{Business Name}

Business Continuity Management Plan

**Date:**

**Maintaining this document is the responsibility of:**

 *{Name of Owner/Manager}*

**The following location is covered in this document:**

*{Business Address}*

**Copies of this document are with:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Contact Details** | **Where held and in what format** |
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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 London Borough of Lambeth to provide general information about developing business continuity plans for small to medium sized business and voluntary organisations (with up to 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. What does your business do?**

**5. Alternative/Relocation Address**

**6. Contact Lists**

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

**A. Staff**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Home phone** | **Mobile** | **E-mail** |
|  |  |  |  |
|  |  |  |  |
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**B. Key Suppliers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplier** | **Provides** | **Telephone** | **E-mail** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**C. Key Customers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer** | **Service / goods used** | **Telephone** | **E-mail** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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)

**7.** **Actions and Expenses Log**

This form should be used to record decisions, actions and expenses incurred in the recovery process as it may help to provide evidence of costs incurred for any claim under an insurance policy.

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

**8. Emergency Response Checklist**

|  |  |
| --- | --- |
| **Task** | **Completed****(date, time, by)** |
| **Actions within 24 hours:** |  |
| Start of log of actions and expenses undertaken (**Section 7** Action and Expenses Log) |  |
| Liaise with emergency services (**Section 6E** Contact List**)** |  |
| Identify and quantify any damage to the organisation, including staff, premises, equipment, data, records, etc. |  |
| Provide information to:* Staff (**Section 6A** Contact List**)**
* Suppliers and customers (**Section 6B/C** Contact List**)**
* Insurance company
* Utilities ((**Section 6D** Contact List**)**
 |  |
| **Daily actions during the recovery process:** |  |
| Provide information to:* Staff (**Section 6A** Contact List**)**
* Suppliers and customers (**Section 6B/C** Contact List**)**
* Insurance company
* Utilities ((**Section 6D** Contact List**)**
 |  |
| **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 |  |