BUSINESS CONTINUITY MANAGEMENT POLICY

Policy number and category	CG 09	Corporate Governance
Version number and date	Version 3	March 2021
Ratifying committee or executive director	Business Continuity & Emergency Preparedness Committee and Clinical Governance Committee	
Date ratified	July 2021	
Next anticipated review	July 2024	
Executive director	Vanessa Devlin – 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 contains the Business Continuity Management Policy for Birmingham and Solihull Mental Health NHS Foundation Trust. This policy:

- Has been developed to meet key legislative requirements and NHS England/Improvement expectations.
- 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.
- Also applies to all activities undertaken by the Trust including HMP Birmingham Healthcare services.

POLICY REQUIREMENT (see Section 2)

- Effective 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 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 Committee structure.

CONTENTS

1   INTRODUCTION

1.1   Rationale (Why)

Birmingham and Solihull Mental Health NHS Foundation Trust is a large and complex organisation delivering a wide range of services. As such, it is subject to a wide range of risks with the potential to disrupt normal service delivery.

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 Supplies Limited (SSL), a wholly owned subsidiary of BSMHFT has in place its own business continuity plan and this is included at Appendix D

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 the Trust is classed as a 'Category 1' responder under the *Civil Contingencies Act (CCA) 2004*, this is by definition due to its attainment of Foundation Trust status and it is not therefore expected to play a major role within a traditional 'major incident' scenario, however we do hold responsibilities under the Mass Casualty Plan to support other NHS Trusts in provision of psychological support to a major incident. The focus for the Trust is therefore on developing and embedding appropriate 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 organizations in the *NHS England Business Continuity Management Framework (service resilience) 2013* 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 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 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 a Category 1 responder organisation, as defined by The Civil Contingencies Act 2004 (CCA), 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/Improvements (NHSE/I) 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 Local Health Resilience Partnership (LHRP) and the Trust's Accountable Emergency Officer (AEO) is required to participate in an annual confirm & challenge process following submission of our self- assessment document and supporting evidence.

NHSE/I 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 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 in order to maintain continuity of essential services.

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.

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
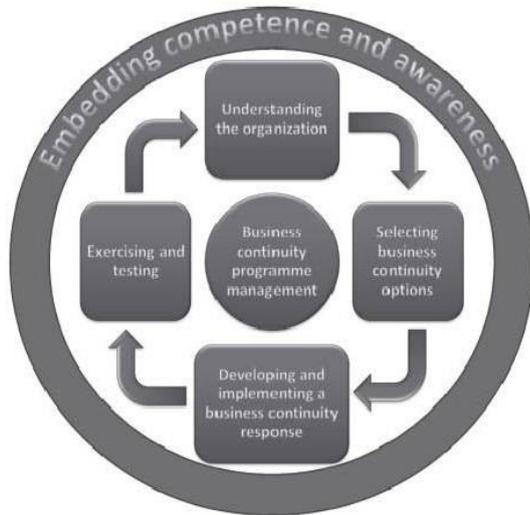

Figure1: *Business continuity programme elements* (Source: ISO 22313)

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.

4   RESPONSIBILITIES

Post(s)	Responsibilities
All Staff	All staff must make themselves familiar with and comply with all relevant policies and procedures for Business Continuity. Employees must make themselves aware of relevant emergency procedures e.g. evacuation and fire precaution procedures appertaining to their particular role.
Service, Clinical and Corporate Directors	Responsible for overseeing a programme of 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. Should the need to declare a Major Incident arise, the Director On-Call will activate the Major Incident Plan 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.

Post(s)	Responsibilities
Directorate/Service Area Risk and Business Continuity Management Leads	As part of the Trust's Business Continuity Policy, responsible on behalf of their Director for ensuring that all services within their portfolio: • Develop and maintain business continuity plans at directorate level; • Identify critical services and resources across their directorate; • Validate through regular training, testing and exercises directorate/service Area business continuity plans and procedures, including those for out of hours emergencies; • Review and update Directorate/Service Area plans regularly in light of lessons learned from exercises or incidents, research or changes in staff.
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 Business Continuity Policy, Corporate and Directorate/Service Area Business Continuity Plans and procedures as appropriate within their own teams.
Policy Lead EPRR Officer	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 Trustwide governance structure. The EPRR Officer represents the Trust as a member of the West Midlands Conurbation Local Health Resilience Forum (LHRF).
Executive Director	**Accountable Emergency Officer** The Accountable Emergency Officer (AEO) is responsible for the Trust's emergency planning, 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 Trustwide training and exercising. The AEO is supported by the EPRR Officer. The AEO chairs the Business Continuity & Emergency Preparedness Committee.
Business Continuity and Emergency Preparedness Committee (BCEPC)	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. Chaired by the AEO, membership of the Committee is drawn from the Risk & Business Continuity Leads from across the Trust. The Business Continuity and Emergency Preparedness Committee reports in to the Trustwide Governance structure.
Groups, Committees and Trust Board	**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. 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.

5   DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary	
Date policy issued for consultation	March 2021
Number of versions produced for consultation	1
Committees or meetings where this policy was formally discussed	
PDMG	June 2021

Where else presented	Summary of feedback	Actions / Response
ICT/SSL/Finance Teams	BCP for SSL, as a wholly owned subsidiary of BSMHFT, to be considered for inclusion	AEO in agreement and this has been added to the document

6   REFERENCE DOCUMENTS

- The Civil Contingencies Act (2004). Available at Civil Contingencies Act 2004 (legislation.gov.uk)

- 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 Social Care Act 2012. Available at
  http://www.legislation.gov.uk/ukpga/2012/7/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)

- NHS England Business Continuity Management Framework (service resilience) 2013: https://www.england.nhs.uk/ourwork/eprr/bc/

- NHS England Emergency Preparedness, Resilience & Response Framework 2015: https://www.england.nhs.uk/ourwork/eprr/

- NHS England Core Standards for Emergency Preparedness, Resilience and Response 2019: https://www.england.nhs.uk/publication/nhs-england-core-standards-for-emergency-preparedness-resilience-and-response/

7   BIBLIOGRAPHY

- HM Government (2010), Emergency Response and Recovery – non statutory guidance to complement Emergency Preparedness (updated July 2012).
- The Cabinet Office: https://www.gov.uk/government/organisations/cabinet-office
- The Cabinet Office - UK Resilience Policy: https://www.gov.uk/government/policies/improving-the-uks-ability-to-absorb-respond-to-and-recover-from-emergencies
- 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	The framework which sets out the arrangements for

	Emergency Preparedness, Resilience and Response and responsibilities.
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

Element to be monitored	Lead	Tool	Freq	Reporting Arrangeme nts	Acting on Recommendatio ns and Lead(S)	Change in Practice and Lessons to be shared
Ongoing delivery of policy against NHS England requirements	EPRR Officer	NHS England EPRR Core Standards self-assessment	Annually	NHS England Birmingham, Solihull & Black Country Area Local Health Resilience Partnership and Trust Board	As identified	As identified
Monitoring of EPRR related Eclipse reports	EPRR Officer	Eclipse	Monthly	BSMHFT Business Continuity & Emergency Preparedness Committee and Urgent Care CGC	As identified	As identified

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	A&UC	Service Area	URGENT CARE
Date Started	30/04/2021	Date completed	06/05/2021

Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.

TO BE COMPLIANT WITH LEGAL REQUIREMENTS OF A CATEGORY 1 RESPONDER UNDER THE CIVIL CONTINGENCIES ACT AND TO HAVE IN PLACE APPROPRIATE AND EFFECTIVE POLIICIES AND PLANS TO MANAGE A MAJOR, CRITICAL OR BUSINESS CONTINUITY TYPE INCIDENT OR EVENT SO AS TO MINIMISE IMPACT ON SERVICE PROVISION AND SAFETY

Who will benefit from the proposal?

ALL STAFF, SERVICE USERS AND THE WIDER COMMUNITY

Impacts on different Personal Protected Characteristics – *Helpful Questions:*

Does this proposal promote equality of opportunity?	*Promote good community relations?*
Eliminate discrimination?	*Promote positive attitudes towards disabled people?*
Eliminate harassment?	*Consider more favourable treatment of disabled people?*
Eliminate victimisation?	*Promote involvement and consultation?*
	Protect and promote human rights?

Please click in the relevant impact box or leave blank if you feel there is no particular impact.

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			NO IMPACT IDENTIFIED
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				
Disability	X			NO IMPACT IDENTIFIED

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?				
Gender	X			NO IMPACT IDENTIFIED
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?				
Marriage or Civil Partnerships	X			NO RELEVENT TERMINOLOGY USED
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?				
Pregnancy or Maternity	X			NO IMPACT IDENTIFIED
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?				
Race or Ethnicity	X			NO IMPACT IDENTIFIED
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?				
Religion or Belief	X			N/A
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?				
Sexual Orientation	X			N/A
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?				
Transgender or Gender Reassignment	X			NO IMPACT ON TRANSGENDER OR GENDER REASSIGNMENT CITIZENS
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?				
Human Rights	X			POLICY SEEKS TO PROVIDE ASSURANCE TO ALL IN THE EVENT OF AN INCIDENT THAT THE TRUST HAS APPROPRIATE PLANS IN PLACE TO MINIMISE IMPACT/HARM

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?

NONE IDENTIFIED

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.

Birmingham and Solihull Mental Health NHS Foundation Trust provides a comprehensive mental healthcare service for residents of Birmingham and Solihull, and to communities in the West Midlands and beyond. The Trust operates out of more than 50 sites and serves a culturally and socially diverse population of 1.2 million spread over 172 square miles, has an annual budget of £253 million and a dedicated workforce of over 4,000 staff - making this one of the largest and most complex mental health Foundation Trusts in the country.

The Trust's 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 B 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 B attached. 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 ntroduce 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 Clinical Commissioning Groups (CCGs), the NHS England Birmingham, Solihull and the Black Country Area 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 Birmingham, Solihull and the Black Country Area Team Incident Response Plan (BSBC IRP) will be invoked.

The BSBC IRP provides systematic arrangements to support the NHS in Birmingham, Solihull and the Black Country to plan, prepare and respond to major incidents beyond the capacity and capability of a single organization to

respond. The BSBC 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.

This approach takes account of NHS England's suite of Emergency Preparedness, Resilience and Response (EPRR) and 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 Response

In addition to a broad policy statement it is important to develop suitable business continuity 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 will be required to develop its own business continuity plan.

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 will 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 will be available in the Trust's Major Incident and Business Continuity Plan.

Business Continuity Plans for each Directorate/Service Area will be completed 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.

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 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

Key Performance Indicator	Method of Assessment
NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards	Annual self-assessment for submission to the Birmingham, Solihull and Black Country NHS Area 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 and Health & Safety 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:
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

01Blank Business Impact Analysis.xlsx

BDRA TEMPLATE.xlsx

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)](preparing-the-west-midlands-for-emergencies.pdf)

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

SSL - Business
Continuity Plan, April