

Royal Hospital for
Neuro-disability

Subject:	Business Continuity Plan
Policy Number:	ADM54
Ratified By:	EMT
Date Ratified:	26/08/2025
Version:	V 5
Policy Executive Owner:	Chief Services Officer
Designation of Author:	Chief Services Officer
Name of Committee/Group/Department	EMT
Review Date:	30/08/2027
Target Audience:	All existing substantive staff All new joiners substantive staff Volunteers prepared to attend a Major Incident
Other Linked Policies:	Major Incident Policy Support services disaster recovery plan IT Business Continuity Plan
Key Words: (only required if it helps searching on intranet)	
Details of individuals or groups consulted	Executive Management Team Business Continuity Steering Group Supply Chain Managers RHN Contract Managers for key suppliers
Equality Assessment	Yes – see Appendix A
Dissemination and Implementation	Executive Management Team Operational Management Team On-call managers and CRS Major Incident Information web page

Contents

1.	Introduction	5
2.	Plan, Do, Check, Act programme cycle	7
3.	Aim	8
4.	Purpose.....	8
5.	Scope	9
6.	Constraints	9
7.	Activation of the Business Continuity Plan.....	9
8.	Duties	10
9.	Business Impact Assessments and Risk Assessments	12
10.	Supply Chain partners - Business Continuity Impacts	12
11.	Bed management and availability	12
12.	Communications	14
13.	Meetings	15
14.	Support for specific types of major incidents (Stakeholder Engagement Matrix).....	16
15.	Glossary	19
16.	Associated Documentation	Error! Bookmark not defined.
17.	Appendix 1 - Equality Impact Assessment Tool.....	20

Version Control Sheet

Version	Date	Author	Status	Comment
V0.1	25/09/2017	Interim Project Manager	Draft	First draft for feedback
V0.2	27/09/2017	Interim Project Manager	Draft	Refined draft – additional information added
V0.3	29/09/2017	Interim Project Manager	Draft	Add in agreed Stakeholder Engagement Matrix
V1.0	07/10/2017	Interim Project Manager	Final draft for feedback	Changes to Mutual Aid, version control and contents section Replace: Estates Support Services DRP with Estates Business Continuity Plan Replace: IT DRP with IT Business Continuity Plan
V1.0	10/11/2017	Head of Continuing Care	Approved	Plan approved at Exec meeting on 07/11/2017
V1.0	30/12/2019	Exec Team	Extended	Agreed by EMT to extend date to 2020
V2.0	30/03/2023 Minor amendments made	Director of Service Delivery	Approved	Live
V3	18/04/2023 Minor amendments made to key suppliers	Director of Service Delivery	Approved	Live
V4	05032024	Director of Service Delivery	Approved	live
V5	20082025	Director of Service Delivery	Approved	live

Executive Summary

Business continuity management is defined as:

‘the strategic and tactical capability of the organisation to plan for, and respond to, incidents and business disruptions in order to continue business operations at an acceptable, pre-defined level within agreed time frames.’¹

Business continuity planning forms an important component of planned business management and service provision. It assists organisations to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever aspect of the business they affect.

¹ ISO 22301:2012 Societal Security – Business Continuity Management Systems - Requirements

1. Introduction

Business continuity management is defined as:

*'the strategic and tactical capability of the organisation to plan for, and respond to, incidents and business disruptions in order to continue business operations at an acceptable, pre-defined level within agreed time frames.'*²

Business continuity planning forms an important component of planned business management and service provision. It assists organisations to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever aspect of the business they affect.

Business continuity is about building and improving resilience in the organisation; it is about identifying core services and the most urgent activities that underpin the services. It is then about devising plans and strategies that will enable the Royal Hospital for Neuro-disability, (RHN,) to continue providing those services and to recover quickly and effectively from any type of disruption.

Incidents and disruptions to business as usual can be either external, (extreme weather, power outages, strikes,) or from within the organisation, (loss of key staff, I&T failure, structural building failure.)

NHS England's Emergency Preparedness, Resilience and Response, (EPRR,) Framework³ details the business continuity requirements for all NHS funded healthcare providers. NHS England has defined 51 Core Standards for Private Providers of NHS funded care.⁴

NHS England identifies a six stage process and encourages all providers to implement the framework to promote a consistent and comprehensive approach to business continuity.

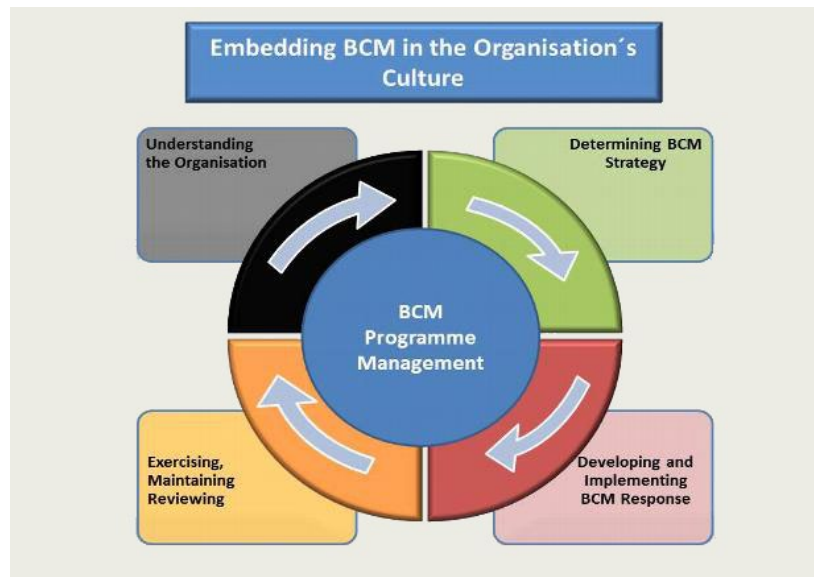
The six stages are:

1. Business Continuity Management, (BCM,) programme management
2. Understanding the organisation
3. Determining a business continuity strategy
4. Developing and implementing a BCM response
5. Exercising, maintaining and reviewing business continuity arrangements
6. Embedding business continuity in an organisation's culture

² ISO 22301:2012 Societal Security – Business Continuity Management Systems - Requirements

³ Emergency Preparedness, Resilience and Response Framework - NHS England - 2022

⁴ Private Sector EPRR Core Standards 2017 v1 – NHS England - 2017



'NHS organisations and providers of NHS funded care must:

- i. have suitable, proportionate and up to date plans which set out how they plan for, respond to and recover from emergency and business continuity incidents as identified in national and community risk registers;*
- ii. exercise these plans through:*
 - a. a communications exercise every six months*
 - b. a desktop exercise once a year; and*
 - c. a major live exercise every three years;*
- iii. have appropriately trained, competent staff and suitable facilities available around the clock to effectively manage an emergency and business continuity incident; and*
- iv. share their resources as required to respond to an emergency or business continuity incident.'*⁵

The Civil Contingencies Act⁶ defines 2 categories of healthcare providers:

1. Category 1 – (Core Responders with a general duty of civil protection)
 - i. The Head of Data Protection and Compliance
 - ii. NHS England
 - iii. Public Health England
 - iv. NHS Hospital Trusts
 - v. NHS Foundation Trusts
2. Category 2 – (Secondary Responders with limited supporting obligations)
 - i. Clinical Commissioning Groups

The Royal Hospital for Neuro-disability is not classified as a Category 1 or 2 responder, but national advice is that independent healthcare providers of NHS commissioned services should be prepared to respond at the Category 1 classification standard:

⁵ Core Standards for Emergency Preparedness, Resilience and Response – NHS England - 2015

⁶ Civil Contingencies Act – Civil Contingencies Secretariat – Cabinet Office - 2004

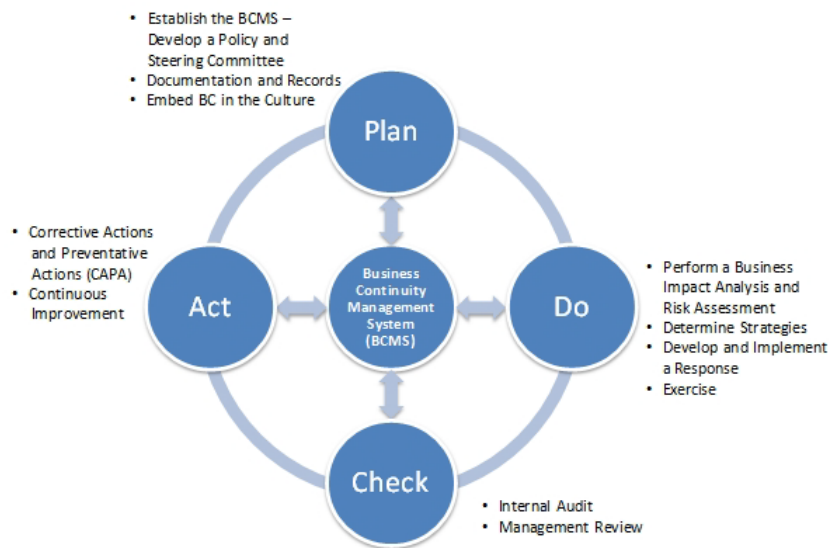
'Independent Healthcare Organisations'

3.2.27. *Independent healthcare organisations are not covered by the CCA regime automatically. However, it is the responsibility of those NHS organisations that commission services from the independent sector to ensure those providers of care are engaged in the process of health resilience planning and any response to emergencies in their local area.'*⁷

2. Plan, Do, Check, Act programme cycle

The Plan, Do, Check, Act, (PDCA,) model is an iterative, four step, best practice component of a comprehensive management system. It focuses on weaving management-level decision making with traditional programme practices.

RHN will utilise the PDCA model for both the Major Incident Policy and the interdependent Business Continuity Plan.



'Planning' activities:

Establish objectives, targets, controls, processes and procedures for the programme
Identify critical activities to protect and recover
Identify plans for implementation

'Doing' activities

Business Impact Assessments and Risk Assessments
Response and recovery strategy options
Implement risk treatments
Implement Training Programme

'Checking' activities

Monitor and review performance against proposed progress
Exercising
Audit and review

'Acting' activities

Debrief after disruption

⁷ Emergency Response and Recovery: non-statutory guidance accompanying the Civil Contingencies Act 2004 – HM Government - 2013

After Action Reviews
Lessons learned
Action Plans for continuous business improvement

3. Aim

The aim of the RHN Business Continuity Plan, is to establish a coherent framework and the procedures which will ensure resilience and optimal recovery in the event of a significant disruption to its business as usual operations.

Analysis of the RHN's current and proposed contingencies will help the Hospital to build a shared understanding of risks, capabilities, vulnerabilities and interdependencies.



4. Purpose

The objectives of the RHN Business Continuity Plan are to:

- To identify the key roles required to invoke the Business Continuity Plan and to manage the business continuity responses
- To set out the accountabilities and procedures required to minimise the effect of a business continuity disruption event at RHN
- Demonstrate that RHN will be able to maintain responsibility and effective control of a disruptive event by implementing planned and tested responses
- To ensure the safety of residents, patients, staff, visitors and contractors by risk assessing the business continuity requirements and testing plans regularly
- To set out an order of prioritisation for recovery of RHN services so that resources can be effectively target during a business continuity incident
- Execute and document Business Impact Assessments and Risk Assessments to ensure that key services and activities are identified and protected, to enable continuity
- Identify the key stakeholders to be informed when the Business Continuity Plan is invoked
- Serve as a guide for all staff in the event a Director or Manager declares a business continuity incident
- To ensure that staff are trained to respond effectively to an incident or disruption through appropriate training and exercising
- Comply with the business continuity requirements of NHS England's standard contract
- To evaluate the resilience of the key supply chain partners
- To ensure RHN's reputation is protected and maintained

5. Scope

The RHN Business Continuity Plan will focus on Business Impact Assessments, Risk Assessments and identifying, prioritising and implementing robust resilience plans for each service.

It will review and assure the resilience of the following supply chain partners:

- Pharmacy
- Nutricia Advanced Medical Nutritional Supplies
- BOC Medical Gases Service
- Aramark Catering
- Elis Laundry Services
- Tradebe Clinical Waste Service
- South West London Pathology Service
- Team24 Ltd – clinical staff agency
- Coyle Personnel plc – clinical staff agency
- Healthcare and Locum Recruitment Ltd – clinical staff agency
- Surrey and Sussex Healthcare Ltd – clinical staff agency (formerly KarePlan Ltd)

The list of suppliers will be reviewed yearly in line with this plan

6. Constraints

The RHN Business Continuity Management Plan will not review the resilience of the following services:

- Clinical Support Services (Physiotherapy, Occupational Therapy, Speech and Language Therapy, Music Therapy, Art Therapy, Psychology)
- Human Resources
- Finance
- Learning and Development
- Fundraising
- Estates
- Facilities
- Information and Technology

A high level Support Services Disaster Recovery Plan has been refreshed by the Head of Estates and is available on the Major Incident Information web page.

7. Activation of the Business Continuity Plan

The strategic decision to activate the Business Continuity Plan is the responsibility of the Gold Commander (Director On-call.) Gold will assess the impact of a declared Critical or Major Incident on the operational services, or assess the implications a business continuity disruptive event may have on maintaining the quality of the clinical services. The assessment must be carried out in consultation with the Silver

Commander and Bronze subject matter experts who are responding to the incident at an operational level.

Once the Business Continuity Plan has been activated, it is the responsibility of the Gold Commander to ensure that NHS England, SWL Emergency Planning team and identified key stakeholders are informed.

The appointment of Bronze Business Continuity should take account of the skills that will be required dependent on the:

- type of incident
- severity
- impact
- response required
- estimated length of recovery

8. Duties

Major Incident Gold Commander

The Director appointed as the Gold Commander in the event of a declared Critical or Major Incident will also make the strategic judgement on the need to activate the RHN Business Continuity Plan to ensure an optimal return to business as usual.

Major Incident Silver Commander

The Director or Manager appointed as the Silver Commander in the event of a declared Critical or Major Incident will regularly analyse the business continuity risks as they arise. Silver Commander will liaise with the Bronze Command Team to activate the Business Continuity Plan if there is a threat of disruption to business as usual operations.

Bronze Business Continuity

If Gold and Silver Commanders assess there is a need to appoint a Bronze Business Continuity, they will appoint the most appropriate senior Director or Manager to the role, dependent on the context of the major incident.

Depending on the scale of the forecast disruption, Bronze Business Continuity may identify the need to appoint other subject matter experts to a specialist Business Continuity Recovery Action Team

Director of Service Delivery

The Director of Service Delivery is designated as the RHN Accountable Emergency Officer, and is accountable for EPRR to NHS England and the Integrated Care Boards who commission services at the RHN

The Director of Service Delivery is accountable for the organisation's resilience, business continuity and for submitting an annual Business Continuity Report to the Board of Trustees, identifying the Major Incident and Business Continuity preparedness and training undertaken.

In the event of a declared Business Continuity incident, the Director of Service Delivery will be accountable for the Recovery Action Plan, the Business Continuity

de-brief, After Action Review and compiling and implementing the Lessons Learned Action Plan.

Business Continuity Steering Group

The Business Continuity Steering Group, (BCSG,) is responsible for the implementation of RHN's Business Continuity programme and compliance with NHS England's EPRR Core Standards for Private Providers.

The BCSG is responsible for the identification and management of business continuity risks and the overall programme to embed Major Incident and Business Continuity knowledge and capability across the organisation.

Heads of Department

The Heads of Department are the business continuity leads for their designated areas.

Matrons

The Matrons are responsible for facilitating the roll out and embedding of business continuity capability to the RHN Wards.

Head of Estates

The Head of Estates has responsibility for the annual review and re-validation of the Support Services Disaster Recovery Plan which, in the event of a Critical or Major Incident, will assist as an aide memoire for alerting the correct support services to ensure a swift and efficient return to business as usual.

The Head of Estates will report the outcome of the annual review to the BCSG for inclusion on the Major Incident Information web page.

The most up to date Support Services Disaster Recovery Plan is available on the Major Incident Information web page.

Associate Director of I&T

The Associate Director of I&T has responsibility for maintaining the I&T Business Continuity Plan. The plan describes the processes, contingencies and responsibilities for restoring any failed IT system to business as usual, the agreed Recovery Time Objectives, (RTO,) and the Maximum Tolerable Period of Disruption, (MTPD).

The Associate Director of I&T will report the outcome of the annual review to the BCSG for inclusion on the Major Incident Information web page.

The Associate Director of I&T will be accountable for the development and implementation of the RHN Text Alert communications work package for Major Incidents and Business Continuity Incidents, and will provide assurance of 6 monthly communications exercises to the Accountable Emergency Officer, (the Director of Service Delivery) for the annual April reports to the Executive and Board of Trustees.

Deputy Head of Workforce

The deputy head of workforce will ensure that there is a yearly training programme in place to meet the minimum standards set out in Section 11 and 12 . An action log of learning from incident training should be shared with the BCSG including timelines for completion of actions.

9. Business Impact Assessments and Risk Assessments

Business Impact Assessments should be reviewed and updated yearly.

The Business Impact Assessments identify the critical activities to be prioritised in the event of an incident, the activity owners and the Maximum Tolerable Periods of Disruption.

The prioritised activities have been collated into a chart which is now available on all Wards and on the Major Incident Information web page.

10. Bed management and staff availability

A forecast disruption to the staffing structure of the clinical services is one of the highest risks to maintaining safe, high quality services.

The staffing establishment for each Ward will fluctuate according to the patient case load, their dependency levels and any specific conditions at the time of the disruptive event. The staffing establishment for each Ward will fluctuate according to the patient case load, their dependency levels and any specific conditions at the time of the disruptive event. The most up to date staffing requirements can be obtained from the RHN roster safer staffing report.

The electronic bed management system has been developed which can run reports bed availability across the Hospital. In the event of a Major Incident or Business Continuity incident, Ward Managers, Ward Administrators and On-call Managers will be able to produce reports which identify where there is capacity to move patients internally.

11. Training

A yearly training plan is compiled by L&OD to ensure that the following minimum standards are met

Title	Target audience	Training / exercise	Frequency
Principles of major incident and business continuity	All new starters	Classroom	At induction
Loggist training	New and existing loggists	Classroom or virtual	New and refresher training alternate years
Gold command training	Directors	Classroom or tabletop	Every second year
Silver command training	On call managers	Classroom or tabletop	Every second year
Bronze command training	CRS, matrons, ward managers	Classroom or tabletop	Every second year

All training records will be kept by L&OD and a report submitted to the BCSG each year.

12. Exercising

Regular exercising allows the RHN to test how efficiently and effectively responds in a variety of scenarios, such as table-top and live play exercises. Roles within the plan, not individuals, are exercised to ensure they are fit for purpose and encapsulate all necessary functions and actions to be carried out in an incident. The outcome (log) of testing and exercising must identify and record whether functions and actions worked and what needs changing. The log must also identify what has changed as a result. This information provides an audit tool highlighting that lessons have been identified and action taken. It is key evidence for any inquiry.

At a minimum the following must be conducted

Title	Purpose	Frequency
Communication exercise	Test ability to contact key staff and other partner organisations in and out of hours	Every six months
Table top exercise	Bringing relevant staff together to discuss a response to a specific incident, working through a scenario to validate or revise a plan	Every 12 months
Live exercise	Live test of arrangements including operational and practical elements of incident response	Every 3 years
Command post exercise	Tests operational element of command control including setting up of incident control room. Can be incorporated into live exercise	Every 3 years

13. External Suppliers

The clinical services provided by RHN are delivered utilising very specialist suppliers and integrated pathways. The complexities of the specialist clinical services increase the potential for one or more elements of the service to be affected, leading to a partial or complete loss of service.

All new contracts with external suppliers must provide information regarding their business continuity plans as part of the procurement process which should be uploaded onto the contracts register.

The resulting impacts might include:

- Partner or supplier failure (temporary or permanent)
- Reduced quality of services
- Loss of control of services (delivery and standards)
- Procurement continuity risk for specialist products

In and out of hours contact information for these key supply chain partners are available on the Managers and Directors On Call Information sub-directory:

[L:\Managers and Directors On Call Information](#)

14. Governance

All BIA's and associated plans must be reviewed yearly and circulated to the BCSG members. The chair of the BCSG will circulate all minutes and the action tracker and updated policies and guidelines to the Executive Management Team and produce a yearly report to the Board of Management.

15. Communications

Key Stakeholders and Key Suppliers

In the event of a Business Continuity incident, the Gold Commander will make the strategic decision of when key stakeholders and key suppliers should be informed.

Contact numbers for key stakeholders and key suppliers are contained in the Major Incident, Evacuation and On-call Files, (in the Major Incident Cupboards,) and also on the major incident web page:

Media Communications

The member of the Communications Team appointed to the Bronze Communications role should also assume responsibility for any supply chain, press and social media communications concerning business continuity.

IT Systems

The IT business continuity plan is included in the Business Impact Assessment and acts as a resource to all staff in the event of IT issues. If additional support is required the on call IT manager should be contacted.

16. Meetings

During a Critical or Major Incident, Loggists will be assigned to the Gold and Silver Commanders as a minimum.

A comprehensive suite of templates for recording information and meetings during a Major Incident or Business Continuity incident are available on the Major Incident Information web page.

A Recovery Action Plan meeting template has also been developed specifically for use by the designated Business Continuity Team in the event that the Gold Commander activates the Business Continuity Plan.

The template can be accessed on the Major Incident Information web page.

17. Support for specific types of major incidents (Stakeholder Engagement Matrix)

Type of incident → Stakeholders to advise↓	Fire – including arson	Electrical failure – whole or part	Gas supply failure or leak	Water supply failure	Heating system failure	Medical gases failure	Flood	Substantial building damage	Key supplier failure	Staffing levels disruption	Infection outbreak (including pandemics)	Hazardous substance leak	Adverse weather likely to disrupt business	Public transport disruption	Major incident- outside RHN but within locality with potential to disrupt	Security alert	IT and technology
Chief Executive & EMT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heads of Department	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matrons and CRS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medics	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
On call managers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medics	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IT Managers																	✓

Type of incident → Stakeholders to advise↓	Fire – including arson	Electrical failure – whole or part	Gas supply failure or leak	Water supply failure	Heating system failure	Medical gases failure	Flood	Substantial building damage	Key supplier failure	Staffing levels disruption	Infection outbreak (including pandemics)	Hazardous substance leak	Adverse weather likely to disrupt business	Public transport disruption	Major incident- outside RHN but within locality with potential to disrupt	Security alert	IT and technology
Communications On-call Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chaplain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Domestic Services Supervisor	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
NHS England & ICB Commissioners	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SWL EPPR	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinical staff Agencies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Key suppliers in Supply Chain									✓	✓			✓	✓			✓
Wandsworth Borough Council	✓		✓				✓	✓			✓	✓			✓	✓	

Type of incident →	Fire – including arson	Electrical failure – whole or part	Gas supply failure or leak	Water supply failure	Heating system failure	Medical gases failure	Flood	Substantial building damage	Key supplier failure	Staffing levels disruption	Infection outbreak (including pandemics)	Hazardous substance leak	Adverse weather likely to disrupt business	Public transport disruption	Major incident- outside RHN but within locality	Security alert	IT and technology
Stakeholders to advise ↓				✓		✓					✓	✓					
Public Health England																	
Health and Safety Executive Dependent on type of incident																	

18. Glossary

AEO	Accountable Emergency Officer
BCL	Business Continuity Lead
BCM	Business Continuity Management
BCP	Business Continuity Plan
CCA	Civil Contingencies Act (2004)
EPRR	Emergency Preparedness, Resilience and Response
MDT	Multi-Disciplinary Team
MTPD	Maximum Tolerable Period of Disruption
PDCA	Plan, Do, Check, Act programme cycle
RTO	Recovery Time Objective
SNH	Specialist Nursing Home
SPOF	Single Point of Failure

Appendix 1 - Equality Impact Assessment Tool

		Yes/No	Comments
1. **	Does the Service affect one group less or more favourably than another on the basis of:		
I	• Age	No	
II	• Disability	No	
III	• Gender Reassignment	No	
IV	• Marriage/ Civil Partnership	No	
V	• Pregnancy / Maternity	No	
VI	• Race, Nationality, Culture, Ethnic origins	No	
VII	• Religion or belief	No	
VIII	• Sex (Gender)	No	
IX	• Sexual Orientation	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the service delivery likely to be negative?	N/A	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to providing the service without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	