Sheffield City Council

Sheffield Health and Social Care **NHS**

NHS Foundation Trust

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

2.0 Business Continuity Risk Assessment

2.1 Generic Risks

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**				

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**				

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

2.2 Specific Risks to the Team

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					

3.0 Team Network of Contacts

3.1 Your Team

Name & Address	Home Telephone №	Mobile №

3.2 Your managers

Name & Address	Home Telephone №	Mobile №

3.3 Who you provide a service to (care / information / reception data)

Name & Address	Home Telephone №	Mobile №

3.4 Teams / organisations that provide things to you (staff, information, equipment, food)

Name & Address	Home Telephone №	Mobile №

3.5 Who you need to provide information too if you have business continuity problems (staff / other teams / service users)

Name & Address	Home Telephone №	Mobile №

3.6 Other Teams in the same building

Name & Address	Home Telephone №	Mobile №

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