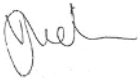




EMERGENCY PREPAREDNESS & BUSINESS CONTINUITY MANAGEMENT POLICY

Policy number and category	CG 09	Corporate Governance
Version number and date	Version 5	October 2023
Ratifying committee or executive director	Clinical Governance Committee	
Date ratified	November 2023	
Next anticipated review	November 2024	
Executive director	Executive Director of Operations & Accountable Emergency Officer	
Policy Lead	Emergency Preparedness, Resilience & Response Officer	
Policy author (if different from above)		
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

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 will be reviewed annually as a minimum, in line with the requirements of NHSE Core Standards for EPRR.

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 2015, 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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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	

1 INTRODUCTION

1.1 Rationale (Why)

Birmingham and Solihull Mental Health NHS Foundation Trust is a large and complex organisation delivering a comprehensive mental healthcare service to the residents of Birmingham & Solihull and to communities in the West Midlands and beyond. 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)

This policy is mandatory and applies to all staff (temporary and permanent) within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) involved in writing and/or implementing policies.

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 and the role all staff have to play in its 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 though it were a Category 1 responder. Additionally, we hold responsibilities under the 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 England Emergency Preparedness, Resilience & Response Framework 2015*.

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 England 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 (What)

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 England Emergency Preparedness, Resilience & Response Framework 2015* 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 England (NHSE) Core Standards for EPRR. The Trust's compliance will be 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), the Local Health Resilience Partnership (LHRP) and the Trust's Accountable Emergency Officer (AEO) will be required to participate in an annual confirm & challenge process following submission of our self- assessment document and supporting evidence.

NHSE Core Standards 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:

- 1 x Communications exercise every six months
- 1 x Table-top exercise once a year
- 1 x Live exercise every three years
- 1 x Command post exercise every three years

Local Directorate/Service Area Emergency Preparedness and Business Continuity Leads will work collaboratively with the EPRR Officer to prepare testing 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 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.

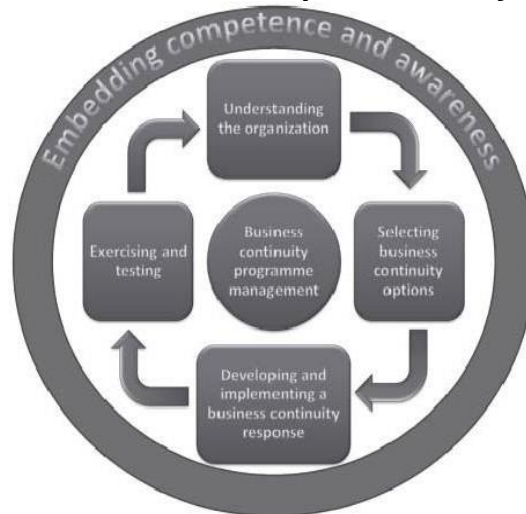
- 2.2 This policy is supported by a suite of plans and processes to anticipate, assess, mitigate and respond appropriately and proportionately to risks to service delivery. These are subject to continuous review through a number of groups and committees including the Trust Board. All business continuity 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 version stored on the Major Incident and Business Continuity section of Connect will be considered the definitive versions.

3 PROCEDURE (How)

This Policy utilises a process of cyclical Business Continuity programme management and associated stages directly derived from ISO 22301 and specifically the accompanying ISO 22313 Guidance. This considers these stages under four headings:

1. Understanding the organisation
2. Selecting business continuity options
3. Developing and implementing a business continuity response
4. Exercising and testing

Figure 1 below demonstrates that steps 1 - 4 are cyclical and these 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* (Source: ISO 22313)

The Policy will be operationalised through the activation and utilisation of the BSMHFT Major Incident 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.

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

3.2.1 Major Incident Planning

3.2.2 Business Continuity Planning

3.3 The Trust's Business Continuity Plans are separate from the Trust's Major Incident Plan, under which the Trust would deliver its emergency response to a Major Incident, such as a road traffic accident, terrorist attack or chemical incident. Therefore, the Business Continuity Plans and Major Incident Plans can be implemented independently of each other.

3.4 However, a Business Continuity Incident may occur simultaneously to a Major Incident or an event, or situation, in the wider environment which requires the Major Incident response, 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 Major Incident Plans. However, a co-ordinated response to the Major Incident and the Business Continuity issue 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 Incident Planning

3.7.1 The AEO will ensure that the Major Incident Plan is prepared and submitted to the BCEPC for consultation:

- These plans shall be reviewed as stated in each individual plan and submitted annually as part of the Core Standards Process.

3.8 Business Continuity Planning

3.8.1 The Trust shall develop 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 following plans are prepared and submitted to the BCEPC for approval, as part of the suite of emergency plans:

- Adverse Weather Plan
- Fuel plan
- Service/site specific Business Continuity plans (including evacuation & shelter plans where appropriate)
- Pandemic Flu Plan
- Initial Operational Response to Incidents Suspected to Involve Hazardous Substances or CBRN Materials

4 RESPONSIBILITIES

Post(s)	Responsibilities
All Staff	All staff must make themselves familiar with and comply with all relevant policies and procedures for 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, Clinical 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 impact analyses (BIAs) and business disruption risk registers. A nominated Non-Executive Director (NED) will have business continuity and emergency planning identified as one of the key objectives within their portfolio
Director On Call/Incident Director	The Director On-Call 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 run the Trust's response and act as Incident Director. Guidance for on call staff is contained in the On-call Standard Operating Procedure (SOP), as well as the NHSE Midlands Alerting Process both of which can be found under the Business Continuity and Major Incident tab via the front page of the intranet. All staff who undertake duties as part of the Director on-call rota must complete the Principles of Health Command Training programme delivered by NHSE in line with the National Occupational Standards for the role. Should the need to declare a Major Incident arise, the Director On-Call will activate the Major Incident Plan (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 Director On-Call may defer their responsibility as Incident Director to another Director.
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"> • Develop and maintain business continuity plans at directorate level; • Identify critical services and resources across their directorate by means of business impact analysis; • Validate through regular training, testing and exercises directorate/service Area business continuity plans and procedures, including those for out of hours emergencies; <p>Review and update Directorate/Service Area plans regularly in light of lessons learned from exercises or incidents, research or changes in staff.</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.

<p>Policy Lead EPRR Officer</p>	<p>The Emergency Preparedness, Resilience & Response (EPRR) Officer is responsible for overseeing the day-to-day implementation of business continuity arrangements within the Trust, on behalf of the Accountable Emergency Officer. This includes leading on Business Continuity issues and reporting into the Trust wide governance structure. The EPRR Officer represents the Trust as a member of the Birmingham, Solihull & The Black Country Health Emergency Preparedness Officers Group (HEPOG).</p>
<p>Executive Director</p>	<p>Accountable Emergency Officer 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 England Core Standards for EPRR. 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. 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 or their deputy chairs the Business Continuity & Emergency Preparedness Committee.</p>
<p>Business Continuity and Emergency Preparedness Committee (BCEPC)</p>	<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 and business continuity systems within the Trust.</p> <p>Chaired by the AEO or their deputy, membership of the Committee is drawn from the Risk & Business Continuity Leads from across the Trust.</p> <p>The Business Continuity and Emergency Preparedness Committee reports into the Trust wide Governance structure.</p>
<p>Trust Board</p>	<p>Trust Board 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</p>

	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.
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5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	July 2023	
Number of versions produced for consultation	1	
Committees or meetings where this policy was formally discussed		
PDMG		
Where else presented	Summary of feedback	Actions / Response
Birmingham & Solihull ICB EPRR Team	No comments received	None

6 REFERENCE DOCUMENTS

- The Civil Contingencies Act (2004). Available at [Civil Contingencies Act 2004 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2004/22)
- International Organization for Standardization ISO 22301 and ISO 22313
- British Standards Institute 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)
- 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/uploads/system/uploads/attachment_data/file/272000/emergency-preparedness-guidance-2006-revised-2012.pdf)
- NHS England Emergency Preparedness, Resilience & Response Framework 2015: <https://www.england.nhs.uk/ourwork/eprp/>
- 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).
- 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/uploads/system/uploads/attachment_data/file/272000/emergency-preparedness-guidance-2006-revised-2012.pdf)

- 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
- NHS Health and Social Care Influenza Pandemic Preparedness and Response - April 2012

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

Monitoring of Implementation	Monitoring Lead	Reported to	Monitoring Process	Frequency
Plans are up to date, exercised and external assessments/audit are completed. Training is carried out	Emergency Preparedness Resilience & Response Officer & Local Business Continuity Leads	Business Continuity & Emergency Preparedness Committee (BCEPC) and included in EPRR Annual report to Board	National Core Standards assessment, external audit reports, training records, exercising and incidents debriefs	BCEPC takes place quarterly and performance reported to Board annually
EPRR Annual Report to Board	Emergency Preparedness Resilience & Response Officer	Finance, Planning and Performance Committee Public Board	Annual EPRR report containing summary of the above and additional context.	Annually
Emergency plans are reviewed, and Post-Incident Evaluations carried out	Emergency Preparedness Resilience & Response Officer/Business Continuity & Emergency Preparedness Committee	Business Continuity & Emergency Preparedness Committee	Reviews are reported and take into consideration any action arising from the evaluation of any incident or exercise, changes within the Trust, and of any new guidelines that may have been issued.	Annually as a minimum and following any activation of a plan to incorporate lessons learnt
Emergency Preparedness and Business Continuity Plans are audited	Emergency Preparedness Resilience & Response Officer/Auditors	Business Continuity & Emergency Preparedness Committee	Business continuity plans are audited, the results reported and action plans followed up.	5 yearly cycle
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	Core Standards Action Plan	Annually

10 APPENDICES

Appendix A – Equality Impact Assessment

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Business Continuity Management Policy		
Person Completing this proposal	Louise Flanagan	Role or title	EPRR Officer
Division	Corporate Governance Team	Service Area	Trustwide
Date Started	04/07/23	Date completed	30/07/23
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
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 EPRR 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.			
Who will benefit from the proposal?			
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.			
Do the proposals affect service users, employees or the wider community? 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			
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.			

Do the proposals significantly affect service delivery, business processes or policy?				
<i>How will these reduce inequality?</i>				
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				
Does it involve a significant commitment of resources?				
<i>How will these reduce inequality?</i>				
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				
Do the proposals relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
No				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<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>				
Please click in the relevant impact box and include relevant data.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age			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				

<p>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</p>				
Disability			X	<p>Disability positive impact. Currently have network to support staff with disabilities. WDES Data is showing 4.7% 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</p>
<p>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?</p>				
Gender			X	<p>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</p>
<p>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?</p>				
Marriage or Civil Partnerships			X	<p>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</p>
<p>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?</p>				

Pregnancy or Maternity			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.
<p>This includes women having a baby and women just after they have had a baby</p> <p>Does your service accommodate the needs of expectant and post natal mothers both as staff and service users?</p> <p>Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?</p>				
Race or Ethnicity			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.
<p>Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees</p> <p>What training does staff have to respond to the cultural needs of different ethnic groups?</p> <p>What arrangements are in place to communicate with people who do not have English as a first language?</p>				
Religion or Belief			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.
<p>Including humanists and non-believers</p> <p>Is there easy access to a prayer or quiet room to your service delivery area?</p> <p>When organising events – Do you take necessary steps to make sure that spiritual requirements are met?</p>				
Sexual Orientation			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
<p>Including gay men, lesbians and bisexual people</p> <p>Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?</p> <p>Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?</p>				

<p>Transgender or Gender Reassignment</p>			<p>X</p>	<p>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</p>
<p>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?</p>				
<p>Human Rights</p>			<p>X</p>	<p>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.</p> <p>This policy applies to all, 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</p>
<p>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?</p>				
<p>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)</p>				
	<p>Yes</p>	<p>No</p>		
<p>What do you consider the level of negative impact to be?</p>	<p>High Impact</p>	<p>Medium Impact</p>	<p>Low Impact</p>	<p>No Impact</p>
				<p>X</p>
<p>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.</p>				

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 . 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-wide Corporate Major Incident and Business Continuity 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-wide Corporate Major Incident and Business Continuity 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 (if available);

- 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 services to the community. 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 will thus ensure that there is a standard approach to service level agreements (SLAs) for external suppliers, with the inclusion of details on quality standards. External suppliers will, where appropriate, be required to have in place appropriate 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.

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.

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.

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 England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)* and the ISO BCM Standard.

A separate exercise, modelled on the BCM requirements placed upon the Trust in the *NHS England Core Standards for EPRR* will be undertaken to determine criteria to be applied to suppliers and contractors to provide assurance to the Trust that 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 supplier is unique and specialist in nature.

Critical, Essential and Routine Processes

A data gathering exercise will be conducted within the Trust to identify the critical, essential and routine processes in its departments. These will be detailed in the Trust's Major Incident and Business Continuity Plan and within Directorate/Service Area Business Continuity Plans. This information will be reviewed and updated on an annual basis and following incidents, exercises and organisational restructuring.

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 will also be included in the appendices of the Trust's Major Incident and Business Continuity 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. This information will be detailed in the Trust's Major Incident and Business Continuity Plan.

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.

If further accommodation is required the Trust will approach 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.

Mutual Aid

In the event that an emergency situation has implications for the wider health economy, the NHS England Midlands Regional Team Incident Response Plan (IRP) will be invoked.

The IRP provides systematic arrangements to support the NHS in the Midlands to plan, prepare and respond to major incidents beyond the capacity and capability of a single organization to respond. The IRP is part of an escalatory incident response framework for NHS England which can be invoked as appropriate to the scale and nature of an incident. This will include the management of requests for mutual aid including request made for Military Aid to the civil authorities (MACA).

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 Birmingham and Solihull Mental Health NHS Foundation Trust's Major Incident and Business Continuity 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 Trust's Major Incident and Business Continuity 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 England EPRR Framework, all NHS funded organisations are required to undertake the following as a minimum:

- Communications exercise – every 6 months
- Tabletop exercise – every 12 months
- Live play exercise – every 3 years
- Command post exercise – every 3 years

The Trust will conduct incident or exercise debriefs and update plans and associated documentation based on lessons learnt from both incidents and exercises. 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 as part of a yearly audit cycle and presented to the Business Continuity and Emergency Preparedness Committee for oversight.

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.

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.

Monitoring Compliance

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. The Business Continuity and Emergency Preparedness Committee will also monitor progress on policy implementation and report regularly to the Finance, Performance & Productivity Committee.

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.

Standards / Key Performance Indicators

<i>Key Performance Indicator</i>	<i>Method of Assessment</i>
NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards	Annual self-assessment for submission to the Birmingham & Solihull Integrated Care Board and NHS England Midlands Regional Team and peer review by the West Midlands Local Health Resilience Partnership (LHRP)

Training

In support of this policy, a training needs analysis will be conducted to identify and review the 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 training requirements e.g. Fire Safety, Health & Safety, FFP3 training.

In addition to external mandatory training for all potential Major Incident Management Group (MIMG) and Major Incident Response Team (MIRT) members as indicated as part of the Trust's Major Incident and Business Continuity Plan, the training schedule will include:

- a. Specific training for Directorate/Service Area Leads to help them develop Directorate/Service Area Business Continuity Plans.
- b. Any supplementary training where a need has been identified.

An exercise schedule will be maintained by:

OFFICIAL: SENSITIVE

- a. The EPRR Officer for the Trust's Major Incident and Business Continuity Plan.
- b. Directorate/Service Area Leads for Directorate/Service Area Plans.

The EPRR Officer will ensure provision of training for relevant Officers to enable them to carry out their duties and responsibilities relating to business continuity.

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:

[preparing-the-west-midlands-for-emergencies.pdf \(wordpress.com\)](#)

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

[Business Continuity and Major Incident Planning - SSL - Generic Business Continuity Plan - Reviewed at August 2022.pdf - All Documents \(sharepoint.com\)](#)