

**Business continuity plan**

**A template for adult social care providers**

**2nd Edition - June 2021**

**How to use this template**

This template will help you create or refresh your business continuity plan to prepare for situations that, should they arise, could have a major impact on your business and the people who use your services. It provides an overview of the detail and risk you should consider as part of a robust plan, regardless of the service you provide. It does not cover everything that might be needed by individual businesses, so please use it as the basis for your plan, adding anything specific to your service and reflecting your existing business continuity plans. Please use this document alongside the [CPA’s business continuity planning guidance](https://careprovideralliance.org.uk/business-continuity-guidance).

You should also:

* **Speak to your local authority** to make sure you’re aware of all relevant adult social care contacts for your area. Your local authority should be able to provide advice and support if you have any issues with service continuity. If you provide services funded by the NHS, you should speak to your local clinical commissioning group.
* **Share best practice and information** with other local care providers and local authorities. Work together to ensure continuity of service for those in your care if issues arise.
* **Share relevant advice with those using care services,** and their relatives or friends. Where possible and relevant, keep them updated on your plans.
* **Ensure you know the contact details** of all key links, especially your local authority commissioner, and the local health resilience partnership.

**Coronavirus:** This template can be used to support planning, but it does not relate specifically to the coronavirus pandemic. [See CPA’s collated information on coronavirus.](http://careprovideralliance.org.uk/coronavirus)

**Key**

**Likelihood** relates to the likelihood of the situation arising and can be rated as Red = Likely Amber = Possible and Green = Unlikely.

**Impact** relates to the impact on your ability to maintain your business and care if that situation did arise. Again Red = High impact, Amber = Medium level impact and Green = Little or no impact.

**Name of service…………………………………….**

**Version *x*, update *Date* by *Name***

| **Key theme** | **Business issue** | **Likelihood**

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| **R** | **A** | **G** |

 | **Impact**

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| **R** | **A** | **G** |

 | **Mitigating actions** | **Lead person** | **Completion date** |
| **Flu and other viral infections** | Potential for increased healthcare need amongst clientsPotential for staff shortages due to illness |  |  | * Maintain a focus on infection control
* Communicate clearly with staff and people receiving care
* Plan how to manage prolonged staff shortages
* Prioritise care if required
* Review criteria for prioritising care
* Identify agencies to supply temporary staff
* Access Department of Health and Social Care’s guidance on responding to flu pandemics, including [coronavirus.](https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance)
* Review infection control procedures and training.
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| **Data sharing, processing and access** | Potential for data transfer or access to be interrupted.Potential for data to be corrupted or breached. |  |  | * Consider [Information Commissioner’s Office](https://ico.org.uk/for-organisations/data-protection-and-brexit/) (ICO) advice and actions for data sharing.
* Consider [Digital Social Care](https://www.digitalsocialcare.co.uk/) advice on cyber security and related issues.
* Carry out a self-assessment of data protection and cyber security using the [Data Security and Protection Toolkit](https://www.digitalsocialcare.co.uk/data-security-protecting-my-information/data-security-and-protection-toolkit/).
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| **IT failure** | Potential loss of access to care data Potential loss of data on staffing, salaries, suppliers etcPotential loss of access to digital assistive care technology |  |  | * Establish alternative access to email and shared data systems
* Identify essential information required and systems to access it.
* Review IT security, back-up and recovery arrangements
* Update records of clients using assistive and digital technology – inc within their own home
* Check IT and assistive technology suppliers have contingency plans in place.
* Consider [Digital Social Care](https://www.digitalsocialcare.co.uk/) advice
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| **Severe adverse weather** | Potential increase in care needsPotential travel problems for staff resulting in staff shortages – especially home care staff |  |  | * Identify hard to heat homes – including people’s own homes. reviewed annually
* Staff understand procedure for reporting concerns
* Staff understand criteria for prioritising care, especially for home care services
* Scope for staff to remain onsite – check which individual staff might be able to stay over and capacity within the building for this
* Prioritise staff time
* Access community transport schemes, via LRF.
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| **Severe heatwave** | Potential increase in care needsPotential staff shortages due to health problemsPotential impact on IT and other systems |  |  | * Train staff to identify illness that could be caused by heat, and how to support themselves and clients
* Residential services to maintain at least one accessible room below 26 degrees
* Process for reporting concerns is clear.
* Residential services to review ability to keep one room cool, adapt as required.
* Review training and procedures to cover severe heatwave.
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| **Major local incident (eg terrorist attack, civil disturbance, industrial accident)** | Major disruption to service (e.g. staff unable to travel, utilities restricted, need to evacuate)  |  |  | * Hold scenario planning training with staff to ensure guidance in place (e.g. ‘mark as safe’ processes, evacuation procedures, roles and responsibilities in an emergency, emergency contacts, communications plans with staff, clients, public, press etc).
* Create/update major incident procedures.
* Liaise with local authority and LRF.
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| **Utility failure** | Potential significant disruption in residential services – no heating, cooking, cleaning |  |  | * Care homes should ideally have access to emergency generators, water and alternative means of heating.
* Discuss back-up arrangements with your utility services, including if you are on their Priority Services Register.
* Keep extra blankets, stocks of bottled water and food that does not need cooking.
* Review training and procedures for staff to ensure they know: who to call, how to turn off supplies to minimise risk when supplies resume.
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| **Building and equipment problems** | Offices, care homes and other buildings-based services at risk  |  |  | * Review and/or update maintenance contracts to ensure maintenance checks are carried out routinely
* Review, update or develop, and then share back up plans if key equipment fails (e.g. lifts, laundry or catering equipment)
* Maintain up-to-date records of suppliers and maintenance numbers, inc out of hours
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| **Fuel shortage** | Potential staff shortages due to restricted travelPotential disruption of heating or cooking facilities |  |  | * Review, update and share fuel shortage procedure
* Amend shift times to allow more use of public transport
* Deploy staff to more local services
* Encourage car sharing and responsible use of fuel
* Arrange overnight accommodation and postpone training.
* Read [Government guidance on business continuity management for fuel shortages](https://www.gov.uk/government/publications/business-continuity-management-for-fuel-shortages).
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| **Supply of medicines** | Potential for a shortage of specific medicines. |  |  | * Avoid stockpiling.
* Continue to dispense medicines as usual and do not seek to reduce consumption.
* Consider earlier ordering for some items.
* Ensure you know your escalation routes in case of supply disruption, how to contact people, and when to do so.
* If disruption to supplies is local, consider which alternative suppliers might be available in the area
* Contact your supplier for reassurance on how they’re managing availability of the medicine in short supply.
* Report any issues to your community pharmacist.
* If this does not satisfactorily resolve the issue, contact your local authority.
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| **Supply of non-clinical consumables, goods and services** | Potential for disruption in supply of specific products or services. |  |  | * Avoid stockpiling. Seek alternative products or suppliers.
* Identify risk areas in relation to essential supplies.
* Review contracts and engage with suppliers to identify any potential issues.
* Ensure you know what your escalation routes are if you are experiencing supply disruption, how to contact people, and when to do so.
* Check with your suppliers to ensure they have plans to manage any disruption to supply.
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| **Supply of other medical products and clinical consumables** (disposable or short-life items such as rubber gloves and syringes) | Potential for disruption in supply of specific products. |  |  | * Avoid stockpiling.
* Consider mitigations such as seeking alternative products or suppliers.
* Monitor stock positions and escalate issues as they arise
* Ensure you know what your escalation routes are if you are experiencing supply disruption, how to contact people, and when to do so.
* Check with your supplier.
* Consider if alternative products may be available.
* Identify an alternative local supplier who might be able to step in in the event of shortages.
* It is essential ASC providers have continuity of supply for end of life care medicines and supplies – identify an alternative supplier and make contact, as necessary, with your hospital pharmacy or NHS supplies.
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| **Recruitment and retention**  | Potential for disruption caused by departure of staff and/or difficulty in recruitment or retention. |  |  | * Identify critical staffing levels, understand individual staffing restrictions and ensure necessary contact details are in one place.
* Complete Skills for Care Workforce National Minimum Data Set for Social Care.
* Consider ongoing recruitment drives (see [DHSC Every day is different campaign](https://www.everydayisdifferent.com/home.aspx) and [Skills for Care – Recruitment and retention resources](https://www.skillsforcare.org.uk/Recruitment-retention/Recruitment-and-retention.aspx))
* Monitor trends in recruitment and retention rates.
* Monitor developments that could impact (e.g. minimum wage changes, alternative employers opening in area, changes in right to work policies).
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| **Financial problems** | Potential for provider failure and service closure |  |  | * Review finances, including projections, regularly and realistically.
* Raise concerns early with owners/Board and with commissioners and CQC
* Identify resources and processes for service closure and transfer of clients.
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| **Quality problems** | Potential for service closure by CQC or owner/managerPotential for reputational damage resulting in loss of staff and income |  |  | * Carry out regular internal checks to identify quality issues early.
* Review internal audit/healthcheck procedures and ensure staff aware of how to report and manage concerns.
* Ensure process for seeking early support is clear (eg from parent group, CQC and/or commissioner, external consultant etc).
* Review comments and complaints to identify and prevent quality problems from developing.
* Develop open relationship with CQC inspector.
* Develop clear and open process for responding to service user or carers concerns in a managed and sensitive way.
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| **Checklist for business continuity plans** |
| **Action** | **Tick box** |
| Plan clearly states who is responsible for taking action and by when. |  |
| Plan includes mitigating actions that can be carried out in advance to minimise likelihood of, or limit the impact of, problems. |  |
| Key information required for continuity of care and the business is available in more than one way or location. |  |
| Plan clearly identifies actions to be taken if problems arise. |  |
| Risk assessment has been carried out to identify risk areas in relation to supplies. The procurement of key items such as incontinence products, syringe drivers, PEG feeding tubes and catheters has been identified. |  |
| It has been agreed where the plan will be stored, in what format and how it will be accessed. |  |
| Plan includes contact details for key suppliers, alternative suppliers, as well as maintenance services. |  |
| Plan includes contact details for key commissioners including local authorities, the Care Quality Commission, local health services, and the local health resilience partnership, including, where relevant, out-of-hours contact details. |  |
| There is provision in the plan to record (and budget) for any extra costs resulting from situations outlined in the plan. |  |
| Plan states where the Care Quality Commission and other regulators, such as the Charity Commission, need to be informed.  |  |
| **In an emergency, it’s important to keep a record of actions and decisions, and to debrief afterwards.** |  |

**Action log**

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| **Date** | **Action Taken** |
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**Record useful contact numbers, resources and sources of additional information**

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| **Name** | **Organisation** | **Email** | **Tel** | **Website** |
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**Disclaimer**

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