

## Board of Directors

<b>Date:</b>	4 November 2020	<b>Attachment Number:</b>	12																
<b>Title of Report:</b>	<b>EU Exit Update</b>																		
<b>Purpose of the report and the key issues for consideration/decision:</b>	<p>The UK's future relationship with the EU is currently being negotiated. The results of these negotiations will determine how aspects of health and social care are delivered and how care is accessed from 1<sup>st</sup> January 2021.</p> <p>There is a risk that some or all of the agreements required will not be reached. Despite arrangements made by the government, the NHS, its providers and suppliers and UK patients may still be impacted. This means that the Trust must ensure it puts in place arrangements to prepare for any potential disruptions.</p> <p>This paper provides a brief summary of the current position and a proposed approach to management of EU Exit issues that may occur over the next months.</p>																		
<b>Prepared by:</b>	Carol Woolgar, Resilience and Governance Manager																		
<b>Presented by:</b>	Rob Aitchison, Chief Operating Officer																		
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td></td> <td><b>Empower &amp; Engage Staff</b></td> <td></td> </tr> <tr> <td><b>Quality of Care</b></td> <td>X</td> <td></td> <td></td> </tr> </table>			<b>Financial Sustainability</b>		<b>Empower &amp; Engage Staff</b>		<b>Quality of Care</b>	X										
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<b>Quality of Care</b>	X																		
<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td>X</td> <td><b>Yes</b></td> <td></td> <td><b>If Yes, Score</b></td> <td></td> </tr> </table>			<b>No</b>	X	<b>Yes</b>		<b>If Yes, Score</b>											
<b>No</b>	X	<b>Yes</b>		<b>If Yes, Score</b>															
<b>Which CQC Standards apply to this report:</b>	Safe Well-led																		
<b>Have all implications related to this report been considered: (please X)</b>	<table border="1"> <tr> <td><b>Finance Revenue &amp; Capital</b></td> <td></td> <td><b>Equality &amp; Diversity</b></td> <td></td> </tr> <tr> <td><b>National Policy/Legislation</b></td> <td>X</td> <td><b>Patient Experience</b></td> <td></td> </tr> <tr> <td><b>Human Resources</b></td> <td></td> <td><b>Terms of Authorisation</b></td> <td></td> </tr> <tr> <td><b>Governance &amp; Risk Management (BAF)</b></td> <td>X</td> <td><b>Other:</b></td> <td></td> </tr> </table>			<b>Finance Revenue &amp; Capital</b>		<b>Equality &amp; Diversity</b>		<b>National Policy/Legislation</b>	X	<b>Patient Experience</b>		<b>Human Resources</b>		<b>Terms of Authorisation</b>		<b>Governance &amp; Risk Management (BAF)</b>	X	<b>Other:</b>	
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<b>Action Required: (please X)</b>	<table border="1"> <tr> <td><b>Approve</b></td> <td></td> <td><b>Discuss</b></td> <td>X</td> <td><b>Receive for information</b></td> <td>X</td> <td><b>Decision</b></td> <td></td> </tr> </table>			<b>Approve</b>		<b>Discuss</b>	X	<b>Receive for information</b>	X	<b>Decision</b>									
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<b>Previously Considered By:</b>	<table border="1"> <tr> <td><b>Not applicable</b></td> <td><b>Date:</b></td> <td></td> </tr> </table>			<b>Not applicable</b>	<b>Date:</b>														
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<b>Recommendations:</b>	<b>REVIEW</b> and <b>NOTE</b> the contents of the paper																		

## 1. Context / Background

At 11pm on 31<sup>st</sup> December 2020, the UK will leave the EU Single Market and Customs Union and the relationship will be governed by what is agreed in any future agreement. This will mean new border and customs procedures apply regardless of the results of current negotiations. The Government has already announced it will implement new border controls in three stages leading up to full implementation in July 2021 with further detail set out in the Border Operating Model, published on 13<sup>th</sup> July 2020.

The results of negotiations with the EU will determine how aspects of health and social care will be delivered and how some patients will access care. These areas of agreement include:

- reciprocal healthcare
- supporting international research collaboration into innovative treatments, such as those needed to fight coronavirus;
- alignment of standards and trade arrangements for medicines and medical devices;
- protecting access to shared public health networks and alert systems; and
- allowing international recruitment for health and care services.

There is a risk that disruptions to some or all of these areas will occur if the negotiations do not result in agreement for some or all of the areas under discussion.

With only two months left for agreement to be made, the potential for a 'light deal' is emerging more strongly. With no agreements, or limited agreements, the impact on health is likely to be significant.

## 2. Executive Summary

The UK's future relationship with the EU is currently being negotiated. The results of these negotiations, will determine how aspects of health and social care are delivered and how care is accessed from 1<sup>st</sup> January 2021.

There is a risk that some or all of the agreements required will not be reached. Despite arrangements made by the government, the NHS, its providers and suppliers and UK patients may still be impacted. This means that the Trust must ensure it puts in place arrangements to prepare for any potential disruptions. The current uncertainty regarding if an agreement will be made with the EU, or the nature of any agreement that is made presents the most significant direct risk to the trusts ability to plan for, and respond to, EU Exit. The impact, particularly on staff, of EU exit, Covid19 and winter occurring concurrently is also worth noting.

This paper provides a brief summary of the current position and a proposed approach to management of EU Exit issues that may occur over the next months.

### 3.1 National Planning

National contingency planning covers all four nations of the UK as well as the Crown Dependencies. Planning for the end of the transition period will be based on the previous "multi-layered" approach taken in previous plans.

The main focus of this approach is to mitigate any potential disruption to supply into the UK across all categories of medical supplies, including, but not limited to: medicines; medical devices and clinical consumables; clinical trials supplies; products of human origin (blood and transplant

items); vaccines and countermeasures and, nonclinical goods and services (NCGS) in support of health and social care providers. This takes the form of the following

- Re-routing away from the short straits
- Supporting ‘trader readiness’ for the new customs and border arrangements
- Buffer stocks of medical supplies where possible
- Warehousing
- Regulatory flexibility
- Shortage management response (including National Supply Disruption Response)

On 3<sup>rd</sup> August, the government published two key Brexit-related pieces of advice. The first was in the form of [a letter from Department of Health and Social Care](#) (DHSC) to medicine suppliers setting out the government’s plan, and requests of industry and the wider supply chain. It advised medicine suppliers to

- stockpile six weeks’ worth of drugs
- make boosting reserves a priority; and
- plan for disruptions to usual trading routes with the EU.

The second, [guidance on what healthcare services can do to prepare](#) for 1 January 2021 was aimed at commissioners and healthcare providers, including hospitals, care homes, GP practices and community pharmacies. It covers

- advice,
- contacts
- actions to help to plan for and manage potential service disruption around the supply of medical products,
- business continuity,
- workforce issues such as recognition of professional qualifications,
- EU settlement scheme applications; and
- EU funding through the Third Health Programme.

### 3.2 Airedale NHS Foundation Trust Planning

Following advice from the DHSC during the run-up to leaving the EU in March the Trust focussed on ensuring its contingency planning met the requirements and arrangements were in place to quickly respond if required. In the event the UK’s exit from the EU was largely overshadowed by the Covid19 pandemic, and no significant issues resulting from EU exit occurred at the trust.

The Trust has previously implemented the following arrangements as preparation for EU Exit and it is proposed that the same arrangements are put in place to address any specific issues relating to the Transition period.

- Confirm workstream leads for the seven areas of activity (based on previous national planning arrangements)

Workstream	Workstream Lead
Supply of medicines and vaccines	Chief Pharmacist
Supply of medical devices and clinical consumables	Managing Director, AGH Solution, Ltd.
Supply of non-clinical consumables, goods and services	Managing Director, AGH Solution, Ltd.
Workforce	Head of HR Business Partner Service

<b>Workstream</b>	<b>Workstream Lead</b>
Reciprocal healthcare	Director of Strategy, Planning and Partnerships
Research and clinical trials	Head of Research and Innovation
Data sharing, processing and access	Head of Information Governance and DPO

- Under the auspices of Rob Aitchison (SRO) complete a review of previous and existing arrangements to ensure they remain fit-for-purpose and are integrated with Winter planning and Covid19
- Continue to monitor further guidance from NHS England and other relevant bodies and ensure identified actions are implemented.
- Horizon scanning by workstream leads and amendment of ensure arrangements as required, for example concurrency with winter and a second Covid19 surge
- Communications with staff, patients and visitors covering the implications and key messages around EU Exit.
- AGHS are increasing stock levels by 15% and have received assurances from NHS Supply chain there are no issues
- Pharmacy have reviewed stockholding to ensure levels are appropriate (increased stockholding is prohibited and monitored by NHSE)
- Specific review of staffing arrangements to ensure there is sufficient resilience to adequately manage Winter, EU Exit, Covid19 and an EPRR event if they occur concurrently.
- Reviewing and updating the local risk assessment.
- Attendance at any regional workshops and exercises (when arranged)
- Working with the CCG, BTHFT, BDCFT and Local Authority to ensure plans are integrated across the system.
- Via the CCG, seeking assurance regarding adult social care, this will continue to be commissioned by Local Authorities who continue to be responsible for ensuring there are no gaps in care.

#### **4. Conclusions**

Previously considerable work has been carried out both nationally and within the Trust to prepare for, and mitigate the possible consequences of a no-deal EU Exit and this will continue up-to, and beyond the deadline. The continued uncertainty around the nature, timing and consequences of EU Exit remain unclear and this presents significant challenges, the working group will continue to monitor these and, where possible, identify and implement mitigating actions to address them.

#### **5. Recommendations**

The Board note the uncertainties around EU Exit and the work done within the trust and nationally to address the identified risks and approve the planned approach.