|  |
| --- |
|  |
| Part 1 – Plan Resource BBusiness Impact Analysis Templates (Basic, Directorate & Interruption) |
|  |
| Version 2.0, 17 April 2023 |

|  |
| --- |
| Classification: Official |
| Publication approval reference: PR1254 |

|  |  |
| --- | --- |
| **Service Name** |  |
| **1** | **Name of Author:** |  |
| **2** | **Job Title of Author:** |  |
| **3** | **Author telephone and e-mail: +** |  |
| **4** | **Date:** |  |
| **5** | **Business Continuity Lead:** |  |

**Basic Business Impact Analysis Template**

**ACTIVITIES (MAXIMUM PERIOD OF TOLERABLE DISRUPTION (MPTD)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6** | **ESSENTIAL****Activities****Class 0****MPToD: None Permissible**Activities which cannot tolerate any disruption. If activities are not resumed immediately it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services | **HIGH PRIORITY****Activities****Class A****MPToD: 24hrs**Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue. | **MEDIUM PRIORITY****Activities****Class B****MPToD: 48hrs**Activities which can tolerate disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue. | **LOW PRIORITY****Activities****Class C****MPToD: 72hrs+**Activities that could be delayed for 72 hours or more *but are required* in order to return to normal operation conditions and alleviate further disruption to normal conditions. |
| *List activities* | *List activities* | *List activities* | *List activities* |
|  |  |  |  |
|  |  |  |  |

**LOCATION OF SERVICE(S)**

|  |  |  |
| --- | --- | --- |
| **7** | **Name and description of building/service and location:** |  |
| **Alternative location if usual work location is lost:** |  |
| **Estate Provider(s) and Contact Details** |  |

**STAFFING RESOURCES**

|  |  |  |
| --- | --- | --- |
| **8** | **Essential positions & clinical and non-clinical skills required to maintain activities:** |  |
| **Define how you would reorganise to maintain your services and which (if any) of your activities would be reduced/ceased:** |  |
| **Location of staffing contact details:** |  |

**INTERNAL SUPPLIERS**

|  |  |
| --- | --- |
| **9** | **List internal services which your activities rely upon** |
| **Service** | **Service Classification** | **Contact Details (In & Out of Hours** |
|  |  |  |
|  |  |  |

**EXTERNAL SUPPLIERS**

|  |  |
| --- | --- |
| **10** | **List external suppliers which your activities rely upon (include utility suppliers)** |
| **Supplier** | **Contact Numbers****(in hours & Out Of Hours)** | **Other relevant information** |
|  |  |  |
|  |  |  |

**IT & DATA REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| **11** | **Business Critical Software Applications/Data source** |  |
| **IT Failure** |  |

**COMMUNICATION REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| **12** | **Business Critical Communication Systems/Hardware** |  |
| **Loss of Communications** |  |

**EQUIPMENT REQUIREMENTS**

|  |  |
| --- | --- |
| **13** | **List equipment that you regard as activity critical.**  |
| Equipment | Provider | Contact | Alternative Provider (if Appropriate) |
|  |  |  |  |
|  |  |  |  |

**MEDICATION REQUIREMENTS**

|  |  |
| --- | --- |
| **14** | **List Medication (including Medical Gases) that you regard as activity critical.**  |
| Medication | Provider | Contact | Alternative Provider (if Appropriate) |
|  |  |  |  |
|  |  |  |  |

**RECOVERY TIME OBJECTIVES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **15** | **Activity** | **Recovery Priority****(1 being highest priority****4 being lowest)** | **Classification of Service** | **Maximum time Period to recovery****(in hours)** |
|  |  |  |  |
|  |  |  |  |

**FINANCE**

|  |  |  |
| --- | --- | --- |
| **16** | **Full Replacement Costs of Business-Critical Infrastructure – buildings and utilities** |  |
| **Replacement Costs of Business-Critical Equipment (consider availability and time to deliver)** |  |
| **Additional Staff costs****(consider availability of skill set requirements)** |  |
| **Punitive charges – fines/penalties/compensation** |  |

**Directorate Business Impact Analysis Template**

|  |  |
| --- | --- |
| **Service name** | ***Directorate – children and young people*** |
| 1 | Name of author: | *Firstname Surname* |
| 2 | Job title of author: | *Service Director – Children and Young People* |
| 3 | Author telephone and email: | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* |
| 4 | Date: | *dd month YYYY*  |
| 5 | Business continuity lead: | *Firstname Surname, Clinical Lead* |

ACTIVITIES (MAXIMUM PERIOD OF TOLERABLE DISRUPTION (MPTD))

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | ESSENTIALActivitiesClass 0MPToD: None PermissibleActivities which cannot tolerate any disruption. If activities are not resumed immediately it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services | HIGH PRIORITYActivitiesClass AMPToD: 24hrsActivities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue. | MEDIUM PRIORITYActivitiesClass BMPToD: 48hrsActivities which can tolerate disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue. | LOW PRIORITYActivitiesClass CMPToD: 72hrs+Activities that could be delayed for 72 hours or more *but are required* in order to return to normal operation conditions and alleviate further disruption to normal conditions. |
| *List activities* | *List activities* | *List activities* | *List activities* |
| *Inpatient wards (x4) – specialist inpatient care to highly vulnerable adolescents in adolescent units and adults in emergency department units* | *Children’s community nursing service – provide service to very vulnerable physically ill children and young people* | *Community eating disorders* | *Remaining services provided by children and young people directorate*  |
|  | *OSCA – provide outreach and crisis service to young people with mental health problems* | *School health nurses - provision of emergency contraception to students*  |  |
|  | *CAMHS – provision of urgent and emergency assessments* | *CAMHS – provision of routine assessments* |  |
|  | *Specialist dentistry* |  |  |
|  | Recovery time objective | Recovery time objective | Recovery time objective | Recovery time objective |
| 2 hours | 12 hours | 24 hours | 48 hours |

**LOCATION OF SERVICE(S)**

|  |  |  |
| --- | --- | --- |
| 7 | **Name and description of building/service and location:** | *x House, city (directorate base) and locations across the several counties.* |
| **Alternative location of usual work location is lost:** | *See service business continuity plans* |
| **Estate provider(s) and contact details** | *Estates and facilities department, OHFT**Great Western Hospitals NHS Foundation Trust* |

**STAFFING RESOURCES**

|  |  |  |
| --- | --- | --- |
| 8 | **Essential positions & clinical and non-clinical skills required to maintain activities:** | *Staff members who work in above mentioned critical services – see 6,* |
| **Define how you would reorganise to maintain your services and which (if any) of your activities would be reduced/ceased:** | *Senior management would review staffing pressures on services (see 6) and re-allocate staff members to ensure continuation of critical services.* |
| **Location of staffing contact details:** | *Held in service business continuity plans and by the human resources department* |

**INTERNAL SUPPLIERS**

|  |  |
| --- | --- |
| 9 | **List internal services which your activities rely upon** |
| **Service** | **Service classification** | **Contact Details** |
| *gas, water, electricity* | *Utilities* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* |
| *Building maintenance**Grounds maintenance* | *Estates and facilities* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* |
| *Clinical waste disposal* | *Waste disposal* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* |
| *Cook chill meals* | *Catering* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* |
| *Linen supplies* | *Laundry* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* |
| *Medication* | *Pharmacy* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* |
| *Laptops, iPads, mobile phones, Landlines, Pagers* | *Information management and technology* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* |
| *Patient administration system* | *Information management and technology* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* |

**EXTERNAL SUPPLIERS**

|  |  |
| --- | --- |
| 10 | **List external suppliers which your activities rely upon (include utility suppliers)** |
| **Supplier** | **Contact Numbers****(in hours & Out Of Hours)** | **Other relevant information** |
| *Catering, company name* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* | *Supply of cook chill meals to inpatient wards* |
| *Building maintenance, private provider* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* | *Sub contractor to GWH NHS FT* |
| *NHS supply chain* | *0xxxx xxx xxx* *surname.firstname@trust.nhs.uk* |  |

**IT REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| 11 | **Business Critical Software Applications** | 1. *Patient administration system (carenotes)*
2. *e-procurement*
3. *e-financials ledger system*
 |
| **IT Failure** | 1. *Paper notes to be maintained and entered when patient administration system is resumed*
2. *Services encouraged to hold adequate supplies in stock*
3. *IT undertake a daily tape back-up of the database server and there is also an automated file transfer that occurs each night from the live database server to the failover server.*
 |

**COMMUNICATION REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| 12 | **Business critical communication systems/hardware** | *Landlines**Mobiles**iPADs – skype**Email* |
| **Loss of communications** | *Landlines – use mobiles, email and skype**Mobiles – use landlines, email, MS Teams, Pagers**Skype – use mobiles and landlines and email**Email – use mobiles, landlines and skype* |

**EQUIPMENT REQUIREMENTS**

|  |  |
| --- | --- |
| 13 | **List equipment that you regard as activity critical.**  |
| **Equipment** | **Provider** | **Contact** | **Alternative Provider** **(if Appropriate)** |
| *See individual service business continuity plans* |
|  |  |  |  |

**MEDICATION REQUIREMENTS**

|  |  |
| --- | --- |
| 14 | **List medication (including medical gases) that you regard as activity critical.**  |
| **Medication** | **Provider** | **Contact** | **Alternative Provider** **(if Appropriate)** |
| *See individual service business continuity plans* |
|  |  |  |  |

**FINANCE**

|  |  |  |
| --- | --- | --- |
| 15 | **Full replacement costs of business-critical infrastructure – buildings and utilities** | *Costs will vary – dependent on location and type of service provided.* |
| **Replacement costs of business-critical equipment (consider availability and time to deliver)** | *See IM&T business continuity plan* |
| **Additional staff costs****(consider availability of skill set requirements)** | *Refer to staffing solutions for cost of agency workers/bank staff members* |
| **Punitive charges – fines/penalties/compensation** | *Refer to contracts* |

**Interruption BIA Template**

|  |  |
| --- | --- |
| **Service Name** |  |
| **1** | **Name of Author:** |  |
| **2** | **Job Title of Author:** |  |
| **3** | **Author telephone and e-mail: +** |  |
| **4** | **Date:** |  |
| **5** | **Business Continuity Lead:** |  |

**ACTIVITIES (MAXIMUM PERIOD OF TOLERABLE DISRUPTION (MPTD))**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6** | **ESSENTIAL****Activities****Class 0****MPToD: None Permissible**Activities which cannot tolerate any disruption. If activities are not resumed immediately it may result in the loss of life, significantly impact patient outcomes, significant impact on other NHS services | **HIGH PRIORITY****Activities****Class A****MPToD: 24hrs**Activities which can tolerate very short periods of disruption. If activities are not resumed within 24hrs patient care may be compromised, infrastructure may be lost and/or may result in significant loss of revenue. | **MEDIUM PRIORITY****Activities****Class B****MPToD: 48hrs**Activities which can tolerate disruption between 24hr & 48hr. If service / functions are not resumed in this time frame it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue. | **LOW PRIORITY****Activities****Class C****MPToD: 72hrs+**Activities that could be delayed for 72 hours or more *but are required* in order to return to normal operation conditions and alleviate further disruption to normal conditions. |
| *List activities* | *List activities* | *List activities* | *List activities* |
|  |  |  |  |
|  |  |  |  |

**LOCATION OF SERVICE(S)**

|  |  |  |
| --- | --- | --- |
| **7** | **Name and description of building/service and location:** |  |
| **Alternative location if usual work location is lost:** |  |
| **Estate Provider(s) and Contact Details** |  |

**STAFFING RESOURCES**

|  |  |  |
| --- | --- | --- |
| **8** | **Essential positions & clinical and non-clinical skills required to maintain activities:** |  |
| **Define how you would reorganise to maintain your services and which (if any) of your activities would be reduced/ceased:** |  |
| **Location of staffing contact details:** |  |

**INTERNAL SUPPLIERS**

|  |  |
| --- | --- |
| **9** | **List internal services which your activities rely upon** |
| **Service** | **Service Classification***(corporate/clinical/Support)* | **Contact Details** |
|  |  |  |
|  |  |  |

**EXTERNAL SUPPLIERS**

|  |  |
| --- | --- |
| **10** | **List external suppliers which your activities rely upon (include utility suppliers)** |
| **Supplier** | **Contact Numbers****(in hours & Out Of Hours)** | **Other relevant information** |
|  |  |  |
|  |  |  |

**IT REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| **11** | **Business Critical Software Applications** |  |
| **IT Failure** |  |

**COMMUNICATION REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| **12** | **Business Critical Communication Systems/Hardware** |  |
| **Loss of Communications** |  |

**EQUIPMENT REQUIREMENTS**

|  |  |
| --- | --- |
| **13** | **List equipment that you regard as activity critical.**  |
| Equipment | Provider | Contact | Alternative Provider (if Appropriate) |
|  |  |  |  |
|  |  |  |  |

**MEDICATION REQUIREMENTS**

|  |  |
| --- | --- |
| **14** | **List Medication (including Medical Gases) that you regard as activity critical.**  |
| Medication | Provider | Contact | Alternative Provider (if Appropriate) |
|  |  |  |  |
|  |  |  |  |

**RECOVERY TIME OBJECTIVES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **15** | **Activity** | **Recovery Priority****(1 being highest priority****4 being lowest)** | **Classification of Service** | **Maximum time Period to recovery****(in hours)** |
|  |  |  |  |
|  |  |  |  |

**FINANCE**

|  |  |  |
| --- | --- | --- |
| **16** | **Full Replacement Costs of Business Critical Infrastructure – buildings and utilities** |  |
| **Replacement Costs of Business Critical Equipment (consider availability and time to deliver)** |  |
| **Additional Staff costs****(consider availability of skill set requirements)** |  |
| **Punitive charges – fines/penalties/compensation** |  |