Team Business Continuity Plan – Template

Team name

Service Area

Directorate

**Team Managers Name: Job Title:**

**Telephone Number: Email:**

**Issue date:**

**Review date:**

**Version:**

**Agreed by Line Manager Date: Sign name:**

1.0 Function Analysis of your Team

|  |  |  |  |
| --- | --- | --- | --- |
| **List of Functions determined**  **by legislation/SHSC policy/service plan**  (**Ranked in Priority Order**) | **Support processes & resources used to provide**  **function** | **Service Priority:**  High / Medium / Low | **If function is interrupted, how quickly must it be resumed:**   * up to 1 day * up to 2 days * up to 1 week |
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* 1. **Business Continuity Risk Assessment**
  2. **Generic Risks**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Risk | Function | Timescale | **Probability (H/M/L)** | **Impact (H/M/L)** | **Matrix Priority**  **(H/M/L)** | Effect on Function | Contingency Plan |
| **Adverse Weather** |  | Up to 1 day | **M** |  |  |  |  |
| Up to 2  days | **M** |  |  |
| Up to 1 week | **L** |  |  |
| Over 1  week | **L** |  |  |
| **Illness in the community/ Flu (including staff**  **illness)** |  | Up to 1 day | **L** |  |  |  |  |
|  |  | Up to 2 days | **L** |  |  |
|  |  | Up to 1 week | **M** |  |  |
|  |  | Over 1 week | **M** |  |  |
| **Failure of IT, Tele- communications Utilities (electricity, gas,** |  | Up to 1  day | **L** |  |  |  |  |
| Up to 2  days | **L** |  |  |

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| **water)** |  | Up to 1  week | **L** |  |  |  |  |
| Over 1  week | **L** |  |  |
| **Building Accommodation not available inc Fire damage** |  | Up to 1 day | **L** |  |  |  |  |
| Up to 2  days | **L** |  |  |
| Up to 1  week | **L** |  |  |
| Over 1  week | **L** |  |  |
| **Fuel Disruption** |  | Up to 1 day | **L** |  |  |  |  |
| Up to 2  days | **L** |  |  |
| Up to 1  week | **L** |  |  |
| Over 1  week | **L** |  |  |
| **Major Emergency** |  | Up to 1  day | **L** |  |  |  |  |
| Up to 2  days | **L** |  |  |
| Up to 1  week | **L** |  |  |

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|  |  | Over 1  week | **L** |  |  |  |  |
| **Transport Infrastructure** |  | Up to 1  day | **L** |  |  |  |  |
| Up to 1 week | **L** |  |  |
| Over 1 week | **L** |  |  |

* 1. **Specific Risks to the Team**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Risk | Function | Timescale | **Probability (H/M/L)** | **Impact (H/M/L)** | **Matrix Priority**  **(H/M/L)** | Effect on Function | Contingency Plan |
|  |  | Up to 1 day |  |  |  |  |  |
| Up to 2 days |  |  |  |
| Up to 1 week |  |  |  |
| Over 1 week |  |  |  |
|  |  | Up to 1 day |  |  |  |  |  |
| Up to 2 days |  |  |  |
| Up to 1  week |  |  |  |
| Over 1 week |  |  |  |
|  |  | Up to 1 day |  |  |  |  |  |
| Up to 2 days |  |  |  |
| Up to 1  week |  |  |  |
| Over 1  week |  |  |  |

* 1. **Team Network of Contacts**
  2. **Your Team**

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| --- | --- | --- |
| **Name & Address** | **Home Telephone** № | **Mobile** № |
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* 1. **Your managers**

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| **Name & Address** | **Home Telephone** № | **Mobile** № |
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* 1. **Who you provide a service to (care / information / reception data)**

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| **Name & Address** | **Home Telephone** № | **Mobile** № |
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* 1. **Teams / organisations that provide things to you (staff, information, equipment, food)**

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| **Name & Address** | **Home Telephone** № | **Mobile** № |
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* 1. **Who you need to provide information too if you have business continuity problems (staff / other teams / service users)**

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| **Name & Address** | **Home Telephone** № | **Mobile** № |
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* 1. **Other Teams in the same building**

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| **Name & Address** | **Home Telephone** № | **Mobile** № |
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4.0 Incident Log Sheet

**SERVICE AREA DIRECTORATE**

**YOUR NAME YOUR JOB TITLE**

**DATE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TIME** | **FROM/TO (Name, Position**  **Organisation)** | **MESSAGE DETAILS** | **DECISION/REASONS/ACTION** |
|  |  |  |  |

**When completed, please retain this record. It may be required for a debrief about the incident.**

5.0 Record of Lessons Learnt, Plan Tests and Activations

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Plan test**  **or activation** | **Issues from the test or activation** | **Lessons learned** | **How has the plan been revised** | **Name of the person revising the**  **plan** |
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