

# **BED BASED CARE SERVICES**

# **BUSINESS CONTINUITY PLAN TEMPLATE**

# **2014**

***This Business Continuity Plan template is produced by the Directorate for People for commissioned care providers to use and adapt to improve their level of preparedness.***

***Complete or delete sections not relevant to your organisation.***

***If you have any queries about this template, please contact: A&CResilience@birmingham.gov.uk.***

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**Document Control**

## Document Information

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Section 1

**Introduction**

Under the Civil Contingencies Act 2004, local authorities have specific duties in relation to business continuity management (BCM). This BCM duty applies to all services that the local authority carries out (*including services that are provided by a third party*). This means that both local authorities and NHS organisations need to ensure all services have appropriate business continuity arrangement in place and will seeking assurances that this is the case.

This planning template is to be used in conjunction with the Business Continuity Plan (BCP) guidance document and is intended to assist bed based care providers in developing their business continuity plans if they do not already have appropriate plans in place.

This BCP plan is an operational document, which should be constantly monitored and updated. The Plan outlines the general procedures to be taken in the event of a business interruption affecting any area of the company/organisation’s activities.

**Business Continuity Management (BCM) Responsibilities**

The manager is responsible for:-

* Ensuring local testing of plans and reviewing/updating annually or if any significant staff changes occur – whichever happens first.
* Ensuring staff are trained/aware of their responsibilities, including maintaining special equipment/access to resources.
* Ensuring that the service can continue to deliver critical function even during times of disruption, including recovery arrangements to ensure ‘business as usual’ as quickly and efficiently as possible.
* Ensuring the business continuity plan is reviewed and updated regularly in light of lessons learned from exercises or incidents, staff changes and service delivery/priority changes, etc.

**Plan Purpose**

To mitigate the effects of any disruptive challenge which affects the operation of normal business within the company/organisation, particularly in terms of prioritising business critical functions and in responding to the challenge.

**Plan Objectives**

* Provide a clearly defined course of action
* Provide a timely and orderly recovery of the business
* Identify a ‘Business Continuity Team’ where required
* Identify business critical functions and define alternative procedures
* Undertake company/organisation specific risk assessments on the most likely causes of disruption to services
* Undertake a Business Impact Analysis for each activity undertaken within the company/organisation to help determine what Business Continuity arrangements are required
* Identify those who must be notified and kept informed of the disruptive challenge affecting normal business
* Keep a chronological log of actions/decisions
* Debrief for lessons learnt, and to feed back in to the Business Continuity planning cycle.

**Scope of the plan**

This Plan applies to all services (including contracted services) within the remit of the bed based care provider.

**Plan Review**

The bed based care providers and business continuity plans are part of normal business and responsibilities and should be regularly reviewed (annually as a minimum), updated and exercised accordingly. The plan will also be reviewed following training and exercises as well as real incidents.

**Training & Exercising**

All staff within the bed based care provider and /or setting should be made aware of the contents of this plan and provided with training where necessary. This plan should be exercised at least annually to ensure that procedures and contact details are kept up to date.

A list of completed exercises should be kept by the bed based care provider and owner/manager along with a log sheet recording details of training and exercising undertaken, including lessons learned. An action plan for agreed next steps as a result of training and exercising (including lessons learned from a real incident) should be developed and built into the plan review process. Please see **Appendix I** – Training & Exercise log and **Appendix II** - Action Plan Sheet

**Distribution**

The plan can be made available to all staff where appropriate. A copy of the plan, together with the bed based care provider’s other emergency documentation, will be kept off-site at a secure location

**Emergency Plans in the Locality of Your Premises**

CONSIDER the following list of Emergency Plans of public agencies which may exist and which may have an impact on the premises:

* Flood Plan
* Off-site COMAH Plan \*
* Other

If you are not aware of any, contact your local Council’s Emergency Planning section and ask for details. Delete any that are not appropriate. Add any that are not listed, and ensure that all staff are aware of any appropriate procedures to take. Insert relevant details into your plan.

**\* NB:** COMAH stands for: **C**ontrol **o**f **M**ajor **A**ccident **H**azards where there are specific regulations that came into force on 1 April 1999 (Amendment) Regulations 2005.

These regulations apply to Major hazard sites (industrial sites) that manufacture, process or store dangerous chemicals and substances in quantities that could pose a risk to workers, people in the vicinity of the site, and the environment in the event of a major accident. These ‘major accidents’ include fires, explosions or incidents in which dangerous substances are released. Major accidents are rare, but can occur at sites ranging from large petrochemical plants to chemical storage warehouses.

COMAH sites usually apply mainly to the chemical industry, but also to some storage activities, explosives and nuclear sites, and other industries where threshold quantities of dangerous substances identified in the Regulations are kept or used.

Every COMAH site will have an Offsite Plan. If you have a COMAH site that may directly impact upon your premises, you should be already aware of it as there are duties contained within the COMAH regulations that if your premises falls within a designated (offsite) zone you will be notified and provided with advice on what to do in the event of an incident.

Section 2

Location

This is the business continuity plan for

which is situated at:

Staff

The setting employs **\_\_\_\_** number of staff (see the organisation chart at Appendix III).

Residents

**RESIDENTS PRIORITY CATEGORISATION**

A useful tool to assist Bed Based Care Service providers manage disruptive challenges to service provision is to have a pre-defined list of residents which have been prioritised based on need /vulnerability.

This will give an instant “Heads-Up” to provider managers on which residents would need to be given priority in the event of a disruptive incident (regardless of the type of incident) which will ensure an appropriate more speedy response.

For smaller providers, you will already know who these residents are and why they need to be prioritised. For larger providers, this could prove very challenging if they do not have the depth of knowledge of their resident’s needs / vulnerabilities.

Find below a generic categorisation system that enables agencies to develop their priority residents.

This categorisation is **guidance only**; you may wish to develop your own.

| **Rating:** | **Priority:** | **Criteria:** |
| --- | --- | --- |
| **Red** | **1** | Residents who require complete support i.e. personal hygiene, feeding, medication assistance, through the night cover. |
| **Amber** | **2** | Again complete support required (as above) but have other support mechanisms that could be used, i.e. family or friends who could offer support in an emergency. |
| **Green** | **3** | Residents who are more able, and capable of performing basic care routines for themselves (i.e. washing, dressing, etc.) |

**NB: For new residents this could be undertaken at the initial assessment or at the planned review stage, or as a result in a change of a resident’s circumstances. This information will need to be reviewed and updated regularly.**

*See ‘Resident Priority and contact Detail List’ on page 31*

**risks to continuity of business**

**Threats and Hazards**

There are a number of malicious threats and non-malicious hazards that could disrupt the normal service delivery of your provider. Those that are most foreseeable are listed in the table on page 11.

**You are asked to refer to and consider the following:**

* Existing Risk Registers that you may have
* The Community Risk Register (drawn up by the Local Resilience Forum) – Contact your Local authority to help you locate this.
* The Incident History for your provider (if available)

Critical/Key Information

**Business IMPACT ANALYSIS:**

LIST **all** of the activities which the provider carries out and describe the effect on delivery over the timescales within the below table. The more detailed the list, the easier it will be to prioritise your critical activities.

Briefly summarise the effect on service delivery for business interruptions lasting for each of the time scales, where relevant. (If not relevant enter N/A). If the effect on delivery is dependent to the time of day/month/year (i.e. medication / helping a client get up in the morning / end of year accounts) then please provide details in the ‘Time Dependent’ column of when the effect on delivery is at its greatest.

**Function Time dependent Effect on Delivery**

**(Y/N)**

|  |  | **First 24 hours** | **24 – 48 hours** | **Up to 1 week** | **Up to 2 weeks** |
| --- | --- | --- | --- | --- | --- |
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*Please add additional rows to the table where necessary*.

This list contains examples only. As part of your risk assessment you are strongly encouraged to consider and include all risks that may cause disruption to your services.

| **External Risks** |  | Flooding  Severe Weather (extreme cold or heat)  Extreme Wind / Tornado  Industrial Accident  Fuel Crisis  Transport Infrastructure  Industrial Strikes  Pandemic Influenza  Highly Infectious Disease |
| --- | --- | --- |
| **Facility Wide** |  | Electricity failure  Gas failure  Burst Pipe (internal) / Water Failure (external)  Climate Control (Heating, A/C)  Fire  Structural  Security  Theft  Sickness  Serious Accident  Sudden Death, Fatal Accident  Malpractice |
| **IT and Communications** |  | IT System Failure  Back up failure  Virus  Power Surge  Equipment Theft  Telephone System |
| **Departmental Risks** |  | Provider Buildings  Vital Records  Payment abilities  Key workers  Key operating equipment  Suppliers |

Section 3

**risks ASSESSMENT METHODOLOGY**

**Risk Matrix**

Within any risk register there will be many risks that could have a major impact on the services’ ability to provide the required outcomes. It is, however, not always possible to mitigate these risks, therefore it is important that the service examines these risks in detail in advance. The risk evaluation matrix is a simple approach to quantifying risk by defining qualitative measures of consequence (severity) and likelihood (frequency or probability) using a simple 1-5 rating system. This allows the construction of a risk matrix, which can be used as the basis of identifying risk. The risk score is Impact x Likelihood. Details of the risk evaluation matrix are given below.

**Impact (Severity)**

Impact is the actual or potential outcome of an event/risk/hazard occurring. The table below sets out 5 levels of impact, and must be used to allocate a score to the actual or potential outcome of an event/risk/hazard.

**Likelihood (frequency or probability)**

This is the likelihood of the event/hazard/incident occurring or reoccurring. The table below sets out 5 levels of likelihood, and must be used to allocate a score to the likelihood of the event/hazard/incident occurring or reoccurring.

A final risk rating should be calculated using the following matrix which places the emphasis on impact:

***Once the risks have been identified, complete the register on page 14***

| **Impact**  **Likelihood** | 1. Insignificant | 2. Minor | 3. Moderate | 4. Significant | 5. Catastrophic |
| --- | --- | --- | --- | --- | --- |
| 1. Negligible |  |  |  |  |  |
| 2. Rare |  |  |  |  |  |
| 3. Unlikely |  |  |  |  |  |
| 4. Possible |  |  |  |  |  |
| 5. Probable |  |  |  |  |  |

| Important notes:  NB: You will be asked to identify and assess risks based on these affecting the following:   * PEOPLE - Risks that may cause loss of staff, and result in insufficient staff relative to normal operational requirements. Care not being provided to residents and consequences of the care not being provided * PREMISES- Risks that may cause loss, damage or disruption to buildings, facilities, equipment, etc. * PROCESSES - Risks that may cause loss / damage / disruption to IT Hardware / IT Software / Communications / Data / Information / Records. * PROVIDERS - Risks that may cause loss/disruption of services or supplies that are provided by external organisations. * PROFILE - Risks that may cause damage to reputation.   Ensure the above 5 Ps are detailed as part of your outcome description in the risk register (page 14). |
| --- |

**Key to Final Risk Ratings**

|  | Very High |
| --- | --- |
|  | High |
|  | Medium |
|  | Low |

| **Very High Risks** |
| --- |
| These are classed as critical risks requiring immediate attention. They may have a high or 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 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 Risks** |
| --- |
| 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. Consideration should be given to the development of strategies to reduce or eliminate the risks, and mitigation put in place in the form of multi-agency generic planning, exercising and training, and the risk should be monitored on a regular basis. |

| **Medium Risks** |
| --- |
| 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 consideration given to their being managed under generic emergency planning arrangements. |

| **Low Risks** |
| --- |
| 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. |

**RISK REGISTER**

***EXAMPLE***

| No. | Description of Risk | Inherent Risk (Likelihood / Impact) | Description of current controls/ mitigation in place and date when controls were last reviewed and reported upon | Residual Risk (Likelihood/ Impact) | Further controls proposed, and date for implementation |
| --- | --- | --- | --- | --- | --- |
| **1** | Fire | Very high | Fire drills, extinguishers, fire marshals, smoke alarms, non-smoking policy, fire proof cabinets. | High | Sprinkler system |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

**Risks Counter-measures**

**Date Produced:**

Section 4

**how to activate the plan**

**Initial Notification / Activation Flowchart**

**Initial report of incident**

**Duty manager / senior member of staff to assess immediate response required and to carry out:**

- Start a log – *See Page 17*

- Conduct Service Impact Analysis & identify risks – *See Page 18*

- Decision to put the plan on standby or to implement – *See Page 16*

Assistance with incident response required?

**Notify / Brief / Advise:**

1. Emergency Services (if appropriate by dialing 999)
2. Staff - Contact Details: *See Page 30*
3. Residents – Contact Details: *See Page 31*
4. Stakeholders:
   * Subcontractors / Suppliers
   * Commissioning Authorities

– Contact Details: *See Pages 32 & 33*

Incident dealt with using normal services and resources

***Alert the company Owner / Head Office on***

**Tel:**

**Review and Update Service Impact Analysis and Assess wider impact including disruption to:**

* Staff
* Residents
* Services
* Subcontractors and suppliers
* Commissioners
* Other Associated Agencies

***Business Continuity Team Required?***

* Agree location to manage incident from
* Appoint Incident Manager – Action Card – *See Page 21*
* Convene meeting – *See Page 22*

***Media Response required?***

* AlertCCG/Public Health communications staff
* Agree spokesperson
* Agree statement regarding initial response to incident and actions taken – See Media Golden Rules - *See Page 29*

*Notification of a business interruption may originate from any source.*

The Manager/Duty Manager will activate the plan, using the following activation sequence:-

If a situation cannot be handled under Business as Usual, it is essential that the relevant Duty Manager is contacted as soon as possible.

1. Stand By
2. Implement
3. Stand Down

**‘Standby’** will be used as an early warning of a situation which might at some later stage escalate and thus require implementation of this Plan.

‘Standby’ allows key officers time to think, brief staff, start a business interruption log and prepare for the deployment of resources should an “Implement” message be received. This is particularly important if an interruption occurs towards the end of a shift and staff may need to be asked to stay at work until the situation becomes clear. Resources are not normally deployed at this stage (although this will largely depend upon circumstances) and a “Stand Down” may follow this type of alert.

**‘Implement’** will be used to activate the plan in its entirety.

**‘Stand Down’** will be used to signify the de-activation of the Plan. It is important that everyone in the organization knows when the establishment has returned to ‘business as usual’. It is also important that all staff and all stakeholders who helped in the response are thanked for their efforts.

Section 5

**Logging of the Incident**

* Start a log as soon as the incident has started by completing the sheet below (use further sheets if the need arises). Log any actions taken, e.g. evacuation (who, where did they go), utility disconnected, etc. Decisions made and to make. State date, time, contact details, type of event, scale, etc.
* Note any damage
* Call out of key staff to convene management/incident team.

It is important to ensure that all information / decisions and actions are logged **in the order they occur**.

**Business interruption log sheet Date:**

| **Log Ref** | **Time** | **Information/Decisions/Actions** | **Items Outstanding** |
| --- | --- | --- | --- |
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**Service Impact ANALYSIS AND RISKS LOG**

| DATE OF DISRUPTION: |  |  | TIME: |  |
| --- | --- | --- | --- | --- |

| DATE OF REPORT: |  |  | TIME: |  |
| --- | --- | --- | --- | --- |

| **NAME AND JOB TITLE OF PERSON MAKING REPORT:** |
| --- |
| **DISRUPTION DESCRIPTION: *(What, why, where, how)***  **CASUALTIES AND PHYSICAL DAMAGE:** |
| **IMMEDIATE RISKS:** |
| **ESTIMATED IMPACT AND RISKS TO SERVICE:**  ***First 24 hours:***  ***First 3 days:***  ***First 7 days:***  ***Over 7 days:*** |

**staff notification – call tree**

It may be impractical for one individual to call everyone within your organisation to notify and brief them at times of an incident.

You may wish to consider the development of an appropriate call tree (see the example below) where certain people within the organisation are tasked with calling particular members of staff.

In the example below, you have two senior carers (tier 2) who oversee two teams of carers. Each senior carer may be tasked with calling their particular team members, or those at tier 3 could be tasked with calling those at tier 4. It is important that when calls have been made that the lower tiers report back to the upper tiers to advise whether or not the calls have been successful.

In the event of a serious incident (e.g. a death), tier 1 may need to escalate upwards to keep all key staff informed (*see organisation chart at appendix III*).

**NB: *Ensure you have deputies to act as back-up in the event of people not being able to conduct their part of the call tree.***

***If you have an alternative method for notifying staff (e.g. SMS Text Messaging platforms), please insert the details in this section.***

Name

Tel:

Deputy:

Name

Tel:

Deputy:

Name

Tel:

Deputy:

Name

Tel:

Deputy:

Name

Tel:

Deputy:

Name

Tel:

Deputy:

Name

Tel:

Deputy:

Name

Tel:

Deputy:

Name

Tel:

Deputy:

Name

Tel:

Deputy:

Name

Tel:

Deputy:

Tier 1

Tier 2

Tier 3

Tier 4

Depending on the nature of the incident, you may need to consider contacting next of kin, commissioning authorities, etc., as listed in the contact sheets at pages 31 - 34

**resident notification**

Where necessary / appropriate you may need to contact resident’s relatives, other carers etc., that an incident has occurred including advice on what you are doing to manage the situation and if there is likely to be any changes to their normal care plan and how residents, other carers and family can assist until normality is restored.

*Please see page 29 for contact details*

**stakeholder notification**

**Suppliers and Subcontractors**

Where necessary / appropriate you may need to contact your suppliers and any subcontractors that your company/organisation relies upon to maintain / deliver services through that an incident has occurred including advice on what the company/organisation is doing to manage the situation, any risks that have been identified including any specific advice / instructions to them for them to assist in the management of the incident until normality is restored. *Please See Page 33 - Suppliers and Subcontractors Contact Details*

**Commissioning Authorities**

In addition, you are advised to contact your commissioning authorities that an incident has occurred and advise them what the company/organisation is doing to manage the situation, any risks that have been identified including any specific advice / instructions to them for them to assist in the management of the incident until normality is restored. *Please See Page 32 - Commissioning Authorities Contact Details*

**Other Associated Agencies**

You also want to contact other agencies that provide care for your residents to notify them that an incident has occurred and advise them what the company/organisation is doing to manage the situation, any risks that have been identified including any specific advice / instructions to them for them to assist in the management of the incident until normality is restored. *Please See Page 34 – Other Associated Agencies*

Section 6

**Roles: Action Cards / Checklists**

The Domicile Owner/Manager or most senior person on duty undertakes the following overall Incident Management:

**Checklist for Incident Manager**

**ACTIONS FOR CONSIDERATION:**

* Locate copy of Business Continuity Plan
* Activate Business Continuity Plan
* Start Business Interruption Log
* When capturing information regarding the incident, ensure all names and contact details are taken in full for log purposes.
* Nominate a Business Interruption Support Officer (s)
* Brief owner / head office on situation
* Alert other relevant staff that Plan has been activated
* Ensure all staff out caring for residents in the community are briefed and advised appropriately
* Assemble all relevant staff and assign tasks
* Ensure Service Impact Analysis and identification of risks is carried out (review regularly as appropriate)
* Review care plans and develop action plans (review regularly as appropriate)
* Review Service Area Priorities in light of interruption and timing
* Activate relevant Response Strategies contained within this plan as appropriate
* Authorise all contingency expenditure as appropriate
* Ensure all stakeholders are alerted and briefed
* Continue regular briefings to staff
* Establish recovery timetable
* Consider own domestic arrangements if situation escalates
* Consider shift working, rest periods and refreshments for all staff
* Collect and collate log sheets to prepare final report
* Provide Business Continuity Coordinator with copies of all reports
* Review arrangements in consultation with staff
* Thank all staff involved in response to business interruption
* Stand down
* Conduct a debrief to review the response and recovery, and develop an action plan from the debrief
* Ensure an incident report (including lessons learned and action plan) is developed

**First Meeting Agenda**

| **TIME AND PLACE:** |  |
| --- | --- |

| **ATTENDEES:** |  |
| --- | --- |

| **CHAIRED BY:** |  |
| --- | --- |

| **No** | **Item** | **Action** | **Action By Who** | **Action By When** |
| --- | --- | --- | --- | --- |
| **1** | **Analysis of Impact**  Review Service Impact Analysis and risk sheets  Brief team on nature, severity and impact of disruption.  Identify information gaps  Review Resident priorities and care plans and develop action plans as appropriate including a review process |  |  |  |
| **2** | **Confirm Roles**  Agree roles and responsibilities of staff during the disruption.  If required revise roles and determine if additional staff/deputies are required.  Inform additional team members that they may be required  Stand down members not required |  |  |  |
| **3** | **Confirm Key Contacts at Scene of Disruption**  Main points of contact for ongoing information updates |  |  |  |
| **4** | **Logs**  Ensure team logs and personal business interruption logs are in place.  (Written record of significant events throughout the crisis. Written record of all communications) |  |  |  |
| **5** | **Recovery Management**  Review recovery priorities  Determination of support requirements. |  |  |  |
| **6** | **Welfare Issues**  Have members of staff, visitors or third parties been injured?  What is their location?  What immediate support and assistance is required?  What ongoing support and assistance might be required? |  |  |  |
| **7** | **Communications**  Who should we inform?  Are professional Public Relations /Media advisors required?  Determine which, if any external regulatory bodies should be notified**.**  Determine any internal communications that need to take place (other sites, affected services etc). |  |  |  |
| **8** | **Media Strategy**  Determine the media strategy to be implemented.  What is the story? What is the deadline? |  |  |  |
| **9** | **Legal Perspective**  Determine what legal action or advice is required. |  |  |  |
| **10** | **Insurance Position**  Determine whether insurance cover is available and if so, how best to use the support it may provide. |  |  |  |
| **11** | **Next meeting**  Date, Time, Agenda, Place and Attendees of next meeting |  |  |  |

**Recovery**

**Recovery** is the long term process of rebuilding, restoring and rehabilitating all those affected by the interruption. Depending upon the seriousness of the situation this could take weeks, months or even years. The recovery phase may well consist of peaks of activity, such as around the time of an anniversary of the incident, as well as routine ongoing work to address the physical and psychological effects of the emergency.

**Debrief and Learning Lessons**

After an emergency, it is very important that thorough debriefs are carried out to capture lessons learned, issues identified, recommendations to be implemented, and planning assumptions to be reviewed. Debriefs should be undertaken in a way which promotes honesty and looks towards improving business continuity plans, rather than be exercises in trying to apportion blame. A hot debrief should take place immediately after the interruption and then a structured (cold) debrief after the interruption at whatever timescale is felt to be appropriate. Agencies should record the results of debriefs and be aware that the contents of debrief documents may be used as evidence in Public inquiries.

Section 7

**Staff Disruption**

The organisation/company employs the following types of staff, and has considered the following staff options:

| Staff Role | Options for Replacement Staff |
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**ELECTRICITY SUPPLY DISRUPTION**

The systems and appliances that may be affected during a power failure are:

Alarm systems

Diagnostic equipment

Heating and air conditioning

IT System

Lighting

Piped oxygen

Refrigerators and freezers

Telephones and fax machines

Laundry

Other 1:

Other 2:

Other 3:

1. The electrical fuse box for this Home is located:

1. In the event of failure in the electricity supply, our supplier is:

1. Their emergency contact number is:

1. The name and contact details of an emergency electrician is:

**GAS SUPPLY DISRUPTION**

1. The gas shut off valve(s) for the Home is/are located at:

1. In the event of failure in the gas supply, our supplier is:

1. Their emergency contact number is:

**WATER SUPPLY DISRUPTION**

1. The mains water supply shut off valve(s) within the Home is/are located:

1. The mains water stopcock **external** to the Home is located at:

1. The water supplier for this Home is:

1. Their emergency contact number is:

**HEATING**

1. If heating loss occurs, assess the effect of the failure related to time of year and general overall temperatures, including forecast temperature.
2. Contact the following heating engineer:

Name:

Tel:

1. Assess the risk to residents and staff required to work in such conditions.

Section 8

**MEDIA GOLDEN RULES**

This short guide is to assist Spokespersons of the Provider where:

* They may find themselves caught in circumstances where failure to respond to immediate media demands may in itself have a negative impact; or
* They have been nominated to speak to the media and need to refresh their media handling skills

| **Buy Time/Be Prepared** |
| --- |
| Never speak to the media without having prepared/gathered yourself |
| Agree appropriate time slots for press to receive statements/interviews |
| If an impromptu interview is requested seek advice from Provider owner prior to interview |
| Establish the type of issues the media want answered ahead of time so you can prepare suitably |
| Speak with as much preparation completed as possible |
| Prepare the key points you want to say and if the first question does not give you the opportunity to give that message, start with “before I answer that question, may I say …” |
| **Remember** |
| Facts are key – assume nothing |
| Avoid “no comment” responses – it suggests the worst |
| Deception is fatal |
| Doubts destroy confidence and fuel conjecture about dishonesty. Where appropriate a firm denial should be made |
| Someone else may be telling the story without correct information and their version sets the mood |
| People will feel privileged if told early enough and are trusted with the facts; they will feel disillusioned if they ‘discover’ the truth; they will become disaffected if their story differs from yours |
| Answer everything |
| Manage the control and flow of information |
| Media priorities are people, environment, property and money – in that order |
| **Show** |
| Concern – you care about what has happened |
| Commitment – to find out what happened and put it right |
| Control – of situation at most senior level |
| **DO** |
| Be positive and truthful |
| If you do know – tell them |
| If you don’t know – tell them you don’t know |
| Do not speculate – instead defer to the inquiry to follow |
| Remember – you want the answers more than anyone else |
| **DON’T** |
| Admit liability – refer to the need for the matter to be fully investigated |

Contact Details

Section 9

**KEY CONTACT SHEET – STAFF *(****including those to be notified**the event of an incident)*

*Additional lines can be added to these tables by right mouse clicking in any part of the table and selecting ‘Insert’ from the menu that appears.*

| **Name/Designation:** | **Office Number:** | **Mobile Number:** | **Other Contact Details:** |
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| **Rating:**  **RED**  **AMBER**  **GREEN** | **Resident Name:** | **Address:** | **Brief Description of Care:** | **Resident’s Contact Numbers:** | **Next of Kin / Assigned contact:** | **Other Carers / Agency Contact Numbers:** |
| --- | --- | --- | --- | --- | --- | --- |
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**Resident Priority and Contact Detail List**

***See page 8 ‘Residents Priority Categorisation’, for guidance on the RAG rating system***

**KEY CONTACT SHEET – COMMISSIONING AUTHORITIES**

List all local authorities, health organisations and any other organisation that commissions services from your company/organisation.

**Alphabetical Order**

| **Name/Designation:** | **Office Number:** | **Mobile Number:** | **Other Contact Details:** |
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**KEY CONTACT SHEET – SUPPLIERS AND SUBCONTRACTORS**

**NB: Include all suppliers and subcontractors including your utility providers (gas electricity, Water and telephone) and any other suppliers and subcontractors that are identified through conducting your Business Impact Analysis (See Page 9. E.g. Suppliers of equipment, stationary, consumables, personal protective equipment (PPE) etc.)**

**Alphabetical Order:**

| **Name/Designation:** | **Office Number:** | **Mobile Number:** | **Other Contact Details:** |
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**KEY CONTACT SHEET – OTHER ASSOCIATED AGENCIES**

List all agencies that provide any other health or social care service to your residents. E.g. Meals on wheels, community nursing, mental health professional, charity / voluntary services etc.

NB: These are recorded in the Resident Priority and Contact Details Table - *See Page 31*

**Alphabetical Order:**

| **Name/Designation:** | **Office Number:** | **Mobile Number:** | **Other Contact Details:** |
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Section 10

APPENDICES

**APPENDIX I – TRAINING & EXERCISE LOG SHEET**

| Name of training event / exercise |  |
| --- | --- |
| Date |  |
| Type of event | e.g. Training / Tabletop Exercise / live Exercise / Seminar / Presentation |
| Service(s) involved |  |
| Location |  |
| Responsible Officer |  |
| Aims |  |
| Objectives |  |
| Participants | Attach attendance sheet (including name and title) |
| Summary of training and exercise | Summarise:   * How and if objectives were achieved? * Lessons learned? * What went well? * What needs improvement? * How will lessons learned be addressed? |

*Agencies are responsible for maintaining their own records of training and exercises conducted.*

**APPENDIX II – ACTION PLAN (*to be continually updated for audit purposes*)**

| **No.** | **Actions / lessons learned to be implemented** | **Responsible Person** | **Timescale** | **Completion Date** | **Confirmation that any unresolved actions are recorded on the risk register?** |
| --- | --- | --- | --- | --- | --- |
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**Action Plan Lead**

**APPENDIX III – Organisation Chart**

**Company Organisation Chart**

<*Insert organisation chart here*>