

University of Southern California

Business Continuity Management (BCM)

Program Governance Charter

Version 3.0

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About this document

I. Document contact information

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II. Revision history

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III. Key Reference documentation

Version number	Latest update	Document title	Author
V0.2	Jan. 2016	University of Southern California Business Continuity Management (BCM) Methodology Framework	EY

1. Executive Summary

1.1 Purpose of this document

The purpose of the University of Southern California (USC) Business Continuity Management (BCM) Program Governance Charter is to define the overall organizational accountability and responsibility for the management of the BCM Program. A key success factor for the BCM Program is the integration and coordination of efforts between Business Continuity, Disaster Recovery, and Crisis/Emergency Management, working closely with all administrative, academic, and patient care units within USC. As such, this governance model fosters commitment from USC leadership to continue to drive success.

This document contains the governance framework including the mission statement, policy, scope, standards, roles and responsibilities of program team members, RACI (Responsibility, Accountability, Consulted, Informed), reporting mechanisms to track key performance indicators (KPIs) and manage the progress of key BCM activities, and communication protocols to maintain awareness and outreach.

The derived benefits of this model include the following:

- Enable Commitment
 - Active Involvement from USC leadership
 - “Executive Buy-in” to the vision to continually deliver on the goals and funding of the BCM Program to “operationalize” and sustain the program over time
 - Strategic alignment of the BCM program to USC’s mission and goals
- Identification and management of university continuity risks in a consistent, integrated process
 - Creation of a unified platform to capture and analyze risk data and metrics collected by different areas within the university
 - Deliver insights into current and future risk sources that are potentially disruptive to administrative, academic, and patient care units
 - Support administrative, academic, and patient care unit operations by focusing on business continuity and disaster recovery plans in order to improve overall university operational resiliency
 - Protect key sources of the university’s administrative, academic and patient care unit operations by mitigating disruption risks with robust business continuity and disaster recovery plans
- Integration of Business Continuity, Disaster Recovery, and Crisis/Emergency Management
 - Unified team - getting rid of siloes which fosters a better sense of decision making and collaboration and coordination of efforts to manage through an event
 - Alignment of roles and responsibilities before, during, and after an event
 - Consistent approach across Business Continuity, Disaster Recovery, and Crisis/Emergency Management disciplines
 - Fewer resources – the emphasis is on ACCOUNTABILITY of the administrative, academic, and patient care unit leads being driven from the direction provided by emergency planning through a standard methodology, tools, enablers and communication protocols to manage through an event.

1.2 Definitions

The following definitions apply throughout this document:

- **Business Continuity Management (BCM) Program:** An on-going management and governance process supported by the Business Continuity Management Leadership Team with guidance from the BCM Executive(s), resourced to ensure that the necessary steps are taken to identify the impact of potential losses, manage risk, develop resiliency, maintain viable recovery strategies and plans and ensure continuity of USC’s services through exercising, rehearsal, testing, training, maintenance and quality assurance.

- **Crisis/Emergency Management (C/EM):** A clearly defined and documented plan of action for use at the time of an emergency or crisis. Typically this will cover both emergency response actions, as well as all the key personnel, resources, services and actions required to implement and manage the crisis management process.
- **Business Continuity (BC):** A process of developing and documenting arrangements and procedures that enable an organization to respond to an event that lasts for a period of time and return to performing its critical functions after an interruption.
- **Disaster Recovery (DR):** The technical (e.g., application, network, platform, storage, dependency, etc.) component of business continuity planning to recover a data center, service, component, or application.

1.3 BCM Mission Statement

The mission of USC’s BCM Program is to ensure the resiliency of USC’s mission of teaching, research, and patient care against a broad range of possible operational risks and interruptions. It establishes a process to collect and analyse risk metrics and data to provide ongoing risk insights. It also establishes policies, processes and procedures to enable advance preparation and actions by administrative, academic, and patient care units to mitigate risks and increase the pace of recovery from disruptions of various magnitudes. It seeks to understand the threats and risks from a lack of availability of people, functions, and technology and to reduce the impact of a significant event resulting in an unanticipated interruption of normal operations.

The success of the BCM mission is achieved by delivering on the following goals:

- Establish commitment, leadership, oversight, and buy-in from executives to maintain the program
- Establish a sound and consistent process and framework to identify and assess risks
- Establish policies and procedures for business continuity and disaster recovery that are best practices
- Prioritize criticality of administrative, academic, and patient care unit functions
- Continually evaluate the business impact from a financial, operational, and reputational risk perspective to USC’s administrative, academic, and patient care units
- Work with USC’s administrative, academic, and patient care units to be prepared to restore the delivery of critical processes and supporting functions as quickly as possible
- Improve the quality of recovery solutions and leverage internal resources efficiently during responses
- Maintain the accuracy and quality of business continuity and disaster recovery plans
- Exercise business continuity and disaster recovery plans
- Establish an effective communication plan around business continuity and disaster recovery with the faculty, staff, and students across the university
- Identify the resources necessary to support the program
- Maintain on-going training and awareness related to business continuity and disaster recovery

1.4 BCM Policy

University Disaster Recovery/Business Continuity

The university-wide goal after a major emergency or disaster will be to restore teaching, research, patient care, and other mission-critical activities in a timely manner. All administrative and service units shall maintain continuity of services to facilitate the recovery of critical functions and continuity of the university mission following a major disruption or disaster. Assisted by emergency planning staff, all departments and academic schools will ensure that disaster recovery and business continuity plans are updated annually, and exercised, and communicated appropriately to maintain readiness to implement the plans when needed. These plans should include contingencies to perform critical functions in the event of a loss of facilities, loss of technology, or staffing shortage, and they should identify recovery team members, responsibilities, and contact information.

Disaster Recovery of Data and Information Systems

The university protects vital data security, and maintains backup procedures and systems to protect against loss of vital data due to an adverse event or disaster. Information Technology Services (ITS) has disaster recovery plans and maintains off-site backup systems for recovery of core university-wide data and information systems. All systems operated locally by departments or schools shall also ensure that vital data is backed up and stored in a secure off-site location. Emergency planning staff, in partnership with Information Technology Services, will assist schools and departments in developing information backup plans as part of their disaster recovery and business continuity plans.

1.5 BCM Scope

The BCM Program administered by Fire Safety & Emergency Planning will help USC's administrative, academic, and patient care unit assess, develop, implement, test and maintain business continuity and disaster recovery plans for the continued operations of critical functions and required resources in the event of disruption.

To ensure consistency across the university, all business continuity and disaster recovery plans will be developed using the consistent process, methods, tools and templates set forth in the document entitled "University of Southern California Business Continuity Management (BCM) Program Framework".

Fire Safety & Emergency Planning will also be responsible for reporting to senior leadership risk trends and developments arising from the data collection and analysis that could result in business interruptions.

2. Program Governance

2.1 Governance Organizational Structure

The main components of the governance structure are depicted in figure 1 below.

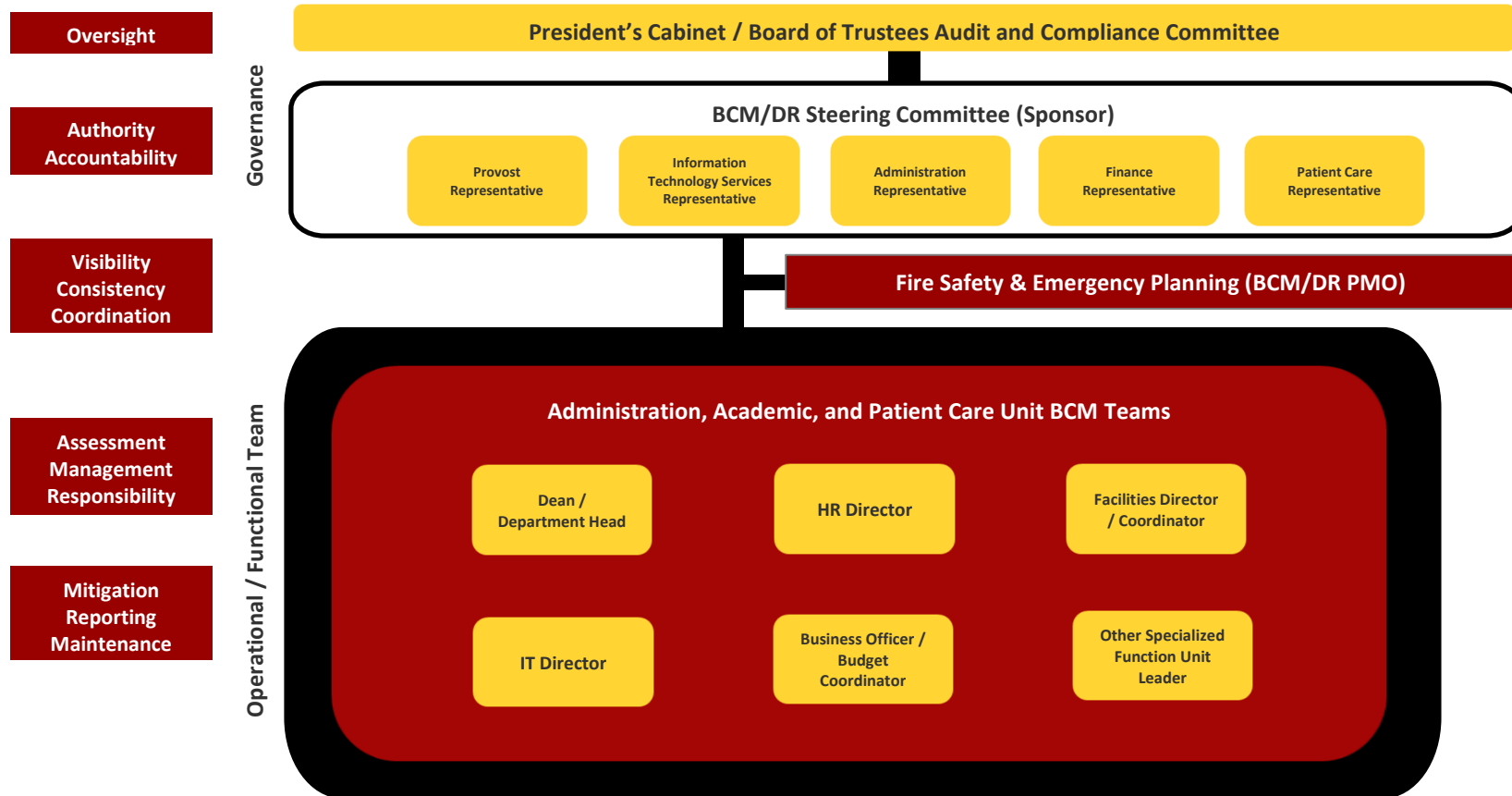


Figure 1 – Business Continuity Management Governance

2.2 Roles and Responsibilities

2.2.1 BCM/DR Steering Committee (Governance)

The Cabinet/Board of Trustees and BCM/DR Steering Committee (BSC), a sub-group of the USC Crisis Management Team, serves as an overseer of BCM/DR activities and has the authority to request justification of BCM/DR risk mitigation as well as plan activities. The BSC serves as the primary steering groups for the development and continued enhancement of the BCM Program comprised of executive management representatives from select USC administrative, academic, and patient care units. The BSC will escalate problems to the President's Cabinet when necessary and when a school or department does not complete required business continuity or disaster recovery actions.

The BSC's primary responsibilities include:

- **Oversight** – Reviews risks and mitigation associated with the administrative, academic, and patient care units and technology functions.
 - Promote an environment of ownership and accountability of significant BCM Program risks and any correlating responses to those risks.
 - Authorize overall resources to meet the BCM Program objectives.
 - Foster a culture that captures the confidence of internal and external stakeholders.
- **Authority** – Set priorities for BCM Program execution and risk mitigation.
 - Serve as the steering committee for key decisions within the development and implementation of the BCM Program.
 - Steer formulation of policies and procedures that support university strategy.
 - Review and approve BCM Program objectives.
 - Provide consistent direction to achieve the BCM Program goals and objectives by establishing achievable targets.
 - Ensure that adequate resources are available to meet the BCM Program objectives.
- **Accountability** – Accountable for mitigating business continuity and disaster recovery risk to a level acceptable by the university.
 - Communicate goals and objectives to administrative, academic, and patient care unit leadership.
 - Create and foster a culture that captures the confidence of stakeholders within the administrative, academic, and patient care unit leadership.
 - Ensure the program mission is clear, understood by the administrative, academic, and patient care unit leadership and aligned with USC's operational objectives.
 - Provide governance and decision making on risk mitigation investments relating to the BCM Program.
 - Link administrative, academic, and patient care unit performance and compliance with BCM Program policy to incentives based on the BCM Program objectives.
 - Review quarterly reports on the status of the BCM Program.
 - Report the BCM Program scorecard (including performance and issues) to the Cabinet/Board.

The BSC is facilitated by the USC BCM Program Director and includes the following executive representatives from select USC administrative, academic, and patient care units:

BCM/DR Steering Committee

- USC BCM Program Director – Director, Fire Safety & Emergency Planning
- Administration Representative – Associate Senior Vice President, Administrative Operations
- Provost Representative, Vice Provost for Academic Operations & Strategy
- Patient Care Representative – Senior Vice President for USC Health
- Information Technology Services Representative, Vice Provost/CIO

- Finance Representative – Associate Senior Vice President, University Comptroller
- Risk Management Representative – Director, Risk Management

Additional representatives from various other campus units, while not formal members of the Steering Committee, will be called upon to assist the Committee when necessary if they have knowledge of a specialized functional areas of the university needed to develop strategies for planning in any given area of continuity management.

2.2.2 Administration, Academic, and Patient Care Unit BCM Teams

Administrative, Academic, and Patient Care Unit BCM Teams (Operational & Functional Team) consist of administrative, academic, and patient care unit representatives. The BCM Teams will work with Fire Safety & Emergency Planning (BCM/DR PMO) to facilitate, develop, test and execute the defined business continuity and disaster recovery plans, standards and methodologies associated with the administrative, academic, and patient care units

- **Report BCM Program status to** – Fire Safety & Emergency Planning (BCM/DR PMO)
- **Coordinate BCM Program activities with** – Fire Safety & Emergency Planning (BCM/DR PMO)

The primary responsibilities include:

- **Assessment** – Ensure that units under their direction complete business continuity and disaster recovery risk identification and develop appropriate recovery strategies and mitigation plans.
 - Identify and prioritize critical functions based upon adverse impacts to operations if the processes were not available.
 - Assist the BSC in deciding whether to accept the existing level risk or mitigate the risk by investing in additional resources or developing recovery strategies.
 - Collaborate with regular reviews, at least annually, of the business continuity and disaster recovery plans with the administrative, academic, and patient care units to ensure they are current and accurately reflect business operations.
- **Management** – Lead planning and execution of the BCM Program initiatives in support of the administrative, academic, and patient care unit goals and objectives.
 - Authorize administrative, academic, and patient care unit functional resources to support strategy and ensure the resources are sufficient to achieve the desired results.
 - Remove organizational barriers to achievement.
 - Ensure consistency in policies and procedures, as well as alignment to the overall strategy.
 - Support Fire Safety & Emergency Planning (BCM/DR PMO) in reporting the program key performance indicators (KPIs).
 - Report findings and if necessary, make recommendations to Fire Safety & Emergency Planning (BCM/DR PMO).
- **Responsibility** – Responsible for communicating risks and executing mitigation plans for administrative, academic, and patient care units to the BSC.
 - Responsible for any issues addressed by the BSC and initiate any actions necessary to address upcoming changes.
 - Assist in ensuring that units under their direction remain in compliance with business continuity management requirements and policies.
- **Mitigation** – Mitigate risk through the implementation of recovery strategies and resiliency solutions.
 - Implement business continuity and disaster recovery plans.
 - Mobilize department and technical resources to support implementation of business continuity and disaster recovery plans.
 - Manage and schedule business continuity tests, consistent with the overall test strategy.
 - Utilize USC’s BCM Program Framework for tools, processes and procedures.

- **Reporting** – Report risk mitigation status.
 - Report the BCM Program scorecard to Fire Safety & Emergency Planning (BCM/DR PMO)
 - Assess business continuity and disaster recovery plan architecture and design for future releases.
- **Maintenance** – Maintain risk assessment and exercise business continuity and disaster recovery plans.
 - Maintain business continuity and disaster recovery test plans in conjunction with pre-defined schedule.
 - Participate in integrated exercises with the administrative, academic, and patient care units.

Within each department, school, or patient care unit, the core business continuity and disaster recovery team will consist of the following members (if applicable):

- Unit/Department Head
- HR Director
- Facilities Director/Coordinator/Manager
- IT Director
- Senior Business Officer (SBO)/Budget Coordinator
- Any other unit leaders of specialized functions unique to the unit

2.2.3 Fire Safety & Emergency Planning (BCM/DR PMO)

Fire Safety & Emergency Planning (BCM/DR PMO) should provide consistency in process, methods, tools, standards, policies, procedures, evaluation criteria and documentation. Fire Safety & Emergency Planning (BCM/DR PMO) will be leveraged to drive consistent implementation of administrative, academic, and patient care unit BCM and assist Administration, Academic, and Patient Care Unit BCM Teams in developing their business continuity and disaster recovery plans in compliance with the BCM Program policies and standard framework.

- **Report BCM status to** – USC BSC
- **Coordinate BCM activities with** – Administration, Academic, and Patient Care Unit BCM Teams

The primary responsibilities of the centralized Emergency Planning Office (BCM/DR PMO) include:

- **Visibility** – Report the administrative, academic, and patient care unit business continuity and disaster recovery risk and progress against plan.
 - Develop metrics to assess and communicate the status of the administrative, academic, and patient care unit BCM and resulting level of risk.
 - Develop a scorecard designed to regularly assess the quality of developed plans using a common assessment methodology.
 - Report monthly (or at a minimum quarterly) on Administrative, Academic, and Patient Care Unit BCM to the BSC.
- **Consistency** – Ensure consistency in the development of the business continuity and disaster recovery plans and resumption objectives for all the administrative, academic, and patient care units.
 - Develop the BCM planning objectives and guidelines.
 - Drive the implementation of the BCM Program.
 - Provide assistance, expertise, and a common framework and methodology to the Administrative, Academic, and Patient Care Unit BCM Teams to follow when assessing risk.
 - Maintain a centralized inventory, control and repository of all plans to ensure that the relationships between all the plans are synchronized.
 - Review the continuity and disaster recovery plans with the Administrative, Academic, and Patient Care Unit BCM Teams to ensure that they accurately reflect the operating environment.
 - Develop the training strategy and program for relevant university personnel.
- **Coordination** – Highlight interdependencies across Administrative, Academic, and Patient Care Units, and technology functions to ensure visibility and a suitable approach to mitigate risk.

- Work with Administrative, Academic, and Patient Care Units to develop an assessment methodology for third parties, who must also be in compliance with the BCM policy and implementation standards for business continuity and disaster recovery.
- Assist Administrative, Academic, and Patient Care Units in test scheduling, reviewing results and reporting of tests of the plans.
- Assist the BSC and Administration, Academic, and Patient Care Unit BCM Teams in preparing the annual status report for submission to the President’s Cabinet/Board of Trustees Compliance Committee.
- Network with other industry and professional bodies to understand current BCM issues and key drivers.

2.3 RACI Summary

The RACI model is a responsibility assignment methodology that is primarily used in program management particularly for identifying roles and responsibilities during project implementation or change management.

The RACI model constitutes of the following:

- **R = Responsible:** that is the person/group that owns the activity.
- **A = Accountable:** that is the person/group to whom "R" is Accountable and is the authority who approves the work before it is effective.
- **C = Consulted:** that is a person/group that provides information and/or expertise necessary to complete the activity.
- **I = Informed:** that is a person/group that needs to be notified of results but does not necessarily need to be consulted.

The RACI model is the cornerstone for devising an ideal communication plan during program implementation.

- The "Consulted" role signifies the two-way communication typically between "R" and "C".
- The "Informed" role signifies the one-way communication primarily from "R" to "A".

The following table summarizes the roles and responsibilities for each major program activity as well as responsibilities for managing any event.

BCM Program Activities	BSC	Fire Safety & Emergency Planning	A/A & Patient Care Unit BCM Teams
Plan			
BCM Vision and Mission	A	R	C, I
BCM Life Cycle Methodology	I	A	R, C
BCM Program Reporting	I	A	R, C
BCM Communication	I	A	R, C
Program Resource Planning	I	A	R, C
Lifecycle integration with the BCM program	I	A	R, C
Assess and Validate			
Business Impact Assessment	I	C	R, A
Design			
Continuity Strategy Development	I	C	R, A
Technical Recovery Architecture	I	C	R, A

Implement			
BC Plan Development	I	C	R, A
DR Plan Development	I	C	R, A
Exercise			
BC Plan Testing	I	C	R, A
DR Plan Testing	I	C	R, A
Sustain and Maintain			
BC Plan Maintenance	I	C	R, A
DR Plan Maintenance	I	C	R, A
Training and Awareness	I	A	R, C
Scorecard Reporting	I	A	R, C

Table 1 - RACI

3. Reporting Framework

The success of USC’s BCM Program will be determined by key performance indicators (KPIs) reported in scorecards. There will be one primary scorecard based on overall risk and progress of the program:

- USC Scorecard**
 This scorecard will capture metrics associated with the activities pertaining to business continuity and disaster recovery.

The primary activities associated with planning and development of scorecards is listed below:

- Develop Metrics:** Metrics are developed in order to measure the status of KPIs that have been identified. These metrics are captured at different levels within the administrative, academic, and patient care units and may be summarized to a specific organizational hierarchy. The ratings are designed to be as quantitative as possible to remove uncertainty. The processes, identified at various levels within the administrative, academic, and patient care units, are grouped into high-level categories that are reported across the university.
- Generate USC’s Scorecard:** The Fire Safety & Emergency Planning Office (BCM/DR PMO) will aggregate all the administrative, academic, and patient care unit scorecard data and generate a scorecard that tracks the progress for the primary reporting metrics. Fire Safety & Emergency Planning (BCM/DR PMO) should be provided the authority to perform the following tasks:
 - Ensure high data quality and integrity of the KPIs.
 - All the data related to KPIs must be driven from a centralized data source, where applicable.
 - Synchronize the administrative, academic, and patient care unit program activities and initiatives with respect to reporting.

The following chart summarizes the roles and responsibilities associated with planning and development of scorecards:

BCM Reporting Activities	BSC	A/A & Patient Care Unit BCM Teams	Fire Safety & Emergency Planning
Develop Metrics	A	C, I	R
Generate USC Scorecard	I	C	R,A
Review USC Scorecard	A,R	I	C

Table 2 - Reporting RACI

4. Scorecard

4.1 Scorecard Elements

The elements of data that will be captured and represented in the scorecard include:

- **Administrative, Academic, and Patient Care Unit** – The administrative, academic, and patient care unit accountable for BCM activities.
- **Activity** – An exercise that takes a risk-based approach to prioritize business impact, plan development, maintenance of plans, and testing of plans.

The data elements required are as follows:




1. Administrative, Academic, or Patient Care Unit Name
2. Activity Name

4.2 Scorecard Report View

The USC scorecard view contains information related to all the risk-based activities (that are defined as part of the USC BCM Program Life Cycle Methodology) for the identified administrative, academic, and patient care units. The information includes data specific to business impact analysis, disaster recovery planning, business continuity planning, plan maintenance, and test planning.

As the BCM program matures, the USC BCM Scorecard should be modified to reflect continuing improvement and future state maturity (e.g., breaking out metrics for “Plan Testing” into *Table top Performed* and *Functional Test Performed*).

Administrative/Academic/Patient Care Unit	Emergency Planning	BCP Update	BCP Test	DRP Update	DRP Test
Unit A	Green	Green	Green	Green	Green
Unit B	Yellow	Yellow	Yellow	Yellow	Yellow
Unit C	Red	Red	Red	Red	Red

Status:  = Update & Test Completed  = Engaged; Update & Test In-Progress  = Contacted but No Response Grey = N/A

5. Communication

5.1 Awareness/Outreach

During the initiation of the BCM program, the first series of communications will come from Senior University Leadership and the BSC to initiate the program. .

Going forward, Fire Safety & Emergency Planning will facilitate communication with Administration, Academic, and Patient Care Unit BCM Teams.

The figure below depicts an example of the structure to guide each administrative, academic, and patient care unit with an approach to developing their communication plans.

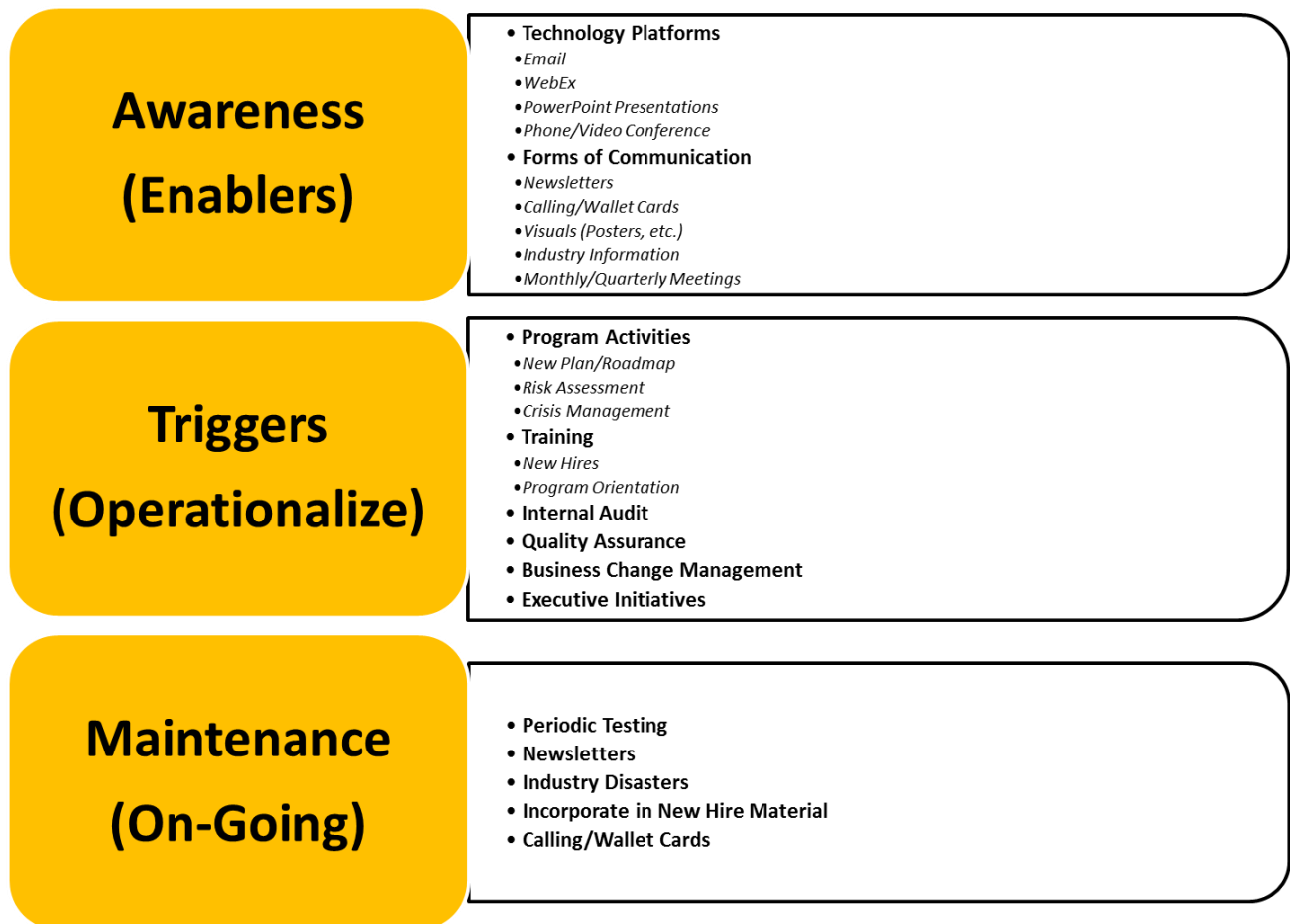


Figure 3 – Communication Planning Guide

5.2 Reporting

Fire Safety & Emergency Planning is responsible for capturing the metrics for the scorecard. The frequency of updates for the scorecard depends upon the intended audience. General guidelines are provided below:

- The BSC reviews the risk strategy and USC scorecard quarterly and shares pertinent information with the Cabinet and the Board.

- Administrative, Academic, and Patient Care Unit BCM Teams review periodic updates on the progress of their respective areas.

5.3 Meetings

- Administrative, Academic, and Patient Care Units should convene on a regular basis to review and update their risk strategy for their respective areas.
- The BSC should convene on a quarterly basis to review the scorecard, revisit major risks and discuss any new mitigation initiatives that may impact USC's ability to function properly.
- Fire Safety & Emergency Planning (BCM/DR PMO) should convene monthly to review status of BCM activities.

5.4 Decisions

- BSC approves risk mitigation approaches and funding for each component based on the recovery strategy plans and recommendations represented by the administrative, academic units, and patient care units. In addition, the BSC prioritizes the implementation of BCM initiatives in alignment with USC's operational objectives.
- Administrative, academic, and patient care units should work together with Fire Safety & Emergency Planning (BCM/DR PMO) to prioritize the implementation of approved plans for their recovery strategies.
- Administrative, academic, and patient care units will allocate resources for the implementation of approved recovery plans for their respective areas.
- Administrative, academic, and patient care units will need to make informed decisions pertaining to risk strategy and recovery plans.