TRUST-WIDE NON-CLINICAL DOCUMENT

FUEL SHORTAGE PLAN

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TRUST-WIDE NON-CLINICAL DOCUMENT

2016 – Version 1

Quality, recovery and wellbeing at the heart of everything we do
# FUEL SHORTAGE PLAN

This plan is written to enable Mersey Care NHS Foundation Trust to continue to provide critical services in the event of a national fuel shortage.

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**Copies of this document are available from the Author(s) and via the trust’s website**

**To be read in conjunction with**

- Major Incident Plan(SA31)  
- Business Continuity Policy (SA44)

This document can be made available in a range of alternative formats including various languages, large print and braille etc.

**Version Control:**

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SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY’S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, Safeguarding Ambassadors or the trust’s safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of Fairness, Respect, Equality Dignity, and Autonomy
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### Appendices

- Appendix 1 Emergency Fuel Log Form: 21
- Appendix 2 Temporary Logo Card: 22
1. INTRODUCTION

1.1 This plan is written to enable Mersey Care NHS Trust to continue to provide critical services in the event of a national fuel shortage.

1.2 It is envisaged that the main obstacle to be overcome in the event of a fuel shortage is that of human resources, primarily staff getting to work.

1.3 The Department for Energy and Climate Control (DECC) has developed a contingencies plan in the event of a fuel shortage. The National Emergency Plan-Fuel. (NEP-F). Within this plan are emergency powers that can be implemented in the event of disruption to fuel supplies that enable the continuing supply to the emergency services and other utility organisations, some of whom supply the health service. In the event of a fuel disruption Mersey Care NHS Foundation Trust will ensure flexibility and be sensitive to issues surrounding problems with staff transport. The Trust in response, expect where possible, flexibility and support from its employees during any such crisis. The Trust's response to a disruption in fuel supply will be proportionate to the scale of the disruption.

1.4 In the event of a minor fuel disruption the Trust will make all efforts to advise staff of responsible fuel purchasing and fuel conservation as well as cascading central government messages to staff.

1.5 In the event of a major fuel disruption the government may introduce emergency powers and activate various schemes in order to both conserve fuel and ensure that priority services and infrastructure are maintained. Within these schemes are contingencies to evenly distribute certain amounts of fuel to the public and also to ensure that the emergency services are supplied with fuel to provide their services. In addition, certain activities within the Trust may need to be assessed and potentially scaled down in order to conserve fuel.

1.6 The continuation of emergency clinical services and the activity that supports these services are the core functions that need to be maintained by the Trust in the event of a fuel disruption. Therefore, any special measures implemented by the Trust need to assist in maintaining these core functions. In addition, if the Trust can implement measures that will assist in the conservation of fuel it will help contribute to the national response of the disruption.

1.7 Contingencies to supply key staff using their own vehicles in the course of their work for health and social services may be implemented; however, there is no provision for fuel to be given to staff to get to work. This needs to be taken into account by staff when the amount of fuel allocated to them as members of the public is provided and they may need to consider alternative arrangements for getting to work during a period of fuel shortage. The Trust will endeavour to maintain staffing levels to maximum capacity wherever possible by activating in-house procedures which may include shift changes to accommodate staff who can get into work via public transport (public transport will continue to be supplied with fuel in a fuel crisis).
2. PURPOSE AND RATIONALE

2.1 The NHS Emergency Preparedness, Resilience and Response (EPRR) Framework and Core Standards for EPRR, require providers of NHS funded care to have suitable, in date, proportionate Business Continuity Plans in place, which detail how the Trust will maintain critical services during a disruptive event.

2.2 This plan is underpinned by the Trust’s Business Continuity strategy and a delivery programme, articulating the scope and process that will be undertaken to embed Business Continuity into the culture of the Trust.

2.3 This plan documents the actions to be taken in response to a real or potential fuel shortage utilising the both the “NHS Guidance on Planning for Disruption to Road Fuel Supply: Strategic National Guidance for NHS Organisations” and the “National Emergency Plan-Fuel”.

3. TRIGGER POINTS

3.1 Actions taken in the incidence of a fuel shortage will vary according to the severity of the shortage. All communications received by any member of the trust management with regards to a potential fuel shortage should be disseminated to the Executive Director of Nursing and the Head of EPRR/Business Continuity & Risk at the earliest opportunity.

3.2 With increased severity the NEP-F will be activated and used in conjunction with the emergency powers contained in the Energy Act 1976. Communication regarding activation of the NEP-F will come via the Lead PCT for NHS Resilience. If circumstances allow, the Trust will receive 48 hours notice that all or part of the national plan is to be invoked. Once this information has been received the Head of EPRR/Business Continuity & Risk will then inform the Executive Director of Nursing, who in turn, will fully activate this plan. In their absence this role will be undertaken by the On-Call Executive Director.

4. RESPONSIBILITIES

4.1 Chief Executive
   • Ensure that there is an effective policy relating to business continuity in relation to fuel shortages.
   • Will ensure this policy is monitored as part of the Emergency Planning Forum.

4.2 Executive Director of Nursing (Emergency Planning Executive Director Lead)
   • Chair Emergency Fuel Shortage Group on behalf of Chief Executive, in order to coordinate trusts operational response, in the event of a major fuel disruption.

4.3 Head of EPRR & Risk (Emergency Planning Lead)
   • Will ensure that the plan is tested, reviewed annually and updated as new information emerges.
   • Update the Executive team and senior managers in the event of a fuel disruption.
   • Ensure supply of appropriate number of temporary logos (laminated A4 in
4.4 Emergency Preparedness, Resilience and Response (EPRR) Working Group

The EPRR/Business Continuity Working Group will be responsible supporting the Head of Risk and EPRR in the delivery of the plan across the Trust. The Group will dovetail into the existing Trust governance arrangements and adopt the same reporting and accountability requirements.

4.5 Fuel Shortage Group

As a result of increased service premises or implementation of the NEP-F it may be necessary for the Trust to convene an emergency planning group chaired by the Chief Executive or delegated duty. The overall aim of the group is to direct the Trust’s operational response and provide situational reports as required.

4.6 All Managers

- Oversee the effective implementation of the Policy within their respective division/department.
- Implement action plans agreed by Emergency Fuel Shortage Group where relevant.
- Develop and maintain business continuity plans.
- Implement Emergency Services Scheme and/or Temporary Logo Scheme once activated.
- Cascade Communications messages.
- Sit on Emergency Fuel Shortage Group if required

4.7 Director of Estates & Facilities

- Ensure contingencies are in place for fuel oil to heat the trust premises.
- Ensure prompt cascading of information, regarding potential problems with fuel supply, to the Head of Quality & Risk
- Sit upon Emergency Fuel Shortage Group if required
- Will instruct the Transport Manager, if Temporary Logo Scheme implemented, to issue Trust Logo Cards (Appendix 2) to appropriate authorised personnel and maintain an accurate log sheet (Appendix 1) of the fuel purchased by personnel, retaining any appropriate receipts collected.
- Will organise on request from the Emergency Fuel Shortage Group accommodation for key staff during a disruption.
- Will maintain information on local accommodation that may be accessed by the trust if required.
- Will ensure Business Continuity Plans are in place to maintain essential supplies such as linen & catering.
- Sit on Emergency Fuel Shortage Group if required.

4.8 Head of Communications

- Co-ordinate media correspondence.
- Co-ordinate communications to trust staff
- Sit on Emergency Fuel Shortage Group if required.
4.9 **Head of Workforce Planning**  
- Will organise on request from the Emergency Fuel Shortage Group accommodation for key staff during a disruption  
- Will maintain information on local accommodation that may be accessed by the Trust if required  
- Sit on Emergency Fuel Shortage Group if required

4.10 **Heads of Departments**  
- Ensure staff are aware of their responsibilities  
- Manage flexibility within shift patterns and consider reducing the number of shifts worked (by increasing hours each shift)  
- Ensure arrangements are in place for maintaining continuity of services  
- Implement action plans agreed by Emergency Fuel Shortage Group where relevant  
- Facilitate implementation of car shares schemes by staff  
- Identify staff who may work at home  
- Brief staff of the situation, any new developments and Trust actions.

4.11 **Staff**  
- Prioritise journeys, avoid unnecessary journeys and take into consideration fuel needed to attend work.  
- Utilise other means of transport where possible such as: public transport, car sharing, walking or cycling to work.  
- Where the staff member has inadequate fuel to make the journey to work they should make every attempt to attend work by other means.  
- If all means have been exhausted and the staff member is unable to attend work they should contact their line manager/head of department giving as much notice as soon as possible before their next shift.

5. **MINOR FUEL DISRUPTION**

5.1 In the event of a potential minor disruption to the supply of fuel the trust will communicate with staff, advising them of responsible actions and passing any central messages. This will both ensure that staff are prepared and also reinforce the message of responsible fuel purchasing which will potentially prevent a minor disruption becoming significant.

5.2 The messages given to staff in this type of scenario would include:  
- Buying fuel normally and not panic buying is the responsible thing to do  
- Drive sensibly to conserve fuel use as per guidance issued by the Government on implementation of the NEP-F  
- If possible avoid using the car, use public transport, walk, cycle or car share where possible.  
- Ensure that they prioritise car use to have enough fuel to get to and from work if necessary and ensure if on-call, they have enough fuel to last them for that period.

5.3 Messages need to be communicated sensibly avoiding the potential to cause panic.
These messages can be coincided with any messages received centrally.

6. **MAJOR FUEL DISRUPTION**

6.1 In the event of a major fuel disruption, the government may be forced to implement emergency powers under the Energy Act 1976. In this incidence special measures may need to be put in place by the trust in order to manage during the disruptions.

6.2 In the event of a severe fuel disruption it may be necessary for the trust to suspend certain activity in order to ensure the core functions of the organisation’s Business Continuity Plan are maintained. This suspension would be co-ordinated by the Chief Executive in collaboration with commissioners.

7. **COMMAND AND CONTROL**

7.1 As a result of increased service pressures, or the implementation of the NEP-F, it may be necessary for the trust to convene an Emergency Fuel Shortage Group chaired by the Executive Director of Nursing or delegated deputy. The overall aim of this group is to direct the organization’s operational response and provide situation reports to the lead PCT.

7.2 This group may consist of:
- Executive Director of Nursing
- Executive Director of Workforce
- Head of Risk/EPRR
- Head of Estates & Facilities,
- Head of Communications
- Staffside Rep

7.3 In a shortage that requires the implementation of the NEP-F it is highly likely that a Strategic Co-ordinating Group (SCG), will be formed, as recommended in the “Strategic Command Arrangements for the NHS During a Major Incident (2007)”. The Emergency Fuel Shortage Group will provide any necessary situation reporting to the SCG during the period and ensure the implementation of any requested actions.

7.4 The Emergency Fuel Shortage Group will convene in room 16, at V7 building as identified in the Trust’s Major Incident Plan.

8. **MAXIMUM PURCHASE SCHEME (MPS)**

8.1 Under emergency powers the Government may issue a scheme to limit the public to 15 litres of fuel per visit to a petrol station. This should be adequate for staff to be able to travel to and from work. Staff will need to cut down on journeys that are non-essential and should be encouraged to use their vehicles sensibly. Staff will be expected to conserve fuel as far as possible to ensure that they can get to and from work at all times.

9. **EMERGENCY SERVICE SCHEME (ESS)**

9.1 Under emergency powers the Government may implement the Emergency Service
Scheme. In this scheme Designated Petrol Stations will supply fuel to vehicles with an emergency service Logo including NHS vehicles. This will allow vehicles owned by the trust to be supplied with fuel. This is predominantly for official trust logo carrying vehicles and 'Blue Light' services.

9.2 Temporary Logo’s may be issued for use by Emergency Service staff who drive vehicles that do not have emergency service logo’s. It is made clear in the NEP-F that this scheme should not normally be used to supply fuel to staff for the purposes of getting to work. Staff should be encouraged to conserve fuel for this, car share, walk or utilise public transport. However, the trust provides a round the clock service and has staff that visit patients in the community. It may be necessary to utilise this scheme in order to ensure key staff are available to and provide a service, however these services should be assessed and scaled down where possible.

10. TEMPORARY LOGO SCHEME (TLS)

10.1 Department for Energy and Climate Control (DECC) has introduced a TLS to enable access by those essential users who do not have access to logo carrying vehicles (e.g. GPs and many community care nurses, community pharmacies etc). However, to avoid the risk of abuse the Trust must ensure that temporary logos are only given for those vehicles that are used in carrying out critical services, and which cannot gain access to fuel through any of the other schemes implemented.

10.2 Regular communication with the Local Resilience Forum (LRF) should be maintained to keep an up to date record of the Designated Filling Stations within the area. This information can then be disseminated as required to staff.

10.3 In the event of the TLS being implemented

- Managers will identify essential car users who will need a temporary logo for the period of the fuel disruption
- Temporary Logo’s (Appendix 1) will be issued by the Trust Transport Manager for staff who may require fuel in order to fulfil their duties in the organisation.
- A Temporary Logo will be issued to the staff member for the purpose of one visit to the designated fuel station.
- The Temporary Logo will be returned to the Transport Manager after fuel has been obtained along with a copy of the receipt from the filling station verifying the amount of fuel obtained.
- A log will be maintained each time a temporary logo is used and the circumstances as to why it was required.
- The copy of the filling station receipt will be kept with the log.

10.4 It must be remembered that abuse of this scheme is an offence and could lead to prosecution.

11. DESIGNATED FILLING STATIONS (DFS)

11.1 The DFS process will be used to control the supply of fuel to a defined number of UK filling stations that will receive supplies for priority use only. Over 720 sites have been identified as potential DFS and fuel retailers engaged to ensure preparedness.
It will be the responsibility of the Head of Quality & Risk to ensure that a current list of DFS is kept. This will be disseminated as required and will also be published on the DECC website http://www.decc.gov.uk/default.aspx

12. RESOURCES AND SUPPLIES

12.1 A commercial scheme also exists to enable national supply chains to access fuel to continue the bulk delivery of pharmaceuticals and consumables to the trust. It is the trust’s responsibility, during a shortage, to ensure that they engage with suppliers to receive assurance of the delivery of essential supplies. Business continuity plans should be written, in preparation, for suppliers being unable to provide restock by managers in:

- Procurement
- Pharmacy
- Non-Clinical Support Services
- Any other appropriate service Manager

13. ESSENTIAL CAR USERS

13.1 In order to maintain the trust’s core function, within a fuel shortage, the trust must decide what its priority functions are and who requires fuel to deliver them. It is the responsibility of Directorate Managers, to undertake this task and authorise collection of a Temporary Logo to personnel. Utilising Department of Health Guidelines prioritisation must be given to, in order of priority:

- Activities to reduce mortality, morbidity and significant progression of disease.
- Activities that will alleviate human suffering, including palliative care.
- Activities that meet any legal obligations, such as those contained in The Children Act 2004, Mental Health Act 2007 and others.
- All other emergency clinical and social services.
- All other routine clinical and social services.
- All other functions and services.

14. PAYMENT OF FUEL

14.1 During a fuel shortage staff will utilise normal practice with regards payment and claims for the purchase of fuel. If using a logo card all receipts should be copied/retained by the Transport Manager.

15. RELAXATION OF REGULATIONS

15.1 In order to further reduce fuel demand and maximise those who can get to work, the trust should also be prepared to review their own regulations, again based upon appropriate risk assessments, with recognition of any insurance or legal issues. Some examples of such policies that may need to be reviewed are:

- Flexible working hours, particularly as fuel disruption may affect other services such as schools and childcare providers and thus some NHS staff may have competing priorities for their time.
- Bringing children to work/providing crèche facilities, for the same reasons as
above.

- Staff unable to get to work but who are within easy reach of a partner NHS organisation could be temporarily stationed there.
- Staff-to-patient ratios.
- Governance issues (clinical and managerial) between different NHS organisations.
- General recruitment policies, and the proximity of certain key staff to their normal place of work.

16. CAR SHARING

16.1 During a major fuel disruption the trust will encourage clinical staff to share the use of a car by those whom travel to work from similar areas and have similar duty rotas. Staff having problems travelling to work, are to contact their line manager at the earliest opportunity, who assist in making arrangements to match them up with another member of staff living in the same area working on the same day. A degree of flexibility on start and finish times will be needed for this. Each car share should be logged by patient service manager or ward/departmental manager to ensure staff safety.

17. FLEXIBLE SHIFTS AND WORKING FROM HOME

17.1 During a severe fuel disruption flexibility with regards to working patterns will be needed. Ward/departmental managers and patient service managers will need to be sensitive to problems staff will have regarding punctuality due to transport arrangements.

17.2 Temporary changes to shift patterns may be required during the duration of the fuel disruption. Increasing the length of the working day and reducing the number of days worked is an effective way of reducing fuel consumption for staff. Such shift patterns are already in use in some clinical areas around the organisation.

17.3 Non-clinical staff, staff in some administration functions such as personnel, IT, finance and some management staff may be able to work from home during a severe fuel disruption, however sufficient on site cover should be maintained. Information services may be required to provide increased support through provision of laptops, offsite access for email.

17.4 Policies are to be developed regarding the working of staff from home.

18. VOLUNTARY ORGANISATIONS

18.1 During times of increased pressure on the organisation it is important to remember the services provided by voluntary sector partners. Co-operation and the use of the voluntary sector should be considered when implementing this plan.

19. MUTUAL AID

19.1 Mutual Aid can be defined as an arrangement between an organisation and other responders to provide/share additional resources during an emergency, which may otherwise overwhelm the resources of an individual organisation. The sharing of vehicles and available bunkered fuel are two examples of this.
19.2 All requests from/to external agencies for mutual aid should be directed via the Executive Director for authorisation.

20. EXTERNAL COMMUNICATION

20.1 In the event of any disruption to fuel supply or distribution, the trust will have to report its fuel requirements over a given period in order to maintain the delivery of healthcare. Therefore, the trust needs to be prepared to monitor and declare usage to regional resilience structures and Strategic Health Authorities (SHA). Whilst the exact reporting route is being developed further by Department for Energy and Climate Control (DECC), Cabinet Office and Department of Health, the Trust should continue to provide exception reporting to SHAs via the normal NHS reporting mechanisms and daily situation reports (SITREPS).

21. COMMUNICATION WITH STAFF

21.1 Care needs to be taken in key messages that the trust disseminate to staff during a disruption or potential disruption in fuel supply. Inaccurate and inappropriate messages to trust staff may have the effect of fuelling rumours and causing panic buying. Panic buying of fuel may either create a problem where there was not one or exacerbate an existing problem.

21.2 In the event of a fuel disruption managers will be briefed through the executive lead. They will be advised on actions that must be taken and given any central messages received by the trust.

21.3 It is important that any information that the trust disseminate is in line with that of the government in order to maintain consistency and public confidence.

- All Communication will be agreed with and co-ordinated by the Director of Corporate Affairs.
- Messages to staff will be given through their line managers.
- Any correspondence with the media must be conducted through communications.

22. DEMAND CALMING MEASURES

22.1 The following is a list of key messages which could be communicated to staff to reduce their fuel consumption.

22.2 Don’t use a car if you really don’t need to: If you live close to your destination do you really need to drive? If you live one or two miles from work or school, why not walk or ride a bike? Taking a bus or train is also a fuel-efficient alternative to driving alone. Consider alternating the driving with others whose children attend the same school or activities as your children do. As for commuting to and from work, why not offer to share a ride with another colleague living nearby or a neighbour working close to you? Drive your car only when necessary. Don’t use it for those ‘around the corner’ trips, walk instead. Don’t make two trips when one will do. Combine errands in a single trip.

22.3 Maintain your car properly: A poorly tuned engine can increase fuel consumption
by up to 50%. By properly maintaining your car and by following the recommended maintenance schedule in your owner's manual, you can maximise fuel efficiency. With a well-tuned engine, you'll also minimise engine wear and tear.

22.4 **Plan your journey:** Sitting in traffic will reduce the vehicle’s fuel economy. If possible it is therefore better to plan ahead and avoid travelling at peak times when congestion is likely. Carefully plan your route in advance.

22.5 **Don't carry unnecessary weight:** A rooftop carrier provides additional baggage space and may allow you to meet all your driving needs with a smaller vehicle. However, a loaded rack can increase fuel consumption by as much as five per cent in motorway driving. Even the most streamlined empty rack will increase fuel consumption by about one per cent when it's not loaded. If the carrier is not permanently fixed to your vehicle, remove it when it is not needed.

22.6 **Be a steady driver:** Fuel can be saved by using a steady driving technique where the driver anticipates what is ahead and keeps as constant a speed as possible. In general, a one-unit increase in speed requires a three-unit increase in power consumption. It is therefore beneficial if a driver can avoid high speeds while at the same time maintaining the overall average speed. This can be achieved by anticipating what lies ahead on the road and by selecting the most suitable route.

22.7 **Restrict your speed:** For most fuel-efficient cruising do not exceed 50 miles per hour (DfT estimate). Most cars use about 10% less fuel when driven at 50mph rather than 62mph and a reduction in speed from 68mph to 50mph can reduce fuel consumption by 20%. The optimum speed for HGVs is also below 50mph and large vehicles can achieve similar savings in fuel consumption by reducing their speed to this level.

22.8 **Don't idle:** No matter how efficient your car, idling consumes fuel. One minute of idling uses up more fuel than restarting your engine. Turn off the ignition if you are waiting (it would also help to relieve air pollution).

22.9 **Use electrics less:** Car electrics impose an extra load on the engine, making it work harder and burn more fuel. Air conditioning can increase fuel consumption by up to ten percent in stop-go traffic. At motorway speeds, air conditioning increases fuel consumption by three to four per cent. Flow-through ventilation reduces the need to drive with air conditioning on or with windows open, both of which consume more fuel. A sun roof can reduce the need for air conditioning, but when the roof is open at motorway speeds, wind resistance is increased and greater fuel consumption will result.

23. **HEATING AND EMERGENCY STANDBY POWER GENERATION**

23.1 Heating and hot water services will continue via business continuity plans. In the event of a main supply disruption, heating and hot water services would be maintained via contractors' business continuity plans.

24. **HUMAN RESOURCES**

24.1 During a prolonged fuel shortage increased pressures on staffing numbers are
inevitable. Workforce mapping and key skills analysis is currently being undertaken to:

- Facilitate the redeployment of staff around the trust
- Identify those members of staff that could work from home
- Identify those members of staff that could work at an alternative site.

25. CONSULTATION
25.1 The following Trust representatives have been consulted in the development of this policy:

(a) Executive Director of Nursing.
(b) Head of Risk and EPRR.
(c) Chair of the Trust Business Continuity Task and Finish Group.
(d) EPRR working group.
(e) Trust Policy Group.

26. TRAINING AND SUPPORT
26.1 Training will take place on a regular basis for those officers likely to be called on to lead the Trust’s response at Corporate, Divisional and Department levels. Operational training will be defined by agreement with the departmental managers and exercises held to familiarise them with the content of the respective plans.

26.2 To verify that personnel have been made aware of fuel shortage related issues, and to validate that the plan is effectively embedded across the organisation, a series of ‘exercises’ will be conducted periodically.

26.3 The Head of Risk and EPRR will be responsible for coordinating and overseeing the training as well as maintaining training and exercise records.

27. MONITORING
27.1 Characteristics of the Fuel Shortage Plan shall be monitored and analysed where appropriate.

27.2 Monitored information includes:

(a) Number of incidents that have invoked a formal response.
(b) Number of exercises completed (to help ascertain the comprehensiveness).
(c) The Executive director of Nursing will provide an annual update as part of the business continuity plans and exercises and will reported this to the Executive Committee and Trust Board to provide assurance that effective arrangements are in place.
28. BUSINESS CONTINUITY

28.1 All departments should have clear and concise business continuity plans that detail service prioritisation and key actions in the event of a loss of utilities. These plans should be utilised during times of pressure on services as a result of a fuel shortage.

28.2 As with all challenges on business continuity there will be a period of post incident recovery. The main emphasis of this period is to return to normal working practises. It is envisaged that recovery from a fuel shortage would be relatively swift, at worst 10 days. Under the direction of the Fuel Shortage Group services will be resumed in order of the priority in which they stand within the trust as per business continuity plans.

29. BIBLIOGRAPHY/FURTHER READING

29.1 National Emergency Plan for Fuel

29.2 Energy Act 1976

29.3 Downstream Oil Resilience on Oil and Gas website http://163.164.19.97/downstream/emergencies/down_emerge.htm

29.4 Business Continuity Management for Fuel Shortages: Guidance for Organisations

29.5 NHS Guidance on Planning for Disruption to Road Fuel Supply: Strategic National Guidance for NHS Organisations
Title: Fuel Shortage Plan

Area covered: TRUST-WIDE NON CLINICAL POLICY DOCUMENT

What are the intended outcomes of this work?
To ensure that Mersey Care NHS Trust has in place, an effective Business Continuity Management System, to ensure that critical services are maintained during disruptions and recovery is achieved as quickly as possible.

2.2 Objectives - The objectives of the Trust’s policy are to:

5 Define the scope and limitations.

6 Confirm roles and responsibilities.

7 Outline the process required to develop an effective Business Continuity Management System.

This has also been reviewed in the Business continuity Policy.

Who will be affected?

1.1 The NHS Emergency Preparedness, Resilience and Response (EPRR) Framework 2016 and Core Standards 2016 for EPRR, require providers of NHS funded care to have suitable, in date, proportionate Business Continuity Plans in place, which detail how the Trust will maintain critical services during a disruptive event.

Evidence

What evidence have you considered?
The policy.

Disability inc. learning disability
No issues identified within discussions.

Sex
No issues identified within discussions.

Race No issues identified within discussions.

Age No issues identified within discussions.

Gender reassignment (including transgender)
No issues identified within discussions.
<table>
<thead>
<tr>
<th><strong>Sexual orientation</strong></th>
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<tr>
<td>No issues identified within discussions.</td>
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<table>
<thead>
<tr>
<th><strong>Religion or belief</strong></th>
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<tr>
<td>No issues identified within discussions.</td>
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<thead>
<tr>
<th><strong>Pregnancy and maternity</strong></th>
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<tr>
<td>No issues identified within discussions.</td>
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<th><strong>Carers</strong></th>
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<tr>
<td>No issues identified within discussions.</td>
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<tr>
<th><strong>Other identified groups</strong></th>
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<tr>
<td>No issues identified within discussions.</td>
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<thead>
<tr>
<th><strong>Cross cutting</strong></th>
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<tr>
<td>No issues identified within discussions.</td>
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<thead>
<tr>
<th><strong>Human Rights</strong></th>
<th><strong>Is there an impact?</strong>&lt;br&gt;<strong>How this right could be protected?</strong></th>
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<tbody>
<tr>
<td><strong>This section must not be left blank. If the Article is not engaged then this must be stated.</strong></td>
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<table>
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<tr>
<th><strong>Right to life (Article 2)</strong></th>
<th>No issues identified within discussions.</th>
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<tr>
<th><strong>Right of freedom from inhuman and degrading treatment (Article 3)</strong></th>
<th>No issues identified within discussions.</th>
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<tr>
<th><strong>Right to liberty (Article 5)</strong></th>
<th>No issues identified within discussions.</th>
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<tr>
<th><strong>Right to a fair trial (Article 6)</strong></th>
<th>No issues identified within discussions.</th>
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<table>
<thead>
<tr>
<th><strong>Right to private and family life (Article 8)</strong></th>
<th>No issues identified within discussions.</th>
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<table>
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<tr>
<th><strong>Right of freedom of religion or belief (Article 9)</strong></th>
<th>No issues identified within discussions.</th>
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</thead>
</table>
| Right to freedom of expression  
Note: this does not include insulting language such as racism (Article 10) | No issues identified within discussions. |
|---------------------------------------------------------------|---------------------------------|
| Right freedom from discrimination  
(Article 14) | No issues identified within discussions. |

**Engagement and involvement N/A**

**Summary of Analysis**

**Eliminate discrimination, harassment and victimisation**
This is a non clinical policy document.
No equality or Human Rights issues have been identified.
This is concerned with business issues and contingency plans.

**Advance equality of opportunity**
No issues identified within discussions.

**Promote good relations between groups**
No issues identified within discussions.

**What is the overall impact?**
No impact on equalities detected within discussions.

**Addressing the impact on equalities**
No impact on equality groups.

**Action planning for improvement**
Not required.

**For the record**
Name of persons who carried out this assessment (Min of 3):
George Sullivan
Jayne Bridge

Date assessment completed:
12/09/2016

Name of responsible Director: Executive Director Of Nursing

Date assessment was signed: September 2016
**Action plan template**

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

<table>
<thead>
<tr>
<th>Category</th>
<th>Actions</th>
<th>Target date</th>
<th>Person responsible and their Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement and consultation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Data collection and evidencing</td>
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<tr>
<td>Analysis of evidence and assessment</td>
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<td></td>
<td></td>
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<tr>
<td>Monitoring, evaluating and reviewing</td>
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### Emergency Fuel Log Form

Please keep this log form with the temporary logo card to which it refers, and complete it each time you use the logo to obtain fuel from a designated filling station.

**Organisation:** Mersey Care NHS Trust  
**Logo Serial Number:** Sample

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Registration number of car</th>
<th>Name of person filling the car</th>
<th>Litres of fuel obtained</th>
<th>Type of fuel (petrol / diesel)</th>
<th>Filling station</th>
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</thead>
<tbody>
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Please note that this system should be used only to obtain fuel for use in journeys to and from clinical emergencies. Inappropriate use of fuel obtained by this purpose is an offence, eg under the Energy Act (1976). At the end of the fuel shortage, please return this form to Jayne Bridge, Head of EPRR & Risk.
Appendix 2 – Temporary Logo Card

BY ORDER OF HER MAJESTY’S GOVERNMENT UNDER THE
ENERGY ACT 1976 THE DRIVER OF THIS VEHICLE IS
ENTITLED TO FUEL UNDER THE ESZ UF’S SCHEME

Abuse of this scheme is a criminal offence under section
18(2) of the Energy Act 1976 and offenders may be
prosecuted.

Mersey Care NHS Foundation Trust