



Clinical and Medicines Homecare Services NCHA Business Continuity Plan

Version 2.0 Approved 5 March 2026

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Disclaimer

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Introduction and Background

This NCHA Business Continuity Plan was commissioned by the NCHA Board to ensure a consistent approach to unusual circumstances that are or have the potential to impact patient safety and mitigation actions required exceed the capabilities of the individual NCHA Member organisation(s).

Separate NCHA guidance “Managing Operational Challenges in Clinical and Medicines Homecare Services”¹ relates to Homecare Organisations who are experiencing exceptional operational stresses that can be managed within the local organisation(s) and therefore do not meet the criteria for NCHA Business Continuity Plan. This includes short term operational strategies that can be implemented to maintain patient safety until business as usual can be restored. It is expected that the operational strategies outlined in this guidance have been implemented or at minimum considered and deemed insufficient prior to enacting this NCHA Business Continuity Plan.

This NCHA Business Continuity Plan considers the impact of an emergency situation whether this be experienced by an individual organisation or due to external factor impacting the entire industry. This NCHA Business Continuity Plan process ensures all the resources of NCHA Members are made available to minimise harm to Patients within clear channels of communication and defined responsibilities.

NCHA Board is responsible for ensuring this NCHA Business Continuity Plan is reviewed on an regular basis. Review should include lessons learned from an actual implementation of the NCHA Business Continuity Plan or a test exercise.

The NCHA Business Continuity Plan and associated guidance and templates are available to NCHA Members within the Member’s area of the NCHA Website. Copies will be maintained by the NCHA Administrator and each of the NCHA Officers to ensure that it can be accessed if NCHA systems are lost or NCHA buildings are not accessible.

Credible Threats to Business Continuity that have been considered are in developing this document are:-

- Physical damage to critical infrastructure e.g. fire, explosion, vehicle impact
- Natural disaster (e.g. flood, earthquake)
- Regulatory enforcement action
- Sickness (e.g. epidemic, pandemic)
- Loss of staff (e.g. lottery win, industrial dispute)
- Loss of systems (e.g. cyber attack)
- Loss of Utilities (e.g. electricity, water, internet)
- Fuel shortages
- Significant or prolonged shortages of medicines, ancillaries or equipment
- Unplanned loss of key supplier or sub-contractor

For further information please contact info@clinicalhomecare.co.uk

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¹ “Managing Operational Challenges in Clinical and Medicines Homecare Services” is Guidance in development based on the existing NCHA Position Statement “Impact of External and Internal Factors on Homecare Providers and Service Variations – 03/11/22”

Purpose & Scope

This NCHA Business Continuity Plan considers the impact of an emergency situation whether this be within an individual organisation or due to external factor impacting the entire industry. The focus of the plan is to:

- Provide a clear communication strategy across all stakeholders
- Minimise Patient harm arising from the emergency situation
- Maintain continuity of treatment and Patient well-being
- Maintain employee safety and well-being
- Restore normal business at the earliest opportunity
- Ensure all key stakeholders are engaged and informed on a timely and regular basis throughout

The NCHA Board members and deputies will be trained to participate in an NCHA Business Continuity Plan Incident Response. All NCHA organisations have a named Board member and at least one named deputy (two where possible) to ensure that sufficient trained & competent staff are available to participate in each implementation of NCHA Business Continuity Plan. The BCPIMT members must consider and ensure compliance of NCHA Business Continuity Plan activities with UK Competition Act 1998 and updates.

Definitions and Abbreviations

Action Minutes – includes situation update summary, document decisions taken, list actions agreed by who, by when

BCPIMT – Business Continuity Plan Incident Management Team

NCHA Admin / NCHA Administrator – Moore Kingston Smith Association Management

NCHA BCP – NCHA Business Continuity Plan

NCHA BCP Incident – Specific set of circumstances which cause this NCHA BCP to be initiated by an NCHA Member organisation.

NCHA BCP Incident Response – Specific actions agreed by BCPIMT to maintain patient safety during an NCHA BCP Incident

NCHA BCP WhatsApp Group – Secure communications app downloadable from Google Play store or Apple store allowing urgent encrypted communication between NCHA Board members and deputies, NCHA Administrator and relevant NCHA Board Advisors.

NCHA Officers - NCHA Company Directors including NCHA Treasurer

NHMC – NHS National Homecare Medicines Committee

NHSE – NHS England

NCHA Business Continuity Plan Overview

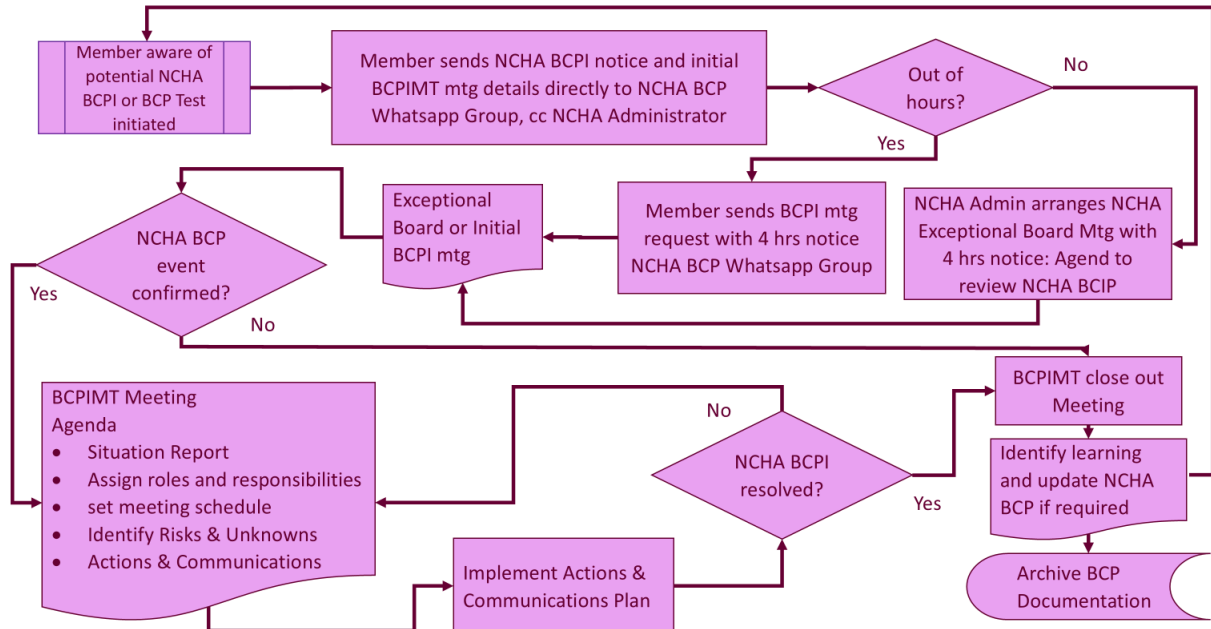


Figure 1: NCHA Business Continuity Plan Process

Elements of the NCHA Business Continuity Plan

It is likely each implementation of NCHA BCP will require a different response depending on the actual situation. Common elements for which standards and guidance are available are as follows:-

- When and how to initiate the NCHA Business Continuity Plan.
- Roles and responsibilities of the NCHA Board, NCHA Officers, and BCPIMT
Note: Responsibilities and obligations of NCHA Member organisations are set out in the NCHA Code of Conduct.
- Timelines and procedures for calling meetings, co-ordinating activities and administration using NCHA standard project methodologies and templates.
- Communication planning and communication cascades
- When and how to close a NCHA BCP Incident Response
- Post Business Continuity Plan Incident Response review
- Testing the NCHA Business Continuity Plan

When initiate the NCHA Business Continuity Plan

Criteria to be met prior to initiating the NCHA Business Continuity Plan:-

- Expected disruption to the homecare services is not recoverable sufficiently to maintain patient safety and continuity of treatment via implementation of the affected organisation's stand-alone Business Continuity Plan **and**

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- It is reasonably anticipated that pooling of resources and co-operations between NCHA Members is necessary improve or maintain patient safety.

As a rule of thumb, it is expected that an NCHA Business Continuity Plan Incident would impact:-

- more than one geographical region
- a National contract or three or more purchasing authorities

Co-operation between NCHA Members under a BCP implementation will be

- time limited
- limited to dealing with the critical operational issues
- limited to measures essential to maintain patient safety

How to Initiate the NCHA Business Continuity Plan

To initiate the NCHA Business Continuity Plan an NCHA Full Member must send a summary of the actual or potential NCHA Business Continuity Plan Incident to the NCHA BCP Whatsapp Group and alert the NCHA administrator via telephone on 01727 896091 at the earliest opportunity.

Within office hours, the NCHA Administrator triggers an urgent Extraordinary NCHA Board Meeting, using the normal communication channels, to be held within 4 hours of the Business Continuity Plan Incident notice with additional meeting notice given via NCHA BCP Whatsapp Group. The Extraordinary NCHA Board Meeting assesses the situation and forms a BCPIMT to manage the BCP implementation related to this BCP notice.

If out-of-hours and the BCP initiation cannot wait until NCHA Office opens, the Full Member must directly message the NCHA BCP WhatsApp Group giving a minimum of 4 hours' notice of an initial NCHA BCPIMT meeting. If the initial NCHA BCPIMT meeting occurs out-of-hours, the NCHA Full Member requesting the initial BCPIMT meeting must send a list of attendees and Action Minutes to the NCHA Administrator at info@clinicalhomecare.co.uk. If further support from NCHA Members is needed following the initial NCHA BCPIMT meeting, NCHA Administrator will call an Extraordinary NCHA Board Meeting at the earliest opportunity. The BCPI Response will be on the agenda at every NCHA Board meeting until the BCPI is fully closed.

The Extraordinary NCHA Board Meeting and/or initial BCPIMT determines the relevant actions to be taken.

It is preferable to initiate the NCHA Business Continuity Plan rather than wait for confirmation of a potential BCP Incident. Delay initiating the NCHA Business Continuity Plan may adversely impact the outcomes for patient safety and it is easy for NCHA to “stand-down” the NCHA BCP Incident Response as the situation becomes clearer.

Considerations for BCPIMT when assessing the risk associated with the NCHA Business Continuity Plan Incident

Risk may be assessed by reviewing the likelihood of a risk materialising and impact it would have if the risk materialised. The standard risk matrix used by NCHA and NHMC for assessment of risks relating to projects is include in the template NCHA project plan which can

be found in the Resources Section² of the NCHA Website. The risk scores relating to actions can be used to assist in prioritising those actions along with the resources available and timelines associated with those actions.

Information that is likely to be useful in reviewing the likelihood and impact of the NCHA Business Continuity Plan Incident are outlined below.

- How many and which NCHA Member organisations and patient cohorts / numbers are affected?
- NCHA Member's current status – have the NCHA Member's internal Business Continuity Plans been initiated and this is likely to resolve the NCHA BCP Incident? If yes, cooperation between NCHA Members is not essential and the NCHA BCP should be "stood down".
- How extensive is the external assistance likely to be needed and over what timeframes?
- Assess the worst case? How bad could this become and what would that mean?
Consider impact on:
 - Patient Safety
 - Homecare staff (e.g. nurses, pharmacy teams, patient services teams, logistics teams, drivers)
 - NHS organisations and colleagues
 - Facilities (e.g. Offices, warehouses, manufacturing units, pharmacies)
 - Supply chain (e.g. managing shortages, inbound & outbound deliveries)
 - Brand / reputation / press interest / social media (note: brand and reputation of the individually affected NCHA Members are for them to resolve/address individually; the BCPIMT will only consider impacts on the NCHA and clinical homecare sector as a whole)
 - Legal & governance (e.g. contractual, competition, regulatory compliance)
 - Financial implications for NCHA, overall impact on the clinical homecare sector.
 - Stakeholder interest / concerns

NCHA BCP Roles and Responsibilities

Initial situation review will be by the full NCHA Board. Following that initial situation review, a Business Continuity Plan Incident Team (BCPIMT) will be established for each implementation of NCHA BCP. The BCPIMT will include

- NCHA Board members from relevant NCHA Members
- NCHA Administrator
- NCHA Officers

The BCPIMT may co-opt additional persons as appropriate including but not exclusively

- NCHA Board advisors
- NCHA Associate Member representative (or deputy)
- NHMC Chair and/or NHS Regional Homecare Specialists³
- NHSE Commercial Medicines Unit Homecare Specialists
- NHSE Specialised Commissioning Homecare Specialists
- Patient Advisory Council Chair and/or Patient Group Representatives

² <https://www.clinicalhomecare.org/resources/>

³ <https://www.sps.nhs.uk/articles/nhmc-homecare-regional-contacts/>

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BCPIMT will assign the following specific roles to individual members of the BCPIMT

- BCPIMT Lead
- BCPIMT Communications Lead
- BCPIMT Governance Lead
- BCPIMT Administrator

Role	Responsible for
NCHA Officers on behalf of the NCHA Board	<ul style="list-style-type: none"> • Oversight of NCHA Business Continuity Plan on behalf of NCHA Board • Ensure NCHA Business Continuity Plan is <ul style="list-style-type: none"> ○ subject to appropriate regular testing ○ updated with learnings from Business Continuity Plan Incidents and tests. • Ensure BCPIMT understand and follow NCHA Standard Project Processes. • Engaging NCHA legal representative(s) or independent consultants as required to support BCPIMT on behalf of NCHA. • Ensuring NCHA Board is sighted on NCHA Business Continuity Plan Incidents and BCPIMT activities. • Ensure a BCPIMT Lead is appointed for each NCHA Business Continuity Plan Incident or test
NCHA Administrator	<ul style="list-style-type: none"> • Ensure that NCHA BCP WhatsApp Group membership is up-to-date and available. • Receive copies of Business Continuity Plan documents on behalf of the NCHA Board. • Maintain records relating to NCHA BCP and NCHA BCP Incidents
NCHA Board Members and Deputies	<ul style="list-style-type: none"> • Responsibilities and obligations of NCHA Member organisations are set out in the NCHA Code of Conduct. • Ensure at least two current contacts are included in the NCHA BCP Whatsapp Group. • Ensure an appropriate contact is available to respond to Business Continuity Plan Notices via the NCHA BCP Whatsapp Group 24 hours per day, 7 days per week and 365 days per year. • Ensure appropriate attendance at Extraordinary NCHA Board Meetings or initial BCPIMT meetings called in response to Business Continuity Plan notice
BCPIMT Lead	<ul style="list-style-type: none"> • Ensure all participants understand and agree to abide by the NCHA Competition and Compliance Statement • Ensure they have sufficient time and resource to manage the BCPIMT and Business Continuity Plan Incident Response. • Chair BCPIMT Meetings • Co-ordination and implementation of actions within the Business Continuity Plan Response • Arranging BCPIMT meetings, providing Action Minutes and regular NCHA Business Continuity Plan Incident Project Update reports to NCHA Administrator

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Role	Responsible for
	<ul style="list-style-type: none"> Ensure the BCPIMT members are appropriately updated
BCPIMT Communication Lead	<ul style="list-style-type: none"> Co-ordination and implementation of the Business Continuity Plan Incident communications plan Arranging communications with key stakeholders Liaising with NCHA Member organisation communications specialists
BCPIMT Governance Lead	<ul style="list-style-type: none"> Developing and gaining approval for guidance and/or protocols for use during the Business Continuity Plan Incident Response. Liaising with regulatory authorities as appropriate and provide support individual NCHA Member to comply with its own obligations to notify/communicate with any regulatory authority where requested.
BCPIMT Members	<ul style="list-style-type: none"> Engage and participate fully in NCHA Business Continuity Plan Incident Response planning Implement agreed actions within agreed timescales Raise any issues or risks with BCPIMT Lead immediately they are identified
BCPIMT Administrator (support will be provided by NCHA Administrator on request by BCPIMT Lead)	<ul style="list-style-type: none"> Ensure BCPIMT contact list is up-to-date. Arrange and co-ordinate BCPIMT meetings Produce and distribute Agendas and Action Minutes of BCPIMT Meetings Ensure that BCPIMT Team are aware of next steps by issuing Action Minutes within 24 hours of each BCPIMT meeting Update and maintain BCPIMT Risk Register, Action Log and Issue Log Ensure project documents are kept updated and available to BCPIMT Members.

Table One: NCHA Business Continuity Plan Roles and Responsibilities

Timelines and procedures for calling meetings, coordinating activities and administration

Each implementation of the NCHA Business Continuity Plan will require a tailored response to the prevailing situation. NCHA response should remain flexible and agile to adjust to situation developments or new information.

The following NCHA project document templates are available at <https://www.clinicalhomecare.org/resources/association-documents/>

- Project Pathway
- Project Proposal
- Project Brief
- Project Plan including Implementation Plan, Action Log, Issue Log and Risk Log

- Project Update Report

Guidance for extraordinary NCHA Board Meetings associated with NCHA BCP and BCPIMT meetings are below.

Extraordinary NCHA Board Meeting and/or initial BCPIMT Meeting - Agenda and Expectations

- Receive situation status report relating to the Business Continuity Plan Incident.
- Confirm NCHA Business Continuity Plan criteria have been exceeded or stand down the BCP implementation.
- Agree date and time of next review by NCHA Board.
- Form the BCPIMT, nominate members and agree the BCPIMT Lead, Communications Lead, Governance Lead and Administrator and deputy(s).
- Consider resourcing and need to involve external parties in BCPIMT (e.g. NCHA legal representative, NCHA Board Advisor(s), NHMC Chair, NHSE Commercial Medicines Unit Specialist).
- Set SMART objectives for the NCHA Business Continuity Plan Incident Response (e.g. Support patient safety activities in relation to a specific element of a member organisation's operation for a defined period of time or until business as usual can be restored.)
- Agree how to monitor progress of actions and escalate issues
- Agree BCPIMT meeting frequencies and schedules

BCPIMT Meetings - Agenda and Expectations

- The BCPIMT must be mindful of the need to avoid as far as possible sharing confidential and/or commercial information between NCHA Members, and will limit discussions to essential information to deal with the relevant NCHA BCP Incident.
- Situation status update report
 - What do we know?
 - What do we need to know / find out?
 - Has anything changed since the last conference call?
 - Is the situation escalating, stabilising or returning to normal? (Note: the BCPIMT must be mindful of the need to return to normal competition as soon as the situation allows - any cooperation must last only as long as is essential to deal with the NCHA Business Continuity Plan Incident).
- Review and approve Action Minutes from last BCPIMT meeting and review progress of previously agreed actions and matters arising.
- Identify and record actual / potential risks & mitigations using NCHA Project templates Risk Log, Action Log, Issue Log.
- Explore unknowns. Identify whether any further information is required (What? Who to obtain? By when?).
- Options appraisal. What are the response options? Determine which Homecare Organisation's internal business continuity plans need to be invoked and agree how and when the leaders of those internal Business Continuity Plan teams should report back to the BCPIMT.
- Actions with responsibilities and timelines. Take appropriate action to deal with any developing backlog of actions / workload. Decide and document further actions, by whom, by when.

- Are any decisions or actions time critical? (If so, deal with those immediately, release the people who need to take action and then either continue with the meeting or reconvene when everyone is available again).
- Consider whether expert advice / support is available within NCHA Member organisations or required external input is needed. Review membership of the BCPIMT and co-opt relevant support team members as appropriate
- Actions should be prioritised. Priority assessment should assess the impact on the following groups in this order.
 1. Patients
 2. Homecare Provider employees
 3. Purchasing Authorities and other customers
 4. Homecare Industry and other NCHA Members
- Governance & compliance review.
- Communications plan review. Identify additional stakeholders, patient communications & FAQs, press & media statements, NCHA website updates.
- Agree the time of the next BCPIMT meeting.
- BCPIMT Administrator to circulate Action Minutes within 24 hours after each BCPIMT meeting (i.e. situation update, decisions taken and actions agreed).

Communication Planning and Communication Cascades

At each stage, it must be recognized that communication is critically important to

- Ensure NCHA remains the authoritative source of information for clinical homecare services, via NCHA website and social media
- maintain Patient confidence in clinical homecare services
- minimise inbound call volumes to Homecare Provider call centres and NHS Clinical Referring Centres
- ensure consistent approach to achieve the best outcome for Patients
- ensure key stakeholders are updated on the prevailing situation and engaged to support achievement of the best outcomes for Patients
- NCHA is not able to respond to individual Patient queries

For each NCHA Business Continuity Plan Incident, the NCHA Board should agree who needs to comment on / approve communications. BCPIMT members should be given the opportunity to review and comment on draft communications where possible, however, the responsibility to approve NCHA publications must be delegated to a small number of key people to ensure timely dissemination of messages. The default for NCHA public domain communications is for NCHA Administrator to receive approval from two NCHA Officers.

It is strongly recommended that NCHA Officers and/or BCPIMT Communications Lead

- Co-ordinates with NCHA Patient Advisory Council to set up a patient communications sub-group to include patient group representatives to collect and respond to patient queries as frequently asked questions (FAQs).
- Communicate decisions and actions after BCPIMT meetings across appropriate the stakeholder groups and hold regular briefings for wider stakeholders not represented on the BCPIMT.

The BCPI communications plan should include

- the key stakeholders and stakeholder group
- appropriate communication channels for each stakeholder group
- what should be communicated to whom, when and how

- readability checks and review process for patient communications with appropriate engagement with NCHA Patient Advisory Council
- which, if any, external regulatory bodies should be notified and by whom. NCHA co-ordinated communications may be useful to ensure consistent messaging
- identify whether anyone else needs to be informed
- Media and public relations activity
- Use of social media channels

When and how to close a NCHA Business Continuity Plan Incident

- BCPIMT reviews situation status updates, effectiveness of decisions and actions taken to ensure that they are functioning at the level required to maintain patient safety.
- BCPIMT assesses the impact on, and response of, external stakeholders to ensure confidence is maintained in Clinical Homecare Services.
- When patient safety is assured through implementation of individual organisations Business Continuity Plans, the NCHA Business Continuity Plan Incident should be closed. It is recognised this is likely to be before the situation is fully resolved, so it may be appropriate to “soft close” the NCHA Business Continuity Plan Incident Response so actions can be quickly re-instated if the situation does not continue to resolve as expected.

Post NCHA Business Continuity Plan Incident Review

- BCIMT identifies and documents all learnings and disseminates to all stakeholders in an appropriate format (e.g. a case study with learnings). This may include recommending the addition of a new scenario to this NCHA Business Continuity Plan.
- NCHA Board monitors the ongoing actions and responses to the NCHA Business Continuity Plan Incident to ensure that ongoing patient safety is maintained.
- NCHA Board reviews the BCP incident and effectiveness of NCHA BCPI Response with BCPIMT members and key stakeholders.
- NCHA Board reviews and recommends updates to national standards or development of additional national standards as required.

Testing the NCHA Business Continuity Plan

The NCHA Business Continuity Plan has been initiated on a number of occasions over the past years. NCHA Board may recommend a review of the NCHA Business Continuity Plan in the light of recent experience or may initiate a test exercise to provide assurance that the NCHA Business Continuity Plan remains fit for purpose.

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Acknowledgements

NCHA would like to thank Carol McCall for assisting with the updating of this document. Further thanks go to all homecare stakeholders who participated in the consultation and review of drafts.

History

Version	Status	Date	Reason for change	Author(s)
V1.0	Board Approved	16 April 2020	New	Stephanie Westwood, Carol McCall, Alison Davis Sanjeev Kaushal, Jennifer Bestford
V2.0	Board Approved	5 March 2026	Update and simplify in the light of experience. Remove the CMT so there is only one management group per BCP incident.	Carol McCall

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Appendix One - Key Stakeholders

Key stakeholders are to be identified and considered throughout the NCHA BCP Incident Response, they can include but not be limited to:-

- NCHA Patient Advisory Council
- Patient Groups⁴
- Homecare providers employees
- NHS National Homecare Medicines Committee
- Purchasing Authorities (e.g. NHS hospital trusts, regional procurement hubs, NHSE Commercial Medicines Unit, NHS Specialised Commissioning, National Procurement Scotland, NHS Wales Shared Services Partnership)
- Pharmaceutical Manufacturers funding homecare services
- Suppliers of homecare medicines
- Suppliers of medicines, medical devices, ancillaries and equipment
- Community Pharmacies, G.P. surgeries and other collection points
- NCHA Members
- NCHA Associate Members
- Relevant Insurers
- Regulatory and government bodies included but not limited to
 - Chief Pharmaceutical Officers
 - General Pharmaceutical Council
 - Care Quality Commission
 - Care Inspectorate
 - The Care and Social Services Inspectorate Wales
 - The Regulation and Quality Improvement Authority
 - Medicines and Healthcare products Regulatory Agency

⁴ <https://www.clinicalhomecare.org/resources/patient-associations-links/>
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Appendix Two - Main scenarios and processes to recover to “business as usual”

These incident types have been considered when developing the example scenarios for the NCHA Business Continuity Plan:

- Loss of a Homecare Provider pharmacy or warehouse store by fire and/or flood
- Regulator enforcement action on a Homecare Provider aseptic manufacturing unit reducing production capacity to 50% for 4 months.
- Pandemic lockdown.
- Significant flu epidemic reducing the number of staff fit for duty below safe levels.
- Notifiable illness causing quarantine of homecare provider staff.
- Significant lottery win for homecare provider staff syndicate.
- Denial of IT service due to ransomware or other acute system failure.
- National Drug Shortage impacting patient safety.
- Loss of Electricity supply for 36 hours due to storm damage to power network.
- Burst main leading to water supply being cut-off for 48 hours
- Tanker Driver strike leading to petrol and diesel fuel shortages
- Unplanned loss of key nursing supplier or sub-contractor
- Unplanned loss of key logistics supplier or sub-contractor

This is not an exhaustive list. Other credible threats and example scenarios may be added as they become apparent.

Example scenarios will be reviewed and further guidance added after each NCHA Business Continuity Plan Incident Response or test.