UHNS NHS Trust   Information Asset Register ▸ Business Continuity and DR Plans: New Item   I Like It   Tags & Notes

Data Security and Protection Toolkit 2022/2023
Business Continuity and Disaster Recovery Plan

Asset Ref: [   ]

System: [   ] *

Completed By: [   ]

IAO: [   ]

Site: [   ] *▾

Division: [   ] *▾

Directorate: [   ] *

Excluded: ☐ If an exclusion is authorised by the DSP team you will not need to complete the form beyond this point.

Date Completed: [   ] 📅

Date Review Due: [   ] 📅

Any new questions for 22/23 will be highlighted in yellow

This document is intended to supplement the System Level Security Policy and Risk Assessment in place for this system.

This is not intended to replace any site / departmental or Trust Business Continuity plans already in place (as published on the intranet) this is intended to expand on the 'Information Technology' section within those plans.

This document can be used to assist in the case of partial or total failure of IT Systems.

Who is responsible for the Business Continuity for this system?: [   ]

Who is responsible for the Disaster Recovery of this system?: [   ]

Is there any alternative documentation which covers the aspects below? Yes ○ No ◉

Please identify the location and provide a copy to *DSPUHNM@UHNM.nhs.uk*

    Click here to attach a file

When was your business continuity plan last tested and what was the outcome?

Date:
[   ] 📅

What is the agreed test frequency [   ]

Outcome:

Please select the asset classification for this system
[▾]

Critical Functions.

Please list the critical functions provided by this system, that is those aspects required for service provision to continue. Obviously these will be system and departmentally specific but may include things such as; managing appointment details, managing ordering, generating correspondence, recording payment details.

ie	*Sending Appointment Letters*
1	[ ]
2	[ ]
3	[ ]

4	
5	
6	
7	
8	
9	
10	

Affect on service provision of system failure

First 24 hours	
24 - 48 hours	
48-96 hours * New NHSE/I required field*	*
Up to 1 week	
Up to 2 weeks	

Actions to be taken in case of Failure

This will be system specific but may include things such as contacting ICT, contacting suppliers, informing users, instigating manual processes for X etc.

	Action	Responsibility
ie	*Contact PCT Users* *Switch to documented manual processes*	*System Administrator* *Line managers*
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Please list any SOPS or other documentation that should be consulted in case of system failure.

	Document	Location
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Important Contacts in Case of Failure

	Contact Name	Details ie company / department	Contact number / email
ie	ICT Service Desk	ICT call logging	72666
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Resources Required for Recovery

Software

Resource Required	Responsibility to provide
ie Latest Version of Server / Desktop Software	ie Copy held in ICT, IAO to confirm latest version prior to use.

Desktop Hardware

Resource Required	Responsibility to Provide
ie 12 x barcode scanners	ICT to order from supplier

Server Hardware

Resource Required	Responsibility to Provide
ie O/S Windows server 2008	ICT Operations team

Network

Resource Required	Responsibility to Provide

Critical Functions Priority List

In the case that different functionality can be restored in a different order, or that services can be restored to specific areas first what is the order of priority?

Priority	Service	Area	Justification
ie 1	-	Emergency Portals	Heaviest users of system
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Actions to be taken on System Restore

This will be system specific but may include things such as informing users, input data collected though manual processes.

	Action	Responsibility
ie	Input data gathered through manual processes	Line managers
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Useful Forms

Actions and Decisions Log To be completed in the case of system failure, this is a useful tool both for managing the initial failure and reviewing actions at a later stage.

The review status 2018/2019

[dropdown]

2019/2020 review status

[dropdown]

2020/2021 review status

[text field]

21/22 Review Status

[text field]

I agree that the 2022/2023 review of this document is complete

[No, this form is not yet complete]

Submit