



Corporate Business Continuity Plan for Disruption to Road Fuel Supply

This procedural document supersedes: CORP/RISK 23 v.1 – Corporate Business Continuity Plan for Disruption to Road Fuel Supply.



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Target audience:	All Staff Doncaster and Bassetlaw Hospitals NHS FT

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
2	19 December 2016	<ul style="list-style-type: none"> • Updated in line with Trust organisational changes. • Awaiting National Emergency Plan for Fuel Plan prior to final revision in line with national requirements: due early 2017 	Jean Yates, Emergency Planning Lead
1	April 2012	<ul style="list-style-type: none"> • New procedural document 	J Yates, GM Performance & Emergency Planning

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1. INTRODUCTION

In the event of disruption to road fuel supplies, Local Resilience Forums (LRF), and Category 1 & 2 Responders are required to have in place a business continuity plan, which enables them to remain resilient to road fuel disruption. The DBH plan is based on the National Emergency Plan – Fuel (NEP-F) and the DH ‘*NHS Guidance on Planning for Disruption to Road Fuel Supply*’ (2009).

There are three planning phases:

Phase 1 – Minor Disruption

- Take action to minimise disruption to patients.
- Communicate effectively with staff.
- Maintain continuous operational delivery of healthcare services as far as is reasonably practical.
- Identify ways in which fuel consumption by the organisation can be reduced.

Phase 2 – Major Ongoing Disruption

- Be prepared for the Government to invoke emergency powers and implement the National Emergency Plan for Fuel (NEP-F).
- Be prepared to rapidly scale down normal activity by reducing or cancelling non-urgent elective activity.
- Ramp up business continuity arrangements to ensure critical services are maintained.
- Maintain command and control arrangements to ensure critical services are delivered safely and senior decision makers are available to support service delivery. In the event the NEP-F is invoked, there is a national expectation that all services will be cancelled, based on ‘Christmas Day’ working, which should be the guide for decisions on staffing levels and identifying which services should run. Unfortunately, in a protracted disruption, this would not be sustainable as many vulnerable patients do not fall into the Christmas Day working scenario e.g. cancer surgery. The Control Team will support staff in decision-making and delivery of treatment to such vulnerable groups.
- Have a plan in place to recapture activity cancelled as a result of the fuel disruption.

Phase 3 – Recovery

Recovery will begin once resolution of the cause of the fuel disruption has been achieved. The NEP-F will be scaled back and the Government will revoke any additional emergency powers. The Trust will be required to step up services in a planned way in order to return to business as usual.

2. THE IMPACT OF THE NATIONAL EMERGENCY PLAN FOR FUEL (NEP-F)

Should a major ongoing fuel disruption occur, the government would introduce emergency powers and implement the NEP-F, so that fuel can be conserved, and to ensure that priority services and infrastructures are maintained.

The contingencies within the NEP-F include:

- Restriction of fuel accessible to the public
- Ensure that emergency services (Blue light services) are supplied with fuel in order to continue their services

The impact of any disruption to availability of road fuel will be continually assessed by NHS organisations and routine services may have to be scaled down, or stopped, in order to conserve fuel and concentrate on delivery of emergency activity.

The NEP-F identifies a number of emergency responses within the plan, to manage a fuel disruption:

Maximum Purchase Scheme (MPS) - A process designed to restrict retail customers to a maximum purchase limit of 15 litres at any one purchase. This may be further restricted and will have an immediate effect on staff ability to travel to work. There may be restricted hours when filling stations are open. All staff would be able to purchase fuel under this scheme.

Emergency Services Scheme (ESS) – designed to ensure that emergency services are prioritised to have sufficient fuel to undertake their essential services. Recognition of these services will be by their vehicle logos.

Designated Filling Stations (DFS) – the designated filling stations for access to priority fuel. These stations will be identified and designated by Local Resilience Forums (LRF) and we will be advised where they are at the time of any disruption. Each DFS will be identified by a notice (see Appendix 3).

Defined Essential Users - It is the responsibility of NHS Organisations to determine locally their other CRITICAL non-blue light services and how they will be delivered during a disruption. As any fuel crisis escalates, to the point where stocks are extremely limited, DH guidance to NHS organisations for determining essential user/functions should be followed and based upon the following priority order:

- Activities to reduce mortality, morbidity and significant progressions of disease.
- Activities that will alleviate human suffering, including palliative care.
- Activities that meet any legal obligations, e.g., Children Act 2004, Mental Health Act 2007 etc.
- All other emergency clinical and social services.
- All other routine clinical and social services.
- All other functions and services.

NHS organisations are to be robust in determining priorities, as the inclusion of too many users will create further pressure on already limited stock to the detriment of other essential users.

Temporary Logo Scheme (TLS) - The scheme enables key staff as determined by the preceding guidance to access priority fuel at a designated filling station, under the ESS arrangement. NHS England will be responsible for the issue of temporary logos to NHS staff and for the monitoring of parity across health communities, by keeping a register of how many have been issued and to whom. The DBH Incident Control Team will designate a responsible individual to manage and monitor the distribution and use of the vouchers issued under the TLS.

- Each NHS organisation must identify how many temporary logos are needed and how their use will be managed internally.
- Trusts are required to set up a robust internal communication system to ensure staff are fully aware of the seriousness of fraudulent actions.
- Staff must be advised that abuse of the system and their privileged position is a criminal offence and they may be prosecuted
- In order to access fuel, designated personnel will go to a DFS, presenting a NAMED temporary logo and an NHS photo ID card, with an acceptable means of payment. If the ID card does not have a photograph then other photo evidence such as driver's license/passport must be provided with the non-photo NHS ID card. Where there is doubt about the authenticity of the presented logo and identification, the presumption will be to allow access to fuel and log the issue for later investigation.
- **Temporary logos are not generally to be used to get staff to work, when the MPS fuel allowance or public transport should be used.**

3. THE TRUST PLAN

3.1 Aim

The NEP-F would only be activated in the event of a serious and prolonged fuel disruption. The aim of this operational plan is to ensure the delivery of critical and essential services, as defined in the national plan, continues uninterrupted during a shortage of fuel, by utilising the appropriate schemes for obtaining fuel.

It is the Trusts responsibility therefore, to ensure that all business continuity arrangements are revised regularly and to have in place, systems and plans to manage the effect of a fuel disruption, be it minor and of short duration, or major and prolonged.

Key Trust actions required:

- Advise staff on how to reduce fuel consumption during any disruption, e.g. driving at the recommended speed limit; not to queue at filling stations unless necessary; do not change petrol purchasing behaviour by panic buying.
- Manage staff expectations - Despite the difficult circumstances that may arise, staff are expected to make every effort to come to work, as the NEP-F does not make allowances for 'home to work' journeys.
- Sensible actions taken in preparation can ensure that staff are available and able to come to work. The Trust would need to consider being flexible in ways and means of reducing the demand on fuel during any disruption by encouraging:
 - Car sharing.
 - Use of alternative means – cycling, public transport, walking if within walking distance.
 - Use of official vehicles such as patient transport vehicles as a means to move staff around/from home to work.
 - Cancelling or rescheduling of non-essential meetings.
 - Reduction/cancellation of non-core hospital activities.
 - Flexible working hours.
 - Staff reporting to the most local site, even if it is not their normal base site or organisation.
 - 'Work from Home' facility.
 - Increased use of video/teleconferencing.
 - Reducing the working week for appropriate staff groups.
- The Trust is required to identify its priority users to the confirmed NHS Body, in order to obtain logos through the Temporary Logo Scheme (TLS). As already advised, this is based on identifying priority services which we need to keep running and this is clarified by the DH in the priority listing above.
- Identify a responsible person to oversee the distribution and monitoring of the TLS within the Trust.

3.2 Care Group and Departmental Actions

Each Care Group and Department business continuity plan should contain as a minimum:

- An assessment of critical services that need to be maintained.
- A list of priority teams to support those services and would qualify for the TLS.
- An assessment of non-critical services that could be stepped down on a phased basis, as any fuel disruption escalated.
- Current list of staff details i.e. telephone numbers and locations with distance to primary place of work and a schedule of testing the telephone numbers.

- Description of the communication strategy with staff, to advise on actions in the early stages and later stages of a fuel disruption, should the disruption escalate. This should include how staff will be informed of the fuel disruption information; plans to car share, look at alternative means of getting in to work e.g. use of public transport, identification of staff who live locally to their place of work and could attend on foot or cycle, flexible working if appropriate and working from home if appropriate.
- Explanation of the TLS and the restrictions placed on this scheme.
- Record of how the TLS will be monitored and managed in Care Groups and Departments and who the responsible person will be.
- Management of staff who are unable to get to work (see HR guidance).
- How to work with local health and social care partners to ensure they are advised of patient discharges as early as possible to enable them to plan how to meet the patients' needs in the midst of a fuel disruption.

4. ACTIVATION OF THE PLAN

The following table details the trigger levels, which will be used to give an indication of the level of response required by organisations involved in managing the effects of a fuel disruption. The purpose of the trigger levels is to ensure consistency of approach to the assessment of the emergency, and for an appropriate level of readiness is implemented by all responders:

4.1 Trigger Levels

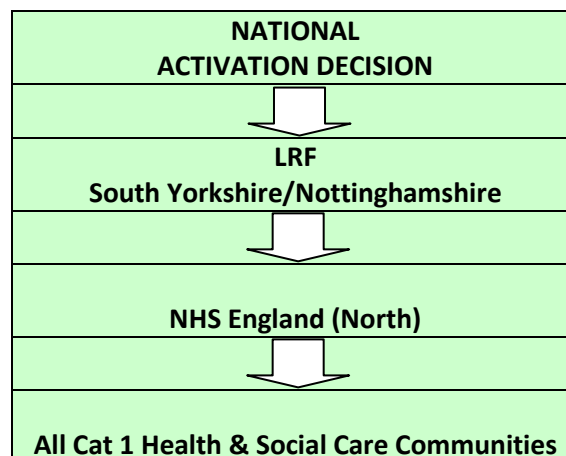
LEVEL 1 – WHITE Situation normal	Lowest alert level when the situation is as normal. This period to be used by organisations for testing and reviewing the NEP-F and business continuity processes, including maintaining contacts between stakeholders
LEVEL 2 – BLACK Potential fuel emergency	Incident occurs with the potential to cause disruption to fuel supplies. A higher state of preparedness is required and action may need to be taken to coordinate a precautionary emergency response including increased monitoring
LEVEL 3 – AMBER Actual Fuel Emergency	Significant disruption to fuel supplies, requiring action to coordinate the emergency response across government and industry
LEVEL 4 – RED Severe Fuel Emergency	Severe disruption to fuel supplies requiring immediate action to coordinate the emergency response and consequence management across government and industry

4.2 Activation of the Plan

The Local Resilience Forums (LRF) will take the lead on managing any incident. Primarily, the Police will be the lead organisation within the LRF. Health is represented on the LRF by NHS England North (South Yorkshire & Bassetlaw) although Bassetlaw CCG is also represented on the Nottinghamshire LRF. The means of communication through any disruption will be by a range of mechanisms, including teleconference, initially weekly, increasing to daily or more frequently, depending on the escalation rate and severity of the fuel disruption. The Trust will be required to provide regular reports to NHS England through the existing SITREP network.

The Trust will activate its fuel disruption plan on the receipt of notification through the LRF, that the fuel disruption has reached a level requiring action from health organisations:

CASCADE



5. COMMAND AND CONTROL

Prior to notification to activate local fuel business continuity plans, Trusts and local health and social care partners will have been preparing for the potential escalation. This will include:

- confirmation that Care Group and Department plans are up to date, and Business Impact Analyses (BIA) have identified priority services and their resource requirements.
- A corresponding list of priority users will have been recorded and call out lists tested.
- Preparations to step down non-urgent activities have been discussed and a process agreed to step down when required.

In the event of the above cascade being activated, the Chief Executive, in conjunction with the Accountable Emergency Officer, will make a decision to set up the Incident Control Room and Team (as per the Major Incident Plan) in order to monitor the impact of fuel disruption on services and staff. When and how long the Control Team is set up for will be at the discretion of the CE and AEO.

The role of the Incident Control Team will be to act as key decision makers and the key communicators both internally and to external partners during the disruption. The CE will determine members on the basis of who can have a significant contribution on decision making, such as, a representative from the Estates & Facilities department, which manages the Trust transport vehicles, a senior representative from Human Resources and a representative from the Communications team.

In addition, the DH will require assurance on the following:

- Assessment of the impact of the fuel shortage on contractual obligations around patient services.
- Reporting on the actual impact of the fuel shortage on service delivery.
- Assurance that effective communications throughout the incident are maintained to staff and stakeholders, especially clarifying why some staff have access to fuel when others do not.

This will be part of a SITREP report, the frequency of which will be decided at the time of a disruption.

The Control Team will be required to liaise with partner organisations during the disruption, in particular, the local CCGs and LRF, who will be monitoring and benchmarking the use of the TLS.

6. TRAINING AND EXERCISING THE PLAN AND PLAN MAINTAINANCE

Training: Training will include a briefing on the roles and responsibilities of individuals described within the plan, including an overview of the operation of the plan.

Exercising: Care Group and Departmental Business Continuity Leads are responsible for ensuring that roles, alerting mechanisms and the application of the TLS for qualifying staff are tested within the team.

Maintenance: The Plan will be reviewed every three years or after an incident which has activated the plan.

7. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Awareness of the plan	Care Group and Department BC leads	Annually and prior to any alert indicating that a fuel disruption may be imminent	Business Continuity Steering Group

Activation of the Plan	Care Group and Department BC leads	Annually and prior to any alert indicating that a fuel disruption may be imminent	Business Continuity Steering Group
Review of the plan	Emergency Planning Lead	Three yearly; following activation of the plan or following the issue of new National Guidance	Business Resilience Steering Group Accountable Emergency Officer

8. DEFINITIONS

LRF	Local Resilience Forum. A multi-agency forum based on police boundaries that provides a focus for resilience within that police sector. Emergency responders, through the forum have a collective responsibility to plan, prepare and communicate in a multi-agency environment.
Category 1&2 responders	Members who, under the Civil Contingencies Act 2004, have designated duties under the said act, to prepare for, respond to and recover from an emergency or significant service disruption. Category 1 responders, (Acute Trusts, Police, Fire and Rescue, Ambulance etc.) have a first line response and 6 duties under the Act, as opposed to Category 2 responders, who have lesser duties, of which there are two.
'Christmas day working'	A concept that defines the level of work that can continue to be undertaken during any emergency or serious significant service disruption. This reduces the work load to that which would usually be undertaken on Christmas day – i.e. critical and emergency services only
Maximum Purchase Scheme (MPS)	In reference to the fuel that members of the public can buy during any fuel disruption. Usually reduced to 15 litres at any one time, to restrict and control scarce resource
Emergency Services Scheme (ESS)	A system to ensure emergency services are prioritised for fuel to enable them to continue essential service delivery
Designated Filling Stations (DFS)	Designated filling stations for access to priority fuel allowance
	Staff who designated as the essential resource for delivery of defined critical services

Temporary Logo Scheme (TLS)	A scheme that enables prioritised staff (DFU) to have access to priority fuel at a DFS
'home to work'	Defined in the plan as the mileage which will not be considered a priority under the scheme. Staff are required to buy fuel under the MPS for home to work journeys
Business Impact Analyses (BIA)	The business continuity planning process for identifying critical and priority services, and the resources required to deliver them during an emergency or significant service disruption
Accountable Emergency Officer (AEO)	The designated executive lead for Emergency Preparedness, Resilience and Response (EPRR)
SITREP	Situation Report – a reporting system which documents key issues, event and actions and provides a key information stream the NHS England (and others)

9. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 4).

10. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- CORP/RISK 9 - Business Continuity Policy and Strategy
- CORP/RISK 1 - Major Incident Plan
- Estates and Facilities BCP for Loss of Fuel Supply March 2012.

11. REFERENCES

- NHS Guidance on Planning for Disruption to Road Fuel Supply – *Strategic National Guidance for NHS Organisations*. DoH 2008.
- National Emergency Plan – Fuel. Department of Energy & Climate Change (DECC) (due for review 2017).

APPENDIX 1 - NEP-F TEMPORARY LOGO SCHEME

Name (driver)	Contact tel:	Date:
Department (or company if carrying out contracted work for the above authority):		
Service Area:		
Role:		
Brief description of service provided, include any call out required:		

Assessment or role/service (tick)	Yes	No	Reason
Has the above service been identified as a Critical Service in an NHS Business Continuity Plan?			
Would the person fulfilling the role be conducting essential health, social care or life-saving services, taking into account the levels of service that would be reasonably expected to be delivered during an emergency period?			
Would this scheme be used for the purpose of getting this member of staff to work?			
Could the above service be delivered by the use of public transport?			
Could the above service be delivered by the use of car sharing arrangements?			
Could the above service be delivered by using the Maximum Purchase Scheme (MPS) (See next page)			
Could the above service be delivered by home working?			

Declaration: In applying for a temporary logo I confirm that I understand:

- The purpose and scope of the scheme and the penalties for its misuse, as detailed on page 2
- The Emergency Planning Team may seek clarification and documentation to support this application
- Any purchases made under this scheme may be monitored, cross referenced with mileage claims and require justification.

Driver	Manager/BCM Lead	Certified (See next page)
Signed	Signed
Date:		

APPENDIX 2 - TLS ENTITLEMENT PROCESS

Background

In a period of significant disruption for the supply of fuel, the Government may introduce schemes to enable the NHS continued access to road fuel for priority use. The priority use schemes for specified priority users would be introduced by the exercise of emergency powers under the Energy Act 1976.

A temporary logo scheme (TLS) would be introduced for drivers of non-logoed vehicles to enable the essential health, social care and critical life saving services provided by, or on behalf of, Local Authorities, Health Authorities and Local Responders to continue. Those entitled under the TLS will be able to access fuel from Designated Filling Stations, with no maximum purchase.

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

Temporary logos are not generally to be used to obtain fuel for the purpose of getting staff to work and public transport should be used wherever possible. However, it is recognised that certain staff such as GP's, midwives and social workers respond to calls directly from their homes so some flexibility has to exist. It is also recognised that for shift workers and those living in rural areas, public transport may not always be available to allow these staff to get to work to provide their essential service.

A Maximum Purchase Scheme (MPS) will be introduced limiting the purchase of fuel at non DFS retail filling stations to a maximum of 15 litres/visit in order to provide an equal opportunity for the public to purchase road fuel.

Application for the TLS

This form should be completed by the member of staff who believes that they require the use of the TLS in consultation with their manager/Business Continuity lead. All sections should be completed. In the assessment of role/service section any ticks in the grey boxes should be accompanied by a brief reason as to why this is so.

The TLS is a last resort and every effort should be made to provide services using business continuity arrangements, alternative ways of working and the MPS.

Once completed, the application should be signed and dated by the member of staff and Business Continuity Lead. The application should then be returned to the agreed NHS Lead organisational link who will arrange for the temporary logo to be made available.

Using the TLS

Instructions on how to use the TLS will be issued with the temporary logo

Any fuel purchased under the TLS should only be used by the named member of staff carrying out critical functions of the Authority. It should not be used for non-critical or private travel i.e. a TLS user should not fill their tank, use a quarter of the fuel purchased for a critical service and the remainder for private travel.

APPENDIX 3 - SIGNAGE FOR A COMBINED DESIGNATED FILLING
STATION



BY ORDER OF HER MAJESTY'S GOVERNMENT
UNDER THE ENERGY ACT 1976

DESIGNATED FILLING STATION

The Emergency Services Scheme and the Utilities Fuel Scheme have been introduced by Order upon the exercise of emergency powers under the Energy Act 1976.

Wilful obstruction of the site operator in the performance of its duties is a criminal offence under section 18(2) of the Energy Act 1976 and offenders may be prosecuted

APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING				
Service/Function/Policy/Project/ Strategy	CG/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Corporate Plan for Disruption to Road Fuel Supply	David Purdue, Chief Operating Officer and Trust Accountable Emergency Officer (AEO)	Jean Yates, Emergency Planning Lead	New	November 2016
1) Who is responsible for this policy? The Accountable Emergency Officer for Emergency Preparedness, Resilience and Response (EPRR) and the Emergency Planning Lead who has delegated responsibilities.				
2) Describe the purpose of the service / function / policy / project/ strategy? The purpose of the plan is to enable the Trust to meet its statutory obligations under the Civil Contingencies Act 2004 to be prepared for and plan to respond effectively to any emergency or incident which may affect the Trust's capability of service provision, specifically to respond to a national road fuel shortage. It is also to protect staff, patients and the public in the event of any incident affecting the service and provides for protecting core service priorities.				
3) Are there any associated objectives? Statutory requirements under the CCA 2004 NHS Improvement Compliance Framework; CQC essential Standards; NHS England Core Standards; NHS England EPRR Framework; National Standard Contract Compliance.				
4) What factors contribute or detract from achieving intended outcomes? – None known				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
6) Is there any scope for new measures which would promote equality – None known				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: June 2017				
Checked by: Jean Yates, Emergency Planning Lead			Date: November 2016	