

## TRUST-WIDE DOCUMENT

# FUEL SHORTAGE PLAN

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2020 – Version 3

Striving for Perfect Care and a Just Culture

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# FUEL SHORTAGE PLAN

### Further information about this document:

Document name	IRP02 - 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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Version 3	Document review – amendments	October 2019

## 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. 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 National Emergency Plan – Fuel is managed by the Department for Business, Energy and Industrial Strategy (BEIS) on behalf of government. The plan outlines the management of fuel, the response to a fuel emergency and the necessary communications arrangements.
- 1.4 The plan allows for fuel disruption from several potential sources including:
- Strike Action
  - Major refinery incident
  - Fuel Protest
  - International incidents
- 1.5 The characteristics of a fuel disruption may vary widely and may affect a variety of different fuel types including: diesel, petrol, kerosene, fuel oil for heating and generators and aviation fuel. The plan may be triggered for a single fuel type or multiple.
- 1.6 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.
- 1.7 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.
- 1.8 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.
- 1.9 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.
- 1.10 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.
- 1.11 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. SCOPE

- 3.1 This plan applies to clinical and non clinical members of staff employed by Mersey Care NHS Foundation Trust

## 4. DEFINITIONS

BEIS	Business, Energy and Industrial Strategy
NEP-F	National Emergency Plan-Fuel
EPRR	Emergency Preparedness, Resilience and Response
MPS	Maximum Purchase Scheme
ESS	Emergency Service Scheme
TLS	Temporary Logo Scheme
LRF	Local Resilience Forum
DFS	Designated Filling Stations
SHA	Strategic Health Authorities
SITREPS	Situation reports

## 5. ACTIVATION TRIGGERS FOR THE NATIONAL FUEL PLAN

- 5.1 The Trust complies with the four trigger levels exist within the NEP-F these are designed to ensure there is a consistent message from Central Government and responding agencies.
- 5.2 These are:
- Level 1: White Status – Situation is normal
  - Level 2: Black Status – Potential Fuel Emergency
  - Level 3: Amber Status – Actual Fuel Emergency
  - Level 4: Red Status – Severe Fuel Emergency
- 5.3 The plan is unlikely to be activated where there is trouble moving fuel from a site to another and tankers, drivers and actual fuel availability are not disrupted. It is therefore likely in an exit scenario the plan would not be activated but other arrangements put in place (e.g. escorts for tankers).
- 5.4 Additional calming measures may be activated prior to the use of the distribution schemes including:
- Reduction in speed limits to reduce fuel usage on motorways to 60mph
  - Promotion of public transport
  - Media campaigns

## 6. RESPONSIBILITIES

- 6.1 **Executive Director of Nursing & Operations**
- Ensure that there is an effective policy relating to business continuity
  - Will ensure this plan is monitored as part of the Emergency Planning Group.
  - Chair Incident Response Team on behalf of Chief Executive, in order to coordinate Trusts operational response, in the event of a major fuel disruption.
- 6.2 **Head of Risk & EPRR**
- 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 Business, Energy and Industrial Strategy (BEIS) website for publication of Designated Filling Station list for the Merseyside and Lancashire regions.
  - Relay communications from Local Resilience Forum to appropriate departments/personnel.
- 6.3 **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.

#### 6.4 **Incident Response Team**

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.

#### 6.5 **All Chief Operating Officers/ Divisional Senior Managers**

- Oversee the effective implementation of the plan within their respective division/department.
- Implement action plans agreed by Incident Response Team where relevant.
- Develop and maintain business continuity plans,
- Implement Emergency Services Scheme and/or Temporary Logo Scheme once activated.
- Cascade Communications messages.
- Be part of the Incident Response Team if required

#### 6.6 **Associate 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 & EPRR
- Be part of the Incident Response Team if required
- Will instruct the Transport Manager, if Temporary Logo Scheme implemented, to issue Trust Logo Cards 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 Incident Response Team 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.

#### 6.7 **Head of Communications**

- Co-ordinate media correspondence.
- Co-ordinate communications to Trust staff
- Be part of the Incident Response Team if required.

#### 6.8 **Head of Workforce**

- Will organise on request from the Incident Response Team accommodation for key staff during a disruption
- Will maintain information on local accommodation that may be accessed by the Trust if required
- Be part of the Incident Response Team if required

#### 6.9 **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 Incident Response Team 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.

#### 6.10 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.

## 7. PROCESS

### 7.1 MINOR FUEL DISRUPTION

7.1.1 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.

7.1.2 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.

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

### 7.2 MAJOR FUEL DISRUPTION

7.2.1 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.

7.2.2 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.

## **8. INTERNAL ACTIVATION OF THE PLAN**

8.1 The activation of the National Emergency Plan – Fuel would require all NHS organisations to review their own ability to undertake services. This would include suspension of all non-critical activity and allowing staff in support services to carry out work away from sites.

8.2 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 & Operations and the Head of Risk & EPRR at the earliest opportunity.

8.3 The organisation may have to be creative in its use of its own vehicle fleet to support staff in attendance at work for example using minibus fleet to offer a pick up/drop off solution.

### **8.4 Example of special cases panel**

8.4.1 Where no other “reasonable” means of transport is available the Trust will consider issuing logos on a case by case basis. This consideration will be conducted by a panel of three, including the On-call Manager, a clinical lead and a member of the Emergency Planning Team. This panel will use the above priorities and the following factors to assess the requirement for a voucher; however consideration by the panel will not necessarily result in a voucher being issued. The panel may request specialist advice when considering what is “reasonable” based upon an individual’s circumstances, and the criticality of roles from business continuity plans.

- Local access to public transport is beyond a reasonable journey from the staff member’s address
- Job role/function being required to maintain essential functions of the hospital (following activation of all available business continuity procedures within the service)
- Unreasonable length of commute by available transport (includes public transport, walking) during an incident

## **9. COMMAND AND CONTROL**

9.1 As a result of increased service pressures, or the implementation of the NEP-F, it may be necessary for the Trust to convene an Incident Response Team chaired by the Executive Director of Nursing and Operations or delegated deputy. The overall aim of this group is to direct the organisation’s operational response and provide situation reports to internal and external stakeholders.

9.2 The Incident Response Team will convene in room 16, at V7 building as identified in the Trust’s Major Incident Plan.

## **10. STRATEGIC OPTIONS**

## 10.1 **Maximum Purchase Scheme (MPS)**

10.1.1 Under this scheme a maximum purchase amount will be set across all fuel filling stations affected by the shortage; all vehicles will be able to draw fuel to this limit. This is currently anticipated to be 15 litres per vehicle. Signage is available for all filling stations to apply this scheme.

10.1.2 If customers attempt to purchase fuel from a DFS site, or attempt to purchase more fuel than they are entitled to from a MPS site they commit an offence under section 18 of the Energy Act 1976. The maximum penalty in the magistrate's court is up to three months imprisonment or a fine of £5000. On conviction (or sentence) in the crown court it is two years imprisonment or a fine (no maximum).

## 10.2 **Emergency Services, Designated Filling Stations and Temporary Logo Scheme**

10.2.1 Logoed emergency and utility vehicles will be able to draw fuel at 743 Designated Filling Stations (DFS) that will continue to be supplied with fuel during a supply disruption. A full list of these is available from Local Resilience Forums (LRFs).

10.2.2 All NHS organisations are included in this scheme to allow critical functions to be carried out as required under our statutory duties. Essential users are designated as per a priority listing for Health and Social Care.

10.2.3 A vehicle with a permanent logo attached (e.g. Ambulance) would be able to attend a DFS and fill up with fuel. The logo would for NHS organisations be a standard NHS logo.

10.2.4 Where a vehicle does not have a permanent logo; a temporary logo will be issued under the Temporary Logo Scheme to staff involved in critical patient services via the ResilienceDirect website. The EPRR team will manage that on behalf of the organisation.

10.2.5 The designated filling stations are designated for all LRF areas and would be activated in the scheme. A list of vehicles with a temporary logo would need to be maintained by the issuing authority and available at all times for a DFS to check against. Staff would have to be carrying Identification from the NHS organisation. Payment will be as usually applied by the filling station.

## 10.3 **ESSENTIAL CAR USERS UNDER THE SCHEME**

10.3.1 In order to maintain the Trusts 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 2015 and others.
- All other emergency clinical and social services.

- All other routine clinical and social services.
- All other functions and services.

Some special arrangements may need to be made on an exception basis for staff to continue to attend work, but this would need to be documented. Attempting to acquire fuel at Designated Filling Stations either outside the scheme (i.e. without a permit) or for personal use within the scheme is unlawful, and staff are liable to prosecution and possible disciplinary action should they be found to be abusing the scheme.

#### 10.4. **PAYMENT OF FUEL**

- 10.4.1 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.

#### 10.5. **RELAXATION OF REGULATIONS**

- 10.5.1 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.

#### 10.6. **CAR SHARING**

- 10.6.1 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.

#### 10.7 **FLEXIBLE SHIFTS AND WORKING FROM HOME**

- 10.7.1 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.

10.7.2 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.

10.7.3 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.

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

## 10.8. VOLUNTARY ORGANISATIONS

10.8.1 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.

## 10.9 MUTUAL AID

10.9.1 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.

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

## 10.10 RESOURCES AND SUPPLIES

10.10.1 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 Trusts 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

## 11. COMMUNICATIONS

### 11.1 EXTERNAL COMMUNICATION

11.1.1 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. Whilst the exact reporting route is being developed

further by Department for Business, Energy and Industrial Strategy (BEIS), 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).

## **11.2 COMMUNICATION WITH STAFF**

11.2.1 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 fueling rumours and causing panic buying. Panic buying of fuel may either create a problem where there was not one or exacerbate an existing problem.

11.2.2 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.

11.2.3 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 Executive Director on call.
- Messages to staff will be given through their line managers via internal communications.
- Any correspondence with the media must be conducted through the communications team.

11.2.4 A handout can be seen in Appendix 2, messages will need to be communicated to staff to reduce their fuel consumption.

## **12. CONSULTATION**

12.1 The following Trust representatives have been consulted in the development of this policy:

- (a) Executive Director of Nursing and Operations
- (b) Head of Risk and EPRR
- (c) EPRR group.

## **13. TRAINING AND EXERCISING**

13.1.1 The effective implementation & Activation of this plan depends on managers' ability to explore options and mobilise staff. These capabilities will be included in training sessions for on call.

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

## **14. MONITORING**

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

14.2 Monitored information includes:

- (a) Number of incidents that have invoked a formal response.
- (b) Number of exercises completed (to help ascertain the comprehensiveness).

**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:

Logo Serial Number:

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, e.g. under the Energy Act (1976).  
At the end of the fuel shortage, please return this form to **Frank.Westhead@merseycare.nhs.uk**



## Appendix 2 – Key recommendations for staff during fuel disruption

**1. 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.

**2. 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.

**3. 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.

**4. 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.

**5. 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.

**6. Restrict your speed:** For most fuel-efficient cruising do not exceed 50 miles per hour (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.

**7. 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).

**8. 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.