NIHR | Research Delivery Network

NIHR (Region) Regional Research Delivery Network

Business Continuity and Disaster Recovery (BCDR) Plan

A Contingency Plan for the Delivery of NIHR RDN Research across (Region)

V1.0 (date)

Contents

Document Control

This document is issued and updated by the XX Regional Research Delivery Network (RRDN) and forms part of a group of documents provided to support XX RRDN delivery against the NIHR RDN Performance and Operating Framework. Readers should ensure that the latest version is being viewed.

Document Information	
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Effective Date	1 October 2024 – 31 March 2025
Audience	All (XX) RRDN staff & Research staff within RDN Delivery Organisations
Category	For information
Expectation	Implementation
Purpose	This document provides the Business Continuity Management arrangements for (XX) RRDN. The function of the Plan is to mitigate the effects of any incident which affects the operation of normal business within the (XX) RRDN, and supports the prioritising of business needs. This document should be used in conjunction with the Urgent Public Health Research Delivery Plan when initiating and managing urgent public health research.
Associated NIHR POF Support Pages: Performance and Operating Framework: Part C, Section 12 – Governance and Management	• PSP003 RDN Governance • PSP091 NIHR RDN Urgent Public Health Research Response
Associated Documents	• https://www.england.nhs.uk/ourwork/eprr/# Updated 2022 • Emergency Preparedness Documents (Delivery Organisations) as needed • NIHR XX RRDN UPHR Delivery Plan Version 1.0
Version Change Authors	
Owner	

Approved by	

1. Introduction

Incidents such as extensive flooding with consequent loss of power and flu outbreaks have drawn attention to the importance of resilience planning and the need for a systematic approach to the risk of such incidents, the need to maintain critical business services and to have in place plans to be able to recover from such events.

Section 12.3.7 of the RDN Performance and Operating Framework (1 October 2024-31 March 2025) requires the Regional Research Delivery Network (RRDN) Host organisation to maintain a RRDN Business Continuity and Disaster Recovery (BCDR) Plan, and to test this plan a minimum of once per year.

This contingency plan is to be used to prepare for, and be implemented during, any breakdown of XX RRDN business. It relates to research activities and staff funded or part-funded by the (XX) RRDN and should be considered alongside similar plans of employing NHS and non NHS Delivery Organisations of XX RRDN funded or part funded staff.

This plan is intended for staff and stakeholders of the XX RRDN; it is not intended as advice for the public. The plan focuses primarily on the functions and remit of staff based at the XX RRDN offices and the wider team, including the XX RRDN Agile Research Delivery Team (ARDT), and considers how the core functions of the XX RRDN will be maintained during disaster recovery to support the continued delivery of NIHR RDN Portfolio research in Delivery Organisations (DOs).

2. Aims

BCDR Planning provides a flexible response to:

- Respond to a disruptive incident and maintain the delivery of business-critical services during an incident (business continuity) and to return to 'business as usual' (resumption and disaster recovery);
- Provide information and instruction to those responsible for coordinating Business Continuity to enable emergency, recovery and resource actions and allocation to be implemented effectively.
- BCDR Planning sets out the planning processes for:
    - The identification of business-critical services
    - The identification of key assets such as IT systems (including infrastructure, software and housekeeping processes), paper-based information systems, skills/knowledge required to operate such systems
    - Identifying the required staffing levels to fulfil operations
    - What to do in the event of widespread staff absence

- The recovery of business-critical services and all necessary measures proportionate to the risk of loss or failure of any such service and RRDN data
- Identifying Business Operational Services required for the (XX) RRDN to successfully operate e.g., full utilities; internet capacity/connectivity
- Initiation of any urgent public health (UPH) plans and expediting UPH research studies if relevant to the incident and as dictated by the Department of Health and Social Care (DHSC) or as directed by the RDN.

This document will:

- Provide an overview of the processes for initiating and managing (XX) RRDN Business Continuity
- Outline procedures to ensure the continuity of the delivery of clinical research in an emergency
- Explain the processes for expediting the approval of Urgent Public Health research studies if relevant to the incident
- Outline procedures to ensure the reporting of clinical research during business continuity breakdown

This document should be read in conjunction with UK government emergency preparedness and response documents and the NHS England NHS Emergency Preparedness Framework documents which include:

Emergency Preparedness, Resilience and Response (EPRR)

EPRR Guidance and Framework

EPRR Framework for managing the response to pandemic diseases

3. Objectives

The Objectives of the XX RRDN Business Continuity Plan are to:

- Provide a framework for the XX RRDN's response to and recovery from incidents, overarched by appropriate Local and Trust-wide strategic planning;
- Provide clear command and control arrangements for a range of incidents varying in scale and complexity;
- Identify those who must be notified and kept informed internally of the disruptive challenge(s) affecting normal business;
- Enable enough flexibility to cater for losses of varying scale and/or where only specific elements may be required;
- Identify business risks, plus critical, essential and routine services and define alternative procedures;
- Identify additional short-term resources required for supporting partial operation;

- Provide a framework for the timely and orderly recovery of the business.

Assumptions have been made in the creation of this document:

- The plan details the arrangements for and includes all (XX) RRDN staff employed by the Host, or funded through the RRDN or any known visitors to (XX) RRDN offices on the day of an incident;
- The plan has the full support of the (XX) RRDN Network Director, Operations, Strategic Development and Health & Care Directors who will ensure full cooperation from each Locality and Delivery Organisations
- The plan will be regularly reviewed, including through several trigger mechanisms to ensure it is fit for purpose;
- The plan will be validated through regular testing, a minimum of once per year;
- This plan assumes that certain incidents could result in significant increase in staff absence due to sickness and caring for ill dependents. The proportion of staff absent from work at any one time is difficult to predict and likely to vary from week to week.

The Aims of the (XX) RRDN Business Continuity Plan are to:

1. Work with (XX) RRDN Delivery Organisations to implement and continue the delivery of NIHR research.
2. Promote delivery of studies prioritised during an emergency in all suitable sites across the (XX) region, especially where it would be unsafe or impracticable to stop/delay clinical treatment.
3. Assist with maintaining essential services provided by (XX) RRDN Delivery Organisations, where (XX) RRDN funded staff can support these studies.
4. Identify business critical services;
5. Identify key assets such as IT systems (including infrastructure, software and *house-keeping* processes), paper-based information systems, skills/knowledge required to operate such systems;
6. Inform what to do in any event of widespread staff absence;
7. Identify staffing levels required to fulfil the business-critical operational needs and prepare for any event resulting in widespread staff absence;
8. Identify business critical services required for the (XX) RRDN to successfully operate e.g., full utilities; internet capacity/connectivity;
9. Initiation of any urgent public health research plans and expedite Urgent Public Health Research studies if relevant to the incident and as dictated by DHSC

4. (XX) RRDN Staff Management

Staff absence and skill mix will be monitored daily by line managers reporting to the (XX) RRDN Senior Leadership Team (SLT) or other senior managers (NHS Band 7 or above) in their absence, and (XX) RRDN staff may be reallocated as necessary.

Depending on the scale of the incident there may be significant levels of staff absence due to sickness, caring for ill relatives or inability to travel to the workplace. Some members of staff may need to be deployed or redeployed to provide direct clinical care within a NHS Deliver Organisation according to local emergency procedures.

(XX) RRDN staff absence levels will need to be reported to the Host organisation according to the severity of the situation and following Host organisation policy; staff will be advised by the Host organisation and comply with such reporting, as required.

Levels of absence will be dependent on the severity of the event and service provision may be significantly affected by staff absence potentially leading to temporary cessation of some services or business activities.

4.1 Prioritisation of Activities

To maintain business continuity providing the core NIHR RRDN research delivery activities, the (XX) RRDN SLT and other senior managers will work with its key NHS Delivery Organisations and stakeholders to ensure essential business processes can be maintained and will consider what activities may be suspended, scaled down or delivered by other means during an unpredictable emerging incident.

For research recruitment this may include reallocating (XX) RRDN funded and part-funded clinical staff to those studies where stopping abruptly would place patients at greater risk.

A range of options are available to sites and should be considered on a case by case basis to make best use of staff who are available for work during any unpredictable event by:

- Utilising existing skills or retraining to redeploy staff to essential services supporting clinical care
- Monitoring staff returning after recovery from illness, whose presence in the workplace can be more readily guaranteed
- Increasing the proportion of staff who may work from home, to reduce absence of staff caring for dependents at home – where possible and practical (and in accordance with Host organisation policy).
- Re-allocating clinical staff who would have to work from home to non-clinical duties
- Re-allocating non-clinical staff not working on urgent studies to assist with non-clinical related tasks for research studies where the need is greatest.
- The Senior Leadership Team and/or Management Group will advise staff based within (XX) RRDN offices which Trust and/or studies require support and this may change over the lifetime of the incident.

- If members of the Senior Leadership Team and/or Management Group are absent, the responsibility for delivering against this plan will fall to other senior managers in accordance with the (XX) RRDN organogram.
- Where appropriate use of core team staff to support research activities in organisations either to deliver urgent public health research if relevant to the incident or maintain patient safety by supporting DOs to deliver their essential research services

4.2 Arrangements for Working at Home

The majority of (XX) RRDN core team staff, have access to web-based systems that would allow them to work productively at home if appropriate

- Staff should use their NIHR Hub account to access the NIHR Google Drive and email to work and save documents in the usual way.
- All senior (XX) RRDN staff and RRDN agile team staff should be provided with mobile phones.
- Staff needing to care for dependents or quarantined due to illness should discuss this with their senior manager and may continue to work from home at the manager's discretion or agree for carer's/ sick leave to be taken.

4.3 Communication

All staff are expected to work together to ensure operational and service continuity, where possible.

(XX) RRDN Delivery Organisations and stakeholders will be kept up to date with the situation through the (XX) RRDN Communications Lead using relevant communication methods; a record of key contacts is kept by the (XX) RRDN Administrators and is available on the NIHR Hub.

For internal communications, email, text messaging, telephone, and the NIHR Hub will be used, as appropriate, to inform staff of current priorities and arrangements.

4.4 Following Employer Policy

In the event of an urgent public health outbreak or other major incidents that may affect routine working conditions:

- (XX) RRDN staff employed by their relevant organisation should refer to their Trust's Emergency Plans.
- (XX) RRDN funded staff or part-funded staff employed by (XX) RRDN Delivery Organisations are expected to follow the Emergency Plans of that Trust.

4.5 Tracking Study Progress and Escalation Processes

There are local processes in place to track study progress and to identify problems with the set-up and conduct of studies. However, during an emergency incident it is likely that reporting and escalation procedures may need to be undertaken much more rapidly than usual (for example for urgent public health studies) and therefore normal systems may need to be adapted to allow for this. See UPHR Delivery Plan Version1.0

Table 2 below details various (XX) RRDN business activities with an indication of relative priority at each level of continuity planning.

Table 2: Summary of (XX) RRDN Activities: Managed in the context of an urgent public health incident and unpredictable emerging medical conditions						
ACTIVITY	**UNDERTAKEN BY**	**INSIGNIFICANT**	**MINOR**	**MODERATE**	**MAJOR**	**CATASTROPHIC**
(XX) RRDN Contractor Internal Governance Meetings & associated decision making	**Leadership & Direction:** Network Director, Operations, Strategic Development and Health & Care Directors, **Administration:** (XX) RRDN Administration team	Executive meetings continue as planned Ensure relevant issues regarding unpredictable urgent public health planning are communicated as necessary.		Executive meetings to go ahead if possible, although decisions which may not usually be made due to the meeting not being quorate may carry to ensure continuation of business. Deputies will actively be sought to prevent this if possible. Use of email / Virtual communication as an alternative to face-to-face meetings.	Consider the potential to conduct the business of the group by email / teleconference. However, most likely decision making will defer to the Network Directors, and some may be delegated to the (XX) RRDN SLT.	
(XX) RRDN Stakeholder Group & associated decision making	**Leadership & Direction:** Chair, RRDN Network Director**Administration:** (XX) RRDN Administration team	Stakeholder Group meetings continue as planned Ensure relevant issues regarding unpredictable urgent public health planning are communicated to the Stakeholder Group.		Stakeholder Group meetings continue depending on likely attendance. Consider the use of email / teleconference communication as an alternative to face-to-face meetings.	Stakeholder Group meetings to be suspended. Instead regular communication to Stakeholder Group members & stakeholders via email, as applicable.	

(XX) RRDN Management Group & associated decision making	(XX) RRDN Network Director, Operations, Strategic Development and Health & Care Directors, Heads of (XX) RRDN services, ARDT Leads Co-opted senior managers as required	Management Group meetings continue as planned. Ensure relevant issues regarding unpredictable urgent public health planning are communicated as necessary.		Management Group meetings to go ahead if possible, although decisions which may not usually be made in the absence of SLT members may carry to ensure continuation of business. Deputies will actively be sought to prevent this if possible. More regular UPH meetings may need to be instigated if relevant to the event. Use email / teleconference communication as an alternative to face-to-face meetings.
(XX) RRDN Urgent Public Health Research Champion, if nationally requested, to respond to nationally coordinated urgent public health studies	(XX) RRDN Urgent Public Health Research Champion; Head of Partner Liaison and Planning; RRDN ARDT		The champion will respond to national calls for sites to recruit patients to nationally coordinated urgent public health studies and will work with the (XX) RRDN on feasibility and preparation of local capacity if cases of the disease in question emerge amongst patients at all relevant local medical units across (XX).	
Research Specialty and Settings Leads (RSSLss) response to urgent public health studies	(XX) RRDN s; nominated members of (XX) RRDN staff		Continued support as appropriate will be provided to the RSSLs.	The (XX) RRDN Health & Care Research Directors will update all RSSLs regarding urgent studies and national advice will be sought on request as necessary. Head of Partner Liaison and Planning or nominated members of (XX) RRDN SSS staff will act as the primary point of contact with appropriate RSSLs to assist in local

			Support will be prioritised for local RSSLs who are requested to identify and facilitate the set-up of urgent studies.	site identification and coordination of set-up / activation of urgent studies. Consider and use email / teleconference communication as an alternative to face-to-face meetings.
Utilisation of (XX) RRDN Agile Research DeliveryTeam for the delivery of NIHR Portfolio research	(XX) RRDN Head of Research Delivery, Lead Nurse (or equivalent manager) and Agile team senior nurse		See Table 3	
Utilisation of (XX) RRDN Study Support s for the delivery of NIHR Portfolio research	(XX) RRDN Study Support	See Table 3		
Utilisation of (XX) RRDN funded research staff for the delivery of NIHR Portfolio research	NHS Trust based Research Clinical Leads / Research Lead Nurses; Heads of Partner Liaison & Planning and Research Delivery	See Table 3		

Review for NIHR Portfolio research via CPMS / LPMS	(XX) RRDN Heads of Partner Liaison & Planning and Research Delivery; (XX) RRDN Study Support Service team; Trust based R&D/ staff	See Table 3		
Allocation of further funding to support urgent public health NIHR Portfolio research	(XX) RRDN Network Director, Operations, Strategic Development and Health & Care Directors	Local decision making to continue as usual through (XX) RRDN Contractor Internal Governance Group with relevant RSSL input, as required	Involvement of (XX) RRDN Life Science Key Account Manager, Heads of Strategy, Engagement & Inclusion, Partner Liaison & Planning and Research Delivery in decision making if (XX) RRDN Management Group is absent. Queries can be discussed with the NIHR RDN Coordinating Centre if necessary.	
Generation of reports and analysis of portfolio data	(XX) RRDN Strategic Development Director, Life Science Key Account Manager, Data and Analytics Senior Manager	Routine reporting activities to continue as directed by the (XX) RRDN Strategic Development Director, Life Science Key Account Manager, Data and Analytics Senior Manage	Supporting the accurate and timely upload of recruitment data and reporting associated with studies related to the incident such as urgent public health studies will be prioritised. Routine reporting activities may be reduced.	Supporting the accurate and timely upload of recruitment data and reporting associated with health studies will be prioritised. Routine reporting activities will be suspended and staff re-deployed or activity not provided in the event of staff absence.

Management of NIHR Industry studies	(XX) RRDN Life Science Key Account Manager; Industry Manager; Head of Partner Liaison & Planning	Routine feasibility & performance management of industry studies to continue.	Expedited management of EOI / feasibility / set-up for urgent public health industry studies (identified by DH) will be prioritised.	Routine activities are likely to be reduced. Life Science Key Account Manager/ Head of Partner Liaison & Planning will liaise with sites where there is a need to re-prioritise resources and/or study-related activities. Expedited management of EOI / feasibility / set-up for urgent industry studies, will be prioritised in liaison with the Head of Partner Liaison and Planning, and following similar timelines and processes as detailed in Table 3.	
(XX) RRDN Line management activities (e.g. absence / mandatory training)	(XX) RRDN Line Managers & Workforce Development Leads		Host Trust policy for workforce management	Host Trust policy for workforce management during an emergency, to be implemented.	
Reporting to NIHR (e.g. financial / annual report)	Network Director, supported by Operations Director, Management Group, Finance Manager		Maintain reporting deadlines to NIHR RDNCC where possible. In the absence of the Network Director/ and key reporting senior managers (e.g. finance), the potential for	Routine reporting deadlines are unlikely to be met	Reporting associated with the incident will be prioritised

			delays will be discussed with the Operations Director and the NIHR RDN CC notified		
Local Training Events & Study specific training activities	(XX) RRDN Workforce and People Senior Manager & Team; Senior Nurses; (XX) RRDN Line Managers	Scheduled training events continue as planned	Activities which address the needs of staff who are/may be required to support urgent studies will be prioritised (e.g. access to online GCP / study specific training)	Scheduled training events may be subject to change / postponed / suspended. Consider use of alternatives to classroom-based training (e.g. online / teleconference / disseminate training resources)	Only training activities which are necessary to enable staff to deliver research which has been deemed as essential in order to respond to the incident and maintain essential patient safety Consider use of alternatives to classroom-based training (e.g. online / teleconference / email to disseminate training resources)
National meetings / events attendance	Any (XX) RRDN staff	Scheduled events may be attended as planned following discussion with line manager		Review of necessity of event; discussion and agreement of line manager in context of local needs / urgent events prior to attendance.	External meetings and events suspended for all staff with possible exceptions for SLT / Management Group members if related to an unpredictable emergency event or a requirement of NIHR contract.

5. Delivery of Urgent Public Health Research Plans

The following sections must be read and implemented in conjunction with the Urgent Public Health Research Delivery Plan and any other relevant NIHR Process summary for urgent public health risk research which outline the process when the DHSC has requested expedited urgent public health research if relevant to the incident. These may be but not limited to a pandemic situation, and there are a number of related research studies which will need to be delivered. These documents give an overview of the processes for initiating, managing and delivering urgent public health research. Each RRDN also has action built into their planning and delivery processes: for example, Section 12.3.7 relating to the requirement for Business Continuity and Disaster Recovery planning and PSP091.

5.1 National Process for Managing and Delivering Expedited NIHR RDN Urgent Health Research Studies and Managing Business Continuity

NIHR RDN has prepared systems for rapid set-up of research into, and investigation of, unexpected and severe infections that have the potential to cause disease widely amongst the UK population. The most likely occurrence is a severe acute respiratory infection (SARI) and other potential outbreaks, but the Network can equally respond to other potentially severe outbreaks such as the epidemics of botulism amongst intravenous drug users. In the event of an urgent public health outbreak, such as the COVID-19 pandemic, it will be imperative that the NIHR RDN is able to respond quickly to initiate, deliver and report on NIHR RDN Urgent Public Research studies related to any outbreak.

5.2 Clinical Staff Deployment and Prioritisation of Activities (See Tables 2 & 3)

During an emergency incident it is requested that all delivery sites R&D and Research Leaders review their portfolios in conjunction with PIs, research teams and Sponsors to identify which ongoing studies within their organisations would take priority based on participant safety, and which may temporarily be suspended (for recruitment of new participants and/or suspension of study-related activities) in the event of an emergency. This will enable a local assessment of staff capacity and skill mix. This assessment should be carried out in partnership with local level incident leads to ensure adequate provision for essential research services is maintained throughout the lifetime of the incident. (XX) RRDN can offer advice and support as required.

5.3 (XX) RRDN Agile Research Delivery Team Deployment and Prioritisation of Activities

Depending on the incident and its severity, capacity with the agile team may be compromised as much as other research delivery and clinical teams. As part of the (XX) RRDN's response to any major incident the Agile Research Delivery Team's capacity and workload will be reviewed to ensure safe levels of care are maintained for research participants which the team are directly supporting. Where the agile team is solely responsible for delivering a study, the Sponsor will be contacted to determine whether recruitment needs to be paused. Where studies are paused, the team may still be required to complete safety follow-ups with participants.

Through this process it is anticipated that capacity within the team will be identified. This capacity will be utilised in two areas, priority will be given to any research which has been identified and set-up in response to the incident. Following this if there is still capacity within the team this will be allocated to those areas of greatest need. This will be done by the RRDN & (XX) Agile Research Delivery Team Lead (or nominated deputy in their absence).

Members of the (XX) RRDN Agile Research Delivery Team will be identified in the event of a moderate impact incident and it is anticipated that some members of the Agile Research Delivery Team may be deployed to support the delivery of urgent research studies; the rest of the team would continue to support prioritised non-urgent studies as outlined below. However, all (XX) RRDN Research team members will require NHS letters of access (subject to NHS R&D Manager agreement) which enables them to work across all Delivery Organisations in the event of an emergency incident. It may be necessary to deploy other members of the core (XX) RRDN team to support the Agile Research Delivery Team. As an example, this could be the SSS team in order to support data entry or study admin. This level of redeployment will need to be discussed with Line Managers and the RRDN Management Group.

The (XX) RRDN Agile Research Delivery Team Lead (or their deputy) will manage the (XX) RRDN Agile Research Delivery Team across Delivery Organisations, working in partnership with NHS Trust Lead Nurses to implement the delivery of prioritised research studies as well as offering any further support. The activities and management of the Agile Research Delivery Team will be prioritised by the (XX) RRDN Manager or, in their absence, their deputy, as outlined below in **Table 3**.

Requests for support from the (XX) RRDN Agile Research Team should be made via the following email XXXX@nihr.ac.uk

A decision will be made around capacity and capability of the relevant ARDT team members at that time by the team Lead and senior research nurses. Priorities will often change during the lifetime of the incident. The Study Support Managers or any Management Group member linked to the delivery organisation should be informed of the request as they may be aware of other support in place.

5.4 Training and Skills

During the lifetime of the incident the Agile Research Delivery Team senior manager will review and assess the training requirements of those being deployed. This will be in addition to any study specific training required.

Core team staff may be required to support delivery organisations and will be offered GCP Introduction or GCP Refresher training as required, other skills training will be dependent on their current role and previous knowledge and experience.

5.5 Communications

During the incident it may be necessary to increase the communication with the Lead Nurses and Research Delivery leads within delivery organisations etc. This will be done through existing links and established communication channels.

Clear methods of communication have been established including communicating with study teams, Network staff, NHS Trusts and Integrated Care Boards (ICBs). The relevant Network staff have contact details for key personnel and this is updated regularly. A record of key contacts is kept by the (XX) RRDN Administrators and is available on the NIHR Hub.

Table 3: (XX) RRDN Agile Research Team: Prioritisation of Activities

INCIDENT LEVEL	PRIORITISED ACTIVITY
Pre-Incident Planning	• Support partners to assess essential high-priority research activity and prioritise workforce capability and capacity to these studies. Offer ARDT team support as required • Assess (XX) RRDN staff capacity and capability • Identify any training requirements and the skill mix required to assist delivery of urgent studies approved within (XX) RRDN NHS Delivery Organisations in the event of a declared pandemic or other major incident. • Await alert from (XX) RRDN Study Support Services/ Manager or UPH Lead for notification of a urgent public health research studies • Obtain NHS R&D Managers agreement for issuing NHS letter of access for (XX) RRDN Agile Research Delivery Team with (XX) RRDN NHS Delivery Organisations across the (XX) region, where required
Low Impact Incident	• Assess (XX) RRDN ARDT staffing levels – including annual leave, sickness, study leave; refer to employing organisation HR policy regarding annual leave requests etc. • Working with the UPH Lead to determine current high-priority research studies (CTIMP / time critical interventional studies) for request prioritisation • Maintain the delivery of the maximum number of ongoing portfolio studies supported by the (XX) RRDN Agile Research Delivery Team to maintain patient safety • Where necessary, suspend or reduce study related activities being delivered by the ARDT team in liaison with the Sponsor, NHS R&D Managers and Principal Investigators, as applicable • Liaise with NHS Trust Lead Nurses to ascertain ability to support prioritised studies locally; prepare members of (XX) RRDN Agile Research Delivery Team for deployment to organisations that may be unable to support prioritised studies within their existing teams • In wider research settings liaise with site teams to ascertain ability to support studies and with support from the (XX) RRDN Agile Research Delivery Team, where required

Moderate Impact Event	As above and: • Minimum weekly contact with NHS Lead Research Nurses/Research Leaders for update of ability to support prioritised studies locally with the ability for extraordinary meetings to be called to respond to changes in demand. Actions from this meeting may need to be escalated to the (XX) RRDN SLT • Assess the ARDT team portfolio in conjunction with Sponsors, NHS R&D Managers and Principal Investigators to determine the feasibility of high-priority research activity and temporarily suspend all non-essential research activity without compromising patient safety • Deploy available ARDT team members to support the delivery of research established to respond to the event in those organisations that do not have enough local capacity or where capacity is reduced and not deploying staff would adversely affect patient safety and would not allow for an adequate response to the research related to the incident • Identify available ARDT team staff in liaison with their managers, to re-deploy to support the collection and transfer of data for urgent public health research studies • Identify any training requirements of (XX) RRDN Study Support Service, Data Analytics team, Workforce Development and Administration staff that may need to re-deploy to support the collection / transfer of data for urgent public health studies or High Priority studies. • Support partners to minimise trial activity in any high-risk pandemic areas and identify suitable alternatives for participant's trial investigations/visits/contact • For any studies managed by the ARDT team, maintain regular contact with Trial Management (Clinical Trial Monitor, Principal Investigator, NHS R&D Manager) for updates on status, and seek guidance on the continued delivery of trials
High Impact Event	As above and: • Minimum of weekly contact with NHS Trust Lead Nurses for update of ability to support urgent research studies locally; coordinate delivery of urgent research studies in liaison with these Leads • Support partners to pool staffing and infrastructure within a single organisation and/or in collaboration with others to maintain a robust and resilient research portfolio and research delivery team.

Appendix 1. Establishment of a (XX) RRDN Business Continuation Delivery Team

Depending on the seriousness of the incident, the (XX) RRDN can establish a (XX) RRDN Urgent Research Business Continuation/Delivery Team. The team could be established as soon as expedited urgent research is determined.

- (XX) RRDN Health & Care Directors
- (XX) RRDN Operations Director
- (XX) RRDN Head of Partner Liaison and Planning
- (XX) RRDN Head of Research Delivery
- (XX) RRDN relevant Specialties and Setting Leads with urgent research studies
- (XX) RRDN Life Science Key Account Manager
- (XX) RRDN Urgent Public Health Champion
- (XX) RRDN Study Support Services Senior Manager
- (XX) RRDNData and Analytics Senior Manager
- (XX) RRDN Lead Research Nurse
- NHS R&D Manager from participating site(s) - as and when required
- Study team representative - as and when required

The frequency of the Delivery Team meetings, or teleconferences, to discuss the performance of on-going studies and to ensure that challenges to delivery are resolved, will be determined by how serious the incident is locally. Frequency of these will change and evolve during the lifetime of the event and depending on the level of severity. For an urgent public health pandemic please refer to the (XX) RRDN Urgent Public Health Plan V1.0

The agenda should comprise of standing items:

1. Overview of studies and progress
2. Items that require escalation to the (XX) RRDN Management Group /(XX) RRDN SLT
3. Identify any issues with (XX) RRDN workstreams
4. Staff absence and impact
5. Risk Register
6. Any other issues to be addressed

This group will report into the (XX) RRDN SLT with a written report on the areas above.

Appendix 2. Advanced Preparations

Preparation within the (XX) RRDN and Delivery Organisations

All (XX) RRDN funded Research Study Support Services staff, located in both Delivery Organisations and centrally in the (XX) RRDN offices, will be briefed on the accelerated procedures for using CPMS / LPMS for prioritised research studies and urgent Public Health Research, and their understanding of what will be expected of them in terms of process, prioritisation and cover arrangements for planned and unplanned staff absences.

End – *This document will be updated on receipt of new information and changing policies*

Appendix 3. (XX) RRDN Business Continuity Incident Risk Assessment

In developing this plan, different contingencies have been considered in order to ensure a proportionate response. Risk is assessed in accordance with (XX) RRDN Host Organisation Risk Categorisation Matrix, whereby:

[Insert from Host Organisation documents] e.g.

- **Insignificant/ Minor:** An incident where the effects are similar to moderate or severe seasonal Influenza outbreaks (e.g. minor disruption, a few staff absent, but can continue delivering a service)
- **Moderate:** An incident of a severity that requires the NHS and other organisations to activate their business continuity arrangements
- **Major/Catastrophic:** An incident of such severity that NHS services are devoted entirely to dealing with and/or containing the spread of an unpredictable emerging medical event and dealing with emergency and urgent treatments.

Table 1: (XX) RRDN Business Continuity Risk Assessment Matrix

LIKELIHOOD	CONSEQUENCE				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
A. Almost Certain			High Amber		
B. Likely			High Amber		
C. Possible				High Amber	
D. Unlikely					
E. Rare					

	Extreme Risk (Red)
These are classed as primary or critical risks requiring immediate attention. They may have a high or relatively low likelihood of occurrence, but their potential consequences are such that they must be treated as a high priority. This may mean that strategies should be developed to reduce or eliminate the risks, but also that mitigation in the form of (multi-agency) planning, exercising and training for these hazards should be put in place and the risk monitored on a regular frequency. Consideration should be given to planning being specific to the risk rather than generic.	
	High Risk (Amber)
These risks are classed as significant. They may have a high or relatively low likelihood of occurrence, but their potential consequences are sufficiently serious to warrant appropriate consideration after those risks classed as 'very high'. Consideration should be given to the development of strategies to reduce or eliminate the risks, but also mitigation in the form of at least (multi agency) generic planning, exercising and training should be put in place and the risk monitored on a regular frequency.	
	Moderate Risk (Yellow)
These risks are less significant, but may cause upset and inconvenience in the short term. These risks should be monitored to ensure that they are being appropriately managed and considered given to their being managed under generic emergency planning arrangements.	
	Low Risk (Green)
These risks are both unlikely to occur and not significant in their impact. They should be managed using normal or generic planning arrangements and require minimal monitoring and control unless subsequent risk assessments show a substantial change, prompting a move to another risk category.	

Abbreviations & Glossary

TERM	DEFINITION
CC	Coordinating Centre
CI	Chief Investigator
CPMS	Central Portfolio Management System
DO	Delivery Organisation (RRDN Stakeholder or Customer)
IRAS	Integrated Research Application System
IRAS Form	An IRAS form created by the researcher lists all study details and participating sites
ISRCTN	International Standard Randomised Controlled Trial Number
Lead (XX) RRDN / Trust	The Lead (XX) RRDN is the (XX) RRDN nominated to take a lead in working with the Chief Investigator in the study set up phase. The Lead (XX) RRDN Trust is usually the main site where the CI is based.
LPMS	Local Portfolio Management System
NETSCC	NIHR Evaluation, Trials and Studies Coordinating Centre
NIHR	The National Institute for Health Research. The UK Government body that coordinates and funds research for the National Health Service.
PAF/PAT	Portfolio Application Form/ Portfolio Application Team
Participating (XX) RRDN/ Trusts	The Participating (XX) RRDN/ Trust is nominated to take work with the Principal Investigator responsible for confirming capacity and capability
PI	Principal Investigator. The investigator responsible for the local research site. There should be one PI for each research site. In a single site study, the CI and the PI will normally be the same person.
R&D	Research & Development

RRDN	Regional Research Delivery Network
SLT	Senior Leadership Team comprising of (XX) RRDN Directors
(XX) RRDN	Regional Research Delivery Network