

## NHSScotland Board Organisational Readiness Checklist

<b>Health Board:</b>	NHS Ayrshire & Arran		
<b>Completed by:</b>	██████████	<b>Date:</b>	19 <sup>th</sup> 4September 2019
	Workforce Modernisation Manager		

1.	<b>How ready is your Board to deal with the potential impacts of EU withdrawal?</b>	Brexit Steering Group established which is chaired by the Chief Executive, to assess and facilitate planning to mitigate potential impacts of withdrawal. A key aspect of this is the review of existing business continuity plans in areas where we believe there may be a risk.
2.	<b>Is your Board already seeing impacts of EU withdrawal, and, if so, what are you doing to mitigate these impacts?</b>	We have not seen any immediate impacts arising as an impact of EU withdrawal.
3.	<b>What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</b>	Recording of risk is via extant risk management processes in place within the Board a specific strategic risk has been added to the organisational risk register covering potential impacts on service continuity arising from workforce, medicines, general supplies, food, utilities etc.
4.	<b>What more needs to be done now to ensure operational readiness in your Board?</b>	Whilst we can identify risk at a high level it is difficult to drill into specific detail which takes account of the two key scenarios – a deal or no deal outcome. Further complicating our ability to robustly ensure local readiness is variation in how some thematic areas are being dealt with and/or approached e.g. for medicines there is ongoing discussion between Westminster and Scottish Governments Health Departments but no Board input, for some aspects of procurement this is being undertaken on a Once for Scotland basis by NHSNSS. Clarity and consistency of approach, and associated communication, from national to local level is essential for this to then be incorporated into local plans.
5.	<b>What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide and (b) consider the future</b>	NHSA&A conducted a staff survey as undertaken by all NHS Boards to seek to understand the potential workforce impact. 26 members of staff responded to the survey and 6 of respondents were from the Republic of Ireland. Of the

	<p><b>immigration status of non-UK EEA staff?</b></p>	<p>remaining 20 respondents 11 were within the medical job family.</p> <p>Within our lead H&amp;SCP for primary care services a survey, mirroring that sent out to NHS staff, was issued to primary care contractors, the response to this was 5 contractors identifying as EU nationals.</p>
<p><b>6.</b></p>	<p><b>What is your Board currently doing to communicate with and support EU27 staff?</b></p>	<p>We have communicated details of the settlement scheme both directly to those who have identified as EU nationals, via email, and on a pan-organisational basis via Stop Press bulletins – recognising that as the survey was voluntary there may have been some staff chose not participate – this information has also been shared with independent primary care contractors. We also have a dedicated email box for employees and a dedicated page on our intranet, with links to Scottish Government and UK government relevant webpages as well as all communications that have been issued locally, which is open to all staff to access and utilise</p>
<p><b>7.</b></p>	<p><b>Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</b></p>	<p>As detailed in previous answers it is difficult to assess the potential financial impact without requisite intelligence being available which is compounded by uncertainty as to which scenario – deal / no deal – is likely to be the final withdrawal position.</p>

**Subject:**

FW: Updated Ask - Operational Readiness for EU Withdrawal – Letter from Shirley Rogers

**From:** [redacted]

**Sent:** 16 September 2019 10:53

**To:** [redacted]

**Cc:** [redacted]

**Subject:** FW: Updated Ask - Operational Readiness for EU Withdrawal – Letter from Shirley Rogers

Dear [redacted],

Please see the below response from John Wright, Director of Corporate Support Services (NHS A&A).

**We are fully engaged in the national contingency arrangements being progressed by National Procurement who are liaising directly with food suppliers and communicating status updates to nominated Health Board leads including Heads of Procurement.**

**In the event of no-deal EU Exit all Health Boards are expected to continue to apply a business as usual approach to the procurement of goods, including food, and any resultant supplier shortages. An NHSScotland triage service is being established by National Procurement to provide a route into the UK Department of Health's National Supply Disruption Response centre if all supply options have been followed and exhausted. This will enable NHSScotland Health Boards to request access to alternative supply routes which have been setup by the UK Government.**

Regards,

[redacted]

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**Health Board:** NHS Borders

**Completed by:** EU Withdrawal Working Group

**Date:** 18 September 2019

(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal?;

Given the uncertainty of the reasonable scenario of a no deal Brexit, an individual health board will have a limited impact, we would therefore describe NHS Borders as unsure whether we are fully ready to deal with all of the potential operational impacts of EU withdrawal.

A multi disciplinary group populated by all the key stakeholders has been established and met regularly (see note at end of checklist). The group reports to the Board Executive Team and is tasked with ensuring operational and organisational readiness for EU withdrawal. The EU withdrawal resilience reporting mechanism has been presented to the Audit Committee. The full Board, Staff Governance Committee and Area Partnership Forum have considered EU withdrawal as formal items of business. The position will also be reviewed at a Board development session in October and at the Board's Strategy and Performance Committee in November.

Brexit is a risk entered on our strategic risk register, and is therefore regularly monitored by the Risk owner which is the Board Executive Team.

To ensure continuity of Brexit planning and Winter planning there will be cross reference of the impacts of Brexit on the Winter plan and vice versa. The additional impacts that a 'no deal' EU withdrawal on 31 October may have on service delivery across the winter period have been considered. The risks of severe weather disruption and interruption to normal supply chain caused by Brexit may be exacerbated

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	<p>with the October date compared to the original dates in March and April. In particular storage capacity for essential supplies may be less in the winter period.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?;</p>	<p><u>Workforce Impacts</u></p> <p>Our findings are that there is a very clear distinction between EU 27 Nationals who have settled long term in the UK (the UK is now their home) and a more transient workforce, whose relocation to the UK was intended by them to be a temporary measure irrespective of Brexit developments. There has been no significant change in the proportion of EU nationals in the workforce since the referendum; whilst some have left they were not intending a permanent move to the UK e.g. locum doctors.</p> <p><u>Workforce Mitigation</u></p> <p>Whilst NHS Borders is not overly reliant on EU Nationals within our current workforce uncertainty remains about labour market supply in the post-Brexit period, with possibly no freedom of movement in the former European Union. We note that the European Temporary Leave to Remain (Euro TLR) provides temporary freedom of movement until December 2020, and the ability to apply for TLR for up to 36 months.</p> <p>A relaxation in the visa sponsorship requirements for Doctors and Nurses (i.e. the Home Office has removed the cap on tier-two sponsorship) may have a positive impact on future recruitment. For staff already working in our service, referring EU nationals to the Home Office website on Settlement has eased many of the concerns.</p> <p><u>Financial</u>, no impact reported at this stage.</p>

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	<p><u>Procurement</u>, no impact reported at this stage. Individual suppliers are reporting on a regular basis to the Head of Procurement.</p> <p><u>Food Supply / Catering</u>, no impact reported at this stage.</p> <p><u>Pharmacy</u>, no impact reported at this stage.</p> <p><u>Public health</u>, no impact reported at this stage.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?;</p>	<p><u>Workforce risks</u>  Supply of labour.  Competition for qualified healthcare staff given the lack of freedom of movement.  Status of European medical qualifications.</p> <p><u>Workforce Mitigation</u>  The Board has a 3-year Local Workforce Plan (LWP), with an annual update to take account of latest developments and demographic changes. Brexit has featured in the LWP latest update. The workforce implications of Brexit are mainstreamed throughout our workforce planning. The overarching workforce risk on our strategic risk register refers to Brexit and implications for the labour market and is reviewed regularly by our partnership workforce planning group and the risk owner.</p> <p>NHS Borders is involved in a range of employability projects (not directly in response to Brexit) and has endorsed a recruitment &amp; retention strategy aimed initially at consultant medical staff and registered nurses. Our strategy has been to target the UK market and that has been the case for several years.</p> <p>Recently, for recruitment of registered nursing staff we have targeted ex-forces personnel. Overseas recruitment may</p>

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	<p>well be an effective option given the potential for longer term removal of the cap on Tier 2 sponsorship for registered nurses and the very recent announcement of extension to the Shortage Occupation List to include all qualified doctors.</p> <p>Last year we piloted the introduction of locally based (HND qualified) associate practitioner nurses, in partnership with Scottish Borders College. A regional approach to Return to Practice for former registered nurses in the local area has been implemented in collaboration with Robert Gordon University, implementation of this scheme occurred in February 2019.</p> <p>A regional Brexit Workforce Group, involving Fife, Lothian and Borders health boards has been established to share experience and best practice.</p> <p><u>Financial risks</u> Potential for higher costs for goods and services, lower allocation of central funds, unbalanced financial position, Health Board in recurrent deficit..</p> <p><u>Financial mitigation</u> Mainstream the effects of Brexit in to financial planning as more information becomes available.</p> <p><u>Procurement risks,</u> Changes to trade and customs arrangements with the EU post-Brexit will potentially affect procurement and supply chains, delivery times and costs of goods and services including medicines, medical devices, equipment, construction materials and energy.</p> <p><u>Procurement mitigation,</u> Procurement mainly handled at national level, through the National Distribution Centre and NSS is leading on the</p>
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	<p>national planning on this front. Heads of Procurement in East Region have taken a consistent approach with contact with NSS. Locally procurement staff instigate an escalation process if any supplier raises Brexit as a reason for disruption to supply of goods and services or price increases. With this monitoring we can advise that no supplier has thus far done so. In common with the East of Scotland Health Boards, we have added to our procurement risk profiles as more information becomes available.</p> <p><u>Pharmacy risks,</u> Potential consequences from leaving the single market as pharmaceuticals rely on international supply chains. If trading agreements disrupt existing supply chains, the risk is shortages of pharmaceuticals and/or increased costs.</p> <p>Current pharmacy supplies depend on a harmonised approach through the European Medicines Agency – their HQ has moved from London to Amsterdam. Risks are that the post Brexit authorisation system will become more complex resulting in shortage of supply of established drugs and delays for the appearance of innovative drugs on the UK market.</p> <p><u>Pharmacy mitigation</u> Our Director of Pharmacy reviews the risks with colleagues at Scottish Directors of Pharmacy meetings. The preference is for a ‘Once for Scotland’ response. The action that can be taken at an individual health board level to mitigate the pharmacy supply risks is limited. We have been advised not to stockpile locally. Therefore ongoing continuity of supply is dependent on the effectiveness of UK and Scottish mitigation actions.</p> <p><u>Public health risks</u> Overall risks are primarily the effects on both physical and mental health of the</p>
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	<p>populace if there are negative economic or social consequences of Brexit.</p> <p>Other risks identified are to the vaccination programme, vaccine supply, surveillance and early warning of communicable diseases, national commitment to health promoting policies where the EU has been influential over the years (e.g. tobacco).</p> <p><u>Public health mitigation</u> Little at local health board level but role of the World Health Organisation and vaccine planning at national level will be key to mitigation.</p> <p><u>Food Supply / Catering Risks</u> Pricing increases to be viewed as a cost pressure and highlighted to finance. We will continue to monitor.</p> <p>Restrictions particularly in supply of fresh produce, fruit, vegetables, and other perishables.</p> <p>Restriction in supply of tinned goods or any non perishable items (flour for example milled in the UK but the wheat may be imported) sourced from outwith the United kingdom</p> <p>Concerns that there is stockpiling by the general population (panic buying) in the open market, diminishing food supplies available from National Procurement.</p> <p>We have no plans, in line with NP guidance, to stockpile food supplies or hold additional stocks. There is limited capacity for additional food products.</p> <p><u>Food Supply / Catering Mitigation</u> Implementation of business continuity plans, short term contingencies available for a few days (specifically four days) in Borders General Hospital and</p>
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	<p>the Community Hospitals in the event of disruption to food supply.</p> <p>Delivery schedules have been confirmed with National Procurement, and our expectation is that advice on shortages or disruption to supply would come from that source. Menus will be adjusted if necessary in line with nutritional standards, and this contingency would apply in the event of food shortage for any reason.</p> <p>Alternatives may be sourced from local suppliers, but at present there is only one local supplier for bread. At present local suppliers have not been approached but this will be kept under review as part of our local scenario planning.</p> <p>Prioritisation of patient catering/meals in the health service facilities over other facilities where there is supply of meals from local NHS catering service (consumers include nursing homes etc). We will notify these consumers in order that may have their own contingencies.</p> <p><u>Fuel Supplies Risks</u></p> <p>Traffic disruption and delays affects fuel distribution. Panic buying and consumer behaviour could also exacerbate a localised shortage of fuel in the Scottish Borders area. May have a particular impact on community services</p> <p><u>Fuel Supplies Mitigation</u></p> <p>Contingency on essential fuel users – community health staff would be prioritised (not staff travelling to workplace). Business continuity plan for staff transport would apply.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board?</p>	<p>At this stage scenario planning across all of the relevant service areas on the potential implications of No Deal Brexit.</p>

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	<p>We have joined with our colleagues in Scottish Borders Council in joint scenario planning. A health and social care scenario planning session involving SBC and NHS personnel, including the Chief Officer and Assoc Medical Director for Primary Care will take place later this month.</p> <p>A “once for Scotland” approach with consistent planning for all NHS Bodies is preferred</p> <p>Our approach is to mainstream Brexit implications to our service, financial and workforce planning and business continuity processes.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?;</p>	<p>NHS Borders collected data on the nationalities of employees in a survey undertaken in November / December 2019. We have identified 57 E.U. nationals with whom we have since maintained contact highlighting advice and support available from Citizen’s Advice Bureau, Scottish Government and the settlement scheme.</p> <p>A “once for Scotland” approach was taken with the questionnaire to more accurately identify the EU Nationals working in NHSiS The purpose of the survey was to capture those individuals with EU nationality and then have further dialogue directly with them around residency status The publication of the Home Office post EU withdrawal settlement programme is reassuring for us as an employer and our staff who are EU nationals.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>The issue has been on agenda of various management and partnership committees.</p> <p>In line with our commitment not to single out EU27 nationals to the communication, we have thus far posted generic communication from Scottish Government and the Director General for Health &amp; Social Care on our staff intranet</p>

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	<p>and staff news. An EU withdrawal micro-site has been launched with relevant documentation including the Support for EU Nationals - Guidance for NHS Scotland Staff and managers alongside signposting EU27 nationals to available advice and resources, for example the Home Office settlement programme and CAB EU Settlement Scheme Advisers. The latter will hold an information stall in the Borders General Hospital one day per week throughout October. The micro-site has resources to support line managers as well as EU Nationals, as the first point of contact for a concerned member of staff is their immediate manager.</p> <p>A member of the HR team (the authorised officer for sponsorship compliance registered with UK Visas and Immigration) has been identified as a confidential contact for any EU27 national to approach for support. Some EU27 nationals have sought documentation to confirm employment and earnings in support of application for IL2R or spousal visas in the last year.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>No we have not assessed the financial implications, and do not believe we are in a position to do so at present. The financial outlook for the public sector is challenging, and our financial plans include robust savings targets to meet financial balance. Whilst Brexit may lead to a negative impact on tax revenue and consequential reduction in funding for the public sector, it is not a planning assumption we can rely on for financial planning at an individual health board level.</p> <p>At this stage NHS Borders has not experienced any increases in costs (such as supplies, cost of agency supplementary staff), as a result of Brexit.</p>

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	The financial plan would be modified if necessary. We have not yet made a specific assumption about reduced income and increased costs as a result of Brexit but are ready to do so on the basis of national advice or guidance on the financial assumptions that should be applied.
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### Note Membership of EU Withdrawal Working Group

Director of Workforce (Chair)

Head of Procurement

Public Health Consultant

Resilience Manager

Assoc Director of Finance

Assoc Director of Nursing

Assoc Director of Workforce

Risk and Safety Manager

Employee Director

Planning Manger

Communications Manager

Director of Pharmacy

Assoc Director of Delivery

Catering Manager

Head of Estates and Facilities

**Health Board: NHS Dumfries and Galloway****Completed by: Jeff Ace (CEO), [REDACTED] (Workforce Director) and [REDACTED] (Resilience Co-ordinator)****Date:18.9.19**

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>We have commenced our planning for the possible BREXIT outcome scenarios associated with exit with / without a deal. We are developing risk assessments for each scenario and will utilise these as the basis for our forward planning and mitigation. We are working together on this at a West of Scotland regional level and contributing at national level to seek to ensure a co-ordinated and consistent response, through Chief Executives, HR Directors and Resilience planning leads. We recognise that there may be significant operational impacts immediately following BREXIT, whether with or without a deal, and we are reviewing our operational emergency planning arrangements to ensure that we have appropriate arrangements in place to manage both demand, and the workforce supply issues that may result. This work overseen by our EU Exit Committee and reported through our Performance Committee.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>We are not yet able to identify any direct impact, as the circumstances of our workforce are more complex and multi dimensional that just nationality. Recruitment of staff remains a critical risk for the Board and we anticipate that the current uncertainty around BREXIT will not be helping this, and will further exacerbate it over the coming months.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>Our identified risks are aligned to the SRP Risk and Mitigation report and the Scottish Planning assumptions. While focussing on Health aspects of six key themes mitigations are being developed in line with national and multi-agency reporting and updates, when and where appropriate.</p>



<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p>At present, we are progressing as outlined in 1 above. We expect that we will have a clearer picture of the quantum of risk by the end of October, and we will then direct our resources to developing detailed operational readiness plans based on that outcome. CHSCP representatives including Social Work are core members of our EU Exit Committee and are included in all updates and reporting.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>The voluntary staff survey we ran in September 2018, as part of the co-ordinated approach agreed between CEs and HRDs nationally, identified 22 employees with non-UK EEA citizenship in our Board. We are aware of another 10 staff from local data systems. Managers are being encouraged to engage and support these individuals and their families to remain. We recently appointed a Workforce and Sustainability Manager, [REDACTED] to focus on attracting and retaining staff in all specialities. Our aim is to build a team to work on initiatives for the Board. We continue to be actively involved in the Scotland wide international recruitment campaign for Radiologists. We are also actively engaged with a third party medical recruitment provider (HEAD Medical) who specialises in international recruitment to ensure that we maximise the opportunities to recruit internationally, following the recent visa relaxation.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>We continue to cascade information from Scottish Government using established means of communication with staff as well as a dedicated section of our intranet site for Brexit information and a mailbox for queries and support. The local Citizens Advice are supporting staff with applications for the EU Settlement Scheme. We are contacting all line managers to ascertain their local knowledge of non-UK EEA employees in their services and ensuring support is available to these individuals. We have engaged our Area Partnership Forum and our Medical Staff Committee</p>

	<p>in initial discussions relating to BREXIT, and will continue to include these committees in the development of our risk mitigation plans.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>Not in any detail. We would anticipate cost pressures through increase in supply chain costs and diminution in value of sterling. Brexit will increase the risk that we will not make required inroads into our current high locum and agency staff costs. It is possible that workforce and cost issues will destabilise further the local care sector, which might require more direct Board support to remain viable. The Board would need to increase its CRES and service reduction programmes to balance these pressures. Any impacts on waiting times and rescheduling of treatment and procedures will have financial repercussions</p>
<p><b>Food Resilience:</b>  <b>Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board.</b></p>	<p>NHS Dumfries and Galloway use nationally agreed contracts most of which are dual. This means if one supplier is out of an item, there is an option of going to another major contracted supplier. NHS Dumfries and Galloway at DGRI have an electronic menu system so if there was a shortage of a core ingredient the menu can be changed quickly and seamlessly. On average DGRI has over a week's stock dependent on the type of item. If we became aware that fresh fruit maybe an issue we can stock up on tinned fruit for example.</p> <p>We also have a basic menu plan in our Business Continuity Plan that could be used.</p> <p>GCH and Community Hospitals if needed would be able to adjust menus if required as they are smaller scale and I believe stock levels are slightly higher than DGRI due to minimum case sizes.</p>

**Return to [redacted] by 20 September 2019**





**Health Board:** NHS Fife

**Completed by:** [REDACTED] Director of Public Health

**Date:** 20 September 2019

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>NHS Fife's assessment is that our planning is at an advanced stage in line with the planning required by Scottish Government and the Scottish Planning Assumptions. NHS Fife has a well established Brexit Assurance Group chaired by the vice chair of the Board. EU Exit is a standing agenda item on all board committees. The NHS Fife Resilience Forum leads the coordination of activity in this area, reporting to the Brexit Assurance Group and the Clinical Governance Committee.</p> <p>We feel that our planning is in line with the guidance from Scottish Government but much of the planning is outwith our control, for example, we have been given a clear instruction not to stockpile medicines and supplies as this is coordinated at Scottish and UK government levels, so our focus has been on responding to these plans and how we might respond locally to some of the anticipated challenges.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>The impact of Brexit, to date, has been limited to increased costs within certain specialties (e.g. Laboratory products).</p> <p>In an attempt to mitigate this impact, NHS Fife is continuing to monitor unit price costs to identify and challenge escalation in costs prior to EU withdrawal, identifying alternative suppliers where necessary.</p> <p>In addition, a range of services including, eHealth, Finance and Procurement are reviewing existing contracts in order to identify possible implications of Brexit and to determine supply chain issues in contracts with local suppliers.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>Work undertaken to date has identified risks relating to (i) understanding NHS Fife's budget allocation and expenditure; (ii) procurement and our supply chain, (iii) pharmaceuticals, (iv) research activities, and (v) the provision of a suitably skilled workforce.</p> <p>The NHS Fife Resilience Forum regularly reviews the risks that have been identified and any actions that can be taken to mitigate these. In some cases the mitigating actions are required to be taken at Scottish or UK Government level.</p> <p>The potential impact on Nuclear Medicine and on the supply and access to Medicines is more challenging. Nuclear Pharmaceuticals are currently</p>

	<p>secured on a regional basis via NHS Lothian, and the Board is in discussions with NHS Lothian over the possible implications for NHS Fife.</p> <p>Supply and access to medicines is a national issue for both the Scottish and UK Governments. Financial constraints and insufficient quantities of medicines in the supply chain, prevents stock piling. NHS Fife's Director of Pharmacy is participating in ongoing Scottish and UK discussions.</p> <p>The risks associated with the provision of a suitably skilled workforce, and the action being undertaken by NHS Fife to mitigate this risk including a commitment to understand the impact on external service providers/ contracted bodies, will be subject to a separate workforce specific questionnaire. Work is continuing to identify and support staff who are affected by the changes in order to support them to remain employed with NHS Fife where possible.</p> <p>Risks relating to the population of Fife (Public Health) will be similar to those of all Health Boards and as yet are unquantifiable, but in worst case scenario there will be a civil contingency element if food and medicine shortages do occur. Planning for such risks are being reviewed by the Fife Resilience Partnership.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p>Continued work to engage with and support the workforce led by the Director of Workforce. Continued engagement in national discussions on medicines supplies and how we respond locally led by the Director of Pharmacy.</p> <p>Impact on estates including management of food and fuel shortages to be considered and managed by the Director of Estates. In terms of procurement, stock holding will be increased to 8 weeks and weekly procurement resilience team meetings have been established.</p> <p>The NHS Fife Resilience Forum and the Brexit Assurance Group will now meet monthly and review all risks and mitigating actions. Brexit is also discussed at the Executive Directors Group weekly meeting.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>As previously reported the Board implemented the nationally agreed questionnaire to our workforce. The response to this included 66 directly employed staff however one third of the respondents were of Irish Nationality. In addition we did receive enquiries from staff not directly employed e.g. GP practices and we assisted with their queries also. Any data available regarding this issue is automatically incorporated and informs our workforce plans both within NHS Fife and the Health and Social Care Partnership. As stated previously a sample audit of recruitment data indicates that the proportion of the workforce that is non-UK EU citizens will range between 2.0 and</p>

	<p>3.0%. This is less than the 5.7% indicated by Scotland's annual population survey, but aligned with the 2011 Census results for Fife.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>EU Exit NHS Fife communications support has primarily been centred on supporting HR and providing communications channels to disseminate and share latest SG advice, guidance and updates, to date this has included:</p> <p>Dedicated NHS Fife intranet and web pages about Brexit – offering advice, support, latest updates (including publishing letters from SG departments)</p> <p>Supporting HR to encourage staff to respond to our online survey to identify staff (and their families ) that may be affected by Brexit. Mitigation of any impact of Brexit on staff recruitment campaigns, also supporting the national SG campaign “Stay in Scotland”. Promoting and encouraging staff to register with the settlement scheme provisions</p> <p>Enhancing the message to Executive Directors and all managers to have discussions within their team meetings about supporting any staff who may be affected by Brexit, this has included developing FAQ's and Managers briefing notes. Regular updates in our daily e-newsletter Dispatches.</p> <p>Communications represented at the BREXIT working group / Resilience Forum.</p> <p>Managing and coordinating media enquiries related to Brexit and if required liaising with SG communications colleagues on agreed lines.</p> <p>The NHs Fife Head of Communications is the East Regional lead on the strategic communications Brexit group – coordinated by the SG.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>The financial and economical impact of Brexit remains unclear, given the progress of the UK Governments negotiations with the EU.</p> <p>Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Boards budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk continues to be escalated to the Finance, Planning and Resources Committee.</p> <p>In the lead up to the UK's withdrawal from the EU, Procurement continue to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3<sup>rd</sup> parties. Where appropriate, revised</p>

	contractual arrangements or different suppliers are being progressed to mitigate costs.
(8) Food Resilience: Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board?	<p>This is being addressed nationally. The food procurement rep is due to make further information available in the next few weeks, however, so far we are led to believe it is not thought to be a big issue (some seasonal issues only).</p> <p>For information: all of our food is bought via nationally agreed contracts. The tiny % that is not bought from a specific contract is still bought from a contracted supplier (it's just that we may buy small quantities for which there is no need for a national contract.) This approach is done for food safety, continuity of supply, due diligence expertise and so on.</p>

**Return to [redacted] by 20 September 2019**



**Health Board: NHS Forth Valley**

**Completed by: Cathie Cowan**

**Date: 20 September 2019**

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>NHS Forth Valley has identified leads for the main risk areas identified in the EU Exit Planning and Risk Assessment briefs.</p> <p>The Boards Senior Leadership Team retains over sight of all EU Exit related activity.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>No specific local impacts have been identified to date.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>We have used the EU Exit national planning assumptions and risk analysis to identify critical areas an incorporated them along with mitigating actions into the Boards Corporate Risk Register.</p> <p>Discussions have taken place with service providers and statements of assurance have been sought on the processes being put in place and steps being taken to mitigate identified risks. This is particularly important because of the arrangements in relation to provision of services in PPP projects in the area. Discussions have taken place with our main provider of food and a statement of assurance provide about arrangements to mitigate this specific risk.</p> <p>We are also fully participating in national arrangements in relation to logistics and procurement, supply of medicines and clinical consumables and HR</p> <p>Additional potential risks have been identified in relation to the impact on the provision of Social Care and other services by the Third and Independent Sectors.</p>
<p>(4) What more needs to be done now to ensure operational</p>	<p>We are currently in discussion with HSCPs and Local Councils on how we manage risks in</p>

<p>readiness in your Board (including working with social care and other partners)?</p>	<p>relation to social care” to “NHS and the Councils have established close working arrangements to support the HSCP’s to manage risks in relation to health and social care services. The Falkirk IJB has previously identified the EU Exit on the IJB Strategic Risk Register. This has been reviewed and updated in September 2019, including the mitigating controls and actions”.</p> <p>We have agreed joint monitoring and reporting arrangements to meet the requirements of NHS Scotland Resilience Team and the Regional Resilience Partnership.</p> <p>Further work will be taken forward around scenario planning on specific risk areas for example impact on nursing homes, supplies.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>30 employees in NHS Forth Valley have identified that they are from the EU 27 countries. Of these staff, 18 come from Ireland.</p> <p>An assessment of where these staff work within NHS Forth Valley has been undertaken and we do not envisage any insurmountable issues if they were to withdraw from the organisation.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>There is a dedicated section on the HR Hub with information and advice on any staff potentially affected by Brexit.</p> <p>Regular bulletins about where information is available to support staff is regularly posted on the intranet including detail on the resettlement process.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>Financial implications will be assessed as they become apparent from outputs of work detailed above.</p> <p>Any additional financial costs will be risk assessed and set against the Board’s contingency reserve</p>

**Return to [redacted] by 20 September 2019**

## Annex A: NHS Scotland Board Operational Readiness Checklist

**Health Board: NHS Grampian**

**Completed by: Director of Finance**

**Date: 19 September 2019**

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal?</p>	<p>The Board has taken the following steps to understand the potential operational impacts of EU withdrawal</p> <ul style="list-style-type: none"><li>• A formal paper has been taken to the NHS Grampian Board in December 2019, with further papers taken to the Board's Audit Committee in March and September 2019.</li><li>• The Director of Finance acts as the lead co-ordinator for the development of the Board's EU operational effectiveness plan and a co-ordinating group comprising the Director of Pharmacy, Director of Estates and Facilities, Head of Procurement, Board Communication Lead, Head of Civil Contingencies and Operational Director of Workforce has been established and meets on a regular basis.</li><li>• The System Leadership Team has been briefed on the key areas where EU Withdrawal could have an impact on continuity of care and provision of essential supplies to the national health service. These areas highlighted in Appendix 1 are the key areas of focus in terms of gathering intelligence and assessing risk</li><li>• The impact of EU withdrawal has been highlighted as a contingency planning risk for which we require to have in place appropriate mitigation. It is also reflected as risk on the Board's strategic risk register.</li></ul>
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## Annex A: NHS Scotland Board Operational Readiness Checklist

<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?;</p>	<p>No immediate impact at present and we will be communicating with staff and our supply chain to assess and manage any risks or concerns that we are aware of and to provide advice or support as required.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?;</p>	<p>The Kings Fund and other sources have highlighted key areas for health organisations to consider and we have used these as a guide in preparing for the withdrawal of the UK from the European Union (see Appendix 1).</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board?</p>	<p>In terms of Board actions we will continue with the gathering of intelligence and information. In terms of wider preparation the technical guidance notes will be used to guide the Board in terms of emerging issues and the actions that maybe require to be taken. Agreed that we will progress regular updates to staff on steps being taken for EU withdrawal.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?;</p>	<p>Current systems do not routinely capture whether employees are from the EU. Our approach in the initial instance will be to raise awareness of EU withdrawal across all staff groups and to encourage employees who have concerns or queries to contact their line managers and/or the HR Team. It is our aim to ensure that we provide support and information to all staff who are considering or concerned about changes to their immigration status. We believe this approach will enable us to establish and maintain personal contact with staff who may be impacted and to ensure that we have appropriate actions in place to support them and retain their skills.</p> <p>A intranet page has been sent up to support our staff from the EU and EEA to provide staff access to up to date information, advice and support in relation to EU citizens rights, including the EU Settlement Scheme. Guidance is provided for both managers and staff. A dedicated email account is active where staff can register to receive the latest updates and relevant developments.</p>



## Annex A: NHS Scotland Board Operational Readiness Checklist

<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>As above and in addition a HR sub-group has been established in partnership with staff side representatives to develop support packages to assist with settled status applications as well as developing communications, including a dedicated web page. The guidance documents have been distributed across the organisation and are available on the Board's intranet.</p> <p>The national survey was implemented within NHS Grampian with 281 completed responses, representing 24/30 EU countries. Overall number of EU nationals employed by NHS Grampian not known. Appropriate feedback was provided to line managers based on survey.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>Our approach to date has focused on identifying the potential risk areas and gathering the appropriate data and intelligence. We plan to assess any financial consequences in the next phase of our planning.</p>
<p>(8) Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board.</p>	<p>In compliance with Scottish Government planning no action has been taken to stockpile food. NHS Grampian have weekly liaison with National Procurement to ensure continued support from the contingency arrangements undertaken nationally, including that from National Procurement and which in turn fully inform the national public sector food contingency plan. NHS Grampian's three key local suppliers for butcher meat, fruit and vegetables and sandwiches are national contract suppliers and therefore contingency planning and supply continuity assurance has been led by the National Procurement process. Local plans are in place to adjust menus should shortages of specific products occur, with appropriate care to minimise risk to existing standards. Local supplier lists have also been drawn up from which to source alternative or emergency products but no commitment orders have been placed. A Regional Procurement Group meets weekly with EU Withdrawal Contingencies as a standing item including shared work on local supplier readiness. As per existing business continuity plan, in the event of staff or food shortages, we would also divert our</p>

## Annex A: NHS Scotland Board Operational Readiness Checklist

	resources to our critical business of feeding patients. This could result in some if not all of the retail units closing for a period depending on the scale of shortages.
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Return to [REDACTED] by 20 September 2019

- NHS Grampian conducted a nationally provided Brexit staff survey to establish the number of EU citizens working in NHS Grampian. This was in response to the challenge of considering the impact of EU withdrawal on the NHS Workforce. 281 members of NHS Grampian staff took the opportunity to complete the survey. The anonymised analysis of the survey was provided to General Managers/Directors/Chief Officers to help them understand the impact Brexit may have on their current workforce and service and to support relevant workforce planning activities in their sector.

## Annex A: NHS Scotland Board Operational Readiness Checklist

### Appendix One: Key risk areas

#### 1. Medicines

A disorderly Brexit has the potential to have impacts on medicines supply and management in the UK. Given the frequent and closed loop nature of the short straits crossings into Dover and Folkestone, any customs delays could create disruption at Ports and reduce the supply of medicines into the UK from Europe. Eighty five percent of Prescription Only Medicines have an EU touch point (manufactured within EU/EEA or batch tested or released within the EU/EEA or Transported into the UK via EU/EEA). Fifty five percent of Pharmacy only medicines have an EU touch point.

The UK Government via the Department of Health (DHSC) are leading the medicines supply contingency planning for the UK. UK Government led actions have to date focussed on three key areas:

- UK Government has requested the pharmaceutical industry to increase stock within the UK for those medicines with an EU touchpoint to provide an additional six weeks of stock over normal. Where this is not possible for a small number of medicines UK Government have instigated other mitigation e.g. approached other manufacturers to make up the shortfall.
- The DHSC is working with the Department of Transport and with manufacturers to determine supply routes (e.g. air freight, prioritised customs traffic) and alternative routes for time sensitive medicinal products such as radiopharmaceuticals.
- UK Government has laid legislation to allow more flexibility / discretion should shortages arise to allow community pharmacists to amend prescriptions within strict national protocols.

It should be noted that Brexit comes at a time when shortages of medicines are becoming increasingly common for the NHS. The service currently experiences shortages of around 80 medicines at any one time unrelated to the exit from Europe. Although UK Government actions may provide some mitigation we should expect additional shortages should there be instability in supply chains. Whilst it is impossible to assure supply for any single medicine or patient group, information available indicates that the UK Government call for additional stockpiling of medicines within the UK has been responded to positively by manufacturers.

## **Annex A: NHS Scotland Board Operational Readiness Checklist**

All Boards and community pharmacies have been ordered not to unilaterally increase local stocks in preparation for Brexit due to the 'just in time' supply chain and likely impacts in generating shortages if local stock usage changed quickly. Patients should not need to, and should not seek to, store additional medicines at home as this would undermine UK Government led mitigation.

NHS Grampian, along with other NHS Boards have requested UK and Scottish level actions to ensure that high level advice and guidance is made available to support clinical decision making if shortages do occur and regulatory changes made to maximise the ability of the wider health professions to contribute to a smooth and effective response where changes to patients medications are required.

However, it is likely that even with an extensive set of guidance to aid switching, shortages will occur that require responsive, clinical advice and guidance. NHS Grampian is currently strengthening its approaches to dealing with medicine shortages in preparation for Brexit in order to fill any gap left beneath national guidance.

Public communications planning regarding medicines and Brexit currently lies with the UK and Scottish Governments.

### **2. Procurement**

In the event of no-deal EU Exit all health boards are expected to continue to apply a business as usual approach to the procurement of goods and any resultant supplier shortages.

An NHS Scotland triage service will be setup by National Procurement to provide a route into the UK Department of Health's National Supply Disruption Response centre if all supply options have been followed and exhausted. This will enable NHS Scotland to request access to alternative supply routes which have been setup by the UK Government.

The triage solution was developed in the lead up to the initial 31 March deadline date and basic testing has been completed. Further and more detailed testing, in partnership with the 4 nations and health boards will be setup to ensure process flows and systems are in place and have been robustly checked

Similar to medicines plans are being developed at a UK and Scottish national level to maintain essential supplies and we would note the following actions that are being taken

## Annex A: NHS Scotland Board Operational Readiness Checklist

### *UK national level*

A service level agreement has been established with the UK Department of Health which has secured warehouse facilities to hold stock about 30% of the key supply lines used in the Scottish health service.

A dedicated shipment channel has also been established in Belgium to act as a hub for the shipment of health supplies.

### *National Procurement Logistics (Scotland) stock*

The National Distribution Centre (hosted by NHS National Services Scotland) are currently in the process of a phased purchase of a c75% of the remaining items not held at a UK level. The phased increase in stocks held within its National Distribution Centre will be between 4 and 8 weeks of stock based on historical demands. Boards have been tasked with undertaking assessment of local supply chains within their own areas.

### *Health Board ordering*

Health Board ordering processes and quantities will not be increased as this will substantially impact the contingency stock build process as well as the potential to disrupt the standard service provision provided to Boards.

### *Supplier preparedness*

The assessment of supplier preparedness is being co-ordinated at a UK and Scottish national level with appropriate support from the procurement specialists within each Health Board. Key issues that are being considered include supply lines where there is no reasonable alternative, maintenance stock for critical plant and estate and supplies to key clinical support areas eg laboratory medicine.

### *Resilience*

NHS Grampian is currently strengthening its approaches to dealing with instances where there maybe shortages of supply.

## Annex A: NHS Scotland Board Operational Readiness Checklist

### 3. Workforce

The national survey was implemented within NHS Grampian with 273 completed responses, representing 24/30 EU countries. Overall number of EU nationals employed by NHS Grampian not known. Analysis being provided to line managers based on survey. Our current approach is focused on providing support to staff who are seeking advice regarding their status. The UK Government announced that EU Nationals will no longer be charged £65 to apply for 'settled status'.

One area where the North East maybe more impacted than the rest of Scotland is in relation to care staff where intelligence would indicate that there is a higher percentage of EU nationals employed in this sector within Grampian.

### 4. Other matters of note

- **Food** – the assessment is that there is sufficient local supply to meet requirements but choice and price may be impacted. Additional information included under point 8.
- **Vulnerable returning UK nationals** – there is a risk that a number of UK nationals may wish to relocate to Grampian who will require immediate access to healthcare. It is estimated that there could be c300 such individuals returning who may require access to healthcare within a 6-12 week period.
- **Contingency arrangements** – plans are being developed in the event that our contingency plans (including Board control room) may require to be established to support the Local Resilience Partnership and/or Scottish Government contingency requirements.

## Health Board: NHS Greater Glasgow and Clyde

Completed by: [REDACTED]

Date: Sept 2019

<p><b>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal?</b></p>	<p>NHSGGC established the Brexit Readiness Steering Group in September 2018 which has stakeholders from across the system, including HSCP representatives. The group has scoped the major risks associated with Brexit and the mitigating actions which need to be taken in the short to medium term.</p> <p>The group has prepared an organisational action plan considering various levels of escalation in the event of a no deal and ensuing impacts. This has been approved by the Corporate Management Team (CMT).</p>
<p><b>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</b></p>	<p>In readiness for the previous March EU Exit date, Radiopharmaceutical Suppliers for Nuclear Medicine moved into contingency arrangements in mid February implementing air-freight transfer. As a result of the air-contingency, NHSGGC's main supplier has experienced up to 24-hour delays in their logistic supply chain compared to road freight. The goods cleared customs in southern England at about the time that they would normally be due in Glasgow. NHSGGC paid for a dedicated UK courier to expedite delivery and the materials usually arrived by lunchtime. Over and above the increased cost (est £150k), staff rotas and patient appointments had to change to accommodate the late arrival of supplies whilst the contingencies were in place. Resumption of road freight has resulted in a return to normal service levels.</p> <p>This issue has been raised nationally. Options for flights direct to Scotland require to be considered. In addition it should be noted that NHSGGC supply other Boards in the West of Scotland with radiopharmaceuticals.</p> <p>There are processes in place to manage medicine supply issues however the causes at this stage cannot be attributed to Brexit, rather the global market.</p> <p>There has been some delays to the national contracting programme due to BREXIT which is impacting on new contract implementation and some specific pressures on prices (eg National Contingence supplier seeking significant price increase due to fall in currency after award of contract prior to referendum outcome in June 16.)</p>

**(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?;**

NHSGGC has identified a number of risks associated with Brexit that are recorded in the Corporate Risk Register and are considered and monitored by the Corporate Management Team and other relevant committees on a continuous basis. A specific Brexit Risk Register has also been created.

Risks as follows:

*Workforce, Nuclear Medicine, Medicine Supply, Regulation of Medicines, Procurement and the Supply chain, Cross Border co-operation on Public health matters, Impact on Research Access to reciprocal treatment in the UK and Europe and the overall impact on the economy and consequent health of the population.*

There is an emerging risk regarding the potential impact from the independent sector (specifically those providing residential accommodation/ care services), where potentially larger numbers of non UK EU nationals are working in care homes and as home care workers in the community. Any staffing challenge could have an indirect impact on NHS admissions. In addition, the preparedness of the independent sector across Scotland is of concern, as identified in a recent national survey. This is in terms of business continuity arrangements for supplies of both clinical consumables e.g. continence products and for food supplies.

Our main focus of action is on those areas where we potentially have a degree of influence in the short term to maintain service provision, and where contingency plans can be put in place to mitigate the impact. (e.g., radiopharmaceuticals, processes for medicine shortages, support for non UK EU nationals in key known areas). Close working continues with national groups e.g. NPS, with comms colleagues, LRPs and NRP.

In terms of the independent sector (residential accommodation/care services), NHSGGC is working locally with HSCPs and with personnel in the Scottish Government to raise the issues highlighted above.

Recent information about a national coordinated service model for expediting supply shortages will assist however inadequate preparation will impact on acute services if community services are unable to continue to care for their clients.



<p><b>(4) What more needs to be done now to ensure operational readiness in your Board?</b></p>	<p>The NHSGGC Brexit Steering is now meeting on a fortnightly basis ahead of the Brexit deadline of the 31<sup>st</sup> October 2019. The Brexit Steering Group is monitoring progress with the mitigating actions which have been agreed for all of the issues covered above.</p> <p>Significant focus is being given to, procurement, and measures to minimise stock shortages of critical clinical products at ward and dept level, processes around handling shortages of medicines and communications. Further guidance and national coordination from the SGHD will continue to be helpful moving forward particularly around consistent communications to the public e.g. do not stock pile medicines or ask your GP for additional stocks of repeat prescriptions.</p> <p>A NHSS 'Once for Scotland' approach to key supply chain companies and clearer 'Supplier Readiness Status' reports from UKG and SG would ensure a consistent message and provide assurances of business continuity to Heath Boards.</p> <p>NHSGGC is undertaking bespoke communication for staff groups e.g. Consultants, to support with any decision making around medicine shortages or when patients are asking for extra supplies of medication, this applies to GPs too. A number of queries have already been raised by patients. Consistent messages will also be important.</p>
<p><b>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?;</b></p>	<p>NHSGGC conducted a survey of all staff in order to capture data on nationality. This was further complemented by local data compilation, with an analysis on potential workforce risks and service resource demand. In addition following the implementation of eESS within NHSGGC this now allows employees to record nationality data through a self-service function.</p> <p>We are regularly promoting the use of this to try and increase the data collection for this area.</p> <p>Ongoing review of immigration status of those staff directly affected is carried out regularly, with targeted engagement to provide support and advice in relation to EU Settlement Scheme or general advice and guidance.</p>

<p><b>(6) What is your Board currently doing to communicate with and support EU27 staff?</b></p>	<p>NHS GGC has established a Brexit page on our internal staff net. In addition we are regularly putting out 'hot topics' to remind staff to complete their residency paperwork. NHSGGC is providing support with any paperwork and processes which current non UK EU employees will require to complete in order to gain permanent residency /settled status.</p> <p>In addition NHSGGC have:</p> <ul style="list-style-type: none"> <li>• Created an Employee and Managers Guide.</li> <li>• Promoted the EU Settlement Scheme and provided ad-hoc advice for staff.</li> <li>• Organised a Staff Brexit Session, in liaison with the EU Support Unit to provide support and guidance for EU and EEA Nationals who are working across and providing services to NHS Greater Glasgow and Clyde, including HSCPs to capture social care, independent and 3<sup>rd</sup> sector providers. These events are scheduled to take place on the 2<sup>nd</sup>, 8<sup>th</sup> and 11<sup>th</sup> October 2019.</li> <li>• Setup a Brexit Mailbox to engage and support our workforce – for non UK EU Nationals and to support colleagues and managers of those individuals.</li> <li>• Created a Brexit Chat function with a dedicated support team member to allow sensitive and confidential discussions to take place.</li> <li>•</li> </ul>
<p><b>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal? If so, what measures have you put in place to address these?</b></p>	<p>The financial implications of each aspect of the Brexit Risk Register are being analysed and will be factored in to the mitigation action plans. Increased costs in year associated with medicines supply problems (including the need to purchase more expensive alternatives) are already tracked by Finance. Potential increased costs due to further supply problems were considered as part of the medicines horizon scanning and budget process.</p> <p>NHSGGC are currently considering the financial implications related to nuclear medicine contingencies including the additional costs of sustained air-freight deliveries plus possible import duties for the radionuclides.</p> <p>There is continuing uncertainty over supply chain cost impacts from currency exchange, increased border transaction costs and potentially significant increases if tariff free trading is not maintained with EU suppliers.</p> <p>Estimated costs were submitted to the Scottish Government on 16<sup>th</sup> September circa £5m.</p>

<p><b><u>Food Resilience:</u></b></p> <p><b>Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board.</b></p>	<p>In compliance with SG planning assumptions we have taken no action to stockpile food. Our Catering Managers are liaising closely with National Procurement who are leading on 'Supplier Readiness'. NP are using a RAG system and can currently confirm that all of our suppliers are in Green status. The only supplier not on the list is our local fresh fish supplier and this is being addressed at an operational level.</p> <p>NHSGGC have assessed food stock holding capacity and holding excess supplies would prove difficult due to lack of storage space. NHSGGC catering units order mostly on a "just in time" basis. If the national planning assumptions change, then the possibility of additional mobile storage for canned goods can be considered with potential locations identified.</p> <p>Local plans are in place to adjust menus should shortages of specific products occur, with appropriate care to minimise risk to existing food, fluid and nutritional standards.</p> <p>Local supplier lists have been drawn up from which to source alternative or emergency products but no commitment orders have been placed.</p> <p>The Finance Team are focussed on accounting for any cost variation due to currency fluctuation or other market factors.</p>
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## Annex A: NHS Scotland Board Operational Readiness Checklist

Health Board: **NHS Highland**

	<b>NHS Highland Response (10/9/2018)</b>	<b>NHS Highland Response (20/9/2019)</b>
(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal - including setting out your overarching governance e.g. Board, EU Exit Groups in place?	We are preparing ourselves by setting up a Brexit Co-ordination group which will include resilience, business continuity, procurement, pharmacy, HR and Partnership. In addition we have set up a section on our webpage which provides guidance to staff and also a generic email box where staff can confidentially raise queries.	<b>The Board's Brexit Co-ordination Group (BCG) is chaired by an Executive Brexit Lead and has representation from various corporate services and the four operational divisions within the two HSCPs. The Executive Lead reports to the Senior Leadership Team weekly. The BCG has been meeting on a monthly basis since March, and will be increasing to weekly meetings in October. While operational impacts are hard to predict, cognisance has been taken of the Planning Assumptions published by SG, and staff have participated in SG and LRP workshops and meetings in recent months. Business Continuity Plans for other situations (e.g. pandemic flu) exist and have been kept up to date through the Highland Emergency Planning and Business Continuity Group. Reporting/Escalation protocols are in place for both reporting to HSCD and to the Local Resilience Partnership via Resilience Direct.</b>
(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?	Not as yet however we are monitoring recruitment.	<b>No direct impacts to date, other than the amount of time dedicated to monitoring the plethora of EU Exit information that is being produced and consequential work it generates.</b>

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<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>The group will identify the risks to drugs, equipment, other supplies, workforce – recruitment and retention.</p>	<p><b>The BCG maintains a Brexit Risk Register which is regularly updated and reviewed via the Group as issues are identified. The key risks identified thus far are:</b></p> <ul style="list-style-type: none"> <li>• <b>Medicines, surgical supplies, equipment etc.</b></li> <li>• <b>Fuel, if disruption to supply/distribution.</b></li> <li>• <b>Food for hospitals, care homes, etc – milk and fish are sourced locally by a number of sites.</b></li> <li>• <b>Staffing</b> <ul style="list-style-type: none"> <li>○ <b>recruitment &amp; retention generally</b></li> <li>○ <b>locum doctors specifically (likely to be an issue elsewhere).</b></li> </ul> </li> <li>• <b>Will we require extra healthcare provision if migrants from the UK currently resident in other EU countries return to the UK? (longer term issue?) Pharmacy – there are plans in place for managing primary and secondary care drug shortages. Weekly reports from secondary care are available to staff on the Board’s intranet. Community Pharmacy Scotland’s shortages report is available on the Intranet – it is more up to date than anything that could be created in the Board. Escalation processes where a shortage will cause significant issues for the Board e.g. lack of anaesthetic agents</b></li> </ul>
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## Annex A: NHS Scotland Board Operational Readiness Checklist

		will lead to need to cancel operations, are in place. Medicine shortages are often unpredictable and therefore staff will require to be reactive within the agreed framework. GPs and community pharmacists have been advised of the process and will be advised again closer to a EU withdrawal date.
(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?	The group will consider issues and identify risks and develop business continuity plans. However we rely on clarification of impact from national perspective and national coordination of support (i.e. Q&A) which would be helpful for consistency	<b>Business Continuity plans already exist within the social care sector, although these are not specific to Brexit. Liaison with the independent care home and care at home sectors is also being maintained, and relevant managers are members of the BCG. Pharmacy – nothing.</b>
(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?	As with all NHS boards we do not have the information on how many EU staff we employ, we are in the process of sending out a questionnaire to all staff however the data will be dependent on who decides to return	<b>We have opened a further questionnaire to our workforce as a way of understanding the potential impact. This is being monitored weekly. Imminent Brexit may be an issue, but it can't at this time be disentangled from the many other factors that make recruitment and retention a challenge at this time.</b>
(6) What is your Board currently doing to communicate with and support EU27 staff?	We are setting up a staff webpage which will contain guidance and information from Scottish Government for staff and managers. There is also a mailbox that will be managed by HR	<b>We have an internet/intranet page with information and advice within, we have a generic mail box, we have different communication methods with advice and info.</b>
(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what	We have been unable to assess as yet however finance will be included for the remit of the group.	<b>Pharmacy – Senior officers in the Board are aware that drug prices may rise. Boards have little control over drug prices. The market/Scottish Drug Tariff</b>

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<p>measures have you put in place to address these?</p>		<p><b>determine prices of most drugs in primary care and National Procurement agree prices for many secondary care drugs.</b></p> <p><b>Generally, it it acknowledged that isolating specific EU Exit related expenditure may prove challenging, although Management Accountants across the Board have been briefed to consider the issue.</b></p>
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Shirley Rogers,  
Director of EU Exit and Transition,  
NHS Scotland Chief People Officer &  
Director of Health Workforce, Leadership & Reform

Dear Shirley

Please see attached, as requested, the refreshed information regarding the ongoing work of NHS Lanarkshire to prepare for withdrawal from the European Union on the 31 October 2019 on a no deal basis.

Please do not hesitate to contact us if you require further information.

Yours Sincerely,





Health Board: NHS Lanarkshire

Completed by: [REDACTED]

Date: 19 September 2019

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>NHSL moved to a live incident mode in April 2019 with an established Command Structure in place for Strategic, Tactical and Operational command.</p> <p>The above arrangements include standardised paperwork for the management/monitoring of actions and the identification/recording of emerging issues and risks. Guidance for the command structure has been issued to those involved.</p> <p>A revised Loggist system has been introduced with a number of trained loggists available. These arrangements have been tested by a Brexit specific exercise.</p> <p>A dedicated EU Withdrawal page has been established on Firstport where all relevant information for the command groups is hosted. Including information from Government and partner agencies/groups. This is a restricted page given the OFFICIAL SENSITIVE nature of some of the information.</p> <p>A bespoke risk management process has been developed and is in place that facilitates the recording of risks with Brexit. A tag for Brexit risks has been introduced on Datix to allow these to be easily identified for future analysis. There is a management and monitoring system in place that allows continuous analysis and for risks to be closely monitored and escalated through the command structure as required.</p> <p>EU Exit is a standing agenda item on key fora including the Corporate Management Team meetings and regular updates are taken to Board meetings.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>No reported issues at this time.</p>

<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>NHSL has reviewed the risk tolerance to high given the unknown and unpredictable nature of the terms of exit and the resulting impacts. Risk are broadly in line with the worst case planning assumptions.</p> <p>A Brexit specific tag has been added to Datix to allow ease of identification and analysis of Brexit specific risks. Both now and post response.</p> <p>A bespoke risk management system has been developed and introduced to compliment the command and control arrangements allowing risks to be escalated through and monitored as part of this function. This has the benefit of allowing decisions and rationale regarding the response to risks to be logged within the incident log books.</p> <p>Mitigating actions are largely based on the national arrangements and following national advice. A number of local contingencies are in place based on the business continuity plans in place.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p>A programme for preparedness has been agreed by CMT to refresh preparations and information for staff.</p> <p>This includes the review of all business impact analysis and continuity in plans with particular emphasis of the worst case scenario planning assumptions. Plans are to be exercised at the local level ensuring all staff understand their role.</p> <p>A series of information exchange events. These provide key speakers the opportunity to present to a broad audience the preparations in their area of business. The sessions include an open forum question and answer session with CMT as panel members.</p> <p>A refreshed risk analysis is underway identifying and quantifying risks with a measure of risk reduction based on the mitigation plans in place. This is relevant to the potential increased risk of no deal and the increased potential impacts associate with the winter period (concurrent risks).</p> <p>The communications strategy is being reviewed to help ensure staff can be kept informed.</p> <p>The interface with the HSCP is being reviewed to ensure effective joint working. The HSCP are included in the Strategic Tactical and Bronze response structures.</p>

	<p>Review winter planning arrangements in line with reasonable worst case scenario planning assumptions.</p> <p>Refresh the local multi agency working arrangements and plan a multi- agency development session for staff in the command structure.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>NHS Lanarkshire have direct communication links with those staff who have identified as EU27 citizens and supported them with a variety information and specific detail on settled status applications. In general communications NHSL have issued information to the wider staff network on generic updates and signposting of information.</p> <p>E.g. CIPD Guide - Actions for employers now Employers may like to support the UK-based EU/EEA (European Economic Area)/Swiss citizens they employ to apply for the EU Settlement Scheme. The Scheme makes it easy for EU/EEA/Swiss citizens and their family members who want to stay in the UK to get the UK immigration status they need. Employers can provide assistance to their staff and signpost the necessary guidance using the Home Office's employer toolkit.</p> <p>Applications are free and designed for ease of use. One million EU citizens and their families from across the UK have now been granted status. Home Office officials are urging employers to help keep up the momentum of applications as we approach Brexit. As the Minister of State for the Home Office, Brandon Lewis said, 'EU citizens have made incredible contributions to our country which is why I'm so pleased that over one million people have been granted status, enshrining their rights in law.' In a no-deal scenario, the deadline for applications is 31 December 2020*. However, EU/EEA /Swiss citizens wishing to apply must already be living in the UK when it leaves the EU on 31 October 2019. EU/EEA/Swiss citizens who have five years' continuous residence in the UK by the day they apply will usually get 'settled status'. Those who have less than five years' continuous residence will usually get 'pre-settled status'. They can then apply to change this to 'settled status' once they've been in the UK for five years. Both 'pre-settled status' and 'settled status' allow EU/EEA/Swiss citizens to enjoy the same rights and conditions they currently have under free movement. Irish citizens are exempt from having to apply to the Scheme due to the Common Travel Area Agreement. For employers who are currently recruiting from the EU/EEA/Switzerland, it is crucial to consider accelerating the process, to</p>

	ensure that any EU citizens they hire arrive before 31 October.
(6) What is your Board currently doing to communicate with and support EU27 staff?	NHS Lanarkshire has information on its intranet (FirstPort) for EU27 staff and emails issued to staff.  A further series of briefings (both by email and in-person) is planned in the run up to 31 October.
(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?	It is recognised a no deal Brexit could increase costs. There are pre-existing mechanisms for monitoring drug shortages and the impact of increased prices to ensure supply. Other products will be monitored through procurement who will flag areas affected. There is also baseline monitoring in place for agency and locum costs, though attributing any price rises directly to a smaller pool of available workforce may require a degree of judgement. As intelligence about specific cost changes is received the potential impact will be modelled and the overall impact on the financial plan assessed alongside any feasible mitigating action. We will share intelligence through networks like the corporate finance network.
<u>Food Resilience:</u> Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board."	Catering Managers are liaising closely with National Procurement who are leading on 'Supplier Readiness'. NHSL catering do not have a traditional catering service that cooks on the day, rather our service is a delivered meal service with dishes being purchased from commercial suppliers and delivered frozen. NHSL have assessed food stock holding capacity and holding excess supplies and storage capacity is limited to 10 days stock. Should the national planning assumptions change then the possibility of additional mobile storage for frozen/canned/ambient goods would be considered with potential locations identified. Local plans are in place to adjust menus should shortages of specific products occur, which could lead to us not being compliant with Food In Hospitals and Health Living Award+ standards but any changes would be agreed with patients' dieticians. Local supplier lists have been drawn up from which to source alternative or emergency products and we would work closely with our local procurement team if this was required to source and place orders. Finance Team are on standby to account for any cost variation due to currency fluctuation or other market factors.

**Return to [REDACTED] by 20 September 2019**

Health Board: NHS Lothian

Completed by: [REDACTED] Deputy Director of Public Health and Health Policy (Chair of Lothian EU Exit Strategic Management Group)

Date: 20 September 2019

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>Factors within our control are being actively managed, including:</p> <ul style="list-style-type: none"> <li>• clear coordination and leadership via a Strategic EU Exit Management Group with executive director, acute and HSCP input (see annexe)</li> <li>• engagement in national planning groups (procurement and pharmaceuticals) and regional multi-agency groups (LRP/RRP)</li> <li>• concerns of EU staff</li> <li>• NHS Board awareness and corporate risk register entry</li> <li>• Processes to dynamically review risks and preparedness across the organisation</li> <li>• Resilience plans in place as far as possible.</li> </ul> <p>Readiness is limited by:</p> <ul style="list-style-type: none"> <li>• Uncertainty about potential impacts and complex interdependencies</li> <li>• Factors outwith our control e.g. the behaviour of national infrastructure and UKG decisions</li> <li>• Need for coordinated national communication strategy focussing on Health issues</li> </ul>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<ul style="list-style-type: none"> <li>• Reduced EU national applications for vacancies within our Facilities teams.</li> <li>• Public concern about availability of medicines.</li> </ul>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of</p>	<p>NHS Lothian has established 12 impact assessment groups who undertake a standardised risk assessment (every two weeks at present) and report into</p>

<p>mitigating actions are being identified to deal with them?</p>	<p>the Lothian EU Exit Strategic Management Group. Risks and mitigations are overseen and recorded at the strategic management group and the overarching risk of Brexit is recorded on the corporate risk register.</p> <p>The main risk areas are:</p> <ul style="list-style-type: none"> <li>• Workforce – reduced EU national applications and risk that some will return to their first home countries (including those working for subcontractors). Mitigating actions include: extensive communications programme re settlement scheme which is ongoing, managers toolkit to support staff, providing access to immigration specialist and on-site support from Citizens Advice Edinburgh, salary advance scheme to apply for citizenship</li> <li>• Pharmaceuticals – risk of unavailability of some products and difficulty in predicting which; patients wishing to stockpile medicines. Mitigating actions include the establishment of a local operational group convened to utilise national info and local intelligence to address both supply and logistic issues.</li> <li>• Supply chain and procurement. The process for Christmas and New Year forward ordering is being reworked to mitigate against shortages.</li> <li>• Risks to HSCP care providers causing delays in discharge from acute sites and compromising community services. Ongoing monitoring is in place to keep this under review.</li> <li>• Magnification of winter capacity problems due to risks to HSCPs</li> <li>• Increased costs if due to supply chain difficulties, increased fuel and transport costs, and possible currency fluctuations. Our risk assessment groups are monitoring an additional costs associated with Brexit.</li> </ul>
<p>(4) What more needs to be done now to ensure operational readiness in your</p>	<ul style="list-style-type: none"> <li>• Best possible flow of information from national bodies to ensure</li> </ul>

<p>Board (including working with social care and other partners)?</p>	<p>planning is focussed on specific risks as well as general themes.</p> <ul style="list-style-type: none"> <li>• Clear Government led public communication strategy about availability of medicines. Combined with strategy to keep clinicians, especially GPs, informed of any risks and ways to address these.</li> <li>• Greater clarity from independent social care providers on their resilience plans.</li> </ul>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>a) Our current analysis has highlighted Facilities, particularly Domestic, Healthcare Sciences and theatres as areas which will most likely be affected should non UK EU nationals decide to leave the UK. HR are working with local management teams to use local intelligence to complete the picture for affected service areas enabling them to consider local mitigating actions</p> <p>b) We have an active approach to staff communication (see question 6).</p> <ul style="list-style-type: none"> <li>• We have encouraged all those eligible to apply for settled or pre settled status to do so.</li> <li>• We have ran advice sessions with Citizens Advice Edinburgh to provide advice on settled and pre settled status and citizenship.</li> <li>• Interest free salary sacrifice scheme established to cover the cost of citizenship application</li> <li>• HSCP's are also working with local authority colleagues to understanding and mitigate any risks with the social care workforce</li> </ul>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<ul style="list-style-type: none"> <li>• We have a section of our intranet with relevant advice and signposting.</li> <li>• We have held dedicated evening advice workshops on with an immigration specialist and CAB to provide access to up to date advice and will continue to offer this as deemed appropriate.</li> <li>• We also have a generic EU citizen email address which staff can register with to receive direct communications on any policy changes, updates to our online advice etc.</li> </ul>

	<ul style="list-style-type: none"> <li>• We have used and will continue to use our normal communication channels to inform staff of any relevant information, e.g. team brief, site newsletters, intranet banner, Area Partnership Forum, Local Negotiating Committee. Our workforce sub-group will continue to evolve our approach to staff communications.</li> <li>• We have developed a manager's tool kit to encourage local conversation with staff to listen, understand and take action within the limited parameters available.</li> </ul>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>Regular impact assessments are undertaken and reported to the Lothian EU Exit Strategic Management Group. The key risk identified at this stage is that the financial impact of Brexit may have a detrimental bearing on the financial performance of the organisation. In order to monitor this, each of Lothian's Brexit Impact Assessment Groups has been asked to monitor the financial consequences of any pressures/mitigation actions</p>
<p>(8) Food Resilience: Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board.</p>	<p>In compliance with SG planning assumptions we have taken no action to stockpile food. Storage areas have been identified should that position change. We are in weekly liaison with National Procurement to ensure support for national contingency plans. Local plans are in place to adjust menus should shortages of specific products occur, with appropriate care to minimise risk to existing standards including healthy eating. Local supplier lists have been drawn up from which to source alternative or emergency products but no commitment orders have been placed. Finance Team are on standby to account for any cost variation due to currency fluctuation or other market forces. Food currently sourced locally is for therapeutic dietary requirements as these foods are not available on national contract and alternatives are being considered should they be subject to shortage. The Regional Procurement</p>



	Group meets weekly with EU Withdrawal Contingencies as a standing item to include shared work on local supplier readiness, as well as sharing/borrowing protocols between Boards.
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**Return to [redacted] by 20 September 2019**

## Annex A: NHS Scotland Board Operational Readiness Checklist

### Health Board: NHS Orkney

Completed by: [REDACTED]

Date:

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal?</p>	<p>We are planning for this internally having established a Brexit Steering Group to consider the risks impacting on the Board and potential mitigation measures. On a multi-agency basis we attend the local and regional resilience partnerships in an effort to further develop our awareness of Brexit planning arrangements.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>No impacts to date, although projected retirements of clinicians may compound staffing existing shortages in a landscape where Boards are having to compete for locum staff to fill vacancies with artificially inflating staffing costs. This may increase where Boards with significant numbers of EU 27 employees who opt to return to their country of origin have to make greater use of Locum staff to fill vacancies.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?;</p>	<p>Congestion at and around ports may create delays in the supply chain and pressures on the delivery of time and temperature sensitive products. The additional infrastructure required for the movement of medicines and consumables is not yet in place in the event of a no deal, thus the boards geographical location at the end of this supply chain may place it at a disadvantage. The added complication of an October Exit at the end of the growing season could reduce the availability of fresh fruit and vegetables</p>

	<p>Adjustments may be required to patient meals.</p> <p>The use of dedicated shipping channels and national stockpiling will assist in maintaining stocks of medical devices and clinical consumables as well as substituting some medicines and the work being undertaken by the Directors of Pharmacy.</p> <p>The relationship with neighbouring Boards will also assist in re-stocking essential medicines to cover potential shortages or disruption to the supply chain.</p> <p>Fuel shortages may be exacerbated by the public's behaviour however there are a number of fuel distribution plans and priority user schemes which will assist with the delivery of essential patient services.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board?</p>	<p>As we move towards the 31<sup>st</sup> of October and a potential EU Exit, there is a need for more of the UK and Scottish Government planning arrangements to be shared with Boards so that these arrangements can dovetail with local planning. The operational readiness of the national response structure may need formal testing. As information flows to Boards on national planning arrangements, the meeting cycles will intensify at a local level.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?;</p>	<p>Brexit Steering Group set up that will update the Senior Management Team and Board, self assessment completed.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>Guidance has been issued to staff and managers. Consultation has taken place with HR to ensure that there is no direct discrimination. The Board has relatively few employees from the EU or EEA. Information on the registration scheme has been</p>

	circulated to all staff within the organisation.
(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal? If so, what measures have you put in place to address these?	<p>There is an uncertain impact on (a) the supply chain and (b) the cost of major procurements. NHS Orkney procurement spend profile as an Island Board is different from that of mainland boards with few EU level procurement exercises undertaken. Risk re pharmaceuticals, and the concerns in relation to this aspect of expenditure are well documented nationally.</p> <p>Procurement spend relating to travel to and from mainland Scotland, could be subject to significant increase in cost depending on the impact of Brexit of foreign travel. We are in direct communication with Loganair, other island boards and NSS in this regard. Supplementary staffing spend will also be impacted on whether individuals are able to work for us following Brexit. We rely as far as possible on national contracts and frameworks, so in that sense will be affected in the same way as other NHS Scotland Boards. We have not yet undertaken a formal risk assessment and will ask our hosted procurement partners National Procurement to lead on this and advise us on potential implications</p>

Return to [redacted] by 20 September 2019

## Self Assurance Checklist – EU Exit Preparedness

**Health Board:**

NHS Shetland

**Completed by:**

Working Group

**Date:**

20 September 2019

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>We have established a short life working group to carry out the forward planning required to consider the implication of the UK exit from the EU in detail. This Group will report to the Board through the Risk Management Group.</p> <p>We consider that we will be able to deal with any operational matters at a local level that are within our control to manage.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>There is no direct evidence yet on any adverse impact on workforce or supplies.</p> <p>However, there is anecdotal information that the non-UK workforce are unsettled and not making long term plans.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>The risk of the UK exit from the EU is recorded on our Corporate Risk Register as an over-riding theme, covering a range of issues. The main categories of risk are:</p> <ul style="list-style-type: none"> <li>- Workforce</li> <li>- Procurement and the Supply Chain</li> <li>- Medicines</li> <li>- Public Health</li> <li>- Access to Treatment</li> <li>- Non-Direct Impacts</li> </ul> <p>The main mitigating actions are at a national level and we are placing significant reliance on the 'Once for Scotland' approach to support forward planning for workforce, supplies and medicines and public messaging campaigns.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p>As mentioned, we are relying significantly on the 'Once for Scotland' approach with regard to workforce, procurement and medicines.</p> <p>A Procedure for Managing Medicine Shortages has been approved.</p>

	<p>The Short Life Working Group will be expanded and will meet more regularly as the deadline approaches and more guidance becomes available.</p> <p>NHS Shetland is part of the Highlands and Islands Resilience Partnership, which addresses strategic risks which may impact on Shetland as a whole.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>This is included in the planning documents.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>Briefings and workshops with affected staff.</p> <p>National guidance has been made available and is kept up to date on the Intranet site.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>The Risk Register highlights Procurement and Medicines to be the areas where potential increased costs may occur.</p> <p>Any knowledge gained as the 'Once for Scotland' guidance develops will be incorporated into the Board's 2020/21 financial plans. There is no cost projection currently incorporated; any National guidance on a consistent approach to this would be beneficial.</p>
<p><u>Food Resilience:</u> Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board.</p>	<p>NHS Shetland are liaising with our local suppliers to identify any early warning risks and liaising with Scottish Government in respect of potential risks in terms of transport (ferries) as a single source of failure for the islands.</p>

**Health Board: NHS Tayside**

**Completed by: [REDACTED] Board Secretary  
Director of Workforce  
Associate Director of Procurement**

**Date: 18 September 2019**

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>Tayside NHS Board has established an EU Exit Readiness Group to assess the impact of the risks and this group have reconvened fortnightly meetings as of August 2019. Partnership working has been established with H&amp;SCPs.</p> <p>A NHS Tayside EU Exit Plan was approved by Tayside NHS Board on the 29 August 2019. The Plan will be kept under continual review to show the most up-to-date planning assumptions.</p> <p>An NHS Tayside overarching corporate risk has been created and is reported on at the Strategic Risk Management Group, Tayside NHS Board and Staff Governance Committee.</p> <p>An Acute Services EU Exit Short Life Working Group has been established to review the critical infrastructure impact and risk assessments to allow essential clinical services to agree a trigger mechanism should there be a need to defer any service activity.</p> <p>Business continuity plans have been reviewed and updated based on national and scottish planning assumptions available to date. NHS Tayside's Eu-Exit Readiness Group will undertake a "top table" exercise on 18 October 2019 to test preparedness.</p> <p>Following the Board meeting, a staff communication was released to inform them of the Eu-Exit plan and that NHS Tayside was doing everything to ensure they were supported during the uncertainty of EU-Exit.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>The impacts are limited so far, but are being kept under regular review.</p>

	<p>NHS Tayside have received a number of FOI requests in relation to plans and exemption responses have been returned for these due to the official sensitive nature of planning assumptions.</p> <p>There have been some questions from the public in relation to medicines availability and NHS Tayside have provided such reassurance as we can.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>NHS Tayside has developed an Impact and Risk Assessment Template with an overarching corporate risk as described above.</p> <p>Services, determined as “critical” such as Hard Facilities Management, H&amp;SCPs, Medicine and Pharmaceuticals, Nuclear Medicine, Procurement, Soft Facilities Management, and Workforce have completed the Impact and Risk Assessment template. These are stored in a shared folder so that members of the Eu-Exit Readiness Group can access these in order to gain a holistic view of Eu-Exit across NHS Tayside and develop their business continuity plans.</p> <p>NHS Tayside are linking with national bodies in relation to pharmacy, procurement, HFS workforce and resilience.</p> <p>National Groups have advocated that there is strength in a consistent approach and we have local representatives on all appropriate groups.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p>The local NHS Tayside EU Exit Readiness Group will continue to assess the risk, as new guidance becomes available. We are also considering our monitoring and incident response arrangements from 31<sup>st</sup> October 2019 at the current time.</p> <p>NHS Tayside have identified our EU27 workforce and undertaken a risk assessment and communication has taken place with these individuals.</p> <p>NHS Tayside is proactively engaging with our Health and Social Care Partnerships to ensure social care EU Exit preparedness.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future</p>	<p>We hold a database of non UK EEA staff. The database is built on information given freely and voluntarily by non UK EEA staff themselves. Managers and HR have copies of guidance regarding Eu-Exit and are encouraged to speak to their EU staff on an individual basis. We have sent out a couple of communications regarding the UK Settlement</p>



immigration status of non-UK EEA staff?	<p>Scheme and advertised this by using posters in canteen areas and notice boards.</p> <p>We intend to undertake an exercise to establish who of our non-uk EEA staff now has EU status.</p> <p>Individual services Business Continuity Plans will include measures for NHS Tayside's eu-citizens departing the uk. These will continue to evolve as information becomes available. For example, we are aware we have 24 reservists across various occupational groups who may become compulsory deployed if there is civil unrest.</p>
(6) What is your Board currently doing to communicate with and support EU27 staff?	<p>We have published the agreed guidance available from the Scottish Resilience Partnership (SRP) on our dedicated Brexit intranet and internet pages. As more information becomes available we will continue to publish this to heighten staff awareness. We also issue information through our staff communication "Vital Signs". Managers are encouraged to speak to their staff regarding any concerns in relation to Eu-Exit.</p>
(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?	<p>There are a number of national funding issues and economic considerations to be reviewed and determined. NHS Tayside will continue to monitor the position and as new information becomes available review the potential financial implications on an ongoing basis going forward.</p> <p>The Board has a £3.0m contingency factored in each year of the plan for unforeseen circumstances and the Associate Director of Finance is a member of the Eu-Exit Readiness Group.</p>
(8) <u>Food Resilience:</u> Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board.	<p>In compliance with SG planning assumptions we have taken no action to stockpile food. Storage areas, including additional frozen capacity, have been identified should that position change. We are in weekly liaison with National Procurement to ensure support for national contingency plans. Local plans are in place to adjust menus should shortages of specific products occur, with appropriate care to minimise the risk to existing standards including healthy eating. Local supplier lists have been drawn up from which to source alternative or emergency products but no commitment orders have been placed. Finance Team are on standby to account for any cost variation due to currency fluctuation or other market factors. Food currently sourced locally is for therapeutic dietary requirements as these foods are not available on national contract and alternatives are being considered should they be subject to shortage. The Regional Procurement Group meets weekly with EU Withdrawal Contingencies as a standing item to include shared work on local supplier readiness, as well as sharing/borrowing protocols between Boards.</p>

**Return to [redacted] by 20 September 2019**



**Health Board: NHS Western Isles****Completed by: Gordon Jamieson, CEO****Date: 19 September 2019**

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p><b>Brexit Contingency Management Group set up, chaired by the CEO and active.</b>  <b>Reviews:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Staffing/operational contingencies</b></li> <li>➤ <b>Supplies/stocks/medicines</b></li> <li>➤ <b>Security</b></li> <li>➤ <b>Risk</b></li> </ul>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p><b>No current impact</b></p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p><b>Potential:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Fuel</b></li> <li>➤ <b>Medicines</b></li> <li>➤ <b>Food</b></li> </ul> <p><b>Identifying currently and reviewing stock levels.</b></p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p><b>Finalise staff transport contingencies.</b>  <b>Confirm priority status of NHS staff for fuel</b>  <b>Agree operational security measures</b>  <b>Ongoing communication</b></p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p><b>Regular updates to NHS Board and Corporate Management Teams.</b></p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p><b>Specific site/page on intranet.</b>  <b>Planned open meetings by CEO</b></p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p><b>No specific revenue identified.</b>  <b>No formal assessment as yet.</b></p>

Return to [redacted] by 20 September 2019



**Subject:** FW: EU Exit Template Annex A \_NHSWI

**Importance:** High

**From:** [redacted]  
**Sent:** 23 September 2019 11:36  
**To:** [redacted]  
**Cc:** [redacted]  
**Subject:** RE: EU Exit Template Annex A \_NHSWI  
**Importance:** High

Good Morning

Please see below NHSWI's response in relation to Food Resilience: -

**Food Resilience**

From w/c 23 September 2019 one third of additional stock will be ordered on a weekly basis. The additional stock will equate to a contingency of 5 weeks' worth of dry stock and 3 weeks' worth of frozen stock. As an Island Board we regularly overstock by 2/3 weeks at any one time to mitigate any issues around non-deliver of stock due to adverse weather. The position is kept under ongoing review as the situation develops.

.....

Many thanks

Kind regards

[redacted]

**Health Board:** NHS Education for Scotland

**Completed by** [REDACTED], Director of Workforce

**Date:** September 2019

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>Our Board is reasonably well prepared for the impacts of EU Withdrawal. We have not set up any additional governance, working through our Executive Team and Board in the normal way. The main impact- and the timescales on this are hard to judge- is most likely to be in an available workforce. We are not however immune from other changes which are having a more immediate impact on certain categories of workforce- see below.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>We have not seen any material impact on the delivery of our services as a consequence of EU Withdrawal.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>For NES the impact is most likely to be felt in the availability of a skilled workforce. Our Workforce Plan takes account of EU Withdrawal and in terms of mitigation we monitor all Government communications and work closely with Scottish Government, health boards and the education sectors to share intelligence and plan and respond appropriately as required. No immediate actions have to date been identified.</p> <p>EU Withdrawal and its impact on Territorial Boards is a Primary 1 risk on our Corporate Risk Register and reported to each Board meeting. This recognises the knock- on effect to NES in due course if front line clinical and education expertise is compromised.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p>No specific additional action has been identified other than to continue to monitor relevant data sources and work with our partners and stakeholder groups to exchange information and access intelligence.</p>

<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>NES has recorded EU nationality on our HR system, correct at the time of engaging staff. Any reduction of an available workforce in the university sector and clinical staff in territorial boards would compromise the delivery of postgraduate medical and dental education in particular.</p> <p>The impact is cumulative as we are monitoring carefully the impact of pensions tax legislation on the sessional availability of clinical staff. Depending on how this develops, this might present the more immediate impact on postgraduate education.</p> <p>We have supported the issue of the NHSScotland questionnaire through the Deanery to doctors in training. We reported in March to Scottish Government, that we had identified circa 200 trainees -around 3% of our training population- have declared EU nationality, with a small number having dual citizenship. Of these circa 25% have a UK Primary Medical Qualification (PMQ), about 3% have a rest of the World PMQ and circa 72% have an EU PMQ.</p> <p>We are monitoring applicants to post graduate medical education carefully. We are aware that numbers of EU applicants to study in the UK have fallen by 20% between 2016 and 2019, but this has not yet been reflected in any change in numbers of EU applicants admitted to Scottish Medical Schools. There has not been a reduction in the number of EU applicants to postgraduate medical training posts through UK recruitment.</p> <p>We have been asked specifically to comment on the potential impacts on food supply. This is not an issue for NES given our role.</p>
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<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>We have set up a dedicated email box for queries and have issued regular communications through all our communication channels particularly focussing on application to the EU Settlement Scheme. We continue to respond, and issue Scottish Government communications as requested and required.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>As outlined above, it is difficult to assess given the on-going uncertainty to assess the impact of withdrawal and the financial consequences. We are not anticipating EU Withdrawal incurring significant additional expense. We will continue to work with Scottish Government, stakeholders including through the Directors of Finance Group to exchange intelligences and take an appropriate action as required.</p>

**Return to [redacted] by 20 September 2019**

**Health Board: NHS Health Scotland****Completed by: [REDACTED] Senior Policy, Risk and Data Protection Officer****Date: 13/09/2019**

(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?	Our preparations are ongoing, discussions will continue at Directors meetings and our Partnership Forum as required.
(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?	We are not currently seeing any impact of EU withdrawal within our Board.
(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?	Potential risks related to NHS Health Scotland were identified (Workforce, Procurement, Economy, Cross Border Co-operation) by the Organisational Lead for People and Workplace and Senior Policy, Risk and Data Protection Officer and discussed at Directors meetings where it was agreed that no risks needed to be recorded currently. This work will continue as we identify staff affected by EU withdrawal.
(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?	<p>Keep our workforce supported, informed, updated and engaged. If there are employees who might qualify to apply for British citizenship now, this is worth exploring with them and may guard against a more restrictive immigration system in the future.</p> <p>Ensure that we have the systems in place to check that affected staff have the necessary status document in place by June 2021 to avoid the organisation inadvertently incurring civil or criminal penalties by employing individuals without the proper right to work in UK.</p> <p>Looking further into the future, we should get a better idea of what the post 31 December 2020 immigration system might look like when the Migration</p>



	Advisory Committee publish their report later in the year.
(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?	All staff have been surveyed so that we can identify the number of staff who will be directly affected by the EU withdrawal for NHS Health Scotland - this is nine staff in total although this may rise dependent on future recruitment. This includes existing staff as well as new staff. One to one conversations will continue to take place with each of these individuals to better understand their situation and the impact EU withdrawal will have on both those staff and NHS Health Scotland.
(6) What is your Board currently doing to communicate with and support EU27 staff?	All staff have received the information provided by Scottish Government.
(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?	After discussions with our procurement colleagues in Scottish Ambulance Service, we have the following information around the potential financial impact of EU Withdrawal for NHS Health Scotland: Brexit is a major source of uncertainty for suppliers at the moment. At present currency fluctuation is the biggest risk for creating an inflationary pressure that could impact on prices. The goods element would probably not be significant for NHS Health Scotland, but any general inflationary increase is likely to impact on prices for services too. Most of the other issues mentioned (customs union, tariffs etc) are more relevant to territorial boards that are buying goods supplied through international supply chains, which is largely not applicable to NHS Health Scotland. Current indications are that the procurement regulatory framework will remain unchanged probably into the medium term.
(8) <u>Food Resilience:</u> Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board.	Not applicable to NHS Health Scotland

Return to [redacted] by 20 September 2019



**Health Board:** Healthcare Improvement Scotland

**Completed by:** [REDACTED] Head of People & Workplace

**Date:** 17 September 2019

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>We are a small organisation and know our workforce relatively well. We have undertaken work to identify our non-UK workforce and any associated risk to our work programme. The risk is minimal.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>We are not aware of any impacts (actual or potential).</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>The risk register is reviewed by each governance Committee and at each Board meeting. Risks around staffing are scrutinised by the Executive Team, Staff Governance Committee and by the Audit &amp; Risk Committee.</p> <p>No specific/ additional risks as a result of EU withdrawal have been identified.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p>We have undertaken work to identify our non-UK workforce and have encouraged them to sign up to the EU Settlement Scheme.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>We are unaware of dependencies on non-UK EU nationals within the organisation.</p> <p>A detailed workforce analysis as part of our workforce planning arrangements was conducted earlier this year and continued oversight is in place.</p> <p>We have not co-ordinated activity to date due to the lack of clarity around the terms of the UK exit from EU. However, the organisation is sighted on current guidance issued by Scottish Government for immigration in the event of a No Deal Brexit.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>Information provided by the Home Office, and guidance notes supplied have been posted on the Intranet.</p>

<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>Our workforce planning will address this.</p> <p>We are not aware of any potential impact at present.</p>
<p><u>Food Resilience:</u> Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board.</p>	<p>There are no issues for HIS in this regard.</p>

**Return to [redacted] by 20 September 2019**



**Health Board: NHS 24****Completed by: Head of Risk Management & Resilience****Date: 20/09/2019**

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>NHS 24 has identified Executive Director EU leadership with clear reporting on EU Exit as a standing item on the Executive Management Team Agenda. The Clinical Governance Committee and Planning &amp; Performance Committee have provided detailed scrutiny over the Boards preparations prior to updates being provided to the Board.</p> <p>NHS 24 has limited workforce risk with less than 10 EU nationals currently employed.</p> <p>NHS 24 are represented on the EU Exit Health &amp; Social Care group to work with partners to manage operational challenges EU Exit may present.</p> <p>NHS 24 have offered to use their telephony and online capability to support an EU Exit Health response. This, to date, is not in place with further work required with Scottish Government Primary Care colleagues to identify the information required, potential scale and demand of the service.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>No impact has currently been identified at this time.</p> <p>NHS 24 are collating data from our Health Information Advisor calls on EU Exit and have only received 1 call to date (28/08/2019).</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>The risks of EU Exit are identified as short and long term. The risks are recorded on the organisations corporate risk register and have been reported through appropriate governance routes.</p> <p>The uncertainty of the long term staffing implications on NHS Scotland may have an indirect impact on NHS 24's ability to recruit nurses. Scottish Government Workforce directorate will take the lead on the long term mitigation strategy.</p> <p>Short terms risks relate to the potential for issues with the community pharmacy supply chain and potential</p>

	<p>confusion over replacement/alternative drugs. This may result in increased demand on the 111 service during the out of hour's period. The NHS 24 mitigation includes the use of the telephony and online capability to signpost the public.</p> <p>The level of demand for social care, as a result of clinical consumables shortages impacting on patient care during the out of hour's period could impact on the 111 service call volumes has been identified as a risk. To mitigate this risk SG Social Care leads will provide social care escalation information to NHS 24 when it becomes available.</p> <p>The inherent risk regarding the availability and uptake of the seasonal flu vaccination has a significant impact on NHS 24 demand over the winter period. This is however a risk every year and one that NHS 24 builds into the winter plan. This is a concurrent risk with the timing of the EU Exit.</p> <p>There is an additional risk that the scope and detail of the special helpline will not be appropriately defined in advance on EU Exit and may put additional demand on our 111 service. This includes what data and reporting requirements are expected. Scottish Government Primary Care colleagues have been tasked by the Health &amp; Social Care EU Exit group to provide this detail to NHS 24.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p>NHS 24 has a helpline number available though would need a very clear brief from Scottish Government colleagues on the following information:</p> <ul style="list-style-type: none"> <li>• Expected nature and volume of calls</li> <li>• Scripts to be able to respond accordingly. It's not appropriate for NHS 24 to develop those and we would require that to come as approved from SG to cover anticipated issues</li> <li>• Start date and duration the helpline is expected to run</li> <li>• Operating hours.</li> </ul> <p>As outlined above SG Primary Care colleagues have an action to provide this information.</p> <p>NHS 24 will continue to work with Scottish Government social care leads to ensure there is a clear understanding of out of hours escalation points, and signposting information for social care services that NHS 24 can provide to the public, if required. To date this information is not available.</p>

<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>Preparations have been ongoing for many months regarding the workforce although, impact is expected to be minimal. We will continue to communicate with our employees to keep them updated with EU Exit and its impact for our organisation. We will also continue to review immigration status of non-UK EEA staff and ensure they have all the relevant information and assurances they require.</p> <p>In regards to local services NHS 24 have engaged with the National GP Out of Hour's Group to understand any potential risks. At present there is no anticipated impact on out of hours GP services.</p> <p>NHS 24 will continue to engage with Scottish Government Social Care EU Exit leads to understand the impact on social care services. Any disruption to social care services may have an impact on NHS 24 demand during the out of hour's period.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>NHS 24 has published all the information currently available on our website, this includes information on the EU Settlement Scheme, NHS Staff and Manager Guidance and a dedicated email address for those non-UK EU citizens to receive updated information and support from NHS 24 as it becomes available.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>NHS 24 procurement have undertaken an impact assessment of all NHS 24 contracts with no significant contractual issues identified.</p> <p>NHS 24 will require additional staff to support a special helpline, as well as, web development and communications to support any use of NHS Inform as a public health information tool. Costs have been outlined to Scottish Government at approximately £265k.</p> <p>External auditors Scott Moncrief considered EU Exit within their annual accounts audit of 2018/19 and have not identified any significant risks for NHS 24. Board financial planning assumptions and strategic objectives will require to be managed in line with continued SG engagement and support.</p>
<p><u>Food Resilience:</u> Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider</p>	<p>There are no anticipated direct risks to NHS 24 related to food shortages.</p> <p>Food shortage would be included in the indirect risk of increased demand from social care.</p>

plans on managing any potential food supply shortages in your Board.	
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**Return to [REDACTED] by 20 September 2019**



Health Board: NHS NSS PCF

Completed by: [REDACTED]

Date:09/09/19

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>(PCF) NP continues to work with SG Health &amp; Care Directorate, SG Procurement and DHSC, NP seek to mitigate anticipated border / customs issues created by a no-deal scenario. This may be managed effectively through supplier held UK stocks of goods in line with current UK Government assumptions plus an increased stockholding for items supplied from the NDC. This activity will compliment UK DHSC activities on medicines.</p> <p>An agreement has been reached that NSS will provide a triage solution for NHSScotland to feed into the UK wide NSDR solution.</p> <p>Weekly comms on progress and activity are issued from NP to SG and NHSScotland heads of Procurement.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>(PCF) NP contractual pricing is typically fixed for the initial 12 to 24 months of the contract term and thereafter linked to CPI , this , to date, has shielded NHSS from the significant price increases however in the last 2 months we have started to see an increase in the requests for price changes largely based around currency.</p> <p>There has been an increased level of medicine shortages over the last 2 months and this is being managed UK wide.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>(PCF) Should there be a continued depreciation of the UK Pound at the time of or following withdrawal, the contracted pricing methodology listed above might be challenged by suppliers, or used as leverage together with</p>



	potential supply chain issues to drive product and service price increases resulting in additional costs to NHSS.
(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?	(PCF) Updates on any reviews of tariffs and duty implications of various withdrawal scenarios might be required for further cost forecasting.  NP are participating in scenario testing with SG and DHSC in September and October.
(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?	Refer to NSS Report.
(6) What is your Board currently doing to communicate with and support EU27 staff?	Refer to NSS Report.
(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?	(PCF) There could be financial implications for NP as a result of our HB customers wishing us to negotiate with our suppliers to mitigate the effects of any application of tariffs, e.g. asking them to reduce their cost basis before the tariff is applied. This could mean substantial engagements with all suppliers in a one off addition work to our BAU.  There are additional costs arising from increased storage levels for NDC stock items and for providing a triage solution to both health and social care. Costs are being reviewed with finance and SG.

**Return to [redacted] by 20 September 2019**

## Annex A: NHS Scotland Board Operational Readiness Checklist

**The State Hospital**

**Health Board: NHS NSS SNBTS**

**Completed by:** [REDACTED]

**Date: 12<sup>th</sup> September 2019**

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>SNBTS are reviewing the previously identified critical items and stockholding required in accordance with the updated planning assumptions to minimise the impact. Agenda item on Operations meetings and regular meetings now being scheduled for update service leads on update from SG EU Exit Networking Group and UK Blood Forum.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>There have been some price changes if quotes are more than a few months old and we try to re-align the budget requirement and forecasting.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>EU Exit discussions undertaken at Senior Management level. Risk and mitigation actions recorded in NSS Risk Register - Risk No 5360 - There is a risk that the; national, regional and organisational arrangements to manage the impact of the EU Exit will be insufficient in some aspect and result in some level of disruption to service delivery.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p>Review of stock levels for critical items and consideration to updated UK planning assumptions.</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>Engagement with SG EU Exit Networking Group, PCF and UK Blood Forum resilience group. Process underway to assess workforce impacts.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>Included within NSS report.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU</p>	<p>As stated above SNBTS will re-align budgets and forecast spend when</p>

## Annex A: NHS Scotland Board Operational Readiness Checklist

withdrawal. If so, what measures have you put in place to address these?	financial implications emerge throughout this process.
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**Return to [redacted] by 20 September 2019**

## Annex A: NHS Scotland Board Operational Readiness Checklist

Health Board: NHS NSS

Completed by: NSS Resilience

Date: 13/09/2019

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal?;</p>	<p>We do not envisage significant operational impact resulting from the EU withdrawal. Our role is mainly to support and minimise impact for the rest of the health and care sector where we can, for example, through logistics and supply.</p> <p>The number of staff directly impacted within NSS has been estimated at approximately 2% of NSS' workforce.</p> <p><b>HPS (Health Protection Scotland)</b> Engagement ongoing as part of a 5 Nations (inc. ROI) UK response from the perspective of health protection to this potential withdrawal. Next 5 nations, overseas territories and crown dependencies workshop on vaccination programmes - Belfast Oct 19.</p> <p><b>ISD (Information Service Division)</b> Scottish Clinical Trials Research Unit have identified all clinical trial drug supplies that are imported from EU and analysed UK held supply levels for the clinical trials sponsored by Common Services Agency. Have sought to mitigate anticipated border/custom issues created by a no-deal scenario by ensuring stocks of goods in UK are sufficient for 12-week period. Have liaised with all UK DOH status requests on Clinical Trial supplies.</p> <p>Potential shortage of medicines could lead to a requirement for additional information on patients /volumes of medicine affected for SG &amp; NHS Boards, leading to a subsequent increase in workload for PHI Prescribing</p>
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## Annex A: NHS Scotland Board Operational Readiness Checklist

	<p>Team. There is work led by the Dept. of Health and Social Care on behalf of the UK regarding medicines supply and possible disruption. Scotland has a Medicines Shortage Group (Scotland) which links to this work.</p> <p>There has been some early work to engage with Medicines Shortage Resource Group (MSRG) Scotland and SG to understand their information requirements and develop some draft data templates. MRSG is setting up a working group, meeting for the first time on 11<sup>th</sup> September, where reporting aspects will be explored. ISD will be represented on this working group. Need to also engage with NHS Boards regarding their requirements.</p> <p><b>P&amp;CFS (Practitioner &amp; Counter Fraud Services)</b> Potential shortage of medicines could lead to an increase in number of short supply items which could generate additional workload. UKG technical notice seeks to mitigate this. Serious shortage protocol being developed for shortages of specific medicines</p> <p><b>For more detail, refer to PCF (of which NP is part) &amp; SNBTS return.</b></p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?;</p>	<p>Additional resource and effort has been put in place to support the health and care sector, particularly through efforts in National Procurement (NP) to support supply chain and procurement of additional stock, (Scottish Government are kept up to date on the detail) however this is felt through a number of services within NSS. This comes at a time when we are being requested to undertake additional support to government in other areas.</p> <p><b>For more detail, refer to PCF (of which NP is part) &amp; SNBTS return.</b></p>

## Annex A: NHS Scotland Board Operational Readiness Checklist

	<p><b>HPS</b>          Already having an impact on provision and eligibility for international epidemiological and microbiological training and guidance development.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?;</p>	<p>NSS has identified one high impact, medium likelihood corporate risk – ‘There is a risk that the UK's exit from the European Union impacts on the way that NSS operates due to resultant change in membership/access to EU organisations and institutions in which NSS SBUs participate’. This has mitigating actions around liaising with appropriate regulatory bodies / institutions / partners and reviewing / updating our support against latest national position regarding Brexit arrangements. This risk and our corresponding actions to support health and care are reported to each meeting of our Finance, Procurement and Performance Committee (sub Committee of our Board).</p> <p>We have a number of more specific risks managed through our risk register in relation to impact on specific services; supply of goods / ordering / cost of goods; impact on budget; impact on clinical trials and impact on workforce. All have mitigating actions which are being managed.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board?;</p>	<p>Take forward work within our current workforce planning cycle to consider the implications of the UK withdrawal from the EU.</p> <p>Continue to liaise with Scottish Government, UK government and other bodies / institutions on the latest developments and support preparation.</p> <p><b>HPS</b>          Continued collaboration is essential but potential funding issues arise for epidemiology and microbiology training that otherwise would have been paid</p>

## Annex A: NHS Scotland Board Operational Readiness Checklist

	<p>from EU budget through the European Centre for Disease prevention and Control (ECDC). In the future this will be through Scotland's participation in the UK development of Field Epidemiology Training Programme (FETP).</p> <p>There is a risk that if we lose access to the European Early Warning Reporting System (EWRS) we will receive less timely information on emerging threats, incidents and outbreaks. Through the 5 Nations strengthened approach we need to ensure the reporting arrangements will allow early and timely information sharing and exchange on incidents and outbreaks.</p> <p><b>P&amp;CFS</b> Potential lack of available dentists from EU. Profile of dental workforce now known (10% EU).</p>
<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?;</p>	<p>We are awaiting national guidance on this point due to the legal implications.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>We invited staff to register to receive targeted communications about the UK withdrawal and have issued regular communications and updates. Staff have been given protected time to apply for the EU settlement scheme. We have set up a dedicated section on our HR portal within our intranet and published guidance for staff and managers.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p><b>CLO Central Legal Office</b> In relation to work with commercial contracts, the only impact identified is how procurement will be regulated under Brexit which will probably affect the processes followed for Procurement in the Department.</p>



## Annex A: NHS Scotland Board Operational Readiness Checklist

	<p><b>HPS</b></p> <ul style="list-style-type: none"> <li>-To replace the European Programme for Intervention and Epidemiology Training (EPIET) there would be an annual requirement of <b>£60Kpp</b> for FETP.</li> <li>-Requirement to host 5 Nations Meeting (every 5<sup>th</sup> mtg), at an annual cost <b>£20k</b>.</li> <li>-Enabling a strengthened reporting arrangement (EWRS replacement) <b>£10k</b> annually. Planning, meeting and attendance.</li> <li>-Harmonising Surveillance outputs to allow inter country comparison - <b>£200k</b> per year for three years then <b>£100k</b> annually thereafter (IT and personnel resource).</li> </ul> <p><b>ISD</b></p> <p>Scottish Clinical Trials Research Unit have identified a corporate risk 5633 - Brexit Clinical Trial Personal Data Flow Implications. There is a risk that in the event of a No deal Brexit scenario that the free flow of personal data for clinical trial participants from the EU to the UK will stop, as the UK will be considered as any other third country. This risk cannot be mitigated against. If the free flow of data cannot be established in a timely manner, there is a risk that the Clinical Trials cannot be completed as per contract.</p> <p><b>For more detail, refer to PCF (of which NP is part) &amp; SNBTS return.</b></p>
<p><b>8) Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board.</b></p>	<p>Minimal staff impact, related to staff catering facilities.</p>

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Health Board: The State Hospital

Completed by: ██████████ Security Director

Date: 18/09/2019

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<ul style="list-style-type: none"> <li>• Current assessment for TSH is difficult to predict given the levels of uncertainty around Reasonable Worst Case impact. We are confident that our main concerns around food, fuel, medicines and staff have been addressed through individual risk assessments.</li> <li>• TSH will have weekly meetings from w/ c 30 September 2019 until further notice led by the Security Director. There are direct links with SGHRU and Lanarkshire Local Resilience Partnership.</li> </ul>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<ul style="list-style-type: none"> <li>• There have been no direct tangible impacts of EU withdrawal on the Board at this stage.</li> <li>• Indirect impacts may be less visible e.g. economic impact on wider economy and subsequent impacts on procurement costs etc.</li> </ul>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p><b>a) Workforce:</b> Due to the specialist nature of our service and the legal frameworks underpinning care delivery, we almost entirely rely on a UK trained and locally based workforce. As a result we anticipate minimal direct impact on our workforce. <b>Risk:</b> Low <b>Action:</b> Continue to share information with staff as available and in line with national guidance.</p> <p><b>b) Supplies:</b> <b>1) Pharmacy</b> – We rely on pharmacy sourced through National Contracts. Any delay or shortage in supplies of specialist pharmacy supplies could have a major impact on safe and effective care delivery. TSH has concerns should a shortage of Clozapine arise however current indicators provide this is unlikely to materialise. <b>Risk:</b> High</p>

	<p><b>Action:</b> Maintain communication with NHS Lothian regarding supply issues and resilience plans / establish status of national resilience plans. Review local resilience plans in case of emergency situation.</p> <p><b>2) Specialist Equipment</b> Some equipment / spares will be sourced through EU routes. Delays in accessing these may impact on safety and security. E.g. Turnstile parts supplied from Italy. <b>Risk:</b> Medium <b>Action:</b> Risk assessment to be undertaken by Senior Team.</p> <p><b>3) Disruption in general supplies</b> Disruption to cross boarder traffic with EU could cause significant delays in general supplies reaching the hospital. This could impact on for example catering for patients and staff. <b>Risk:</b> Medium <b>Action:</b> Monitor national plans to address any supplies shortages.</p> <p><b>4) Cost Increase of Supplies</b> Equipment and spares sourced from outside of the UK could have an increased cost. An increase has already been noticed in the purchase of IT equipment. <b>Risk:</b> Medium <b>Action:</b> Closely monitor costs of all equipment and supplies purchased. Highlight with Finance if significant increases are incurred.</p> <p><b>c) Changes in Legal Frameworks</b> Uncertainty in relation to status of procedures based on European Law following exit from EU. Eg Procurement processes / Employment Policies etc. <b>Risk:</b> Low <b>Action:</b> Monitor national position and guidance.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<ul style="list-style-type: none"> <li>• Include EU withdrawal on the Corporate Risk Register with specific identified risks and mitigation</li> <li>• Ensure regular communication with staff regarding any changes associated with EU withdrawal.</li> <li>• Ensure Executive Team are engaged in national discussions as appropriate to the</li> </ul>



	identified risks.
(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?	<ul style="list-style-type: none"> <li>• The Board will be establishing through a confidential staff survey which staff if any have non-UK EEA status.</li> <li>• Complying with national guidance regarding communications to staff.</li> </ul>
(6) What is your Board currently doing to communicate with and support EU27 staff?	<ul style="list-style-type: none"> <li>• The Board will be establishing through a confidential staff survey which staff if any have EU27 status.</li> <li>• Complying with national guidance regarding communications to staff.</li> </ul>
(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?	<ul style="list-style-type: none"> <li>• No tangible direct financial impact identified at present.</li> </ul>
8) <u>Food Resilience:</u> Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board.	<ul style="list-style-type: none"> <li>• Contingency arrangements already in place to ensure resilience in the event of food shortages. TSH are solely reliant NHS national contracts for food supply.</li> </ul>

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## Appendix – SG Proforma

### Health Board: Golden Jubilee Foundation

Completed by: [REDACTED] Head of Clinical Governance

Date: 11<sup>th</sup> September 2019

<p>(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?</p>	<p>Our executive Nurse Director who is our Executive Resilience lead is the Exec lead or EU Withdrawal, supported by the Head of Clinical Governance. We have established a sub-group of our Resilience Group consisting of leads from procurement, medical physics, pharmacy, R&amp;D, hotel and HR with support from communications also.</p> <p>The group is meeting as required and reporting formally to the resilience group with updates also being shared via the Executive team and Senior Management Team.</p>
<p>(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?</p>	<p>To date we have not experienced any issues as a direct result of EU withdrawal.</p>
<p>(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?</p>	<p>Our key risk areas remain as before with the key concern being the unknown and lack of clarity with expectation that many of the issues/ risks will emerge longer term. There is a risk relating to this on our Board register which is reviewed via our Senior Management Team and Board. It is currently at a medium level but we will revise this as the exit date approaches.</p> <p>In relation to medical equipment there is a risk around some key pieces of equipment (such as laboratory analysers, CT scanners) if they encounter any failures there is concern about delay in parts being delivered that could impact operationally but contingencies are in place to mitigate as far as possible.</p> <p>EU withdrawal has been noted as a specific risk within our expansion programme risk register due to potential implications financially and from the construction perspective; that aspect is being discussed with our contractor.</p>
<p>(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?</p>	<p>We will continue to review the position across the key areas and respond accordingly.</p> <p>We will update our communications to staff and confirm with high risk areas that contingency plans have been reviewed to ensure they are up to date.</p> <p>We will have support to the Duty Managers the week of the planned exit date to ensure any issues are quickly identified and escalated appropriately.</p>

<p>(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?</p>	<p>Significant work has been undertaken for workforce planning as part of our expansion plans. We have identified the areas of high risk and support is in place for staff to register for residency status with ongoing discussions via line managers. Existing systems to support immigration checks will be applied.</p>
<p>(6) What is your Board currently doing to communicate with and support EU27 staff?</p>	<p>A dedicated page has been established on our intranet. HR have also prepared a specific briefing for staff directing them to the Scottish Government information. Line managers in areas of high risk are also having direct discussions.</p>
<p>(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?</p>	<p>The Board has provided a small contingency within financial planning but at this stage it is not clear yet on true financial consequence when final outcome of 31<sup>st</sup> October is known.</p>

**Health Board: Scottish Ambulance Service****Completed by: [REDACTED] Head of Service, Strategic Operations & Resilience****Date: 19 September 2019**

(1) How ready is your Board to deal with the potential operational impacts of EU withdrawal – including setting out your overarching governance e.g. Board, EU Exit Groups in place?	We continue to build on our initial preparations from phase 1, to ensure operational preparedness for the EU exit planned for 31 Oct 2019. We have an appropriate structure in place (EU Exit Strategic Planning & Reporting Manager, EU Exit Manager, EU Ambulance Liaison Officer & Loggist and EU Exit team comprising of relevant SME's as required). Regular updates are fed into the Resilience Committee and also the Board. Externally, we are active partners in the SRP EU Exit sub group, the EU Exit Health Resilience Co-ordinating group and the SRP EU Exit Recovery Group.
(2) Is your Board already seeing impacts of EU withdrawal and, if so, what are you doing to mitigate these impacts?	No significant impact to date. However, we have seen some significant price increases with suppliers on some of our existing contracts (i.e.: IT maintenance) and when queried, it has been attributed to Brexit. We have also seen some exchange rate pressures in our air ambulance contract which is also being attributed to Brexit.
(3) What risks is your Board identifying as a result of EU withdrawal, how are these being recorded and what sorts of mitigating actions are being identified to deal with them?	We have an EU Exit Risk Register to capture and manage associated risks. Key risks are increased operational demand, workforce, procurement & medicines. A broad range of control measures are in place, typically around early engagement, workforce planning/management, multi-agency working, emergency and business continuity planning and seeking to ensure continuity of supplies. Brexit remains one of the highest risks on our Corporate Risk register and assurance on mitigations and controls is provided to the Board through the Service Resilience Committee. There are also some civil contingencies risks that are shared across other Cat 1 responders, which are being managed collaboratively.
(4) What more needs to be done now to ensure operational readiness in your Board (including working with social care and other partners)?	Continued development of plans to take full account of the concurrency issues (winter planning, increased demand etc) and to further develop confidence around continuity of supplies & medicines. We have also estimated

	the “worst case” financial implications of a No Deal EU Exit and this is being closely monitored.
(5) What is your Board doing to ensure it has the data it needs to (a) plan for the impact of EU withdrawal on your workforce and the local services you provide; and (b) consider the future immigration status of non-UK EEA staff?	<ul style="list-style-type: none"> <li>a) We continue to monitor a range of existing data in relation to workforce and service delivery</li> <li>b) We are not significantly/directly impacted by non UK EEA staff but continue to monitor this</li> </ul>
(6) What is your Board currently doing to communicate with and support EU27 staff?	Whilst numbers are not significant, we have a range of information channels & guidance for both staff and managers to ensure EU27 staff are fully supported
(7) Have you assessed the potential financial implications for your organisation arising from EU withdrawal. If so, what measures have you put in place to address these?	In the short term, there will be relatively minimal costs associated with the planning and implementation of our EU Exit Plan (mainly around providing robust cover for the Multi Agency Control Centre (MACC)). This was previously estimated in the region of £30k. These costs will be tracked and wherever possible, minimised. In the longer term, there is the real potential for increased operating costs in relation to fuel, supplies and services and arrangements will be put in place to monitor this. We have seen some impact of this already. We have also estimated the additional costs of a No Deal EU Exit and this is also being closely monitored.
8) Can you set out the contingency arrangements in place covering food resilience including work with local suppliers (where applicable) and wider plans on managing any potential food supply shortages in your Board	No specific actions are relevant for the Scottish Ambulance Service.

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