

EU Exit (Brexit) – Update Report on Trust Preparations

Aim

The aim of the report is to provide SFH Board of Directors with the latest update on Trust preparations for leaving the European Union.

Introduction

At the end of October the Board were updated on preparedness, which concluded that there were at the time, no areas identified of high risk or concern. Since that update the Brexit Working Group (BWG) has met twice more, various papers have been received from the Government, meetings with external partners have taken place, and the Trust EU Exit Risk Register has been updated.

This paper takes account of all these factors and others, in providing a further update to the Trust Board on overall preparedness.

Preparedness Update

The organisation has continued to follow the original advice provided by the DHSC in assessing the key areas where disruption to services may occur, these are:

- Supplies of pharmaceuticals
- Medical equipment
- The Human Resources
- Blood products
- Data sharing
- Clinical Trials
- Reciprocal Healthcare Charging

The updated risk register (Appendix 1) has not shown any significant increase in any foreseeable risks, the highest (score of 9) being the potential for disruption to the supply of medical and surgical consumables as a result of delays at border crossings. These risks should be mitigated to a large extent by the range of contingency measures implemented by the Government.

The BWG will now meet on a weekly basis in the run up to, and immediately after the end of the official transition period.

In the meantime, the Emergency Planning Officer will prepare and carry out an exercise to test overall preparedness. Ideally this will be conducted with partners on a system-wide basis. He will also continue to engage with partner agencies to identify and escalate any areas of risk or concern.

The Government has sought to provide assurance by centrally managing a significant number of national suppliers. It submitted a list of these suppliers earlier this month which has been reviewed by our service leads. This identified that there are currently two suppliers not being managed centrally;

Supplier A – supplies pacemakers. Procurement colleagues are escalating this to the DHSC for action and advice.

Supplier B – supplies defibrillator therapy pads. This supplier is based in the US and flies stocks directly into the UK. Any delays or supply disruptions to these products are therefore unlikely to be related to Brexit.

In other areas, there is nothing further to report and no changes to the update given at the end of October.

The Government has done a great deal to mitigate any disruption post transition, with the DHSC pursuing a multi-layered approach such as:

- It has improved stock build up within its key suppliers
- Facilitated alternative supply routes away from the short straight routes
- Adopted an all-hazards response posture routing all Brexit escalations through the regional incident command structures already set up for Covid-19.
- Included Commercial and Procurement Cell and Shortage Response Groups into the above.
- Trader readiness – supporting companies with their own preparations.
- Enabled the building of 6 weeks' of buffer stocks held within UK
- Introduced some flexibilities within regulations, including a two-year standstill on medicine regulations
- Introduced the enhanced shortage management protocols via the National Supply Disruption Response (NSDR) within DHSC.

Conclusions

The Trust has complied with all relevant guidance in its preparations for the exit and continues to actively review all specialities to highlight areas of risk or concern.

Notwithstanding that a large portion of any negative affects which may arise from Brexit are outside of the Trust's control, it can be assured that it has and will continue to do everything necessary to minimise any disruptions through its BWG meetings, meetings with external partners, and following Government advice and guidance.

Recommendations


The Trust Board of Directors is asked to be UPDATED with the latest EU Exit preparations.

Prepared by Mark Stone

Emergency Planning & Business Continuity Officer

24th November 2020

Healthier Communities, Outstanding Care				Sherwood Forest Hospitals NHS Foundation Trust						
Ser No#	Risk	Details	Potential/Actual Risk	Risk Owner	Controls in place	Gaps in Control	Action Owners	Consequence	Likelihood	Current Score
1	Disruption to Drugs, Medicines Supply	Issues with border checks and traffic congestions adding to slower passage of items	If there are shortages / delays (due to additional border controls and potential requirement for separate QP release) in the supply chain for licensed meds, unlicensed meds and Investigational Medicinal Products (IMP) patient harm/poor patient experience could occur due to missed doses	Steve May	Medicines Supply Contingency Planning Programme in place: - Pharmaceutical suppliers stocking 6/52 above business as usual - Airfreight planned for short expiry stock - Medicines to be prioritised for roll on roll off at borders - NHS Trust's stock levels being monitored - PHE leading on separate vaccine programme	<ul style="list-style-type: none"> Limited ability to influence at local level. Medicines supply chain already resulting in frequent shortages and near miss situations National shortage of QPs No formal communications issued relating to stockpiling and issuing of longer prescription Potential staffing gaps to react to supply issues 	NHSE / DHSC	3	2	6
2	Increased cost pressures	Financial cost pressures and reduced ability for financial efficiencies due to reduced buying power, weakened currency and additional licensing steps	Could impact on ability to deliver of some core services and make the Trust miss financial targets	Steve May	New financial agreement in place between UK government and ABPI from Jan 19 for branded medicines	Pharmaceutical industry is global with many health care systems willing to buy at higher acquisition costs than the NHS	Steve May	3	2	6
3	Disruption to Medical Equipment Supply	Issues with border checks and traffic congestions adding to slower passage of items	Equipment failure due to unavailability of spare parts meaning loss of service access to patients	Peter Lee	Most equipment has a fall back option (i.e. two CT Scanners)	<p>There are 100,000s of devices and clinical consumables, impossible to assess all. Local staff using judgement to identify most likely risks but assurance that all are identified very low.</p> <p>Risk Score hard to quantify: some financial (if we over-order in Feb-March), mostly clinical if we fail to identify specific items which become short supply and/or are unable to mitigate even if we do</p>	Peter Lee	2	3	6
4	Disruption to replacement parts for medical equipment	Issues with border checks and traffic congestions adding to slower passage of items	Equipment failure meaning loss of service access to patients	Peter Lee	Some critical spares held on site. Most equipment has a fall back option (i.e. two CT Scanners) Divisions have business continuity plans in place	Impossible to consider all parts.	Peter Lee	3	3	9
5	Potential disruption to fuel supply	Fuel disruption would impact on our stand-by generators if prolonged	Diesel supplies rationed meaning reduced resilience over a prolonged period of running on generators	Ben Widdowson	Large bulk tank and resilient power supply system	Fuel supply is national logistics issue over which SFH has no control	Ben Widdowson	2	2	4
6	Potential impact on change of Immigration or visa Status of Foreign National Staff	May reduce the number of staff available leading to shortages- impacting on patient care	unable to maintain safe staffing levels	Rob Simcox	Relevant staff made aware of EU settlement scheme and on-going monitoring by HR team	Unsure of the impacts this will have on staffing levels and staff attitudes	Rob Simcox	1	2	2
7	Impact on staff due to Disruption to banking and financial services, e.g cash and credit	May affect staff morale and ability to attend for work	increased staff absence levels could impact on safe staffing levels	Rob Simcox	Regular moitoring of staff well-being and attendacen levels already in place	Unsure of the impacts this will have on staffing levels and staff attitudes	Rob Simcox	1	2	2
8	Impact on staff due to Disruption to daily life e.g. food supply chain, utilities.	May affect staff morale and ability to attend for work	increased staff absence levels could impact on safe staffing levels	Rob Simcox	Regular interaction with staff-side groups to identify problems	Unsure of the impacts this will have on staffing levels and staff attitudes	Rob Simcox	2	2	4
9	Potential increase activity across the health sector due to returning ex-pats needing health assistance.	May create increased staff pressures and lead to stress	Increased demand and potential reduced staffing levels posing risks to patients safety and further increases in absence levels due to stress	Simon Barton	Activity monitoring in place. SFH would recruit in order to sustain safe staffing levels	SFH has little control of the amount of people wanting to access its services	Dale Travis	2	2	4
10	Risk of failure to provide consistent, current and timely public information	May create confusion and uncertainty amongst public	increased anxiety and stress increasing hospital admissions	Robin Smith	Comms team represented on BWG and to issue out regular communications as appropriate	Lack of clarity from the Government	Robin Smith	1	2	2

Healthier Communities, Outstanding Care										Current Score
Ser No#	Risk	Details	Potential/Actual Risk	Risk Owner	Controls in place	Gaps in Control	Action Owners	Consequence	Likelihood	Current Score
11	Public Confidence and Assurance in relation SFHNSFT organisational resilience in managing service delivery throughout the BREXIT process	Lack of public confidence may create anxiety in the community and be detrimental to the Trust reputation	increased anxiety and stress increasing hospital admissions and media criticism would accelerate	Richard Mitchell	Government guidelines being followed. BWG formed with relevant senior engagement. Non-Executive presence on BWG for oversight. Regular interaction with other agencies for assurance	Trust can only manage the elements within its control	Richard Mitchell	1	2	2
12	Reputational Damage to SFH amongst peer groups	Other health agencies would expect SFH to have undertaken similar in-depth planning as their own	SFH Peer group reputation damaged if Brexit not managed effectively	Richard Mitchell	Government guidelines being followed. BWG formed with relevant senior engagement. Non-Executive presence on BWG for oversight. Regular interaction with other agencies for assurance	Trust can only manage the elements within its control	Richard Mitchell	1	2	2
13	Potential EuExit/Covid supply disruption to airway consumables such as Bag Valve Mask BVM resuscitators and disposable laryngoscopes from Marshalls	Essential resus airway disposables could suffer depleted stock levels. This supplier is not listed as having a completed RA at a national level	Essential resus airway disposables could suffer depleted stock levels. This supplier is not listed as having a completed RA at a national level	Peter Lee	Adequate stocks are maintained by memd who run the central Trustwide resus trolley scheme	Previous supply shortages have occasionally been experienced	Peter Lee	1	4	4
14	Potential EuExit/Covid supply disruption to consumables, accessories & repair parts for manual advanced Zoll defibrillators	Defibrillators use proprietary single-use adhesive pads to deliver therapy. This supplier is not listed as having a completed RA at a national level	Defibrillators use proprietary single-use adhesive pads to deliver therapy. This supplier is not listed as having a completed RA at a national level	Peter Lee	Adequate stocks are maintained for the main usage areas, namely ED, w23, Cardiac cath & CritCare	Previous supply shortages have been experienced	Peter lee	1	4	4
15	Risk of disruption to specific research trials through shortage of IMP supplies	Issues with border checks and traffic congestions adding to slower passage of items	Reduced opportunities for patients to participate in clinical research; particularly COVID-19 Urgent Public Health studies.	Alison Steel	Trial sponsors advised to consider contingency for IMP supplies (currently only x 6 trials affected). This will be reviewed as part of RESTART process	Strengthen communication pathways with pharmacy related to IMP supply for clinical trials. Evidence R&I team is aware of escalation routes regionally for notified disruptions	Alision Steel	2	2	4
16	Potential financial risk due to the removal of Reciprocal Healthcare across the EU	EHICS/S1/S2 will no longer be valid across the EU. Trust unable to claim back th ecost of healthcare from EU member states.	EHICS will no longer be available to offset healthcare costs from OSVP The Trust will lose the incentive payment (25%) it receives for each EHC used to reclaim healthcare costs	Julie Mayfield	Government in discussion with other EU countries hoping to put individual agreements in place.	Lack of clarity from Government Trust can only manage the elements within its control	DHSC	2	2	4
17	Flows from the EEA to the UK	issues with data not being transfred back to the UK from EEA countries	In the event that the European Commission does not recognise that the UK is adequate by the end of the transition period, the transfer of data will be restricted and alternative mechanisms must be put in place.	Jacque Widdowson	We are engaging with the supplier to gain written assurances that the data will continue to flow back to the Trust in a 'no adequacy' scenario. In the event that assurance cannot be obtained from the supplier the IG Team will look at engaging Article 46 in the first instance which refers to contractual clauses between the processor. The second option would be to engage Article 49 which has a number of options including explicit consent and in line with the performance of a contract. The government are engaging with the top 18 suppliers to the NHS to provide assurance.	Cannot control if the suppliers will respond to request for assurance. Back up plans are adequate.	Jacque Widdowson	2	1	3
18	Disruption to medical and surgical consumables	Issues with border checks and traffic congestions adding to slower passage of items	Delays in goods being delivered could result in stock outs at Trust level which will impact on patient care	Bob Truswell	* DHSC identified freight contingencies - Introduction of an additional 8 or 9 ports and an express emergency air freight service; working with suppliers to ensure a minimum 6 weeks worth of stock is held within the UK. * Trust to allow for longer lead times for deliveries	Limited ability to influence at local level - Trusts advised by DHSC not to stockpile	Bob Truswell	3	3	9