



NHS Estates & Facilities EU Exit Guidance

March 2019

1. INTRODUCTION

- 1.1. Further to the Department of Health and Social Care (DHSC) guidance published on 21 December 2018,¹ and in accordance with the DHSC planning assumption of a no-deal EU exit on 29 March 2019 and the letter from Professor Keith Willett on 2 February 2019 (attached separately), this update document sets out the initial planning stage that trusts should undertake to mitigate the likelihood of EU exit-related incidents.
- 1.2. This document builds on these and sets out the initial planning stage that all estates and facilities departments should currently be working on.
- 1.3. Should the need arise these plans will form stage 1 of our standard four-stage incident and governance plan, previously used for incidents such as Grenfell, Carillion and Waste. In that instance further guidance will be issued

2. CONTEXT

- 2.1. In the event of a no-deal exit the EU Commission has made it clear that it will impose full third country controls on people and goods entering the EU from the UK. As a result, the cross-government planning assumption is that we should prepare for the potential impacts that the imposition of third country controls by EU states could have, specifically those from significantly reduced access across the short straits for up to six months.
- 2.2. Accordingly, the DHSC has initiated several project workstreams to safeguard the supply of Medicines & Vaccines, Medical Devices & Clinical Consumables, and Non-Clinical Goods & Services, including Estates & Facilities Management (EFM) into the Primary and Secondary Healthcare sectors.

3. PLANNING

3.1. **EFM operations**

Trusts should already have contingency plans in place which consider the management of service failures. Plans for EU exit should build on existing contingency plans and be reviewed in light of the context set out above.

Trusts should develop an EU Exit Response Plan for the estates and facilities services that specifically considers the:

¹ DHSC guidance, 21 January 2019 available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768077/eu-exit-operational-readiness-guidance.pdf

- risks and impact
- contingency plans and mitigation measures.

Plans should consider:

- Products, supply chains, categories and which suppliers are the most critical;
- Written confirmation from critical suppliers to deal with any issues identified such as:
 - (1) the preparedness of critical suppliers (e.g. progress towards being awarded Authorised Economic Operator (AEO) status if they import, or plan to import, from the EU);
 - (2) the level of BAU stock that suppliers hold, and the amount of additional contingency stock that they plan to increase it by;
 - (3) changing the content of services provided to patients to reduce reliance on EU sourced products that could be subject to port delays (e.g. fresh produce items);
 - (4) establishing and maintaining a continuous dialogue with providers and suppliers to ensure continuity of supply;
- Building additional resilience into arrangements with preferred suppliers to change suppliers or dual source products if necessary, including using more local suppliers;
- Checking the availability of critical supplies from both preferred suppliers and the wider market; and
- The establishment of 'shadow' supply chains of additional suppliers that can be called on to broaden the supplier base for items susceptible to disruption.

3.2. **Workforce and staff engagement**

Trust staff have the detailed knowledge required to identify and highlight areas at risk and will be amongst the first to encounter any actual issues arising from the associated risks.

Therefore, trusts should identify those staff critical to the delivery of services and, as a matter of priority, should undertake the actions required to ensure the availability of those staff during the post-EU exit transition period. Trusts should also ensure that appropriate contingency plans are in place to secure alternative sources of the critical skills and expertise required.

3.3. **Things to consider:**

- The identification of any additional short-term workforce requirements;
- The identification and/or implementation of technology solutions to relieve pressure points; and
- The longer-term impact on staff who live near ports and the effect on their journey to work.

3.4. **Additional information and EU Settlement Scheme**

- a) The current expectation is that health and care staff will not be leaving in significant numbers around exit day. Organisations can escalate concerns through existing reporting mechanisms to ensure there is regional and national oversight.
- b) Organisations should support staff in applying for 'settled status'.
- c) Through the EU Settlement Scheme, EU citizens will be able to register for settled status in the UK if they have been here for five years, or pre-settled status if they have been here for less than five years.² This will ensure the rights of EU citizens are protected in the UK after EU exit and guarantees their status and right to work.
- d) The scheme will be fully open by March 2019 and remain open until 31 December 2020 in a 'no deal' scenario, so there will be plenty of time for EU staff to register.

3.5. **Legal issues**

Trust should review current contracts to ensure they are aware of key contract terms and identify potential legal and commercial issues associated with a no-deal EU exit. They should access legal advice where required.

Issues that trusts may wish to consider include (but are not limited to):

- a) Food safety and food labelling regulations (although the likelihood is that these will not change in the short to medium term);
- b) Methods of ensuring that required operating standards (e.g. food standards, health and safety, etc) are maintained;
- c) Procurement issues and the potential for pricing increases;

² The registration process can be accessed at: <https://www.gov.uk/settled-status-eu-citizens-families/applying-for-settled-status>

- d) Potential impacts on current or planned construction, refurbishment or disposal works; and
- e) The approach to the management of existing contracts and any KPI/ service credit regimes (including the short-term suspension of any performance measures).

CONTACT FOR QUERIES

Please contact Nhsi.efmeuexit@nhs.net for answers to any queries in respect of this guidance.