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Meeting	Trust Board
Agenda Item No.	28
Paper Title	EU Exit Planning Progress Summary
Date of meeting	4 April, 2019
Date paper was written	27 March, 2019
Responsible Director	Nigel Lee, Chief Operating Officer
Author	Stewart Mason, Emergency Planning & Resilience Officer

Executive Summary

With a continued amount of uncertainty surrounding the impacts of an EU Exit the necessity to keep oversight upon its potential disruption upon the NHS is paramount.

This paper describes a summary of the latest EU Exit related actions currently been considered at SaTH, and within the NHS as a whole, and those actions that remain necessary for the Trust Board and our Commissioners to be assured of our state of resilience throughout this process.

The EU Exit Operational Guidance that has been issued by the Department of Health & Social Care (DOHSC) highlights a need to focus and address business continuity within the organisation based on seven key areas of activity.

As part of the on-going work to support the potential impacts of an EU Exit upon the NHS, and in particular The Shrewsbury and Telford Hospital NHS Trust and our direct stakeholder partnerships, there has been a stream of assurances (reportable to NHS England/NHS Improvements required to ensure that preparations are in line with national guidance and recommended actions.

The latest national request is that by using a pre-determined template of EU Exit related questions the members of the Trust Board, senior Executive team and clinical and non-clinical leads are sighted on internal preparations. This RAG rated assurance template has been shared with these officers and is fluid in its development in line with national and regional information and requests.

This paper concludes that the Trust Board will be sighted as to progress by the Trusts Senior Responsible Officer for EU Exit and that the Trust Board is asked to receive, note and support any relevant and appropriate resource to ensure that we remain resilient throughout this period of EU Exit transition.

Previously considered by	This topic has been addressed by the Chief Operating Officer as 'information only' at the Executive Committee, Senior Leadership Team and likewise by the Emergency Planning & Resilience Officer at Operational Risk Group, COO Huddle and the Emergency Planning & Business Continuity Group.
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The Board is asked to:			
<input type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
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Link to strategic objective(s)	<p><i>Select the strategic objective which this paper supports</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input checked="" type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	<p>RR 668 RR 859</p>

Equality Impact Assessment	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input type="radio"/> This document is for full publication <input checked="" type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	<p>Financial impact currently unmeasurable, but will remain a point of reflection in future summaries.</p>

Main Paper

Situation

As part of the on-going work to support the potential impacts of an EU Exit upon the NHS, and in particular The Shrewsbury and Telford Hospital NHS Trust and our direct stakeholder partnerships, there has been a stream of assurances required to ensure that preparations are in line with national guidance and recommended actions. The latest national request is that by using a pre-determined template of EU Exit related questions the members of the Trust Board, senior Executive team and clinical and non-clinical leads are sighted on internal preparations. This RAG rated assurance template has been shared with these officers and is fluid in its development in line with national and regional information and requests.

Background

Our current information gathering and sharing has included the Leads for the key areas indicated within the NHS EU Exit No Deal Operational Guidelines. To ensure engagement and a transparent sighting of progress, the Senior Responsible officer (SRO), Nigel Lee and the nominated support, Stewart Mason, Emergency Planning & Resilience Officer (EPRO), have presented summary information, discussions and documents to key officers and other persons across the Trust. These include the Chairman, Trust Board, Clinical Commissioning Group, Senior Leadership Team, Care Group Directors and Executive Officers. Further basic facts have been shared Trust wide in the form of a Staff Message via the email distribution route.

- Supply of medicines and vaccines
- Supply of medical devices and clinical consumables
- Supply of non-clinical consumables, goods & services
- Workforce
- Reciprocal healthcare
- Research and clinical trials
- Data sharing, processing and access

The Leads for each of these areas have been developing their resilience planning based upon outcomes of risk assessment.

The Trust SRO is Nigel Lee, Chief Operating Officer and the supporting officer is Stewart Mason, Emergency Planning & Resilience Officer.

Assessment

Plans will continue to develop in line with national requests and recommendations. They will be communicated following a suitable platform, and the Trust communication to the public will be considered as deemed necessary as a direct response to need.

As the time draws towards the point of proposed EU Exit, whichever date is determined, the Trust will continue to ramp up plans and ensure Executive engagement in order to support any response required both in and out of core hours. The SRO role remains detrimental in overseeing this process as necessary.

National daily reporting (Monday to Friday) is underway and will continue via NHS Digital. A once weekly (Monday) additional reporting submission is also being actioned. The SRO and EPRO are responsible for overseeing this currently.

For external SitRep communication a reporting single point of contact (SPOC) is in place and is currently monitored by the Emergency Planning Officer (EPRO). Going forward, it will be ascertained how this can effectively be done at all hours, especially as any pertinent issue develop or are identified. Currently all issues can be escalated to the COO or EPRO during Core Hours and to the Executive Officer on-call (via CSM) out of

hours.

EU Exit has been a standing agenda item at the Local Health Resilience Partnership (LHRP), Tactical Coordinating Group (TCG) & Health Emergency Planning Operational Group (HEPOG) events for a number of months. SaTH has been actively represented at these events by the EPRO and/or DCOO to ensure engagement throughout. The CCG has been sighted to our NHSE EU Exit RAG assurance return and SaTH has met with them to discuss actions and progress along with our Community Healthcare partners.

The Procurement team within the Trust continues to work with clinical areas and specialities to ensure that equipment and supplies are considered beyond the obvious daily requirements. Any identified shortfall or risk is being dealt with by the Procurement management team following national guidance.

Our Workforce team have deep oversight in monitoring and supporting the EU settlement scheme for relevant staff, and all relevant outcomes are actively being reported via the Workforce Committee. Any direct staff questions with regard to the scheme can be supported by the Workforce business partners or via the department directly and this has been managed and communicated appropriately.

SaTH's Research & Innovation and Clinical Trials team remain a key input to our EU Exit Group and remain focused on the guidance and information that has been shared amongst them from an internal and external perspective. The team have continued to work with the necessary external points of contact and assure us that we will be continuing with our current and continuous contribution to research based trials.

Information Technology are aware of the need to review, report and monitor data storage and patient data sharing, especially where the potential for international support servers and data storage may be an issue. Currently, there are no direct risks for SaTH in this field identified.

Information with regards to financial costs acquired or pending as a result of EU Exit preparations has been requested by the SRO to the Finance Team and a summary of SaTH's EU financial implications should be available in time for the next SRO summary to the Trust Board.

We remain compliant on the information and response requested at national level to date. Work is ongoing and financial summaries are the only key area yet to report their findings and risk to the SRO.

Recommendation

The SRO requests that the Trust Board receive and note:

- Acknowledgement of this summary and assurance that to date all required processes are being actioned and Trust wide engagement is being sought and maintained
- That this topic remains on the agenda of Trust Board until national stand-down of planning, implementation and reporting. A summary will be provided as necessary
- That as mitigating requirements are identified, that the appropriate resources necessary, including financial, are considered and supported at Trust Board level where appropriate



The Shrewsbury and Telford Hospital NHS Trust

Assurance of Saths EU Exit Plans and Preparedness – 25th March, 2019

As part of the on-going work to support the potential impacts of an EU Exit upon the NHS, and in particular The Shrewsbury and Telford Hospital NHS Trust and our direct stakeholder partnerships there have been a stream of assurances required to ensure that preparations are in line with national guidance and recommended actions.

The latest national request is that by using a pre-determined template of EU Exit related questions that members of the Trust Board, senior Executive team and clinical and non-clinical leads are sighted on internal preparations. This RAG rated assurance template is presented below and is fluid in its development in line with national and regional information and requests.

Our current information gathering and sharing has included the Leads for the key areas indicated within the NHS EU Exit No Deal Operational Guidelines. To ensure engagement and a transparent sighting of progress, the Senior Responsible officer (SRO), Nigel Lee and the nominated support, Stewart Mason, Emergency Planning & Resilience Officer, have presented summary information, discussions and documents to key officers and other persons across the Trust. These include the Chairman, Trust Board, Clinical Commissioning Group, Senior Leadership Team, Care Group Directors and Executive Officers. Further basic facts have been shared Trust wide in the form of a Staff Message via the email distribution route.

Plans will continue to develop in line with national requests and recommendations. They will be communicated following a suitable platform, and the Trust communication to the public will be considered as deemed necessary as a direct response to need.

As the time draws towards the point of proposed EU Exit, whichever date is determined, the Trust will continue to ramp up plans and ensure Executive engagement in order to support any response required both in and out of core hours. The SRO will maintain detrimental in overseeing this process as necessary.

This document provides a basis for an information summary. Any further clarification of points raised can be requested via Nigel Lee (nigel.lee1@nhs.net) or Stewart Mason (stewartmason@nhs.net) .

Operational communications

Q: Is the board sighted on published operational guidance for EU Exit and subsequent publications and information shared at the recent national workshops?

- All information received has been openly shared as per national instruction. This also includes the full briefing of information delivered at the Midlands workshop. A summary of evolving assurance has and will be delivered to Trust Board on a monthly basis until stood down.

Q: Have you taken steps to communicate EU Exit preparation actions to front-line staff?

- All recommended actions and support information has been delivered Trust wide via a bespoke electronic Staff EU Exit Message

Q: Have you discussed EU Exit impact across the local health system and through LHRP?

- EU Exit has been a standing agenda item at LHRP, TCG & HEPOG events for a number of months. SaTH has been actively represented at these events by the EPRO and/or DCOO to ensure engagement throughout. The CCG has been sighted to our NHSE EU Exit RAG assurance return and SaTH has met with them to discuss actions and progress along with our Community Healthcare partners

Operational readiness for a response

Q: Has the organisation established its EU Exit team and planned for the potential to respond out of hours or over a sustained period of time?

- SaTH has established an EU Exit team chaired by the COO. This group consists of the leads for the seven identified key areas and engagement with other key services maintained as necessary. Daily reporting via NHS Digital has commenced and any issues will be addressed as required. Out of hours issues will be strategically led by the Executive Officer on-call and it is expected that engagement with the EU Senior Responsible Officer (SRO) (Nigel Lee) will be implemented

Q: Have you established a single point of contact for EU Exit and communicated the escalation process across the organisation?

- A reporting single point of contact (SPOC) is in place (sath.incident@nhs.net) and is currently monitored by the Emergency Planning Officer (EPRO). Going forward, it will be ascertained how this can effectively be done at all hours, especially as any pertinent issue develop or are identified. Currently all issues can be escalated to the COO or EPRO during Core Hours and to the Executive Officer on-call (via CSM) out of hours

Q: Have you identified local leads for workforce, supply, data, research and medicines?

- The Leads for these key areas have already been actively engaged in all of the planning and response to date. They are also engaging with internal and external stakeholders for their services

Supply

Q: Are national contingency arrangements for supply understood across the organisation and the local actions required in progress?

- The Leads for procurement and Medical Engineering have been working in line with national guidance to ensure clinical and non-clinical supply chain across the Trust is prepared for an element of disruption. Instruction with regard to not stockpiling has been followed and shared across the services

Q: Are plans in place to “walk the floor” to escalate any further EU dependent supply issues that are not addressed nationally?

- Procurement teams across the Trust have been engaging with clinical areas and specialities to ensure that equipment and supplies are considered beyond the obvious daily requirements. Any identified shortfall or risk is being dealt with by the Procurement management team

Q: Are plans in place to manage with longer lead times for supplies, and for potentially receiving deliveries out of hours?

- Procurement has risk assessed these points and is actively engaged with the areas of the Trust that are responsible for the receiving of goods both in and out of core hours. This process already occurs for ad-hoc goods but if receipt of bulk goods is necessary out of hours, this will be managed without concern

Workforce

Q: Are systems in place to monitor uptake of the EU settlement scheme?

- The Workforce team have deep oversight of this and all relevant facts are reported via the Workforce Committee. Any direct staff questions with regard to the scheme can be supported by the Workforce business partners or via the department directly

Q: Are the key workforce risks of EU exit understood in the organisation and have actions been put in place to mitigate this and monitor impact?

- The current and potential risks are being considered and reviewed directly by the Workforce team and monitored via the Workforce Committee. Care Group Directors are sighted on the potential medium to long term risks and will continue to ensure that the Workforce business partners work closely with their operational teams

Clinical Trials

Q: Has information about EU funded clinical trials been sent to eugrantsfunding@ukri.org

- Our Research & Innovation and Clinical Trials team remain a key input to our EU Exit Group and remain focused on the guidance and information sharing that has been shared amongst them from an internal and external perspective

Q: Have study sponsors for Investigational Medicinal Products (IMPs) used by the organisation been approached for assurance on continuity of supply?

- The team have continued to work with the necessary external points of contact and assure us that we will be continuing with our current and continued contribution to research based trials

Data

Q: Have the critical data flows affected by EU Exit (including for clinical trials) been assured?

- IT Leads remain key contributors to the EU Exit working group and engagement has been sought with the overseas Visitors Team (PALS Team). This captures the detail about where back-up data storage systems are based (within UK for SaTH). Little information with regard to safe transfer of overseas patient data is known at local level so may well require further clarification at this stage

Finance

Q: Are systems in place to record the costs of EU Exit preparations and impact?

- This information has been requested by the SRO to the Finance Team and a summary of SaTH's EU financial implications should be available in time for the next SRO summary to the Trust Board

Q: Do you have any risks or concerns to flag?

- No significant financial concerns have been raised from across the services and/or care Groups at this stage. There is still an expectation that the Finance team will review and present their risks to the SRO in their requested summary

Q: Is any additional support or information required from a national or regional level?

- Currently the Finance Team have not highlighted any information shortfalls or requests for clarity; however their summary to the SRO may highlight such matters. If the national or regional team require specific breakdown of associate costs this may be useful for them to request this information in a timely manner

Geography / Health Demand

Q: Have the wider risks of EU Exit on the local health and care system been assessed? E.g. increased demand, difficulties in accessing key sites.

- Discussions surrounding this have been held at the EU Exit Group meetings and beyond this, Care Groups and services present at meeting where EU matters have been raised have not highlighted any key concerns at this stage. All key Leads at the EU Exit Group have taken this information to develop their local EU risk assessments as requested by the SRO

Template completed by EU Exit SRO and returned to Regional EU Exit mailbox on 25 March, 2019

Topic	R/A/G	Comments & risks identified
Operational Communications		Internal communication applied. External remains dependent upon process and will be addressed as necessary
Operational Readiness		No significant risks identified and NHS Operational Guidance followed. Escalation routes clear
Supply	Clinical	No immediate risks identified. Work with Care Groups on-going
	Non-clinical	
	Medical Engineering	
Workforce		Long term risks still not apparent but scoping is underway via senior Workforce officers
Clinical trials	Pharmacy	Pharmaceutical risk identified that there is already national shortage/supply concerns of some drugs. Pharmacy will continue to work with usual supply routes. Research & Trials not directly affected
	Patient Process	
Data		No local risks identified and will continue to work in line with national guidance
Finance		No current risks identified however further summary of impacts/potential impacts has been requested by SRO
Health Demand		Remains an unknown with no current risks identified. SRO will maintain oversight and escalate as necessary

RAG rating:

- Red – no preparations made
- Amber – preparation commenced, but some risks outstanding
- Green – organisation fully prepared