**Healthwatch Brighton and Hove Business Continuity Plan**

**1st April 2022 – 31st March 2024**

***Based on Business Continuity Plan Guidance
for Small Businesses***

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**1. Aim of the plan**

This plan has been designed to prepare Healthwatch Brighton and Hove (HWBH) to cope with the effects of an emergency. It is intended that this document will provide the basis for a relatively quick and painless return to “business as usual” regardless of the cause.

**2. Objectives of the plan**

To provide a flexible response so that Healthwatch Brighton and Hove can:

* Respond to a disruptive incident (incident management)
* Maintain delivery of critical activities/services during an incident (business continuity)
* Return to ‘business as usual’ (resumption and recovery)

This HWBH Continuity Plan is supported by the Community Base Continuity Plan. HWBH rent office space in Community Base and various facilities are the responsibility of their management team. A copy of the Community Business Plan is saved alongside the HWBH Plan.

HWBH rents office space and some facilities direct from Community Works. HWBH has been confirmed with them that they do not have one document which describes their continuity planning and that this is set out in various policies and procedures. It has also been confirmed that they follow Community Base procedures re: any events such as fire or issues, etc with the building.

**3. Our Business Priorities: Critical Function Checklist**

The services listed below are most important for our business to continue. This list may be used as a checklist to ensure that critical tasks are completed on time.

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Critical function** | **Timeframe** | **Page** |
| 1 | Information and signposting | Notify partners within 72 hours. Resume activities within 5 working days | 5 |
| 2 | Engagement with Brighton people and Hove communities | Notify partners within 72 hours. Resume activities within 5 working days | 7 |
| 3 | Enter & view visits | Postpone visits until capacity allows for them to restart. | 9 |
| 4 | Producing reports and recommendations | Postpone visits until capacity allows for them to restart | 11 |
| 5 | Working with commissioners, providers and partners | Notify within 72 hours. Resume activity within one month. | 13 |
| 6 | Volunteers | Resume activities within one month. | 15 |

**4. Review and approval**

|  |  |
| --- | --- |
| Date Policy Reviewed | 13/12/2023 |
| Date Approved by Board |  |
| Next Review Date | April 2025 |

This Plan has been drafted by the HWBH CEO and will be approved by the HWBH Board. The Plan is subject to Annual Review.

**5. Critical Function Analysis and Recovery Process**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority:** | **1** | **Critical function:** | **Information and signposting** |
| Responsibility: | All staff and volunteers |
| Potential impact on organisationif interrupted: | Information and signposting is a statutory requirement and Healthwatch Brighton and Hove would not be meeting its contractual requirement if this service was not available. |
| Likelihood of interruption to organisation: | If telephone and internet fails, the public would not be able to ring, email or contact via website.Likelihood - medium for short periods.Likelihood - low for longer periods. |
| Recovery timeframe:*(how quickly must this function be recovered to avoid lasting damage)* | Target of 72 hours but within 5 working. 72 hours is the current timeframe we advertise for responding to request for help or support so resuming services within this timeframe would be our ambition. |
| **Resources required for recovery:** |
| Staff *(numbers, skills, knowledge, alternative sources)* | All staff can provide answers to public enquiries. In addition, two trained volunteers actively manage enquiries and seek support from the staff team, where required. One Project Coordinator will be nominated to hold the prime responsibility for this infrastructure and enabling activities. Currently, this is Will Anjos. Katy Francis, Project Support Officer, will be able to act in Will’s absence. All other staff members may be involved as required. |
| Data / systems *(backup and recovery processes, staff and equipment required)* | For staff, this is as above.For IT systems, staff work remotely with access to a secured online system. That system is routinely backed up and is very unlikely to suffer loss of data. Catastrophic loss of data may be mitigated by locally backed up files and contacts on individual machines. |
| Premises*(potential relocation or work-from-home options)* | Hot desking and storage facilities are available in Community Base. Fully facilitated office space includes access to phone, post and storage facilities. Otherwise all staff work from home.Similarly, premises are not maintained for volunteers or Board members. If our premises were not available it would pose only a low risk/impact on the capacity of the organisation to deliver its main activities. The core purposes of HW would not be significantly impacted.It may also be possible to temporarily use the offices and facilities of Healthwatch East Susses who are based in Eastbourne. |
| Communications*(methods of contacting staff, suppliers, customers, etc)* | This would be done by phone and email. Staff, volunteers and Board members routinely communicate by email. The staff team have a WhatsApp group chat and can communicate using this, or by text. It is a requirement for staff to have access to a mobile phone and internet allowing them to work remotely. HW provides suitable IT equipment and an allowance to cover home working costs.Suppliers and other customers/service users would be contacted by email, or by phone where we hold these details.Healthwatch uses Mailchimp to issue routine bulletins which go out to over 1500 stakeholders and members of the public. We would use this as well as social media (Twitter, Facebook, Instagram), to communicate details of any changes to our services.Ourt relationship with NHS Sussex (Our ICS) means that stakeholders and services could be reached via their networks/communications channels which go wider than our own.Also see Section 6 Contact Lists. |
| Equipment*(key equipment recovery or replacement processes; alternative sources; mutual aid)* | This mostly relates to IT equipment. Our insurance cover would provide for any losses, subject to standard policy limitations. Healthwatch reserves could be utilised if required to cover temporary replacement equipment.  |
| Supplies*(processes to replace stock and key supplies required; provision in emergency pack)* | One team member will be appointed to coordinate the purchase of replacement supplies and maintain a record of these. We would not need to provide an emergency pack as this is not appropriate. |

**Critical Function Analysis and Recovery Process (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority:** | **2** | **Critical function:** | **Engagement with Brighton and Hove people and communities** |
| Responsibility:*(role responsible for leading on this activity, plus deputies)* | Lester Coleman |
| Potential impact on organisationif interrupted: | Healthwatch relies on feedback gathered from the public to deliver part of its core functions, therefore if we were unable to collate such feedback for an extended period, this would have a negative impact of our ability to deliver our contractual duties. |
| Likelihood of interruption to organisation: | Low – we engage with people and communities in a variety of ways and would have to be unable to contact people face to face, online, by phone or in writing, for there to be any adverse impact.In addition, some of our engagement occurs at the Sussex level, with support provided by other Healthwatch teams, and it is considered highly unlikely that this Sussex-wide engagement would be simultaneously interrupted. |
| Recovery timeframe:*(how quickly must this function be recovered to avoid lasting damage)* | 5 working days. |
| **Resources required for recovery:** |
| Staff *(numbers, skills, knowledge, alternative sources)* | All staff members are responsible for engaging with people and communities, as are our volunteers. We use a variety of methods for gathering feedback and insight from local people (see above). Our Head of Research will ensure that we switch to using appropriate methods of engagement if one or more methods fail e.g. if face to face interviews were unable to happen, we would switch to online or phone calls. If an external event occurred, we would potentially need to adapt live projects in this way. This would involve contacting participants and publicising any changes using the methods described in 3. |
| Data / systems *(backup and recovery processes, staff and equipment required)* | See 1. All necessary systems are in place and because all staff have access to IT, as do most of our volunteers, then there should be sufficient back up and resilience within our current systems. |
| Premises*(potential relocation or work-from-home options)* | Given the variety of methods we deploy to gather feedback and insight, then the unavailability of premises provides a very low risk to the continuity of our service. |
| Communications*(methods of contacting staff, suppliers, customers, etc)* | See 1 above.We would also inform our commissioner if we were unable to conduct these activities for a prolonged period.Also see Section 6 Contact Lists. |
| Equipment*(key equipment recovery or replacement processes; alternative sources; mutual aid)* | See 1 above. |
| Supplies*(processes to replace stock and key supplies required; provision in emergency pack)* | See 1 above |

**Critical Function Analysis and Recovery Process (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority:** | **3** | **Critical function:** | **Enter & View visits** |
| Responsibility:*(role responsible for leading on this activity, plus deputies)* | Clary Collicutt |
| Potential impact on organisationif interrupted: | Enter & View is a statutory function of Healthwatch and a key expectation of our contract. If we were unable to undertake such reviews for an extended period, this would have a negative impact of our ability to deliver our contractual duties. |
| Likelihood of interruption to organisation: | Low. Enter and Views are usually planned in advance and are relatively few in number and take place in external sites/buildings. We would be able to reschedule planned visits or cancel these in extreme circumstances. We would also have to be unable to complete such visits for several months and lose all staff or trained volunteers, for there to be any adverse impact. Only rarely, are these visits time critical and in such circumstances, we would need to balance that reputational risk against the nature of the emergency.  |
| Recovery timeframe:*(how quickly must this function be recovered to avoid lasting damage)* | Postpone visits until capacity allows for them to restart.It would take several weeks to retrain volunteers and re-establish enter and view processes |
| **Resources required for recovery:** |
| Staff *(numbers, skills, knowledge, alternative sources)* | Whole team responsibility.One staff member is responsible for delivering our Enter and View program, however other staff members are also experienced in delivering them. Our volunteer coordinator would be able to engage with volunteers in order to retrain them to conduct these visits. Once again, other staff members are also experienced in working with volunteers and could deputise. In addition, we have several experienced volunteers who could support us in this task. |
| Data / systems *(backup and recovery processes, staff and equipment required)* | See 1 above |
| Premises*(potential relocation or work-from-home options)* | See 1 above. |
| Communications*(methods of contacting staff, suppliers, customers, etc)* | See 1 above. Communications would be limited to informing volunteers and those sites we had intended to visit. We would also inform our commissioner if we were unable to conduct these activities for a prolonged period.Also see Section 6 Contact Lists. |
| Equipment*(key equipment recovery or replacement processes; alternative sources; mutual aid)* | See 1 above.  |
| Supplies*(processes to replace stock and key supplies required; provision in emergency pack)* | See 1 above. |

**Critical Function Analysis and Recovery Process (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority:** | **4** | **Critical function:** | **Producing reports and recommendations** |
| Responsibility:*(role responsible for leading on this activity, plus deputies)* | Whole team  |
| Potential impact on organisationif interrupted: | Producing reports based on our work and engagement activities is a statutory function of Healthwatch and a key expectation of our contract. If we were unable to produce any reports for an extended period, this would have a negative impact of our ability to deliver our contractual duties.The organisation aims to produce reports every 2-3 months. |
| Likelihood of interruption to organisation: | Low. We would have to lose all staff and volunteer capacity and capability to produce reports for there to be any impact. Even with a lack of local feedback, reports could be produced in the short term using other data sources.In addition, some of our engagement and report production, occurs at the Sussex level, with support provided by other Healthwatch teams, and it is considered highly unlikely that this Sussex-wide engagement would be simultaneously interrupted. |
| Recovery timeframe:*(how quickly must this function be recovered to avoid lasting damage)* | All staff and several volunteers are proficient in producing reports. In the event of a total loss of the current staffing team, it would take several months to recruit and train new staff.In the scenario where some of the existing staff capacity is lost, the recovery time would be less.  |
| **Resources required for recovery:** |
| Staff *(numbers, skills, knowledge, alternative sources)* | Whole team responsibilityStaff, Board members and volunteers are often involved in the production of reports. We have a large pool of trained and supported volunteers who can support us to deliver our core work.As indicated, some of our engagement and report production occurs at the Sussex level, with support provided by other Healthwatch teams, and we would be able to seek their support to continue to produce joint reports. |
| Data / systems *(backup and recovery processes, staff and equipment required)* | See 1 above. |
| Premises*(potential relocation or work-from-home options)* | See 1 above. |
| Communications*(methods of contacting staff, suppliers, customers, etc)* | See 1 above.Also see Section 6 Contact Lists. |
| Equipment*(key equipment recovery or replacement processes; alternative sources; mutual aid)* | See 1 above. |
| Supplies*(processes to replace stock and key supplies required; provision in emergency pack)* | See 1 above. |

**Critical Function Analysis and Recovery Process (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority:** | **5** | **Critical function:** | **Working with commissioners and providers** |
| Responsibility:*(role responsible for leading on this activity, plus deputies)* | Alan Boyd |
| Potential impact on organisationif interrupted: | Working with Commissioners and providers of services, by regularly communicating and meeting with them, is a statutory requirement and a requirement of the Healthwatch contract. Loss of that contact would raise concerns about the quality of our service and would have a negative impact of our ability to deliver our contractual duties. |
| Likelihood of interruption to organisation: | Medium. The CEO attends the largest number of meetings, so his/her loss would have a significant impact if they were not able to attend for extended period. The Chair attends some business critical meetings and whole staff team and some volunteers attend a wide range of meetings. In addition, some meetings are covered by the other Healthwatch teams and Healthwatch Liaison Lead. Some CEO-level meetings could therefore be covered by a deputy, but others would need to be missed. Some meetings could be stood down on a temporary basis. |
| Recovery timeframe:*(how quickly must this function be recovered to avoid lasting damage)* | Most contact is on at least a monthly cycle so recovery plans would need to take effect within this time frame. |
| **Resources required for recovery:** |
| Staff *(numbers, skills, knowledge, alternative sources)* | As indicated, suitable deputies could be identified from the staff team, Board members, volunteers, other Healthwatch teams and Healthwatch Liaison Lead. There is sufficient expertise to cover business critical meetings. This would need to continue whilst the recruitment of a new CEO took place, with someone being in place within 3 months.  |
| Data / systems *(backup and recovery processes, staff and equipment required)* | A list of meetings attended is kept online and from this it would be possible to identify the key ones which need to be attended.Minutes and records of meetings are shared electronically. |
| Premises*(potential relocation or work-from-home options)* | See 1 above |
| Communications*(methods of contacting staff, suppliers, customers, etc)* | See 1 aboveAlso see Section 6 Contact Lists. |
| Equipment*(key equipment recovery or replacement processes; alternative sources; mutual aid)* | See 1 above |
| Supplies*(processes to replace stock and key supplies required; provision in emergency pack)* | See 1 above |

**Critical Function Analysis and Recovery Process (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority:** | **6** | **Critical function:** | **Volunteers** |
| Responsibility: | All staff and volunteers |
| Potential impact on organisationif interrupted: | The level of funding which Healthwatch receives effectively limits the number of staff it can employ to deliver its core functions. Healthwatch therefore actively recruits volunteers to support its work but also to form a Board of Directors. The number of volunteers who support us at any one time varies from 30-70. They carry out essential tasks including delivering good governance, attending meetings, delivering public engagement, attending events, report analysis and conducting surveys. Without them, Healthwatch’s ability to deliver its core duties would be severely hampered. |
| Likelihood of interruption to organisation: | Medum. The Healthwatch Board can function with 3 members and we currently have 10. The loss of around half of our current total number of volunteers would have a noticeable impact and we would temporarily have to pare back some of our activities.  |
| Recovery timeframe:*(how quickly must this function be recovered to avoid lasting damage)* | We are continually recruiting and inducting new volunteers (2-3 a month) and on average to takes a month to train new volunteers. The recruitment of new Board members may take up to 3 months. . |
| **Resources required for recovery:** |
| Staff *(numbers, skills, knowledge, alternative sources)* | In the interim period, when recruitment is ongoing, existing volunteers and staff could step up to cover any gaps.Katy Francis, Project Support Officer, will hold the prime responsibility for volunteer recruitment. The Board Chair, remaining Board members and CEO will be responsible for overseeing additional Board recruitment. |
| Data / systems *(backup and recovery processes, staff and equipment required)* | See 1 above  |
| Premises*(potential relocation or work-from-home options)* | See 1 above. |
| Communications*(methods of contacting staff, suppliers, customers, etc)* | See 1 above. |
| Equipment*(key equipment recovery or replacement processes; alternative sources; mutual aid)* | See 1 above. |
| Supplies*(processes to replace stock and key supplies required; provision in emergency pack)* | See 1 above. |

**6. Emergency Response Checklist**

This page should be used as a checklist during the emergency.

|  |  |
| --- | --- |
| **Task** | **Completed****(date, time, by)** |
| **Actions within 24 hours:** |  |
| Start of log of actions and expenses undertaken (see section 9 Action and Expenses Log) |  |
| Liaise with emergency services (see section Contact List – Emergency Services) |  |
| Identify and quantify any damage to the organisation, including staff, premises, equipment, data, records, etc |  |
| Assess the key priorities for the remainder of the working day and take relevant action. Consider sending staff home, to recovery site etc |  |
| Inform staff what is required of them. Depending on the emergency, this may include sending staff home. |  |
| Identify which critical functions have been disrupted (use section 3 Critical Function Checklist) |  |
| Convene those responsible for recovering identified critical functions, and decide upon the actions to be taken, and in what timeframes (use section 4 Critical Function Analysis and Recovery Process) |  |
| Provide information to:* Staff
* Suppliers and customers
* Insurance company
 |  |
| Publicise the interim arrangements for delivery of critical activities. Ensure all stakeholders are kept informed of contingency arrangements as appropriate.This will be done by email / phone and advice will be displayed on the website.The interim arrangements will be notified to stakeholders, suppliers and the public. |  |
| Recover vital assets/equipment to enable delivery of critical activities. |  |
| **Daily actions during the recovery process:** |  |
| Convene those responsible for recovery to understand progress made, obstacles encountered, and decide continuing recovery process |  |
| Provide information to:* Staff
* Suppliers and customers
* Insurance company
 |  |
| Provide public information to maintain the reputation of the organisation and keep relevant authorities informed |  |
| **Following the recovery process:** |  |
| Arrange a debrief of all staff and identify any additional staff welfare needs (e.g. counselling) or rewards |  |
| Use information gained from the debrief to review and update this business continuity management plan |  |

**7. Contact List**

**Staff**

This section contains the contact details that are essential for continuing the operation of the organisation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Office Contact** | **Mobile Contact** | **Home Contact** |
| **Staff name**  | **Manager** | **000000000** | **000000000** | **000000000** |
| Alan Boyd | CEOalan@hwbh.co.ukbrightonboyd@yahoo.co.uk | 01273 234040 | 07952 450656 | 0787 984 1020 / 01323 902771 |
| Lester Coleman | Head of ResearchLester@hwbh.co.uk | As above | 07969 498866 | Stella Coleman (Partner) 07967 834751 |
| Michelle Kay | Project CoordinatorMichelle@hwbh.co.ukmichellemkay@hotmail.co.uk | As above | 07507 019495 | Gordon (Husband)07507 019 49401273 560799 |
| Will Anjos | Project CoordinatorWill@hwbh.co.ukwill@cybercircle.co.uk | As above | 07866 457831 | Karin (Wife)07737 373 40501273 709 663 |
| Clary Collicutt | Project CoordinatorClary@hwbh.co.ukclaryfisher@icloud.com | As above | 07818 453834 | Paul Collicutt (Husband)07763 381453 |
| Katy Francis | Project Support OfficerKaty@hwbh.co.ukKatyfrancis@live.com | As above | 07534 920251 | Emergency contact:Helen Francis (mum)07737594123 |
| Ruth White | Bookkeeperfinance@healthwatchbrightonandhove.co.ukruthd3965@yahoo.co.uk |  | 07534 936098 | Andy White (Husband)07951 087 895Rachel Bargh (Daughter)6 Cornfield Green, Hailsham)07712 627 511 |
| Katrina Broadhill | katrina@healthwatchinsussex.org.ukkat.broadhill@live.com |  | 07588 676930 | Zeb Broadhill (son)07711 16755631 Queensmount, Five Ashes, East Sussex TN20 6LH |
| Geoffrey Bowden  | ChairChair@hwbh.co.ukgeoffrey.bowden@gbcpr.co.uk |  | 07958 682683 |  |
| Christine D’Cruz | Board memberChristine@cruz.co.uk |  | 07837 986614 |  |
| Chris Morey  | Board memberChrisM@plusaccounting.co.ukChrisjohnmorey@hotmail.com |  | 07936 341634 | Work: 01273 701200 |
| Gillian Connor | Board memberGillian.Connor@health.org.uk |  | 07813 929632 |  |
| Khalid Ali | Board memberkhalid.ali10@nhs.netkhalid.alicc68@gmail.com |  | 07986294131  | Work: 01273 523360PA Kennis Lau, and clinical PA- Michelle Gregory 01444441881 ext: 68565 |
| Sophie Aunounou | Board membersophieoaunounou@yahoo.co.ukbrightonmgr@agincare.com |  | 07850594209 |  |
| Howard Lewis | Board memberhoward.lewis@gmc-uk.orghowardlewis61@gmail.com |  | 07768 939595 (work & personal) | Work: 0161 250 6828 |
| Alastair Hignell | Board memberalastair.hignell@sky.com |  | 07785 257265 | 01273 628717 |
| Angelika Wydra | Board memberangelika.wydra@yahoo.co.ukAngelika.Wydra@brighton-hove.gov.uk |  | 07581 414918 |  |
| Brigid Day | Board Advisor (Safeguarding)Brigid Day brigid@healthwatchbrightonandhove.co.uk |  | 07711 627 899 | 01273 749735 |

**Key Suppliers Contact List**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplier** | **Provides** | **Telephone** | **E-mail** |
| Ruth White | Bookkeeping | 07534 936098 | finance@healthwatchbrightonandhove.co.ukruthd3965@yahoo.co.uk |
| Graham Shorter  | Accounting, Chariot House | [01273 447040](%2B4401273447040) | graham.shorter@chariothouse.co.uk[www.chariothouse.co.uk](http://www.chariothouse.co.uk) |
| Olly Grice | Healthwatch brand.Healthwatch Regional Manager | 07789 875765 | Olly.Grice@healthwatch.co.uk |
| Jess Harper | Funding for Homecare check | 07725956073. | Jessica.Harper@brighton-hove.gov.uk |
| Nicole Chavaudra | Funding for Enter & View | 07904 389295 | n.chavaudra@nhs.net |
| John Reading  | Commissioner  | 07517 131351 | John.Reading@brighton-hove.gov.uk |
| Jess Sumner | Community Works CEOProvides office space and services i.e. phone line | 07936 340662 | ceo@bhcommunityworks.org.uk  |
| SCIP | IT | 01273 234049 | SCIP Support support@scip.org.uk |
| Community Base | Postal address and physical offices. | 01273 234047 | Annette Moss deputydirector@communitybase.orgCB Director director@communitybase.org |
| Flextel | Voice mail system | 0370 321 1000Fax: 0370 321 1001 | ask@flextel.com |
| Healthwatch England | CRM database and website | 07768 855 818 (Gavin) | Data Sharing DataSharing@Healthwatch.co.ukJulia Poduska (Insight Support Analyst) julia.poduska@healthwatch.co.ukMatthew Sanders (CRM Systems) Matthew.Sanders@healthwatch.co.ukMichael Samuel (CRM Systems) Michael.Samuel@healthwatch.co.uk Gavin Macgregor (Head of Network Development) Gavin.MacGregor@healthwatch.co.uk |
| Community Works | Hot desk, room rental, meeting spaces, office equipment, printing, recycling, cleaning |  | Sean Skinner sean@communityworks.org.ukJessica Sumner CEO@communityworks.org.uk |

**7. Key partners contact List**

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer** | **Relationship** | **Telephone** | **E-mail** |
| Jane Lodge | NHS Sussex, Healthwatch relationship manager  | 07771 871536 | jane.lodge1@nhs.net |
| Antonia Bennett  | As above | 07787 274637 | antonia.bennett1@nhs.net |
| Veronica Kirwan, Lead, Healthwatch East Sussex | Healthwatch in Sussex partner | 07794 100 291 01323 403590 | veronica.kirwan@escv.org.uk |
| Simon Kiley, Deputy, Healthwatch East Sussex | As above | 07794 100 335 01323 403590 | Simon.Kiley@escv.org.uk |
| Zoey Harries, Lead, Healthwatch West Sussex | Healthwatch in Sussex partner | 0300 012012207977 640 793 | zoey.harries@healthwatchwestsussex.co.uk |
| Jo, Deputy Healthwatch East Sussex | As above | 0300 012 0122 / 07970 424750 | jo.tuck@healthwatchwestsussex.co.uk |
| Scott Moore | Care Quality Commission relationship lead | 03000 616161 | Scott.Moore@cqc.org.uk |
| Emily Hempstead | As above | 03000 616161 | Emily.Hempstead@cqc.org.uk |
| Olivia Canham | Community Base Manager |  | director@communitybase.org |
| Various  | VCSE partners |  | '"Group email at Community Base"' communitybase@gn.apc.org |
| Various | VCSE partners CEOs |  | ceogroup@lists.bhcommunityworks.org.uk |
| Various  | Healthwatch volunteers |  | Email list will vary according to which volunteers are actively working with us or are temporarily ‘on hold’. Records are available online accessible remotely via Microsoft 365 and Sharepoint. |

**7. Utility Companies Contact List**

All main utilities are supplied by Community Base. Community Base has a Continuity Plan for the entire building which will need to be cross-referenced. A copy of this wider Plan is saved along with the HWBH Plan

In the case of emergency please contact:

**Olivia Canham, Director,** Community Base

director@communitybase.org

07947 837432

**Annette Moss,** Deputy Director, Community Base deputydirector@communitybase.org

07974384573

01273 234047

Matt Mills (Maintenance Contractor)

mattdjmills@hotmail.com

07989 049 645

Paul Evans (Trustee / licensee)

paul@nhscampaign.org

07798 922199

01273 694484

|  |  |  |  |
| --- | --- | --- | --- |
| **Utility** | **Company** | **Telephone** | **E-mail** |
| Electricity | See above |  |  |
| Gas | See above |  |  |
| Telecommunications | Flextel | FlextelTel: 0370 321 1000Fax: 0370 321 1001 | ask@flextel.com |
| IT (Community Base)Phones (Community Base) | IT Phones, Babble |  | sam@embex.co.uk 07932 150 343support@babble.cloud  |
| Water |  |  |  |

**The following would be the responsibility of Community Base**

Include a plan of your premises (for use by emergency services) showing locations of:

- Main water stop-cock

- Switches for gas and electricity supply

- Any hazardous substances

- Items that would have priority if salvage became a possibility

**7. Local Emergency Services**

|  |  |  |
| --- | --- | --- |
| **Service** | **Location** | **Telephone** |
| Ambulance | Emergencies | 999 |
| Fire Service | Emergencies | 999 |
| Floodline | Information service | 0845 988 1188 |
| NHS Direct |  | 0845 46 47 |
| Police | EmergenciesNon-emergency matters | 999101 |

**7. Insurance and Finance Companies**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Company** | **Telephone** | **E-mail** |
| Banking | CAF Bank | 03000 123 456 | cafbank@cafonline.org |
| Insurance | Brand SuttonPolicy number: SCBDX7078455/CHA000797 | 01473 267000 01473 945745 07880 315898**Legal Advice –** 0345 122 8931**Business Emergency Assistance –**0345 122 8935 |

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| --- | --- |
|  | keri.lucas@scruttonbland.co.uk |

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If you need to make a claim, please contact our commercialclaims department on **0345 415 0495**. The line is open 24hours a day, 365 days a year. Alternatively, you can write tous at:Commercial Claims DepartmentAgeas Insurance Limited1 Port WayPort SolentPortsmouthPO6 4TY |

**8. Emergency Pack Contents**

As part of the recovery plan for the organisation, key documents, records and equipment are held online and available vis Sharepoint and Microsoft 365.

The contents of the emergency pack comprise the following:

**Documents:**

* A copy of this plan, including key contact details

**9. Actions and Expenses Log**

This form should be used to record decisions, actions and expenses incurred in the recovery process. This will provide information for the post-recovery debriefing and help to provide evidence of costs incurred for any claim under an insurance policy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date/time** | **Decision / action taken** | **By whom** | **Costs incurred**  |
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