Organisation

Name

Business Continuity Management Plan

**Date:**

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**Approving and activating this document is the responsibility of:**

*{Name of Director}*

**The following location(s) is/are covered in this document:**

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**This document will be reviewed on:**

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| **Number** | **Comments** | **Date**  |
| 01 | Original version |  |
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**1. Disclaimer**

This Business Continuity Management Plan (BCMP) is intended by the London Borough of Lambeth (LBL) to be a guide only and LBL does not intend the BCMP to be a definitive business continuity management plan. There may be other formats or methods of business continuity management plans which are more suitable for particular businesses or organisations than this BCMP.

**This template is produced by the LBL to provide general information about developing business continuity plans for large organisations (with over 250 members of staff).**

Whilst LBL has made every effort to ensure that the material contained in the BCMP is accurate, the BCMP is only available for public viewing and use on the basis that LBL disclaim all liability to the fullest extent permitted by English Law for any loss or damage arising out of the use of the BCMP or for any reliance by users of the BCMP upon its contents.

**2. Aim of the plan**

This plan has been designed to prepare {***organisation name***} to cope with the effects of an emergency or crisis. It is intended that this document will provide the basis for a relatively quick and painless return to “business as usual” regardless of the cause.

**3. Objectives of the plan**

* Understand the critical functions and activities of the organisation
* Analyse and respond to the risks to the organisation
* Provide a detailed prioritised and timetabled response to an emergency situation
* Identify the key roles, responsibilities and contacts to respond to an emergency

**4. Core business of your organisation/department:**

**5. Critical Function Checklist**

This list may be used as a checklist to ensure that critical tasks are completed on time and according to a pre-agreed priority schedule. It may also be used to provide a hand-over document between different shifts in the recovery process.

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Critical function** | **Timeframe** | **Page** |
| 1 | {Name of function or activity} | {Recovery timeframe} | 4 |
| 2 |  |  | 5 |
| 3 |  |  | 6 |
| 4. |  |  |  |

**6. Command and Control**

The decision to use this plan will be taken by the following people, who will also be responsible for making decisions for the organisation:

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Contact details** |
|  |  |  |
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**7. Critical Function Analysis and Recovery Process**

|  |  |  |
| --- | --- | --- |
| **Priority 1** | **Function/Service** |  |
| Responsibility:*(role responsible for leading on this activity, plus deputies)* |  |
| What is the impact *(financial, service or reputational loss)* of the non-delivery of your service?  |  |
| At what point in time does loss *(financial, service or reputational loss)* become unacceptable? | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Recovery timeframe:*(how quickly must this function be recovered to avoid lasting damage)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| **Resources required for recovery:** |
| Number of Staff *(numbers, skills, knowledge, alternative sources)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Data / systems *(backup and recovery processes, staff and equipment required)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Premises*(potential relocation or work-from-home options)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Communications*(methods of contacting staff, suppliers, customers, etc)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Equipment*(key equipment recovery or replacement processes; alternative sources; mutual aid)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Supplies*(processes to replace stock and key supplies required)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |

**7. Critical Function Analysis and Recovery Process (continued)**

|  |  |  |
| --- | --- | --- |
| **Priority 2** | **Function/Service** |  |
| Responsibility:*(role responsible for leading on this activity, plus deputies)* |  |
| What is the impact *(financial, service or reputational loss)* of the non-delivery of your service?  |  |
| At what point in time does loss *(financial, service or reputational loss)* become unacceptable? | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Recovery timeframe:*(how quickly must this function be recovered to avoid lasting damage)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| **Resources required for recovery:** |
| Number of Staff *(numbers, skills, knowledge, alternative sources)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Data / systems *(backup and recovery processes, staff and equipment required)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Premises*(potential relocation or work-from-home options)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Communications*(methods of contacting staff, suppliers, customers, etc)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Equipment*(key equipment recovery or replacement processes; alternative sources; mutual aid)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Supplies*(processes to replace stock and key supplies required)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |

**7. Critical Function Analysis and Recovery Process (continued)**

|  |  |  |
| --- | --- | --- |
| **Priority 3** | **Function/Service** |  |
| Responsibility:*(role responsible for leading on this activity, plus deputies)* |  |
| What is the impact *(financial, service or reputational loss)* of the non-delivery of your service?  |  |
| At what point in time does loss *(financial, service or reputational loss)* become unacceptable? | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Recovery timeframe:*(how quickly must this function be recovered to avoid lasting damage)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| **Resources required for recovery:** |
| Number of Staff *(numbers, skills, knowledge, alternative sources)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Data / systems *(backup and recovery processes, staff and equipment required)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Premises*(potential relocation or work-from-home options)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Communications*(methods of contacting staff, suppliers, customers, etc)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Equipment*(key equipment recovery or replacement processes; alternative sources; mutual aid)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Supplies*(processes to replace stock and key supplies required)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |

**7. Critical Function Analysis and Recovery Process (continued)**

|  |  |  |
| --- | --- | --- |
| **Priority 4** | **Function/Service** |  |
| Responsibility:*(role responsible for leading on this activity, plus deputies)* |  |
| What is the impact *(financial, service or reputational loss)* of the non-delivery of your service?  |  |
| At what point in time does loss *(financial, service or reputational loss)* become unacceptable? | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Recovery timeframe:*(how quickly must this function be recovered to avoid lasting damage)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| **Resources required for recovery:** |
| Number of Staff *(numbers, skills, knowledge, alternative sources)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Data / systems *(backup and recovery processes, staff and equipment required)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Premises*(potential relocation or work-from-home options)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Communications*(methods of contacting staff, suppliers, customers, etc)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Equipment*(key equipment recovery or replacement processes; alternative sources; mutual aid)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |
| Supplies*(processes to replace stock and key supplies required)* | **First 24 hrs.** | **24 – 72 hrs.** | **After 1 week** |

***{This form may be copied for further critical functions and services}***

**8. Emergency Response Checklist**

This page should be used as a checklist during the emergency.

|  |  |
| --- | --- |
| **Task** | **Completed****(date, time, by)** |
| **Actions within 24 hours:** |  |
| Start of log of actions and expenses undertaken (**Section 10** Action and Expenses Log) |  |
| Liaise with emergency services (**Section 9E** Contact List**)** |  |
| Identify and quantify any damage to the organisation, including staff, premises, equipment, data, records, etc |  |
| Identify which critical functions have been disrupted (use **section 5** Critical Function Checklist) |  |
| Convene those responsible for recovering identified critical functions, and decide upon the actions to be taken, and in what timeframes (use **section 7** Critical Function Analysis and Recovery Process) |  |
| Provide information to:* Staff (**Section 9A** Contact List**)**
* Suppliers and customers (**Section 9B/C** Contact List**)**
* Insurance company
* Utilities ((**Section 9D** Contact List**)**
 |  |
| **Daily actions during the recovery process:** |  |
| Convene those responsible for recovery to understand progress made, obstacles encountered, and decide continuing recovery process |  |
| Provide information to:* Staff (**Section 9A** Contact List**)**
* Suppliers and customers (**Section 9B/C** Contact List**)**
* Insurance company
* Utilities ((**Section 9D** Contact List**)**
 |  |
| Provide public information to maintain the reputation of the organisation and keep relevant authorities informed |  |
| **Following the recovery process:** |  |
| Arrange a debrief of all staff and identify any additional staff welfare needs (e.g. counselling) or rewards |  |
| Use information gained from the debrief to review and update this business continuity management plan |  |

**9. Contact Lists**

This section contains the contact details that are essential for continuing the operation of the organisation.

**A. Staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Work phone** | **Home phone** | **Mobile** | **E-mail** |
|  |  |  |  |  |
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***{This contact list may be split into separate cascades for different departments or locations}***

**B. Key Suppliers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplier** | **Provides** | **Telephone** | **E-mail** |
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**C. Key Customers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer** | **Service / goods used** | **Telephone** | **E-mail** |
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**D. Utility Companies**

|  |  |  |  |
| --- | --- | --- | --- |
| **Utility** | **Company** | **Telephone** | **E-mail** |
| Electricity |  |  |  |
| Gas |  |  |  |
| IT Support |  |  |  |
| Telecommunications |  |  |  |
| Water |  |  |  |

**E. Emergency Services**

|  |  |
| --- | --- |
| **Service** | **Telephone** |
| Ambulance | 999 |
| Fire Service | 999 |
| Floodline | 0345 988 1188 |
| King’s College Hospital | **020 3299 9000**  |
| Met Office | 0370 900 0100 |
| Police | 999 |
| St Thomas Hospital | 020 7188 7188 |

**F. Your Insurance and Finance Companies**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Company** | **Telephone** | **E-mail** |
| Banking |  |  |  |
| Insurance |  |  |  |

**G. Local Authority**

**London Borough of Lambeth**

**24 hour switchboard:** 020 7926 1000

**Website:** [www.lambeth.gov.uk](http://www.lambeth.gov.uk)

**10. Actions and Expenses Log**

This form should be used to record decisions, actions and expenses incurred in the recovery process. This will provide information for the post-recovery debriefing, and help to provide evidence of costs incurred for any claim under an insurance policy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date/time** | **Decision / action taken** | **By whom** | **Costs incurred**  |
|  |  |  |  |
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