



Quality Committee

Annual Report 2022/2023

Introduction

It has been a privilege to chair the Group Quality Committee through another interesting and exciting year for Big Life.

Whilst the year before had seen the end of all covid restrictions, this last year saw us navigating the post covid world with other challenges, such as increasing pressure on public services and a cost-of-living crisis, which has impacted many services users significantly.

We have continued to deliver safe and effective services across the group throughout these challenges knowing that our community need us to do this for them, and do it well, more than ever before.

Our safety profile has been enhanced by the new mandatory Health and Safety course for all staff on Learn Well and our accident numbers have started to decrease in turn. Training records overall have impressed in the last year, with Big Life launching an ambitious training plan seeking to encompass both quality and culture at Big Life; read more about the Multi-Modality Practitioner Approach and Becoming an Anti-Racist Organisation training in the report.

The Quality Committee had the privilege of hearing from different service areas and teams on focussed themes known as 'Deep Dives'. These Deep Dives, presented to the committee each quarter, allowed the teams to look deeper into some of the data, individual cases and processes behind the areas (such as Drug and Alcohol Related Deaths, presented by Achieve). Based on previous questions and discussions as well as incidents and reports received by the board - thus allowing the Committee to understand the areas more and work together to enhance processes and ways of working.

Our sustainability strategy is ongoing with last year being a successful first full year taking us one step closer to achieving Net Zero by 2050.

Developing Quality Practitioner Training and piloting call recording will be some of the main group priorities for this year, all of which will improve the quality of our service and whilst continuing to adhere to the Big Life Values.

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.

The Health & Safety Manager and Learning & Quality Improvement Manager are responsible for providing leadership on Health and Safety across the group. They support a network of 22 Health and Safety representatives who have continued to meet quarterly and been influential in making decisions on safe practice and staff welfare.

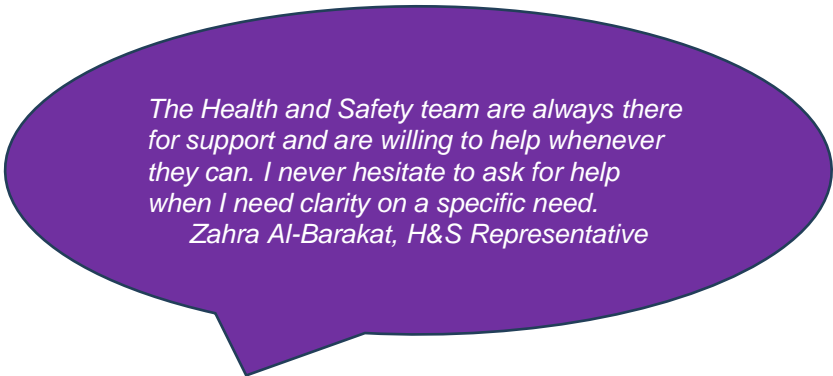
This year we introduced a new mandatory Health & Safety course for all staff on Learn Well that covers all relevant health, safety, and welfare matters. This has replaced 3 individual mandatory courses including risk assessment, display screen equipment and manual handling.

The feedback from this course so far, from 159 responses, tells us that 25% of people rated their knowledge of H&S as very good or excellent prior to completing the course and after completing the course this figure rose to 76%. Feedback regarding the course itself was positive, it was described as comprehensive, informative, and detailed, one learner said it was *“Clear, thorough and engaging - thank you!”*


Health and Safety audits were completed on all sites this year, including five new buildings, with both landlord and service actions recorded. Actions are recorded onto a centralised tracker as audits are completed. Services have individual compliance trackers which support the H&S reps to be pro-active, ensuring all H&S documentation (for example risk assessments, PAT testing etc) are completed in a timely manner and not when identified by audits.

Functional role training has continued this year. This year we have trained:

- Paediatric First Aid - 23
- Fire Marshal - 25



The Health and Safety team are always there for support and are willing to help whenever they can. I never hesitate to ask for help when I need clarity on a specific need.
Zahra Al-Barakat, H&S Representative



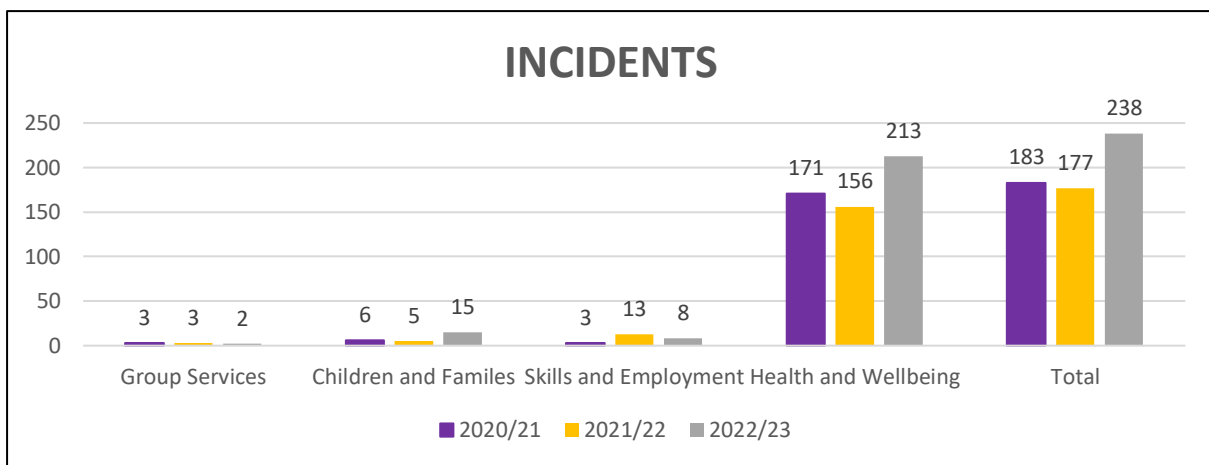
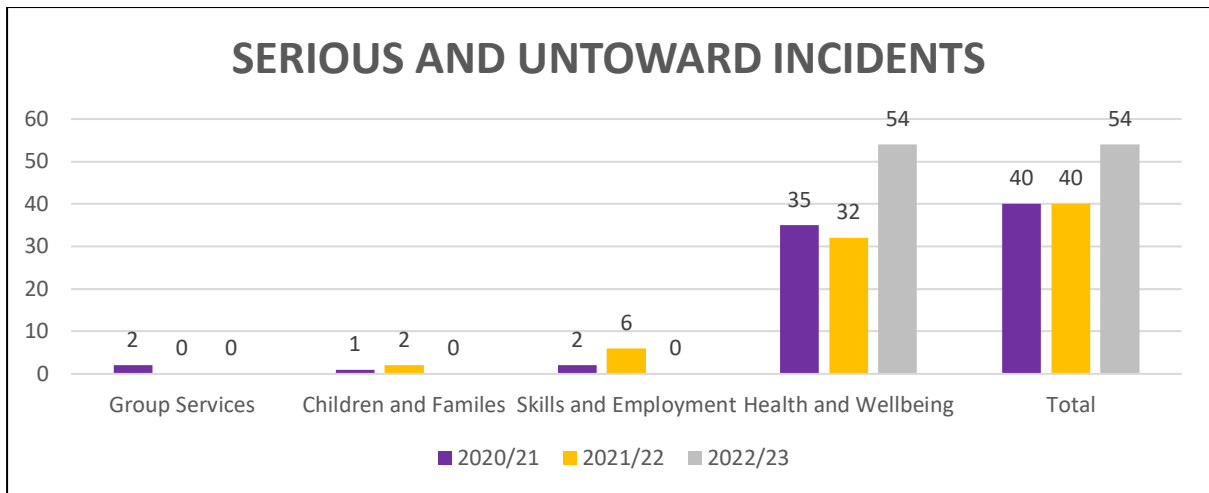
The Quality Team have been amazing with helping me get health and safety sorted for the service. Although everything isn't complete yet, they have been very patient and responded extremely quickly to my questions (which have been a lot!). It's been really helpful as I am doing it for 3 very different areas, they have helped me to understand and tick actions off my list.
Kirsty Greenwood, Service Manager

Incidents

There has been a 35% increase in the number of SIRIs (Serious Incidents Requiring Investigation) reported for 2022-23 across the group compared to 2021-22. This is likely to be because of the increase in the number of people we work with, which has increased by 17% from 2021-22. It may also reflect the increase in deaths in drug and alcohol services which is further explored in the deep dive.

In 2022-23, SIRIs were only reported by our Health and Wellbeing division, which increased by 69% compared to 2021-22. SIRIs are predominantly from our Achieve Drug and Alcohol Recovery Support service which covers Bolton, Bury, Salford and Trafford. All SIRIs were fully investigated, and reports reviewed by an Executive Director and the Medical Director (Chair of QC (Quality Committee)). Summaries of all SIRIs are provided at the Quality Committee 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 services where a considerable number of SIRIs are recorded. We have increased the numbers of staff involved in audit and quality work in our mental health services and are implementing a similar approach for our Achieve, Big Issue North, Probation and Prison Healthcare services.



Like SIRIs, the overall number of incidents reported for 2022-23 compared to 2021-22 has increased by 34.5%. with increases reported for both Children and Families and Health and Wellbeing divisions. This reflects the increased number of people we have worked with this year - 55,286 compared to 47,714 in 2021-22.

Incidents include suicidal ideation, data breaches, death, verbal and physical abuse, emergency services called, internet connection disruption, business process failures and damage to property.

All incidents were reviewed by Senior Management Teams and actions taken to minimise risks and repetition. Incidents are summarised for the Quality Committee to identify trends and share learning.

Though our Incident Management System enables central reporting, it is difficult to extract and analyse data and lessons learned. In 2024-25, a new Incident Management System will be implemented.

Incidents Deep Dive

The Achieve Assertive Outreach Team completed a deep dive into Drug and Alcohol related deaths in the UK and it was presented at the Q3 2022-23 Quality Committee meeting.

Our Achieve service is part of the Drug and Alcohol recovery support partnership, led by Greater Manchester Mental Health Trust. The Assertive Outreach Team (AOT) supports people experiencing barriers to accessing treatment, those who are at risk, and people who have disengaged from structured treatment.

Alcohol Related Deaths

The deep dive into alcohol related deaths reported 9,641 deaths (14.8 per 100,000 people) from alcohol-specific causes registered in the UK, the highest number on record. Office of National Statistics commented that alcohol specific deaths have risen sharply since the onset of the coronavirus pandemic, with alcoholic liver disease the leading cause of these deaths.

Deaths recorded in 2021 was 7.4% higher than in 2020 (8,974) and 27.4% higher than in 2019 (7,565) the last pre-coronavirus (COVID-19) pandemic year. Between 2012 and 2019, rates of alcohol specific deaths in the UK remained stable with no statistically significant changes. Consistent with previous years, the rate of alcohol-specific deaths for males in 2021 remained around double the rate for females.

Drug Related Deaths

The deep dive into drug related deaths reported 4,859 deaths related to drug poisoning were registered in 2021 in England and Wales, this is 6.2% higher than the rate recorded in 2020. Among males, there were (3,275 deaths), compared with females (1,584 deaths). 3,060 drug poisoning deaths registered in 2021 were identified as drug misuse. Rates of drug misuse deaths continue to be elevated among those born in the 1970s, often referred to as "Generation X", with the highest rate in those aged 45 to 49 years.

The regional variations in drug related deaths mirror areas of entrenched deprivation and poor health. Post-industrial cities in Scotland and Northern England and coastal areas across England being areas of particular risk.

Learning from the Deep Dive

A high volume of referrals received are for clients who have presented at hospital and are extremely unwell at the point of referral. This indicates a need to reach more people at an earlier stage, and in particular, reach people who do not think they need to access drug and alcohol services.

Reflecting on the learning from the deep dive we have amended the process for recording SIRIs as it was identified that most deaths occur before referrals engage

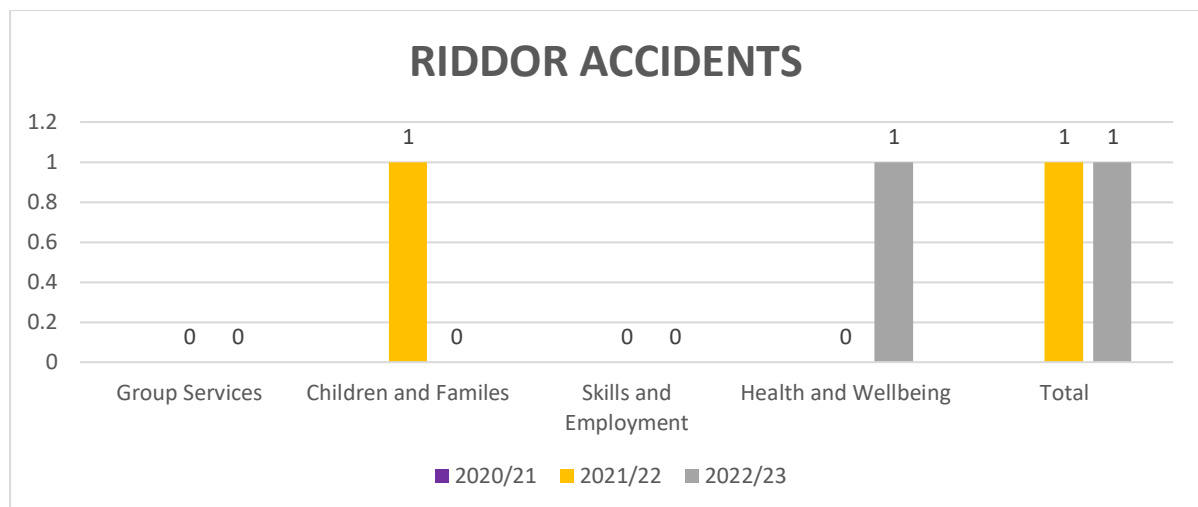
with our services. All deaths will be recorded as incidents and escalated to SIRIs once we confirm client engagement. This process change will help to provide accurate recording of SIRIs within the business.

To ensure consistency across the teams, particularly with new staff, we have improved our record keeping and case note training and arranged for a solicitor and coroner to deliver coroner’s inquest training. We are delivering training for drug and alcohol awareness and Naloxone to other professionals and participate in quarterly drug related death panel meetings to review themes, gaps in service and care delivery.

Accidents

RIDDOR reportable accidents

This year we have had one RIDDOR reportable accident in our Health and Wellbeing division. This related to a member of staff slipping on spilled water, the staff member was signed off work for 2 weeks. The accident was reported to the HSE (Health and Safety Executive). Risk assessments have also been reviewed and any actions following the accidents have been completed.



Accidents

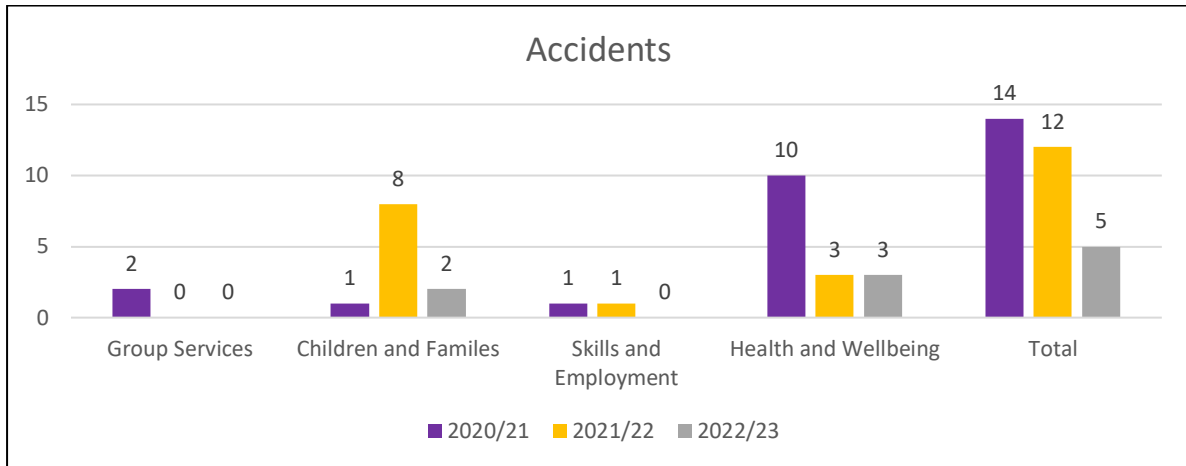
Overall, accidents have decreased this year from 12 to 5. All risk assessments and processes in our services have been reviewed and learning and actions completed to mitigate risks where possible.

Accidents remained static in the Health and Wellbeing division.

Accidents included:

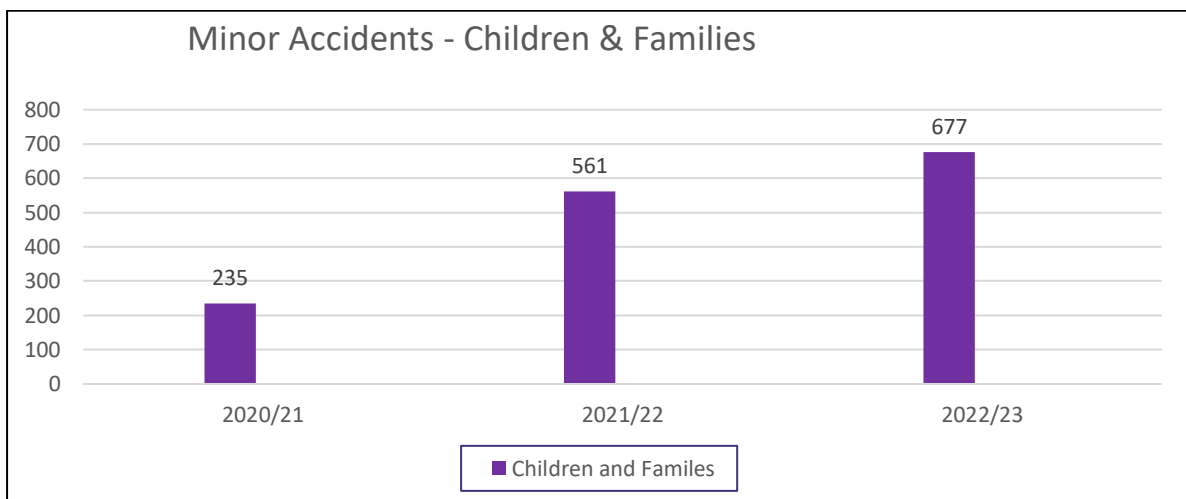
- A child tripped in the playground while running.
- Staff member falling down a flight of stairs whilst carrying two jugs of water.

- Staff member falling off a chair which gave way when the staff member sat down.
- Staff member cut their thumb whilst chopping vegetables.
- Staff member was hit by a window when dislodging a plastic cup which had been used to prop open a window.



Minor Accidents

Minor accidents have only occurred in the Children and Families division. Minor accidents have increased by 21% this year compared to the previous year. This is likely to be because of increasing numbers of pupils in Unity primary which has 42 more pupils in 2022-23 than in 2021-22.



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

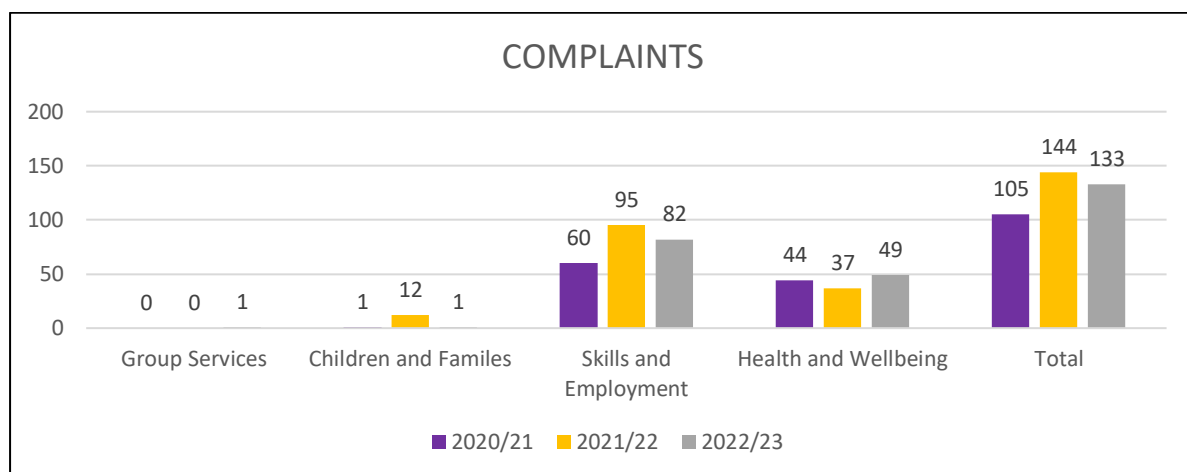
Learning Opportunities (Near Miss Accidents)

There were no near miss accidents reported this year. We cannot be sure if this is because there were none, or if staff are not reporting them. To improve reporting the Quality Committee has agreed to rename near miss accidents as learning opportunities.

We have continued to raise awareness with staff of the need to identify and record learning opportunities through updating the Health and Safety briefing on our Group Induction and we will also include a regular section on learning incidents in our monthly staff bulletin.

Complaints

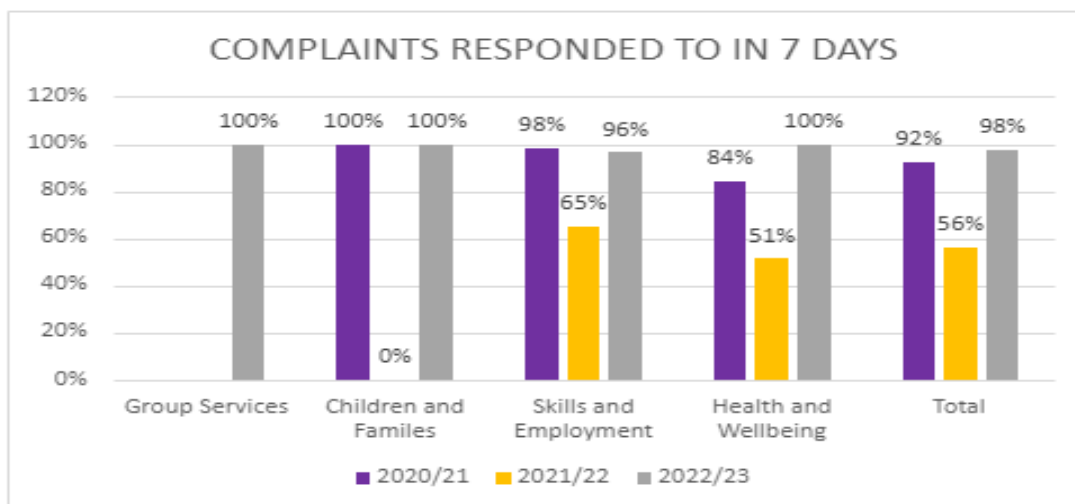
The numbers of complaints received by services (133) have decreased by 8% from last year (144).



Skills and Employment received 82 complaints, all of which were for Big Issue North. This is a 16% decrease on last year. 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 has increased complaints this year by 32%. Key themes include client dissatisfaction with the service processes and practitioner interactions.

Overall, 62% of complaints were received in our Skills and Employment Division and 37% in our mental health services. This is in proportion to the number of clients we work with across mental health services compared to other services in the group.



We have improved our response to complaints this year, a total of 98% of all complaints received were responded to within 7 days compared to 56% in 2021-22. Complaints that were not responded to within 7 days, were passed on via another agency after the 7-day time limit.

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

Complaints Deep Dive

In July 2022, the Big Issue North Team completed a deep dive into the service complaints process and the findings were presented at the Q1 2022-23 Quality Committee meeting.

Between April 2021 and March 2022, Big Issue North had an average of 217 active vendors who sold over 330,800 magazines. During this time, we received 74 complaints, the top three types of complaint were off pitch selling, begging and rogue vendors. 51% of complaints were made by members of the public and 16% were made by other vendors. The most common complaint made by a member of the public was begging, closely followed by aggressive selling and rogue vendors. The most common complaint made by another vendor (client) was off pitch selling. The most complaints were received in Sheffield (33) and Leeds (28).

Complaints Process

Big Issue North receives and accepts complaints via several avenues including email, telephone, and face to face. All complaints are recorded on a BIN complaints tracker. Complaints are reviewed regularly by the teams and are reported in the Quality Committee report for review by the Quality Committee. Once a complaint is resolved, all involved are informed of the outcome, the tracker is updated, and the complaint is marked as closed. On induction, vendors receive a copy of the Vendor Handbook

which includes the vendor code of conduct ‘*Vendor Responsibilities and Our Commitment to You.*’ The vendor code of conduct clearly sets out the sanction process, e.g., if a vendor is found to have breached the Vendor Responsibilities, they may be suspended temporarily (and in extreme cases permanently) or lose their pitch. The type of sanction given are at the discretion of the Team Leaders and Service Manager. If suspended, vendors must return their badge and bib for the duration of the suspension.

Learning from the deep dive

There were several actions identified by the deep dive which will improve our handling of complaints. We will create a standard approach across the service ensuring all hubs are using the same tools and documents, ensuring that sufficient information is recorded to investigate and understand any trends. We will also explore providing more roots for complaints to be made.

There is often confusion by the public about who to report complaints to between BIUK and BIN. This is likely to be exacerbated with proposed changes in the year ahead and we need to agree how we can ensure timely response to complaints.

We recognise that many complaints from members of the public relate to perceived ideas of good and bad behaviours. The actions and behaviours may not fit into our accepted societal norms but maybe acceptable (and even necessary) for a vendor. We do not currently ask if the complainant is satisfied with how the complaint was handled. We will consider if this should be added to our complaints process.

We will also review the induction process and how information is given to vendors, making it easier for them to understand and access.

Training

Compliance has remained consistent this year across mandatory staff training. The volume of staff who are required to renew their training is reflected in courses with reduced compliance. As staff refresh, their future due date will be set automatically to 3 years from the date they complete the training. A revision of mandatory training for schools’ staff will be put in place to ensure staff are given time to complete training and so that new starters are able to complete training in advance of starting employment.

The Becoming an Anti-racist Organisation training was released in March as mandatory training for all staff, volunteers, and board members. To date 22% of staff have completed the course.

Really great course. So beneficial and explains things really clearly. Showing the power wheel is also a useful tool to demonstrate how certain characteristics can influence you own personal power/privilege.

Thank you for the opportunity to challenge my own understanding and plans for being part of an organisation promoting equity.

Mandatory courses

Course	Compliance 2020/21	Compliance 2021/22	Compliance 2022/23
Induction	96%	96%	97%
Safeguarding (Adults and Children combined)	88%	90%	83%
Equality and Diversity	88%	93%	95%
Data Security Awareness	76%	79%	93%
Gender Inclusivity	91%	92%	96%
Prevent	64%	76%	84%
DSE (Display Screen Equipment)	NA	85%	NA
Professional Boundaries	NA	NA	90%
Health & Safety (Inc DSE and Manual Handling)	NA	NA	94%
Adverse Childhood Experiences & Trauma	NA	NA	89%
Becoming an Anti-Racist Organisation	NA	NA	22%

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

- Becoming an Anti-Racist Organisation (all staff)
- Cyber Security Training (non-school staff)
- Cyber Security Training for Schools Staff
- Autism Awareness Training (all staff)
- Level 2 Safeguarding Adults and Children (frontline workers and school staff)
- Making Every Contact Count (frontline workers only)

- Mental Capacity Law and Deprivation of Liberty Training (frontline workers)
- The Oliver McGowan Training on Learning Disability and Autism (frontline workers)
- BLG Designated Safeguarding Lead Training

Fire Marshal and IOSH training is now completed online rather than face-to-face meaning that staff can flexibly complete the course. First Aid training remains face-to-face.

Face-to-face (virtual) training also continued and included mindfulness training, compassion focused workshop for staff, and motivational interviewing and peer support workshop for staff.

We held a Mental Health and Wellbeing workshop for staff from across the group to learn more about the 'Power Threat Meaning Framework' and how it affects people. Guest Speaker Lucy Johnstone, Clinical Psychologist, and former director of the Bristol Clinical Psychology Doctorate presented the '*Power Threat Meaning*' as an alternative to more traditional models of mental health services which are based on psychiatric diagnosis - a theory that applies not just to people who have been in contact with mental health or criminal justice systems, but to all of us.

Fifteen people successfully completed the Level 7 Multi Modal Practitioner (MMP) PG DIP accredited course in June 2022 with The University of Salford. Thirteen from BLG and two from an external organisation.

A research paper The Multi-Modality Practitioner (MMP) Approach: a technically eclectic, multimodal workforce innovation in the provision of support for individuals and families with multiple needs was published in the Mental Health and Social Inclusion journal, authored by Nicky Lidbetter, Mental Health Director for The Big Life Group. An external evaluation of the programme is underway.

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

- 12 Research, Learning and Development webinars viewed by 324 people.
- Video Q&A on the topics to support staff and managers including 'Financial Wellbeing Support.'

Apprenticeships

In this year three people have completed apprenticeships and eleven apprenticeships are currently underway.

Completed apprenticeships:

- 2 Senior Leader MSc level 7
- 1 Operations / Department Manager level 5

Live apprenticeships:

- 4 Senior Leader MSc level 7
- 1 Accountancy or Taxation Professional level 7
- 1 Psychological Wellbeing Practitioner Level 6
- 1 Operations / Department Manager level 5
- 2 Schools Business Professional level 4
- 2 Early Years Education level 3

Training Deep Dive

A Training deep dive was completed in September 2022 and presented at the Q2 2022-23 Quality Committee meeting. The deep dive covered four key areas; mandatory and optional staff training, training to improve quality and training for culture.

Mandatory Training

All staff are required to complete mandatory group induction training which includes navigating our systems, H&S, EDI, Information Governance, and an introduction to safeguarding as well as role specific training for key client facing roles. Training is assigned and monitored through our online e-learning platform Learn Well. Training compliance is reported to the Leadership Team and SMT monthly. An overview of training is included in the quarterly Quality Committee report presented at the Quality Committee meetings.

Key challenges identified by the deep dive is the time commitment required from staff to complete their mandatory training. Services, including our schools have put plans in place to ensure that staff are given time to complete mandatory training as well as new staff having the opportunity to complete training as part of onboarding in advance of them starting in their role.

Optional Training

Our training offer includes optional health and wellbeing courses available as part of our staff wellbeing offer. We have extended access to our health and wellbeing courses through our Public Learn Well platform and staff are encouraged to signpost clients to the training as part of the overall support offer.

We offer apprenticeship training to staff through our levy funding. Promoting apprenticeship training is a priority for the group and we aim to ensure that managers and staff know about apprenticeships by advertising training by role descriptors and ensure that managers discuss training as part of personal development during staff 121s.

Maths and English skills, which forms part of the apprenticeship standards, can be a barrier and discourage staff signing up for training. We have created videos with staff who have successfully completed apprenticeship training talking about their experiences and encouraging staff to consider apprenticeship training and we will continue to raise awareness through our staff bulletins.

Training to Improve Quality & Culture

We have an ambitious training plan which encompasses training to improve both quality and culture in Big Life. We have already developed and launched our Multi-

Modality Practitioner Programme, Becoming an Anti-racist Organisation and HR Good Practice guidance videos to help managers support staff with absence management, wellbeing passports and staff personal development. Our coaching training has been submitted for accreditation through the Personalised Care Institute (PCI). Quality case note training will be delivered to all clinical staff and we plan to develop a Leadership Training programme for Senior Managers, Carbon Literacy training for staff, and community engagement training 'The Big Life Way'.









Safeguarding - Children and Adults at Risk

A Director and a Group Designated Safeguarding Lead (DSL) provide leadership and support to service specific DSLs (Designated Safeguarding Leads) 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 safeguarding action plan, which is reported to the Quality Committee.

Incidents and concerns are reviewed at service specific safeguarding supervision for DSLs, ensuring learning and best practice is identified and disseminated.

Safeguarding Concerns and Incidents

Number of new Safeguarding concerns	Total 2020-21	Total 2021-22	Total 2022-23
Of which adults	333	664 	569 
Of which children	190	289 	211 
Number of new Safeguarding incidents	Total 2020-21	Total 2021-22	Total 2022-23
Of which adults	56	38 	51 
Of which children	56	72 	100 

Most concerns (550), relating to adults were reported by our Health and Wellbeing division. Overall, we have seen a decrease in the reporting of safeguarding concerns; 17% Adults and 37% Children compared to the same period last year. This can be attributed to the end of the pandemic and people's stresses of lockdown easing and returning to business as usual.

We have seen an overall increase in reported incidents for both adults and children compared to the same period last year, with most incidents (96), being reported by our Children and Families division. Most incidents were reported during the first quarter of the year.

Adult themes remain consistent with physical, self-neglect, psychological and emotional, being the dominant themes of cases reported by our Achieve and Be Well services. We had our first reporting of peer on peer and sexual abuse in Q2 of last year, and an institutional risk in Q3 relating to an adult accessing a religious setting.

Children themes also remain consistent with physical, neglect, and psychological, remaining the top three. We had our first child missing from home theme reported in Q3 by our Talking Therapies Eastern Cheshire, linked to an adult accessing therapies.

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/ CPP/CIN/LAC

Type	Number of new in 2019-20	Number of new in 2020-21	Number of new in 2021-22	Number of new in 2022-23
Early Help Assessment (EHA)	82	60	108	221
Children subject to Child Protection Plan (CP)	2	4	4	7
Child in Need Plans (CIN)	10	9	5	13
Looked after children (LAC)	6	6	3	4

We have seen an increase in Children subject to Child Protection Plans (75%) and Child in Need Plans (160%) compared to 2021-22. The number of Early Help assessments records a (105%) increase. The increases are reflective of outreach workers being able to undertake more assessments following covid and return to business as usual.

Safeguarding Deep Dive

A deep dive on group safeguarding was completed and presented at the Q4 2022-23 Quality Committee meeting. The deep dive reported that safeguarding audits (section 11 for services and 175 for education providers) have been completed annually for several years. Initially we undertook a whole group audit, developing a group wide Safeguarding Action Plan, which was reported and monitored by the Quality Committee.

Audits and Findings

In 2022 we agreed to pilot a service self-assessment audit process, mirroring the external process currently in place. gDSLs audited their own service using a standardised template. To address impartiality and bias all services were asked to continue to interview 5% of staff and attach evidence to match the narrative they were claiming compliance for. Training was provided for DSLs to ensure they understood the audit criteria. The quality of feedback from these audits varied from some services providing excellent narrative and evidence, whilst others provided weaker responses or no evidence.

As a result of the inconsistencies with the quality of audit we have recommended that next year we centralise completion of annual audits using a similar approach to the

internal ISO9001, 45001 and 14001 standards audits, where a central team audit to ensure quality.

Coupled with this, the Designated Safeguarding leads will review the existing self-assessment audit template taking on board the sections and evidence provided externally to commissioners. This process should continue to include a cross sectional audit of interviews with a minimum sample of employees agreed each year.

Learning

The employees interviewed continue to demonstrate a high level of understanding of safeguarding, including knowledge of both internal and external referral/escalation processes, interrelated policies, and safeguarding signs to look out for. This is further evidenced during recent compliance audits for incidents and concerns on the BLP database, where compliance audits have demonstrated a marked improvement in reported incidents/concerns.

A few employees couldn't recall the group Safeguarding Leads and one comment indicated that they would get this information from STARS, which doesn't identify group leads and is a database that is largely unused and requires clear communication on its use, if any.

Most services struggled to provide information or evidence on E&D. The current drive to complete EIA across the group will enable services to consider how they are ensuring equitable access in the future.

Other poor responses were noted when providing feedback on training compliance, with only Living Well referencing the training compliance charts for their gaps and how they plan to address this. Again, this could relate to the fact that the group has a centralised system for recording this and DSLs assuming these were managed centrally.

A group wide review of translation support would benefit services were this is less evident to share contacts and existing materials.

Lessons learned and dissemination of learning appeared less embedded as a process. Whilst this takes place at DSL meetings it wasn't apparent how this was being cascaded to front line employees. As a learning organisation auditors may have assumed this was in place and discussed in team meetings, supervisions for example, however this wasn't evident and requires further exploration to avoid assumptions being made.

The value we place on experts by experience as a Group was not evident from asking services how we engage with users to review and update the Safeguarding policy. Engaging with users as experts should be strongly considered. Childrens services have already identified the need to develop a child friendly Safeguarding policy/information sheet. This may be of benefit to users of the service; however, this would require review when gathering feedback from experts through experience.

Information Governance

Information Governance (IG) is overseen by the DPO (Data Protection Officer) in consultation with the Caldicott Guardian where necessary. The DPO is responsible for ensuring the company complies with its obligations under GDPR (General Data Protection Regulation) as well as raising awareness amongst staff of their own individual responsibilities.

This year saw a slight increase in the number of reported incidents, 42 were recorded across the group, compared to 37 in 2021-22. This reflects a general trend of increases each year but should be measured against an increase in the number and size of services.

Most incidents come from within Talking Therapies Services, again reflective of their relative size compared to others and many of those incidents relate to letters either being posted or sent as email attachments to the wrong recipients. All incidents are reviewed and logged externally through the NHS Data Security & Protection Toolkit, no incidents have met the threshold for reporting to the ICO (Information Commissioners Office) and none have led to affected data subjects wishing to pursue a formal complaint.

There were 146 Subject Access Requests (SAR) received this year (compared to 118 in 2021-22). SARs (Subject Access Requests) are primarily received from the clients directly or solicitors working on behalf of the client with a small amount coming from other third parties. The proportion of requests made directly by clients has increased, this may be in part due to Data Subjects having greater awareness of their rights under GDPR. Again, the increase may reflect the increased number of clients seen by services in the past year. Of the SARs received, most were in our mental health services.

We received 42 third party requests for information (primarily from Social Workers, and Police), an increase from 30 the previous year. We received 2 freedom of information requests in our schools.

There were 6 requests from data subjects to erase their data but, in all but one case, these requests were denied as mandatory retention schedules applied.

Quality

ISO

All services are now accredited with quality standards for health and safety, environmental sustainability, and quality (ISO 45001, ISO 14001 and ISO 9001). An annual audit schedule is in place which includes external and internal audits required to maintain accreditation.

In September 2022, an ISO certification surveillance audit was completed by Alcumus group, ISO 45001 certification was included as part of the overall surveillance visit. The audit identified conformity with requirements demonstrated through good leadership commitment and through appropriate procedures and processes. The audit team recommended that certification should be continued.

Business Continuity

The Big Life group carries out a Business Continuity exercise every other year which tests out its business continuity plans (BCPs) in the face of an incident which would impact its ability to deliver services, and captures learning gained during the exercise at a service and group level. This years' BCP exercise focused on an extreme weather event which disrupted travel, led to phone and broadband networks being down and flooding to our buildings.

Services were given a timeframe to work through each stage of the scenario and were asked to answer a series of questions following the exercise to ensure learning was captured.

The Outcomes and Learning

17 services completed the BCP exercise and feedback from services led to group wide learning and actions for the quality team centrally and for individual services.

Themes

- How to access BCP information if Teams goes down. Staff were not clear how they would access their Business Continuity plans if access to Teams was not available.
- Not all services, (7) knew how they would access client details if their CMS systems was not available.
- Not all services (5) knew how to access volunteer details if the HRDB volunteer element was not available.
- Contact details for venues used by services were not always captured in BCPs.

An action plan has been developed for services and the quality team following the test.

Sustainability

This year we continued with our sustainability strategy and our commitment to achieving Net Zero by 2050. We have produced a Carbon Reduction Plan which is

available on our website and details targets set within our 2020/2025 business plan. We will continue to set new targets for the following business planning period to help us achieve our overall Net Zero target.

Objective 1 - Actively reduce our consumption and waste.								
	Baseline 2019/20	5-year Target	Progress 2020/21	% Change from baseline	Progress 2021/22	% Change From baseline	Progress 2022/23	% Change from baseline
Calculate, set targets, and monitor the annual tonnage of CO2e emitted using a carbon footprint calculator	460,964 kg CO2e Scope 1 283,532 Kg CO2e (62%) Scope 2 177,432 Kg CO2e (38%)		232,888 kg CO2e Scope 1 145,594 Kg CO2e (63%) Scope 2 87,294 kg CO2e (37%)	50% ▼	255,725 Kg CO2e Scope 1 162,958 Kg CO2e (64%) Scope 2 92,767 Kg CO2e (36%)	45% ▼	255,394 Kg CO2e Scope 1 160,845 Kg CO2e (63%) Scope 2 94,549 Kg CO2e (37%)	45% ▼
Reduce Water consumption. We will do this by ensuring: <ul style="list-style-type: none"> • 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. 	1,423Kg CO2e (4,138 m3)	10%	1,388Kg CO2e (4,034 m3) ▼ (104 m3)	3% ▼	1,973Kg CO2e (5,735 m3) ▲ (1,597 m3)	39% ▲	2,968Kg CO2e (8,627 m3) ▲ (4,489 m3)	109% ▲
Reduce gas consumption (kWh) We will do this with a programme of: <ul style="list-style-type: none"> • Building insulation. • Installation of smart meters • Improve heating systems/boilers. • Replace with alternative source. • Switch off or turn down heating when not needed. 	1,542,190 (kWh)	50%	791,832 (kWh) ▼ (750,358 kWh)	49% ▼	889,704 (kWh) ▼ (652,486 kWh)	42% ▼	878,167 (kWh) ▼ (664,023 kWh)	43% ▼

<p>Reduce electric consumption (kWh)</p> <p>We will do this by ensuring.</p> <ul style="list-style-type: none"> 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)	50%	374,426 (kWh) ▼ (319,754 kWh)	46% ▼	436,901 (kWh) ▼ (257,279 kWh)	37% ▼	445,293 (kWh) ▼ (248,887 kWh)	36% ▼
<p>Reduce mileage.</p> <p>We will do this by ensuring.</p> <ul style="list-style-type: none"> Embedding agile working Our staff plan work to minimise travel. We encourage the use of public transport and car sharing. 	74,972 Kg CO2e 271,797 miles	50%	13,012 Kg CO2e ▼ 61,690 Kg CO2e	83% ▼	8,641 Kg CO2e ▼ 66,331 Kg CO2e	88% ▼	18,027 Kg CO2e ▼ 56,945 Kg CO2e	76% ▼
<p>Reduce printing.</p> <p>We will do this by ensuring.</p> <ul style="list-style-type: none"> We use alternative online methods to send communication. We use hybrid mail solutions and electronic document management 	7,478 Kg CO2e 10 Tonne	75%	2,070 Kg CO2e ▼ 5,408 Kg CO2e	72% ▼	2,949 Kg CO2e ▼ 4,529 Kg CO2e	61% ▼	3,637 Kg CO2e ▼ 3,841Kg CO2e	51% ▼

Objective 2 - Embed sustainable practices within the organisation.

	Target	2021-22	2022-23
Achieve Carbon Literacy Bronze award.	2023-24		Carbon Literacy mentor identified and working with

			BLG to create training.
Reduce number of offices by implementing Agile Estates plan	1 in 2021-22 2 in 2023-24		Reduced two offices to one Rochdale.
Supplier sustainability due diligence completed for 100% for new suppliers	2021-22	Procurement Policy BLG255 BLG Diligence Questionnaire Sec. 10 checks Environmental Due Diligence for all Suppliers.	
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		Environmental audits completed at all sites and energy efficiency quick fixes actioned.
DocuSign implemented	2021-22	Installed	
New Equipment/appliances to be A rated for energy efficiency	2021-22 onwards	A Rated appliances purchased as standard for BLH	
Objective 3 - Engage and raise awareness of staff and service users.			
	Target	2021-22	2022-23
100% compliance with staff completing carbon literacy training through Learn Well	2023-24 onwards		
Introduce a new Staff Award for Environmental Sustainability and a new 'Recognition Card' for staff	2022-23		Recognition card now launched
Provide visibility to our Environment and Sustainability priorities through regular Bulletin and Feel-Good Friday updates	2021-22	One Feel Good Friday bulletin each month focuses on sustainability	
Produce case studies to encourage staff to take action	2022-23 onwards		

Group Key Priorities 23 - 24

Pilot call recording	
Develop Quality Practitioner training (inclusive of quality case notes)	
Secure Cyber Essentials for Big Life Schools	
Develop Change Management skills and capacity through training	
Identify system to enable centralised incident management	
Implement a centralised learning log	
MMP second accredited course to launch	