



NHS Greater Glasgow & Clyde	Paper 20/71
Meeting:	NHS Board
Date of Paper:	22 December 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Anne MacPherson: Director of Human Resources and Organisational Development

Paper Title: Withdrawal from the European Union (Brexit)

1. Recommendations

- 1.1 The NHS Board is asked to note the work undertaken by services within the Board to ensure the potential impact of the UK leaving the EU (Brexit) has been considered and any risks mitigated.

2. Purpose of the Paper

- 2.1 The purpose of the paper is to provide the Board with information on some of the potential impacts in the event of a 'no deal' exit from Europe on 31st December 2020 and the actions the Boards teams are undertaking to mitigate risks.

3. Background

- 3.1 The Group has representation from a range of departments including Health and Social Care Partnerships (HSCPs).
- 3.2 NHS Greater Glasgow and Clyde had previously set up a Brexit Steering Group with key stakeholders from across the Board. This group was paused in the spring of 2020 due to COVID activity and lack of activity at a UK level on Brexit, however the membership has been reviewed and the group was re-established in August 2020.
- 3.3 The Brexit transition period will finish at 2300hrs on 31st December 2020, by which point the UK and EU relationship will be governed by the single EU withdrawal agreement and potential free trade agreement. Free trade agreement negotiations have continued throughout the summer and autumn time pressure and deadlines on both sides have limited the potential for compromise.

- 3.4 As the full withdrawal date approaches, it was important that we re-energised our plans to proactively manage the impacts of withdrawal, particularly in the event of a likely 'no deal' situation. Key areas of concern for the effective delivery of health and social care include the continued supply of medicines and health technology, and medical research especially in the context of the on-going COVID-19 pandemic.
- 3.5 Another key area of concern is that providers of social care in the independent and voluntary sectors have depleted resilience due to maintaining their services during the COVID-19 pandemic and its impacts, and will therefore have a reduced capacity to respond effectively, should there be staffing or supplies impacts due to Brexit.

4. Local Considerations

- 4.1 The Brexit Steering Group has developed a risk register and action plan, with the action plan being focused on ensuring that the mitigations to risk are delivered. Both are reviewed at each meeting of the Brexit Steering Group, and in the light of the impending deadline, that group's meetings have now increased in frequency to fortnightly. The highest areas of risk identified are around:

- Workforce
- Radiopharmaceuticals
- Supplies
- Medicines
- HSCPs

- 4.2 Workforce: Risks around staff retention and recruitment were identified as a high risk faced by NHS GGC. A series of staff engagement events have been held in liaison with the Scottish Government EU Support Unit. Advice and support for staff on the EU Settlement Scheme has been made available, along with information on complex queries with regards to process and situation (including family members).

The Board's Brexit webpage is continually updated and includes Guides for Staff and Managers. There has also been a further push on completion of eESS nationality data to give a wider workforce picture. FAQs have been published as well as a video and Q&As, which staff can access. As yet we have not seen an increase in movement of EU staff from posts with many staff applying for the Settlement Scheme.

- 4.3 Radiopharmaceuticals: The majority of laboratory reagents and consumables used by NHS GG&C are imported into the UK, mostly from Europe. There is a risk that supply lines might be affected by changes to border restriction from 1st January 2021. To mitigate potential impacts, we are currently increasing stock levels in all laboratories to 6 week's stock, rather than 2 weeks (for all reagents and consumables). We have put processes in place to maintain those higher levels of stock by utilising existing order patterns until at least end of March 2021. We are in regular communication with key suppliers and are seeking confirmation that they have sought and received access to express freight routes. We maintain regular contact with the national laboratory, and the local Brexit response is led by national procurement.

- 4.4 Supplies: Our Procurement Services are alert to the risks around increasing costs of operations and supplies, which might in turn lead to failure of businesses within

the NHS supply chain. This is difficult to mitigate against, however national and GGC Procurement Management are looking at delivery dates and assessing the robustness of suppliers contingency arrangements. A National buffer stock for critical items has also been established and the Procurement team have considered the storage capacity at Board level given space requirements both for Covid-19 and Brexit supplies.

4.5 Medicines: There is a risk that there will be a disruption in the supply of medicines for acute and chronic diseases that will require:

- Patient's treatment to be changed to an alternative medicine.
- Impact on the ability of pharmacy to supply other services as due to the increased workload associated with addressing these.
- Impact on patient care because no alternative medicines of equivalent efficacy can be identified or the inability to obtain the medicine affects our ability to provide services e.g. elective surgery.

Currently there is a UK and Scotland approach to dealing with medicines shortages. A Standard Operating Procedure has been agreed and there are well developed process within Pharmacy to identify alternative suppliers or alternative products, working with clinicians and medicines information for advice and communication when required. The UK government is working with the pharmaceutical industry to make available 6 weeks' supply of additional stock of essential medicines in the event that there are delays in the import of medicines during the Brexit transition period.

NHS Scotland Directors of Pharmacy are working together to agree how best to collaborate across boards if significant supply problems arise. There are also strong links with DoPs, Scottish Government and National Procurement to ensure timely communication.

4.6 HSCPs: There was a UK risk identified that Brexit may see an increase in the failure of the independent providers of care due to an increase in staff and supply costs. This may result in reduced availability of care at home services, or possible closure of care homes.

Some mitigating actions have been put in place to try to increase visibility and early warning of care services that are at risk of failure as well as allow potential remedial action should it be required. These include:

- Enhanced governance arrangements for care homes. These arrangements have significantly increased monitoring of commissioned services, and include multi-disciplinary daily huddles and assurance visits.
- The establishment of GGC Care Home Support Hub, as well as local considerations and arrangements to enhance support to care homes.
- Legislation has been enacted to enable Health Boards and local authorities to step in to manage failing care homes if required, although if this is required, there are likely to be significant associated (and un-budgeted) costs.
- Discussions are ongoing between CoSLA and Scottish Care about provision of provider sustainability payments.

4.7 It is important to recognise that the risks identified in respect of health and social care within the Greater Glasgow and Clyde catchment largely mirror those identified by the Scottish and Westminster Governments, albeit with slightly differing local emphasis. For example, NHSGGC is less reliant on non-UK EU

Nationals in the workforce than is the case for other UK Health Boards.

The NHS GGC risk register aims to reflect a high level general position, recognising that individual HSCPs will have proportionate mitigations in place and under regular review as part of their commissioning work-plans and working with Local Authorities.

- 4.8 It is recognised that some impact of Brexit may take a few months to manifest beyond 31 December ie impact on transportation of goods, therefore the Brexit Steering Group will continue to meet after the deadline has passed, until we are confident that all impacts have been identified and addressed. The risk register will continue to be reviewed, and if there are any risks that the group feels it cannot adequately mitigate, or instances where mitigation has failed, such risks will be escalated to the CMT.
- 4.9 Our latest preparations for Brexit have been shaped in the context of COVID-19, which has had its own impacts on NHS GGC. As far as possible, we have tried to keep the two things separate, but inevitably there are areas where the overlap makes it very difficult to do so. For example, while COVID travel restrictions have meant that non-UK EU nationals have not been able to return to their home countries (thereby reducing the anticipated negative staffing levels impact due to Brexit), many of our staff have taken time off for a range of reasons due to COVID-19.
- 4.10 The Procurement Team is currently considering the lessons learned through COVID-19 particularly around PPE and other key supplies. Commitment has been provided through NSS for national stock supplies, and we have local arrangements in place to monitor stocks and identify any potential 'pockets' of shortage.

The e-Health Department has looked at the impact of data protection and GDPR and any potential impact on research projects. Other work has been undertaken with Clinical Physics, and with Capital Planning and Facilities to ensure that there are no contracts or data flows with patient or staff data that have not been identified.

5. **Communications**

Regular communication is being issued to staff and relevant information to the general population will be issued as appropriate going forward.