



# **Clinical Service Governance**

**Annual Report 2016/17**

# Introduction

Once again it has been a privilege and a pleasure to chair the Clinical and Service Governance Board. The last year has seen a great improvement in the mandatory training numbers leading to 100% compliance across the group.

It is fantastic that we are able to report no RIDDOR accidents compared to the four last year.

There has been a huge improvement in reporting this year, especially in safeguarding and training, and we are working hard to ensure that this progress continues over the coming year.

The planned move to an integrated group-wide audit next year, instead of individual audits, will consolidate all aspects of CSGB areas ensuring that there is high quality, efficient and effective audit across the group.

It is clear that all staff across the Big Life group are continuing to work hard to minimise the number of incidents and accidents occurring whilst reporting promptly and in the correct way.

As the group grows, we must continue to operate in a safe, open way whilst staying true to the Big Life values.

***Louise Grant, Medical Director, The Big Life group.***

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# Health and Safety

The Big Life group continues to commit to ensuring Health and Safety is at the forefront of its business. This year we have invested in a variety of ways to ensure the group is able to comply with statutory requirements and ensure best practice in each of our businesses. We successfully retained our industry recognised standard Health and Safety CHAS accreditation.

We increased the resources available for Health and Safety across the group – appointing 28 H&S Reps, all are IOSH trained and an Admin Officer, who work alongside the Assistant Director for Assets to provide advice and monitor compliance. The role of the reps has increased consultation around health and safety. We continue to cascade lessons learned from accidents and incidents and best practice via the Reps as well as through the Big News.

We achieved 100% compliance with mandatory basic awareness training.

## This year we have trained:

- Fire Marshalls  
17 staff trained
- Work  
Emergency First Aid at  
31 staff trained
- Paediatric First Aid  
5 staff trained
- IOSH 9  
staff trained

## Progress on priorities from last year:

- H&S Policy  
Review and revise the  
Completed
- H&S Briefing  
Complete Mandatory  
Completed
- of training are maintained  
Ensure accurate records  
Ongoing
- Books to ensure simple staff use  
Review Electronic Green  
Completed

- every business

Develop H&S reps in  
Completed

### Priorities for the year ahead:

- 
- standards and accreditation
- training are saved on HR database
- Training

Embed the H&S Rep role  
Maintain CHAS

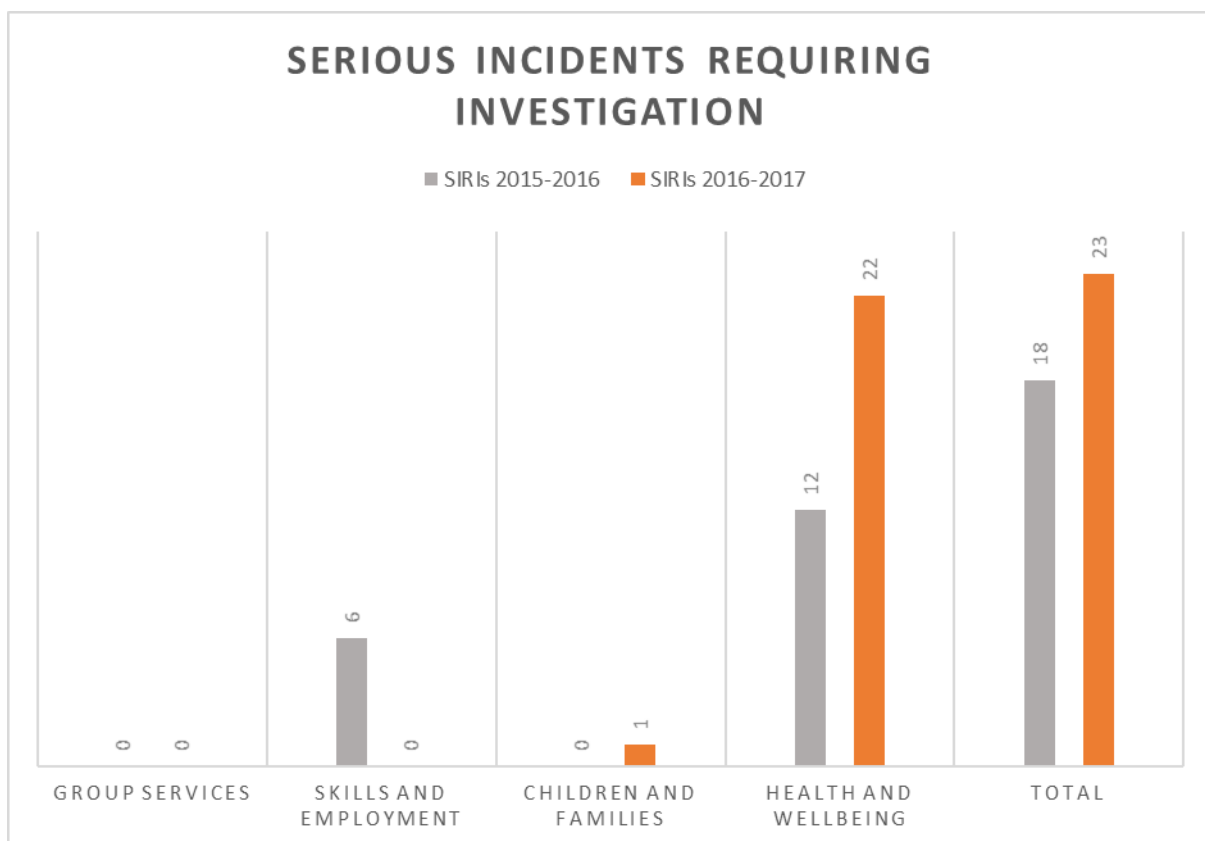
Ensure certificates for

Provide online H&S

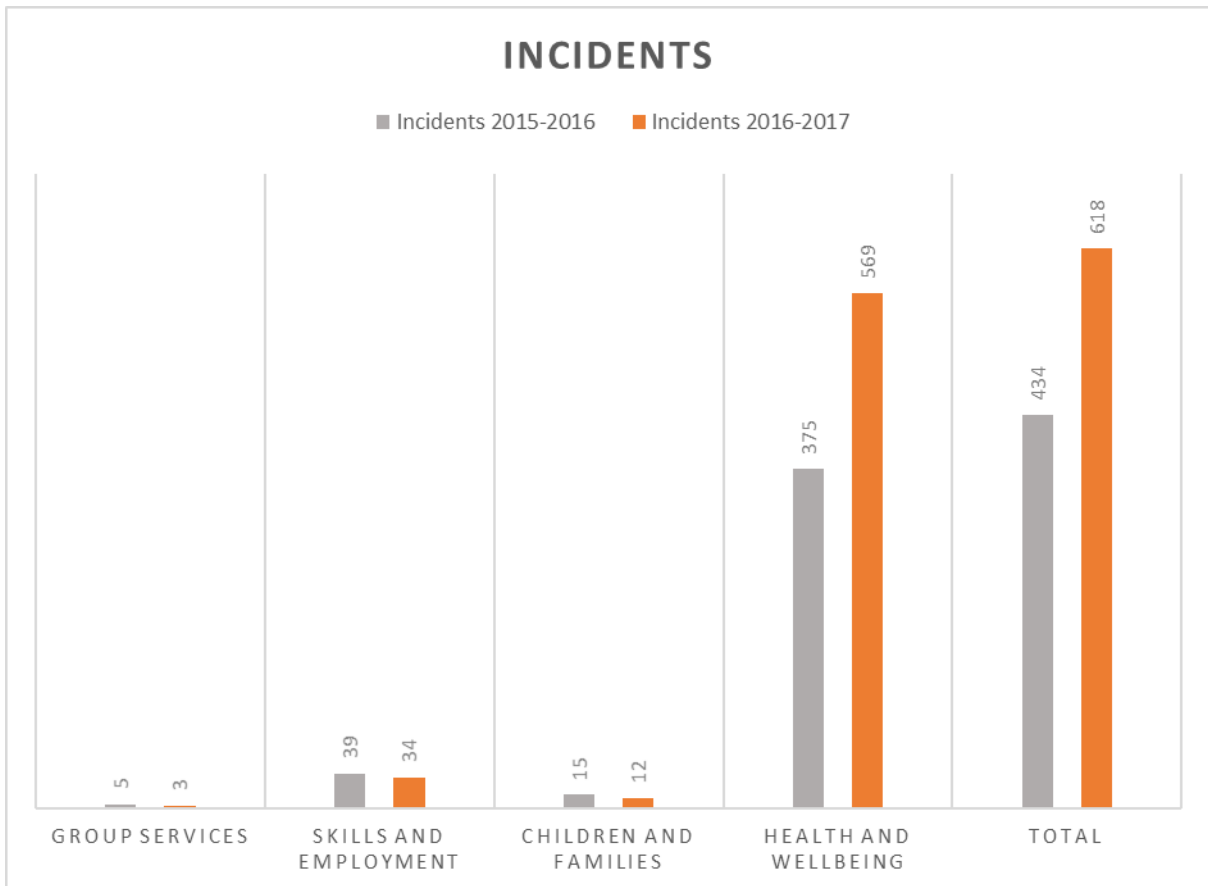
## Incidents

The overall number of incidents and SUIs has increased by 28% this year. The SUI's are related to the death of clients through suicide and homicide, or health issues relating to long term alcohol or drug use. The increase reflects the increase the mental health services we deliver and better internal reporting of incidents by the drug and alcohol service.

All of these SUIs were fully investigated and reports sent to the CEO and Chair of the CSGB. Summaries were provided at the CSGB to identify trends and learning.



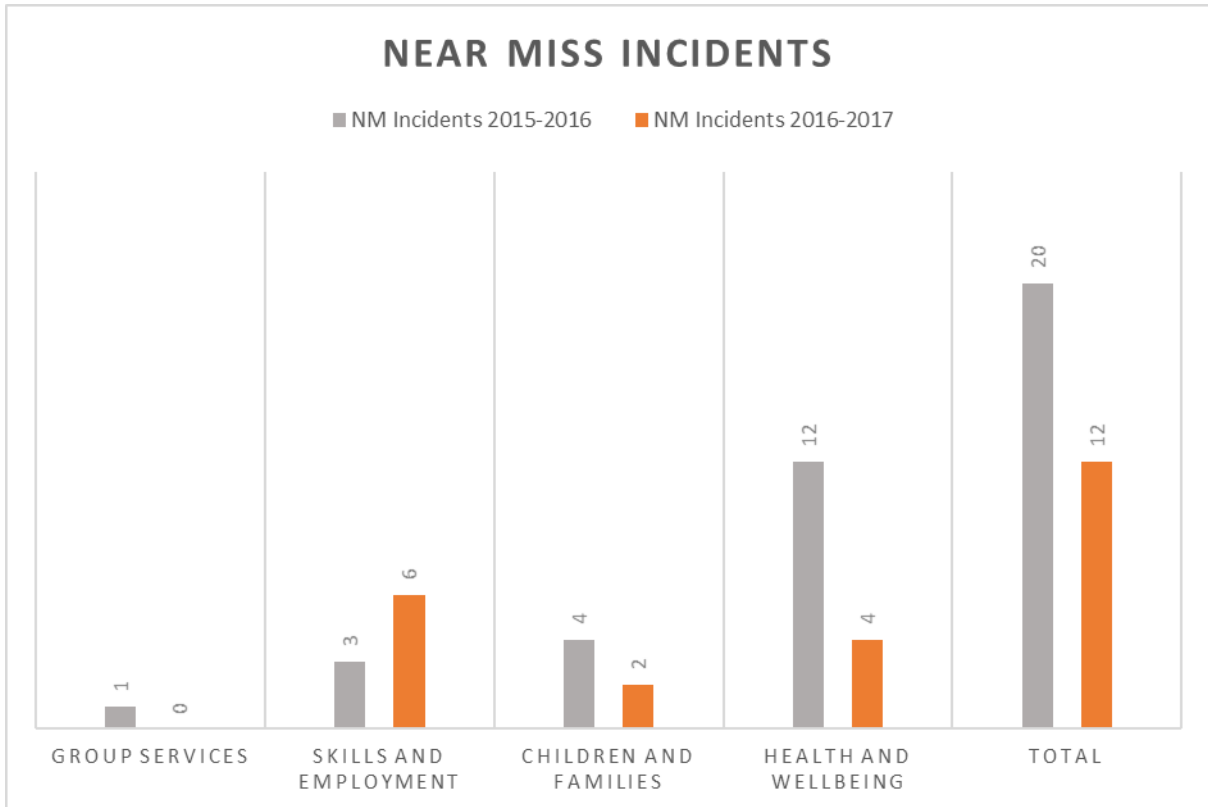
Incidents have increased by 42%. Most Incidents occur in Health and Well Being Division and include: suicidal ideation, safeguarding, information governance breaches self-neglect, self-harm, domestic violence, and threatening behaviour. Skills and Employment incidents primarily related to thefts and aggressive behaviour. Children and Families incidents related to safeguarding and children with behavioural issues running out of school.



All of these incidents were reviewed at SMTs and summarised at the CSGB for identification of trends and improvements. Actions were instigated to resolve all matters including feedback from the Coroners Court. This included:

- Updating of the Self Help service operating manual,
- New procedures for escalating matters to senior officers Improved administration procedures and checks

Self Help also introduced new tools (SIDAS, NDSA grading system, 16 risk factors for suicide)



### Progress on priorities from last year:

- analysis training Roll out root cause  
Ongoing
- electronic incident recording year Review and improve  
To action this
- Serious Incident Policy Review Incident and  
Completed
- lessons learned Continue to cascade  
Ongoing

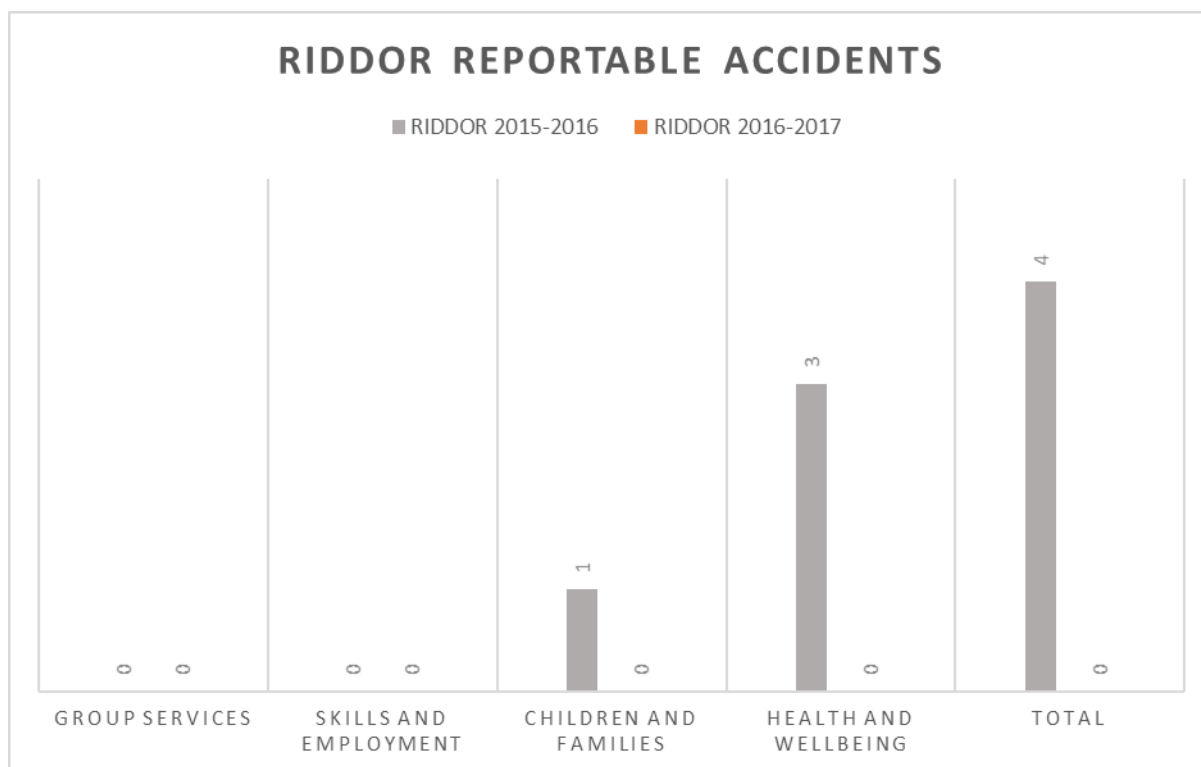
### Priorities for the year ahead:

- incident recording system Introduce new electronic
- Analysis training to all managers Deliver Root Cause



## Accidents

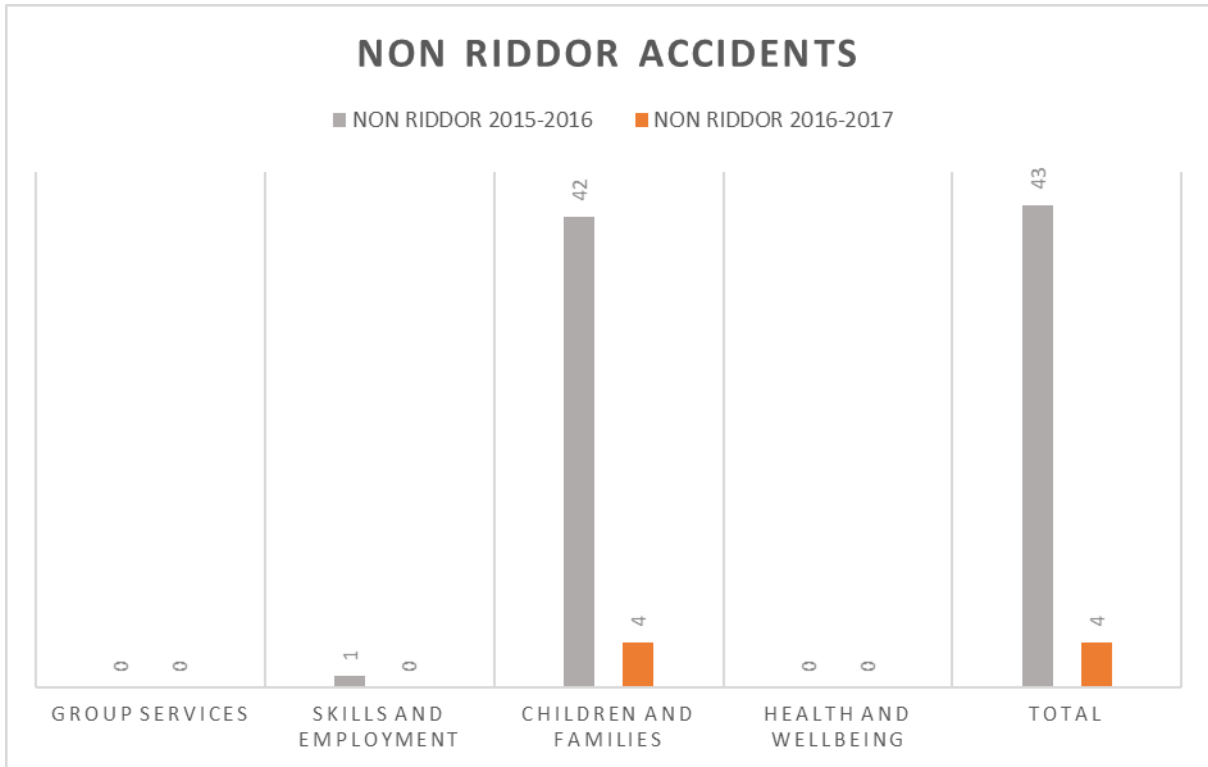
This year we have had no RIDDOR reportable accidents, compared to four last year.



We have had four non-RIDDOR accidents in the Children and Families Division. The accidents were:

- Pupil hit with football in area of body following hernia operation
- Pupil trapped finger in door
- Pupil bumped head
- Pupil hit in face with ball

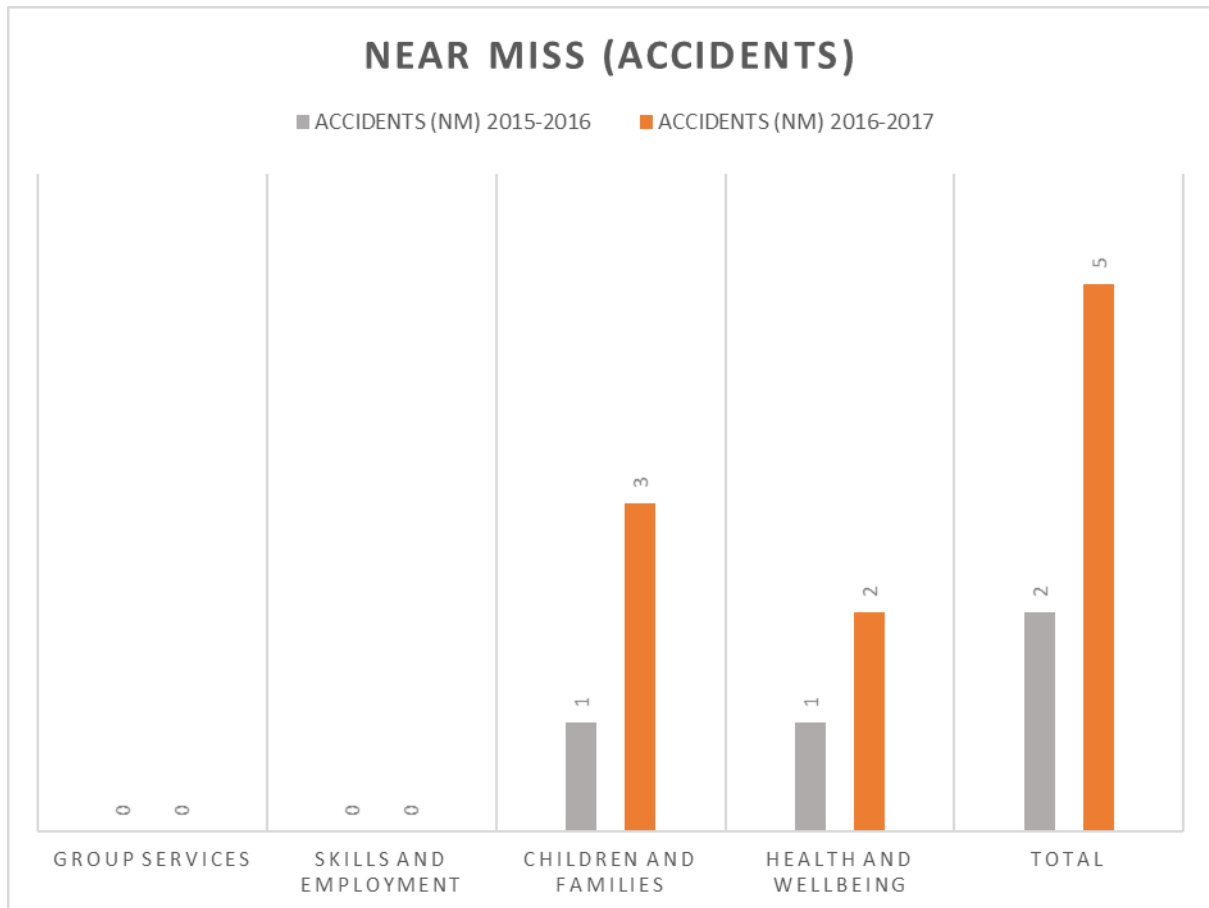
This looks like a big reduction on the previous year. However, it reflects the decision to categorise bumps and scratches which are normal occurrence in Early Years settings as minor accidents.



The number of minor accidents has remained relatively stable compared to the previous year if you take into account the change in categorisation of bumps and scratches in Early Years setting as minor accidents instead of Non Riddor Accidents.



Near misses has increased to a total of 5 this year. This is positive in that staff are reporting better and we are able to learn lessons quicker and prevent accidents in the future. The near misses were: a potential data breach, building and or equipment related, non-qualified staff being asked to advise a service user, and an unlocked drawer in a GP surgery, from which a child accessed wrapped needle.



### Progress on priorities from last year:

- analysis training Roll out root cause  
Ongoing
- recording system and check process for near miss recording Review electronic  
Complete

### Priorities for the year ahead:

- Review options and implement new electronic accident recording software

## Complaints

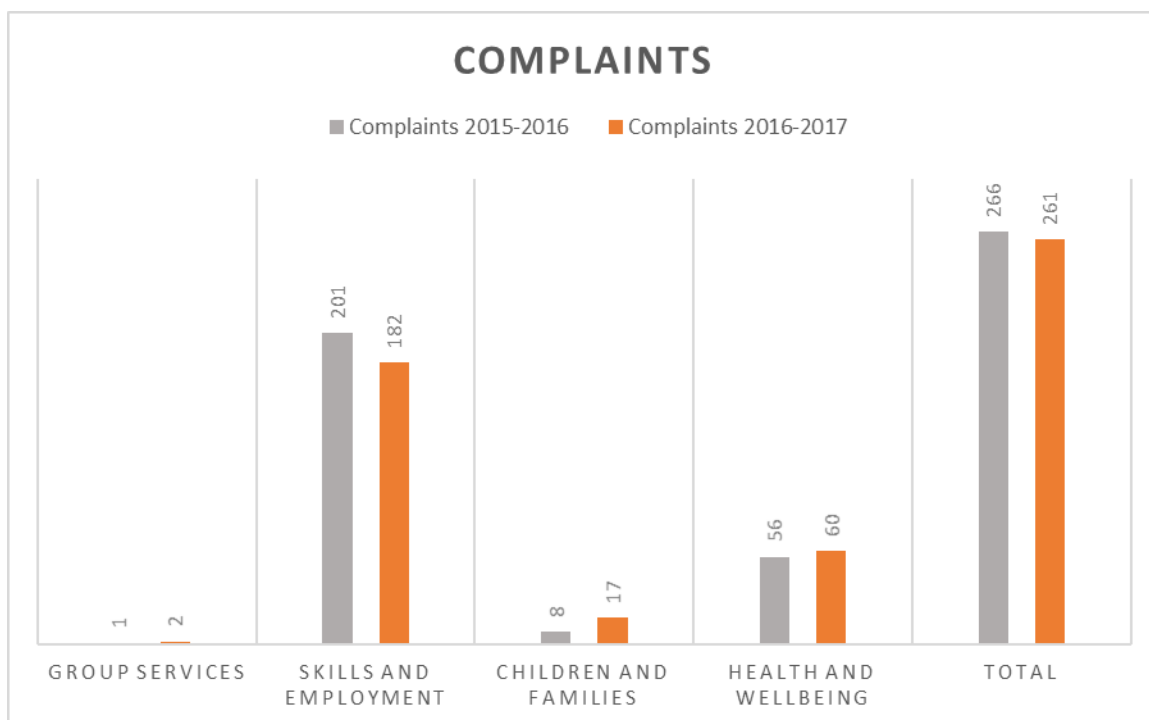
There has been a slight decline in complaints of just under 2%. This trend has continued for 4 years. It is not clear if this reflects improved services or under-reporting. As the group has continued to grow over this period and the past year, it would suggest the latter. In the year ahead we will review how we promote the complaints procedures.

Skills and Employment received 182 complaints. The Big Issue North continue to have the highest number of complaints. The themes remain the same, vendor selling issues and behaviour on the street, and were made by members of the public. In response the Big Issue North reviewed pitch management systems and regularity of outreach. Employment services complaints related to client experience and level of contact with key worker and employment issues. All complaints were formally investigated by a team manager and interventions set in place.

Children and Families received 33 complaints related to: lack of child care places, training of bank staff, not reporting accident to parent, regularity of nappy changing, communication with parent, and settling in procedures. All complaints were dealt with appropriately and where improvement required, training and supervision set in place.

Group services received 4 complaints all relating to other services in the Big Life group. The complaints were actioned and responded to within timescales. They included dissatisfaction with contractors and payment to contractor, perceived unfair treatment received at school and an allegation of bullying of child at nursery.

Health and wellbeing received 60 complaints throughout the year and included: lack of professionalism by staff, poor attitude of staff, and cleanliness standard of bathroom and centre facilities, services unavailable, disrepair, facilities not fit for purpose, lack of information on services, delays due to communication issues, administrative errors when sending out information, service not meeting expectations, waiting lists, discharge procedure, quality of interaction with staff, interruption of self-help group. All these were investigated and action taken where required.



Percentage of complaints responded to in 7 days.

The number of complaints responded to in seven days has improved across the group. There is still work to do in Health and Well Being to improve this performance, and this will be reviewed in the year ahead.

### Progress on priorities from last year:

- 'You said - we did' across all services
  - Wellbeing to improve performance on response rate
  - publicises complaints process
  - are recorded
- Continue to publicise  
More to do  
Support Health and  
More to do  
Review how each service  
More to do  
Review how complaints  
Complete

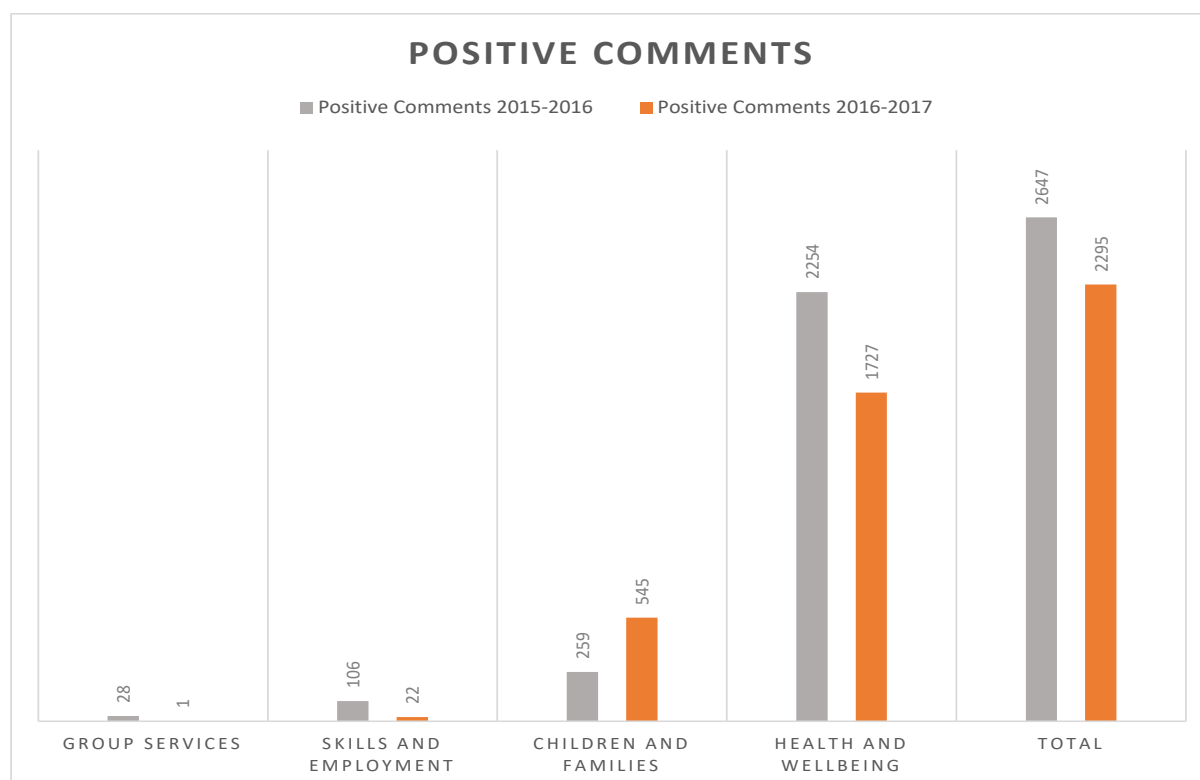
### Priorities for the year ahead:

- Wellbeing to improve performance on response rate
  - publicises complaints process
- Support Health and  
Review how each service

- did'

Publicise 'You said – we

# Positive Comments



The total number of positive comments has decreased this year. The reports note the number of comments but in most cases no information as to the form of praise and from whom. There is work to do, to ensure consistent reporting. Some divisions record positive comments from exit interviews and surveys which amount to large number of positive comments whilst some do not. This explains the large variation in positive comments recorded across the services. It was agreed to standardise this across the group and only record unsolicited positive comments in future.

## Positive comments were received about:

- Helpful friendly staff at nursery
- Lovely assembly at school
- Communications team compliments from stakeholder
- Praise for CEO item in bulletin
- Big Issue magazine content
- Support from caseworkers
- Look of reception and books laid out for children to read
- Quality of services provided at KLC and Zion centres
- Welcoming centres and praise from staff supporting events e.g. EID, Sugar group

## Progress on priorities from last year:

- Review how positive comments are collected across the group and standardize reporting – more to do

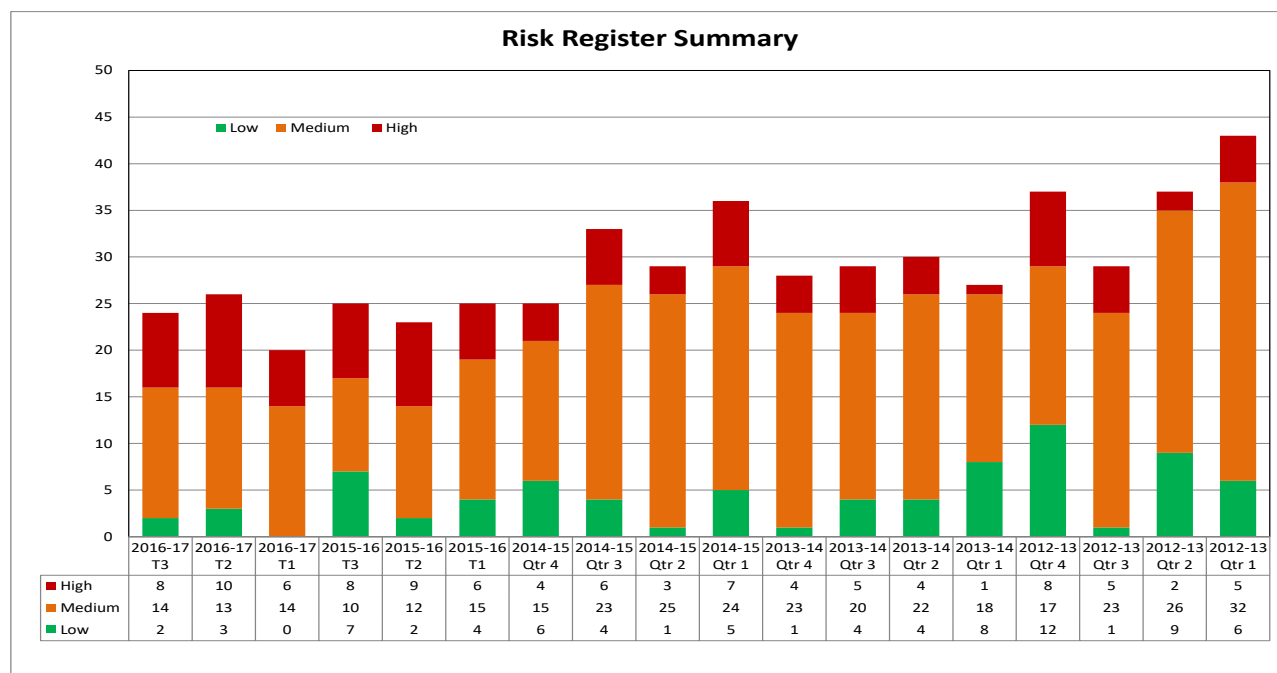
## Priorities for the year ahead:

- Review how positive comments are collected across the group and standardize reporting



# Risk Register

The general trend is for the total number of risks to continue to reduce over the last four years. This reflects improved risk assessment and faster action taken to reduce risks to an acceptable level. The Risk Register is now an integral part of monthly senior management meetings, bringing earlier risk assessment and mitigation.



## The key risks in 2016/17 were:

- The financial performance of several nurseries
- Loss making contract at BLE following change in how the contract was funded
- The closure of a contract
- Uncertainty of the future for Roma vendors of Big Issue North
- Cash flow within the merged Big Life Company
- Insufficient accommodation for HQ and short term accommodation for SHS

## Progress on priorities from last year:

- Implement an audit tool to monitor effectiveness of SMTs at updating Risk Register More to do
- Review Risk Framework and Policy Complete

## Actions for the year ahead:

- Quality Lead to attend SMTs ensuring risk remains integral part of the agenda

## Training

Over the past 12 months we have focussed on ensuring that accurate training data is held on the HR database, enabling good quality reporting and reliable data. A data cleansing exercise was undertaken for all mandatory training courses ensuring accurate data.

We have also identified the training associated with every functional role within the group (first aider, fire marshal, and health and safety representatives). These training needs have been added to the HR database and assigned to individuals allowing us to generate reports illustrating who needs training.

Mop-up training is now complete for mandatory training courses, which is evident with the number of courses delivered in 2016/17. Rolling mandatory training is in place to ensure new staff can be trained within their 6 month probation period.

This year we have identified training needs across the group in order to provide a co-ordinated training plan which meets the needs of all services for 2017/18, ensuring quality and is cost effectiveness.

	2013/14	2014/15	2015/16	2016/17
No. of courses run	78	96	195	280
No. of mandatory training courses run	56	70	195	185
Total no. trained	730	860	884	1832

### Progress on priorities from last year:

- Upgrade HR database for accurate reporting of training  
Complete
- Achieve 100% compliance with mandatory training  
Complete
- Develop online training tool for refresher and mandatory training  
Ongoing
- Develop auditable means of recording central safeguarding training (both internal and external) Complete
- Evaluate requirements across the Group  
Ongoing

## Priorities for 2017/18:

- A training plan to include mandatory, optional and vocational training to be launched at the Managers conference in May 2017
- 100% compliance for all mandatory training with a focus on safeguarding
- Implementation of online training portal which will help ensure compliance for key mandatory training courses
- Develop a combined adult and children's safeguarding course to be delivered from Oct 17
- Utilise the apprentice levy to deliver occupational training
- Centralised process for managing apprenticeship programmes
- Offer expert learning sessions delivered by guest speakers such as benefit changes

## Safeguarding Children

Last year, 325 safeguarding concerns and incidents were reported, and all of them were submitted within 24 hours of being identified. Concerns and alleged incidents included physical and emotional abuse and neglect.

Significant progress has been made in relation to safeguarding over the last year. A clear scheme of delegation has been devised, which sets out the roles and responsibilities of the Designated Safeguarding Leads and the safeguarding accountabilities within the organisation. The document has been discussed and shared with the group board and all the DSLs so there is a clear understanding of the different remits.

The Safeguarding Children's Policy and Adults at Risk Policy have been reviewed, along with a number of associated policies. This has enabled clear and specific information to be available for staff, students and volunteers to refer to when needed, making systems and processes transparent.

A group wide section 11 Audit has been undertaken and an action plan devised. A clear schedule of service based audits is in place to focus very specifically on the safeguarding practice in each individual service.

All staff now have access to an online training provider, which gives them access to training on Adults at Risk, Child Protection, Domestic Abuse, E-Safety, Female Genital Mutilation, Forced Marriage Awareness, Modern Slavery and Trafficking, Prevention of Radicalisation, Prevention of Radicalisation (for students) and Safer recruitment training. This training has supported the development of knowledge of safeguarding issues and is influencing the development of practice. The numbers of staff attending this training and the impact of the training will be reported through the training report.

There is a clear cycle of DSL meetings. These fall directly after the Clinical Service Governance Board so any trends, themes and lessons learnt can be shared with DSLs. There is also a monthly Safeguarding Leadership Team meeting, which is driving forward safeguarding.

Some developments have been made in relation to safer recruitment. The new starter process has been amended so all new staff must go through a safe recruitment process. Children and Families services have audited all staff and volunteer personnel files and work is taking place on the HR Database so this can be easily reported on in the future.

The quality case file audit document has been revised and shared with teams. Services managers have been given the opportunity to feedback on the process. Children and families services have an action plan of audits as well as cross service audits. A Lessons learned document from the first round of audits has been shared with service leads and divisional directors.

### Progress on priorities from last year:

- Safeguarding Children and Adults at Risk policy and associated policies reviewed Complete
- Group and service based safeguarding audits schedule in place Complete
- Audit of safeguarding training and clear training plan in place Complete
- DSL meeting schedule in place and regular feedback for DSLs on CSGB Board findings Complete
- Audit cycle established and integration into group audit cycle Ongoing

### Priorities for next year:

- Each service to complete safeguarding audit in line with the schedule
- Domestic Abuse Lead to be appointed
- Development of systems to securely report on safer recruitment for staff, students, volunteers and contractors
- Improve process to be in place for tracking safeguarding incidents
- Embed the case file recording document for children and adults and train staff in areas highlighted as needs through the audit process

## Adults at Risk

The Adults at Risk Policy has been reviewed and updated in line with annual review process. The main update from the previous year is the inclusion of 'Claire's Law' to support people to access information about partners who may have previously committed Domestic Violence offences.

There has been a focus on improving joint working with the Children's safeguarding lead, bringing together processes and reporting and ensuring communications with DSLs are clear across both safeguarding pathways.

126 people accessed Adult at Risk training last year. This year we have been developing joint training with Children Safeguarding Leads, with the aim to roll this out as one safeguarding session from September onwards.

115 concerns were made to designated safeguarding Leads and reported on to the safeguarding lead last year

The main reporting trends were:

- Domestic Violence
- Concerns about emotional abuse
- Self-harm
- Suicidal ideation

We have included Claire's Law into our policy due to the increased trends in domestic violence concerns and are developing access to Freedom Programme for people who suffer Domestic Violence abuse.

### Progress on priorities from last year:

- All Adult at Risk Safeguarding Leads to be identified on STARS  
Complete
- Develop auditing process for Adults at Risk  
Complete
- The recording of Adults at Risk Concerns  
Ongoing
- Attendance at Mandatory training for all staff  
Ongoing

## Priorities for next year:

- Implement joint safeguarding training
- Roll out auditing process as part of 'safeguarding' audit plan
- Increase the role and responsibility of DSLs in leading on advice, guidance and information provision



## Information Governance

There were 19 Information Governance Incidents this year. The majority of these were minor (e.g. faxes sent to incorrect GPs, or breaches of non-sensitive information). There was 1 more serious incident where a letter containing sensitive information was sent to the wrong address and opened by a member of the public – this was reported to the Information Commissioner. There has been a lot of work by the administration team to reduce the number of incidents.

Measures implemented include: Standard operating procedures for administration; audits and error meetings; and checking client contact details at every contact

There were several laptop thefts reported this year. As the laptops did not contain personal data these incidents did not have to be reported as IG incidents. However as a precaution IT have encrypted all of the Group's laptops.

In total there have been 33 public interest information requests this year, which is a significant increase from the previous years. There have also been 4 FOI requests.

This year we have sourced a new archive for the group's paper-based historic information, and worked to sort out the current archive. Pending completion of the assurance process, we will transfer information to the new archive in Q2 2017-2018. We have completed privacy impact assessments for scan-to-email and eFax so we can be assured that security risks for these processes are minimised and logged

The NHS IG toolkit has been temporarily closed due to a transfer of provider. We continue to undertake the IG briefing at induction and will also use the Flick training to fill the gap. Now the Group's new divisional structure has been embedded we are in a position to develop IG leadership roles across the Group. We can also do some work to ensure that the annual IG toolkit, completed for Self Help, can represent the work of whole organisation. Another key priority is to ensure that we are compliant with the General Data Protection Regulation when it comes into force next year.

### Progress on priorities from last year:

Reorganise group archive and transfer to new provider with inventory	Ongoing
Implement division-level IG leadership	Ongoing

### Priorities for next year

- Consolidate IG toolkit

- Compliance with GDPR

## Service Experience Audit

**We carried out 122 audits altogether** (an increase from 101 audits last year):

19 Email audits

45 Telephone call audits

40 website reviews

18 Mystery shop

(Due to none of this year's auditors having their own transport, and some not comfortable with travelling, we were not able to get to Stockton and Leeds)

**The number of audits carried out at each division were:**

**Children and Families** (47 Audits):

8 Emails, 17 Calls, 15 Website, 7 Mystery Referral

**Health and Well Being** (41 Audits):

6 Emails, 13 Calls, 17 Website, 5 Mystery Referral

**Skills and Employment** (26 Audits):

3 Emails, 10 Calls, 7 Website, 6 Mystery Referrals

**Group Services** (8 Audits):

3 Emails, 5 Calls

## Overall Feedback

### Mystery Shopping Positives

- Most centres visited were tidy and clean
- Generally environments were bright and clean
- Lots of displays on the walls
- No Health and Safety issues were seen

### Mystery Shopping Negatives

- Willow Tree no one to speak to – just a GP, and told to read notice boards for information
- Big Issue Sheffield – hard to find, no signs, asked at Cathedral, they did not know
- Nurseries – felt quite clinical when you were inside. Moss Side was not well signed externally
- Big Issue Liverpool was very smelly

- Would have liked staff having more knowledge of what is on in there centres, rather than being told to visit GP
- Zion and KLC room bookings, no prices given, no photos seen

### **Emails Positives**

- Some responses which were received were quick and clear

### **Email Negatives**

- One auditor has 7 open emails, either with no reply or invalid email addresses
- Big Life Homes – has an out of office on it for a member of staff who has left, but no further contact details
- Email sent re. Maths course at Fredrick Natrass – automatic response gave Laura Provett's email address as response who left the service a while ago
- Lots of automated forms completed – but no responses have been received, especially from nurseries
- Group Services – A-Z – details out of date, staff listed within this have left
- All auditors felt the response rate to emails were very low

### **Telephone Calls Positives**

- Most auditors were happy with the majority of calls and information given

### **Telephone Calls Negatives**

- Moss Side nursery – very noisy, felt very rushed, too busy to speak to me
- If person answering the phone realises the caller has a foreign accent, this should be taken into consideration and speak softer and slower.
- One caller was passed around and given several different numbers to ring, and the staff didn't realise that the services being enquired about was within the group
- Not ringing back, when told that they would
- Ardwick Children Centre was not helpful when enquired about a parent and toddler group
- Big Issue asked me to call in to have a Risk Assessment carried out to become a vendor, but they didn't explain why.
- Big Life Centres, when enquired about being a volunteer asked to come in to have RA and DBS carried out but they didn't know what this was
- Telephoned as a single Mum needing help with childcare so that can attend courses at Zion and KLC, could not suggest any help or advice for childcare
- Group Services – Finance, HR and Comms – several attempts made, all sounded much stressed and not very helpful
- Big Life Homes, left a voicemail re a referral, but have not been rang back

## Websites Negatives

- All websites were quite confusing, particularly the group site
- Hard to find one official website for each service
- Contact number was hard to find for Working well – are other services aware of each other
- Contact details were often not on the websites
- What's on guide – needed to download as PDF, didn't have access to this
- No clear contact details for Group services, not for Finance, Comms etc
- No email addresses for nurseries – had to go through MCC website
- Are all email addresses valid?
- Links broken on some of the website pages
- No responses from the nursery enquiry forms

The full audit is available on the website [www.thebiglifegroup.com](http://www.thebiglifegroup.com). Each division reviewed the findings of the audit and agreed action plans to make improvements.