




## EMERGENCY PREPAREDNESS & BUSINESS CONTINUITY MANAGEMENT POLICY

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### POLICY CONTEXT

This document sets out the strategic framework for the management of emergency planning and business continuity for Birmingham and Solihull Mental Health NHS Foundation Trust. This policy has been developed in line with the Trust Policy Development and Management Policy and will be subject to an annual review as a minimum, in line with the requirements of NHSE Core Standards for Emergency Preparedness, Resilience & Response and will be subject to a consultation process both internally and with external stakeholders.

This policy:

The purpose of this policy is to ensure that Birmingham & Solihull Mental Health NHS Foundation Trust (the Trust) will comply with the requirements of the Civil Contingencies Act 2004 and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2022, and its statutory duty to implement arrangements. This policy is mandatory and applies to all staff (temporary and permanent) within Birmingham and Solihull Mental Health NHS Foundation Trust involved in writing and/or implementing policies. This policy also applies to all activities undertaken by the Trust including at HMP Birmingham Healthcare services.

### POLICY REQUIREMENT (see Section 2)

Effective Emergency Preparedness and Business Continuity Management is the responsibility of all staff and every department. The Trust's approach is an holistic one which requires the involvement and engagement of all staff across the Trust.

Appointed Directorate/Service Area Emergency Preparedness and Business Continuity Leads should work in co-operation with Trust staff in the development and review of a Business Impact Analysis (BIA), Business Disruption Risk Assessment (BDRA) and other materials which underpin the Trust's Business Continuity Management System.

Monitoring and progress reporting should be managed through the appropriate strand of the Trust's established governance structure.

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# 1 INTRODUCTION

## 1.1 Rationale

Birmingham and Solihull Mental health NHS Foundation Trust is a large and complex organisation delivering a comprehensive mental healthcare service for the residents of Birmingham and Solihull and to communities across the West Midlands and beyond.

We operate out of more than 30 sites and serve a culturally diverse population of 1.3 million spread out over 172 square miles and have an annual income of £301m, a dedicated workforce of almost 4,000 staff and a range of local and regional partnerships, making this one of the most complex and specialist mental health foundation trusts in the country.

Our catchment population is ethnically diverse and characterised in places by high levels of deprivation, low earnings, and unemployment. These factors create a higher requirement for access to health services and a greater need for innovative ways of engaging people from the most affected areas. As such, it is subject to a wide range of risks with the potential to disrupt normal service delivery and requires a clear and comprehensive Business Continuity and Emergency Preparedness policy to ensure all possible mitigations have been considered and implemented to ensure we continue to provide services in line with our organisations purpose, vision and values.

### Trust Purpose, Vision and Values:

#### Our vision

Our vision for what we want to achieve in the future is simple: improving mental health wellbeing.

#### Our values

Our values are our guide to how we treat ourselves, one another, our service users, families and carers, and our partners.

#### Compassionate

- Supporting recovery for all and maintaining hope for the future.
- Being kind to ourselves and others.
- Showing empathy for others and appreciating vulnerability in each of us.

#### Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Valuing all voices so we all feel we belong.

#### Committed

- Striving to deliver the best work and keeping service users at the heart.
- Taking responsibility for our work and doing what we say we will.
- Courage to question to help us learn, improve and grow together.

## 1.2 Scope (Where, When, Who)

- 1.2.1.1 This policy is mandatory and applies to all staff (temporary and permanent) within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT). For

those staff covered by a letter of authority / honorary contract or work experience this framework is also applicable whilst undertaking duties on behalf of BSMHFT or working on BSMHFT premises. As part of good employment practice, agency workers are also required to abide by BSMHFT policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking any work.

This policy also applies to all activities undertaken by the Trust including HMP Birmingham Healthcare services.

Partnership organisations (suppliers, contractors and providers) will be expected to demonstrate the existence of a robust system of business continuity management commensurate with the principles set out in this policy.

Summerhill Services Limited (SSL), a wholly owned subsidiary of BSMHFT, has in place its own business continuity plan and this is included at [Appendix E](#).

### 1.3 Principles

The Trust recognises the importance of an effective Business Continuity Management system (Appendix B) and emergency preparedness and the role all staff have to play in their development, delivery, maintenance and review.

Although Mental Health providers are not listed as a 'Category 1' responders under the *Civil Contingencies Act (CCA) 2004*, subsequent guidance and legislation requires all NHS funded organisations to plan for and respond to incidents as Category 1 responders. Additionally, we hold responsibilities under the Regional Mass Casualty Plan to support other NHS Trusts in the provision of psychological support and psychological site management to a major incident, contribute to any required distribution of mass countermeasures and to work to create capacity within receiving hospitals. The focus for the Trust is therefore on developing and embedding appropriate emergency preparedness and business continuity arrangements to ensure it can effectively meet the challenges of incidents that can disrupt the continuity of its critical and essential services under the *NHS Emergency Preparedness, Resilience & Response Framework 2022*.

The model adopted accords with the best practice expectations placed upon all NHS organisations in the NHSE Business Continuity Management Toolkit (2023) and the associated requirements listed in the *NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR)* being:

- a) Fully aligned with the methodology outlined in the International Organisation for Standardisation's ISO 22301:2019 *Security and resilience - Business continuity management systems – Requirements* and in particular the supporting ISO 22313:2020 *Security and resilience – Business continuity management systems – Guidance on the use of ISO 22301 standard*.
- b) Reflective of the British Standards Institute's PAS 2015:2010 *Framework for health services resilience* developed for the NHS

## 2 POLICY

- 2.1 Effective Emergency Preparedness and Business Continuity Management is the responsibility of all staff and every department. The Trust's approach is an holistic one which requires the involvement and engagement of all staff and stakeholders in the development of plans and supporting materials, in their testing and exercising and review to maintain a process of continuous improvement in line with the Procedure in Section 3 below.

As required by the [NHS Emergency Preparedness, Resilience and Response Framework 2022](#) the Trust is subject to the full set of civil protection duties and must:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Create business continuity plans to ensure that they can continue to exercise critical functions in the event of an emergency.
- Make information available to the public about civil protection matters, and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance coordination and efficiency.

The above will be achieved by maintaining compliance with NHS Core Standards for Emergency Preparedness, Resilience & Response. The Trust's compliance is monitored via an annual process of self-assessment against the standards. Organisational compliance with Core Standards is monitored by the Birmingham & Solihull Integrated Care Board (ICB), NHS England and the Local Health Resilience Partnership (LHRP). The Trust's Accountable Emergency Officer (AEO) will be required to participate in an annual check & challenge process following submission of our self-assessment document and supporting evidence.

NHS Core Standards for Emergency Preparedness, Resilience & Response requires that the Trust must carry out emergency planning testing/exercising for the purposes of validating plans, developing staff competencies and to test well-established procedures. The Trust must undertake the following as a minimum:

- Implement a live exercise every three years;
- Implement Command Post exercise every three years;
- Implement a tabletop exercise annually;
- Implement quarterly Incident Control Centre (ICC) tests; and
- Implement six monthly communication exercises

Local Directorate/Service Area Emergency Preparedness and Business Continuity Leads will work collaboratively with the EPRR Officer to prepare business continuity testing/exercising scenarios relevant to their service area and ensure the required resources are available to facilitate the annual programme of testing/exercising. The EPRR Officer will work with other local agencies and third sector providers to establish a schedule of testing/exercising in line with risks identified by local and community risk registers.

The Trust EPRR Officer must maintain an annual workplan which sets out the timetable for the above statutory requirements, ensuring the Trust remains compliant with its obligations under

the CCA and providing assurance to Trust Board that the Trust has sufficiently robust and resilient plans to maintain continuity of essential services and respond effectively in the event of an incident.

2.2 This policy is supported by a suite of plans and processes to anticipate, assess, mitigate and respond appropriately and proportionately to risks which have the ability to impact service delivery. The Trust has the following plans to support the business continuity management and emergency response:

- [BSMHFT Incident Response Plan](#)
- [BSMHFT Adverse Weather Plan](#)
- [BSMHFT Fuel Disruption Plan](#)
- [Service/site specific Business Continuity plans \(including evacuation & shelter plans where appropriate\)](#)
- [BSMHFT Pandemic Flu Plan](#)
- [BSMHFT Initial Operational Response to Incidents Suspected to Involve Hazardous Substances or CBRN Materials](#)
- [BSMHFT Mass Countermeasure Distribution Plan](#)
- [Directorate Power/Communications/ICT Outage Plans](#)
- ICT Business Continuity Plans (accessed via ICT On-Call)
- [BSMHFT Incident Response Plan for Trustwide Staff Redeployment](#)
- [BSMHFT Emergency Communications Plan](#)

These are subject to continuous review through a number of groups and committees including the Trust Board and via a process of consultation both internally and with external stakeholders. This process will be reported to and monitored by the Business Continuity and Emergency Preparedness Committee (BCEPC). Incident debrief reports and exercise reports will be reported to BCEPC including lessons identified and recommendations. BCEPC will be responsible for monitoring progress on completion of required actions, including those identified via the testing and exercising of revised plans following updates.

All business continuity and EPRR related documents can be found in the [Major Incident and Business Continuity tab](#), accessed from the landing page of our intranet. The electronic versions stored on the Major Incident and Business Continuity section of Connect will be considered the definitive versions.

### 3 PROCEDURE

This Policy utilises a process of cyclical Business Continuity programme management (Appendix B) and associated stages directly derived from ISO 22301 and specifically the accompanying ISO 22313 Guidance.

#### Plan

- Establish the business continuity programme/strategy/system
- Develop a business continuity policy
- Create a business impact assessment
- Develop policy and procedures
- Establish a documentation system
- Plan

#### Do

- Undertake Business Impact Analysis (BIA)
- Implementation of plans
- Develop a communications plan
- Create an exercise programme

#### Check

- Schedule management reviews
- Undertake internal audits
- Exercise

#### Act

- Debrief
- Implement corrective actions
- Continuous improvement measures

**Figure 1 below demonstrates that PDCA is cyclical and should be repeated at least annually to ensure compliance, currency and quality. Thus, business continuity plans and associated elements developed as a result of this policy will be living documents that will change and grow as incidents happen, exercises are held and risks are reassessed.**



Figure1: *Business continuity programme elements: PDCA* (Source: ISO 22313)



The Policy will be operationalised through the activation and utilisation of the [BSMHFT Incident Response Plan](#), local area Business Continuity Plans and other supporting plans and processes.

### 3.1 Framework

This section describes the broad framework for ensuring the Trust has effective arrangements in place to enable it to:

- 3.1.1 Identify the potential areas of risk to the Trust's services in order to develop plans which prevent or minimise disruption. The plans are produced by the Emergency Planning Team in consultation with relevant experts. They are reviewed by the Business Continuity & Emergency Preparedness Committee to ensure quality and completeness and tested on a regular basis.
- 3.1.2 React effectively to a Major Incident outside of the Trust, providing appropriate medical services and support to emergency response partners;
- 3.1.3 React effectively to a Critical Incident within/directly affecting the Trust so that it can continue to provide essential services as is reasonably practicable;
- 3.1.4 Minimise disruption when unplanned events have the potential to significantly interrupt normal business; and
- 3.1.5 Manage impacts on capacity when demand outstrips available capacity and normal contingency plans are insufficient.
- 3.1.6 React effectively to a situation where there is a significant loss of staff e.g., due to industrial action or pandemic
- 3.1.7 Respond to a Business Continuity Incident, alerting appropriate personnel, allocating resources and priorities for action to recover essential services and prepare for return to normal working as quickly as possible.
- 3.1.8 Support effective communication during an emergency or service interruption.
- 3.1.9 Ensure the Trust can continue to exercise its functions in the event of an emergency.
- 3.1.10 Ensure all departments are involved in the preparation of the plans, so that there is an effective and consistent response to emergencies and/ or Business Continuity Incidents.
- 3.1.11 Ensure that all plans are tested and updated in line with national requirements.
- 3.1.12 Ensure that all Risks relating to Business Continuity and Emergency Preparedness are captured on the Trust's Risk Register and are reviewed regularly and managed in line with the [Trust's Risk Management Policy](#) (see section 3.9 below)

3.2 The Trust's Emergency planning has 2 work streams which are identified as follows:

- 3.2.1 Major/Critical Incident Planning
- 3.2.2 Business Continuity Planning

3.3 The Trust's Business Continuity Plans are separate from the Trust's Incident Response Plan, under which the Trust would deliver its emergency response to a business continuity



incident which cannot be managed within local plans, and critical or major incidents, such as a road traffic accident, terrorist attack or chemical incident. Therefore, the [Business Continuity Plans](#) and [Incident Response Plan](#) can be implemented independently of each other. All plans can be found by navigating to the [Business Continuity & Major Incident tab](#) on Connect.

3.4 However, a business continuity incident may occur simultaneously to a critical or major incident or an event, or situation, in the wider environment which requires activation of the [BSMHFT Incident Response Plan](#), and may also cause an interruption to the Trust's services or functions.

3.5 In such circumstances, the [business continuity plans](#) may need to be implemented in addition to, and independently, of the [BSMHFT Incident Response Plan](#). However, a co-ordinated response to the critical/major incident and the business continuity incident will be required, to ensure there is an effectiveness of the decision-making process and to avoid duplication of effort.

3.6 The Accountable Emergency Officer (AEO), through the Business Continuity and Emergency Preparedness Committee (BCEPC), will oversee the work carried out under each work stream to ensure that the plans and procedures in each are coordinated, and that work programmes are adhered to.

### 3.7 Major/Critical Incident Planning

3.7.1 The AEO will ensure that the [BSMHFT Incident Response Plan](#) (IRP) is prepared by the Emergency Preparedness Resilience & Response Officer. The IRP will be reviewed annually as a minimum and also following any activation. All reviewed/updated plans will be subject to a process of internal and external consultation and submitted to the BCEPC for sign off.

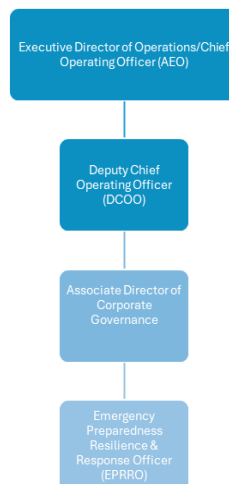
### 3.8 Business Continuity Planning

3.8.1 The Trust has developed plans to deal with Business Continuity Issues that would affect multiple services of the Trust as set out in the Business Continuity plans, such as staff shortages, interruption to ICT services and power failures.

3.8.2 The AEO will ensure that the plans listed at Section 2.2 above are prepared and submitted to the BCEPC for approval, as part of the suite of emergency plans

### 3.9 Governance

3.9.1 Based on the above roles & responsibilities the EPRR day to day governance reporting structure is as follows:



3.9.2 Assurance- The minimum requirements that NHS-funded organisations must meet are set out in NHS Core Standards for Emergency Preparedness, Resilience & Response. These standards are in accordance with the CCA 2004, the 2005 Regulations the NHS Act 2006, the Health and Care Act 2022 and the Cabinet Office National Resilience Standards. Annually BSMHFT will provide evidence of their compliance to their board, at a public board meeting.

#### Internal Governance

This policy will be subject to annual review as a minimum, in line with the requirements of NHS Core Standards for Emergency Preparedness, Resilience & Response. This will include a period of both internal and external consultation. The BSMHFT Policy Development & Management Group monitor the review of all BSMHFT policies and once approved by PDMG, this policy will be presented to the relevant ratifying committee (Finance, Performance and Productivity Committee) and for final ratification and sign at Trust Board.

To ensure effective monitoring and emergency planning within BSMHFT, all BSMHFT plans & procedures are subject to internal scrutiny and sign off via the Trust's Business Continuity & Emergency Preparedness Committee (BCEPC). This group meets quarterly and has membership as set out in the Terms of Reference, which is reviewed annually to ensure that the appropriate persons are present.

3.9.3 to ensure appropriate scrutiny of documentation for sign off, this is to ensure that BSMHFT fulfils its duties as a Category 1 responder in line with the requirements set out in the Civil Contingencies Act 2004 and the following documents:

- NHS Emergency Planning Framework
- Command and Control Framework for the NHS during significant incidents and emergencies
- NHS Core Standards for Emergency Preparedness, Resilience & response
- Business Continuity Management Framework

- 3.9.4 All BSMHFTs EPRR reports are also shared to the Trust's Finance Performance & Productivity Committee (Sub-Board Committee) as well as the Trust Board as and when appropriate but annually as a minimum, as well as publicly outlining readiness and preparedness activities within the Trusts annual reports to include an overview on:
- Training and exercises undertaken by the organisation
  - Summary of any business continuity, critical incidents and major incidents experienced by the organisation
  - Lessons identified and learning undertaken from incidents and exercises
  - The organisation's compliance position in relation to the latest NHS England EPRR assurance process
  - Work programme
- 3.9.5 See appendix G for internal EPRR governance chart
- 3.9.6 BSMHFT has an annual EPRR work programme, maintained and actioned by the EPRRO. The EPRR work programme is based around the NHS Core Standards for Emergency Preparedness, Resilience & Response requirements with any additional operational work processes, identified risk/s and best practice reviews added in conjunction with AEO work allocations. The work programme schedule is reviewed as a minimum annually.
- 3.9.7 BSMHFTs emergency plan/s will be reviewed annually as a minimum by EPRRO/BCEPC and will be subject to a process of both internal and external consultation as part of the review process.
- 3.9.8 As part of BSMHFTs emergency preparedness and planning, the Trust will participate in exercises both locally and across the Birmingham & Solihull Local Resilience Forum (LRF) with partners.
- 3.9.9 As part of the continuous PDCA cycle described above, a log of all identified lessons including an action tracker will be maintained by the EPRRO and reported via BCEPC internally and also via HEPOG and the NHSE Lessons Identified process

Live incidents which require the plan/s to be invoked will conclude with a debrief process and lead to review/improvements of the plans. This will be led for the Trust by the EPRRO.

**Duty to assess Risk** - All EPRR risks are considered in line with BSMHFT's risk management strategy via a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks. All risks relating to Business Continuity and Emergency Preparedness are captured on the Trust's Risk Register and are reviewed regularly and managed in line with the Trust's [Risk Management Policy](#) (appendix F). All Business Continuity and Emergency Preparedness risks are reviewed at the BCEPC meeting quarterly and annually at the Risk Management Group meeting. Additionally, bi-monthly risk management reports are circulated at a number of committees across the trust to assure relevant groups, including the board, that the current risk management in place is effective.

The Trust has a number of EPRR related risks on the internal Risk Register, which is

benchmarked against the Trust's internal business continuity risks, the local Community Risk Register (CRR), Local Health Resilience Partnership Risk Register and the National Risk Register (NRR). The Trust's [Risk Management Policy](#) sets out the internal Risk Management process, including guidance for risk scoring, and sets out the risk appetite as determined by the board which determines the level of action taken in regard to Business Continuity and Emergency Preparedness risks. The Risk Management policy and risk appetite are reviewed and updated on an annual basis.

Additionally, BSMHFT consider the impact of short and long term risks, including those caused by climate change and has developed a [Carbon Net Zero/Green Plan](#) which sets out our approach to adaptation planning. BSMHFT has a large, varying estate with climate change adaptation part of a wider ICB infrastructure strategy with a focus on removing poor building stock to improve quality of services and future proof assets. The Trust is working towards a BREEAM excellent as minimum standard on all new buildings or significant changes to existing estate.

### External Governance

- 3.9.10 **Local Resilience Forum** - The Local Resilience Forum (LRF) is a strategic level multi-agency partnership made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. All organisations within Local Resilience Forum have a responsibility to co-operate with each other, sharing relevant information.
- 3.9.11 **Local Resilience Forum** are supported by other organisations, such as the Highways Agency and public utility companies. The LRF work with other partners in the military and voluntary sectors who plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident within their local communities. Within the LRF NHS England, and the BSoL ICB represent all health bodies
- 3.9.12 **Local Health Resilience Partnership (LHRP)** - The Local Health Resilience Partnership is another strategic level forum, however for health colleagues only. This forum aims to bring together all health responders so that they can co-ordinate, plan and carry out specific joint work which is linked to the LRF. The forum ensures that member organisations develop and maintain effective health planning arrangements for incidents.
- 3.9.13 The core membership of the LHRP includes all 7 Local Authority Directors of Public Health, UKHSA, NHS England EPRR Lead, Ambulance services EPRR leads, as well as the Accountable Emergency Officers for each NHS Provider Trust. DPG/ICB co-chair LHRP on a rotational basis. BSMHFT is represented by the COO/AEO, or the Executive Director of Quality and Safety/Chief Nurse or the Executive Director of Finance in the absence of the AEO. Only attendance by and Executive level director will count in terms of our compliance with the requirements of NHS Core Standards for Emergency Preparedness, Resilience & Response. Representatives for BSMHFT must be able to authorise plans and commit resources on behalf of the Trust, with support as required from the EPRRO.

- 3.9.14 **West Midlands & Warwickshire Health Emergency Planners Operational Group (HEPOG)** – HEPOG is a working group of the LHRP which is chaired jointly by the ICB EPRR Leads. Membership is from all local emergency planners across the Birmingham and Solihull, Coventry and Warwickshire and Black Country Integrated Care Systems within health. HEPOG co-ordinates locally identified risks and ensures effective tactical and operational planning/response arrangements across the local system.

### 3.10 Training

To support this policy, a training needs analysis will be conducted to identify and review the associated training required within the organisation. This will include, where required, awareness sessions for the Management Team, training for Directorate/Service Area Leads and other key individuals.

Existing training meets some of the business continuity and incident training requirements e.g. Fire Safety, Health & Safety, FFP3 training.

In addition to external mandatory training for all potential Incident Commanders (Principles of Health Command course) as indicated as part of the Trust's Incident Response Plan, the training schedule will include:

- a. General EPRR/Business Continuity Awareness
- b. Initial Operational Response training
- c. On-call Standard Operating Procedure e-learning
- d. On-call buddying system for new staff to Strategic and Tactical On call
- e. On-call EPRR e-learning
- f. Exercising/testing of plans
- g. Any supplementary training where a need has been identified.

The EPRR Officer will ensure provision of training for relevant staff to enable them to carry out their duties and responsibilities relating to business continuity, critical and major incidents. A training record will be maintained by the EPRR Officer of all training completed/booked/outstanding and performance will be reported as part of the annual EPRR report to the Trust Board.

#### 3.10.1 Personal Development Portfolios (PDP)

PDP's will be developed for all staff who have a role during an incident response. It is the responsibility of individual staff to complete and maintain their PDP. [Completion Guidance for PDP's](#) is included at Appendix I of this document.

#### 3.10.2 Exercising/Testing

An exercise schedule will be maintained by:

- a. The EPRR Officer for the BSMHFT Incident Response Plan.
- b. Directorate/Service Area Leads for Directorate/Service Area Plans.

### 3.11 Retention Periods

EPRR related documentation needs to be preserved in accordance with the minimum retention periods, as set out in the table below:

Category	Examples	Minimum Retention Period	Final Action
Incidents (declared)	Decision logbook, on call logbook, incident related documents including plans and organisational structures. Paper and electronic records.	30 years.	Review, archive or destroy under confidential conditions.
Exercise	Paper and electronic records.	10 years.	Review, archive or destroy under confidential conditions.
On Call (routine – non-major incident)	Decision log, on call log, handover records. Paper and electronic records.	10 years	Review, archive or destroy under confidential conditions.
EPRR	Incident response plans, guidance, standard operating procedures, NHS core standards for assurance. Electronic records.	30 years	Review, archive or destroy under confidential conditions.
EPRR	Information sharing protocols, memorandums of understanding, service level agreements. Paper and electronic records.	10 years	Review, archive or destroy under confidential conditions.
EPRR	BCEPC minutes, papers, action logs. Risk registers. Electronic records.	30 years	Review, archive or destroy under confidential conditions.

### 3.12 Information Sharing

Under the CCA 2004, local responders have a duty to share information and this is seen as a crucial element of civil protection work underpinning all forms of co-operation. BSMHFT under the CCA 2004 and 2005 regulations for responders has a duty to share information with partner organisations in an emergency. Data sharing guidance 2019 is available on the Civil Contingencies Secretariat page of Resilience Direct in an emergency. This is a crucial element of civil protection work and underpins all form of co-operation. However, the Data Protection Act 2018, GDPR 2018 and the Common Law duty of confidence must be complied with at all times.

It is important to remember a consenting party is not always a necessary pre-condition to lawful data sharing. BSMHFT conforms with its information policy and procedures in line with its data protection responsibilities. Any information to be shared will be as far as reasonably practical, be pre agreed and cleared by the Caldicott Guardian and / or Senior Information Risk Owner (SIRO) or their deputies, including advice and guidance from the Data Protection Officer. In any case information sharing will adhere to the principles of having suitable protections put in place (passwords, encryption etc) any sharing of information should be limited to what needs to be shared only.



## 4 RESPONSIBILITIES

Post(s)	Responsibilities
All Staff	All staff must make themselves familiar with and comply with all relevant policies and procedures related to emergency preparedness and business continuity. Employees must make themselves aware of relevant emergency procedures e.g. evacuation and fire precaution procedures appertaining to their particular role/work location.
Service Directors, Clinical Directors and Corporate Directors	Responsible for overseeing a programme of emergency preparedness and business continuity management activities for their particular portfolio within the Trust in accordance with this Policy. This includes identifying designated Risk Management and Business Continuity Leads within their areas to whom they will delegate, ensuring the development of directorate/department/service business continuity plans (BCPs) business impact analyses (BIAs) and business disruption risk register, ensuring consideration is given to the Equality Act 2010 as part of the process. A nominated Non-Executive Director (NED) will have business continuity and emergency planning identified as one of the key objectives within their portfolio. Service Directors, Clinical Directors and Corporate Directors will monitor and review risks on the risk register relating to their portfolio, escalating any areas of concern to the BCEPC
Strategic On-call Manager/Incident Director	The Strategic On-call Manager for the Trust will be the first port of call in an emergency that is initiated outside of normal office hours and will be expected to initiate and lead the Trust's response and act as Incident Director. Guidance for on call staff is contained in the <a href="#">On-call Standard Operating Procedure (SOP)</a> , as well as the <a href="#">NHSE Midlands Alerting Process</a> both of which can be found under the Business Continuity and <a href="#">Major Incident tab</a> via the front page of the intranet. All staff who undertake duties as part of the In addition to the completion of internal training for On-Call Managers, it is mandatory for any member of staff who undertakes duties as part of the Strategic On-call Manager rota to complete the Principles of Health Command Training programme delivered by NHSE in line with the National Occupational Standards for the role. All staff who undertake duties as part of the Startegic On-Call rota must also complete and maintain a Personal Development Portfolio (PDP) in line with the National Occupational Standards. Template PDP's and completion guidance can be found under the Business Continuity and <a href="#">Major Incident tab</a> via the front page of the intranet. Should the need to declare a Major Incident arise, the Strategic On-call Manager (or in-hours designate) will activate the <a href="#">BSMHFT Incident Response Plan</a> (as per on call SOP and NHSE Alerting Guidance) and instruct the Switchboard to call in

	the personnel required to staff the Incident Coordination Centre (ICC). At any time the Strategic On-Call Manager may defer their responsibility as Incident Director to another Director.
Tactical On-Call Manager	The Tactical On Call Manager is responsible for providing assessment of any reported incident, providing advise and guidance to the notifying member of staff on how to manage the incident and mitigate service disruption. They must ensure that they have escalated the incident as appropriate and in line with the BSMHFT Escalation Guidance. They must act as dictated by the emerging situation. Guidance for on call staff is contained in the <a href="#">On-call Standard Operating Procedure (SOP)</a> , as well as the <a href="#">NHSE Midlands Alerting Process</a> both of which can be found under the Business Continuity and <a href="#">Major Incident tab</a> via the front page of the intranet. All staff who undertake duties as part of the Tactical On-Call rota must complete and maintain a Personal Development Portfolio (PDP) in line with the National Occupational Standards. Template PDP's and completion guidance can be found under the Business Continuity and <a href="#">Major Incident tab</a> via the front page of the intranet. At any time the Tactical On-Call manager may defer their responsibility to another appropriate tactical manager.
Directorate/Service Area Risk and Business Continuity Management Leads	<p>As part of the Trust's Emergency Preparedness and Business Continuity Policy, directorate/service area leads are responsible on behalf of their Director for ensuring that all services within their portfolio:</p> <ul style="list-style-type: none"> <li>• Develop and maintain business continuity plans at directorate level;</li> <li>• Identify critical services and resources across their directorate by means of business impact analysis;</li> <li>• Validate through regular training, testing and exercises directorate/service Area business continuity plans and procedures, including those for out of hours emergencies;</li> </ul> <p>Review and update Directorate/Service Area plans regularly in light of lessons identified from exercises or incidents, research or changes in staff/service description.</p>
All Managers including Heads of Department	Each manager/head of Department is operationally responsible for ensuring compliance with this policy within their area of responsibility. This includes promoting awareness of the Trust's Emergency Preparedness and Business Continuity Policy, Corporate and Directorate/Service Area Business Continuity Plans and procedures as appropriate within their own teams.
<b>Policy Lead</b> EPRR Officer	The Emergency Preparedness, Resilience & Response Officer (EPRRO) is responsible for overseeing the day-to-day implementation of emergency planning and business continuity arrangements within the Trust, on behalf of the Accountable Emergency Officer (AEO). This includes leading on Emergency

	<p>Preparedness &amp; Business Continuity issues and reporting into the Trust wide governance structure. The EPRRO represents the Trust as a member of the West Midlands and Warwickshire Health Emergency Preparedness Officers Group (HEPOG). The EPRR Officer is responsible for the regular review of the risk register in relation to EPRR related risks and to highlight any changes to BCEPC for discussion and review. The EPRRO is responsible for the planning and monitoring of training and exercising in line with the requirements of NHS Core Standards for EPRR.</p>
Executive Director	<p><b>Accountable Emergency Officer</b></p> <p>The Accountable Emergency Officer (AEO) is the Executive Director responsible for the Trust's emergency preparedness, resilience and response (EPRR) functions in line with the requirements of the Civil Contingencies Act 2004, the Health and Social Care Act 2012 and NHS Core Standards for Emergency Preparedness, Resilience &amp; Response. As such, the AEO represents the Trust as a member of the West Midlands Conurbation Local Health Resilience Partnership (LHRP). The AEO is the Executive Director of Operations and this role is delegated to the Executive Director of Quality and Safety/Chief Nurse or the Executive Director of Finance in the absence of the AEO. The AEO is accountable for ensuring that effective systems of risk management and business continuity are in place, including an annual work programme which is informed by a suite of internal and external sources including the West Midlands Conurbation Community Risk Register and which includes ongoing Trust wide training and exercising. The AEO is supported by the EPRR Officer.</p> <p>The AEO/Deputy COO on their behalf chairs the Business Continuity &amp; Emergency Preparedness Committee.</p>
Business Continuity and Emergency Preparedness Committee (BCEPC)	<p>The Business Continuity and Emergency Preparedness Committee will act as the Trust's business disruption risk management steering group, tasked with establishing and maintaining robust risk management, emergency preparedness and business continuity systems within the Trust.</p> <p>Chaired by the AEO or Deputy COO on their behalf, membership of the Committee is drawn from the Risk &amp; Business Continuity Leads from across the Trust.</p> <p>The Business Continuity and Emergency Preparedness Committee reports into the Trustwide Governance structure (see Appendix G of this policy).</p> <p>The BCEPC will review risks relating to EPRR and BC on a quarterly basis and scope for any new emerging risks.</p>

Trust Board	<p>The Board's main role is to set the strategic direction of the Trust and to monitor performance over the year. It is the ultimate decision-making body in the Trust, accountable for overall performance and ensures that statutory, financial and legal responsibilities are met. These responsibilities fall both to executive and non-executive directors.</p> <p>The Board acts as the guardian of public interest and is responsible for reviewing the effectiveness of internal controls – financial, organisational and clinical. The Board is required to satisfy itself that the management of the Trust is doing its “reasonable best” to manage the Trust's affairs efficiently and effectively through the implementation of internal controls to manage the risks to the delivery of the Trust's essential services. The Trust Board will be assured through receipt of an annual EPRR report.</p>
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## 5 DEVELOPMENT AND CONSULTATION PROCESS

This policy will be developed as part of a cyclical process of review, as described in Section 3 above. The EPRR Officer is responsible for maintaining a tracker of comments and recommendations that are received as part of the consultation process, including details of accepted/rejected actions and the outcome of consultations will be reported to BCEPC.

### 5.1 Consultation Summary

As part of the annual review process this policy will be subject to a process of both internal and external consultation in accordance with the Trust [Policy Development and Management Policy](#) (appendix H) and the requirements of NHS Core Standards for Emergency Preparedness, Resilience & Response. This process will be led by the EPRR Officer on behalf of the Accountable Emergency Officer (AEO).

Consultation summary		
Date policy issued for consultation		17/03/25
Number of versions produced for consultation		1
Committees or meetings where this policy was formally discussed		
Business Continuity & Emergency Preparedness Committee		12/03/25
Policy Development Management Committee		11/06/25
Clinical Governance Committee		01/07/25
Where else presented	Summary of feedback	Actions / Response
BSoL ICB	See consultation log	
NHSE Midlands Regional Team	See consultation log	
BSMHFT Audit Committee	Recommend to Board	List of key changes required
BSMHFT Public Board		Ratified

### 5.2 Version Control

VERSION NUMBER	TITLE	SUMMARY OF CHANGES	IN FORCE FROM
2	BUSINESS CONTINUITY MANAGEMENT POLICY		OCTOBER 2017
3	BUSINESS CONTINUITY MANAGEMENT POLICY		JULY 2021
4	BUSINESS CONTINUITY MANAGEMENT POLICY		NOVEMBER 2022
5	EMERGENCY PREPAREDNESS & BUSINESS CONTINUITY MANAGEMENT POLICY	ANNUAL REVIEW – INCORPORATING CHANGES AS PART OF CORE STANDARDS 2022 RECOMMENDATIONS	OCTOBER 2023

5.1	EMERGENCY PREPAREDNESS & BUSINESS CONTINUITY MANAGEMENT POLICY	UPDATED TO REFLECT RECOMMENDATIONS FROM INTERNAL AUDIT/ CONSULTATION PROCESS/PDMG	OCTOBER 2023
5.2	EMERGENCY PREPAREDNESS & BUSINESS CONTINUITY MANAGEMENT POLICY	UPDATED TO REFLECT RECOMMENDATIONS FROM CORE STANDARDS 2023	July 2024
5.3	EMERGENCY PREPAREDNESS & BUSINESS CONTINUITY MANAGEMENT POLICY	UPDATED TO REFLECT RECOMMENDATIONS FROM CORE STANDARDS 2024 AND CONSULTATION FEEDBACK	TBC

## 6 REFERENCE DOCUMENTS

- The Civil Contingencies Act (2004). Available at [Civil Contingencies Act 2004 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2004/42/contents/enacted)
- International Organization for Standardization ISO 22301 and ISO 22313
- British Standards Institute Framework for Health Services Resilience PAS 2015:2010
- Business Continuity Institute - Business Continuity Management: Good Practice Guidelines (2018) available via <https://www.thebci.org/product/good-practice-guidelines-2018-edition---download.html>
- Health and Care Act 2022. Available at [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2022/25/contents/enacted)
- HM Government (2006), Emergency Preparedness: Guidance on Part 1 of the Civil Contingencies Act 2004 (revised March 2012). [Emergency preparedness - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/emergency-preparedness-guidance)
- NHS Emergency Preparedness, Resilience & Response Framework 2022: <https://www.england.nhs.uk/ourwork/eprr/>
- NHS England Business Continuity Management Toolkit (2023) [NHS England » NHS England business continuity management toolkit](https://www.nhs.uk/business-continuity-management-toolkit/)

## 7 BIBLIOGRAPHY

- HM Government (2010), Emergency Response and Recovery – non statutory guidance accompanying the Civil Contingencies Act 2004 (updated October 2013). [Emergency response and recovery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/emergency-response-and-recovery)
- The Cabinet Office: <https://www.gov.uk/government/organisations/cabinet-office>
- The Cabinet Office - UK Resilience Framework: [The UK Government Resilience Framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/uk-resilience-framework)
- The Cabinet Office - Emergency Preparedness: <https://www.gov.uk/government/publications/emergency-preparedness>
- The Home Office: <https://www.gov.uk/government/organisations/home-office>
- UK Influenza Pandemic Preparedness Strategy 2011 [Microsoft Word - 20111103](https://www.microsoft.com/en-gb/press/2011/11/1103)

**8 GLOSSARY**

BCP	Business Continuity Plan – a plan written by service lead which outlines alternative arrangements which could be put in place to maintain critical activities within that Directorate or service area in the event of disruption to or loss of a critical service.
BIA	Business Impact Analysis – this identifies the key services within the organisation and assesses how long the Trust can manage without these services as well as the resources that are required for each service to run effectively. Typical examples of resources that are required are people, premises, technology, information and suppliers and partners.
BCM	Business Continuity Management – Holistic management process.
CCA	Civil Contingencies Act 2004.
Critical Service	A critical service is one whose loss or disruption would cause serious interruption to care delivery, risks to the health and safety of patients, public or staff, an effect upon service capacity, reputational damage, financial damage or contravening a legal or statutory obligation.
Disaster Recovery	Disaster recovery is planning is a subset of business continuity planning which includes planning for resumption of applications, data, hardware, communications (such as networking) and other IT infrastructure – Disaster Recovery is usually an ICT responsibility.
EPRR	Emergency Preparedness, Resilience & Response
ISO 22301	International standard for business continuity management system.
Plan Owner	Who has overall responsibility for a particular Plan.
Risk management	Is the process of identifying, classifying and mitigating the risks to the organisation which may cause a business continuity incident.
RTO	Recovery Time Objective – timescale in which service must be resumed to ensure level of provision in line with criticality of service.
Service loss or disruption	A service disruption is defined as any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires special measures to be taken to restore to normal functions.



## 9 AUDIT AND ASSURANCE

This policy statement contains largely static information, however its content will be reviewed annually as a minimum, by the Trust's Business Continuity and Emergency Preparedness Committee and will include a process of external consultation. The Business Continuity and Emergency Preparedness Committee will also monitor progress on policy implementation and report regularly to the Finance, Performance & Productivity Committee and Trust Board.

The business continuity plans developed as a result of this policy will contain more volatile information. Associated plans will be living documents that will change and grow as incidents happen, exercises are held and risks are re-assessed. As a minimum, all associated plans will be reviewed and updated on an annual basis. Compliance with this requirement will be monitored by the Business Continuity and Emergency Preparedness Committee quarterly and reported via the EPRR Annual and Interim Report to FPP/Board.

Incidents reported via the Eclipse incident reporting system will be monitored by the EPRR Officer and any incidents related to EPRR will be reported to the BCEPC quarterly.

The Internal/External audit contract is managed by the Finance Department and reports to the Audit Committee. EPRR is included in the planned cycle of audits which is reviewed annually. The current recommended audit cycle is between 3 – 5 years. Internal auditors review the organisational framework of governance, risk management and control with the Head of Internal Audit's annual opinion designed to assist the Accountable Officer and the Board in making the Annual Governance Statement on Internal Control.

The findings from these are presented as individual reports, including finding and recommendations. Recommendations/action are tracked, monitored and fed back at each meeting of the committee.

Monitoring of Implementation	Monitoring Lead	Reported to	Monitoring Process	Frequency	Assurance
Site/service specific BCP's are reviewed and updated	Emergency Preparedness Resilience & Response Officer	Business Continuity & Emergency Preparedness Committee (BCEPC) and included in EPRR Annual report to Trust Board	National NHS Core Standards self-assessment Audit reports	Annually as a minimum	70% of plans are reviewed/updated with performance reported to Trust Board
Incident specific response plans are reviewed and updated	Emergency Preparedness Resilience & Response Officer	Business Continuity & Emergency Preparedness Committee (BCEPC) and included in EPRR Annual report to Trust Board	National NHS Core Standards self-assessment Audit reports	Annually as a minimum	70% of plans are reviewed/updated with performance reported to Trust Board

Trust Incident Response Plan is reviewed and updated	Emergency Preparedness Resilience & Response Officer	Business Continuity & Emergency Preparedness Committee (BCEPC), Policy Development Management Committee Clinical Governance Committee	National NHS Core Standards self-assessment Audit reports	Annually as a minimum	Evidence that plan has been reviewed/updated as per minimum standard
Plans are exercised in line with requirements of NHS Core Standards/EPRR Framework	Emergency Preparedness Resilience & Response Officer & Local Business Continuity Leads	Business Continuity & Emergency Preparedness Committee (BCEPC) and included in EPRR Annual report to Board	National NHS Core Standards self-assessment audit reports	BCEPC takes place quarterly and performance reported to Board annually	Training records Post exercise debrief reports
EPRR Annual/Interim Report to Board	Emergency Preparedness Resilience & Response Officer	Finance, Planning and Performance Committee  Public Board	Annual/Interim EPRR report containing summary of the above and additional context.	Bi-annual	Report is presented bi-annually as a minimum
NHS Core Standards for EPRR Self-Assessment submission & subsequent Confirm & Challenge Process	Emergency Preparedness Resilience & Response Officer/Accountable Emergency Officer	Birmingham & Solihull Integrated Care Board and NHS England Midlands	NHS Core Standards Action Plan	Annually	Recommendations actioned as appropriate and annual position of compliance is improved/maintained

## 10 APPENDICES

## Appendix A – Equality Analysis Screening Form

## Equality Analysis Screening Form

<b>Title of Proposal</b>	<b>Emergency Preparedness and Business Continuity Management Policy</b>		
<b>Person Completing this proposal</b>	Louise Flanagan	<b>Role or title</b>	EPRR Officer
<b>Division</b>	Corporate Governance Team	<b>Service Area</b>	Trustwide
<b>Date Started</b>	01/02/25	<b>Date completed</b>	06/03/25
<b>Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
The purpose of this policy is to be compliant with statutory requirements of an NHS funded organisation under the civil contingencies Act 2004 and the EPPR framework as required of all NHS funded providers and to have in place appropriate and effective policies and plans to manage a major, critical or business continuity incident or event, so as to minimise impact on service provision, safety and improve the sustainability of the Trust.			
<b>Who will benefit from the proposal?</b>			
This policy serves to benefit all staff, service users, carers and the local healthcare system and wider community by ensuring the Trust are prepared for, able to respond to and recover from a range of emergency or business continuity events or incidents.			
<b>Do the proposals affect service users, employees or the wider community?</b>			
<b><i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i></b>			
This Policy seeks to positively impact service users, employees and the wider community by providing assurance that we have in place processes and plans to mitigate negative impacts from a potential major, critical, or business continuity incident and to support the Trust in a return to business as usual as quickly as possible following an incident with minimal disruption to service provision and risk to staff, service users and the wider community.			

<b>Do the proposals significantly affect service delivery, business processes or policy?</b>				
<b><i>How will these reduce inequality?</i></b>				
The policy serves to positively affect service delivery by providing a framework for staff to follow in order to mitigate the effects of the impact on service provision and safety for staff, service users and the wider community				
<b>Does it involve a significant commitment of resources?</b>				
<b><i>How will these reduce inequality?</i></b>				
No significant day to day commitment to resources required, however the activation of associated plans and any required resource will be determined by the nature of the incident				
<b>Do the proposals relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment &amp; progression)</b>				
No				
<b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>				
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>		
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>		
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>		
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>		
<i>Protect and promote human rights?</i>				
<b>Please click in the relevant impact box and include relevant data.</b>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>	X			Policy applies to all employees, FTC, secondments, bank staff and placements, irrespective of age or level/grade within the organisation. Our staff are reasonably evenly spread between 26-40 ages range 10.56% to 12.48% and ages 41 to 60 groups ranging from 13.13% to 14.38%. Therefore, there is a reasonable balanced profile with no one age group negatively impacted.
Including children and people over 65				

Is it easy for someone of any age to find out about your service or access your proposal?				
Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
<b>Disability</b>	X			Disability positive impact. Currently have network to support staff with disabilities. WDES Data is showing <b>4.7%</b> colleagues across our Trust have long-term condition or illness. Currently we have the Disability and Neuro Diversity Staff Network Group who currently support staff with disability. We also support staff with Reasonable adjustment with the Government 'Access to Work' Grant. Therefore, it is anticipated that disability will not have an positive impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their disability
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues				
Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?				
Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
<b>Gender</b>	X			It is anticipated that gender will have a positive impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their gender identity. The Trust has now set up a Women's Network who will be meeting on a monthly basis
This can include male and female or someone who has completed the gender reassignment process from one sex to another				
Do you have flexible working arrangements for either sex?				
Is it easier for either men or women to access your proposal?				
<b>Marriage or Civil Partnerships</b>	X			It is anticipated that marriage or civil partnership will have a positive impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their marriage or civil partnership. This is dependent on staff feeling comfortable about being open about their Marriage or Civil Partnership

People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
<b>Pregnancy or Maternity</b>	X			It is anticipated that pregnancy and maternity will have an positive impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this. We also have started the Women's Network where these matters can be discussed and shared there.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
<b>Race or Ethnicity</b>	X			It is anticipated that Race or Ethnicity will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
<b>Religion or Belief</b>	X			The Trust will provide necessary support and reasonable adjustment for an employee and we also have the Spiritual Care Team. It is anticipated that religion or belief will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>	X			We currently have LGBTQ Staff Network who meet regularly where information is shared. It is anticipated that sexual orientation will not

				have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>	X			It is anticipated that Transgender or Gender Reassignment will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on staff feeling comfortable about being open about their being Transgender or undergoing Gender Reassignment
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
<b>Human Rights</b>	X			This policy is written to promote equality and remove any discrimination to ensure that everyone can fulfil their full potential within a Trust that is inclusive, compassionate, and committed. This is keeping in line with our Trust values, the NHS People's Plan commitment to equality, diversity and inclusion and reflects the provisions of the Equality Act 2010.  This policy applies to <b>all</b> , including applicants applying for a job, staff including agency, bank and volunteers, services users and carers, visitors, stakeholders, an any other third-party organisations who work in partnership with the Trust
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				



**If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)**

	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				X

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

**Action Planning:**

How could you minimise or remove any negative impact identified even if this is of low significance?

NONE IDENTIFIED

How will any impact or planned actions be monitored and reviewed?

**USING FORMAL DEBRIEF PROCESS**

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at [bsmhft.hr@nhs.net](mailto:bsmhft.hr@nhs.net) . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

## Appendix B: Business Continuity Programme Management Stages

### Stage 1: Understanding your Business

A BCM strategy relies on clarity about the organisation's mission and defining the essential processes within that mission.

The organisation provides a comprehensive mental healthcare service for the residents of Birmingham and Solihull and to communities in the West Midlands and beyond. We operate out of more than 30 sites and serve a culturally diverse population of 1.3 million spread out over 172 square miles and have an annual income of £301m, a dedicated workforce of almost 4,000 staff and a range of local and regional partnerships, making this one of the most complex and specialist mental health foundation trusts in the country.

Our catchment population is ethnically diverse and characterised in places by high levels of deprivation, low earnings, and unemployment. These factors create a higher requirement for access to health services and a greater need for innovative ways of engaging people from the most affected areas.

### Trust Purpose, Vision and Values:

#### Our vision

Our vision for what we want to achieve in the future is simple: improving mental health wellbeing.

#### Our values

Our values are our guide to how we treat ourselves, one another, our service users, families and carers, and our partners.

#### Compassionate

- Supporting recovery for all and maintaining hope for the future.
- Being kind to ourselves and others.
- Showing empathy for others and appreciating vulnerability in each of us.

#### Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Valuing all voices so we all feel we belong.

#### Committed

- Striving to deliver the best work and keeping service users at the heart.
- Taking responsibility for our work and doing what we say we will.
- Courage to question to help us learn, improve and grow together.

### Our priorities

Our priorities set out what we will do to deliver our vision and live our values. They support us to stay focussed on what is important to us and make sure we are using our resources to do the right things. We have four strategic priorities:

#### Clinical services

Transforming how we work to provide the best care in the right way in the right place at

the right time, with joined up care across health and social care.

People

Creating the best place to work and ensuring we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users.

Quality

Delivering the highest quality services in a safe inclusive environment where our service users, their families, carers and staff have positive experiences, working together to continually improve.

Sustainability

Being recognised as an excellent, digitally enabled organisation which performs strongly and efficiently, working in partnership for the benefit of our population.

Against this organisational context and as part of this stage, Directorate/Service Area Risk and Business Continuity Management Leads will be asked to identify the critical, essential and routine processes in their services, as well as to consider the resources which support and contribute to the normal operation of the organisation.

Consideration must also be given to any statutory obligations or legal requirements placed on the Trust.

The Trust has developed a prioritisation methodology to assist Directorate/Service Area Leads in defining critical, essential and routine processes. This forms part of a business continuity toolkit aimed at those Leads (see Appendix C attached).

Where appropriate, the Trust also needs to review existing contracts, develop service level agreements and/or memoranda of understanding which will help in monitoring the business continuity arrangements of relevant external service providers/contractors.

Business Impact Analysis (BIA)

Having identified critical, essential and routine processes, the impact upon the organisation's goals and targets if these were disrupted or lost will be determined through a Business Impact Analysis (BIA).

ISO 22313 defines a BIA as the “process of analysing operational functions and the effect that a disruption might have upon them”. The BIA will identify, quantify and qualify the impacts and their effects of a loss, interruption or disruption and will measure the impact of disruptions to its processes on the organisation. It will provide information that underpins later decisions about business continuity strategies.

The BIA process will:

- a. Define the activity and its supporting processes;
- b. Map the distinct stages of each activity and process;
- c. Determine the impacts of a disruption;
- d. Define the recovery time objectives (where ISO 22313 defines Recovery Time Objective (RTO) as the period of time following an incident within which a product or service must be resumed, activity must be resumed, or resources must be recovered);
- e. Determine the minimum resources needed to meet those objectives.

Through the BIA the Trust will:

- a. Obtain an understanding of its activities and processes, the priority of these and the timeframes for resumption following an interruption;
- b. Quantify the maximum tolerable period of disruption (MTPD) for each process – the timeframe during which a recovery must become effective before an outage compromises the ability of the Trust to achieve its business objectives in light of contractual, regulatory and statutory requirements (ISO22313 defines the Maximum Tolerable Period of Disruption (MTPD) as the time it would take for adverse impacts, which might arise as a result of not providing a product/service or performing an activity, to become unacceptable. The Recovery Time Objective (RTO) has to be less than the maximum tolerable period of disruption)
- c. Obtain the resource information from which an appropriate recovery strategy can be determined and recommended;
- d. Quantify the resources required over time to maintain the key processes at an acceptable level and within the maximum tolerable period of disruption, information which will enable facilities, ICT and other supporting resources to develop their own continuity.

The Business Impact Analysis toolkit developed is included at Appendix C of this Policy.

### Risk Assessment

The risk analysis methodology provided in the Emergency Preparedness guidance (published in support of the Civil Contingencies Act) and that being employed corporately by the Trust do not differ significantly. Therefore, to ensure delivery of a Trust-wide risk assessment element of this policy which can be successfully embedded within the Trust's broader risk monitoring and management it has been decided to follow a risk analysis methodology consistent with the preferred approach already in use across the Trust.

Details of the methodology to be used are included at Appendix C as part of the Business Continuity toolkit.

Each service area will ensure that the risks identified are included within the relevant risk register for the Trust using the methodology and information sources described above and at Appendix C of this document. Appropriate elements of that risk register will be translated to the Trust Incident Response Plan. If, as a consequence of the development of Directorate/Service Area Business Continuity Plans, additional risks are identified, these will be added to the Trust's corporate risk register and appropriate details will be included in the Trust Incident Response Plan.

In following this approach and in assessing the generic, operational risks faced by the Trust the following sources of information will be referred to:

- Existing Trust Risk Registers;
- The Community Risk Register for the West Midlands Conurbation (drawn up by the Local Resilience Forum);
- The Incident History for the Birmingham and Solihull Mental Health NHS Foundation Trust ;

- The Incident History for the West Midlands Conurbation Local Health Resilience Partnership;
- Regional Incident History.

Based on the outcomes of the risk assessment, the Trust's EPRR Officer will explore the options that exist to minimise the level of risk faced by the organisation. Strategies will be devised for all risks identified from very high to low scores, based on the following framework:

**Mitigation:** identifying strategies, activities, modifications or controls aimed at reducing the risk

**Acceptance:** ensuring the risk is owned at the appropriate level (normally director level) within the organisation.

**Transferring:** changing the process, ceasing the practice, outsourcing the service or transferring the risk (if financial by means of insurance)

**Eliminating:** if possible, removing the cause, avoiding the risk or introduce preventative measures

**Recovery:** developing and testing recovery plans to deal with any threats and hazards identified. For significant risks (rated High or Extreme) this will involve developing specific contingency plans, if appropriate, as part of the corporate business continuity plan. Other risks (rated Medium or Low) will be managed at directorate level as part of the directorate business continuity plan.

## Stage 2: Selecting Business Continuity Options

The following paragraphs contain details of the key issues affecting service resilience which will be addressed as part of the BCM strategy for the Trust.

### Key Staff: Addressing 'Key Person Syndrome'

To improve the resilience of services and supporting resources it is important that steps are taken to cope with the absence of key staff. Measures will include documenting key tasks, roles and responsibilities; capturing contact names and numbers and producing standard operating procedures.

Key individuals will be encouraged to take personal responsibility for nominating and training a deputy. This requirement will be reflected in an employee's annual objectives and will be subject to appraisal.

### Suppliers

The Trust relies upon the products and services of other organisations to be able to deliver key aspects of its services. Suppliers include "outsourcers" and intermediaries who deliver services on the organisation's behalf. These suppliers or partners may be commercial, public or voluntary organisations.

NHS Trusts and NHS Foundation Trusts must be able to demonstrate a robust internal system for the management of risk to the delivery of their services. They must demonstrate active compliance with any risk or quality regime introduced by the Care Quality Commission. The Trust is a member of the Birmingham and Solihull (BSoL) Procurement Collaborative and as such all contracts are subject to provision of suitable business continuity plans as set out in

Section 6 of the [NHS Terms and Conditions for the Provision of Services Contract](#) (appendix J). This process ensures that there is a standard approach to service level agreements (SLAs) and contracts for external contractors and suppliers, with the inclusion of details on quality standards. External suppliers will be required to have in place appropriate and proportionate risk management and business continuity management policies and procedures. An integral part of the Trust contract monitoring process will be to ensure that appropriate documentation is in place to provide reassurance to the Trust in contracting with others.

### What makes a Supplier key?

If the product or service supplied is unique and essential to the organisation's service capability or if there is a long term "outsource" agreement that makes it difficult to make alternative sourcing arrangements, then the supplier will be judged as key and a provider of a critical service.

### Protecting against Supplier Failure

It is important to maintain close contact with suppliers and partner agencies and to understand what business continuity arrangements they have in place.

Simply asking if they have a plan is insufficient as the plan may be out of date or untested.

The following is a list of questions which will be asked of key suppliers:

- Have you identified the processes you need to ensure delivery of the products / services we need for our critical processes?
- Have you identified the resources that support these processes?
- Have you developed Business Continuity Plans to maintain the processes if you have a disruption?
- Have you exercised these plans?
- What lessons have you learnt from the exercises?
- What steps have you taken to integrate the lessons learnt into your Business Continuity Plans?
- What other customers do you have for the key products/services you supply and what assurances can you give that we will receive preference of supply at the time of disruption?

Answers to these questions should be supported by evidence from the supplier. This process is managed by the BSoL Procurement Collaborative and monitored as part of the annual assurance process.

*Procurement and purchasing departments have essential roles to play in encouraging key suppliers to develop Business Continuity Plans. New contracts will, where relevant, contain appropriate business continuity clauses. When existing contracts are due for renewal the opportunity will be taken to discuss the need to include business continuity arrangements. Where appropriate performance measures will be added, or reference made to the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) and the ISO BCM Standard.*

*The Trust's EPRRO will work with Directorate Risk and Business Continuity Management Leads and other Trust personnel to facilitate appropriate and proportionate enhancements in the resilience*

of supply chains

### Critical, Essential and Routine Processes

*A separate exercise, modelled on the BCM requirements placed upon the Trust in the NHS Core Standards for Emergency Preparedness, Resilience & Response needs to be undertaken to determine appropriate criteria to be applied to suppliers and contractors to provide assurance to the Trust that business continuity arrangements which are proportionate are in place with suppliers and contractors. The extent to which the Trust applies these criteria and the need for any additional criteria, including variations, will be based upon:*

- Criticality of the service
- The level of risk that has been determined
- The extent to which the service type and/or its contractor/supplier is unique and specialist in nature.

An internal assessment will take place to see if they meet the requirements (e.g. can they recover within required timeframes) and if the risks identified are acceptable levels.

If requirements are not met, then a review with the supplier and appropriate internal/external risk assessments would take place to review whether the service can still be provided by that supplier and deemed 'acceptable risks', or if another provider/supplier needs to be sought due to the risks outweighing the service they can provide.

The Trust has developed a prioritisation methodology to assist Directorate/Service Area Leads in defining processes as critical, essential or routine. This forms part of the Business Continuity Toolkit aimed at those Leads and is also at Appendix 3 and 4 of the Trust's Incident Response Plan.

### Resources

In addition to critical, essential and routine processes it is important to consider the supporting resources which contribute to the normal operation of the organisation.

In informing the Trust's plans the following resources will be considered. These will be considered during the risk analysis and in the reduction steps taken and form part of the business continuity toolkit provided to Directorates/Service Area Leads.

- **Utilities:** coal, oil, gas, electricity, water, steam, sewerage, medical gases, compressed air.
- **ICT:** IT and telecommunications including third party suppliers, network and internet service providers
- **Logistics:** including third party suppliers.
  - In: supplies, transport.
  - Out: transport, waste.
- **Finance:** payroll, contracts.
- **Workforce:** skills, numbers, communications and resource mobilisation, standard operating procedures.
- **Premises:** buildings and infrastructure. Considerations to include new build (secure by design); old build (design constraints and risks);



alternative premises for use by single department or concurrent use by multiple departments (larger premises required).

The following, which support the smooth running of the Trust's business may also be considered under the 'resources' heading:

- Facilities Management
- Reception
- Security
- Car Parking

### Alternative Premises

In the event that Trust premises are unavailable or inaccessible for an extended period alternative accommodation will be sought to house all essential processes. As part of the data gathering exercise Directorate/Service Area Leads will be asked to identify essential processes in their departments. In completing their Business Continuity Plans they will be asked to define a minimum office amenities requirement (desks, phones, PCs, etc.) necessary for them to maintain a process.

These requirements will be collated and with the support of the Trust's Estates Manager (SSL), and alternative accommodation sought from within the Trust's estate.

**Following the formal declaration of an incident, should additional accommodation be required the Trust will request support from partner agencies including Integrated Care Boards (ICBs), the NHS England Midlands Regional Team, adjacent Mental Health Trusts and Acute Trusts, West Midlands Ambulance Service, Birmingham City Council and Solihull Metropolitan Borough Council via the mutual aid process detailed below.**

### Mutual Aid

Some Incidents may require organisations to request mutual aid from other organisations, this can include NHS funded providers of care and other organisations i.e. Police, Fire, or Civil Service.

Mutual Aid can be requested in two specific ways:

1. Request to the ICB for mutual aid support - this will be when we have exhausted our internal business continuity arrangements, declared a critical or major incident and can no longer safely provide critical services or activities. The request must explicitly detail the mutual aid requirements, why we are making the request and how long it will be likely to be required. There should also be an indication of how this will be funded (ie. if ICB support for funding is required).

If the nature of the incident and request still meets the threshold for a Level 2 incident under the EPRR Framework and can be authorised and handled by the ICB. The Mutual Aid Request template contained within the BSMHFT Incident Response Plan must be completed and forwarded to the ICB Strategic Commander (2nd on call).



2. Request for support outside of the ICB area, this will meet the threshold for a Level 3-4 Incident under the EPRR Framework and therefore will require NHS England Midlands or National support, again the mutual aid request template is to be completed and submitted to the relevant NHS England team with appropriate sign off from the ICB Strategic Commander.

In addition, there is a Birmingham and Solihull and Black Country Mutual Aid Agreement which can be enacted to support the deployment and distribution of mutual aid within the ICB response.



The process for requesting mutual aid is detailed in the [BSMHFT Incident Response](#) Plan at sections 5.6, 7.7 and 7.8.

### Military Aid to Civil Authorities (MACA)

In addition to mutual aid arrangements, the military may be able to augment a system response where capacity is exceeded or there is a lack of specific capability.

Military assistance will only be provided if:

- There is a definite need to act and tasks to be completed are clear
- All other options are discounted, considered insufficient or unsuitable
- Required capability to complete the task is lacking and it is unreasonable or prohibitively expensive to develop
- The need to act is urgent and the NHS lacks readily available resources.

Requests for assistance will be made through NHSE Midlands Region On-Call using the request form.

Requests for MACA will attract media attention. The Ministry of Defence along with Department of Health will determine messages and will cascade these via Regional NHSE teams to ICB responders.

This approach takes account of NHS England's suite of Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity Management (BCM) guidance, the statutory responsibilities of NHS organizations as category 1 and category 2 responders (as described in

the Civil Contingencies Act 2004) and the make-up of the locality.

### **Stage 3: Developing and Implementing a Business Continuity & Emergency Response**

In addition to a broad policy statement it is important to have in place suitable business continuity and emergency plans. These will be operational plans containing the arrangements required to address generic and specific threats faced by the Trust. To supplement the [BSMHFT Incident Response Plan](#), each Directorate/Service Area has developed its own business continuity plans.

The production of Directorate/Service Area plans will ensure that key stakeholders take responsibility for owning the BCM process and developing the arrangements required to respond to and recovery from an incident.

These business continuity plans build on pre-existing documents and good practice. The Birmingham and Solihull Mental Health NHS Foundation Trust already has a range of supporting policies, plans and documentation in place to deal with a variety of incidents and emergency situations. A full list of these documents is available in the [BSMHFT Incident Response Plan](#) and on the dedicated [Business Continuity section of Connect](#).

Business Continuity Plans for each Directorate/Service Area will be completed, reviewed and approved by the relevant Directorate/Service Area Lead.

### **Stage 4: Exercising and Testing**

The Trust will undertake a planned series of exercising and testing to ensure the Trust is able to respond efficiently and effectively, using a variety of processes such as tabletop and live play exercises. In accordance with the NHS EPRR Framework, all NHS funded organisations are required to undertake the following as a minimum:

- a live exercise every three years;
- a tabletop exercise annually;
- quarterly Incident Control Centre (ICC) tests; and
- six monthly communication exercises

The Trust has a series of Business Continuity Plans and an annual programme of testing will be undertaken by Directorate Business Continuity Leads with the support of the EPRR Officer:

- [BSMHFT Incident Response Plan](#)
- [BSMHFT Adverse Weather Plan](#)
- [BSMHFT Fuel Disruption Plan](#)
- [Service/site specific Business Continuity plans \(including evacuation & shelter plans where appropriate\)](#)
- [BSMHFT Pandemic Flu Plan](#)
- [BSMHFT Initial Operational Response to Incidents Suspected to Involve Hazardous Substances or CBRN Materials](#)
- [BSMHFT Mass Countermeasure Distribution Plan](#)
- [Directorate Power/Communications/ICT Outage Plans](#)
- ICT Business Continuity Plans (accessed via ICT On-Call)
- [BSMHFT Incident Response Plan for Trustwide Staff Redeployment](#)
- [BSMHFT Emergency Communications Management Plan](#)

The Trust will conduct incident or exercise debriefs and update plans and associated documentation based on lessons identified from both incidents and exercises. Debrief reports will be presented to the BCEPC who will be responsible for the monitoring of progress on identified actions and a summary included in the EPRR report to Trust Board. Risk registers will be reviewed and updated to allow for any change in circumstances and as new information becomes available.

**As part of the ongoing business continuity cycle the Trust will re-evaluate its arrangements, identify the most vulnerable processes, improve resilience and thereby reduce the level of risk faced by the Trust.**

As a minimum, business continuity plans will be reviewed annually, and also following any activation of a plan or major organisational change. The annual review will include a process of internal and external consultation. The EPRR Officer will maintain a consultation tracker and updates will be provided to BCEPC. This policy will also be reviewed following any exercise to take into account any lessons identified and recommended actions and following the NHS Core Standards for Emergency Preparedness, Resilience & Response self-assessment feedback process. EPRR is included in the Trust audit schedule and this policy, and all associated plans, procedures and guidance are reviewed by the Trust auditors and progress on recommendations included in their audit report will be reported via the BCEPC and also the Trust Audit Committee.

#### Incident reporting

Incident reporting is fundamental to the identification of risk and sound business continuity management and all staff are actively encouraged to use the Trust's existing incident reporting mechanism.

The Trust's Incident Reporting System (Eclipse) will act as the primary reporting mechanism for the reporting of all incidents, including those required by external assessment and enforcement agencies. EPRR related incidents will be monitored by the EPRR Officer and reported to BCEPC quarterly

#### Financial Implications

Financial implications may emerge as the policy is reviewed and updated and associated business continuity plans are developed. Any implications will be escalated through the Trustwide governance structures.

#### Audit & Assurance

This policy statement contains largely static information, however its content will be reviewed annually as a minimum, by the Trust's Business Continuity and Emergency Preparedness Committee and will include a process of external consultation. The Business Continuity and Emergency Preparedness Committee will also monitor progress on policy implementation and report regularly to the Finance, Performance & Productivity Committee and Trust Board.

The business continuity plans developed as a result of this policy will contain more volatile

information. Associated plans will be living documents that will change and grow as incidents happen, exercises are held and risks are re- assessed. As a minimum, all associated plans will be reviewed and updated on an annual basis. Compliance with this requirement will be monitored by the Business Continuity and Emergency Preparedness Committee.

Incidents reported via the Eclipse incident reporting system will be monitored by the EPRR Officer and any incidents related to EPRR will be reported to the BCEPC quarterly.

<b>Monitoring of Implementation</b>	<b>Monitoring Lead</b>	<b>Reported to</b>	<b>Monitoring Process</b>	<b>Frequency</b>	<b>Assurance</b>
Site/service specific BCP's are reviewed and updated	Emergency Preparedness Resilience & Response Officer	Business Continuity & Emergency Preparedness Committee (BCEPC) and included in EPRR Annual report to Trust Board	National NHS Core Standards self-assessment Audit reports	Annually as a minimum	70% of plans are reviewed/updated with performance reported to Trust Board
Incident specific response plans are reviewed and updated	Emergency Preparedness Resilience & Response Officer	Business Continuity & Emergency Preparedness Committee (BCEPC) and included in EPRR Annual report to Trust Board	National NHS Core Standards self-assessment Audit reports	Annually as a minimum	70% of plans are reviewed/updated with performance reported to Trust Board
Trust Incident Response Plan is reviewed and updated	Emergency Preparedness Resilience & Response Officer	Business Continuity & Emergency Preparedness Committee (BCEPC), Policy Development Management Committee Clinical Governance Committee	National NHS Core Standards self-assessment Audit reports	Annually as a minimum	Evidence that plan has been reviewed/updated as per minimum standard
Plans are exercised in line with requirements of NHS Core Standards/EPRR Framework	Emergency Preparedness Resilience & Response Officer & Local Business Continuity Leads	Business Continuity & Emergency Preparedness Committee (BCEPC) and included in EPRR Annual report to Board	National NHS Core Standards self-assessment audit reports	BCEPC takes place quarterly and performance reported to Board annually	Training records Post exercise debrief reports
EPRR Annual/Interim Report to Board	Emergency Preparedness Resilience & Response Officer	Finance, Planning and Performance Committee  Public Board	Annual/Interim EPRR report containing summary of the above and additional context.	Bi-annually	Report is presented bi-annually as a minimum

NHS Core Standards for EPRR Self-Assessment submission & subsequent Confirm & Challenge Process	Emergency Preparedness Resilience & Response Officer/Accountable Emergency Officer	Birmingham & Solihull Integrated Care Board and NHS England Midlands	NHS Core Standards Action Plan	Annually	Recommendations actioned as appropriate and annual position of compliance is improved/maintained
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## Training

See Section 3.10 above

## **Appendix C: Business Continuity Management Toolkit**

Templates for Business Impact Analysis and Business Disruption Risk Assessment are available on the dedicated section of Connect:

[1. Business Continuity & Major Incident Plans \(sharepoint.com\)](#)

## **Appendix D: West Midlands Conurbation Community Risk Register**

The latest version can be accessed via the following hyperlink:

[West Midlands Community Risk Register March 2024.pdf \(west-midlands.police.uk\)](#)

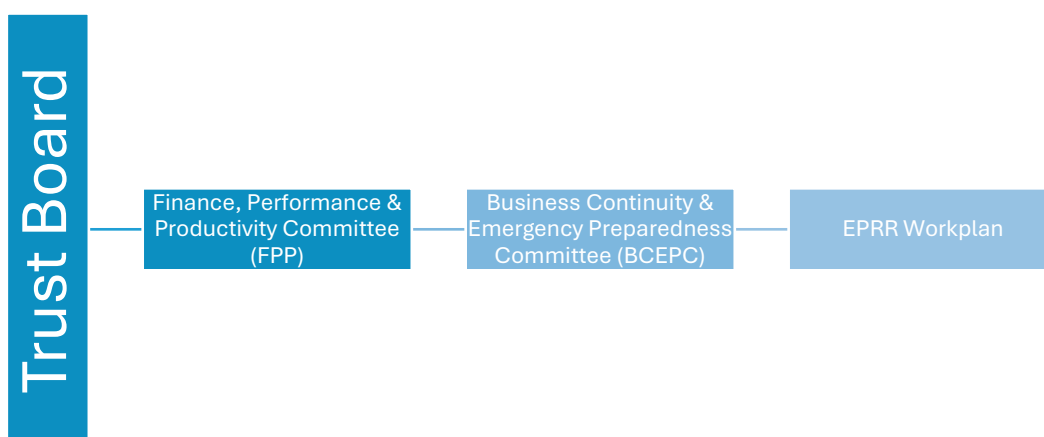
## **Appendix E: Summerhill Services Limited (SSL) Business Continuity Plan**

[SSL Business Continuity Plan - Reviewed at March 2025.pdf](#)

## **Appendix F: BSMHFT Risk Management Policy**

[Policies - Risk Management Policy.pdf - All Documents](#)

## **Appendix G: Internal Governance Chart**



## **Appendix H: Policy Development and Management Policy**

[Policies - Trust Policy Development and Management Policy.pdf - All Documents \(sharepoint.com\)](#)

**Appendix I: Personal Development Plan Development Guidance**

[Business Continuity and Major Incident Planning - Business Continuity and Major Incident Planning \(sharepoint.com\)](#)

**Appendix J: NHS Terms and Conditions for the Provision of Services**

[Z:\EPRR Documentation\PLANS PROCEDURES AND POLICIES\nhs-terms-and-conditions-for-the-provision-of-services-contract-version \(6\) \(002\).docx](#)

**Appendix K: BSMHFT Net Zero/Green Plan**

[230110 BSMHFT Green Plan FINAL.pdf](#)