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Accountable Director	Executive Director of Nursing
Author	Jayne Bridge / Joanne Hodson
Recommending Committee	Patient Safety / EPRR
Approving Committee	Executive Committee
Date Originally Approved	Nov 2016
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This document is a valid document, however due to organisation change some references to organisations, organisational structures and roles have now been superseded. The table below provides a list of the terminology used in this document and what it has been replaced with. When reading this document please take account of the terminology changes on this front cover

Changes to document
Updated to reflect most recent MCT policy document (aim and objectives added)
Correction to DECC – Department for Energy and Climate Change
References to PCT removed

FOR OFFICE USE ONLY (Work Stream submission check)

This document is compliant with current best practice guidance

This document is compliant with legislation required in relation to its content

What change has this document undergone in the policy alignment process relating to the South Sefton Transaction?

None Minor Major This is a new document

This document has been reviewed and is no longer required

Does this document impact on any other policy documents?

Yes , if yes, which policies are effected? **37T**

No

Signed: J Hodson

Date:23/05/17

TRUST-WIDE NON-CLINICAL DOCUMENT

FUEL SHORTAGE PLAN

Policy Number:	sa31-a
Scope of this Document:	All Staff
Recommending Committee:	Emergency Preparedness Resilience and Response (EPRR) Group
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Lead Executive Director:	Executive Director of Nursing
Lead Author(s):	Head of Risk/ EPRR

TRUST-WIDE NON-CLINICAL DOCUMENT

2016 – Version 1.1

Quality, recovery and wellbeing at the heart of everything we do

TRUST-WIDE NON-CLINICAL DOCUMENT

FUEL SHORTAGE PLAN

Further information about this document:

Document name	sa31-a - Fuel Shortage Plan
Document summary	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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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	
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Version Control:

		Version History:
Version 1	EPRR Working Group Policy Group Executive Committee	June 2016 October 2016 November 2016
Version 1.1	Addition of aims and objectives Correction to DECC – Department for Energy and Climate Change References to PCT removed	May 2017

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 adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/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/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 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 **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1.0 Purpose and Rationale

- 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. 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.
- 1.2 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.
- 1.3 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".
- 1.4 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.
- 1.5 Within the National Emergency Plan - Fuel (NEP-F) 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. 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. In response, the Trust expects, 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.
- 1.6 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 and will have been identified during a business impact analysis. Any special measures implemented by the Trust need to assist in maintaining these core functions. If the Trust can implement measures that will assist in the conservation of fuel it will help contribute to the national response.
- 1.7 Contingencies to supply fuel to 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).

2.0 Aims and Objectives

2.1 The aim of the Emergency Fuel Management Plan is to assist the Trust in preparing business continuity arrangements for a local or national disruption to road fuel supply in order to minimise the impact upon the safe and effective delivery of healthcare services.

2.2 Objectives are

- To provide the Trust with specific guidance to assist in understanding their responsibilities to be resilient to road fuel disruption
- To develop a strategy to identify key functions and priority personnel who are vital to the delivery of healthcare services and systems and will require priority access to any available road fuel
- To ensure all Trust employees understand the legal limitations of the Essential users Scheme and the obligations the Trust has to reduce its use of road fuel during periods of disruption
- To ensure the Trust continues to provide essential services during a fuel shortage as far as is reasonably practicable
- To ensure that staff who deliver essential services can access fuel as per the Priority Fuel Users Scheme and Temporary Logo Scheme contained in the national plan
- To develop and promote a road fuel reduction scheme, which can be implemented during a crisis for the benefit of resilience and also form part of the Trust Energy Reduction Planning
- To identify critical suppliers and service providers who may be affected by disruption to road fuel supply and, where appropriate, provide support to these organisations to achieve robust business continuity plans

3.0 Scope

3.1 The plan is a Trust-wide document and it applies equally to all members of staff, either permanent or temporary and to those working within or for the Trust under contracted services

4.0 Definitions

Department for Energy and Climate Change (DECC)	Government department that works to make sure the UK has secure, clean, affordable energy supplies and promote international action to mitigate climate change.
National Emergency Plan-Fuel (NEP-F)	Contingencies plan in the event of a fuel shortage developed by the Department for Energy and Climate Change (DECC)
Maximum Purchase Scheme	A process to restrict retail customers to a max purchase of 15 litres (3 gallons) of fuel at any one time

Emergency Services Scheme (Priority Fuel Users)	Designed to ensure the emergency services are prioritized for access to any available fuel stocks in order for them to have sufficient fuel to deliver their essential services
Temporary Logo Scheme	Process that allows essential users in health, social care and critical life saving services that drive non-logoed vehicles to access fuel via Designated Filling Stations
Designated Filling Stations	Approx 720 retail filling stations across the UK have been identified to receive emergency supplies for priority use only
Utilities Fuel Scheme	Applies to logoed vehicles which carry out essential services of utilities such as gas and electricity. Facilities exist to provide temporary logos to any unmarked vehicles required by these groups to maintain critical services

5.0 Duties

5.1 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.

5.2 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.

5.3 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 colour: each having unique serial number) to Transport Manager for use as required
- Monitor Department for Energy and Climate Change (DECC) website for publication of Designated Filling Station list
- Relay communications from Local Resilience Forum to appropriate departments/personnel.

5.4 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.

5.5 **Emergency Fuel Shortage Group**

The overall aim of the group is to direct the Trust's operational response and provide situational reports as required (see 6.4).

5.6 **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

5.7 **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 Risk and Resilience
- 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.

5.8 **Head of Communications**

- Co-ordinate media correspondence.
- Co-ordinate communications to trust staff
- Sit on Emergency Fuel Shortage Group if required.

5.9 **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

5.10 **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.

5.11 **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.

6.0 **Process**

6.1 **Minor fuel disruption**

6.1.1 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.

6.2 **Major/Severe fuel disruption**

6.2.1 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.

6.2.2 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.

6.3 **Business Continuity**

6.3.1 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.

6.3.2 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 Emergency Fuel Shortage Group services will be resumed in order of the priority in which they stand within the Trust as per business

continuity plans.

6.4 Command and Control

- 6.4.1 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 NHS England.
- 6.4.2 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
- 6.4.3 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. The Emergency Fuel Shortage Group will provide any necessary situation reporting to the SCG via NHS England during the period and ensure the implementation of any requested actions.
- 6.4.4 The Emergency Fuel Shortage Group will convene in room 16, at V7 building as identified in the Trust's Major Incident Plan. It will function as an advisory team to the Gold (Strategic) On Call.

6.5 External Communication

- 6.5.1 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 and provide exception reporting on request via the normal NHS reporting mechanisms and daily situation reports (SITREPS).

6.6 Demand Calming Measures

- 6.6.1 One of the most obvious steps to minimise dependency on road fuel is to use less of it. On advice of any potential fuel disruption/shortage the Trust will consider the following measures to conserve fuel:
- Car sharing
 - Use public transport, walk, cycle
 - Only make essential journeys
 - Cancel/reschedule non-essential meetings, increase the use of video and telephone conference facilities
 - Reduction/cancellation of non-core Trust activities such as functions, presentations etc

- Mobile working, working from home, reduced working week
- Communicate fuel efficiency messages to staff (Appendix 3)

6.7 Relaxation of Regulations

6.7.1 In order to further reduce fuel demand and maximise those who can get to work, the Trust should be prepared to review their own regulations, based upon appropriate risk assessments, with recognition of any insurance or legal issues. The Trust should consider the following staffing options (list is not exhaustive):

- 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.
- 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.

6.8 Communication with Staff

6.8.1 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.

6.8.2 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.

6.8.3 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.

6.8.4 Appendix 3 contains the messages given to staff in this type of scenario.

6.9 Maximum Purchase Scheme (MPS)

6.9.1 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.

6.10 Emergency Service Scheme (ESS) Priority Fuel Users (PFU)

- 6.10.1 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.
- 6.10.2 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.

6.11 Temporary Logo Scheme (TLS)

- 6.11.1 Department for Energy and Climate Change (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. .
- 6.11.2 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 (NHS England my request a copy of this list)
 - Temporary Logo's (Appendix 2) 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 (Appendix 1) 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.
- 6.11.3 It must be remembered that abuse of this scheme is an offence and could lead to prosecution.

6.12 Designated Filling Stations (DFS)

6.12.1 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 Risk and Resilience to access the list of stations through NHS England. This will be disseminated as required and will also be published on the DECC website.

6.13 Resources and Supplies

6.13.1 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

6.14 Essential Car Users

6.14.1 In order to maintain the Trust's core functions, within a fuel shortage, the Trust must decide what its priority functions are and who requires fuel to deliver them. Priority functions are covered in the business impact analysis part of business continuity planning for the departments. 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.

6.15 Payment of Fuel

6.15.1 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.

6.16 Car Sharing

- 6.16.1 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.

6.17 Flexible Shifts and Working from Home

- 6.17.1 During a prolonged fuel shortage increased pressures on staffing numbers are inevitable. Workforce mapping and key skills analysis should be 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
- 6.17.2 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.
- 6.17.3 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.
- 6.17.4 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.
- 6.17.5 Policies are to be developed regarding the working of staff from home.

6.18 Voluntary Organisations

- 6.18.1 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.

6.19 Mutual Aid

- 6.19.1 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.

6.19.2 All requests from/to external agencies for mutual aid should be directed via the Executive Director for authorisation.

6.20 Heating and Emergency Standby Power Generation

6.20.1 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.

7.0 Consultation

7.1 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.

8.0 Training and Support

8.1 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.

8.2 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.

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

9.0 Monitoring

9.1 Characteristics of the Fuel Shortage Plan shall be monitored and analysed where appropriate.

9.2 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.

10.0 Equality and Human Rights Analysis

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.

Sexual orientation

No issues identified within discussions.

Religion or belief No issues identified within discussions.
Pregnancy and maternity No issues identified within discussions.
Carers No issues identified within discussions.
Other identified groups No issues identified within discussions.
Cross cutting No issues identified within discussions.

Human Rights	Is there an impact? How this right could be protected?
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	No issues identified within discussions.
Right of freedom from inhuman and degrading treatment (Article 3)	No issues identified within discussions.
Right to liberty (Article 5)	No issues identified within discussions.
Right to a fair trial (Article 6)	No issues identified within discussions.
Right to private and family life (Article 8)	No issues identified within discussions.
Right of freedom of religion or belief (Article 9)	No issues identified within discussions.

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.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			

Appendix 1 – Emergency Fuel Log Form

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

Date	Time	Registration number of car	Name of person filling the car	Litres of fuel obtained	Type of fuel (petrol / diesel)	Filling station

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



Appendix 3 – Key messages to staff

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

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.

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.

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.

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.

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.

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.

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).

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.

Appendix 4 - BIBLIOGRAPHY/FURTHER READING

- National Emergency Plan for Fuel (Summary)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/48095/1_20090711120935_e_summaryofresponsetoolsinthenationalemergencyplanforuel.pdf
- Energy Act 1976
<http://www.legislation.gov.uk/ukpga/1976/76/contents>
- Business Continuity Management for Fuel Shortages: Guidance for Organisations
<https://www.gov.uk/government/publications/business-continuity-management-for-fuel-shortages>
- NHS Guidance on Planning for Disruption to Road Fuel Supply: *Strategic National Guidance for NHS Organisations* (2008) http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089954.pdf
- Department of Energy and Climate Change website <https://www.gov.uk/government/organisations/department-of-energy-climate-change>