

Business Continuity Management Policy

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1. Introduction

This AWP Business Continuity Management System Strategy and Policy provides the framework within which Avon and Wiltshire Mental Health Partnership NHS Trust can comply with best practice guidelines, produced by the British Standards Institute (ISO 22301), and which is consistent with corporate governance best practice.

The strategy requires Locality Clinical Leads and Directorate Heads to demonstrate that they have considered the need for business continuity planning to cover each critical activity, service or function and to be accountable for Business Continuity Planning within their area of responsibility. Plans will be developed, coordinated and validated by the relevant Locality or Directorate with the support of the Resilience Team. Plans will be reviewed and ratified by the EPRR Group.

Corporate business continuity is closely linked to corporate risk management and this Strategy should be read in conjunction with the Trust's 'Risk Management Policy'.

The Trust will manage and respond to incidents when they occur, in accordance with national best practice and internal policies and procedures.

2. Purpose or aim

Business Continuity Management (BCM) is an evolving discipline which not only looks at the response to an incident, but also at putting measures in place prior to an incident occurring, in order to reduce its negative impacts. It is about establishing a culture within the organisation that seeks to build greater resilience in order to ensure the continuity of service delivery.

Under the CCA 2004, Mental Health Trusts are uncategorised, (neither Category 1 nor Category 2 responders), however the Department of Health (DH) expects all Mental Health Trusts to conduct their emergency and business continuity planning as if they were Category 1 responders

AWP have to work within the NHS England - Business Continuity Management Framework and be able to maintain continuous levels in key services when faced with either an internal or external disruption. This could be from identified local risks such as severe weather, fuel, supply shortages or industrial action.

The purpose of this policy is to identify the activities required to establish an effective business continuity capability within the Trust, together with the management and maintenance of that business continuity capability, once implemented.

3. Objective

The objective of this Business Continuity Management Policy is to counteract interruptions to business activities and to protect the critical business processes from the effects of critical or major failures or disasters.

4. Scope

All Directorates and Localities are required to comply with this policy. The Business Continuity Management System (BCMS) Strategy and Policy sets the framework within which Avon and Wiltshire Mental Health Partnership NHS Trust can comply with the requirements of the British Standards Institute ISO 22301. It is vital to have top management buy-in to the implementation of the BCM programme and to make a statement of intent, endorsed by the Chief Executive.

The main elements and purpose of the BCM Strategy and Policy are to:

- Ensure there is an executive with overall responsibility and accountability for BCM
- identify other key roles and responsibilities within both Directorates and Localities

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5. Triggers

Trigger factors for plan activation may occur as a result of some or all of the issues below:

- Reduced staff numbers to below safe working levels both on in-patient wards and community based teams,
- Emergency redeployment of staff required
- Inability to fill staff sickness deficits with Bank staff
- Increase in number of service users identified as having infection - therefore increasing risk of contagion amongst staff and patients
- Reduction or failure in availability of external suppliers
- Failure or significant loss of essential utilities
- Significant disruption caused by the weather, e.g., heavy falls of snow, flooding etc
- Any other event that threatens the Trust's ability to deliver services

6. Review Frequency

Following approval and final publication of this plan, it will be reviewed every 12 months by the EPRR Group.

Directorates and Localities will need to visit their plans on a more regular basis (as a minimum every SIX MONTHS) to ensure that names and telephone numbers listed in their plan remain correct. Additionally, the document will be reviewed as required to incorporate changes as new national or regional guidance is received or from lessons learned from either exercises or an event that requires activation of this plan.

7. Definitions

7.1 The Civil Contingencies Act 2004 (CCA 2004)

An 'emergency' is defined in Section 1 of the Act as: An event or situation which threatens serious damage to human welfare, the environment, war or terrorism.

7.2 Cabinet Office

A revised definition for the term Major Incident came into effect in July 2016. The Cabinet Office definition now reads as: *An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.*

7.3 Major Incident for the NHS

The Trust's business continuity policy, supported by the Trust's business continuity plan (BCP), is intended to anticipate, prepare for, prevent and or respond to and / or recover from an 'emergency' or disruptive challenge. This will initiate a number of actions to address the risks or threats to the ability of the Trust to maintain patient care through its critical services. Whilst the sources of such disruption are limitless, their impacts and effects are much fewer in number. Examples may include:

- A mass casualty incident such as a transportation accident, act of terrorism, civil disorder or natural event.
- A 'slow burn' / 'rising tide', typically a health emergency.
- Severe weather
- Loss of a strategic headquarters (HQ) building and / or other significant parts of the Trust's estate.

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- Information technology (IT) loss
- Logistic failures
- External contractual failures i.e. key suppliers
- A critical single point failure (internal or external) that threatens the operational ability of the Service

7.4 Business Continuity Plan (BCP)

A plan that has been developed, compiled and maintained in readiness for use during an incident or disruptive challenge, to enable an organisation to continue to deliver its critical activities at an acceptable predefined level.

7.5 Crisis Management

A process by which an organisation manages the wider impact of any incident until it is either under control or contained without impact to the organisation or until the BCP is invoked.

7.6 Critical Activities

Those activities which have to be performed in order to deliver the key services that enable an organisation to meet its most important and time sensitive objectives, i.e. the provision of frontline healthcare to the public.

7.7 Disruption

An event, whether anticipated (e.g. industrial action or snow fall) or unanticipated (e.g. loss of power to premises or earthquake), which causes an unplanned, negative deviation from the expected delivery of products or services that achieve the organisation's objectives.

7.8 Recovery Time Objective (RTO)

The target time set for resumption of a product, service or activity delivery following an incident or during a period of disruptive challenge.

7.9 Maximum Tolerable Period of Disruption (MTPoD)

Defined as the duration of time after which an organisation's viability will be irrevocably threatened if product and/or service delivery cannot be resumed.

7.10 Resilience

Defined as the ability of an organisation to resist being negatively affected by a foreseen or unforeseen incident or disruptive challenge.

8. Policy description

This plan has considered all areas of Mental Health service provision but has focussed predominantly on three main areas:

- Inpatient Mental Health Services,
- Emergency Mental Health Services
- Community Mental Health Services

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This will ensure that, wherever possible, they are able to continue providing their service, in some form, at the height of an incident (whether a Pandemic or any other incident or event) in the future.

Each LDU has performed a Business Impact Analysis to enable a greater understanding of their business and to assist with categorisation of the services provided within the LDU into the following categories:

- Services classified as critical and must continue
- Services or activities that may be reduced
- Services or activities that may be merged with other similar services and activities and
- Services or activities that may be suspended

8.1 Executive Summary of Policy / Document

- To gain strategic top level management support for the whole Business Continuity Management (BCM) programme, signed off by the CEO
- To set the framework for compliance
- To appoint an Executive with overall accountability and responsibility for BCM
- To gain Trustwide buy-in and a strategic statement of support for BCM
- To identify other key roles and responsibilities within Directorates and Localities
- To gain assurance that the BCM programme is aligned with the Trust's strategic objectives.
- To inform the direction of travel and ensure consistency.

8.2 Implementation and Monitoring Plan

This policy will be implemented across the Trust. It will be included in induction training for new staff. Staff with responsibility for developing their directorate or locality plans will be provided sufficient training to allow them to write robust plans.

This policy will be delivered locally through the EPRR Group, with upward reporting to the Trustwide Executive Management Team. Implementation across the Trust will be assured through audit.

Staff requirement

Staff need to know about this policy because it details the requirements of Business Continuity Management to ensure resilience through planning. It explains the process for developing robust business continuity plans that ensure, regardless of the cause of the incident / disruption, the Trust remains able to deliver its critical services, activities and functions.

8.3 Business Continuity Management Toolkit

There are two types of resilience, personal and organisational. The former is essential if the latter is to be achieved. More information regarding personal resilience is available on the Emergency Planning intranet homepage.

Business continuity planning is required of Directorates and Locality services alike. Business continuity is an essential element to AWP being awarded contracts for services and, while in the past it was a nice to have, it is now essential to the future of the Trust.

Any event that has the potential to affect the Trust's ability to deliver services must be escalated to Managers, or on-call managers out of hours, without delay.

In order to complete the business continuity cycle, the following process must be applied. Each manager (to whom the business continuity planning remit is assigned) must complete the "Understanding the Organisation" elements of Business Continuity Planning. These include, a Stakeholder Analysis, a Business Impact Analysis, identifying

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Resource Requirements for Recovery and Risk Identification and Mitigation for their Department, Directorate and Locality. Guidance on this process can be found in the **Business Continuity Management Toolkit**.

Following this stage of the process, in conjunction with the Directorate Head, Locality Clinical Leads, Operations Managers and the Resilience Team, the Business Continuity response will be determined.

Each departmental business continuity plan produced is reviewed annually to ensure it reflects the current requirements and structure of the Directorate or Locality and remains robust and fit for purpose. The plans will be reviewed and updated as necessary and when significant changes occur. Forms 1-4 are completed annually and have grown extensively during the period October 2018 and August 2019. Form 3 will continue to grow until the whole of the Trust are identified under the various teams.

Each business continuity plan must also be tested and exercised annually to ensure that it is fit for purpose. A post exercise report will be produced by the Resilience Team and submitted to the EPRR Group.

A business continuity template will be provided by the Resilience Team.

8.4 Stakeholder Analysis

All stakeholders must be identified at the start of the Business Continuity (BC) Planning process. This enables the Trust to consider business continuity solutions against stakeholder requirements and expectations. Some stakeholders are obvious: service users, carers, employees and suppliers. Additional stakeholders include regulators, insurance companies, auditors, professional bodies, unions and government departments. Some are less obvious: competitors, the community (both permanent and transitory), the environment within which the Trust operates and the media. The media can have considerable influence on the public's perception of the Trust. The Stakeholder Analysis aims to capture this information.

8.5 Business Impact Analysis (BIA)

Each Directorate and Locality within the Trust must complete business impact analyses of appropriate potential disruptive challenges as part of their individual BC plans. This is a process of determining and documenting the potential impact of disruptions to the activities that support its critical functions.

For each activity supporting the provision of services, each department should consider the following:

- Stakeholders
- Description of service and outputs
- Resources employed in the normal provision of this service
- Extent / severity of impact if service or output is disrupted or lost for varying lengths of time
- How to reduce the impacts of the disruption
- The resources required to mitigate the impacts and specify recovery time scale required

When assessing these impacts, consideration must be given foremost to those that threaten the strategic aims and objectives of the trust. Staff and public safety must also be considered as a priority. Other considerations include loss of staff, loss or damage to premises and technology and reputational damage.

It should then be possible to combine findings from the BIA and risk assessment to produce a ranking system identifying those areas where the initial BCM effort should be concentrated.

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8.6 Risk Identification and Mitigation

Risk identification and mitigation form the cornerstone for developing robust business continuity plans and, therefore, forms one of the key elements of the planning process. The events identified in the Trust risk registers, which may pose significant risks to the performance of critical functions have been subjected to a risk analysis, with the result that an all risks approach has been adopted in respect of this policy. It is not necessary to plan separately for each of the eventualities that may arise or to cater specifically for the wide range of threats identified.

Once a critical incident, emergency or disruptive challenge has been declared or anticipated, it will be a matter for the Trust Incident Management Team to undertake dynamic risk assessments on an on-going basis, taking into account threats and risks to the maintenance of the Trust's core (critical) services, activities or functions.

If information or intelligence is received that an emergency is likely to occur, the Trust's on-call Executive Director will convene a meeting, attended by relevant personnel and a dynamic risk assessment relating to business continuity will be produced, based on the information available at the time.

During the course of every critical incident, emergency or disruptive challenge, Business Continuity Management will form a part of the core strategy and the risk assessment in respect of business continuity must be produced, kept under regular review and amendments recommended to the Trust's on-call Executive Director, as necessary.

Risk assessments should give consideration to:

1. Programme - proactively managing the process.
2. People - roles and responsibilities, knowledge and skills.
3. Processes - all organisational data and processes, including ICT.
4. Premises - buildings, facilities and equipment.
5. Providers - supply chain, including outsourcing and utilities.
6. Profile - brand, image and reputation.
7. Performance - benchmarking, evaluation and audit.

8.7 Resources

The Chief Operating Officer and / or the Deputy Chief Operating Officer is responsible for identifying and advising on the resources required to establish, implement, operate and maintain the business continuity management system. The Trust Board are responsible for providing the resources necessary to maintain and further develop the system.

8.8 Determining Business Continuity Response

Once Locality Clinical Leads and Directorate Heads have identified the critical activities, processes and resources that support the key services, activities and functions completed the business impact analyses and agreed the recovery time objectives (RTOs), together with the minimum level of service required, consideration should then be given to how continuity of business will be achieved.

There are four elements to this stage of the process:

- Develop and document an incident response structure
- Determine how the organisation will recover each critical activity within the RTO and the resources required to achieve this
- Determine how relationships with key stakeholders will be managed during the time of disruption
- Consider services / activities not defined as critical and how the resources involved may be redeployed to priority tasks

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Heads of Directorates, Departments and Localities will need to consider strategic options for critical activities and the resources that each activity will require on its resumption.

The most appropriate strategies will depend on a range of factors such as the maximum tolerable period of disruption of the critical activity, the costs of implementing various strategies and the consequences of inaction.

There are four levels at which strategies can be set:

- Full availability, i.e. any disruption to activity cannot be tolerated
- Recovery within recovery time objective (RTO) at an agreed minimum level. With this approach, resumption of the activity can be phased over a period of time.
- Reduction of services. Reference to the Trust Service criticalities may allow for services to be reduced, merged or suspended for a period of time. This measure must be considered against safety of service users and against the damage to the Trust's reputation.
- Doing nothing may be an acceptable option in certain scenarios but requires careful consideration.

Where resumption of the service can be phased over a period of time, then it is possible to agree levels of resumption at fixed points in time. Consideration of the impact on the organisation of the disruption over time will set the parameters for this approach, e.g. 25% to be available in 2 hours, 50% in 2 days, full service in 1 week.

If the strategy chosen is to suspend certain services during a disruptive challenge, it is essential that the stakeholders, who have an interest in the services that will be suspended, are advised that this is the strategy being adopted and why. If the strategy is implemented, communication with the stakeholders is essential to keep them informed.

8.9 Workforce

The availability of staff is one of the single most important factors that will affect the ability of the Trust to continue to be able to provide its contracted services. In view of this the HR Team have reviewed HR policies where applicable.

8.9.1 Workforce Information

As part of the planning work Localities have undertaken, they have carried out a workforce audit. The information they have collated is held locally by the Locality Clinical Lead and Operations Managers. This information not only includes all staff details but also information that will assist in planning a coordinated and considered response.

Locality Clinical Leads and Operations Managers are tasked with keeping this data current. This also includes information relating to staff members in the pandemic 'high risk' group that would put them at an increased risk of contracting pandemic influenza if exposed to it, for example, due to asthma or compromised immune systems regardless of the cause. Having this information will assist in planning rotas by giving the option of redeploying 'high risk' staff members to an area of lower risk, away from direct patient care to minimise the risk of infection. The audit also identified staff members with carer responsibilities.

8.9.2 Key roles and deputies

All key roles have deputies assigned to them and these deputies have been briefed on the content of the local Service Continuity Plans and what may be expected of them.

8.9.3 Staff redeployment

Due to the level of criticality assigned to services, it may be necessary to

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temporarily suspend, merge or reduce some services to ensure those services with a high criticality level continue to operate. In light of this, staff may be asked to temporarily work in other areas or locations dependant on their skills and experience. Non-clinical and admin staff may be required to work in areas doing tasks they are not usually required to perform. Redeployment may involve working temporarily at a higher or lower band.

Redeployment requirements are to be monitored locally and escalated to Locality Clinical Lead and Unit Modern Matron before being forwarded to the Trust Tactical Command for authorisation. The decision will then be communicated back to the Locality Clinical Lead for cascading locally. Any problems resulting in redeployment requests should be managed locally by the relevant Locality Clinical Lead, Modern Matron and/or Operations Managers. At no time should Service Managers or Unit Modern Matrons independently redeploy staff without authorisation from the relevant Locality Operational Managers and Tactical Command.

8.9.4 Voluntary and recently retired staff

The Locality audits have identified voluntary workers where available who could be used to release staff members from some of the more routine tasks. This could include preparation and delivery of meals and cleaning tasks. Locality Clinical Leads and Modern Matrons should be aware that these volunteers may be largely unskilled in the areas they may be deployed to. It would appear from the Locality audits that this is a fairly small group of people and therefore the value may be quite limited.

The HR Directorate hold a list of retired staff and their contact details. This group of people would be briefed as to the requirement and advised of areas they may be asked to work in.

8.9.5 Disruption to the travel infrastructure

During any incident, it is possible that the travel infrastructure may become disrupted and staff may therefore encounter difficulties in getting to and from work. Localities have considered this and have local plans that consider temporary overnight accommodation as per the Winter Plan. Staff are expected to make utmost efforts to attend their place of work and should consider options such as car sharing.

Some staff have the ability for home based working, however this obviously isn't appropriate in all situations. Staff are required to contact their line manager, where home working is their only option, to discuss further.

8.9.6 Minimum Workforce Requirement

The Locality Business Continuity Planning process has also considered the Minimum staffing requirement for each activity or service and this has been used to inform local plans. At the height of a pandemic, staff may be subject to additional workload or responsibilities to ensure high priority services are able to continue. All planning has taken into account the need to ensure patient and staff safety.

8.9.7 Workforce Support

The HR Directorate have a resilient staff support mechanism (Trauma debriefing) in place which is provided by the Trust's Occupational Health provider .

In Hours

In the event of a staff member requiring trauma debriefing, the staff member

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concerned will contact their line manager to make the request. On occasion, the line manager may suggest to a member of staff that they access trauma debriefing support.

Out of hours

If an event occurs that may warrant staff contacting trauma debrief services, the relevant clinical director is to be advised by unit management. The Executive Director will initiate this support when notified.

The Line Manager will ensure follow-up with the staff member, ten days after the original event.

Payroll

The Trust recognises the importance of staff receiving their salary on time. To assist with this the Payroll Department have resilient plans in place to cope with a variety of events and to ensure business continuity. There is a remote possibility that during an event, which causes significant disruption to the payroll function, there will be some difficulties processing payroll and expenses. In such a situation, where it is not possible to process the current month's payroll, assurance is provided that, as an absolute minimum, staff will receive their basic rate of pay. Mileage and expense claims will subsequently be processed as soon as possible and paid to staff at the earliest opportunity.

Secondments

During an incident, there may be the requirement for staff to be temporarily seconded to other units, sites or even Trusts. The HR Directorate have policies in place to facilitate internal and external secondments. Where there is a requirement for a secondment the HR Directorate will be contacted directly to facilitate where at all possible. It should be remembered that due to confidentiality requirements within AWP and other Trusts, this is something that would have to be organised in advance.

8.9.8 Traumatic Stress Service for Staff

After a period of review and work the Traumatic Stress Service for Staff moved onto a more permanent footing and this service has confirmed it will continue to take referrals.

Working in mental health is rewarding and exiting, but can also be extremely challenging. We believe that AWP staff should have the best psychological support when needed.

Any of our colleagues may suffer from trauma or Post Traumatic Stress Disorder (PTSD) if they have witnessed or experienced events that involve serious injury, assaults, threat to life or wellbeing, loss of life or sudden, violent deaths.

As we know, witnessing traumatic events can also mean hearing about other peoples' experiences of trauma.

This confidential service will offer evidence-based psychological therapy; the type of therapy offered will be discussed with the individual, but they will all help to:

- Reduce your distress
- Lower your anxiety and fear
- Get your life back on track
- Help you do things you may have been avoiding

The number of sessions will depend on your need and this will be reviewed with the therapist as your treatment progresses.

AWP and its senior management team are committed to the health and wellbeing

of all staff and pleased to be able to support a service for colleagues who, for whatever reason, find themselves suffering with PTSD.

For further information please contact your HR Representative for details of how to access this service.

9. Monitoring and Audit

An annual training programme will be required to ensure that Business Continuity Management is embedded into the Trust. The Resilience Team will produce an annual 'training plan' that:

- Will involve all those departments, that provide critical services, activities and functions
- As a minimum, raises the awareness for all Trust staff who may become involved in supporting critical services or find their personal workspace and working practices disrupted, at least in the short term
- Training may consist of a wide range of opportunities, including command post exercises, tabletop exercises and live and inter-agency exercises. Details must be recorded of the dates, participants and the nature of the training for audit purposes
- Business Continuity awareness should be included in Trust 'induction training'

Locality and Directorate Heads are required to test the various aspects of their Locality or Directorate business continuity plans regularly to ensure they remain up to date.

Accurate records of these tests (what was tested, when, who was involved and exercise findings) must be maintained and exercise reports must be sent to the Resilience Team.

9.1 Communications to Service Users

In the event that services need to be curtailed, the Localities are required to advise their Service Users. To assist them with this process, the Localities have completed a communications needs assessment of their Service Users, to identify languages and formats required for this information. These requirements are held locally by Locality Clinical Leads and Operations Managers. However, any explicit needs have been given to the Communications Team to allow advanced preparations.

The Communications Team have access to materials produced externally and are able to rapidly access translation services for unforeseen requirements.

9.2 Communicating with Staff

The communications team are contactable during office hours on 01225 362992, with a PR company handling 'out of hours' calls. Should there be a critical incident requiring Communications assistance then the relevant staff will be contacted for this emergency.

The Communications Team will utilise the following methods for routine communications with staff:

- e-mail
- The Intranet
- Leaflets and posters
- Team Briefings and
- Notice Boards

In the event of technology failures within the Trust, the media may be utilised.

9.3 Urgent Information

Urgent messages to staff will be sent by e-mail and telephone to line managers, senior PA's and units. In the event of an IT / telephony failure then the red BAT phones will be

used which are analogue phones placed in wards and various offices around the Trust together with staff mobile phones. Local management will then be required to cascade that information to their staff.

9.4 Communicating with the Clinical Commissioning Groups (CCG's)

Communications with the commissioning CCG's will continue using the methods already in place and agreed with them.

9.5 Meetings

At the height of a pandemic, due to the risks of infection spread and staff shortages, face to face meetings are to be discouraged. In preference, teleconferences or video conferences should be used where facilities and equipment allow.

In the event of a requirement to activate these business continuity plans, it may also be necessary to rely on teleconferences to stay up to date with proceedings. The alert for a teleconference will be sent through MissionMode to which initially goes through the process of all the numbers given by staff members and will also send text messages to their mobile phones.

9.6 Generic Risk mitigating measures

Various measures have already been implemented to minimise the effect of a Pandemic. These range from contacting all suppliers to obtain assurances, extensive Trust communications to staff reinforcing publicity campaigns to reduce the spread of the infection, seasonal flu vaccination and pandemic flu vaccination programmes.

9.6.1 Care Pathway for Inpatients with Pandemic Flu

Principles have been applied in the preparation of a proposed care pathway.

9.6.2 Fairness and Equality of Access

Care should be taken to ensure that there is no possibility of discrimination against mental health service users with regard to access to acute care. A mental health inpatient service user will have access to a basic level of medical care within AWP facilities, and transfer to an acute facility should be sought if the service user's condition warrants admission against the acute Trust's admission criteria.

9.6.3 Clarity regarding levels of care available within Mental Health facilities

Acute and critical care rely on the availability of highly skilled medical and nursing staff, as well as equipment. The care that AWP delivers to inpatient service users with flu will therefore be limited to what can safely be delivered within the resources available. AWP will define the level of care available and share this with partner organisations, so that there is clarity regarding when acute admission will be sought for inpatients with pandemic flu symptoms.

9.6.4 Using recognised and universal Assessment Tools to assess Patients

AWP staff should use recognised and universal assessment tools and terminology to ensure that communication between Trusts is unequivocal.

In the event of inpatients becoming seriously unwell, to the extent that AWP is unable to provide suitable levels of care and therefore the inpatient requires transfer and admission into the Acute Sector.

9.6.5 Patient safety

All care will be delivered with the safety of service users in mind. The use of equipment that is not usually held on the ward will lead to increased risks, and it is important to assess these risks in the normal way. Staff will only carry out

procedures that they are trained and competent to do.

9.7 Infection control

All departments will adhere to routine Trust policies on infection control. All clinical departments will maintain the standard two week minimum supply of PPE and infection control products as per the list published by the Infection Control Team. All units will ensure that they have a visiting protocol in place that restricts the access of unplanned and unnecessary visitors to their unit in the event of this plan being activated.

Visitors will be kept to a minimum and those with symptoms will not be allowed to visit until symptom free. All units should ensure that barrier nursing facilities are available. Maintenance of domestic services is critical in inpatient services. All teams have been issued with specific information on pandemic flu and team managers have the responsibility to ensure that their teams are aware of and understand the contagion, symptoms and treatment for pandemic flu.

9.8 Access to medication

In-patients units routinely maintain a stock of medication for a wide range of conditions. Wards and Community Teams will ensure that they keep a minimum of 2 weeks supply of all essential drugs. Critical to some medications being prescribed is the availability of phlebotomy and blood tests. Existing arrangements will remain in force and the Pharmacy Team have published relevant information on the intranet.

For in-patient service users who contract pandemic influenza and are admitted into the Acute Sector, the handover needs to be explicit about maintenance of existing medication and associated procedures.

9.9 Electro Convulsive Therapy (ECT)

If ECT clinics on AWP sites are to be cancelled, the team leaders or their deputies will notify the referring consultant or their medical secretary. The issue of the impact on service users is one which requires a clinical response. However, in most cases, service users could continue to be offered alternative treatments in the event of a reduced or minimal service.

Urgent treatment could still be available at acute hospital sites (as is currently offered for extremely frail or unwell service users). This would require AWP staff travelling to the required hospital and being equipped with appropriate protective wear. Decisions regarding those patients requiring urgent treatment would rest with the ECT Consultants, but would in all likelihood, be restricted to detained patients, requiring treatment under S62 of the Mental Health Act.

9.10 Oxygen

A stock of oxygen cylinders are held at all inpatient sites. The supplier BOC have resilient business continuity and supply plans in place, however, where inpatient sites are co-located with Acute Hospitals, arrangements are in place locally to obtain 'loan' cylinders of oxygen from these hospitals should the need arise.

9.11 Suppliers

As part of the Locality Business Continuity Planning process, all Localities are site specific suppliers have been contacted to obtain assurance that they will continue to be able to supply at the height of a pandemic. Trust-wide suppliers have been

contacted by the procurement team to gain the same assurances. Supplier Business Continuity Plans have, where possible, been obtained where possible, units have been increasing stock holdings of all frequently used items to cover a minimum of two weeks use.

Alternative suppliers have been identified wherever possible. This information is held locally in Units and Localities. Units and Localities will obtain authorisation from the Trust Procurement Department before using alternative suppliers.

10. Activation

10.1 In hours

An incident should be escalated through the Operations Directorate management structure to the Chief Operating Officer or the Deputy Chief Operating Officer who will make a decision on the level of Trust response required.

The following information will need to be given:

- Details of the member of staff and the particular service / team reporting the incident
- Location of the incident
- Details of the incident
- What led up to the incident taking place and what were the immediate actions taken following the incident?
- Details of staff / service users / patients involved in the incident
- Severity of the incident
- Additional Information (Medication, Medical Devices, Witnesses and Police Involvement)

Dependant on the impact, this may result in the Trust activating the Critical Incident Plan. This will then be communicated back to the relevant Operations Manager, but if Trustwide this will then involve all Localities.

In addition, the Localities will after considering all the issues, develop a response recommendation that will, include solutions to all of the above issues.

10.2 Out of hours

When an incident has been identified through the relevant on-call manager and then escalated up through the Executive Director on-call. As in the 'In-Hours' paragraph above, detailed information will be required in order to make a decision on the level of the Trust response required.

Dependant on the nature or severity of the incident it may be necessary to activate the Trust Critical Incident Plan. If a critical incident is declared then the requirement to participate will be communicated to all those who are needed, via Mission Mode. The teleconference information will be given during the alert. The importance of effective internal and external communications in times of disruption or crisis cannot be emphasised enough, particularly with service users and or their carers who may be affected by the event.

In addition, the Localities will after considering all the issues, develop a response recommendation that will, include solutions to all of the above issues.

10.3 Types of internal incidents:

- Infrastructure:
- building loss
 - denied access
 - utility failure

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- Staff:
- availability of Bank / agency staff
 - possibility to re-deploy staff from other less-critical services or activities
 - possibility of keeping service or activity running but with lower staffing levels and what that impact will have
- Services or activities:
- services that must continue,
 - services that will be suspended and anticipated duration,
 - services that will be merged, what with and anticipated duration of merging
 - services that will be reduced and anticipated duration of reduction
 - the reason for these changes to service provision
- In-patient sickness:
- how inpatient sickness will be managed (isolation, cohorting)
 - severity of sickness
 - numbers affected
- Measures proposed to reduce introduction of infection to units:;
- such as stopping visitors entering units
 - ceasing all face to face meetings
- Supply problems:
- Details of alternative suppliers and supplies
 - Expected delivery schedule
- Communications:
- How will the message about changes to services be communicated to service users and their carers?
 - Who will be doing the communicating?
 - How long is this estimated to take?
 - What information can the Trust Communications Team assist with providing details of any other assistance needed?

In the event that this is not a requirement then the Chief Operating Officer will contact the individuals concerned, to obtain an update on the impact of the event locally and to identify areas for focus at subsequent meetings. LDU Operations Managers should however ensure that the relevant management staff are kept updated with all decisions made and the impact of those decisions on service provision. Should it become necessary to redeploy staff between LDUs or sites, the Operations Team at Bath NHS House need be consulted prior to any staff being redeployed.

11. Critical Services

11.1 Activities / Services (Internal and External)

Localities and Directorates have assessed their activities and services and these have been assigned priority levels as follows:

Priority 1	Activities and Services that must continue
Priority 2	Activities and Services that can be temporarily reduced

Priority 3	Activities and Services that can be temporarily merged with other similar activities or services
Priority 4	Activities or Services that can be temporarily suspended.

Additionally Localities and Directorates have also considered the duration for which the activity or service could be reduced, merged or suspended before the effects of the change in delivery begin to have a significant impact and require a priority level increase.

They have planned against the following criteria: Reduction, merging or suspension of activity or service for the following durations -

- 1 working day
- 3 working days
- 7 days
- 28 days
- Longer

Additionally Localities have considered not only in-patient sites but care in the community, outreach services, satellite centres and day centres and have included them in the local Service Continuity Plans.

All of these assessments are contained within the LDU and Directorate Service Continuity Plans.

11.2 Critical and Non-Critical Workstreams

Directorates and Localities have also assessed their workstreams against the criteria above. Where it is necessary for low priority workstreams to be temporarily suspended, it is essential that Tactical Command is advised through the Directorate Heads or LDU Directors.

11.3 Planning Assumptions

Influenza pandemic planning in the UK has historically been based on an assessment of the reasonable worst case⁷, derived from experience and scientific analysis of influenza pandemics and seasonal influenza in the 20th Century. These considerations suggest that, in a worst case scenario, up to 50% of the population could experience symptoms of pandemic influenza spread over one or more pandemic waves each lasting 12 - 15 weeks, each some weeks or months apart, although the nature and severity of the symptoms would vary from person to person.

Up to 4% of those who are symptomatic may require hospital admission. For deaths, the analysis suggests that up to 2.5% of those with symptoms could die as a result of influenza if no treatment proved effective. These figures might be reduced by the impact of countermeasures but the effectiveness of such mitigation is not certain. The combination of particularly high attack rates (circa 50%) and a severe case-severity is relatively improbable but not quantifiable.

11.4 Plan Information

Trust, Directorate and LDU plans can be found within the Emergency Planning / Business Continuity section of the intranet, OurSpace.

11.5 Reference Documentation

The Local Health Resilience Partnerships (LHRP) have produced several documents, key points from which have been included in this plan. The documents are available

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through the Resilience Team and OurSpace. They cover subjects such as Surge Capacity Planning and Management, Secondment and Redeployment, Workforce Planning, Vulnerable People Planning, Recovery Planning and the Health Community Response Plan.

12. Recovery

During a significant incident the Disaster Recovery Group will assess the current situation and draw up a Business Recovery Plan. Assessment of the current situation will include:

- Disruption to Trust functions caused by the incident, including any medium-term or long-term implications.
- Disruption to other parts of the local health and social care community and the implications.
- The current situation in Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and its implications.
- Resources required to return to “business as normal” including an evaluation of what should be considered “normal”.

12.1 Resumption of merged, reduced or suspended services and activities

The sequence that services were reduced, merged or suspended, may not be the order that they are resumed.

Decisions on resumption of services will be based around the following criteria:

- Staff numbers available to provide a safe service, sickness levels reducing significantly with no significant new infections
- The ability to recruit new staff, where necessary
- Whether buildings and facilities require any maintenance or decontamination prior to use and maintenance provider ability to perform the work required. Alternative working locations, identified and available, if required.
- Supply chains operating as normal and
- Prioritisation of services based on Service User need.

12.1.1 Long-term impact

Any event that causes disruption to service provision has the potential to significantly affect service users. Therefore, during the recovery phase, it may be necessary to prioritise based on service user needs. It is widely accepted that the health needs and health profiles of the local population will change as a result of a pandemic but there will still be a requirement to provide continuing care to those now also suffering from the impact of a pandemic or any other event on top of their usual needs. It may therefore be necessary to perform needs assessments which may then require reconfiguration of mental health services provided.

Staff may also need time to recover from the effects of an event, possibly for example due to extra hours that they have had to work during an event and their need to catch up on time off. This aspect must be considered when planning the recovery phase. Please see Section 25 of the Significant Incident Plan, Staff Welfare.

12.1.2 Authorisation to initiate recovery

As soon as criteria listed in 8.6.1 above are achieved, this information should be escalated to Strategic Command in the usual way for consideration. There will be a phased resumption of services as communicated by Strategic Command. In line with the Trust’s Significant Incident Plan and Business Continuity framework, only

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the Executive Director on call, the Chief Operating Officer or the Chief Executive may authorise initiation of the recovery phase.

12.1.3 Management of Business Recovery

Once the Stand Down is issued the special management arrangements associated with a critical incident are terminated and normal line-management arrangements are reinstated. Business Recovery will then be managed as part of service management.

After the Critical Incident Stand Down the Chief Accountable Officer will:

- Request regular reports on the progress of the Business Recovery Plan from Directors and/or Service Managers.
- Review the progress of the Business Recovery Plan with the Trust Resilience Group, and modify/update the Business Recovery Plan if necessary
- Authorise expenditure of extra resources for the recovery of priority functions/services, if appropriate.
- Ensure that partner agencies and contractors are kept informed about the progress of business recovery, including which functions/services are being prioritised.
- Report on Business Recovery to the Trust Board.
- Report on Business Recovery to the Clinical Commissioning Group (CCG).
- In consultation with the Executive Management Team, decide when Business Recovery has been completed and report this to the Trust Board and the CCG.

12.1.4 The role of AWP in Local Community Recovery

If the incident has resulted in traumatic events which could affect members of the public and staff, AWP as a Mental Health Trust may experience an increase in demand on psychological and psychiatric services.

Post Traumatic Stress Disorder lies within the area of expertise of the Trust and, in accordance with the Significant Incident Plan, this is one of the responsibilities of AWP in a major incident.

The Trust should be prepared for the increase in demand and the probable resulting increase in waiting times, and should manage the waiting lists to minimise the breaches of waiting time targets. This process should be managed in partnership with commissioners to ensure that the service is responsive to local mental health needs.

12.1.5 Occupational Health Services

All members of staff who have been involved in an incident should receive a referral to the Occupational Health Provider for health surveillance if necessary. All members of staff who require treatment, support or follow up will receive it from the Occupational Health Provider. If the Occupational Health Provider is not able to cope with the increase in demand, the Head of HR should be immediately notified.

The Head of HR will then be responsible for ensuring that all staff members receive appropriate support following the incident.

13. Brexit

In the event of a no-deal Brexit we need to be able to continue to run our services and provide clear guidelines to our staff and service users.

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13.1 Supply of Medicines, Vaccines, Medical Devices and Clinical Consumables

There are currently no issues with the supply of medicines, vaccines or devices. This may change over a period of time.

13.2 Supply non clinical Consumables– Fuel

The Trust priorities are about keeping the service users safe. There would be a risk element, if the number of community visits are reduced.

AWP has an awareness of the National and Local Fuel Plans. We have a list of identified key users for the entire Trust who would require fuel during a fuel issue. Pool cars used within AWP are kept topped up so they never drop too far from full tanks.

AWP has links with the Police and Local Health Resilience Groups for information on any fuel shortages .

14. Incidents or untoward events

These could include:

1. Failure of infrastructure (building loss or denied access, loss of utilities (gas, electricity or water))
2. Staff sickness level
3. Areas affected
4. Services and activities under threat as a result of the sickness and their associated criticalities
5. In-patient sickness level
6. Any supply problems and existing levels of vital supplies such as PPE and
7. Anything else

In addition, the Localities will, after considering all the issues, develop a response recommendation that will, for example, include solutions to all of the above issues.

REMEMBER, ANY COMMUNICATIONS MESSAGE MUST BE AUTHORISED BY THE COMMUNICATIONS TEAM BASED IN BATH NHS HOUSE, BEFORE BEING RELEASED TO SERVICE USERS, CARERS OR THE MEDIA.

15. Roles and responsibilities

15.1 Trust Incident Management Team

The Trust Incident Management Team will consider the strategic aspects of the crisis and the impact to the Trust as a whole and the services it operates. It will ensure that the Trust can carry out its tasks in an effective and efficient manner for the recovery of core functions. The Incident Management Team will also approve the tactics to be implemented.

Membership of the Trust Incident Management Team will, as a minimum, be:

The Chief Executive	Head of Communications & Engagement
Director of Finance	Head of IT Systems & Standard
Chief Operating Officer	Associate Director of Estates & Facilities
Director of Human Resources	Resilience Team

Loggists	
Other key staff relevant to the incident as determined by the Chief Executive or Strategic Commander	
N.B. If any of these individuals are unable to attend, they may send a nominated deputy	

Other Directors, Heads of Department or Managers may be drafted into the Incident Management Team as required by the incident (e.g. Medical Director, Director of Nursing, Security Manager or Head of Health, Safety and Operational Risk). The team will meet at least daily, or more frequently, as required by the nature and scale of the incident, in order that efficient, consistent and timely corporate warning and informing statements are available for release to the press, other stakeholders and staff. Decisions made during these meetings and the rationale behind them should be recorded in an effective decision making log, preferably via [Mission Mode](#).

15.2 Roles and Responsibilities of the Trust Incident Management Team

The Trust Incident Management Team will use the Joint Decision Model (see Appendix 1) in order to:

- Open and maintain an incident / decision log; appoint a loggist;
- Develop a recovery plan;
- Advise on the implementation of the recovery plan in an incident situation in liaison with all other appropriate Directorates and Localities
- Communicate information regarding the incident to all stakeholders;
- Agree and authorise all media releases
- Liaise with the AWP Trust Board regarding all matters relating to the incident
- Recognise the need for and allocate additional staff as necessary to help the recovery process
- Appoint a manager to investigate the incident in those circumstances where one is not naturally apparent
- Maintain effective records;

It will be the responsibility of the Incident Management Team to ensure notification of the incident to the CCG's, NHS England, etc. as appropriate.

15.3 Roles and Responsibilities of the Locality Incident Response

Team Members of the Locality Incident Response Team will comprise available members of the Locality Management Team. Out of hours, this function will be delivered by the Locality Manager (s) on call.

Locality Incident Response:

- Assumes full responsibility for co-ordinating the local incident response.
- Provides detailed direction to managers and staff to effectively respond to the incident at an operational level.
- Reports to and advises the Strategic level Incident Management Team.

15.4 Invoking the Business Continuity Plan

In the event of any serious disruptive challenge which is likely to affect the ability of Avon and Wiltshire Mental Health Partnership NHS Trust to deliver any of its critical activities, services or functions, implementation of the business continuity plan, or parts of it, which are detailed within this plan, will come into immediate effect, according to the scale of the crisis.

Triggers may include:

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- Declaration of a critical incident
- A disruptive challenge such as severe weather, staff shortages or IT failures

The Chief Operating Officer and / or the Deputy Chief Operating Officer or in their absence, the Chief Executive and / or the on-call Executive Director, with the assistance of any senior manager has the authority to implement the plan.

Activation of the Incident Management Team will be through MissionMode, using the user name and password provided by the Resilience Team.

15.5 Command and Control

A command and control structure will be activated following the normal command and control systems already established within the Trust. This consists of Operational, Tactical and Strategic Command.

Trust Strategic Command will be the Trust Incident Management Team and will be located in the Incident Coordination Centre. The primary site for this will be the PMO Office at Bath NHS House. If this location is unavailable, the Incident Co-ordination Centre will be located in one of the Conference Rooms at Callington Road Hospital, Bristol and a third has been identified in the Beech Room at Sandalwood Court.

Trust Tactical Command will be the Locality Incident Response Team and will be located as detailed in the relevant locality business continuity plan.

Trust Operational Command will be at or in the vicinity of the incident location.

15.6 Significant Incident Response

If the Trust significant incident plan is implemented and a response is required to deal with a declared significant incident, the relevant business continuity plans must be invoked and consideration given to the establishment of an Incident Management Team. The Incident Management Team will not be managing the incident response but will consider the effect of the incident response on the critical services provided by the Trust.

15.7 Accountability and Responsibility

The Business Continuity Plan must be authorised by the Chief Executive Officer.

The Trust has identified an executive lead to hold the post of Trust Chief Accountable Officer (Director of Operations) with the responsibility for ensuring that Trust-wide business continuity management is delivered.

Each Directorate Head and Locality Clinical Director is accountable for the production, maintenance and testing of their own business continuity plan(s).

The Resilience Team will provide support and guidance to Directorates and Localities with the production and review of their business continuity plans.

The Resilience Team will update the Trust's overarching business continuity policy as appropriate and ensure that it remains a current, 'living' document through regular testing or review.

The Directorate or Locality Business Continuity Lead and coordinator will oversee this and help to facilitate testing, with the support of the Resilience Team.

The Trust Resilience Group will support the processes outlined above and ratify

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individual business continuity plans.

15.8 Communications

Strategic responsibility for entire Communications and Engagement function as well as advisor to Chief Executive and the Board on communications and reputational issues.

The main responsibilities of the Communications Team fall under the following three key areas:

- Media and press relations
- Internal communications and staff engagement
- External communications/stakeholder and public relations

More specifically the responsibilities are as follows:

- Development of a Communications and Engagement Strategy and action plan for the successful promotion of the Trust
- Support the delivery of effective communication with local stakeholders
- Plan strategic and proactive media activity for the Trust
- Manage the reputation of the Trust
- Develop and manage the Trust brand
- Monitor media coverage and provide swift responses and rapid rebuttal of inaccurate reporting
- Lead in anticipating and responding to media enquiries, briefing journalists and developing good solid relationships
- Commission, write, edit, proof read, co-ordinate complex internal, external publications, and advice documents, write press releases and articles
- Provide reputation management advice and media advice/training to senior managers and decision making bodies
- Uphold and support the vision and values of the Trust ensuring that all communication and engagement activities are focussed on these core principles
- Support the production of the Trust's annual report and summary report
- Provide communications support in the event of a crisis or major incident.

Outside of office hours for communications support, we have Johnathan Street PR who can be contacted by dialling the communications main telephone number. Their focus is on external messaging and media handling.

15.9 Stakeholders

To provide regular accessible updates and messages with agreed timescales for all internal and external stakeholders, including:

- Management and staff across the Trust
- NHS England
- NHS Improvement
- CCGs
- Other NHS Providers
- Media
- General Public
- Service Users
- Family and carers of service users
- Police
- MPs, Councillors, Local Authority Management
- Voluntary Organisations
- Partner Organisations

The team are responsible for the following internal communication channels: Ourspace; Trustwide emails.
External communication channels include: External Website/s; Social media.

16. Training

16.1 Training Programme

An annual training programme will be required to ensure that Business Continuity Management is embedded into the Trust. The Resilience Team will produce an annual 'training plan' that:

- Will involve all those departments, that provide critical services, activities and functions
- As a minimum, raises the awareness for all Trust staff who may become involved in supporting critical services or find their personal workspace and working practices disrupted, at least in the short term
- Training may consist of a wide range of opportunities, including command post exercises, tabletop exercises and live and inter-agency exercises. Details must be recorded of the dates, participants and the nature of the training for audit purposes
- Business Continuity awareness should be included in Trust 'induction training.'

Locality and Directorate Heads are required to test the various aspects of their Locality or Directorate business continuity plans regularly to ensure they remain up to date. Accurate records of these tests (what was tested, when, who was involved and exercise findings) must be maintained and exercise reports must be sent to the Resilience Team.

16.2 Incident Records

All events, regardless of whether an incident or near miss, must be recorded on the Safeguard electronic reporting system. They should be processed in accordance with the Incident Management Policy. It is normally the responsibility of the person initially involved or discovering the event to ensure this is completed. It is recognised that circumstances may arise when one person cannot be identified or they are unable to complete a report and in such cases the responsibility rests with the manager taking charge of the incident.

The investigation responsibility will depend on the type and extent of the incident and it will be the responsibility of the Incident Management Team to appoint the investigator where one is not naturally apparent.

All records - log books, emails, faxes, message books, written memos and all correspondence etc. will form the Trust's definitive legal record and must therefore be maintained securely for a minimum of 7 years. After the end of the minimum 7 years, all records must be archived in long term storage for a minimum of 30 years.

16.3 Recovery & Salvage

Planning for recovery of services, activities or functions will commence shortly after the activation of any business continuity plan. It should be remembered that the sequence in which services, activities or functions are suspended, reduced or merged may not necessarily be the sequence that they are restored.

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It is possible that any equipment lost or damaged as the result of an incident will be covered by the Trust's Insurance – however the Trust has a duty to minimise or mitigate any loss where possible, and the main way of doing this is by salvage. In addition salvaged equipment can be put back into service before replacements can be obtained and irreplaceable documentation may be saved from further deterioration.

The most efficient form of salvage is undertaken by specialist salvage companies. However unless the damage is very severe or extensive, it is likely that there will be sufficient expertise within the Trust to undertake or oversee most recovery work without the need to employ one of these companies.

As long as the incident does not involve suspicious circumstances i.e. terrorist explosion, arson, CBRN, when the building should be secured against unauthorised entry and the weather until professional help is obtained, it is better to begin salvage operations as soon as the building is declared safe.

The Incident Management Team will:

- Assign the recovery planning remit to a member of senior staff shortly after activation of business continuity plans
- Decide upon the sequence that services, activities or functions are restored
- Decide upon priorities for salvage
- Decide whether items are to be left in situ or to be removed to safe storage
- Obtain approval from the loss adjuster to carry out salvage operations

16.4 Debrief

Hot and cold debriefs will be held post-incident and these will be led by the Incident Director assisted by the Resilience Team so that lessons identified can be realised through organisational learning. Reference should be made to the Debriefing Procedure on 'OurSpace' for more information.

17. Monitoring / Audit / Review

17.1 Monitoring

Under the CCA 2004, Mental Health Trusts are uncategorised responders, (neither Category 1 nor 2), however the Department of Health (DH) expects all Mental Health Trusts to conduct their emergency and business continuity planning as if they were Category 1 responders, and, therefore, the same statutory requirements that apply to Category 1 responder organisations apply to AWP (i.e. to have robust business continuity plan arrangements in place to manage disruptions to the delivery of services.)

In addition to our own internal performance management, we are also subject to rigorous external review and monitoring of performance against national and local targets and requirements. The Department of Health Emergency Preparedness Guidance 2013 and Care Quality Commission require that trusts produce and regularly review their business continuity management plans. Business continuity management is an integral part of Corporate and Clinical Governance.

These performance criteria are managed through the Trust Resilience Group and Trust Board. The Trust also receives external audits through the NHS England Area Teams, Clinical Commissioning Groups and our own auditors to ensure compliance.

17.2 Audit

Once written, the Directorate, Locality or business continuity plan will be submitted to the Resilience Team for review. Once the Resilience Team is content that the plan is

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complete and complies with the requirements of the Trust Business Continuity Management System requirements, the plan will be submitted to the Trust Resilience Group for review and ratification. The plans will be available to Clinical Commissioning Groups and will be audited by them to enable assurance to be gained on the Trust's ability to continue to deliver key critical services during a disruptive event and therefore on the level of resilience within the Trust. These plans will also be subject to external scrutiny by the Trust auditors.

17.3 Review

The Business Continuity Coordinator or Lead responsible for business continuity within Directorates and Localities will be responsible, through relevant Directors, for identifying changes to Trust structures, policy and practices that will affect any element of the BCP, ensuring that the necessary amendments are approved by the designated director and the Trust Resilience Team prior to adoption and circulation.

Departmental Leads will be responsible for informing their Business Continuity Coordinator / Lead of any local changes to their departmental BCP (e.g. changes of location, personnel and contact numbers). The BC Coordinator / Lead will ensure that these changes are circulated as appropriate.

Changes may also be recommended for adoption as the result of debriefs following 'live events', training, exercises etc.

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18. Appendices

18.1 Joint Decision Model



Gather information & intelligence

The use of SBAR to establish initial shared situational awareness:

- What is happening
- What are the impacts
- What are the risks
- What might happen & what is being done about it?

Assess risks & develop a working strategy

Joint assessment of risk to support a common understanding of threats, hazards and likelihood:
Develop a working strategy:

- What are the aims and objectives to be achieved (pre agreed objectives)
- When – timescale/deadlines for actions
- Where – locality of the activity
- Why – rationale? In line with strategic aims?
- How – are the tasks going to be achieved?

Consider powers, policies and procedures

Are there any barriers / constraints to achieving the agreed aim / objectives?
(procedures, capabilities or policies that may impede the agree actions)

Identify options & contingencies

Identify possible actions and agree most appropriate action(s) based on:
Suitability – does it fit with strategic direction?
Feasibility – can it be done?
Acceptability – is it legal, morally defensible and justified?

Take action & review what happened

Ensuring the actions that are agreed are judged to be the most effective and efficient in resolving the emergency

18.2 SBAR – To be used for internal AWP use

S	Situation
B	Background
A	Assessment
R	Recommendation

18.3 METHANE TEMPLATE

To be used for External Use in a Major Incident

METHANE is a mnemonic used by SWASFT to gather and cascade key information concerning a major incident. SWASFT will use this format to cascade information through the SITREP line. This is the template AWP will use as a structure for internal and external briefs.



TIME CALLED RECEIVED:	DATE RECEIVED:
RECEIVED BY:	RECEIVED FROM:
SERIAL	CONTACT DETAILS:

Heading		Type of Information
M	Major Incident	Major incident declaration
E	Exact Location	Location of emergency, as precise as possible
T	Type of Incident	Nature of Incident e.g. Major fire, train derailment, explosion on a public place etc.
H	Hazards	Actual or potential hazards at the scene, any concerns about contamination, toxic smoke. Any evacuation if so, where to etc.
A	Access	Rendezvous point and any restrictions around access.
N	No Casualties	Number of fatalities and injured.
E	Emergency Services	Which emergency services are present and potential future needs? Who is in command?

18.4 Key Critical Services, Activities and Functions delivered by AWP include:

Locality / Service	Teams / Services
BANES (Bath & North Somerset) Locality Service	<ul style="list-style-type: none"> • CITT • Early Intervention • Primary Care Liaison Service • Recovery Service, NHS House, Bath and The Swallows, Paulton • Intensive Service, Hillview Lodge, Bath • Complex Intervention and Treatment Team (CITT), Bath and The Hollies, Midsomer Norton • Therapies Team, NHS House, Bath • AMHP Service (Local Authority), Hillview Lodge, Bath • Primary Care Talking Therapies, Hillview Lodge, Bath • Acute Hospital Liaison • Adults Acute Hospital Liaison • Older Adults • BANES Locality Management Admin Team <p>Wards: Ward 4, Sycamore Ward</p>
Bristol Locality Services	<ul style="list-style-type: none"> • Crisis Team • Early Intervention • Liaison • Recovery • Triage, • CPI and Therapy Services Bristol • Wards: Lime, Alder, Silver Birch, Larch, Aspen, Oakwood, Place of Safety (Mason), Elizabeth Casson, Hazel
CAHMS Service	<p>Community Teams:</p> <ul style="list-style-type: none"> • Bristol Central & East • Bristol North • Bristol South • CTAO (Crisis, Triage, Assessment and Outreach) team • Learning Disability • South Gloucestershire • Specialist Services including Young People's Substance Misuse & Treatment Team and Be Safe
North Somerset Locality Service	<ul style="list-style-type: none"> • CITT • Control Room Triage • Early Intervention • DEST • Hospital Liaison • Intensive Services • Later Life Therapies • Memory Team • Positive Step • Psychological Services • Psychotherapy

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	<ul style="list-style-type: none"> • Recovery Team • Triage • Vocational Services
Secure Services	<ul style="list-style-type: none"> • Blackberry Hill Hospital - Fromeside • Wards: Cromwell, Fairfax, Hopton, Severn, Bradley Brook, Cary, Kennet, Teign, Ladden Brook, Wellow • FIND services • Wickham Low Secure Unit • Community Services • Recovery • Secure SAFER • Clinical Team • Primary Care • Therapies
South Gloucestershire Services	<ul style="list-style-type: none"> • Locality Management Team – Kingswood Civic Centre • Recovery Team North work stream • Recovery Team South work stream • Psychological Therapies Service • Early Intervention Service • Intensive Support Service • Primary Care Liaison Service Talking Therapies (Until September 2019, then Vita Health) • Later life services: Community Mental Health Team • Memory Service • Therapies Service • Rehabilitation Inpatient Unit - 37 Whittucks Road •
Specialist Services	<ul style="list-style-type: none"> • Specialist Drug and Alcohol Community Teams • Out-patient prescribing and administration of medicines for substance misuse services users e.g. prison releases, community detoxes, on-going FP10 prescriptions etc. • Crisis team • Offender Team - Prisons • Learning Disabilities • Veterans Service • Wards: Acer, New Horizon Centre, Clifton, Daisy •
Swindon Locality Services:	<ul style="list-style-type: none"> • Locality and Senior Management Team • Primary Care Liaison • Intensive Services • Therapy Services (Sandalwood Court) • Hotel Services • Therapy & Active Life

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	<ul style="list-style-type: none"> • Reception/SBC finance office • Complex Intervention Team • Memory Services • GWH A&E Liaison Team • Therapies Service • CITT • Hotel services • Recovery Team • Community Psychological Learning disability service • Early Intervention Team • Adult Psychological Therapies Service • Lift Psychology • Wards: Applewood, Windswept, Hodson, Liddington •
<p>Wiltshire Locality Services:</p>	<ul style="list-style-type: none"> • Primary Care Liaison and Memory Services Wiltshire • IAPT Services Wiltshire • PICU Services Wiltshire • Inpatients Services Wiltshire • Community Mental Health Services • Intensive Services Team Wiltshire • Care Home Liaison Service Wiltshire • Acute Hospital Liaison Service Wiltshire • BSW Health based Place of Safety • ECT • Mental Health Control Room Triage • Wards: Bluebell, Poppy, Amblescroft North & South, Beechlydene, Ashdown

19. Glossary

AWP	Avon & Wiltshire Mental Health Partnership
BCM	Business Continuity Management
BCMS	Business Continuity Management System
BCP	Business Continuity Plan
BIA	Business as usual
BSI	British Standards Institute
CCA	Civil Contingencies Act (2004)
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
DH	Department of Health
ECT	Electro Convulsive Therapy
EMT	Executive Management Team
HR	Human Resources
JDM	Joint Decision Model
LDU	Local Delivery Unit
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
MTPoD	Maximum Tolerable Period of Disruption
PPE	Personal Protective Equipment
RTO	Recovery Time Objective
SitRep	Situation Report

20. Version History

Version History				
Version	Date	Revision description	Editor	Status
1.0	30/05/2017	Approved by Executive Team	Head of Health and Safety	Approved
1.1	08/12/2017	Update following Trust Headquarters move to Bath NHS House	Resilience Officer	Draft
1.1	08/12/2017	Ratified at the EPRR Meeting 08.12.18	Resilience Officer	Final
1.2	31/05/2018	Update of National Standards, References and Guide documents	Resilience Officer	Draft
1.2	10/07/2018	Ratified at the EPRR Meeting 10.07.18	Resilience Lead	Final
2.0	14/11/2018	CAO name change Methane now change to SBAR – for Incident Reporting in a Critical Incident	Resilience Lead	Draft
3.0	20/03/2019	Merger of Trustwide Overarching Business Continuity Plan and the Business Continuity Policy. Under the Assurance process NHS England recommended that we have one single document with the relevant Directorate and Locality Business Continuity Plans falling under this overall policy.	Resilience Lead	Draft
3.1	21/05/2019	Changes to the Communications Team information. To be brought back to the next EPRR Mtg in July	Resilience Lead	Draft
3.2	22/07/2019	Traumatic Stress Service for staff added in 7.8.8, job tiles changes 14.1 and Activation in 9 – split up to 'in-hours' and 'out-of-hours'.	Resilience Lead	Final
4.0	23/07/2019	Ratified at the EPRR Meeting 23.07.19	Resilience Lead	Final
4.1	26.08.2019	Added in Key Contract Section 18.4 & Objective 3. Comms info 15.8 & Stakeholders 15.9 & Resources 8.8. – requirement for Assurance 19/20	Resilience Lead	Draft
4.1	29.08.19	Ratified at the EPRR Group Meeting	Resilience Lead	Final

21. Supporting Documents

- Department of Health Operating Framework for the NHS in England 2012/13
- Health and Social Care Act (2012) clauses 46 and 47
- NHS England Emergency Preparedness Framework (2015)
- NHS England – Business Continuity Management Framework (service resilience) 2013
- NHS England – Core Standards for Emergency Preparedness, Resilience and Response (EPRR) July 2018
- CCA 2004 (revised) – Emergency Preparedness Chapter 6, Business Continuity
- PAS 2015:2010 – Framework for Health Service Resilience
- ISO 22301:2014
- British Continuity Institute – Good Practice Guidelines 2018
- ISO 27000:2016 – Security Management Systems
- ISO 31000:2009 – Risk Management Standards
- PD 25888:2011 – Recovery Following Disruption
- PD25111:2010 - Human Aspects of Business Continuity
- Local Resilience Forums' Community Risk registers

21.1 Trust Supporting Documentation and Policies

- Business Continuity Management Toolkit
- Risk Management Strategy Policy
- Risk Assessment Policy
- Incident Management Policy
- Debriefing Procedure
- Resilience Risk Register
- Critical Incident Plan
- Emergency Plans (see [Emergency Planning](#) page on Ourspace)