# XX Dept. Business Impact Analysis (BIA)

Owner of XX Dept. BIA	[Name of individual with ultimate authority in the department]
Job Title	[Job title of the above individual]
Contact Details	[Telephone number and email of individual]

Description of XX Department	<brief #="" any="" department="" description="" e.g.="" etc="" facts="" figures="" key="" of="" patients="" the="" with="" year=""></brief>

## Critical Activities (Maximum Period of Tolerable Disruption (MPTD))

ESSENTIAL Activities Class 0	HIGH PRIORITY Activities Class A	MEDIUM PRIORITY Activities Class B	LOW PRIORITY Activities Class C	
MPTD: 0-1hr	MPTD: 24hrs	MPTD: 48hrs	MPTD: 72hrs+	
Activities which cannot tolerate any disruption. If activities are not resumed within 1 hr it may result in the loss of life, significantly impact patient outcomes, have significant impact on other SFT services	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	Activities which can tolerate disruption between 24-48 hrs. If service/functions are not resumed within this timeframe it may result in deterioration in patient(s) condition, infrastructure or significant loss of revenue.	Activities that could be delayed for 72 hrs or more <u>but are required</u> 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 Department

Location of XX Department:	[Ward/Block, Floor No. etc]
Alternative location if usual work location is lost:	<if block="" inaccessible="" is="" place?="" take="" the="" ward="" where="" will="" work=""></if>
Contacts in case relocation is required:	<e.g. +="" estates="" it="" number="" number,="" phone="" site="" team=""></e.g.>

#### **Staffing Resources**

Essential Positions & Clinical and non-clinical skills required to maintain activities:	<list delivery="" essential="" maintain="" only="" service="" those="" to=""></list>
Reorganisation and activities which can be reduced/ceased:	<define (if="" activities="" and="" any)="" be="" ceased="" how="" maintain="" of="" reduced="" reorganise="" services="" to="" which="" would="" you="" your=""></define>
	(Remember: some staff may be able to be redeployed to support you in a higher class of activity)
Contacts in case action is required:	[e.g. Staff contact details and location as to where they are kept, OD&P + phone number, Bank Staff + phone number, Ultimate Decision Maker + phone number]

## IT Requirements

Business Critical Software Applications:	[Name of critical software]
IT Failure:	<define a="" affect<br="" failure="" general="" how="" it="" loss="" of="" or="" software="" would="">your service. Indicate how your service would operate pending its restoration.&gt;</define>
Contacts in case of an IT failure:	[e.g. IAA + phone number, IAO + phone number, DMT + phone number]

## **Communication Requirements**

Business Critical Communication Systems/Hardware:	<define business="" communication="" critical="" hardware<br="" systems="" your="">(VOIP/mobile phones), include those which are patient and none patient facing.&gt;</define>
Loss of Communications:	<pre><define a="" affect="" communications="" failure="" how="" pre="" service.<="" would="" your=""></define></pre>
	Indicate how your service would operate pending its restoration and alternative ways of working that may be required.>
Contacts in case of a Communications failure:	

## Appendix A – Business Continuity Policy: BIA Template

## Equipment Requirements

Equipment that is activity critical						
Equipment	Owned	Loaned	Rental	Provider	Contact	Is Service Level Agreement required and in date?
					[Name of contact + phone number]	[Yes/No – include date of the agreement if applicable]

## **Medication Requirements**

Medication (including medical gases) that are activity critical						
Medication Provider Contact Alternative Provider   (if appropriate) (if appropriate) (if appropriate)						

## **Internal Suppliers**

Internal Services which your activities rely upon					
Supplier	Contact Numbers Other relevant information				

## **External Suppliers**

External Services which your activities rely upon (include utility suppliers)					
Supplier	Contact Numbers Other relevant information				
		<e.g. by="" estates="" etc="" managed=""></e.g.>			

## Appendix A – Business Continuity Policy: BIA Template

## **Recovery Time Objectives**

Activity	Recovery Priority (1 being highest, 4 being lowest)	MPTD Class	Maximum time period to recovery (in hours)	Does priority of activity change at certain times of month/year?	Additional comments