

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**Thursday 24 January 2019**

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| <b>Title:</b>                | <b>UPDATE ON BREXIT PREPARATION</b>  |
| <b>Responsible Director:</b> | Kevin Bolger, Director of Strategic Operations   |
| <b>Contact:</b>              | Lynn Hyatt, Head of Emergency Preparedness and resilience (QE)<br>Kelly Jervis, Head of Emergency Preparedness and BCM (HGS) |

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| <b>Purpose:</b>                            | To provide a briefing to the Board of Directors as to the preparations being undertaken by the Trust in relation to exit from the EU |
| <b>Confidentiality Level &amp; Reason:</b> |  |
| <b>Medium Term Plan Ref:</b>               | Aim 1: Always put the needs and care of patients first.  |
| <b>Key Issues Summary:</b>                 | Arrangements in place in the Trust for the European Union Exit Operational Readiness in the event of a 'no deal' Brexit.             |
| <b>Recommendations:</b>                    | The Board of Directors is asked to accept this report.   |

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| <b>Signed:</b> Kevin Bolger | <b>Date:</b> 16 January 2019 |
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**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS**

**January 2019**

**UPDATE ON BREXIT PREPARATION**

**PRESENTED BY THE DIRECTOR OF STRATEGIC OPERATIONS**

**1. Introduction**

As of the 29<sup>th</sup> March 2019 the United Kingdom (UK) is leaving the European Union (EU) following the national referendum.

On the 21<sup>st</sup> December 2018 the Department of Health & Social Care wrote to all providers and commissioners of NHS Services providing guidance regarding Operational Readiness in the event of a no deal exit.

The Department 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.  
NHS E&I will also establish local, regional and national teams to provide rapid support on emerging issues.

**2. The guidance produced covered seven areas of activity for all providers and commissioners to focus on.**

The seven areas are:

- 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
- Data sharing, processing and access

Within the Trust lead people have been nominated for the seven areas and they have been asked to complete a risk assessment, highlighting any risks that they envisage and how they will mitigate against these risks.

A meeting was held on the 10<sup>th</sup> January with all the leads for the 7 areas outlined. During this meeting the risks the leads had identified were discussed and any mitigations that had been put in place. Following this meeting all leads have been asked to update their risk assessments and these will be compiled in to 1 risk register.

Below are the main risks that were identified at the meeting.

## 2.1 Supply of Medicines and Vaccines

Key risks relate to the potential delay in receiving medications. There has been national guidance to all Pharmacy departments stating they must not overstock. Increased stock holding will be held at national level. Procedures are currently being put in place to monitor the critical drug list on a daily basis. Where drugs are out of stock there will need to be discussion with clinical teams to identify alternatives. There remains however a risk if alternatives are not available.

Some materials are time sensitive. An example is Radiopharmaceutical drugs where delay would significantly reduce the efficacy of the material if they are delayed at customs. This is being addressed at national level by the Department of Health.

As community pharmacies only tend to hold up to 5 days of stock, if they run out due to delivery delays patients may present at ED's for resupply of medication. There will be an agreed plan developed with clinical teams on how we respond in such situations.

## 2.2 Supply of Medical devices and Clinical consumables

Enquiries have been made to the Trust's top 224 top suppliers (not captured within the DoH centrally managed suppliers) requesting copies of their 'no deal' Brexit contingency plans. As of the meeting of 10<sup>th</sup> January 55% plans have been returned and 36% of these have been reviewed and they foresee no problems. The remainder (46%) are being chased for their responses. A meeting has been arranged at the end of January to review all of the responses from suppliers and where we are not confident in the responses received we will explore the potential to use alternative suppliers.

We are in a stronger position than many NHS organisations in that we have our own warehouse where 6 weeks of stock is held. In discussion it was identified that this may lead to requests from other Trusts or other parts of the health economy for support. Through the EU Exit Short Life Working Group we will establish a process for assessing and responding to such requests.

## 2.3 Supply of non-clinical consumables, goods and services

Enquiries have been made to 222 top suppliers. (not captured within the DoH centrally managed suppliers) requesting copies of their "no deal' Brexit contingency plans. The responses to these requests have been slow but they are continuing to come through and outstanding plans are being followed up by telephone. As with medical devices and clinical consumables above, the meeting at the end of January will review alternative suppliers.

## 2.4 Workforce

We employ 1,212 EU substantive and bank staff across the trust. See table below.

**QEH**

| <b>Staff Group</b>               | <b>Bank</b> | <b>Substantive</b> | <b>Total</b> |
|----------------------------------|-------------|--------------------|--------------|
| Add Prof Scientific and Technic  | 3           | 6                  | 9            |
| Additional Clinical Services     | 29          | 45                 | 74           |
| Administrative and Clerical      | 9           | 32                 | 41           |
| Allied Health Professionals      | 1           | 35                 | 36           |
| Estates and Ancillary            | 13          | 27                 | 40           |
| Healthcare Scientists            |             | 13                 | 13           |
| Medical and Dental               | 38          | 100                | 138          |
| Nursing and Midwifery Registered | 32          | 153                | 185          |
|                                  |             |                    |              |
| QEH Total                        | 125         | 411                | 536          |

**HGS**

| <b>Staff Group</b>               | <b>Bank</b> | <b>Substantive</b> | <b>Total</b> |
|----------------------------------|-------------|--------------------|--------------|
| Add Prof Scientific and Technic  | 4           | 10                 | 14           |
| Additional Clinical Services     | 47          | 79                 | 126          |
| Administrative and Clerical      | 4           | 40                 | 44           |
| Allied Health Professionals      | 11          | 31                 | 42           |
| Estates and Ancillary            | 9           | 39                 | 48           |
| Healthcare Scientists            |             | 6                  | 6            |
| Medical and Dental               | 29          | 95                 | 124          |
| Nursing and Midwifery Registered | 51          | 139                | 190          |
| Students                         |             | 1                  | 1            |
| HGS Total                        | 155         | 440                | 595          |

**UHB**

| <b>Staff Group</b>               | <b>Bank</b> | <b>Substantive</b> | <b>Total</b> |
|----------------------------------|-------------|--------------------|--------------|
| Add Prof Scientific and Technic  | 7           | 16                 | 23           |
| Additional Clinical Services     | 76          | 124                | 200          |
| Administrative and Clerical      | 13          | 72                 | 85           |
| Allied Health Professionals      | 12          | 66                 | 78           |
| Estates and Ancillary            | 22          | 66                 | 88           |
| Healthcare Scientists            | 0           | 19                 | 19           |
| Medical and Dental               | 67          | 195                | 262          |
| Nursing and Midwifery Registered | 83          | 292                | 375          |
| Students                         | 0           | 1                  | 1            |
| UHB Total                        | 280         | 851                | 1131         |

With the information that is available to us at this point in time it is difficult to establish the true risk related to workforce. There is ongoing work to support and reassure members of staff from the EU. We are aware that 53 members of staff have already applied for the settlement scheme which reopens again in March 2019. The Trust has agreed to pay the £65 settlement fee.

## 2.5 Reciprocal Healthcare

There may be UK people living abroad who may be returning for Healthcare and current EU citizens in the UK seeking treatment. In 2017/2018 305 patients returning for healthcare were identified. To ensure correct checks are carried out the overseas team may require additional support. HGS and QE teams will work collaboratively to address the potential risk.

If additional resource is required a case for funding will be developed.

## 2.6 Research and Clinical trials

At the current time there are 3 drugs trials in place and the drugs being used for these are on site. There may be an issue if the supply chain is interrupted and in this case recruitment to the trial could be slowed down or the trial suspended until supplies are re-established .

## 2.7 Data sharing, Processing and Access

There are no significant risks that have been identified in relation to data coming in from Europe or going out.

An additional risk assessment template will be completed by ICT to identify potential specific risks to systems and servers.

## 3. **Additional Risks**

### 3.1 NHS Blood & Transplant

There is a potential risk with regard to Transplant and tissue donation, harvesting and retrieval. The Department of Health is working with NHS Blood and Transplant to co-ordinate a national plan for managing risk related to blood, blood components, organs, tissues and cells. Further details are being sought around the potential impact.

### 3.2 Contracts

Requests for information regarding contracts have already been received, guidance suggests that the newly formed national Operational Response Centre will lead on responding to any disruption to the delivery of health care services and will coordinate information flows and reporting across the system.

The Trust has been asked to nominate a Senior Responsible Officer (SRO) and deputy who have oversite of all EU Exit planning. Kevin Bolger DSO is the SRO who will lead the Short Life Working Group and Simon Clarke,

Interim Director of Procurement, is his deputy. There is an EU Exit email address so that all information is received into a central repository to ensure requests for information are managed

A further meeting of the Short Life Working Group will take place before the end of January.

#### **4. Conclusion**

There has been a substantial amount of work carried out across the Trust to mitigate risks related to EU Exit. While plans have been put in place locally there is significant reliance put on the national plans being developed by the Department of Health & Social Care to address any disruption to access to medicines and consumables, in a timely manner, required to run current services without disruption.

Further updates to the Board will be provided.

#### **5. Recommendations**

The Board of Directors is asked to accept this report.

Kevin Bolger  
Executive Director of Strategic Operations  
January 2019