



NHS Resilience and Business Continuity Management Guidance

Road Fuel Supply Disruption

Interim Strategic Guidance for NHS Boards in Scotland

Prepared by the NHS Scotland Resilience Team at Scottish Government
(with acknowledgement to the Department of Health Emergency Preparedness Division)

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Foreword

Past events in the UK, most recently the industrial disputes in 2008 involving the temporary closure of the Grangemouth oil refinery and the strike by tanker drivers, have demonstrated that there is a clear risk of the country experiencing a period of significant disruption to its supply of road fuel. Industrial action is just one of a number of foreseeable scenarios that might prevent users from accessing fuel when and where they need it. Given the dependence of the NHS on road fuel in many aspects of service delivery, any widespread and prolonged fuel supply disruption has the potential to directly impact the ability of the NHS to provide the levels of patient care that the public normally expect of it.

This Guidance is intended to assist NHS Boards in making preparations for road fuel shortages so that the impact on patients and normal business is minimised so far as is possible and practical, while identifying steps that can be taken to reduce the quantity of fuel used. Such plans must also consider how care provision could be scaled back in a safe and prioritised manner should the fuel shortage become so acute that maintaining normal levels of service is unfeasible. Planning of this kind should represent an extension of business continuity management that most NHS Boards are obliged to perform under the Civil Contingencies Act 2004.

Additionally, the Guidance provides a background to the measures that could be put in place to protect fuel supplies for designated essential users (including some key NHS services), should the situation become serious enough to warrant the use of the emergency powers at the government's disposal under the Energy Act 1976. The full details of these measures are contained in the Department of Energy and Climate Change National Emergency Plan for Fuel (NEP-F), which sets out the cross-government plans for dealing with a national fuel crisis. This Guidance is intended to act as a supporting document to the NEP-F, providing tailored advice and support to the healthcare services in recognition of the criticality of the NHS and the scale and scope of its dependencies on fuel.

Development of the guidance has been achieved in cooperation with the Department of Health Emergency Preparedness Division.

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Road Fuel Supply Disruption Interim Guidance

Introduction

1. This document gives interim guidance to National Health Service (NHS) organisations to assist with their business continuity management (BCM) planning in response to a reduction of the normal availability of road fuel, from a minor disruption through to the activation of the National Emergency Plan – Fuel (NEP-F) 2008. It is subordinate to the Department for Business, Enterprise and Regulatory Reform's (BERR) NEP-F, which is currently undergoing further review. An official summary of the NEP-F for ease of reference is at Appendix 1.
2. A restriction of the normal supply of road fuel will pose a great challenge for NHS Scotland and its duty of care responsibilities. In certain circumstances restrictions or limitations to normal standards of care will be inevitable despite extant contingency plans. Effective business continuity plans will allow organisations to prioritise and, if the situation demands it, scale back care provision in a planned and considered way. The impact of this scaling back will be felt by individual patients across the primary care, social care and acute care sectors and it is acknowledged that reduced provision in a single area may impact across the whole health system.
3. This guidance is intended to provide a platform for all NHS Boards to undertake planning and to provide information on associated activities that may also be required. In the context of this Guidance, the term NHS organisation includes all the elements engaged in the delivery of healthcare in NHS Boards, and other National NHS bodies directly or indirectly responsible for the delivery or management of health and social care.
4. Chief Executives of NHS Boards designated as Category 1 Responders in terms of the Civil Contingencies Act 2004, as the accountable officer, are required to ensure that Boards maintain effective plans for the purpose of ensuring that if a major emergency occurs or is likely to occur Boards are able to perform their functions so far as necessary or desirable for the purpose of preventing the emergency; reducing, controlling or mitigating its effects; or taking other action in connection with it. Boards are also required to maintain plans for the purpose of ensuring, so far as is reasonably practicable, that if an emergency occurs they are able to continue to perform their functions.
5. NHS Boards not designated as Category 1 Responders should, as a matter of good governance, maintain effective contingency plans to ensure that as far as practically possible they are able to continue to carry out their statutory and essential functions.
6. Whilst it is ultimately the responsibility of NHS Board Chief Executives at local level, the Chief Executive NHS Scotland has final responsibility for NHS Scotland as a whole and therefore will need to be assured that NHS Boards are suitably prepared and resilient to the disruptive challenges that a road fuel shortage would bring. The responsibility for providing this reassurance will be through individual NHS Boards.

Aim

7. The aim of this interim guidance is to assist NHS Boards when preparing their business continuity plans 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.

Objectives

8. In accordance with the National Emergency Plan – Fuel (NEP-F), this Guidance will focus on eight key objectives:

- a) Develop specific guidance to assist NHS Boards in understanding their responsibilities to be resilient to road fuel disruption.
- b) Develop a strategy at NHS Board level (with consideration to the NEP-F) to identify functions/personnel who are vital to the delivery of healthcare services and systems who will require priority access to any available road fuel.
- c) Ensure all NHS Boards and their staff understand the legal limitations of the priority user scheme and the obligations the NHS has to reduce its use of road fuel during periods of disruption.
- d) Develop and promote a road fuel reduction scheme, which can be implemented during a crisis for the benefit of resilience, but which should also form part of NHS Boards' longer-term sustainability plans.
- e) Ensure NHS Boards identify critical suppliers and service providers who may be affected by disruption to road fuel supply and, where appropriate, provide support, in association with local authorities, to these organisations to achieve robust business continuity plans.
- f) NHS Boards to work with local independent contractors (GPs, Pharmacists etc) to encourage the development of road fuel resilience plans, and co-ordinate their arrangements with other Category 1 Responders.
- g) NHS Boards to provide direction and leadership to ensure effective contingency plans are in place in the event of a disruption to the normal supply of road fuel.
- h) Develop a process by which centrally contracted critical healthcare services are assessed, and agreed, as being suitable to be included on the Department of Energy and Climate Change (DECC) NEP-F Utilities Fuel Scheme. This should include an estimate of the fuel consumption per week of these users.

Background

9. As a large public sector organisation, during periods of fuel disruption NHS Scotland has an obligation under the NEP-F to reduce its fuel usage through 'demand calming measures'. Under the Energy Act 1976 certain journeys, such as home to work, are not included under the Emergency Powers (within the Energy Act 1976) during a period of the disruption. Plans must incorporate these constraints and be included as base line planning assumptions.

10. The disruption to road fuel supply may come from several causes; therefore the aim of this guidance is to give clear advice to NHS Boards to maintain, where practicable, the continuous operational delivery of healthcare services. The underlying principle of this guidance is to build upon the existing NEP-F and lessons identified from the recent disruption to fuel supplies during the Grangemouth Refinery closure and the Hoyer Tanker Drivers dispute and recent training exercises.

Warning and Escalation

11. In the event of a minor fuel disruption, NHS Boards are to advise staff about responsible purchasing of fuel and fuel conservation as well as cascading central government messages to staff. In the event of a major, ongoing disruption to the supply of fuel the Government may introduce emergency powers and implement the NEP-F in order to both conserve fuel and ensure that priority services and infrastructure are maintained. Within this plan are contingencies to restrict the amount of fuel accessible to the public and to ensure that the emergency services are supplied with fuel to provide their services. The impact of any disruption to road fuel availability will be continually assessed by NHS Boards and it may be necessary to scale down or stop certain activities.

Maximum Purchase Scheme (MPS)

12. The MPS is a process designed to restrict retail customers to a maximum purchase limit of 15 litres (approximately 3 gallons¹) of fuel at any one purchase and will be operated by the Government under the provisions for the implementation of Emergency Powers contained in the Energy Act 1976. This purchase limit could be reduced further if the situation deteriorates. NHS Boards should also be aware that there may be a restriction on the hours during which filling stations may sell fuel. This is likely to have an immediate effect upon the ability of some NHS staff to travel to work in competition with their personal lives. This may have a greater effect on those workers who live long distances from work and particularly those that live in remote and rural locations.

13. It is recommended that plans should be exercised in order to gain a better understand of the effects on operations this may have. In mitigation, and subject to legal and local governance arrangements, consideration could be given to:

¹ For getting staff to work planning assumptions, assuming an average fuel consumption rate of 25 miles per gallon across all fuel, driving and vehicle types, this gives an average 75 mile limit on a single fill up.

- a) Offering temporary contracts to recently retired staff who can access the workplace more easily either through living in close proximity to the workplace or who may have fewer restrictions such as childcare requirements.
- b) Use of new volunteers with similar circumstances to those above.
- c) Offering temporary accommodation to workers to live on or closer to site.

Emergency Services Scheme (ESS)

14. The Emergency Service Scheme is designed to ensure that the emergency services are prioritised for access to any available fuel stocks in order for them to have sufficient fuel to operate as normal. Access will be via Designated Filling Stations (DFS). Strategic Co-ordinating Groups (SCGs) are tasked with identifying DFSs and reviewing them on a quarterly basis and informing DECC. NHS Boards should regularly access this data via their SCGs in order to inform their own business continuity arrangements.

15. The vehicles covered under the ESS are recognised by their logos, so no additional registration process is needed. These include, amongst others:

- 1) All logoed ambulances.
- 2) Patient Transport Services.
- 3) NHS Blood and Transplant.
- 4) NHS logoed vehicles.
- 5) Doctor/community nurse/midwife/social care worker on-call in Temporary-logoed vehicles.

16. Also included are the following voluntary organisations:

- 1) Age Concern.
- 2) British Red Cross.
- 3) Salvation Army.
- 4) St Andrew's Ambulance.
- 5) Voluntary Car Service operated through the Scottish Ambulance Service.
- 6) Women's Royal Voluntary Service.

17. In the event of any disruption to road fuel supply or distribution, the NHS will have to report its fuel requirements over a given period in order to maintain the delivery of healthcare. Therefore NHS Boards need to be prepared to monitor and declare usage across their regions to SCGs and Scottish Government.

Defined Essential Users

18. NHS Boards will retain local determination over what constitutes their other critical non-blue light functions and how they are organised and delivered during any disruption to road fuel supplies. However, it is anticipated that as any fuel crisis escalates to the point where stocks are extremely limited, Scottish Government guidance to all organisations for defining essential users/functions, in priority order, should be followed and will be based upon:

- a) Activities to preserve life, limb or eyesight.
- b) Activities that will alleviate human suffering, including palliative care.
- c) Activities that meet certain defined legal obligations
- d) All other emergency clinical and social services.
- e) All other routine clinical and social services.

19. In order to access fuel via the ESS, NHS Boards need to predetermine what their priority functions are and who requires fuel to deliver them in order to assist with planning assumptions. It is however acknowledged that this could change as the fuel shortage situation develops. This includes NHS priority users and their designated vehicles, which may or may not be existing NHS liveried vehicles, as well as essential support or contract staff and their vehicles.

20. Whilst acknowledging the high number of community based healthcare workers who use their own vehicles, NHS Boards are to be robust in determining priorities as the inclusion of too many users will create further strain on already limited stocks to the detriment of other essential users. NHS Boards should maintain an estimate of fuel usage of their priority users to enable effective planning and to inform their SCG and Scottish Government.

Temporary Logo Scheme

21. NHS Boards will be responsible for co-ordinating the issuing of temporary logos to NHS staff. In order to access fuel under the ESS, those personnel who have been designated priority users will draw fuel from Designated Filling Stations (DFS) and will be identified through their NHS logoed vehicles and ID cards.

22. Where staff that have been identified as priority users are in non-NHS logoed vehicles, a temporary logo scheme may be authorised by DECC if the situation requires it. NHS Boards will manage this locally in accordance with the NEP-F guidelines and ensure control registers are kept of how many and to whom they have been issued. NHS Boards should be prepared to be challenged about their use of the temporary logo scheme and overall fuel usage and should be able to justify their positions. The temporary logo template is contained within the NEP-F.

23. NHS Boards should ensure that all personnel requiring a temporary logo are issued with a NHS identification card, including contractors who may be issued with temporary identification cards with an clearly displayed expiry date, e.g. General Practitioners, Pharmacists, or others deemed by the NHS Board as falling into the category of a “defined essential user” as detailed in paragraph 19 of this guidance.

24. It is acknowledged that some personnel and NHS Boards, particularly national ones, may cross regional NHS boundaries, but as the logo is a national one, this should not be an issue. Filling stations will accept logos of any region and will contact the relevant NHS national organisation if there is a query. Staff who may require to make emergency journeys should ensure in advance that they have sufficient fuel for journeys they may need to undertake rather than trying to fill up on the way.

25. NHS Boards should determine how many temporary logos they will require and how these are to be managed internally, for example, issuing one to each function/team/practice etc. NHS Boards should not underestimate the administrative and control challenges they will be faced with when introducing this scheme. It is imperative that they exercise their method of activation, administration, and control of this process regularly.

26. NHS Boards should through their SCG, determine whether there are any local challenges to how priority users would pay at point of fuel purchase during the build up to, or during any crisis. Fuel cards, cash, debit and credit cards should all be able to be used, but Boards are advised to monitor this in case this changes.

27. Contingency plans that allow NHS Boards to scale back care in a planned way in the event of a disruption to the distribution of road fuel need to be developed. The impact of this scaling back will be felt not only by individual patients, but also in some instances by social care and acute care providers. Equally, pressure from acute care and social care scaling back of services will impact on primary care.

28. Temporary logos are not generally to be used to obtain fuel for the purpose of getting staff to work when public transport should be used. However, it is recognised that certain staff, such as GPs, midwives and social workers, respond to calls directly from their homes so some flexibility does exist for NHS Boards to manage this within the guidelines. It is also recognised that for shift-workers and those living in remote and rural areas, public transport may not always be available to allow those staff to get to work to provide their essential service. This issue should be managed locally, but with due consideration to equity and the need for the NHS to reduce its demand on fuel at the time of any crisis.

Case Study - Using Existing Resources in Different Ways

During a prolonged period of fuel disruption, elective surgery and outpatient appointments may be scaled back as part of the NHS response to concentrate on urgent and emergency patient services. If this happens, it may be appropriate for NHS Boards to consider using the spare capacity (in both transport and scheduling resource) from within their patient transport service (PTS) provider. This may be to consider establishing a staff home-to-work transport service for those with limited access to public transport. During the Hoyer Tanker dispute, Yorkshire Ambulance Service pre-deployed mini-buses at their control centres for just such a scenario. This could easily have been used for wider NHS staff, especially in remote and rural areas.

Assistant Director Emergency Preparedness – Yorkshire Ambulance Service NHS Trust

29. NHS Boards should not underestimate the pressure there will be on people to access sufficient fuel to go about their own daily private lives. As such they must have robust and regularly exercised procedures in place to prevent abuse of the ESS and temporary logo schemes. Guidance on disciplinary procedures to be followed in the event of an alleged abuse of the temporary logo scheme will be issued by DECC. NHS Boards should have clear and effective internal communications arrangements in place to ensure that staff are fully aware of how seriously any fraudulent actions will be treated. External communication plans should be prepared in the event this does occur to respond to any negative publicity for the NHS, both locally and nationally.

Utilities Fuel Scheme (UFS)

30. This is designed to allow designated utilities personnel access to emergency stocks of fuel in order to maintain essential services. NHS Boards are advised to confirm emergency call out plans with their utility providers should they suffer coincidental failure in one or more of their utility services during any fuel crisis to determine if there may be any reduction in normal service. A reduction in road fuel stocks may have an impact upon the ability of utilities services to function at expected capacity norms due to the effects on their own workforce. As a result, the ability to maintain essential power and water supplies should also be part of all NHS Boards' business continuity arrangements.

Commercial Scheme

31. At UK level a commercial scheme exists which enables national carriers which supply critical supplies to the NHS to access fuel to continue the bulk delivery of pharmaceuticals and consumables to the NHS. However NHS Boards should be prepared for and plan for some possible reduction in service during any period of emergency.

Bulk Distribution Scheme

32. This scheme provides a framework for the allocation and prioritisation of fuels to bulk customers. All NHS fuel bunkers will be treated as a priority for refill, as will public transport, which will be key to both essential and non-essential NHS workers' ability to get to work. It is the government's intent not to limit access to fuel by public transport companies. NHS Boards should advise all workers to explore public transport options as a possible alternative to the use of private motor vehicles.

Fuel Reserves and Mutual Aid

33. The Scottish Ambulance Service should ensure it has access to guaranteed diesel fuel reserves to maintain emergency services over a prolonged period in the event of a complete disruption to road fuel supplies (Department of Health guidance recommends a minimum period of 20 days from a complete loss of access). All NHS Boards will be expected to support the principle of mutual aid to the Scottish Ambulance Service and other NHS Boards by allowing access to bunkered fuel stocks in an emergency.

Demand Calming Measures and Routine Fuel Conservation

34. One of the first and most obvious steps to minimise dependency on road fuel is to use less of it, and to use diverse sources and suppliers. Sustainable and flexible organisations will nearly always be the most resilient organisations as they will have much greater experience of achieving core organisational objectives in different ways depending upon the circumstances prevailing at that time. Operational flexibility and diversity will promote both sustainability and resilience.

35. Preparedness favours both sustainability and resilience. Preparation and careful risk management is the best way of coping with unforeseen events. NHS Boards should ensure that travel is done sustainably for reasons of cost, efficiency, environmental sustainability, resilience, and good business sense.

36. NHS Boards are advised to review their dependence on transport fuels in order to better prepare for any future disruption. Measures during a crisis that NHS Boards might wish to consider and prepare for include:

- a) Having a 'Work from Home' plan.
- b) A reduced working week.
- c) Cancel or reschedule non-essential meetings.
- d) Increased use of video/telephone conferencing facilities.
- e) Reduction/cancellation of non-core activities such as shops, entertainment, conferences etc.
- f) Increase the difficulty of accessing non-core/emergency activities by closing car parks to reduce demand.
- g) Introduction of the national cycle scheme.
- h) Introduction of more electric/gas/bio fuel or hybrid powered vehicles where appropriate.
- i) Car sharing
- j) Use of official vehicles, such as patient transport vehicles, as a means of moving staff around, particularly from home to work.

Relaxation of Regulations and Targets

37. National and local delivery target and performance assessments will be kept under review by those responsible during any fuel crisis. If necessary, targets and regulations can be adjusted to take account of local or national circumstances, but with full transparency via the use of risk and impact assessments. NHS Boards that do identify a requirement for this option are to seek the appropriate authority, but should not plan on this being an inevitable consequence of any fuel crisis, regardless of severity.

38. In order to further reduce fuel demand and maximise those who can get to work, NHS Boards should also be prepared to review their own regulations, again based upon effective risk and impact assessments, with due cognisance of any insurance or legal issues. Some examples of such policies that could be reviewed are:

- a) Drivers' hours.
- b) 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.
- c) Bringing children to work/providing crèche facilities, for the same reasons as above.
- d) Staff unable to get to work but who are within easy reach of a partner NHS Board could be temporarily stationed there to assist with the maintenance of capacity and capability in the NHS as a whole. This issue should be clearly articulated as a possibility to all staff as part of NHS Boards' induction training. //

- e) Staff-to-patient ratios.
- f) Disclosure Scotland checks and Disclosure Scotland portability between NHS Boards.
- g) General recruitment policies.

Voluntary Sector Partners

39. Recognition of the scale of delivery of essential services by voluntary sector partners should form part of any risk analysis and determination of whether they should be supported in any bid to be recognised under the ESS.

Security of Staff and Property

40. It is recognised that both a disruption to normal fuel supply and any subsequent disruption to health service delivery could be an emotive subject for the general public. NHS Boards should therefore have contingency plans in place in the event of an increase in threat levels to staff and/or property as a result of any real or perceived reduction in services to health during a fuel crisis.

Communication Strategy

41. An effective internal and external communication strategy will be key to successful implementation of any plans as well as reassuring the public that their best interests in relation to the crisis are at the forefront of the NHS' mind. High level external messages will be issued by UK and Scottish Governments, and will include updates on relevant websites. NHS Boards should have their own pre-planned messages and be prepared to co-operate with their own SCG to reinforce these.

Cost Capture

42. NHS Boards should ensure that all associated unforecasted costs attributed to this guidance and any response to an actual fuel crisis is captured for audit and the lessons identified process.

Validation

43. NHS Boards are advised to carry out their own local and regional rehearsals/exercises in order to assure the effectiveness of their contingency arrangements.

Conclusion

44. A disruption to the normal supply of road fuel will affect to some extent the normal delivery of health and social care services. In the worst case, NHS Boards will be faced with very difficult challenges and will have to make some very difficult decisions in the face of an ongoing and widespread fuel supply crisis. However, not all fuel supply disruptions will see the introduction of the NEP-F, so contingency arrangements must not rely on this occurring.

45. The development, exercise and validation of contingency arrangements should attract the necessary time and resources to ensure that as much resilience as possible is built into operations across health and social care, including demanding evidence of business continuity arrangements from business-critical suppliers. Only by doing all of this can NHS Scotland be as ready as it reasonably can be if this situation occurs and that decision making on the day can be informed and rational and in the best interests of all concerned.

BERR Summary of the NEP-F

Introduction

1. In the event that there exists, or is believed to be imminent, an actual or threatened emergency in the UK affecting fuel supplies, emergency powers under the Energy Act 1976 may be brought into force. These powers allow the regulation or prohibition of the production, supply, acquisition or use of substances used as fuel. These powers underpin many of the response tools in the NEP-F. These tools can be used as appropriate to the situation. For example, it may be sufficient to implement only the Maximum Purchase Scheme, or the situation may warrant implementation of all or most of the schemes together.
2. The NEP-F replaces the Downstream Oil Emergency Response Plan and addresses the deficiencies identified in the previous plan.

Advantages of the New Plan

3. The advantages of the new plan are:
 - Removes the need to pre-register priority users (a costly and time-consuming process)
 - Removes burden on Local Authorities
 - Quicker to implement (minimum of 12 hours to come into force)
 - Harder to abuse
 - Easier to update
 - Flexible

Tools

4. The plan has the following tools at its disposal:
 - Maximum Purchase Scheme. This limits the general public to 15 litres of fuel per visit. This is designed to ensure that all motorists can make essential journeys and workers in priority sectors using private vehicles can purchase sufficient fuel to go about their daily business.
 - Commercial Scheme. This prioritises diesel supply to commercial filling stations and truck stops to support the continuation of critical supply chains. A limit of £150 per visit could be implemented, if necessary.
 - The Emergency Services Scheme (ESS). Fuel would be prioritised to (approx 100) Designated Filling Stations to allow unlimited fuel to blue light emergency vehicles.
 - Utilities Fuel Scheme (UFS). Fuel would be prioritised to (approx 200) Designated Filling Stations for use by logoad vehicles in the delivery of essential services including utilities, transport, cash movement etc.
5. The ESS and UFS could be operated together if necessary and would allow vehicles to re-fuel at any of the 300 Designated Filling Stations.

6. The ESS and UFS replace the previous Priority User Scheme (PUS) and overcome the need for a registration process, thus removing a significant burden on Local Authorities. This allows a scheme prioritising fuel to emergency/critical services in an extremely short timeframe. Designated Filling Stations will receive a list of organisations whose logoed vehicles are entitled to unlimited access to fuel. A temporary logo scheme will operate for those non-logoed vehicles eligible for fuel.

7. Bulk Distribution Scheme. This enables oil companies and distributors to prioritise fuel products to supply retail filling stations, truck stops, depots and commercial storage sites in the event of an emergency.

8. Mutual Aid Scheme. DECC encourages SCGs to develop voluntary mutual aid arrangements amongst their members to support the delivery of essential services locally, particularly healthcare, where there is a reliance on non-logoed vehicles. The arrangement is aimed at making an efficient and flexible use of resources for example by re-deploying logoed vehicles and drivers to provide mobility to other responders in their delivery of essential services.

9. In addition, and taking into account feedback from stakeholders, DECC is considering the use of temporary magnetic logos to enable access by those essential users who do not have access to logoed vehicles (e.g. many community care nurses). However, there is an obvious risk of abuse here, and arrangements would have to be in place to ensure that temporary logos were only given for those vehicles used in carrying out critical services, and which cannot gain access to fuel through any of the above schemes.

NHS Roles and Responsibilities during a fuel emergency**The Planning Stage**

1. NHS Boards must be able to assume strategic control and leadership of incidents such as a fuel crisis. Each NHS Board needs to ensure that it has an overview of all major incidents and emergencies within its boundaries and that appropriate arrangements are made to allow for a well co-ordinated response through the Strategic Co-ordinating Group. These arrangements must take into account the requirements of the Civil Contingencies Act, and therefore NHS Boards must take a proactive lead in guaranteeing the availability of support and practical mutual aid both within their area, and across NHS Board boundaries.

The Response

2. It must be clearly established what roles and responsibilities the NHS Board is expected to fulfil. This could include:

- a) Leading health emergency preparedness on a strategic basis within the SCG on behalf of the wider health sector in that locality.
- b) Ensuring health is engaged in the fuel resilience planning process and where appropriate, leads the local planning for health-related workstreams.
- c) Ensure that the health sector is a full partner in the local multi-agency command and control arrangements that would operate in the event of a fuel crisis.

3. NHS Boards already co-operate on a number of issues e.g. shared services. Contingency arrangements which include mutual aid arrangements between NHS Boards and other organisations should be seen as an extension of this established practice.

4. If the scale of any fuel crisis escalates beyond the NHS Scotland's capacity or geographical area of responsibility, or if its duration is such that wider NHS resources are required to maintain essential services, Scottish Government will enact mutual aid protocols with the Department of Health, via the Department of Health Major Incident Coordination Centre (MICC). These arrangements are intended to ensure wider NHS resources are made available and that wider UK government assistance may be accessed as required.

5. During a response to a fuel crisis, NHS Boards will be responsible for establishing a mechanism to provide regular briefing reports at a time and pace set by Scottish Government. Scottish Government will collate this, and information from other agencies and organisations, and submit a briefing note to Scottish Government Ministers and to the Cabinet Office Civil Contingencies Committee (known as COBR) if established.

Roles and Responsibilities

6. It is the responsibility of all Category 1 Responders under the Civil Contingencies Act 2004 to ensure they have effective contingency planning arrangements in place. These arrangements should enable a co-ordinated NHS response regardless of the nature or scale of incident. Whilst it is acknowledged that not all NHS Boards (i.e. some Special NHS Boards) are covered by the requirements of the Act, it is considered good practice for such organisations to have in place contingency arrangements, which at least allow them to continue, as far as possible, their normal business functions. This includes those NHS organisations, which do fall into the definition of Category 1 Responders, but which are commissioned to provide services on behalf of NHS Boards.

7. Central to a major incident response is the integration of health service organisations. At the SCG there will be three key health functions to assist the incident commander in the management of an incident. These three functions will be:

- a) Scottish Ambulance Service, which directs and commands the response of the Service, including voluntary and private ambulance services. A Senior Officer will represent the Scottish Ambulance Service at meetings of the Strategic Co-ordinating Group, and at Scottish Government level if required.
- b) NHS Boards will direct the response of all NHS Board resources. It will be focused on the strategic and operational management of the NHS Board's services during the incident by ensuring health service delivery for both the incident and normal services. A NHS Board Chief Executive or nominated deputy will lead the NHS Board response and represent the service at the multi-agency Strategic Co-ordination Group.
- c) Public Health Advice in the form of a Scientific, Technical Advice Cell (STAC) should be available at the SCG to offer health-related scientific advice for all incidents that require strategic co-ordination. During the initial phase of an incident, the chair of the STAC will be a specialist from public health, who will act as the focal point and primary contact for the Police Incident Commander and all responding organisations. The STAC will provide advice on health, public health, health protection and other scientific advice as part of the incident management process.

8. These three key health functions will require the provision of sufficient administrative and organisational support. This must be based on an awareness of the facilities and equipment available at the Strategic Command Centre and includes the provision of sufficient key personnel, IT resources and other equipment. A key requirement is the maintenance of appropriate, contemporaneous records and documentation of the incident. NHS Boards must ensure that key staff are sufficiently trained and resourced to complete their role.

9. In a large-scale on-going fuel crisis where events threaten to place a severe and unacceptable pressure local ability or which have an impact over a wide area, Scottish Government may be obliged to co-ordinate a Scotland-wide response in line with established procedures. The level of involvement by Scottish Government will be defined by the nature and scale of the threat presenting, and the following options will be open:-

- a) monitoring and evaluating how local agencies are handling the incident.
- b) working to co-ordinate government resources into the response.
- c) only when necessary, taking a strong strategic and executive role in co-ordinating all resources at both local and Scottish level.

10. Scottish Government action will be focused on ensuring the direction of appropriate resources to assist in the management of the incident and keeping Scottish Ministers briefed on events. It will act as a mechanism for sharing information about the impact of the incident between central government and Strategic Co-ordinating Groups, and will consider recovery and long-term restoration following the incident.

11. A Senior Officer from Justice and Communities will be responsible for chairing the group of senior Scottish Government Officials, and/or representatives of other agencies, brought together to co-ordinate the response at Scottish Government level.

12. Detailed command and control arrangements at a local and Scottish level, in the event of a major emergency, can be found on the [Preparing Scotland Web Site](#).

13. The role of the Scottish Government Health Directorates is to:

- a) Provide management, and co-ordination of the health response to major incidents and national emergencies
- b) Supply SGHDs staff for Scottish Government's Emergency Action Team (EAT), and Scottish Health Emergency Response Team.
- c) Liaison Officers for the Scottish Government Resilience Room (SGoRR) or other organisations or agencies as appropriate to the circumstances.

Health Management Board

14. If the incident causes major disruption to the provision of service by the NHS in Scotland, the Director-General Health & Chief Executive NHS Scotland may convene a meeting of the Health Management Board made up of SGHDs' Directors or their representatives. Its main functions will be to:-

- a) oversee strategic coordination of the health service response in Scotland
- b) liaise with the Department of Health in London
- c) liaise closely with SGHDs EAT representative and the affected NHS Boards, normally by contact with the Boards' Senior Emergency Management Team.

NHS Boards:

15. NHS Boards are responsible for:
- a) Ensuring health representation at multi-agency strategic and tactical level meetings
 - b) Ensuring co-ordination/support arrangements are in place between all health services, including Community Health Partnerships and other Primary Care services, involved in emergency response within the NHS Board/ Strategic Coordinating Group area
 - c) Ensuring that the NHS within its area has clear command and control structures and facilities
 - d) Ensuring that direct healthcare resources can be mobilised quickly to support local hospitals or to sustain patients in the community should hospital services be reduced or compromised for a period
 - e) Having agreed systems in place to enable them to work with other NHS Boards as the 'lead' NHS Board, or to act in support of a nominated 'lead' Local Health Board
 - f) With support from SGHDs/ HPS, taking steps to monitor and safeguard the health of the local population for the duration of an incident
 - g) Having systems in place rapidly to disseminate health advice to the public if required
 - h) Liaising with and providing situation reports to the Emergency Support, and Emergency Action Teams, or SGHDs' Performance Management Division
 - i) Liaison with NHS 24