



# Risk and Quality Committee

## Annual Report 2021/2022

# Introduction

Last year saw us move from a period of lockdown through to the end of all Covid restrictions which is reflected in the changes in our risk register across the year.

We have continued to offer safe and effective services by ensuring we have managed service user, staff and public risk through risk assessments, policies, and procedures.

We have launched our agile working policy and have almost completed the roll out of our Office 365 package across the Group which has improved our collaborative working and efficiency.

All services have been brought into scope for ISO45001 Health and Safety standard and have been subjected to external audits which validated our processes as strong and we have been reaccredited with Investors in Volunteers.

This year we launched our first sustainability strategy and gathered data to monitor our progress against this.

Commitment to staff training remains high and we continue to see improving compliance for mandatory courses.

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

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# Health and Safety

Health and Safety has remained a top priority and has been fundamental in ensuring we have kept our staff, people who use our services, and third parties safe. This has been even more necessary when adopting agile working during the pandemic, and supporting staff to move between working at home and working in venues.

A Director and Quality Manager are responsible for providing leadership on Health and Safety across the group. They support a network of 19 Health and Safety representatives who have continued to meet quarterly and been influential in making decisions on safe practice and staff welfare.

This year we consulted with all staff on health, safety and welfare matters through surveys and team meetings. The group's health and safety representatives have used this feedback to develop a comprehensive action plan that will drive continual improvement around Health and Safety practices.

The health, safety and welfare survey received 133 responses and told us that 82% of staff believe that their health, safety and welfare was taken seriously at Big Life.

Key themes that were raised were:

- Suitability of equipment, workstations and DSE when working remotely and from venues.
- Ensuring risk assessments are saved centrally so that actions can be followed up
- Enabling the H&S reps to feed into the wellbeing working group
- Need to review lone working measures
- Improving communication around covid and how to raise H&S concerns

An action plan has been developed to address the comments and make improvements.

This year we secured ISO 45001 certification across all services, aligning our management of health and safety with the other ISO management systems that the group works within.

Health and Safety audits were carried out on all sites this year, and a new process was implemented to identify the proportion of actions which BLG is responsible for and the proportion the landlord has responsibility for. At the point of implementing this process 110 actions were landlord responsibilities. In response, the Group's property manager has taken over responsibility for working with landlords to ensure actions are complete. At the end of this year landlord actions reduced to 34

Functional role training has continued this year and after a period of being virtual, has returned to face to face. This year we have trained:

- Paediatric First Aid - 45
- Emergency First Aid at Work –29
- Fire Marshal - 44

***The H&S team are always happy to help, look into H&S issues and advise as necessary. Always a pleasure to deal with even when everyone is under pressure and tight deadline. We always have curved balls to throw at our H&S department and they never cease to tire in getting back with timely advice.***

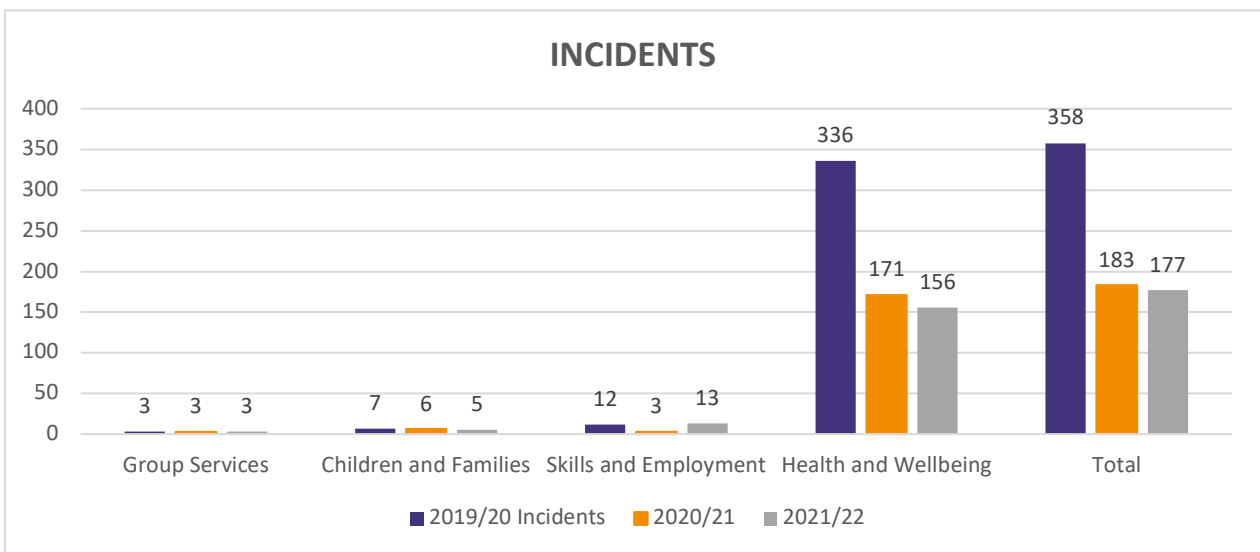
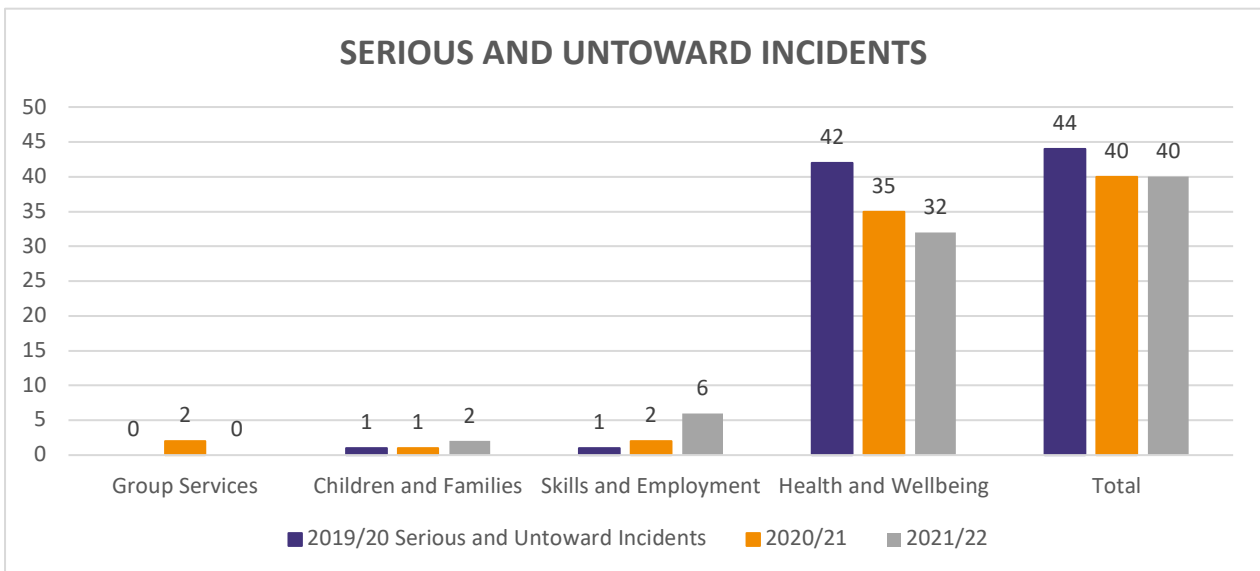
*Daniel Achim, Service Manager, Big Issue North*

# Incidents

There has been no change in the number of SIRIs reported this year compared to last year despite the number of people we have worked with this year increasing by 23% from 20-21. We do not know why SIRIs have not increased proportionally, however the reduction appears to be in our mental health services.

The majority of SIRI reviews are client deaths and primarily in the drug and alcohol recovery services in the Health and Wellbeing Division, which is consistent with previous years. All SIRIs were fully investigated, and reports reviewed by an Executive Director and the Medical Director (Chair of RQC). Summaries of all SIRIs are provided at the RQC meetings to identify trends and learning.

No SIRIs identified weaknesses that could have changed outcomes however they did identify improvements particularly in relation to case note quality. In the year ahead we are increasing the numbers of staff involved in audit and quality work in the health and wellbeing divisions where most SIRIs occur. Quality case notes training will also be delivered.



Like SIRI's the number of Incidents has decreased this year despite an increase in the numbers of people we have worked with (23%).

Incidents include suicidal ideation, data breaches, death, verbal and physical abuse, emergency services calls and damage to property.

All incidents were reviewed at Senior Management Teams and actions taken to minimise risks and repetition. Incidents were summarised for the Risk and Quality Committee to identify trends and share learning which included:

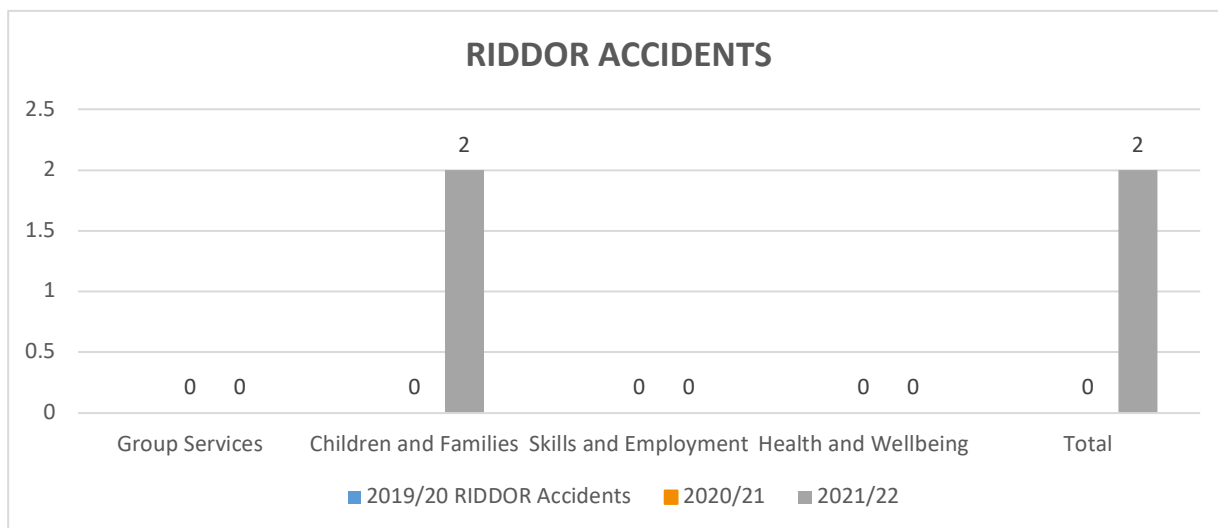
- Improved our processes for communicating risk with GPs
- Physical improvements to our buildings following thefts and break ins including reviewing CCTV camera placement.
- The need for clarity of responsibilities in relation contracts following staff changes.

Our central Incident Management System (IMS) has now been rolled out and is being used by all services to record all incidents, accidents, and safeguarding concerns. Whilst this has led to improved reporting, and enabled better visibility across the Group of any trends and themes there have been some challenges developing and implementing the system

# Accidents

## RIDDOR reportable accidents

This year we have had two RIDDOR reportable accidents, both of these occurred in our Children and Families’ division. One staff member fractured their hand following a fall whilst playing hockey in the playground. The second was a staff member who sustained an injury to their back and shoulder following a fall due to leaning on a table with wheels that had not been locked. Both accidents were reported to the HSE. Risk assessments have also been reviewed and any actions following the accidents have been completed.



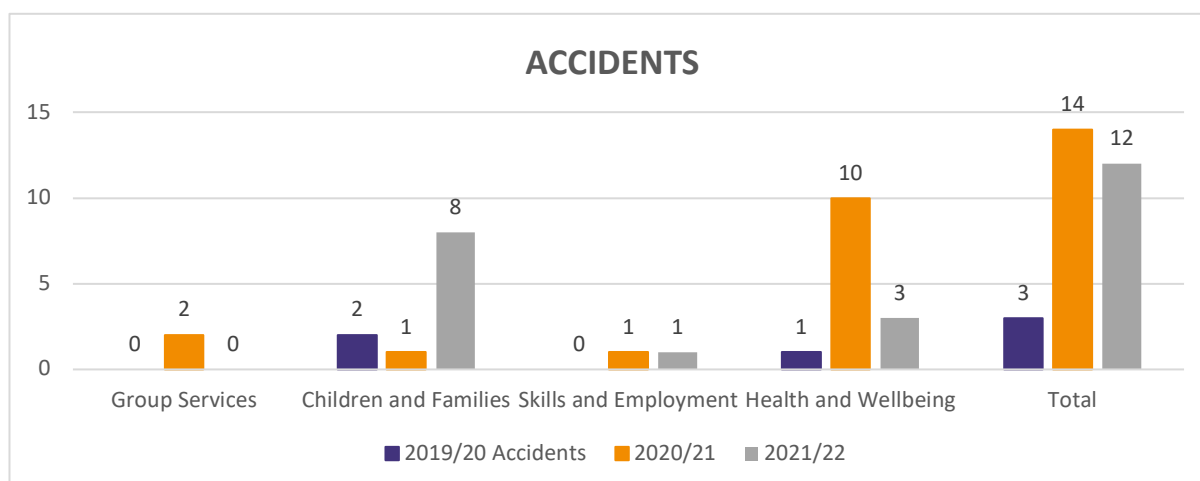
## Accidents

Overall, accidents have decreased this year from 14 to 12. There has been an increase in accidents reported in our Children and Families division, possibly as services fully opened this year following Covid. Accidents in our Children and Families’ division were split over the services and were not similar in type however we have reviewed all risk assessments and processes.

Accidents decreased in the Health and Wellbeing division.

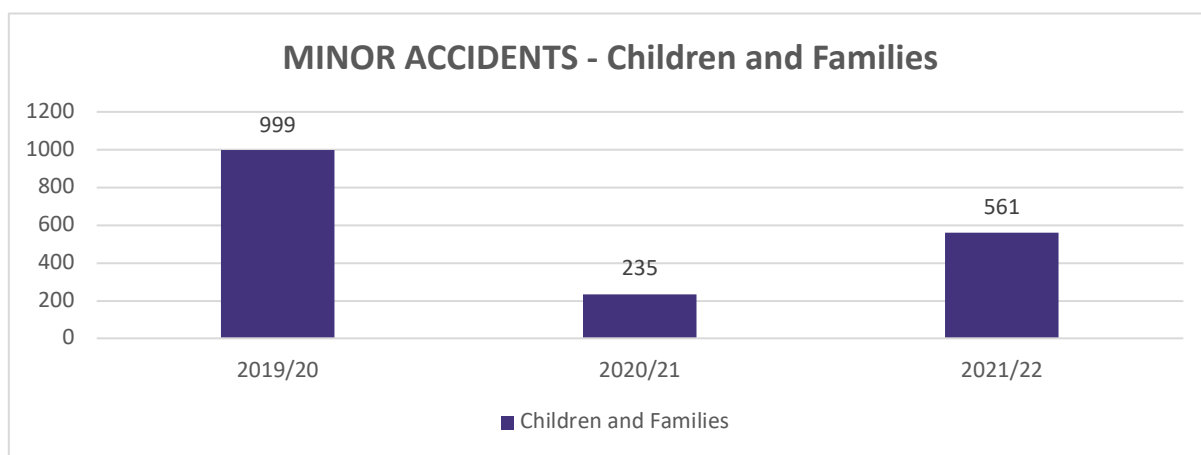
Accidents included

- Staff member falling on their way into the building
- A child injuring their elbow when they fell in the playground
- A cut sustained by a staff member following contact with a broken bulb
- Fall sustained by a service user
- Child falling off a chair



## Minor Accidents

Minor accidents have only occurred in the Children and Families division. Minor accidents have increased by 100% this year compared to the previous year. This is due to the reopening of schools following the pandemic. Minor accidents remain significantly lower than pre pandemic figures (999 in 2019/20) however, we changed the way we categorised minor accidents which may explain the reduction.



Accident types continue to remain consistent with previous years and included bumps, grazes, trips, and falls, mainly occurring during playtime in schools and nurseries.

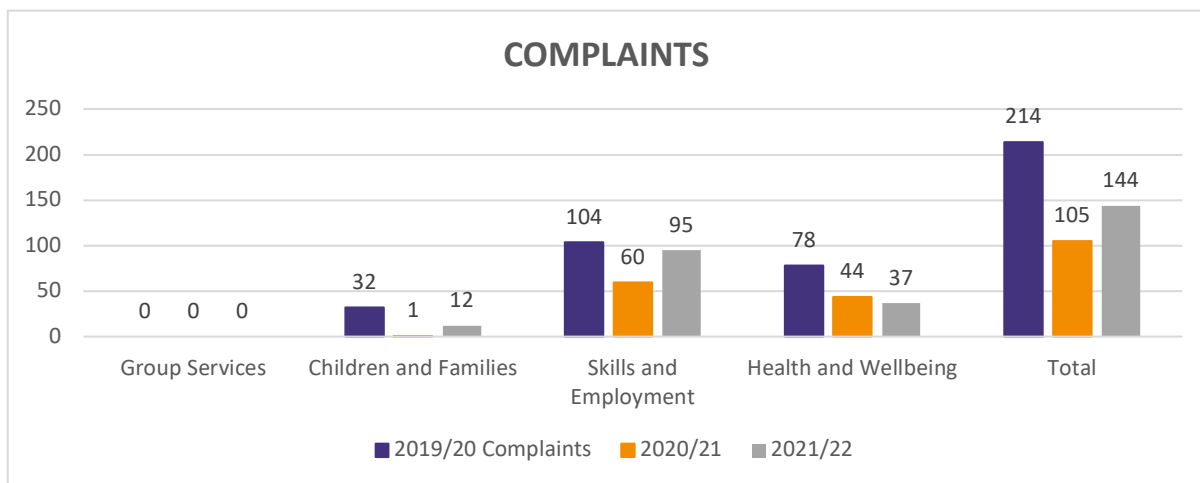
## Near Miss Accidents

Only 1 near miss accident was reported this year compared to 3 in 20/21. This is an areas the group should focus on improving awareness of.



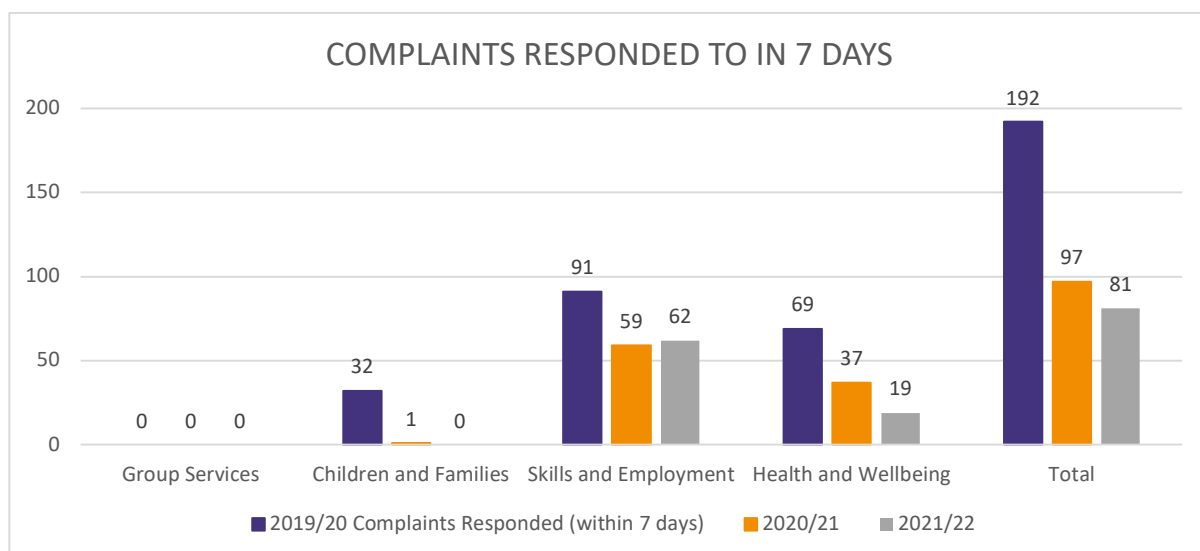
# Complaints

The numbers of complaints received by services (144) have increased by 37% compared with last year (105). Client numbers have increased by 23% in this year which could explain the increase. However this is still lower than in 2019-2020 when we received 214.



Skills and Employment received 95 complaints, all of which were for Big Issue North. This is an increase on last year but consistent with figures before the pandemic as vendors have now returned to street selling. The themes remain consistent with previous years and include vendor selling issues and behaviour. Staff have continued to do outreach work to address some of the issues that have been raised through complaints.

Health and Wellbeing had a decrease in complaints this year by 15%. Key themes include client dissatisfaction with the service provided and staff interaction. Over 70% of the complaints received were in our mental health services. This is in proportion to the number of clients we work with across these services compared to other services in the division.



A total of 56% of complaints received were responded to within 7 days. However, there were several complaints where this detail was not recorded due to a change in the complaints reporting process which took a period of time to embed. Complaints that were not responded to within 7 days, did not meet the timescale due to inability to contact the complainant.

It remains a priority to introduce a call recording service to support staff learning and development and quality assurance.

# Risk Register

Figures for 2021-22 indicate that the total number of risks have increased by 1 however, this is still a significant reduction on 2019-2020 figures.

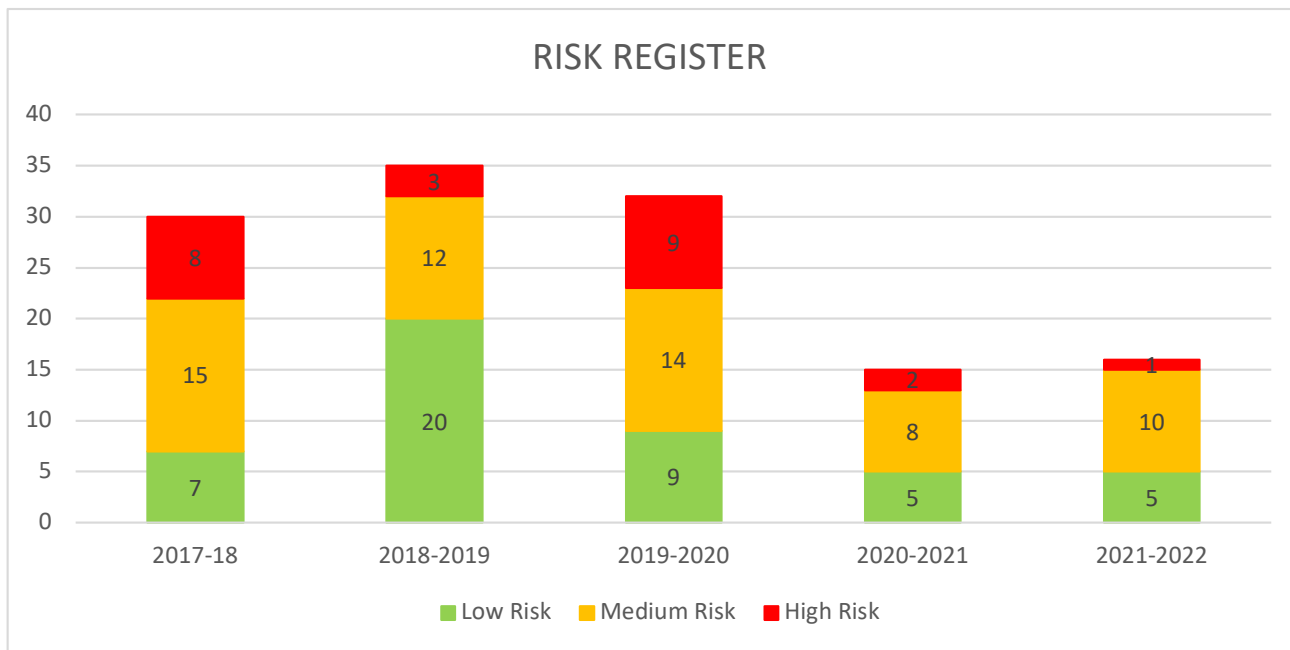
The Risk Register remains a critical tool for the organisation in managing risks and external uncertainty and is an integral part of early-stage risk assessment and mitigation.

Covid continued to be a key theme on the risk register however as we moved through the year risks relating to lock down and self-isolation reduced but were replaced by increased staff absence. The impact of covid on the nursery and BIN finances remained a consistent thread.

We reduced a number of risks carried over from the previous year including the move to a new electronic archive, contract renewals and completion of UCP building works.

Some risks remained constant such as volunteer safer recruitment and financial risks to BIN and the nurseries, and the Local Government Pension Scheme liabilities.

New risks included breach of the firewall at a school, implementation of the new client management system and changes to UCP funding methodology, lower pupil numbers at our schools and impact of rising energy costs and pay awards.



## The key risks in 2021/22 were:

- Staffing due to self-isolation
- Request to grow the MAT due to change in government policy
- Firewall breach at Unity
- CMS rising cost and potentials delays

# Training







*“I found understanding and learning something is positive for my mental wellbeing”*

*“This is a go-to toolkit you can use when you are feeling overwhelmed”*

*Wellbeing Garden Training attendees*

During 2021/22, 2319 training courses were completed.

Mandatory training compliance has continued to increase this year; it is targeted at 85% (to allow for new starters and staff absences, maternity leave etc). 2 courses have not achieved this target; Prevent which was only made mandatory this year and IG, which we decided was too high level for the whole workforce, and an alternative is being sourced..

Course	Compliance 19/20	Compliance 20/21	Compliance 21/22
Induction	95%	96%	96% 
Safeguarding (Adults and Children combined)	84%	88%	90% 
Equality and Diversity	87%	88%	93% 
Data Security Awareness	73%	76%	79% 
Gender Inclusivity	NA	91%	92% 
Prevent	NA	64%	76% 
DSE	NA	NA	85%

In the last quarter of this year, manual handling was added as a mandatory training need for all staff following learning from an accident and compliance will be reported going forwards.

The group continued to provide a range of training on Learn Well, its online learning platform. New courses added this year included:

- Designated safeguarding lead (mandatory)
- Managing Mental Health at Work training, co-produced with staff with lived experience of mental health (optional)

Face to face (virtual) training also continued and included mindfulness and training on ‘The power of language and Serious Menal Illness’ delivered by National Paranoia Network, attended by 82 people.

The Multi Modal Practitioner (MMP) PG DIP accredited course continued this year, staff have completed 3 of 4 modules and will finish the course in June 2022. 15 people remain on the course, 13 from BLG and 2 from an external organisation. An external evaluation is underway.

This year the group provided alternate ways for staff to develop their knowledge providing:

- 8 Research, Learning and Development webinars viewed by 191 people
- Video Q and As on the topics to support staff and managers including ‘getting the most out of appraisal’.

## Apprenticeships.

In this year 4 people have completed apprenticeships and 7 apprenticeships are currently underway.





# Safeguarding - Children and Adults at Risk

A Director and a Group Designated Safeguarding Lead (DSL) provide leadership and support to service specific DSLs across the group. Group leads review changes to legislation, share best practice and identify lessons learned from incidents and concerns to inform and develop safeguarding practice across all levels of the group.

Quarterly DSL meetings are facilitated by the group leads to review themes, trends, and lessons learned from the previous quarter. It engages DSLs in the development of group wide training and quarterly and annual audits that inform the development of the safeguarding action plan which is reported to RQC.

This year has seen the introduction of division specific safeguarding supervision for DSLs to review incidents and concerns, ensuring learning and best practice is identified and disseminated.

## Safeguarding Concerns and Incidents

Number of new SG concerns	Total 2019/20	Total 2020-21	Total 2021-22
Of which adults	158	333	664 
Of which children	239	190	289 
Number of new SG incidents	Total 2019/20	Total 2020-21	Total 2021-22
Of which adults	51	56	38 
Of which children	69	56	72 

The various lockdown measures contributed to fluctuating patterns of concerns and incidents being reported and means that providing a comparison to previous years is unlikely to be useful.

Most concerns and incidents relating to children were reported from our Children and Families division, which experienced a decrease in both concerns and incidents compared to the same period last year. Whilst services remained in contact with children and families, it proved difficult to identify signs and indicators where only remote contact was permissible due to lockdowns.

Overall, we saw a large increase in reported concerns for adults. This was attributed to the group working with more adults than in the previous year, including new services. Some of these are likely to be attributable to the stresses of the pandemic on the people we worked with. The improved reporting of concerns is also attributed to the increase in particular from our Drug and Alcohol services.

Themes in order of volume (children and young people)

- Concerns: Parenting concerns (including neglect), physical.
- Incidents: Neglect, physical, parenting concerns, domestic violence, and abuse.

Themes in order of volume (Adults)

- Concerns: Psychological and emotional, alcohol/drug misuse, self harm.
- Incidents: Other (including self harm), domestic violence and abuse, psychological and emotional.

Service specific Designated Safeguarding Leads (DSLs) are responsible for reviewing all incidents and concerns and signing off actions once completed. All service Team Meetings include a standard safeguarding agenda item to discuss any themes, trends, lessons learned and review of cases. Cases are escalated to the group leads if the local DSL requires further clarification on next steps.

## Early Help Assessments/CP/CIN/LAC

Type	Number of new in 2019-20	Number of new in 2020-21	Number of new in 2021-22
Early Help Assessment (EHA)	82	60	108
Children subject to Child Protection Plan (CP)	2	4	4
Child in Need Plans (CIN)	10	9	5
Looked after children (LAC)	6	6	3

The data from 2019/20 and 2020/21 was collected differently to how we report it now. For example, the reporting of CP/CIN/LAC in these earlier years appears to have been recorded as existing cases that quarter. This doesn't accurately reflect whether some of these cases were new or ongoing so the data may not be as accurate as it could be.

Data for 2021-22 includes new additions with narrative explaining the increase or decrease so is more accurately reported. This does make comparison a little more challenging.

# Information Governance

Information Governance (IG) is overseen by the DPO, Quality Manager and Caldicott Guardian, who is our Chief Executive. Our IG Lead is responsible for continuous improvement across our services in line with our obligations under UK Data Protection Legislation.

This year saw a significant increase in the number of incidents – 37 were recorded across the group, compared to 18 in 2020-21 and 30 in 2019-20. This increase was primarily due to the reclassification of other incidents. Types of incidents were primarily email errors which led to confidentiality breaches. There were no serious incidents. All incidents were investigated, and appropriate actions recorded.

There were 118 Subject Access Requests (SAR) received this year (compared to 90 in 2020-21). SARs are primarily received from the clients directly or solicitors working on behalf the client. Almost all SARs received were in our mental health services.

We received 30 third party requests for information (primarily from Social Workers, and Police), this is in line with the previous year. We received one freedom of information request in our schools.

The implementation of Office 365 is almost complete across the Group. Following this the group will be able to achieve the cyber essentials accreditation.

## Quality

### ISO

All services are now accredited with quality standards for health and safety, environmental sustainability and administration (ISO 45000, 14001, 9001). An annual audit schedule is in place which includes external and internal audits required to maintain accreditation. In the year ahead we will work to embed the Continuous Improvement Plan (CIP) as a place to centrally record all audit actions.

### IIV

Following an external audit, which involved auditors speaking to 67 people ( staff and volunteers) we were successfully reaccredited by Investors in Volunteers. The report identified a number of strengths in our volunteering offer including volunteers feeling recognised and valued, providing employment and career opportunities to volunteers and having volunteer co-ordinators and supervisors who are strongly motivated.

Areas for continual development and improvement included focusing on volunteer data for example gathering and collating exit interview data to understand volunteer experience, and standardising the best practice approach to volunteering across the group. Next year we will appoint a full time Volunteer and Engagement Manager to lead this workstream.

# Sustainability

This year the group launched its sustainability strategy setting out targets to reduce its carbon footprint.

We have three main objectives which will be monitored through more detailed targets and reported to the Board twice a year.

- Actively reduce our consumption and waste. We currently operate in over 24 sites, and we monitor our consumption of energy, waste produced, and miles travelled. We believe we can actively reduce our usage and waste by adopting new processes and ways of working, including Agile Working.
- Embed sustainable practices within the organisation – We recognise we need to make changes to achieve our targets and reduce our environmental impact. Our Estates strategy will ensure energy and sustainable improvement across our buildings.
- Engage and raise awareness of staff and service users. It is evident that a reduction on our carbon footprint can indirectly provide health benefits to those who access our services and wider. A focus on sustainability only compliments the current Big Life Way and fight inequality. We recognise reducing the carbon footprint of the organisation must go hand in hand in supporting individuals to reduce their own carbon footprint particularly in the light of agile working.

## Objective 1 - Actively reduce our consumption and waste

	Baseline 2019/20	5 year Target	Progress 2020/21	Change	Progress 2021/22	Change overall
Calculate, set targets and monitor the annual tonnage of CO2e emitted using a carbon footprint calculator	1,505,134 kgCO2e Scope 1 – 85% Scope 2 – 15%		329,858 kgCO2e Scope 1 – 76% Scope 2 – 24%	78%		
Reduce Water consumption <sup>1</sup>	4,138 (m3)	10%	4,034 (m3) (6 104)	3%	5,735 (m3) (51,701)	39% increase
Reduce gas consumption (kWh) <sup>2</sup>	1,542,190	50%	791,832 (6,750,358)	49%	889,704 (597,872)	42% decrease
Reduce electric consumption (kWh) <sup>3</sup>	694,180	50%	374,426 (6,319,754)	46%	436,901 (562,475)	37% decrease
Reduce mileage <sup>4</sup>	271,797	50%	47,174 (6,224,623)	83%	31,327 (615,847)	88% decrease
Reduce printing (no. Pages) <sup>5</sup>	2,022,712	75%	569,084 (61,453,628)	72%	810,600 (5,241,516)	60% decrease

## **1Reduce Water consumption**

We will do this by ensuring:

- All leaks are fixed timely
- We regularly maintain taps and boilers
- We introduce harvest rainwater in our buildings
- We plan to instal aerators or flow restrictors in taps
- We plan instal low flush toilets
- We plan to replace toilets with urinals when possible

## **2Reduce gas consumption (kWh)**

We will do this with a programme of:

- Building insulation.
- Installation of smart meters
- Improve heating systems/boilers
- Replace with alternative source
- Switch off or turn down heating when not needed

## **3Reduce electric consumption (kWh)**

We will do this by ensuring

- We switch off appliances that are not in use.
  - We keep the lights off if daylight is sufficient
  - We use a smart meter.
  - We instal energy-efficient light bulbs.
  - We use laptops over desktops
  - Reduce solar gain and use of fan heaters
  - Only purchasing A rated efficiency appliances
- 694,180 (kWh)

## **4Reduce mileage**

We will do this by ensuring

- Embedding agile working
- Our staff plan work to minimise travel
- We encourage the use of public transport and car sharing

## **5Reduce printing (no. Pages)**

We will do this by ensuring

- We use alternative online methods to send communication
- We use hybrid mail solutions and electronic document management



## Objective 2 - Embed sustainable practices within the organisation

	5 year Target	Progress 2020/21	Progress 2021/22	Change overall
Achieve Carbon Literacy Bronze award.	April 2023			
Reduce number of offices by implementing Agile Estates plan	1 in 2022/23 2 in 2023/24			
Supplier sustainability due diligence completed for 100% for new suppliers	2021/22			
Install electric charging points in work sites	2022/23 onwards	Installed in UCP		
Building improvements (KLC/Zion/Stretford Road/Longsight) reduce environmental impact and energy use.	2023/24 onwards			
DocuSign implemented	2021/22			
New Equipment/appliances to be A rated for energy efficiency	2022/23			

## Objective 2 - Embed sustainable practices within the organisation

	5 year Target	Progress 2020/21	Progress 2021/22	Change overall
100% compliance with staff completing carbon literacy training through Learn Well by April 2023	April 2023			
Introduce a new Staff Award for Environmental Sustainability and a new 'Recognition Card' for staff	April 2022		Recognition card now launched	
Provide visibility to our Environment and Sustainability priorities through regular Bulletin and Feel Good Friday updates	2021/22			
Produce case studies to encourage staff to take action	2021/22			

# Key Priorities

## Group Progress on Key Priorities 20-21

Launch call recording pilot	
Achieve ISO 45001 for all services	Complete
Update H&S policies in line with agile working	Complete
Launch environmental strategy	Complete
Ensure all staff complete H&S refresher training	H&S made mandatory as part of induction and refresher in place for every 3 years
Amend HRDB rules to improve accuracy of safer recruitment reporting	Complete
Centralise compliments and complaints process and publicise comments	Centralise complaints process, agreed not to centralise compliments
Develop and roll out Case Management training for all services	
Implement new audit framework across the Group	
Secure Cyber Essentials	
Develop service user engagement in Quality	
Develop Change Management skills and capacity	Framework developed
Review, Develop and implement DSL training and development package and process	

## Group Key Priorities 22-23

Pilot call recording	
Ensure all staff complete H&S refresher training	
Amend HRDB rules to improve accuracy of safer recruitment for volunteers	
Develop and roll out Quality Case Management training for all services	
Secure Cyber Essentials	
Develop service user engagement in Quality	
Develop Change Management skills and capacity	
Implement a centralised learning log	
Increase awareness of near miss reporting	