



**Nottingham and
Nottinghamshire**
Integrated Care Board

Business Continuity Management System Policy

June 2025 – June 2028

CONTROL RECORD	
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Author	Emergency Preparedness, Resilience and Response (EPRR) Manager
Sponsor	Deputy Chief Delivery Officer
Team	System Coordination Centre (SCC) and Emergency Preparedness, Resilience and Response (EPRR)
Amendments	N/A. This is a new policy after being separated from the EPRR Policy.
Purpose	To state the ICB's approach to the ICBs Business Continuity arrangements including the preparation for, responding to and recovering from a business continuity incident.
Superseded Documents	N/A.
Audience	All employees and appointees of the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) and individuals working within the organisation in a temporary capacity.
Consulted with	None.
Equality Impact Assessment	Complete (See Appendix A)
Approving Body	Audit and Risk Committee
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<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>	

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1. Introduction

- 1.1. This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.
- 1.2. This policy is subordinate and complements to the ICB's Emergency Preparedness, Response and Resilience (EPRR) Policy which explains the statutory requirements to maintain emergency and business continuity plans.
- 1.3. The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could cause large numbers of casualties and affect the health of the community or the delivery of patient care.
- 1.4. As a Category 1 Responder, the ICB must demonstrate that Business Continuity Management has been established and embedded across the organisation.
- 1.5. This Policy outlines the Business Continuity Management System approach within the ICB to maintain continuity of key services in the face of disruption.

2. Executive Summary

- 2.1. The purpose of the ICB's Business Continuity Management System is to fulfil the ICB's strategy of ensuring that in the event of a disruption to service delivery, the ICB can maintain or recover the delivery of its critical service functions.
- 2.2. Nottingham and Nottinghamshire ICB is committed to delivering a business continuity management system, compliant with ISO standard 22301
- 2.3. Having a robust Business Continuity Management System increases the incident preparedness and overall resilience of the ICB which directly correlates to the strategic objectives of the ICB to every citizen enjoying their best possible health and wellbeing.
- 2.4. The ICB's Business Continuity Management System will be developed and maintained in accordance with:
 - ISO 22301;
 - Business Continuity Good Practice Guidelines
 - Civil Contingencies Act 2004
 - Health and Care Act 2022
 - NHS England Emergency Preparedness, Resilience and Response Framework
 - EPRR Core Standards; and

- NHS England Business Continuity Management Toolkit.
- 2.5. The ICB System Co-ordination Centre (SCC) and EPRR Team will be responsible for the development and maintenance of the Business Continuity Management System; and will be supported by the ICB Business Continuity Group.

3. Legislation

- 3.1. Under the Civil Contingencies Act 2004 and the Health and Care Act 2022, the ICB is designated as a Category 1 responder therefore, subject to the full set of civil protection duties. The ICB utilises the NHSE toolkit which is driven by the Plan, Do, Check, Act (PDCA) cycle along with being updated in line with both ISO 22301 principles, as well as the Business Continuity Good Practice Guidelines 2018.
- 3.2. Therefore, the ICB has a legal duty to develop robust business continuity management arrangements, to maintain services, if there is a major emergency or disruption. This could include, for example, an infectious disease outbreak, severe weather, fuel shortages, industrial action, loss of accommodation, loss of critical information, loss of communication technology (ICT) or supply chain failure.
- 3.3. The Accountable Emergency Officer (AEO) within the ICB is responsible for making sure these standards are met.

4. Policy Statement

- 4.1. The ICB accepts its statutory duties as a Category 1 Responder under the Civil Contingencies Act 2004 (CCA) by embedding a Business Continuity Management System.
- 4.2. The ICB will establish, implement, maintain and continually improve its Business Continuity Management System to ensure the ICB can effectively respond to any disruptive event, internal or external, which threatens the health of the population of Nottingham and Nottinghamshire.
- 4.3. The ICB will ensure that appropriate structures and resources are made available to support the delivery and implementation of this policy.
- 4.4. The ICB will have a robust business continuity management system in place that meets the ISO 22301 Standard.
- 4.5. The Business Continuity Management System will be reviewed annually to align with the requirements within the NHS EPRR Core Standards.
- 4.6. The Business Continuity Management System will align to the ICB's priorities and strategic objectives as set out in the Annual Plan.

5. Definitions

- 5.1. The ICB has adopted the following definitions from NHS England EPRR Framework 2022, ISO 22301 and CCA 2004:

Term	Definition
Business Continuity	The capability of the organisation to continue delivery of products or services at acceptable pre-defined levels following a disruptive incident.
Business Continuity Incident	An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable pre-defined levels, where special arrangements are required to be implemented until services can return to an acceptable level.
Business Continuity Management System	Part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity.
Business Impact Analysis	The process of analysing activities and the effect that a business disruption might have upon them.
Business Continuity Plan	Documents the procedures that guide the organisation to respond, recover, resume, and restore to a pre-defined level of operation following a disruption to business continuity.

6. Objectives

- 6.1. To achieve alignment to ISO223 and NHS England guidelines, the Business Continuity Management System objectives are:
- Ensure that the ICB is resilient to business continuity incidents, and is able to respond using an easy to follow business continuity plan/action card where appropriate.
 - Each Directorate will develop and maintain a Business Impact Analysis for each of their services that can be aggregated into the ICB Business Impact Analysis.
 - Service-level Business Continuity Plans to be developed and maintained for all services that have critical, essential or important activities.
 - Any high risks identified through the Business Impact Analysis / Business Continuity Plan process must be recorded and escalated in accordance with the ICB's risk management process.

- All ICB colleagues must be made aware of the location and content of their respective Business Continuity Plan and will receive relevant training (as identified within the Training Needs Analysis) on any specific responsibilities.
 - Plans will be tested, maintained and reviewed on an annual basis or following any significant changes. This cycle will be monitored by the ICB EPRR team, with any shortfalls being escalated through the Audit and Risk Committee and Board.
- 6.2. The ICB SCC and EPRR Team will provide advice, guidance and support in the production of Business Impact Analysis and Business Continuity Plans, however the plans themselves remain the responsibility of the Directorate to ensure they adequately address the risks to their services.

7. Scope

- 7.1. The scope of Business Continuity Management System will include all services functions delivered by the ICB, with the objective of maintaining/recovering critical functions within the identified recovery objective times.
- 7.2. The Business Continuity Management System includes:
- A Business Impact Analysis, which identifies and assesses the most critical activities within the ICB and the resources they rely upon.
 - Due to the nature of the business carried out by the ICB, the majority of directorates will be able to operate under the umbrella ICB business continuity plan. However, the Business Impact Analysis from each directorate will be used to inform and create any necessary directorate specific action cards.
 - Business Continuity Plans, which outline the local response to any disruption to the ICB's critical activities including any supporting resources.
 - Where a directorate flags, through their Business Impact Analysis, that they have either:
 - An annual review and maintenance programme for the ICB's Business Impact Analysis and Business Continuity Plans.
 - A Training Needs Analysis and Training Prospectus to promote staff awareness and education.
 - An exercise schedule to test and validate the Business Continuity Plans.
 - Risk assessments, assessing the likelihood and impact of business continuity risks on the ICB's functions.

- A method of linking any risks or contingency gap highlighted by the Business Impact Analysis and / or Business Continuity Plan into the ICB's risk management process.
- A commitment to continuous improvement through learnings identified in incidents or exercises and evaluating the Business Continuity Management System against Key Performance Indicators (KPIs).
- Seek assurance from suppliers of their business continuity arrangements, conducting audits where appropriate.
- Reporting through Audit and Risk Committee to the ICB's Board, assuring the effectiveness of the ICB's Business Continuity Management System.

7.3. This can be summarised by the '**Plan, Do, Check, Act**' Business Continuity Management System Lifecycle (pictured below): Plan (Policy, Strategy, Business Impact Analysis Business Impact Analysis), Do (Implementation and training), Check (Exercising and Auditing), and Act (Debriefing and Action improvement plans).



Figure 1 - PDCA for ISO22301 from NHSE Business Continuity Toolkit

7.4. Out of Scope of the Business Continuity Management System:

- Response to a critical or major incident – reference should be made to the ICB's Incident Response Plan.
- Planning for changes to services, e.g. a change in location or size of a service in response to an infrastructure risk or staffing shortages, is outside the scope of the Business Continuity Management System, however the service Business Impact Analysis should be reviewed for any impact the change will have on its resilience.
- Planned maintenance programmes.
- The business continuity plans of individual providers including primary care practices and suppliers are not within the scope of the ICB business continuity policy

8. Roles and Responsibilities

Role	Responsibilities
ICB Board	<p>The ICB Board will:</p> <ul style="list-style-type: none">• Approve this policy on a 3 yearly basis or following a significant change.• Ensure that Business Continuity Management is appropriately resourced, managed and embedded within the culture of the organisation.• Receive minutes and reports from Audit and Risk Committee detailing progress against agreed work plans, and any significant gaps in control or assurance for review and action.
Audit and Risk Committee	<p>The Audit and Risk Committee will:</p> <ul style="list-style-type: none">• Oversee all aspects of Business Continuity Management and compliance.• Ensure that the Business Continuity Management System is monitored, measured, and evaluated against the Key Performance Indicators (KPIs) and Business Continuity Management System objectives.• Receive performance against Business Continuity Management System with any issues requiring escalation being conveyed to the ICB Board for review and action.

Role	Responsibilities
	<ul style="list-style-type: none"> • Oversee learning from business continuity incidents and exercises within the ICB and wider health system. • Seek assurance that each service has nominated local Business Continuity leads to develop service-level Business Impact Analysis, Business Continuity plans and action cards.
Accountable Emergency Officer (AEO)	<ul style="list-style-type: none"> • The Accountable Emergency Officer has overall responsibility for emergency planning and the Business Continuity Management System. • The Accountable Emergency Officer and Deputies will ensure that the Board receives regular reports, at least annually business continuity incidents, any lessons identified and changes to be made to the Business Continuity Management System. • Promote a culture to support organisational resilience. • Ensure appropriate level of response to business continuity incidents. • Promoting the embodiment of the business continuity culture within the ICB. • Implementation of the protocols to support business continuity when necessary. • Provision of appropriate levels of resource and budget to achieve the required level of business continuity in response to incidents. • Ensure that the ICB Board is provided with an annual report outlining the effectiveness of the ICB's Business Continuity Management System. • Providing assurance to NHS England on their business continuity management.
SCC and EPRR team	<p>The ICB SCC and EPRR team will:</p> <ul style="list-style-type: none"> • Develop the ICB's Business Continuity Management System and template documents, ensuring compliance with legislation and best practise. • Conduct a full review of the Business Continuity Management System annually with the results included in the annual EPRR Board report.

Role	Responsibilities
	<ul style="list-style-type: none"> • Progress and deliver Business Continuity training to underpin the delivery of this policy and intended outcomes. • Set and orchestrate the organisation's testing and exercising schedule for Business Continuity Management. • Oversee and respond to changes in the Nottingham and Nottinghamshire Local Resilience Forum Risk Register and ICB Risk Register relating to Business Continuity requirements. • Oversee and monitor emerging risks and escalate concerns to appropriate Committees for review and action in accordance with the ICB's Risk Management Policy. • Support Business Continuity leads in the production of service-level Business Continuity Plans. • Maintain monitoring arrangements to ensure all Business Impact Analysis and Business Continuity Plans are up to date and in place. • Ensure learning from Business Continuity incidents and exercises are recorded are captured in the debriefs, stored in the learning log and applied to relevant plans. • Support the development and maintenance of Business Impact Analysis within the ICB, ensuring risks are escalated to the appropriate committee.
Directorate Leads	<p>Directorate Leads will ensure:</p> <ul style="list-style-type: none"> • That a Business Continuity Lead is nominated for their directorate. • Business Continuity Leads and other staff are released to support business continuity planning. • Approve Directorate / Team Business Impact Analysis and action cards. • That their directorate would implement a business continuity response as per the ICB Business Continuity Plan and any local directorate action cards.
Local Business Continuity Leads	Local Business Continuity Leads will:

Role	Responsibilities
	<ul style="list-style-type: none"> • Undertake and annually review Directorate / Team Business Impact Analysis. To outline the recover priority and time frame for all functions. • Write, maintain, and annually review service-level Business Impact Analysis and action cards. • Ensure that the Business Impact Analysis and action cards for the directorate/Team is approved by Directorate Lead. • If new services are added to the Division or there is a change in services promptly review and amend as necessary the Business Impact Analysis and action cards. • Ensure staff are aware of and have access to Business Impact Analysis and action cards. • Attend Business Continuity learning events / training as needed to share experience and best practice across the organisation. • Ensure all high risks from the Business Impact Analysis / Business Continuity Plan process are recorded and escalated in line with the ICB's risk management policy.

9. Risk Management Strategy

9.1. Management of Oversight or Risk

- The management and oversight of risk within the organisation is integral to ensuring the achievement of strategic objectives and maintaining operational resilience.
- The risk management process is captured in detail in the Integrated Care Board (ICB) Risk Management Policy and follows a four-step process of: identify, assess, treat, and monitor / report. The policy sets out the robust arrangements for risk management and the agreed risk appetite and approach to risk tolerance.
- Risks are managed as close to the source of the risk as possible and are captured on risk logs. Risk logs are used to record operational risks at individual team, directorate and programme/project-level.
- When identified risks are considered to have the potential to directly impact the achievement of ICB objectives, these must be escalated from risk logs and captured on the Operational Risk Register which is held within the Corporate Affairs Team.

- The ICB Board holds overall accountability for risk management, ensuring that appropriate arrangements are in place and that internal control systems function effectively. The Audit and Risk Committee supports the Board by providing assurance on the effectiveness of the risk management processes and ensuring that controls are working as intended. Additionally, ICB Committees are responsible for monitoring operational risks related to their delegated duties, ensuring that risks are captured and managed appropriately.

9.2. Risk Responsibility

- Risk responsibility is distributed across various roles within the organisation to ensure comprehensive risk management.
- All individuals employed by the ICB are responsible for complying with the arrangements set out within the ICB Risk Management Policy ensuring they routinely consider risks when developing business cases, commencing procurements or any other activity which could be impacted by unexpected events (undertaking specific risk assessments as necessary) and ensuring any operational risks they are aware of are captured on the team, directorate and programme/project-level owned risk logs and the ICB Operational Risk Register as appropriate.

9.3. Risk Appetite

- Risk appetite is the amount of risk the ICB is willing to tolerate in the pursuit of its objectives. The ICB has adopted a mature approach to risk-taking, recognising that achieving strategic objectives may involve taking and accepting risks, particularly when working with strategic partners. A risk appetite statement is included in the ICB Risk Management policy but can be summarised as follows:
 - The ICB will endeavour to adopt a **mature** approach to risk-taking where the long-term benefits could outweigh any short-term losses.
 - The ICB will seek to **minimise** risks that could impact negatively on the health outcomes and safety of patients or in meeting the legal requirements and statutory obligations of the ICB.
 - The ICB will also seek to **minimise** any risks that may impact on our ability to demonstrate high standards of probity and accountability.
- The risk appetite levels range from averse to significant, depending on the context and potential impact.
- Whilst risk appetite is about the pursuit of risk, risk tolerance is concerned with the level of risk that can be accepted (e.g. it is the minimum and maximum level of risk the ICB is willing to accept reflective of the risk appetite statement above).

- Target risk score ranges have been agreed across nine risk domains; the target risk score being the acceptable level of risk that is able to be tolerated by the ICB. The details of the target risk score ranges are included in the ICB Risk Management Policy.

9.4. Risk Reporting Cycle

- The ICB operates a continuous risk review process, via risk owners, supported by a systematic reporting cycle. Risk review is undertaken by risk owners to:
 - i) Confirm whether the risk remains extant.
 - ii) If so, review progress on the actions and mitigations.
 - iii) Assess whether the likelihood of a risk occurring has increased or decreased.
 - iv) Assess whether the impact has increased or decreased.
 - v) Identify any new risks.
- Committees and other constituent elements of the ICB will review the risks relevant to their remit at a frequency determined by themselves, however this typically will align to the frequency of their meetings.
- Risks are evaluated using a 5 x 5 risk scoring matrix to determine their impact and likelihood and risks on the Operational Risk Register are reported based on their total risk score as follows:
 - The **ICB Board** oversees all risks with an overall score of 15+ (e.g. any high and/or extreme operational risks from the Operational Risk Register; both ICB and system risks) at each of its meetings.
 - **Committees** oversee all risks relevant to their remit with an overall score of 8+ (e.g. medium rating and upwards; both ICB and system risks) from the Operational Risk Register at each of their meetings.
 - **System (ICS) forums** will receive reports relating to system risks that fall within their remit to enable them in their duties to oversee the identification and management of system operational risks at each of their meetings.
 - The **Audit and Risk Committee** will receive bi-annual risk management updates, including the full Operational Risk Register, which will enable any risk themes and trends to be reviewed; ensuring any multiple, similar risks of a minimal impact and likelihood are not ignored. This will support their duty to provide the Board with assurance on the robustness and effectiveness of the ICB's risk management processes.

- This structured approach ensures that risks are identified, assessed, and managed effectively, supporting informed decision-making and enhancing organisational resilience.
- Included in the report will be reference to the risks identified as outside of the pre-determined Risk Appetite scores to allow consideration in relation to whether mitigations are appropriate and effective and if further mitigations are required.

9.5. Business Continuity Risks

- Business continuity risks should be flagged to the EPRR Lead who will consult with the Associate Director of Corporate Affairs and Operational Risk Manager to understand the appropriate management route for this risk, either at risk log or Operational Risk Register level.

10. Testing and Exercising

- 10.1. The ICB is required, in order to be compliant with the Data Protection Security Toolkit and NHS Core standards for EPRR, to exercise its Business Continuity Plans annually. These tests will be completed every year in conjunction with ICB directorates.
- 10.2. Through the exercising process, ICB members of staff have the opportunity to practice their skills and increase their confidence, knowledge and skill base in preparation for responding at the time of a real incident.
- 10.3. Exercises also offer an opportunity to confirm and challenge EPRR and business continuity arrangements, providing assurance of their effectiveness; opportunities for improvement in arrangements and any gaps that need to be rectified urgently.
- 10.4. Testing and exercising will be undertaken in line with the annual Training and Exercise Schedule agreed by the ICB and in line with NHS England 'Emergency Planning Framework' which defines the process and timescales for exercising.
- 10.5. This includes a minimum expectation of a:
 - Communications exercise every six months;
 - Table-top exercise every year;
 - Command post exercise every three years; and a
 - Live exercise every three years.
 - Annual Business Continuity exercise.

- 10.6. In testing the business continuity plan, all reasonable adjustments must be made to ensure all staff, regardless of any protected characteristics, can fully participate in exercises and training.

11. Audit

- 11.1. The ICB Head of EPRR and SCC will ensure an annual audit of the Business Continuity Management System is undertaken.
- 11.2. The results of the audit will be reported to the Audit and Risk Committee.
- 11.3. All actions identified following audits will be included on the ICB EPRR Action Log and the Head of EPRR and SCC will ensure all actions are addressed.

12. Staff Training

- 12.1. All NHS Directorate leads and on-call staff are required to understand when a business continuity incident has occurred and have an awareness of where their plans are located. All staff in the ICB should also have a general understanding of their role in a business continuity incident. ICB strategic (Gold) and Tactical (Silver) on-call staff will receive training on the documentation that can support them in responding to any incidents, including business continuity incidents. Training compliance will be monitored by the EPRR and SCC Team.
- 12.2. Those individuals undertaking roles and responsibilities within this policy must undertake appropriate training for their function, including in line with the competencies for their role/function provided in NHS England 'Model Competencies for Members of Emergency on-call Rotas'. Training will also reflect the skills and competencies outlined in the National Occupational Standards.
- 12.3. Training will be undertaken in line with the annual training and exercise schedule and should occur regularly to familiarise staff with Command and Control procedures and to ensure there is no erosion of skills.
- 12.4. Associate Directors are responsible for ensuring that all staff within their directorates and teams are aware of relevant EPRR and business continuity plans.
- 12.5. Those members of staff on-call and members of staff designated as loggists will be required to attend appropriate training as identified by the SCC and EPRR Team.
- 12.6. Any individual who has queries regarding the content of this policy or has difficulty understanding how this policy relates to their role, should contact the document author.

13. Lessons Identified

- 13.1. Reviewing lessons from business continuity incidents, including near misses, ensures the ICB is reviewing its EPRR arrangements with the aim of identifying opportunities for continuous improvement in EPRR arrangements and the ICB's response to incidents.
- 13.2. Immediately after a business continuity incident, the EPRR Manager/ICB on-call will conduct a hot debrief to capture any immediate learning and to provide an opportunity for staff to de-escalate after an incident.
- 13.3. Within 28 days of an incident, the EPRR Manager will conduct a cold debrief with those involved within the weeks after an incident.
- 13.4. The results of the debrief will form a lessons identified report which will include an action plan for implementation of lessons identified. All lessons will be logged on the EPRR Action Log.

14. Key Performance Indicators

- 14.1. **KPI 1**- There is an overall framework in place to ensure that appropriate Business Continuity arrangements are developed and maintained. (**Min 90% achievement**).
 - In date Business Continuity Plans (% of total)
 - In date Business Impact Analysis (% of total)
 - Tested in the last 3 years (% of total)
 - Accessible to all members of staff (Yes/No)
 - Number of depts internally audited (% of total)
- 14.2. **KPI 2** - There are effective reporting arrangements in place to inform the Board of the adequacy of arrangements for business continuity within the ICB. (Yes/No within 12-month period):
 - Standard report to Audit and Governance Committee at each meeting where EPRR is scheduled
 - Business Continuity group to meet no less than quarterly
 - EPRR Annual report to Board at least annually.
 - Ensure that an Audit review is carried out within the three-year audit plan.
- 14.3. **KPI 3** - Ensure effective training is in place across the ICB for roles identified within TNA. (**min 80% achievement**):
 - Business Continuity Awareness Training.

- 14.4. **KPI 4** – Conduct relevant risk assessments in line with the ICBs Risk Management Policy. (min 80% achievement):
- Reported business continuity risks to Audit and Risk Committee.
- 14.5. **KPI 5** – Ensure regular testing and exercising of the Business Continuity Plans. (min 90% achievement):
- Annual directorate level Business Continuity Plan exercise
 - Annual corporate Business Continuity exercise.
- 14.6. **KPI 6** – Ensure regular testing and exercising of the Business Continuity Plans. (min 90% achievement):
- Debrief undertaken following any exercise or incident involving activation of Business Continuity Plans?
 - Post Exercise Report (PXR) or Post Incident Report (PIR) developed and shared with relevant stakeholders following a business continuity incident or exercise.
 - All learnings recorded have been added to the EPRR Action Log with an owner and expected completion date.

15. Communication, Monitoring and Review

- 15.1. The ICB will establish effective arrangements for communicating the requirements of this policy through the internal communication methods. This will primarily be by ensuring continual awareness and accessibility of this policy through the staff intranet.
- 15.2. Communications and assurances will also be undertaken with any external suppliers and contractors affected by or who have an influence on the effective implementation of this policy.
- 15.3. New starters (including temporary and agency staff) will be informed of this policy as part of the ICB's induction programme.
- 15.4. The Communications Team liaising with the ICB AEO / Strategic (Gold) On-call who is leading the response will consider the need for public messaging regarding any implications for ICB activities that interface with the public; plus any impacts on the wider health system.. Any public communications must take account of the need to reach all members of the public, reflecting protected characteristics such as disability.

- 15.5. This policy will be reviewed and approved by the Audit and Risk Committee every three years
- 15.6. This policy will be reviewed following significant changes including:-
- Change in organisation approach to risk (can be promoted by incident or change)
 - Acquisition merger or disposal
 - Changes to services including those that are outsources.
 - Changes to legal or regulatory requirements
- 15.7. As part of a rolling programme to assess the impact of the ICB's policies, frameworks and procedures on its equality performance, a triennial review of this policy will be undertaken to provide an assurance that its implementation is not having a negative impact on the ICB's equality performance, and to also identify any positive effects.
- 15.8. The Equality Impact Assessment will also be reviewed in light of any necessary changes to the policy, where this might be performed sooner than the required review date.

16. Staff Welfare

- 16.1. The response to any business continuity incident must consider implications for staff welfare, agreeing all necessary actions ./ adjustments to support ICB staff.

17. Equality and Diversity Statement

- 17.1. NHS Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services, as well as an employer.
- 17.2. The ICB is committed to ensure that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 17.3. The ICB is committed to ensuring that its activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers.

- 17.4. As an employer, the ICB is committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 17.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

18. Interaction with other Policies

18.1. This policy should be read in conjunction with the following ICB policies:

- EPRR Policy
- Incident Reporting and Management Policy;
- Information Governance Management Framework;
- Information Governance Reporting Form;
- Risk Management Policy;
- Health, Safety and Security Policy.

19. References

19.1. For further, more detailed information regarding the contents of this policy please refer to the following documents:

- Civil Contingencies Act 2004;
- NHS England Core Standards for Emergency Preparedness, Resilience and Response;
- NHS England Business Continuity Management Framework;
- ISO 22301 – Societal Security – Business Continuity Management Systems – Requirements.
- ISO 31000 Principles of Risk Management.

Appendix A: Equality Impact Assessment

Name of Policy	Business Continuity Management System Policy
Date of Completion	June 2025
EIA Responsible Person Include name, job role and contact details.	Kevin Robotham, EPRR Manager Email: kevinrobotham@nhs.net

For the policy, please answer the following questions against each of the protected characteristics, human rights and health groups:	What are the actual, expected or potential positive impacts of the policy, process, strategy or service change?	What are the actual, expected or potential negative impacts of the policy, process, strategy or service change?	What actions have been taken to address the actual or potential positive and negative impacts of the policy, process, strategy or service change?
Age	There are no actual or expected positive impacts on the characteristic of Age.	There are no actual or expected negative impacts on the characteristic of Age.	None.
Disability¹ (Including: mental, physical, learning, intellectual and neurodivergent)	There are no actual or expected positive impacts on the characteristic of Disability.	There are no actual or expected negative impacts on the characteristic of Disability.	Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of large print, Braille, audio, electronic and other accessible formats.

Gender² (Including: trans, non-binary and gender reassignment)	There are no actual or expected positive impacts on the characteristic of Gender.	There are no actual or expected negative impacts on the characteristic of Gender.	None.
Marriage and Civil Partnership	There are no actual or expected positive impacts on the characteristic of Marriage and Civil Partnership.	There are no actual or expected negative impacts on the characteristic of Marriage and Civil Partnership.	None.
Pregnancy and Maternity	There are no actual or expected positive impacts on the characteristic of Pregnancy and Maternity Status.	There are no actual or expected negative impacts on the characteristic of Pregnancy and Maternity Status.	None.
Race³	There are no actual or expected positive impacts on the characteristic of Race.	There are no actual or expected negative impacts on the characteristic of Race.	Mechanisms are in place via the Communications and Engagement Team to receive the policy in a range of languages.
Religion and Belief⁴	There are no actual or expected positive impacts on the characteristic of Religion or Belief.	There are no actual or expected negative impacts on the characteristic of Religion or Belief.	None.
Sex⁵	There are no actual or expected positive impacts on the characteristic of Sex.	There are no actual or expected negative impacts on the characteristic of Sex.	None.

Sexual Orientation⁶	There are no actual or expected positive impacts on the characteristic of Sexual Orientation.	There are no actual or expected negative impacts on the characteristic of Sexual Orientation.	None.
Human Rights⁷	There are no actual or expected positive impacts on the characteristic of Human Rights.	There are no actual or expected negative impacts on the characteristic of Human Rights.	None.
Community Cohesion and Social Inclusion⁸	There are no actual or expected positive impacts on the characteristic of Community Cohesion and Social Inclusion.	There are no actual or expected negative impacts on the characteristic of Community Cohesion and Social Inclusion.	None.
Safeguarding⁹	There are no actual or expected positive impacts on the characteristic of Safeguarding.	There are no actual or expected negative impacts on the characteristic of Safeguarding.	None.
Socioeconomic and other ‘at risk’ groups¹⁰ (Including carers, homeless, Looked After Children, living in poverty, asylum seekers, rural communities, victims of abuse, ex-offenders)	There are no actual or expected positive impacts on the characteristic of Other Groups at Risk.	There are no actual or expected negative impacts on the characteristic of Other Groups at Risk.	None.

¹**Disability** refers to anyone who has: "...a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities..." (Equality Act 2010 definition). This includes, but is not limited to: mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).

²**Gender**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."

³**Race**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language is not English, and/or those who have a limited understanding of written and spoken English due to English not being their first language.

⁴**Religion and Belief**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.

⁵**Sex**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A reference to a person who has a particular protected characteristic and is a reference to a man or to a woman.

⁶**Sexual Orientation**, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.

⁷The **Human Rights Act 1998** sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5 Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.

⁸**Community Cohesion** is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. **Social Inclusion** is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we

should note any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.

⁹**Safeguarding** means: "...protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility" (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the ten types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.

¹⁰**Other Groups** refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, gypsy, Roma and traveller communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).