisations</p>
<b>Previously considered by</b>	New risk

<b>Next steps/future actions</b>	To note compliance level and document in the minutes as a matter of public record			
	Discuss	✓	Receive	
	Approve		Note	✓
	For Information	✓	Confidential y/n	

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience		To be well governed	
Valued Provider		To be financially viable and sustainable	
Great place to work		To be fit for the future	✓

<b>Prepared by</b>	Jimmy Tunn, Emergency Planning Manager	<b>Presented by</b>	Andy Ennis Chief Operating Officer
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## **UK Government Preparations for a March 2019 'No Deal' Scenario:**

### **1. Medicines and Vaccines:**

In a letter dated 7 Dec 2018 from the Rt Hon Matt Hancock MP Secretary of State for Health and Social Care, Hospitals, GPs and community pharmacies throughout the UK have been instructed that they do not need to take any steps to stockpile additional medicines, beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions.

The DHSC have indicated that Local stockpiling is not necessary and any incidences involving the over ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly. Clinicians should advise patients that the Government has plans in place to ensure a continued supply of medicines to patients from the moment we leave the EU. Patients will not need to and should not seek to store additional medicines at home.

Pharmaceutical companies that supply the UK with prescription-only or pharmacy medicines from, or via, the EU or European Economic Area (EEA) have been requested to ensure they have a minimum of six weeks' additional supply in the UK, over and above their business as usual operational buffer stocks and by 29 March 2019 to prepare for a possible 'no deal' scenario so there is no need for providers to contact suppliers directly.

### **2. Medical Devices and Clinical Consumables:**

The letter also explains that NHS Supply Chain officials have contacted suppliers who routinely import products from the EU to establish the action required to achieve this. In parallel, officials are requesting all suppliers that source products from the EU to review their supply chains so that the health and care system has access to the products it needs.

This section of the letter concludes that despite the planning assumption being revised, there is currently no need for UK health and social care providers to stockpile additional medical devices and clinical consumables beyond their business as usual stock levels.

### **3. Blood and Other Products of Human Origin:**

If the UK leaves the EU without a deal, the EU Blood Directives, Organ Directives and EU Tissues and Cells Directives would no longer apply to the UK. The UK already implements these EU directives, so the safety and quality standards would not change after EU Exit.

The UK is largely self-sufficient in the supply of blood and blood components.

### **4. Non-Clinical Consumables, Goods and Services:**

For NHS Provider Trusts, the DHSC has identified categories of national suppliers for non-clinical goods and services that it is reviewing and managing at a national level. Matt Hancock's letter to Chief Executives of NHS Provider Trusts outlining the scope of the Department's work, also advises on the steps Trusts need to take to assess their remaining supply chains for a 'no deal' scenario. This included a self-assessment tool for Trusts to use

to assess their supply chains that are not covered by the Department, such as 'hotel services', 'office solutions' and services carried out abroad.

## **5. Workforce: EU Settlement Scheme.**

Through the EU Settlement Scheme, which will launch in early 2019, EU nationals will be able to register for settled status if they have been here for five years, or pre-settled status if they have been here for less than five years. The government had originally stated that there would be a fee to register but, on 21<sup>st</sup> January, the Prime Minister announced that fees would be waived.

To test the system prior to wider launch, the Home Office has opened it up to health and care staff for a period of three weeks initially, until Friday, 21 December 2018. NHS Employers recently wrote to HR directors in the NHS, and members of the Cavendish Coalition, with full details of the scheme and an update on plans to further test it in the healthcare sector.

## **6. National Guidance / Command and Control:**

Further EU Exit Operational Readiness Guidance (Action cards) has been published on 21 December 2018 and circulated by the DHSC. The covering letter from Sir Chris Wormald that accompanies this guidance also outlines the intended command and control structure.

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 that 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 ORC will also work closely with all of the devolved administrations to ensure a co-ordinated approach across the UK. The ORC will not bypass existing regional reporting structures; providers and commissioners of NHS services will continue to operate through the usual reporting and escalation mechanisms.

The letter further explains how 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 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.

**7. Bolton NHS FT Preparation to Date:**

	<b>Assurance:</b>	<b>Due:</b>	<b>Evidence Provided:</b>	<b>RAG</b>
i.	Single point of contact to be identified for trust	06/12/18	Chief Operations Officer identified as EU Exit SRO (Senior Responsible Officer)	Green
ii.	Review and test BC Plans in the last 12 months.	18/01/19	List of all training testing and exercising undertaken over the last 12 months sent to GM H&SCP	Green
iii.	Set up a dedicated single point of contact email address for all Brexit communications.	18/01/19	EPRR Generic Inbox active and in use:	Green
iv.	Organisational Boards or equivalent are sighted on the EU Exit planning and progress against the NHS Guidance.	18/01/19	Assurance paper to board by end Jan 2019	Green
v.	Organisations have a plan as to how they will stand up the capacity and capability to feed into national BREXIT related assurance and reporting from February 2019	28/01/19	Incident room available with internal and external communication available and tested.	Green
vi.	Local risk assessment for EU Exit to be completed, confirming levels of preparedness against national issues and identifying specific local risks	28/01/19	<p>Planning team convened (20/12/18) to identify impact to Trust in key risk areas. Using supplied EPRR BC template, leads for each area to produce business continuity plans including a risk assessment and mitigations:</p> <ul style="list-style-type: none"> <li>• Information Technology (hardware)</li> <li>• Supply of medical devices goods, services and consumables. (Clinical / Non )</li> <li>• Medicines / vaccine supply</li> <li>• Impact on Workforce</li> <li>• Impact on costs &amp; research</li> </ul> <p>(raised with the relevant directors for consideration.)</p> <p>Plans will be reviewed / tested at workshop 30/01/19</p>	Amber

## 8. EU Exit “No Deal” Risk Assessment and Mitigations:

Area	Lead	Risk	Actions / Mitigations
Information Technology	B H	<p>Most of the trusts IT equipment comes either from Germany (including printer cartridges) or via America and through EU. There is potential for a “double hit” due to the Trade War between China &amp; America.</p> <p>Delay on release of capital orders and funding either due to procurement rules (tender) or Finance internal processes to approve funding.</p> <p>Additional Risk on any projects or requests for hardware not currently logged with IT Services which require hardware to allow timely completion</p>	<ul style="list-style-type: none"> <li>• Plans are being made to ensure key components are on site before March</li> <li>• IT services have completed capital requests for 2018/2019. Factored delivery delays into capital request for next financial year.</li> <li>• I.T. will put a stop to ordering at the beginning of February for end of year items that need delivery/GRN by 31<sup>st</sup> March.</li> </ul>
Procurement	L W	<p>Work required to fully understand the risks to the supply chain (e.g. we may not be aware of the risks to our suppliers)</p>	<ul style="list-style-type: none"> <li>• Procurement have identified suppliers that purchase from the EU and are currently confirming their plans. The spend is limited</li> <li>• The self-assessment that has already been submitted and is continually being updated as further information is identified.</li> <li>• On-going exercise to move direct spend to SCCL, report to be submitted to SCCL by 31st Jan 19</li> </ul>
Pharmacy	S S	<p>Interruption in the supply of medicines and vaccines to Bolton NHS FT. (risk 3329- 3x3=9)</p> <p>Nationally led, expected to be low risk of loss of supply. Due to the nature of the Contracts (typically 2 years) price may not vary as much</p>	<p>There has been significant guidance in this area with clear instruction that stockpiling of medicines must not be undertaken by trusts.</p> <ul style="list-style-type: none"> <li>• To note the current guidance from DHSC and agree that Bolton NHS Foundation Trust will not stock pile medicines in anticipation of a “no-deal” scenario and will await</li> <li>• Assess medicines supply via routes not currently being managed centrally by Government who are working with pharmaceutical manufacturers and wholesalers</li> </ul> <p>- Less than 1% of medicines supply at Bolton NHS FT is obtained</p>

			<p>outside of a wholesaler, pharmaceutical manufacturer or indirectly via one of these routes.</p> <ul style="list-style-type: none"> <li>• Continue to monitor stock holding of operational buffer stock is in line with Trust average</li> <li>• Await further information from NHS England on arrangements being developed to monitor local and regional stock levels of medicines.</li> <li>• Await DHSC guidance to be published on “Serious Shortage Protocol”</li> <li>• To advise prescribers and Trust Healthcare staff that patients do not need to stockpile medicines at home and that there is no need for longer prescriptions to be written for outpatients or on discharge from hospital.</li> <li>• Business Continuity plan developed for pharmacy services</li> </ul>
Workforce	P H	<p>EU workers in the Trust may decide to leave our employment due to uncertainty on their ability to work in the UK.</p> <p>Spanish Nursing regulators have indicated that they will no longer recognise UK nursing experience for Spanish nationals post-Brexit (from 1/4/19) – and this has meant some of our Spanish nurses in Theatres have indicated that they are looking to return to Spain this year.</p>	<ul style="list-style-type: none"> <li>• 65 EU Nationals in the Organisation working in substantive roles. All have been contacted (See appendix 1) and appraised of our desire to retain them, and on current Government plans to offer ‘settled status’ to EU nationals living in UK. Trust have asked these individuals to let us know their current plans and breakdown of risks based on those responses is to be developed</li> <li>• Discussions held with the Theatre nurses (4 in total) by DND/Head of Resourcing. Also this issue has been raised nationally with NHS Employers. Theatres will advertise now in anticipation of the possibility of those staff leaving. Contact will also be made with other Spanish nurses working elsewhere in the Trust (5 in total).</li> </ul>

**9. Next steps:**

The Trust continues to follow national and regional guidance and is providing all assurances as requested from Greater Manchester H&SCP.