YOUR PROGRAMME WORKING PACK

Make the next cyber decision clearer.

A practical record for care-provider leaders, service managers, technical colleagues and boards. Understand the service, rehearse the response and keep unresolved decisions visible.

What you should leave with

An account of the services your care provision depends on, the people responsible, the evidence examined and the questions still needing an answer. Use the records to agree the next action and when someone will return to check it.

01 / Map one essential care service

You can explain what the service enables, who owns its operation, how interruption would be managed and which evidence or decision is still needed.

02 / Rehearse a shift without normal digital access

Your team has identified which handovers work, which capability remains assumed and who will repair and check the most important gap.

03 / Define the result you need from cyber expertise

You have an explainable commission with a defined scope, accountable roles, useful deliverables and a route for checking improvement.

How to use the pack

Begin with one service or one care-shift scenario. Read the relevant guide, then complete its record with the people who understand the provision. Separate an assurance received from evidence checked, and an action agreed from work verified. The action record on page 6 and leadership review on page 9 bring the decisions together.

> Complete this blank record locally, on paper or in a PDF reader. It does not send information to Care Circle Network. Keep it within your organisation’s approved records. Do not enter passwords, resident or service-user information, home-entry details, personal incident details, network configurations or other sensitive technical material.

Published guidance. Original working method.

The linked public guidance and sector resources provide the reference points. Care Circle Network’s guides, rehearsal approach and records are original working tools, not official templates, certification or an assessment of your provision. Apply each source within its stated scope. Use approved continuity and professional arrangements for care decisions. The source key on page 9 keeps the links and scope visible.

01 / ESSENTIAL SERVICE GUIDE

Map one essential care service

Connect a care function with the people, information, access and providers needed to deliver it. Use the record to agree the next decision without circulating personal care records or sensitive technical detail.

When to use it: Use with the responsible care manager and technical support before a supplier review, service change, continuity exercise or governing discussion.

Start with the function people rely on

Choose one function whose interruption would matter to the people drawing on care: coordinating homecare visits, passing an agreed shift handover or reaching authorised information needed by staff. Describe the function before naming the application. This helps the care manager, office team and technical provider discuss the same practical outcome.

Bring the care and technical accounts together

Ask the operational owner to explain how the function works through an ordinary shift. Ask technical support which applications, connections, accounts and external organisations make that possible. Identify the person who coordinates a question across those responsibilities. A care group may have central contracts alongside local purchases; a homecare service may depend on staff reaching support while away from the office.

Follow access and information without copying the records

Trace the authorised route to the information or action required. Include relevant identity, device, connectivity, software, integration, power and support dependencies. Ask competent technical colleagues to confirm what is shared with other services. Keep an uncertainty visible where the organisation cannot yet establish the complete picture.

Explain the approved alternative and its limits

Ask care staff to identify the existing contingency for losing normal access. Establish who authorises it, how staff receive the instruction and how information remains protected and sufficiently current. An alternative that depends on the unavailable login or the absent manager needs further work. Do not create a new care procedure simply to fill the card.

Carry one clear decision forward

Record the most consequential unresolved question, the evidence needed and the role authorised to decide. Agree an action owner, review date and way to verify completion. Where the answer depends on funding or another organisation, show that dependency rather than assigning responsibility to someone unable to resolve it.

Keep individual care needs and clinical decisions within established professional arrangements. This planning record is not a clinical protocol, system audit or certification of compliance.

Continue to page 3 to record the service, its dependencies and the evidence still needed.

Read the complete guide: https://carecirclenetwork.co.uk/cyber-resilience/guides/essential-care-service

02 / SERVICE AND DEPENDENCY RECORD

Start with one essential service.

Use service names and references to approved records. Record the care-service consequence and responsibility, without copying sensitive technical details into this pack.

Care function and purpose

What function is being mapped, and what does it enable people and staff to do? Use no identifiable care information.

Service setting and hours

Which homes, teams, branches or operating periods are covered, including nights or remote work where relevant?

Operational owner and deputy

Which roles own the care function and provide cover? Reference approved work contacts rather than circulating personal contact lists.

Technical and provider responsibilities

Which internal teams, software suppliers, IT providers and other organisations support it? Who coordinates across them?

Dependencies

Which identity, device, connectivity, software, integration, power and support dependencies have competent colleagues confirmed?

Access and information responsibility

Who approves access and confirms the information purpose? Reference protected records; include no credentials or personal care records.

Interruption consequence

What would be affected, and which competent care or clinical role determines the appropriate response?

Approved contingency

Which existing alternative applies, who authorises it and where can authorised staff find protected instructions?

Evidence and scope

What assurance, rehearsal or restoration evidence was examined, by whom and when? What did it not cover?

Return-to-service acceptance

Who checks technical readiness and who accepts the care function, including relevant information checks and reconciliation?

Next decision and owner

What remains unresolved, what evidence or resource is needed and which role owns the next action?

Verification and review

How will improvement be checked, by when, and which service or provider change will prompt another review?

03 / REHEARSAL PREPARATION

Rehearse one care shift.

Use this illustrative 45-minute discussion to practise the reporting, communication and decision handovers around disruption. Work from the service's approved continuity plan and fictional exercise information.

When to use it: Schedule with the responsible manager and relevant care, technical and information-governance colleagues while reviewing continuity arrangements. This is preparation, not a live-incident procedure.

Minutes 0 to 5: agree the setting and boundaries

Choose either a care-home shift or a homecare team preparing its visits. Appoint a facilitator and recorder. Include the responsible manager, shift or care coordinator, technical support, information-governance representative and communications role. Involve the relevant clinical lead where the service requires clinical judgement. Identify deputies and the out-of-hours decision route.

Minutes 5 to 15: introduce the interrupted handover

Read this illustrative scenario: at the start of a shift, the team cannot reach its normal coordination system or work email. The cause and extent are unknown. Ask who receives the first concern, how that person reaches authorised support and who coordinates the provider's response. Locate the approved alternative contact route rather than assuming the usual directory is available.

Minutes 15 to 30: test communication and the next shift

Add two fictional developments: a member of staff away from the office needs an instruction, and a family requests an update. Who confirms the facts, decides what can be shared and authorises the message? Ask how the approved route protects information and how staff know which instruction is current. Include any accessibility or communication support relevant to the service.

Minutes 30 to 40: examine usable recovery

The facilitator supplies a fictional update: a supplier says an application is available again, but some questions remain open. Ask who interprets that assurance and what the technical and care leads need before accepting use. Consider the authorised access, relevant information checks and reconciliation of temporary records required by the service's existing arrangements.

Minutes 40 to 45: agree the improvement and repeat

Choose the gap with the most consequential effect on the service. Record an action owner, decision-maker, completion date and a way to verify the repair. Note what worked and what remained an assumption. If a real concern emerges, stop that part of the exercise and activate the service's actual reporting and escalation arrangements.

Use fictional messages and approved examples. Do not disable accounts, disconnect equipment or simulate an attack on live systems. A discussion cannot prove that backups restore, systems are clean or records are complete. It does not authorise live-system changes or clinical decisions.

Use page 5 to record what was demonstrated, what remains assumed and what needs work.

Read the complete guide: https://carecirclenetwork.co.uk/cyber-resilience/guides/care-shift-rehearsal

04 / EXERCISE OBSERVATION

Keep the discussion close to the care shift.

Record decisions and observations from the agreed exercise. A discussion is not a live technical test or proof that every service can be restored.

Exercise scope

Date, setting, function examined, facilitator, recorder and participating roles. Use fictional or approved exercise information.

Roles and deputies

Which roles coordinate the response, technical work, care decisions, clinical advice where relevant and communication? What is the approved out-of-hours route?

First report and escalation

What route was located or demonstrated, and who received and assessed the concern?

Approved operational contingency

Which existing instruction applied to the home shift or homecare coordination? Which part remained unclear?

Communication decision

Who confirmed the facts, approved the message and identified the protected route for staff, people drawing on care and families?

Care and clinical judgement

Which competent roles would assess the service consequence? Record the authority and advice route, not individual treatment or care instructions.

Shift handover

Could the deputy locate the current decision and carry the agreed arrangement into the next shift?

Recovery acceptance

Which technical evidence, information checks and care acceptance would be needed before ordinary use resumed?

Demonstrated and assumed

What did the discussion actually demonstrate? What remains untested or needs a separate authorised assessment?

Repair and verification

What will improve, which role owns it, when is it due and how will the affected handover be rehearsed again?

05 / OWNED FOLLOW-THROUGH

Give each unresolved action an owner.

Choose the actions that matter after the service review or rehearsal. Give each a clear output and an agreed way to verify completion.

Action 01

What needs to change, and why?

Refer to the relevant service or observation. Keep confidential detail in the approved source record.

Responsible person or role

Who has agreed to carry this through?

Agreed due / review date

When will progress be checked?

Evidence needed and who will verify it

What would show the action has worked? Name the person who will check the result.

Action 02

What needs to change, and why?

Refer to the relevant service or observation. Keep confidential detail in the approved source record.

Responsible person or role

Who has agreed to carry this through?

Agreed due / review date

When will progress be checked?

Evidence needed and who will verify it

What would show the action has worked? Name the person who will check the result.

06 / COMMISSIONING GUIDE

Define the result you need from cyber expertise

Prepare a proportionate brief for specialist work around a defined care-service question. Agree authority, privacy, coordination with existing providers and the evidence needed to accept the result.

When to use it: Use when existing support identifies a gap requiring additional expertise, or before commissioning assessment, monitoring, investigation, exercising or independent verification.

Explain the care-service question

Describe the affected function and the uncertainty that needs resolution. A supplier answer may leave one service outside its scope, a rehearsal may reveal an unclear response route or nobody may be able to establish what was restored in the last test. Separate missing information from a confirmed control failure. The proposed work should address the actual question.

Set scope, authority and protected access

Identify the services, locations and provider relationships included. Record exclusions and constraints around shifts, visits, staff availability and sensitive processing. Agree who can authorise work, what changes require further approval and how an unexpected finding will be escalated. A request for a review does not itself authorise technical testing or changes to a live care service.

Join the specialist to the existing service

Name the coordinating roles for the care provider, current IT support, application supplier and specialist. Agree who supplies the relevant evidence, who interprets it and who implements a remedy. Where a matter crosses several contracts, identify who keeps it moving. Extra expertise should make the response more manageable rather than leave each organisation waiting for another.

Specify useful deliverables and the full commitment

Match the evidence to the work. An assessment needs interpreted findings, priorities and limitations. Monitoring needs clear coverage, hours and an alert-to-response route. An investigation needs authorised evidence handling and appropriately qualified conclusions. An exercise should record what was demonstrated, what remained assumed and which improvement needs a further test. Ask for an intelligible leadership summary alongside protected technical detail.

Agree acceptance and follow-through

Decide before commissioning who receives the findings, accepts delivery and verifies corrective work. State what would justify closure and what remains an open limitation. Agree how disagreement, changed scope or a recommendation affecting care operations reaches the authorised decision-maker. Receiving a report is useful only when the organisation can determine what it means and who will act.

Complete the brief on page 8 before comparing proposals. Scope, responsibilities and useful evidence should be clear to both sides.

Read the complete guide: https://carecirclenetwork.co.uk/cyber-resilience/guides/specialist-brief

07 / SPECIALIST COMMISSIONING BRIEF

Define the work. Agree the result.

Complete this with the provider's responsible team. Keep the work, expected evidence and responsibilities clear to everyone involved.

Defined care-service need

Which function and unresolved question justify the work? Include no identifiable care information.

Current position

What has existing support checked, which evidence is available and what remains unknown?

Intended result

Which answer, capability or demonstrated improvement should the commission deliver?

Included and excluded scope

Which services, locations, providers and activities are covered? Which are explicitly outside the work?

Authority and constraints

Who authorises access, testing and changes? What shift, visit or operational constraints apply?

Privacy and information handling

Which lead confirms the arrangements for permitted information, secure evidence, retention and ending access? Reference protected arrangements only.

Coordination

Which roles represent the care provider, current support, application supplier and specialist? Who resolves a responsibility gap?

Deliverables and limitations

What interpreted findings, leadership summary, protected detail and stated uncertainty are required?

Continuing response and cost

Where relevant, what coverage, hours, escalation, charges, additional work and provider-disruption arrangements are agreed?

Care and clinical acceptance

Which competent roles assess the operational implications and approve any revised arrangement?

Acceptance and verification

Who accepts the deliverables, what evidence is required and who verifies any remedy?

Actions and next review

Which role owns each action, when will it be checked and which service change will reopen the review?

08 / LEADERSHIP REVIEW AND SOURCE KEY

Explain the position. Agree the next review.

Bring together the service record, exercise observations and any proposed specialist work. This review supports provider and board decisions; it does not certify cyber resilience.

What can we explain, and what remains unresolved?

Summarise the evidence checked, the material gaps and the implications for the care service.

What happens next, who owns it and when will we return?

Record the leadership decision, the person or role responsible and the next review date.

Published guidance and source scope

Resources reviewed 4 November 2026. The sources retain their own publication dates, authority and scope. The working methods in this pack are Care Circle Network's own. Follow the programme online for the connected reporting and further source notes.

1. Digital Care Hub: business continuity planning

Adult social care planning and communications resources, checked 4 November 2026. This service card is an original Care Circle Network method.

https://www.digitalcarehub.co.uk/data-protection-and-cyber-security/businesscontinuity/

2. Digital Care Hub: recovery

Care-focused recovery and learning guidance, checked 4 November 2026. Local care and technical acceptance still need appropriate verification.

https://www.digitalcarehub.co.uk/data-protection-and-cyber-security/cyber-security/recover-from-a-cyber-incident/

3. NCSC: incident response overview

Standing UK organisational guidance, checked 4 November 2026. Its people, process and technical principles do not prescribe an individual care decision.

https://www.ncsc.gov.uk/collection/incident-management/incident-response

4. DHSC: choosing and managing software and IT suppliers

Published 29 September 2026; checked 4 November 2026. England adult social care guidance, not a universal NHS procurement framework.

https://www.gov.uk/guidance/choosing-and-managing-software-and-it-suppliers-as-an-adult-social-care-provider