Handover to Business as Usual

(BAU)

*Purpose of document*

* *To provide a check that all relevant operational requirements are in place before handover to the Informatics Operations Section.*
* *NB. Systems may be handed over to support with some items outstanding however the final decision on whether those items are classed as essential to the support process or not lay with the relevant support team managers e.g. Service desk, software support, server and network support*
* *This document is to be started at the beginning of a project and sections can be completed throughout the project process*

Version Control

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version no.** | **Description of version change** | **Date** | **Author** | **Approvers** |
|   |   |   |   |   |
| 0.1 | Initial version | 03/11/20 | Natasja Dumay |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirements** | **Completed? Y/N** | **Date of Sign-off** | **Accepted by** |
| **Senior Managers’ requirements** | **Directorate Manager / Service Manager / Informatics Managers** |
| Initial Project timeline and key stages |  |  |  |
| **Information Governance sign-off***The Informatics Development team are responsible for completion of this section for all applications developed by them.* | **Information Governance Manager** |
| Data Protection Impact Assessment (DPIA) |   |  |  |
| Information Sharing Protocol*Unless a suitably robust contract is in place, which must be evidenced and signed off by IG Manager* |   |  |  |
| IG Data Flow map |  |  |  |
| List of Users and their access rights |  |  |  |
| Business continuity/ disaster recovery (Appendix E) |  |  |  |
| Audit of Information Asset Register*Identification of the IAA & IAO and confirmation of addition to the directorate system asset register.*  |  |  |  |
| ***Please follow Information Governance processes, guidance for which can be found under:***[**Information Governance Policy and Strategic Management Framework**](http://ig/FlippingBooks/IG_Policy_and_Strategic_Management_Framework/index.html) **(IG)*****IG templates can be found under:***[**Data Protection Impact Assessment (DPIA)**](http://ig/media/1387/dpia-template-v2-february-2019.xlsm) [**IG Audit of Information Assets**](http://ig/media/1316/t-policies-sops-guidance-ig-sops-6-data-protection-confidentiality-and-security-sop-dpcs-003-ig-compliance-audit-appendices-sop-dpcs-003-appendix-c-iaa-audit-template.xlsx)[I**G Checklist**](http://ig/policies-procedures-and-guidance/http%3A/ig/media/1382/v-audits-audit-ig-audit-and-checklist-2018-ward-department-ig-checklist-v12.xlsm)**IG Data Flow****Information Sharing Protocol** |

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| **Requirements** | **Completed? Y/N** | **Date of Sign-off** | **Accepted by** |
| **Application Support sign-off**  | **Application Support Manager** |
| User training undertaken |  |  |  |
| Sys Admin training undertaken if appropriate |  |  |  |
| Account Management process agreed and documented (Appendix C) |  |  |  |
| Issues Log created |  |  |  |
| Known errors and fixes documented *(Appendix D)* |  |  |  |
| Business Continuity/Disaster Recovery Plans documented (Appendix E)*These plans are the responsibility of the Information Asset Owner (IAO) and Information Asset Administrator (IAA)* |  |  |  |
| Topology diagram received (see example Appendix I) |  |  |  |
| Services Folder created on Share |  |  |  |

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| **Requirements** | **Completed? Y/N** | **Date of Sign-off** | **Accepted by** |
| **Infrastructure sign-off**  | **IT Operations Manager** |
| Infrastructure Training *Training needs identified* |  |  |  |
| Training completed  |  |  |  |
| Database Administration*Maintenance plan in place* |  |  |  |
| Database Acceptance forms completed (see Appendix F) |  |  |  |
| Support documentation Received |  |  |  |
| Restore procedure documented |  |  |  |
| Backup *Backup requirements received from Project Manager (see Appendix G)* |  |  |  |
| Backup plan documented and in place |  |  |  |
| Retention period agreed |  |  |  |
| Restore process tested satisfactory |  |  |  |
| Citrix *Installation instructions received* |  |  |  |
| Supplier reference documents received |  |  |  |
| Received supplier confirmation that application is Citrix compatible |  |  |  |
| Application tested |  |  |  |
| Tested against all applications |  |  |  |
| Server*Build sheet signed off* |  |  |  |
| Service Packs and patches up to date |  |  |  |
| Insight agents loaded |  |  |  |

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| --- | --- | --- | --- |
| **Requirements** | **Completed? Y/N** | **Date of Sign-off** | **Accepted by** |
| **Training sign-off**  | **IT Training Manager / Departmental Trainer** |
| *Please see Appendix H for full details of requirements* |  |

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| **Requirements** | **Completed? Y/N** | **Date of Sign-off** | **Accepted by** |
| **Service Support sign-off** | **IT Operations Manager** |
| Service catalogue completed (*Appendix A*) |  |  |  |
| Installation instructions documented and received |  |  |  |
| Call logging process identified and documented (*Appendix B)* |  |  |  |
| Escalation process documented |  |  |  |
| Training undertaken |  |  |  |
| Supplier SLA received |  |  |  |
| Release/go-live date |  |  |  |

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| --- | --- | --- | --- |
| **Requirements** | **Completed? Y/N** | **Date of Sign-off** | **Accepted by** |
| **Information Services sign-off** | **Business Intelligence Manager** |
| Schema Guide or similar received |  |  |  |
| Reporting requirements received |  |  |  |

# **APPENDIX A** – Service Catalogue

|  |  |
| --- | --- |
| Name of Application/service | *This section to be completed by department Service Manager/Project Manager/Development Team* |
| Department(s) | *Please indicate all departments that will use the application / process* |
| Description of intended use*(please also state if clinical or non-clinical or both)* |  |
| *User Base**(number of users required)* |  |
|  |
| CONTACTS (name and contact details) |
| Project / Service Manager |  |
| **System Administrator**  |  |
| **Process owner** |  |
| **Information Asset Admin (IAA)** |  |
| **Information Asset Owner (IAO)** |  |
| **Super users** |  |
| Supplier Account / Project Manager |  |
|  |
| CONTRACT |
| **Contract title & location** |  |
| **Contract start date** |  |
| **Contract end date** |  |
| **Maintenance renewal date** |  |
|  |
| USER ACCESS |
| **Management of Accounts** |  |
| Account management*(Remember to complete the IT User Request form)* | *Please indicate the department and staff responsible for account management – e.g. department’s own system administrator or Application Support team?* |
| **Password resets** | *Please indicate the department and staff responsible for password re-sets* |
|  |
| SERVICE SUPPORT |
| **Service Criticality** |   |
|  | 24/7 |
| **VMware Site Recovery Manager prioritised** | YES/NO *This section to be completed by Informatics Project Manager / Technical Project Manager* |
| **Service Times****(Department/Application)** |   |
| Service Provided |   |
| Contact details |   |
| **Service Times****(Informatics Service Desk)** | *This section to be completed by Informatics Project Manager / Technical Project Manager* |
| Service Provided |  |
| Contact details |   |
| **Service Times*****(*SupplierService Desk)** |   |
| Service Provided |   |
| Contact details |  |
| **Out of Hours Support:** | *This section to be completed by Informatics Project Manager / Technical Project Manager* |
| Cover Out of Hours |   |
| Level of support |   |
| **Support Limitations** | *This section to be completed by the Informatics department* |
|  |
| SOFTWARE  |
| **Software Licensing** |  |
| Client software licensing |   |
| Server Licensing |  |
| **Installation Date** |  |
| **System Live Date** |  |
| **System Live version number** |  |
| **Software details** |  |
| Client software location | *For installation purposes* |
| Client software deployment | *Please indicate whether software is deployed Fat or via Citrix, or both* |
| **System Upgrade** |  |
| Date |   |
| Version Number |   |
| Tested by |   |
| Completed |  |
| Upgrade details |   |
| **Infrastructure and dependencies** |  |
| **Pre-requisites** |   |
| **Interfaces** |   |
| **Server details** |  |
| Production server name and location |  |
| IP Address |  |
| Development server name and location |  |
| IP Address |  |
| Training server name and location |  |
| IP Address |  |
| **Database details** |  |
| Database type |  |
| Database Name |  |
| Database Location |  |
| **Backup**  |  |
| Responsibility |   |
| Type | *e.g. tape, Snap manager* |
| Location |  |
| Frequency |  |
| Setup by |  |
| **Mapped drive requirements** |  |
| Drive 1 |  |
| Used by |  |
| Drive 2 |  |
| Used by |  |
| Drive 3 |  |
| Used by |  |
|  |
| TRAINING |
| **Training undertaken by** |   |
| Type of Training |  |
| Contact number |   |
| Responsibility for ongoing training |    |
|  |  |
| **Other Limitations** |  |
|  |  |
| **Other Comments** |  |
| **Attachments** |  |
| Title / Description |   |
| Date  |  |
| Hyperlink |   |
|  |  |
| Title / Description |  |
| Date |  |
| Hyperlink |  |

# APPENDIX B – Call Logging Process (Helpdesk)

# APPENDIX C - Account Management Process

*The purpose of this appendix is to describe and map the account management process to ensure that only authorised users have access to this system.*

|  |
| --- |
| Title of Process – Account Management |
|  |
| Area 3 effected | O/P to other processStep 7 of the processStep 2 of the processStep 1 of the process |
| Area 2 effected | End of the processStep 3 of the process Step 4 of the process where 2 areas are affected |
| Area 1 effected | Step 6 of the process(Decision)I/P from other processStep 5 of the process  |

# APPENDIX D – Fixes Template

The purpose of this document is to define fixes and workarounds for known issues

Issue Description

Solution

Process flow

Example Screenshots

# APPENDIX E – Disaster Recovery Plan

This plan outlines the procedures to be followed in the event of a disaster affecting system [*insert application name]*

|  |  |  |
| --- | --- | --- |
| **Review Date** | **Reviewed by**  | **Date completed** |
|  |  |  |

**General details**

|  |  |
| --- | --- |
| **Author of this plan** |  |
| **Plan authorised by** |   |
| **Date of issue** |  |
| **Due date for revision of plan** |  |
| **Date of test of plan** |  |
| **Due date for the next test of plan** |  |
| **Disaster Recovery Team for this system** |  |
| **Contact details for Disaster Recovery Team**  | As Above |
| **Escalation Process** |  |

The plan is divided into the following sections outlining what will be required in the following events:

1. Short-term failure – up to 24 hours
2. Medium-term failure – between one and two working days
3. Long-term failure – greater than two working days
4. Identify hardware/software failure points
5. Test plan
6. Communication Plan Out of Hours
7. Communications Plan During office hours

## Short-term failure

|  |  |  |
| --- | --- | --- |
| **Description of short-term failure** | **Actions to be taken** | **By Whom** |
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## Medium-term failure

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| **Description of medium-term failure** | **Actions to be taken** | **By Whom** |
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## Long-term failure

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| **Description of Long-term failure** | **Actions to be taken** | **By Whom** |
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## Identify hardware/software failure points

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| --- | --- | --- | --- | --- |
| **Failure Point** | **Action required** | **Actioned by** | **Completion date** | **Trust sign off by** |
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## TEST PLAN – Specification of System for Reference

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| --- | --- | --- | --- | --- |
| **TEST NO** | **CONDITION TO BE TESTED** | **INPUT REQUIRED** | **EXPECTED RESULT** | **ACTUAL RESULT** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

|  |
| --- |
| Department Signoff of completed test plan:User name………………………………….Department………………………………...Signature…………………………………...Date……………………………………….., |

## Communications Plan (Out of Hours) – Outages

*If a project Communication Plan has been created using a project template, please insert a hyperlink to that completed document in this section and remove the table below. If a separate Communication Plan has not been completed, the table below must be completed.*

*The purpose of this document is to define the process and form the basis for its overall management. This communication plan is to be used when system changes or outages occur or are planned. All system change communications to be accompanied by relevant Change Control Notice. This communication plan is to be used when system outages occur.*

|  |
| --- |
| **Communication Plan** |
| **System:**  |  |
| **System Owner:** |  |
| **Department affected:** |  |
| **Last updated:** |  |
| **Company/Department** | **Staff to be contacted**  | **Contact information** | **Role** | **Required** |
| **System Supplier 1** |  |  |  |  |  |
| **System Supplier 2** |  |  |  |  |  |
| **System Supplier 3** |  |  |  |  |  |
| **System administrator:** |  |  |  |  |  |
| **Service provider 1** |  |  |  |  |  |
| **Service provider 2** |  |  |  |  |  |
| **Service provider 3** |  |  |  |  |  |
| **SITE Coordinator** | **Switchboard** | **Dial 0** | **Site co-ordinator** | **Mandatory** |
| **DIT On call technician** **(Out of Hours only)** | **IT On Call** | sft.itservicedesk@nhs.net*[Insert designated ‘on call’ mobile number]* | **IT On call technician** | **Mandatory** |
| **Other:** *(as required)* |  |  |  |  |
| **Other:** *(as required)* |  |  |  |  |

**Note: Where the system interfaces with other systems, all interested/affected parties need to be made aware**

## Communications Plan – Outages during Working day

*If a project Communication Plan has been created using a project template, please insert a hyperlink to that completed document in this section and remove the table below. If a separate Communication Plan has not been completed, the table below must be completed. The purpose of this document is to define the process and form the basis for its overall management. This communication plan is to be used when system changes or outages occur or are planned. All system change communications to be accompanied by relevant Change Control Notice. This communication plan is to be used when system outages occur.*

|  |
| --- |
| **Communication Plan:** |
| **System:**  |  |
| **System Owner:** |  |
| **Department affected:** |  |
| **Last updated:** |  |
| **Company/Department** | **Staff to be contacted**  | **Contact information** | **Role** | **Required** |
| **System Supplier 1** |  |  |  |  |  |
| **System Supplier 2** |  |  |  |  |  |
| **System Supplier 3** |  |  |  |  |  |
| **System administrator:** |  |  |  |  |  |
| **Service provider 1** |  |  |  |  |  |
| **Service provider 2** |  |  |  |  |  |
| **Service provider 3** |  |  |  |  |  |
| **Information Services:** |  |  |  |  |
| **Information Technology** |  |  |  |  |
| **Information Technology** |  |  |  |  |
| **Other :** *(as required)* |  |  |  |  |
| **Other:** *(as required)* |  |  |  |  |
| **Other:** *(as required)* |  |  |  |  |

**NOTES: Update the white board outside of the Head of Informatics office with details of incident (to include description of incident, date/time and severity level). Where the system interfaces with other systems, all interested/affected parties need to be made aware.**

# APPENDIX F – Database Acceptance Form

*This plan describes the information required for database acceptance*

|  |  |
| --- | --- |
| **Database Name** |  |
| **SQL version compliance** **e.g. 2008** |  |
| **Initial population DB size** |  |
| **Or select range** | <50Mb |  | 51-500Mb |  | 502Mb-4Gb |  | 4Gb |  |
| **Estimated Growth Rate**i.e. 50Mb/month/10%per annum |  |
| **Estimated No. of concurrent users** |  |
| **Database logins** | *Please list all database and SQL logins created for this application or fro process use. Do not list user logins.* |
| **Database Objects** | *Please list all bespoke jobs, stored procedures, DTS/SiSS packages (if necessary please continue on a separate sheet* |

# APPENDIX G – BACKUP SCHEDULE

*This plan describes the information required for database acceptance*

Trust Standard Backup Schedule

* Daily backups - run Monday to Thursday @ 17:15 (or a time specified by the project manager) and are Differential.
* Weekly backups - run Fridays @ 17:15 (or a time specified by the project manager) and are Full.
* Monthly backups - are a weekly set of tapes that have been put to one side and re-labelled as Monthly. Then a new stack of tapes are assembled to replace the weekly tapes.

Monthly tapes are kept in the data store with the newest 6 months in the fire proof safe. Tapes are kept for 12 months then re-used.

|  |  |
| --- | --- |
| **Data\Backup Retention (If Known)** (e.g. how long to keep the backup tapes for - 6months, 1 year)  |  |
| **Backup Frequency**(Daily, Weekly, Monthly – Trust standard is Daily)  |  |
| **Drives\Folders**(location/s of data to be backed up e.g. C:\Data)  |  |
| **Backup Exec License** (e.g. 10d, 12 or 12.5) |  |
| **When would you like the backup job to start?** (server go-live date etc) |  |

# Appendix H – IT Training Checklist

*Training Checklist: To be Agreed by Project Manager and IT Training Manager*

|  |  |  |
| --- | --- | --- |
| **Task:** | **Detail:** | **Progress:** |
| **Training Plan** | What? Who? Where? When? Overall plan and TimescaleSponsor?Subject matter expert(s) to support project |  |
| **Training Methodology** | **How to train?**e.g. classroom, e-learning, peripatetic, open sessions |  |
| **Is a Training Database required?** | **If Yes:**Where is it located?How many records are in itHow is it going to be populatedHow is it going to be updated**If No:**What will be used for training exercises/demonstrations |  |
| **Training Design** | What existing resources can be used?What support materials are needed?Has the Training package been sign off? By whom?How do we test user competency?How do we evaluate the training? |  |
| **Transition** | Train the TrainerTraining of support teams (e.g. Service Desk; Application Support)Update Roles MatrixUpdate Account Mgt SystemUpdate MLE (subject/module/workshop)Detailed planning of rollout trainingPlan for inclusion within support training |  |
| **Operational Training** | Support materials availability e.g. Intranet, shared driveSupport training requirementsTraining Script Review CycleTraining materials Review CycleE-learning Review Cycle |  |

## **Appendix I –Topology Diagram**

*Include a diagram to show the technical architecture that supports the application that is being implemented. For example:*

