Sherwood Forest Hospitals
NHS Foundation Trust

EU Exit Operational Readiness Guidance

Actions for providers - Local EU Exit readiness preparations

Action	Progress/contingency	Status
Risk assessment and business continuity planning	**Lead: Mark Stone**	
Undertake an assessment of risks associated with EU Exit by the end of January 2019, covering, but not limited to: • The seven key areas identified nationally and detailed below. • Potential increases in demand associated with wider impacts of a 'no deal' exit. • Locally specific risks resulting from EU Exit.	This document aims to provide a full assessment of all associated risks. All areas within DoH guidance have been assessed.	At present no areas have been identified as high risk.
Continue business continuity planning in line with your legal requirements under the Health and Social Care Act 2012, taking into account this guidance and working with wider system partners to ensure plans across the health and care system are robust. These organisational and system-wide plans should be completed at the latest by the end of January 2019.	This document aims to develop a robust BC plan based on direct input into all areas highlighted within this guidance from the responsible Trust lead. A report outlining our planning arrangements will be submitted to Risk Committee and Trust Board at the end of January.	To be completed by week ending 25th January 2019.
Test existing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure these are fit for purpose.	A full regional multi-agency exercise is planned on 24th January in Nottingham.	Arranged for 24th January.

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Communications and escalation	**Lead: Mark Stone**	
Ensure your board is sighted on EU Exit preparation and take steps to raise awareness amongst staff.	This report will be issued to the Risk Committee and Board of Directors at the end of January 2019. Communications strategy to be developed as required.	Reports under development, Comms strategy will be developed as required.
Ensure Local Health Resilience Partnerships, Local Resilience Forums and Local A&E Delivery Boards are sighted on EU Exit preparation in your local health economy.	Prior to the regional exercise on 24th January there is a meeting of all health agencies to ensure we have a common approach and understanding of any risks.	Regional health economy to engage with each other 24th January.
Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019, but at this point there is no ask to reduce capacity or activity around this time.	Will undertake review at end of February.	Under development.
Be ready for further operational guidance from NHS England and Improvement as contingency planning work progresses.	Trust is aware and receptive to further guidance.	On-going.
Confirm escalation routes for different types of issues potentially arising from or affected by EU Exit into the regional NHS EU Exit teams listed in this document.	This will be done via the Trust RAC and the Risk Committee.	On-going.
Note your nominated regional NHS lead for EU Exit and their contact details.	Complete.	Complete.
Escalate any issues you have identified as having a potentially widespread impact immediately to your regional EU Exit team.	Completed submissions – nothing identified.	Complete.
Confirm your organisation's Senior Responsible Officer for EU Exit preparation and identify them to your regional EU Exit team as soon as possible. This role should be held by a board level member and will entail providing information	Richard Mitchell – CE has been identified. Denise Smith, Deputy C.O.O and Chair of the Resilience Assurance Committee to lead on identifying key staff to work as oversight team.	Under review.

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returns to NHS England and Improvement, reporting emerging EU Exit-related problems, and ensuring your organisation has updated its business continuity plan to factor in all potential 'no deal' exit impacts. Organisations should also identify named staff to work in a team with the Senior Responsible Officer to support EU Exit preparation, implementation and incident response.		
Reporting, assurance and information	**Lead: Mark Stone**	
Be aware that if additional reporting is required, NHS England and Improvement will provide further guidance on requirements. However, existing reporting from NHS organisations will be used to develop a baseline assessment of the EU Exit impact on the health and care system.	Noted.	Awaiting further guidance/instructions.
Note that regional NHS EU Exit teams will be in contact shortly to confirm your progress on these actions.	Noted.	Awaiting further guidance/instructions.
For queries relating to specific topic areas in this guidance, please contact the relevant departmental mailboxes. Any immediate risks or concerns about provision of NHS service continuity should be escalated to the relevant regional NHS EU Exit mailbox.	Noted.	In hand.
Supply of medicines and vaccines	**Lead: Steve May**	
Follow the Secretary of State's message not to stockpile additional medicines beyond their business as usual stock levels. No clinician should write longer prescriptions for patients. The Department's UK-wide contingency plan for the continued supply of medicines and vaccines from the moment we leave the EU is being developed alongside pharmaceutical companies and other government departments.	We are totally in-line with this requirement and are not stockpiling medicines and continue to supply the standard quantities on prescriptions.	No issues.

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Note that there is no need to contact suppliers of medicines directly.	Noted.	No issues.
Direct staff to promote messages of continuity and reassurance to people who use health and care services, including that they should not store additional medicines at home.	This will be directed from primary care.	No issues.
Note that 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.	Noted and not stockpiling.	No issues.
Note that the Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines.	Noted.	No issues.
Be aware that UK-wide contingency plans for medicines supply are kept under review, and the Department will communicate further guidance as and when necessary.	Noted.	No issues.
Continue to report current shortage issues and escalate queries for medicine supply issues unrelated to current shortages through existing regional communication channels.	Noted and current channels will be used.	No issues.
Regional pharmacists and emergency planning staff to: Meet at a local level to discuss and agree local contingency and collaboration arrangements. The Chief Pharmaceutical Officer will hold a meeting with the chairs of regional hospital and CCG Chief Pharmacist networks (and representatives of private hospital Chief Pharmacists) in January 2019 to help inform local plans.	As Chair of East Midlands Chief Pharmacists network Steve May will meet at Department of Health on 29th January. Any new guidance will be disseminated across East Midlands.	No current issues, actions will be implemented according to Chief Pharmaceutical Officer's advice.

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Supply of medical devices and clinical consumables	**Lead: Bob Truswell**	
Note that there is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and if the situation changes, will provide further guidance by the end of January 2019.	Currently reviewing top up levels of critical stock lines. This is normal winter procedure. SFH have no intention of stockpiling. We have been assured that additional capacity building will happen at the centre. Monitoring the situation jointly with NHS Supply Chain and awaiting further instructions.	No issues.
Send queries about medical devices and clinical consumables provided by NHS Supply Chain to your usual contact. If you receive medical devices and clinical consumables from other suppliers, you should contact them directly with any queries as you would normally do.	Noted. Currently holding fortnightly meetings with NHS Supply Chain representative, Ollie Booth, to stay up to date on current issues	No issues.
Be aware that the contingency plan is kept under review, and the Department will communicate further guidance as and when necessary.	Noted - awaiting further guidance.	No issues.
Send queries regarding medical devices and clinical consumables to mdcc-contingencyplanning@dhsc.gov.uk.	Noted.	No issues.
Supply of non-clinical consumables, goods and services	**Lead: Bob Truswell**	
Be aware that NHS Trust and Foundation Trust procurement leads have been asked to undertake internal reviews of purchased goods and services to understand any risks to operations if there is disruption in supply. This excludes goods and services that are being reviewed centrally, such as food, on which the Department has written to procurement leads previously.	Internal self-assessment completed and submitted on 30 November 2018. Feedback received states that roughly a further one hundred suppliers have now been added to the list that will be managed centrally. The risk to SFH from the remaining suppliers that will be managed locally is low.	No issues.
Continue commercial preparation for EU Exit as part of your usual resilience planning, addressing any risks and issues identified through your own risk assessments that need to be managed locally.	Divisional resilience table top exercise conducted on 4 January. Regional scenario planning / testing event scheduled for 24 January. Procurement Team feeding into this via SFH Emergency Planning Officer.	No issues.

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Continue to update local business continuity plans to ensure continuity of supply in a 'no deal' scenario. Where appropriate, these plans should be developed in conjunction with your Local Health Resilience Partnership. All health organisations should be engaged in their relevant Local Health Resilience Partnership, which should inform Local Resilience Forum(s) of local EU Exit plans for health and care.	Action to take place following the scenario planning / testing event on 24 January.	In progress.
Be aware that the Department is conducting supply chain reviews across the health and care system, and work is in progress to identify risk areas specific to primary care.	Aware and noted.	No issues.
Await further advice from the Department on what actions should be taken locally.	Noted.	No issues.
Submit the results of their self-assessment on non-clinical consumables, goods and services to contractreview@dhsc.gov.uk, if not done so already.	Completed on 30 November 2018.	Completed and feedback received.
Act upon further guidance to be issued by the Department in January 2019. This will be based on analysis of NHS Trusts and Foundation Trusts' self-assessments.	Guidance received and acted upon.	Complete.
Workforce	**Lead: Julie Bacon**	
Assess whether your organisation has incurred a reduction in the number of EU nationals in your workforce before the UK leaves the EU.	This is now recorded each month and it will be included in the Workforce Performance report and the Board SoF narrative. For instance: EU staff: Oct 18 =154 (2.76%), Nov 18 = 148 (2.61%), Dec 18 = 149 (2.63%) The Trust captures monthly information in regards to the net impact of EU nationals and takes action where relevant.	Ongoing.

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Publicise the EU Settlement Scheme to your health and care staff who are EU citizens. The scheme will open fully by March 2019 and remain open until 31 December 2020 in a 'no deal' scenario, so there will be plenty of time for EU staff to register. Further information can be viewed here.	All EU staff written to and drop-in session have been delivered at KMH and Newark.	Action completed.
Monitor the impact of EU Exit on your workforce regularly and develop contingency plans to mitigate a shortfall of EU nationals in your organisation, in addition to existing plans to mitigate workforce shortages. These plans should be developed with your Local Health Resilience Partnership, feed into your Local Resilience Forum(s) and be shared with your local commissioner(s). Consider the implications of further staff shortages caused by EU Exit across the health and care system, such as in adult social care, and the impact that would have on your organisation.	Workforce planning group to have oversight via the regular Divisional workforce plan updates. Each division will assess the risk and develop mitigations. Continuing with international (non-EU) recruitment for medics and increasing the target number for qualified nurses.	Ongoing.
Undertake local risk assessments to identify any staff groups or services that may be vulnerable or unsustainable if there is a shortfall of EU nationals.	Workforce planning group to have oversight via the regular Divisional workforce plan updates. Each division will assess the risk and develop mitigations.	Ongoing.
Ensure your board has approved business continuity plans that include EU Exit workforce planning, including the supply of staff needed to deliver services.	Information to be provided monthly in regards to net impact of EU nations to ensure assurance is provided around associated impact.	Ongoing.
Notify your local commissioner and regional NHS EU Exit Team at the earliest opportunity if there is a risk to the delivery of your contracted services.	Due to the low % of EU staff and our international recruitment plans the risk is being mitigated / minimised.	Ongoing.
Escalate concerns through existing reporting mechanisms.	Will action as appropriate.	
Send queries on workforce to WorkforceEUExit@dhsc.gov.uk.		

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Professional regulation (recognition of professional qualifications)	**Lead: Julie Bacon**	
Inform your staff 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.	Relevant staff have been informed of such arrangements.	Completed.
Inform your staff 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.	Not applicable. No staff are currently going through any application.	Completed.
Await 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.		Information awaited.
Reciprocal healthcare	**Lead: Julie Mayfield**	
Note that, in 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.	The Overseas Visitor Patient department will continue with 'business as usual' up to the 29 March deadline. After this date, in a no deal scenario, EEA reciprocal agreements will come to an end, unless we hear to the contrary.	No current issues.
Continue to support individuals who apply for NHS authorised treatment or maternity care in another member state (the S2 and cross-border healthcare processes).	The Overseas Visitor Patient department will continue with 'business as usual' up to the 29 March deadline. We do not receive many applications for S1 or S2 certificates but again will be ready to support up to the deadline.	No current issues.
Note that the Department will provide updates and further information on reciprocal healthcare arrangements prior to 29 March 2019.	The Overseas Visitor Patient department is kept updated and informed by the Department of Health and Social Care via DHSC eXchange. This is an NHS OVM shared resource space.	No current issues.

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Maintain a strong focus on correctly charging those who should be charged directly for NHS care. Information on implementing the current charging regulations can be viewed on the webpage here.	The Overseas Visitor Patient department is committed to charging all OSV patients where it is appropriate. We always ensure we have the most updated copy of the regulations to hand and strictly adhere to the guidelines at all times.	No current issues.
Ensure there is capacity available for any further training that may be required if there are changes to the reciprocal healthcare arrangements. This should be undertaken by the Overseas Visitor Management team, and guidance and support materials will be made available to support this training.	We will ensure further training is given should there be changes to the reciprocal healthcare arrangements. The OSV Policy will require amendments and guidance information will be issued where necessary. Communication will be sent out Trust wide to alert staff to the changes. There is an expectation that the DHSC will provide some materials eg posters that we can situate in A&E and Outpatient areas to alert patients to the changes.	Training within the OSVP will not be an issue. Depending on the amount of changes etc, the training and dissemination of information may provide issues with capacity.
Note that the Department will provide updates and further information in due course. This information will cover 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.	The Overseas Visitor Patient department is kept updated and informed by the Department of Health and Social Care via DHSC eXchange. Once we are made aware of any changes to the migrant cost recovery charging after 29 March we will amend our processes and policy, we will assess what training will be required and inform staff as appropriate.	No current issues, actions will be implemented in accordance with changes to reciprocal healthcare arrangements if/when they arise.

Action	Progress/contingency	Status
Research and clinical trials	**Lead: Alison Steel**	
EU research and innovation funding schemes		
Note that the Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This 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.	SFH do not currently hold any research grants funded through an EU source. As part of R&I set up process studies with EU grant funding will be highlighted and notifications from sponsor documented.	Complete.
Provide information about your Horizon 2020 grant here. This should be actioned as soon as possible. Further guidance can be found here and all queries should be sent to EUGrantsFunding@ukri.org.	Check research portfolio and identify where/if SFH is a participating site in an EU funded study. If studies identified R&I will contact Chief Investigator site and request assurance that grant information has been provided to contact details as outlined in guidance. This is a sponsor responsibility.	In progress.
Contact officials at EU-Health-Programme@dhsc.gov.uk with information regarding your Third Health Programme grant, and any queries that you have, as soon as possible.	Check research portfolio and identify where/if SFH is a participating site in an EU funded study. If studies identified R&I will contact Chief Investigator site and request assurance that grant information has been provided to contact details as outlined in guidance. This is a sponsor responsibility.	In progress.
Clinical trials and clinical investigations		
Follow the Government's guidance on the supply of investigational medicinal products (IMPs) for clinical trials in a 'no deal' scenario, if you sponsor or lead clinical trials or clinical investigations in the UK.	SFH does not currently sponsor or lead CTIMP trials. All staff are aware of the guidance and a copy is available in the department.	Complete.
Consider your supply chains for those IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical consumables, used in clinical trials and investigations,	SFH does not currently sponsor or lead CTIMP trials.	Complete.

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which originate from, or travel through, the EU and EEA as soon as possible if you sponsor or lead clinical trials or investigations in the UK.		
Liaise with trial and study Sponsors to understand their arrangements to ensure that clinical trials and investigations using IMPs, medical devices, IVDs, advanced therapy medicinal products, radioisotopes and other clinical consumables which come from, or via, the EU or EEA, are guaranteed in the event of any possible border delays. If multiple sites are involved within the UK, then co-ordinate with the lead site or Chief Investigator in the UK, or organisation managing the clinical trial/investigation, e.g. Clinical Research Organisation, to ensure a single approach to the Sponsor.	A database of all trials with IMP's provided by sponsor's has been compiled. R&I will contact Chief Investigator sites and request assurances on arrangements for IMP supply.	In progress.
Respond to any enquires to support the Department's comprehensive assessment of the expected impact of a 'no deal' exit on clinical trials and investigations. The Department is working closely with the NHS to gain a greater understanding of who might be affected by supply issues.	Confirm we will be able to respond in a timely manner.	Complete.
Continue participating in and/or recruiting patients to clinical trials and investigations up to and from 29 March 2019. This should occur unless you receive information to the contrary from a trial Sponsor, organisation managing the trial or clinical investigation, or from formal communications that a clinical trial or clinical investigation is being impacted due to trial supplies.	Confirmed we are compliant at SFH.	Complete.
Send queries concerning IMPs or medical devices to imp@dhsc.gov.uk.		

Action	Progress/contingency	Status
Data sharing, processing and access	**Lead: Jacquie Widdowson**	
Investigate your organisation'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.	Our data flows have been mapped and are being reviewed to ensure any transfers of personal data from the EU/EEA to the UK that are critical to patient care are uninterrupted and have adequate security applied, to enable the transfer to continue. Any transfers from the UK to any country outside the UK, these flows will fall under a new UK transfer and documentation provisions. Transfers will be reviewed to ensure adequate security is applied to enable the transfer to continue. In the case of a no Brexit deal the government has already made it clear that it intends to permit data to flow from the UK to EEA countries. It is only personal transfers from the EEA to the UK that will be affected. Further guidance will be issued in relation to transfers relating to Health & Social Care organisations.	In progress - awaiting further guidance.
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.	Data flow maps to be reviewed to establish the type of data that is transferred. If transferring information outside of the EEA will need to consider whether to disaggregate the data.	In progress.
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.	Reviewed information on ICO and government website, and currently this only applies to small and medium businesses. Further information will be issued to and Health & Social Care organisations.	Awaiting further guidance.
Ensure that your data and digital assets are adequately protected by completing your annual Data Security and Protection Toolkit assessment. This self-audit of compliance with the 10 Data Security Standards is mandatory to	The Data Security & Protection Toolkit score is currently 88 out of 100 mandatory evidence items provided. We will continue to work on the DSPT to ensure its compliance by 31st March 2019.	In progress.

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complete by the end of March 2019, but completing it early will enable health and adult social care providers to more quickly identify and address any vulnerabilities.		
Await further guidance, which will be issued to health and care providers in due course. Assistance will also be available through webinars in early 2019.	Awaiting further guidance which will be issued to Health & Social Care organisations.	Awaiting further guidance.
Finance	**Lead: Sandra Chapman**	
Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact should be recorded separately to opportunity costs. Providers should discuss these costs with their regional NHS EU Exit support team. Feedback from providers will inform decisions on whether further guidance on cost collection is required.	Leads for each section within this document asked to provide information on the costs incurred in complying with this guidance. Costs to be recorded based on information received.	In progress.

Collated by:

Neil Wilkinson

Risk & Assurance Manager

January 2019