

**GUIDANCE DOCUMENT  
FOR COMPLETION OF  
RESIDENTIAL CARE ESTABLISHMENTS  
BUSINESS CONTINUITY PLAN TEMPLATE  
WEST MIDLANDS  
1<sup>st</sup> EDITION**

## **INTRODUCTION**

This document is to be used in conjunction with the Residential Care Establishments Business Continuity Plan template. In here you will find step-by-step advice on creating a comprehensive business continuity plan for your Care Home. Whether the facility is a large or small facility, the concepts in this guide will apply.

The guide should be completed by a small group of staff working together to pool ideas and agree priorities. These people do not need to have in-depth knowledge of emergency management. What is most important is that the group have been given the authority to create a plan and that the owners of the establishment have a commitment to make business continuity a part of the corporate culture.

### Section 1

This section provides advice on how to complete the Care Establishments Business Continuity Plan template.

### Section 2

Provides an example staff questionnaire to obtain details of the skills and other useful information about your staff that will assist you in planning your response to a business disruption.

### Section 3

This section provides an overview of Business Continuity Management

### Section 4

This section provides links to useful websites

**SECTION 1**

**INSTRUCTIONS FOR COMPLETION OF  
BUSINESS CONTINUITY PLAN TEMPLATE**

This part of the guidance provides advice on the completion of the Care Home Business Continuity Plan. The plan is best created following discussions between a small team of experienced officers within each Service area of the Residential Home.

Instructions follow for each part of the plan.

## **PART ONE OF THE PLAN – ABOUT THE HOME**

**Location** – INSERT the name of the Home and the address of the Home

**Staff** – INSERT the numbers of each type of staff employed at the Home

**Residents** – INSERT numbers of residents and numbers of beds

## **PART TWO OF THE PLAN – RESPONSE**

### Plan for Specific Disruptions

This part of the Plan provides essential information about the Home and outlines potential response strategies for specific types of incident.

#### Accommodation Loss – Loss of Residential Areas (bedrooms)

INSERT Occupancy details. CONSIDER strategies outlined in the section. DELETE any that are not appropriate. ADD any of your own that you believe may be useful.

#### Accommodation Loss - Loss of Non-Residential Areas

LIST the non-residential areas of the Home. Using the grid provided in the Plan, consider what feasible alternative accommodation arrangements could be made if any of the non-residential areas became inaccessible. SUMMARISE your options in the Plan.

#### Bomb Threat

INSERT the areas where the Bomb Threat Form will be displayed upon adoption of the Plan (this should be close to all telephones taking incoming calls).

#### Catering Disruption

LIST all of the ways in which the Home provides catering to residents. LIST all of the Home's in-house kitchen equipment. LIST all kitchen equipment servicing arrangements. CONSIDER strategies outlined in the section. DELETE any that are not appropriate. ADD any that you believe may be useful.

### Communication Considerations

LIST all of the Home's normal means of communication. CONSIDER strategies outlined in the section. DELETE any that are not appropriate to your establishment. ADD any that you believe may be useful. NOMINATE spokespersons for the Home and ENSURE they are aware of the 'Media Golden Rules.'

### Electricity Supply Disruption

LIST the systems and appliances that may be affected during a power failure. INSERT details about the home as appropriate. DELETE any that are inappropriate.

### Flood Disruption

INSERT details about the home as appropriate. CONSIDER strategies outlined in the section. DELETE any that are not appropriate. ADD any that you believe may be useful.

### Gas Supply Failure

INSERT details about the home as appropriate. CONSIDER strategies outlined in the section. DELETE any that are not appropriate. ADD any that you believe may be useful.

### Heating Loss

INSERT details about the home as appropriate. CONSIDER strategies outlined in the section. DELETE any that are not appropriate. ADD any that you believe may be useful.

### Heat and Humidity Disruption

CONTACT the local Primary Care Trust and ask for details of their Heatwave Plan. CONSIDER strategies outlined in the section. DELETE any that are not appropriate. ADD any that you believe may be useful.

### Information Loss - IT systems Failure

INSERT details about the home as appropriate.

### Information Loss

LIST the vital paper records which are not available electronically, along with their location. CONSIDER strategies outlined in the section. DELETE any that are not appropriate. ADD any that you believe may be useful.

### Laundry

LIST details of the laundry servicing contract. CONSIDER strategies outlined in the section. DELETE any that are not appropriate. ADD any that you believe may be useful.

### Lift Breakdown

If the Home has lifts, LIST details of the lift servicing contract. ADAPT the strategy outlined in the plan as appropriate. How would you move residents without the lift?

### Staff Disruption

COMPLETE the first column of the table by listing the type of staff employed in the Home. For each type of employee, IMAGINE that they are suddenly unable to work (the cause is not important) for a period of four weeks. LIST all of the options you have for replacement staff in column two of the Table. (for example, you may wish to consider the following:

- Temporary Contracted staff
- Freelance staff
- Former Staff
- Professional Associations
- Volunteer staff from other service areas of the Home
- Staff from partner organisations
- Other (?)

### Severe Weather

CONSIDER strategies outlined in the section. DELETE any that are not appropriate. ADD any that you believe may be useful.

### Telecommunications Loss

INSERT details about the telephone system(s) of the home as appropriate.

### Water Supply Disruption

INSERT details about the home as appropriate. CONSIDER strategies outlined in the section. DELETE any that are not appropriate. ADD any that you believe may be useful.

**SECTION 2**  
**STAFF QUESTIONNAIRE**

## Staff Skills Audit

CONSIDER the staff skills questionnaire provided below, and ADAPT it so it is appropriate to your Home. CONSIDER asking all staff to complete a copy so that in the event of a disruption there will be a picture of the skills set of all staff, as well as other vital information should staff need to take on different duties to help the Home to manage through the disruption.

### **STAFF SKILLS QUESTIONNAIRE – Strictly Confidential**

	<b>About you</b>	<b>Emergency Contact</b>
<b>Surname</b>		
<b>First Name</b>		
<b>Home Address</b>		
<b>Post Code</b>		
<b>Home Telephone Number</b>		
<b>Mobile Number</b>		
<b>Email Address (Work)</b>		
<b>Email Address (Personal)</b>		

### **About your job and skills**

<b>Job Title</b>			
<b>Normal Base</b>			
<b>Do you have other work commitments outside of this Home? (if 'yes' please detail)</b>	<b>YES</b>	<b>NO</b>	



**In an emergency or severe disruption you may be asked to do work outside of your job description. Areas of work you would feel competent or willing to undertake. (PLEASE SELECT AT LEAST ONE):**

<b>Clinical</b>			
A	Emergency/Critical Care	YES	NO
B	Basic and advanced nursing care	YES	NO
C	Medication handling	YES	NO
D	Infection control	YES	NO
E	Basic and advanced respiratory care/monitoring	YES	NO
F	Care of the elderly and/or paediatric care	YES	NO
G	Medical specialties	YES	NO
H	Counselling	YES	NO
<b>Non-clinical</b>			
A	Catering/food handling	YES	NO
B	Maintenance and engineering	YES	NO
C	Transport	YES	NO
D	Records handling	YES	NO
E	IT	YES	NO
F	Supplies management	YES	NO
G	Finance	YES	NO
H	Security	YES	NO
I	HR/Staff Management	YES	NO
J	Linen handling	YES	NO
K	Waste disposal	YES	NO
L	Call handling	YES	NO

M	Chaplaincy/religious support	YES	NO
N	General administration	YES	NO
O	Cleaning/Housekeeping	YES	NO
<b>Non-clinical continued</b>			
P	Portering	YES	NO
Q	Leadership skills	YES	NO
R	Are you a qualified first aider?	YES	NO
S	Manual handling <ul style="list-style-type: none"> <li>• Load management</li> <li>• People movement</li> </ul>	YES YES	NO NO

<b>Please detail what training and development you would need to carry out any of the duties outlined above?</b>		
<b>Please tell us what reasons (other than training needs) would prevent you from carrying out any of the duties outlined above?</b>		
<b>Other than English, do you speak any other language? If yes, indicate language and level of fluency.</b>		
<b>Do you have a current CRB check for your Residential Care Home role (delete as appropriate)? If yes, is this a Standard or Enhanced check</b>	YES	NO
<b>Would you be prepared to work outside of your normal working hours?</b>	YES	NO
<b>Would you be prepared to work 'unsocial' hours? (7pm to 7am and weekends/bank holidays)</b>	YES	NO

## About your personal circumstances

<b>How many miles do you travel to work? (please tick)</b>	Less than 5 miles <input type="checkbox"/> 5 – 10 miles <input type="checkbox"/> 11 – 15 miles <input type="checkbox"/> 16 – 20 miles <input type="checkbox"/> More than 20 miles <input type="checkbox"/>												
<b>How do you normally travel to work? (please tick your <u>main</u> mode of transport)</b>	Walk <input type="checkbox"/> Cycle <input type="checkbox"/> Public Transport <input type="checkbox"/> Car <input type="checkbox"/> Other <input type="checkbox"/>												
<b>Do you hold a current driving licence?</b>  <b>Do you hold a current Public Service Vehicle Licence?</b>  <b>Are you licensed to drive large vehicles (e.g. minibus or delivery van)? If yes give size/type of vehicle: -</b>  <hr/>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO	YES	NO	YES	NO						
YES	NO												
YES	NO												
YES	NO												
<b>Do you have appropriate insurance to cover the above?</b>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO										
YES	NO												
<b>Do you have caring responsibilities for any of the following? (please tick)</b>	<table border="1"> <tr> <td>Children under 16</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Elderly dependants</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Disabled/long term ill dependants</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Would rather not say</td> <td><input type="checkbox"/></td> </tr> <tr> <td>None</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>	Children under 16	<input type="checkbox"/>	Elderly dependants	<input type="checkbox"/>	Disabled/long term ill dependants	<input type="checkbox"/>	Would rather not say	<input type="checkbox"/>	None	<input type="checkbox"/>	Other	<input type="checkbox"/>
Children under 16	<input type="checkbox"/>												
Elderly dependants	<input type="checkbox"/>												
Disabled/long term ill dependants	<input type="checkbox"/>												
Would rather not say	<input type="checkbox"/>												
None	<input type="checkbox"/>												
Other	<input type="checkbox"/>												
<b>Are your caring responsibilities local? If NO, please identify where these are.</b>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO										
YES	NO												
<b>If 'yes' to any of the above, do you share those caring responsibilities with anyone else?</b>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO										
YES	NO												
<b>Do you have access to emergency carer/childcare cover?</b>	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO										
YES	NO												
<b>For those with children. How many children do you have:</b>	<table border="1"> <tr> <td>Under 5 years</td> <td>5 – 16 years</td> </tr> </table>	Under 5 years	5 – 16 years										
Under 5 years	5 – 16 years												
<b>If there are any other factors relating to your personal circumstances e.g. a disability, compromised auto-immune system or long term health condition which may impact on your ability to work during a flu pandemic please detail them here:</b>          													

### Likelihood of unplanned absence

In the event of a flu pandemic, please indicate the potential of you <u>not</u> being able to attend work for any of the following reasons: -	High	Medium	Low	None
Usual childcare arrangements not available				
Illness of a dependant				
Illness of a non dependant (i.e. your partner)				
Loss of normal transport arrangements				
Lack of fuel				
<b>Overall, bearing in mind your personal circumstances how likely do you think it is that you may not be able to attend work, even if you are not well (think about school closures, fuel shortages, dependants etc).</b>				
			Very likely	<input type="checkbox"/>
			Likely	<input type="checkbox"/>
			Not Sure	<input type="checkbox"/>
			Unlikely	<input type="checkbox"/>
			Very unlikely	<input type="checkbox"/>

Thank you for taking the time to complete this questionnaire.

I \_\_\_\_\_ agree to \_\_\_\_\_ Residential Care Home holding this personal information which will only be accessed in the event of an emergency or major disruption.

Signed:

Date:

Please return to:

**SECTION 3**

**OVERVIEW OF**

**BUSINESS CONTINUITY MANAGEMENT**

## **What is business continuity planning?**

Business Continuity Planning is defined by the Business Continuity Institute as 'advance planning and preparation which is necessary to identify the impact of potential losses, to formulate and implement viable continuity strategies, and to develop continuity plans which ensure continuity of organizational services in the event of an incident.'

## **What is a business interruption?**

For the purposes of this plan, a business interruption is defined as;

*"An unwanted incident which threatens clients, personnel, buildings, operational procedures, financial control or the reputation of the Establishment, which requires special measures to be taken to restore things back to normal".*

## **What is the business continuity management process?**

The British Standard BS25999 for Business Continuity sets out six elements to the BCM process.

1. BCM programme management - Programme management enables the business continuity capability to be both established (if necessary) and maintained in a manner appropriate to the size and complexity of the organisation.
2. Understanding the organisation - The activities associated with "Understanding the organisation" provide information that enables prioritisation of an organisation's products and services, identification of critical supporting activities and the resources that are required to deliver them.
3. Determining business continuity strategies - This allows an appropriate response to be chosen for each product or service, such that the organisation can continue to deliver those products and services at the time of disruption.
4. Developing and implementing a BCM response - This involves developing incident management, business continuity and business recovery plans that detail the steps to be taken during and after an incident to maintain or restore operations.
5. BCM exercising, maintaining and reviewing BCM arrangements - This leads to the organisation being able to demonstrate the extent to which its strategies and plans are complete, current and accurate and identify opportunities for improvement.
6. Embedding BCM in the organisation's culture - This enables BCM to become part of the organisation's core values and instils confidence in all stakeholders in the ability of the organisation to cope with disruptions.

**The British Standard BS25999 for Business Continuity**



Reference: BS25999-1, 2006

## **What are the benefits of business continuity management?**

A strong business continuity culture provides the following benefits:

- ✓ It helps establishments to fulfil their moral responsibility to protect employees, the community and the environment.
- ✓ It facilitates compliance with statutory and regulatory requirements
- ✓ It enhances an establishment's ability to recover from financial losses, regulatory fines, loss of market share, and damage to equipment or business interruption.
- ✓ It reduces exposure to civil or criminal liability in the event of an incident.
- ✓ It enhances an establishment's brand, image and credibility with residents, their families and employees.
- ✓ It may reduce insurance premiums.
- ✓ Staff gain the knowledge and confidence to properly respond to a business interruption
- ✓ Staff morale is improved as staff know that there are plans in place which help to safeguard their jobs during a crisis



**SECTION 4**  
**USEFUL LINKS**

Name:	Website:
Department of Health	<a href="http://www.doh.gov.uk">www.doh.gov.uk</a>
NHS Direct	<a href="http://www.nhsdirect.nhs.uk">www.nhsdirect.nhs.uk</a>
UK Resilience	<a href="http://www.cabinetoffice.gov.uk/ukresilience">www.cabinetoffice.gov.uk/ukresilience</a>
Health Protection Agency	<a href="http://www.hpa.org.uk">www.hpa.org.uk</a>
Business Continuity Institute	<a href="http://www.thebci.org">www.thebci.org</a>
Care Quality Commission	<a href="http://www.cqc.org.uk">http://www.cqc.org.uk</a>
Environment Agency	<a href="http://www.environment-agency.gov.uk">www.environment-agency.gov.uk</a>
The Met Office	<a href="http://www.metoffice.gov.uk">www.metoffice.gov.uk</a>

Suggestions for other useful links:

Name:	Website:
Your Local Authority	
Your Local Primary Care Trust(s)	
Your local Acute Trust(s)	
Your Strategic Health Authority	
Local Resilience Forum	
Your Utility Companies (Water / Electricity / Gas etc)	