**Insert company name**

**Business Continuity Policy**

**Version 1**

**Insert date**

Business Continuity Plan

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1. **Purpose**

The purpose of this Business Continuity Plan (BCP) is to identify potential threats to the company and its business operation, and to provide a framework that enables an effective response to these threats to ensure they are dealt with effectively to limit service disruption, reputation and harm to staff or patients.

1. **Objectives**

* To minimise the impact on patient care in the event of a service disruption by resuming normal service operation in a timely manner, and ensuring the safety of staff and visitors is not compromised.
* To effectively manage any incident that may cause a business disruption to the  
  organisation, such as the scenarios below and ensure that we can deliver services in accordance with any service level agreements that are in place.  
  o Staff Shortages (Sickness/Significant Increased Work Volumes/Staff Leaving)

o Loss of Technology (IT/Communications)  
o Denial of Premises (Fire/Flood/Building Closure)  
o Utility Failure (Electricity/Gas/Water)

o Supplier Failure

* To protect reputation of the company and to mitigate negative publicity should an incident occur.
* To reduce the period of disruption to, and operational and financial impacts on, the company whilst maintaining patient focus.
* To fulfil ? Clinic’s corporate governance requirements, fulfil its duty of care and protect the interests of the Directors.

1. **Plan**

**3.1 Introduction**

A Business Continuity Plan (BCP) is a documented collection of procedures and  
information that is developed, compiled and maintained in readiness for use in an incident  
to enable an organisation to continue to deliver its critical activities at an acceptable predefined level (BS NHS 25999:1 Guidance, 2009).

* 1. **Business Continuity Management Personnel**
* **Emergency Planning and Business Continuity Management Group**
  + - Company Director –
    - Clinic Director –
    - Operations Manager –
    - Who else?
  1. **Training and Awareness**
* A BCP meeting takes place annually with all members of the Emergency Planning and Business Continuity Management Group to discuss the policy and make recommendations for improvement.
* The table below outlines the exercises that take place annually to ensure the BCP remains useful and relevant.

|  |  |  |
| --- | --- | --- |
| **EXERCISE** | **PROCESS** | **FREQUENCY** |
| Desk check | Review/amendment of content | Annually |
| Challenge content of BCP | Audit/verification | Annually |
| Walk-through of plan | Challenge content of BCP | Annually |
| Simulation | Use “artificial” situation to validate that the BCP(s) contains both necessary and sufficient information to enable a successful recovery | Annually |
| Exercise critical activities | Invocation in a controlled situation that does not jeopardise business as usual operation | Annually |

* All staff that are named in Section 3.2 of the BCP must confirm annually that they have read and understand the plan. Any amendments to the plan will be sent to all BCP personnel.

**3.4 Business Impact Analysis**

**Business Impact Analysis** is a process of analysing business functions and the effect that a business disruption might have upon them  
(BS NHS 25999:1 Guidance, 2009)

**3.4.1 Analysis of services**

**All services are delivered by clinical staff (as detailed in the by who?) column with the support of the admin team who are based at the head office.**

**Therapy Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Where is it delivered?** | **To whom?** | **By who?** | **Why?** |
| Musculoskeletal Physiotherapy |  |  | . |  |
| Injury Rehabilitation? |  |  | . |  |
| Acupuncture? |  |  |  |  |
| Injection Therapy? |  |  |  |  |
| Sports Massage? |  |  |  |  |

**3.4.2 Consequence of business failure**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **BUSINESS FUNCTIONS** | **Potential threats**  **to service delivery** | **Potential Consequence of inability to deliver business functions** |
| Therapy Services | Musculoskeletal Physiotherapy, Injury rehabilitation,  Acupuncture, Sports Massage,  Running Assessments | Staff sickness  Staff leaving  Unable to recruit  IT failure  Clinic damage/closure | Loss of income  Loss of staff  Damage to reputation |

**3.5 Potential threat management**

**3.5.1 Staff Sickness**

? Clinic has an infection control policy in place to protect staff and patients, and minimise risk of acquiring or transferring pathogens. This policy has been developed in accordance with the Department of Health guidelines; -

* Clean Safe Care, Reducing Infections and Saving Lives” (DH 2008)
* The Health & Social Care Act 2009, “Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance” (DH 2009)

This has recently been updated in accordance with the NICE Guidelines; -

* CG139 Prevention and Control of Healthcare-Associated Infections Pathway” (NICE 2012).

We also have hand wash guidelines display above sinks & alcogel solutions at all locations to ensure good hand hygiene is practiced at all times.

**Reporting of illness**

Staff are required to report directly to their line manager at the earliest opportunity in in the event of sickness. The Clinic Manager will either arrange cover by a suitably qualified member of staff or the clinic will be cancelled, and the appointments re-arranged. Longer periods of sickness absence will be managed by moving suitably qualified staff from other locations to fill the gap and ensure that services can be delivered at all locations in line with SLA’s. If necessary new staff will be recruited in the event of serious prolonged illness.

**Staff access to medical services**All employees of ? Clinic can access Healthcare services including Physiotherapy and Counselling through a direct OH referral. All employee’s are expected to consult their GP in the event of sickness and provisions will be made to allow staff members to attend medical appointments.

**Health and Wellbeing of staff**

All office-based staff will have a DSE assessment to ensure their office workstation is suitable set up to minimise the risk of Musculoskeletal disorders.

Health and Safety risk assessments are conducted at all clinic locations to ensure that the working environment is safe for all staff members and patient to minimise the risk of work related injury or ill health.

**3.5.2 Staffing levels**

? Clinic is a supportive and friendly workplace with the focus on employee happiness and wellbeing. Staff have an annual appraisal or contract review to discuss their progress over the previous year and to provide objectives for their career development over the coming year. Staff turnover is currently very low and staff retention is one of our key strategies for maintaining an effective, knowledgeable workforce. Please refer to the Clinical Governance Policy for more details.

All staff are required to serve the notice period that is stipulated in their contract of employment or Contractors contract. This allows sufficient time to implement the staff recruitment policy and ensure that suitably qualified staff are taken on to fill the gap in the service. We monitor staff utilisation figures to ensure that clinical staff are able to cope with the volume of work in their diaries. Staff are moved around to fill gaps in the service as required, or new suitably qualified staff are taken on to provide additional cover. The demands on the admin team are reviewed by the Operations Manager, and increased levels of service or increased demands on the admin team are discussed by the management team.

During periods of sudden increases in volume of work or unexpected staff shortages, staff members may be asked if they can temporarily increase their working hours to cope with the demand. The use of temporary staff/locums may also be considered if the requirements cannot be met by current staff.

**3.5.3 Data Security**

We contract a dedicated IT management company called to provide guidance about our IT infrastructure, security and to manage all our IT processes to minimise the risk of data breaches and IT failure.

Our Information and Technology Policy covers all areas of IT data security including;

* Laptop Security
* Network Security
* Electronic transfer of Data
* Backing up of Data
* Transfer of Clinical Records

**3.5.4 IT contingency plans**

**Internet Failure**

In the event of Internet failure at any of our locations, staff members are able to use their secure 4G connection from their phone to provide temporary internet, whilst they are awaiting restoration of the Clinic Internet. We will investigate the nature of the fault and liaise with the broadband provider to restore the internet connection as soon as possible. Issues with broadband speed are also investigated and solutions provided.

**Laptop/computer failure**

In the event of a laptop hardware failure, we have a secure courier service which enables us to transport the faulty device for evaluation. A temporary laptop with the same security measures will be delivered for use in whilst awaiting return of the device. If the laptop is irreparable it will be securely destroyed and replaced with another suitable device with the same levels of security. We are also able to log-on to the laptop remotely using a secure connection via the software Team Viewer to fix software issues.

**Power Failure**

All laptops have approximately 3 hours battery charge, so can be continued to be used in the event of a power failure. The user would need to use their mobile 4G for the internet connection if the power supply to the modem is also compromised.

If any location had a disaster such as fire or ongoing power failure, we are able call all patients and ask them to attend one of our alternative clinics until the affected clinic was remedied. All data is stored in the cloud or on our software provider’s secure server which enables us to operate from any location.

**Software Failure**

It is vital that Therapists can access the Clinical Software whist in clinic to access patient information and to input their consultation notes. In the event of clinical software failure, we would contact our software provider to notify them of the problem and the technical team would work on diagnosing the issue and restoring the connection to the software as quickly as possible. Therapists are expected to record and save any clinical information securely, in paper format or on a word document until they can access the clinical software. Once the connection has been restored and information has been transferred to the clinical software, the paper/word document must be destroyed immediately. Any other software failure, such as Outlook, Zoom, Microsoft Teams, 8x8 etc. would be dealt with by our IT support team

**3.5.5 Denial of Premises (fire/flood/building closure)**

? Clinic operate across multiple sites with clinics in a variety of settings including; health clubs, medical clinics and multi-purpose buildings. There are site-specific risk assessments in place at all clinics to inform staff of the procedure to follow in the event of a fire or flood.

If the clinic cannot be accessed due to a major disaster such as a fire or flood, or due to Government Instruction, then the following procedure should be followed;

* Inform the Admin team immediately asking them to cancel all appointments for that day.
* Liaise with the appropriate persons including and not limited to; Health Club Managers, Fire and Rescue Service, Building Managers, Tradesmen to determine the extent of the damage and when the clinic is likely to be fit for purpose.
* If the clinic is expected to be closed for a lengthy period of time or the damage is irreparable, then the relevant person in the Business Continuity Management Group will seek an alternative suitable location to move the location of the clinic.
* Alternative arrangements will need to be made for patients to attend anther clinic or for virtual (video/telephone) consultations to take place.

**3.5.6 Epidemics/Pandemics**

In response to a new threat such as an epidemic or pandemic, a specific infection control procedure will be produced in line with guidance from the CSP, Physio First, Government and Public Health England. We feel we have a duty of care to our patients and have a responsibility to continue to provide therapy services, whether this be in a virtual or face-to-face capacity. The details of the policy will be determined by the specific guidance that has been published and will be updated either monthly, or when there is a change in guidance.

**3.5.7 Utility Failure**

The first person to notice a utility failure should alert the appropriate person immediately. This may be a club or duty Manager at a Health Club, clinic owner at a rented space in a health clinic or the Practice Manager at Head Office. The appropriate action can then be taken to restore utilities in a timely fashion.

If it is possible **and safe** to continue the clinic without the affected utility, then the clinic should continue. If it is not safe to continue, then admin should be notified to cancel appointments until the issue is resolved.

**3.5.8 Supplier Failure**

A monthly stock check takes place at all clinics to ensure there is adequate supply of all therapy equipment and cleaning equipment. There should always be sufficient supply at each clinic to cope with a delay in stock delivery of at least one month to ensure supplies do not run out.

If stock cannot be procured from the regular supplier, then an alternative supplier should be sought to ensure there is no disruption to stock supplies.

Stock is delivered to each clinic monthly by the management team. In the event of the staff member being absent who would normally distribute stock, then an alternative member of the management team will be responsible for ensuring the clinic receives the required stock.

**Document owner –**

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**Relevant documents** – BS NHS 25999:1 Guidance, 2009