

Report Title	Brexit update		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, SRO for EU Exit		
Meeting	Trust Board	Date	7 th February 2019

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Board should consider whether our expected preparation plans over the next eight weeks are sufficient, given the constraints we face in planning locally.

The Trust has completed all issued self-assessment templates issued to us by DHSC and other departments. Our readiness assessments are typically compliant with a handful of documents showing as red rated until the end of February when updating will be complete. In particular we are not stockpiling either medicines or devices, in line with central instructions. Our own assessment is that our immediate workforce risks from a 'no transition period' position are low.

We are working through over the next month the recently issued Brexit scenarios planning documents from NHS England.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan		Research and Development		Estates Plan	
Financial Plan	X	Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

n/a

4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the work being done to plan for March 29th onwards
- b. **RECOGNISE** that planning to date is for the short term impact of unknown change

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a					
Board Assurance Framework		To be added in line with last Board after meaningful vote					
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	Feb 19
Quality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	Feb 19

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 7th February 2019

Brexit readiness assessment - considerations

- 1.1 DHSC issued guidance on 21 December on preparing for EU Exit. This asked Trust Boards to consider the implications, which we had discussed as a Board in both November and December. We agreed then to create a structure to manage through February and March, and to **return the item to February's Board in expectation that by that point greater clarity might be visible to us**. This paper permits this discussion, albeit the options though narrowed remain varied.
- 1.2 **Our greatest risk remains supply of medicines and equipment**. Central guidance expressly forbids local stockpiling, and we are compliant with that guidance. However, to post, we do not have visibility of the central stockpiling arrangements, scale or distribution. If that visibility is not available by February 28th we would consider that we need to examine what work will need to be discontinued both after March 29th and potentially before unless security of supply can be assured for individual treatment courses for specific items. Assessing that patient-level risk is the work to be completed over the next month.
- 1.3 We have completed the supply chain assessment that we can for locally purchased items. **This highlights ophthalmology supply chains as relatively unassured to date**. On March 4th, for other purposes, major regional eye hospitals are meeting together, hosted by the Trust at Sandwell. We will explore with partners in that forum how we are all collaborating to ensure best continuity of supply.
- 1.4 **Our current assessment of immediate workforce risk shows a low level of exposure to disruption**. As part of other work to consider labour supply over the next five years we will need to assess our medium term exposure, which would arise both from future immigration policy and from a more competitive market in non-EU labour supply if other healthcare providers switch into those markets after Brexit.
- 1.5 We understand that by the end of February it should be apparent if the March 29th date is operational or has been extended or otherwise varied. **By w/b February 18th, we will have completed an assessment of the scale of risk we face in specific patient groups**. We will also have drafted our immediate April business continuity plans. A weekly project team is meeting to govern these steps, and the frequency and intensity of preparations will be kept under review as we move through this month.

Toby Lewis, Chief Executive
31st January 2019