Trust Board Meeting in Public: Wednesday 13 March 2019
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| **Board Lead(s)** | Sara Randall, Acting Director of Clinical Services |
| **Key purpose**    | Strategy                        | **Assurance** | Policy | Performance |
|                    |                                |                |        |             |
Executive Summary

1. Oxford University Hospitals NHS FT is required to ensure that it is prepared for the UK exit from the EU. This paper outlines the preparations that the Trust has taken to date.

2. The Trust recognises that the forthcoming departure of the United Kingdom (UK) from the European Union (EU) has the potential to create issues that may impact upon various areas of the Trust’s service delivery. The degree and nature of any impacts will, to a large extent, be determined by the terms of any departure agreement or a ‘no-deal’ exit.

3. The Trust has identified Sara Randall (Acting Director of Clinical Services) as the Senior Responsible Officer for EU Exit preparation.

Emergency Preparedness, Resilience and Response – EU Exit Planning

1. Introduction
   1.1. Oxford University Hospitals NHS FT recognises that the forthcoming departure of the United Kingdom (UK) from the European Union (EU) has the potential to create issues that may impact upon various areas of the Trust’s service delivery. The degree and nature of any impacts will, to a large extent, be determined by the terms of any departure agreement or a ‘no-deal’ exit.
   1.2. The Trust has identified Sara Randall (Acting Director of Clinical Services) as the Senior Responsible Officer for EU Exit preparation.
   1.3. The Trust has sought further guidance from National Health Service England (NHSE) via the Thames Valley Local Health Resilience Partnerships (LHRP) on other potential areas of the EU exit impact.

2. Department of Health and Social Care Guidance
   2.1. The Department of Health and Social Care have published guidance for the Health and Care system should a no-deal scenario occur. These documents provide guidance and information on:
   - Command and Control
   - Supply of Medicines and Vaccines
   - Supply of Medical Devices and Clinical Consumables
   - Supply of Non-Clinical Consumables, Goods and Services
   - Workforce
   - EU Settlement Scheme
2.3. NHS Improvement has also provided more details information and guidance on the EU Exit actions for domical devices and clinical consumables. The guidance can be found at: https://improvement.nhs.uk/resources/eu-exit-actions-medical-devices-and-clinical-consumables/.

2.4. These documents clearly indicate that responsibility for the medicine supply chain rests with suppliers and not individual Trusts. Trusts have been clearly directed NOT to stockpile drugs or other medications in advance of the EU exit date.

3. **Trust Leads**

3.1. The Trust has identified the following staff as key leads:
   - Senior Responsible Officer – Sara Randall
   - Blood Safety & Conservation – Marie Casey
   - HR – Laura Bick
   - IM&T – Philip Pinney
   - Media & Communications – Matt Akid
   - Pharmacy – Bhulesh Vadher
   - Procurement – Gary Welch
   - R&D – Christopher Bray
   - Radiology – Toni Mackay
   - Transfusion Laboratory – Julie Staves

3.2. This group of staff comprise the Trust working group on EU Exit preparedness.

4. **Key Concerns**

4.1. The impact of the UK exit from the EU is unknown at this point. This degree of uncertainty means that we should be preparing for a no-deal exit. As such the focus of planning remains on the following themes:
   - Disruption to workforce
   - Disruption to medical supplies and consumables
   - Disruption to fuel supplies
   - Human resource impact on OUH staff due to EU exit planning
   - Financial impact

4.2. As noted above, the medical supplies are being managed at the national/supplier level; however, internal assurance is needed.

5. **Business Continuity**

5.1. Trusts have been instructed to ensure that their Business Continuity Plans are reviewed.

5.2. The Trust Business Continuity plan was subject to a full review and re-issued in July 2018. The supporting service continuity plans are required to be reviewed and tested annually. Compliance on this standard is variable across the Trust and the EPRR Team are currently working with services to improve this.

6. **Trust Preparedness**

6.1. The Trust Procurement Department has undertaken an analysis of all suppliers that are not covered by the central processes. Procurement are working across
the Trust to ensure that all procurement processes are captured and a level of assurance can be obtained.

6.2. Pharmacy has similarly reviewed supply chains and are working with the regional and national procurement (CMU) to ensure that all supply chains are maintained. Although there is no intention to stock pile medicines, there may an increase in stock due to the move of the pharmacy store and the ability to store appropriate levels of stock for an organisation of this size. NHS England and NHS Improvement have been informed of this.

6.3. All services have been asked to review of the DHSC guidance and ascertain if there is or likely to be any actual or potential impact on their service. An action card for acute providers has been included in the national guidance to assist services in their impact analysis. This work is currently ongoing.

6.4. Appendix 1 provides a summary of actions against national guidance.

6.5. Appendix 2 provides the Duty Executive and Duty Manager rota for 25/3/19 – 7/4/19. This will be supplemented with a “whereabouts” table of all staff on the Duty Executive and Duty Manager rota for the cited two week period.

6.6. A table top exercise based on NHS England developed scenarios was conducted on 25 February 2019. Representatives from across the Trust attended to review potential impacts on:

- Supply chain (including cold chain)
- Vital equipment maintenance disruption
- Financial impact
- Media and communications
- Pharmaceutical licencing

6.7. The key learning from the exercise is currently being reviewed by the attendees; however, the draft report highlights:

- High human resource impact in planning and responding to a no deal EU Exit
- Issues most likely to felt at the regional or national level
- Greater visibility of national contingency planning would be beneficial for Trusts to gain sight of any local gaps
- Trust command and control arrangements would need to ensure early escalation of issues to NHS England Regional Teams

7. **Next Steps**

7.1. Procurement are working with the Services to bring forward the end of year stock take to ensure sight of the level of stock currently held in the Trust.

7.2. A map of critical equipment has been sent to Divisional Teams for validation.

7.3. Trust EU Exit Leads undertaking validation of preparedness against DHSC/NHS England guidance.

David Smith
Emergency Planning Officer
February 2019
Appendix 1 – Summary of Actions against National Guidance

- OUH Business Continuity Management Policy is in place should the Trust face any disruption to normal service.
- The UK Government’s guidance “Preparations for a no deal scenario” has been shared with all of the Divisional teams for action.
- Medicines, medical devices and clinical consumables will not be stockpiled beyond our business as usual stock levels, and no clinician will write prescriptions for patient for a longer duration than is necessary. These messages have been communicated to the organisation.
- All staff have been briefed not to stockpile any consumables.
- The Trust is aware that there is no need to contact suppliers of medicines directly as this is being managed at the national level.
- The Trust recognises that the Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. It is noted that there may an increase in stock due to the move of the Trust pharmacy store and the ability to store appropriate levels of stock for an organisation of this size. NHS England and NHS Improvement have been informed of this.
- The Trust is aware that DHSC, NHS England and NHS Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines.
- The Trust will send queries about medical devices and clinical consumables provided by the NHS Supply Chain to our usual NHSSC contact and we will contact any other suppliers directly if we have any queries.
- The Trust has briefed all relevant 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.
- The Trust has briefed all relevant 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.
• The OUH R&D teams have confirmed that we do not directly receive any Horizon 2020 grants.

• OUH IM&T and associated teams (e.g. Labs) are currently working to identify all of our EU/EEA stored data and ensure continuity arrangements are in place as far as reasonably possible. Our EPR data is not stored outside of the UK.

• The Trust understands that reciprocal healthcare arrangements for overseas visitors and migrant cost recovery will continue until 29 March 2019, depending on the reciprocal agreements that are concluded. We are committed to maintaining a strong focus to ensure that charges are correct for patients that should be charged directly for NHS care.

• The Trust will respond to the Department of Health and Social Care’s comprehensive assessment of the expected impact of a ‘no deal’ exit on clinical trials and investigations, as / if appropriate.

• The OUH Procurement Department has undertaken an analysis of all suppliers that are not covered by the central processes. Procurement are working across the Trust to ensure that all non-central procurement processes are captured and a level of assurance can be obtained. This includes clinical trials or investigations are undertaken by OUH.

• All OUH clinical trials or investigations that are undertaken by the Trust, we participate in and/or recruit to will continue up to 29 March 2019 unless we receive information to the contrary as detailed in the guidance.

• The Trust understands that all provider actions detailed in the national guidance must be undertaken by OUH.