

**WOLVERHAMPTON CCG**

**Governing Body**  
**Tuesday 12th February 2019**

**Agenda item 10**

<b>TITLE OF REPORT:</b>	EU Exit (Brexit) Assurance
<b>AUTHOR(s) OF REPORT:</b>	Tally Kalea
<b>MANAGEMENT LEAD:</b>	Mike Hastings
<b>PURPOSE OF REPORT:</b>	To provide the Governing Body assurance that the CCG is Fulfilling its duties in preparation for the possibility of a 'No Deal' EU Exit (Brexit) scenario
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>Commissioners seek assurance and support local providers</li> <li>Wolverhampton CCG is well placed in terms of Capacity and Business Continuity</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>Governing body receive and discuss this report</li> <li>Be assured that robust communications and plans are in place for a 'No Deal' scenario</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	The CCG has an assurance plans and supporting mechanisms in place to enable it to respond to a full range of incidents, both internally and externally.
2. Reducing Health Inequalities in Wolverhampton	
3. System effectiveness delivered within our financial envelope	The CCG is carrying out its statutory duty and seeking assurances from Providers to ensure system delivery continues.



## 1. BACKGROUND AND CURRENT SITUATION

1.1. *“It is a word that is used as a shorthand way of saying the UK leaving the EU - merging the words Britain and exit to get Brexit, in the same way as a possible Greek exit from the euro was dubbed Grexit in the past. Further reading: The rise of the word Brexit*

*Why is Britain leaving the European Union?*

*A referendum - a vote in which everyone (or nearly everyone) of voting age can take part - was held on Thursday 23 June, 2016, to decide whether the UK should leave or remain in the European Union. Leave won by 51.9% to 48.1%. The referendum turnout was 71.8%, with more than 30 million people voting.*

*When is the UK due to leave the EU?*

*For the UK to leave the EU it had to invoke Article 50 of the Lisbon Treaty which gives the two sides two years to agree the terms of the split. Theresa May triggered this process on 29 March, 2017, meaning the UK is scheduled to leave at 11pm UK time on Friday, 29 March 2019. A European court has ruled that the UK can decide to stop the process. Alternatively it can be extended if all 28 EU members agree, but at the moment all sides are focusing on that date as being the key one, and Theresa May has put it into British law.”*

( BBC Website <https://www.bbc.co.uk/news/uk-politics-32810887> )

1.2. As you will be aware, the Government and the EU have now agreed the basis upon which the UK will leave the EU in March 2019. ‘No deal’ exit is not the Government’s policy, but it is our duty to prepare for all scenarios.

1.3. An Operational Response Centre has been established By NHS England to support the health and care system to respond to any disruption, and will not bypass existing local and regional reporting structures.

1.4. Commissioners must engage with local Providers to seek assurance based around the guidance in key areas including;

- Workforce
- Medicines and Vaccines
- Medical Devices,



- Goods and Services
- Data Protection
- Reciprocal Health
- Clinical Trials and investment

1.5. Wolverhampton CCG (WCCG) has appointed Mike Hastings, Director of Operations as the organisations EU Exit Senior Responsible Officer (SRO). He will be supported by the Operations team.

1.6. A 'no deal' Brexit has been discussed with WCCG's SRO, The Royal Wolverhampton NHS Trust (RWT) and Wolverhampton Council. A meeting will be arranged to triangulate plans.

1.7. Due to the lively political negotiations, details change hourly so this reports sets out high level responsibility for the CCG.

## **2. Main Body Of Report**

2.1. NHS providers and commissioners will be supported by local NHS teams to resolve issues caused or affected by EU Exit (Brexit) as close to the frontline as possible. These issues will be escalated to regional level, as required. Where issues are impacting across the health and care system at a national level, the Operational Response Centre will co-ordinate information flows and responses.

2.2. Commissioners are closely working internally, with NHSE and local Providers to ensure that all aspects of a 'No deal' scenario has minimal impact on organisational processes and patient care.

2.3. WCCG are expected to provide support to Providers to test existing Business Continuity and Incident Management Plans against Brexit Risk Assessment

2.4. WCCG has sent communications including EU Exit Readiness Guidance (Appendix one) and an EU tracker (Appendix two) to Provider organisations seeking assurance that robust plans are in place, where relevant, for a no deal scenario. This includes The Royal Wolverhampton NHS Trust and Wolverhampton GP Practices. This is to be returned to NHSE by Monday 21<sup>st</sup> January 2019

2.5. WCCG will continue with business continuity planning in line with legal requirements under the Health and Social Care Act 2012, including taking into account guidance and working with wider system partners to ensure plans across the health and care



system are robust. These organisational and system-wide plans will be completed at the latest by the end of January 2019

2.6. Key Points to bear in mind:-

- Seek Assurance from Providers that Risk Assessments and Business Continuity plans have been taken out and tested, this in hand with the RWT Emergency Planning Lead
- Review capacity and activity plans and as well as annual leave and command and control arrangements which is being undertaken at CCG,RWT and GP level
- The Governing Body can be assured that Operational programmes of work are being considered, discussed and supported for all areas that commissioners are responsible for.

**3. CLINICAL VIEW**

3.1. Not applicable

**4. PATIENT AND PUBLIC VIEW**

4.1. Not applicable

**5. KEY RISKS AND MITIGATIONS**

5.1. Failure to progress would leave WCCG exposed both in terms of compliance and also in its key role in managing the local health economy, as the commissioning organisation, and, in extremis, as the tactical tier for supporting NHS England and local Providers.

**6. IMPACT ASSESSMENT**

***Financial and Resource Implications***

6.1. Not Applicable

***Quality and Safety Implications***

6.2. Not Applicable



***Equality Implications***

6.3. Not applicable

***Legal and Policy Implications***

6.4. It has been identified nationally that Commissioners must seek assurance from Providers and assist where necessary, failure to comply would leave commissioners at risk of not supporting national guidance.

***Other Implications***

6.5. Not applicable

**Name: Tally Kalea**

**Job Title: Commissioning Operations Manager**

**Date: 16/01/2019**

**ATTACHED:** EU Exit Readiness Guidance (Appendix one)  
EU tracker (Appendix two)

**RELEVANT BACKGROUND PAPERS**

(Including national/CCG policies and frameworks)

**REPORT SIGN-OFF CHECKLIST**

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		



Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
<b>Signed off by Report Owner (Must be completed)</b>	<b>T Kalea</b>	<b>18/01/19</b>

