



Quality Committee

Annual Report 2024/2025

Introduction

Reflecting on another year with the Quality Committee, I am very proud of what The Big Life Group continues to achieve. Over the past year, we have made significant progress across a wide range of priorities, each contributing to the strength and impact of our work.

Mandatory training compliance has remained consistently high across most areas, demonstrating our commitment to quality and safety. Cultural training, including Becoming an Anti-Racist Organisation and Understanding Adverse Childhood Experiences and Trauma, has been particularly well received. Staff have described these courses as insightful, informative, and useful, with excellent levels of engagement across the organisation.

I am also incredibly pleased with our safeguarding work, which continues to be a core focus. I am especially encouraged by the strength of our safeguarding team structure and leadership, as well as how effectively the team has embraced the new incident management system. This has led to richer and more meaningful data collection, enabling deeper analysis and providing valuable insights that enhance both our understanding and our safeguarding response.

Cybersecurity has remained another key priority. While risks do remain, they are well understood and carefully managed, and we have continued to strengthen the group's overall security position. This year, we successfully renewed Cyber Essentials Plus and achieved accreditation for ISO 27001, providing further assurance that our systems and processes remain robust and resilient.

Sustainability has also been an area of strong progress. We have continued to advance towards the baseline figures set out in our 2022–2025 Business Plan, and we remain ambitious in our goals. In the year ahead, we will focus on building on these achievements, working towards the Carbon Literacy Bronze Award, and further embedding sustainable practices across the group.

We are also committed to continuing the rollout of the Patient Safety Response Framework tools and training to all services, following the successful implementation within our mental health services this year.

I am truly grateful to be part of such a progressive group. In the coming year, we will continue to place our Big Life values at the heart of everything we do, ensuring they guide us in our mission and that we continue to do things in the Big Life Way.

Overall, it has been a year of real achievement, underpinned by the dedication and hard work of individuals and teams across the group. I look forward with confidence to building on this momentum together.

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 24 Health and Safety Representatives who have met quarterly to review, learn lessons and contribute to making informed decisions on safe practice and staff welfare.

Health and Safety audits were completed for all services, and a number of new services including the Sensory Service which previously operated within a fully managed building and did not need to manage compliance or Health & Safety documentation directly. They have settled in successfully, and the Office Manager and Health & Safety Representative have provided the following feedback:

“Big Life managed the move from Alex house to Stretford Road, a removal company came in and packed the office up and moved everything across to Stretford Road. All IT equipment was set up ready for us to move into the office, PAT testing was completed before all staff came into the new office space. Furniture / filing cabinets etc were all placed where planned so there was no need for staff to be moving any heavy items. No H&S concerns during or after the move. All my training as the H&S Rep was organised quickly and there was great communication with the H&S team to enable me to fulfil my role to the best of my ability”.

Talking Therapies Stockport moved to shared office space at Oakland House with Talking Therapies Manchester. Achieve Bolton moved into a new building, and we completed the audit of 7 partner sites where we are the lead provider for The Wellbeing Service.

We also ensured all health and safety checks and processes were in place, and audits completed, at our new residential property in Liverpool. The property, which is part of our Big Life Homes portfolio, consists of five self-contained one-bedroom flats.

This year, we introduced a centralised Health and Safety tracker managed by the Health and Safety team. We track both landlord and service actions. Actions are added to the tracker as audits are completed, helping to maintain a focus on addressing outstanding items promptly. It also ensures that all Health and Safety

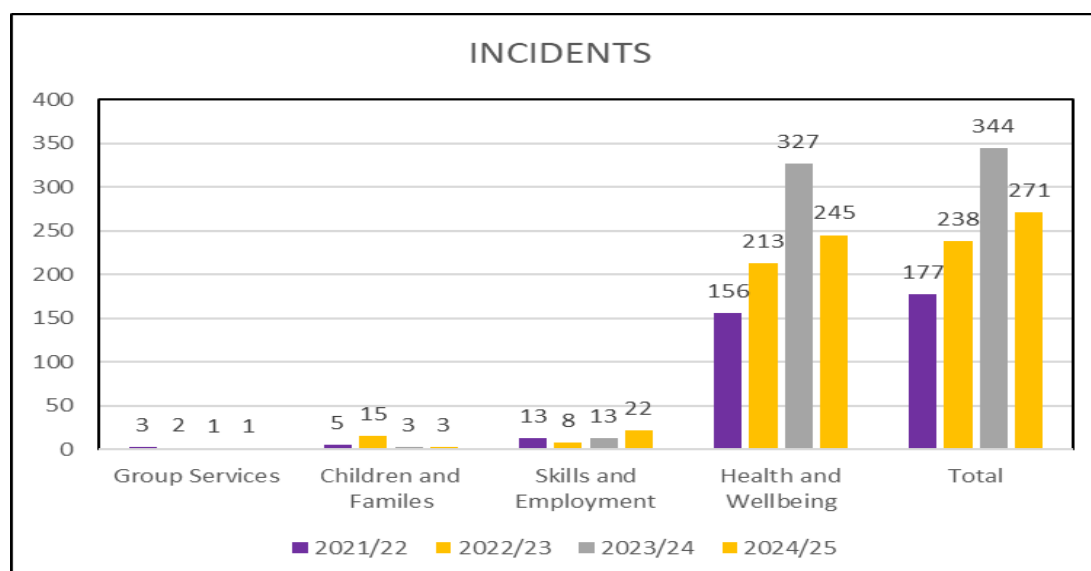
documentation (such as gas safety checks, PAT testing etc) are completed as soon as the compliance item expires, rather than when identified through audits.

Functional role training has been ongoing this year, with new staff undergoing training and existing staff renewing their expired training. This year we have provided training to staff in:

- Paediatric First Aid - 18
- Emergency First Aid at Work - 16
- Fire Marshal - 15
- IOSH – 14

Incidents and Serious Incidents

Incidents



During the 2024-25 period, we worked with 64,000 people, an increase from 58,000 in 2023-24. There has been a 21% decrease in the total number of incidents reported for 2024-25 compared to 2023-24. Our Health and Wellbeing services experienced the most substantial reduction in reported incidents, at 25%. This change reflects a shift in reporting practices during Q3 and Q4, whereby concerns such as suicidal ideation, self-harm, and calls to emergency services, which were previously recorded as general incidents due to their nature and frequency of disclosure, are now documented under safeguarding categories. Furthermore, our Skills and Employment services experienced a 69% increase, with nine additional incidents reported this year compared to the previous year. This includes increases in damage/theft to property reported for Big Life Homes, as well as threats and physical abuse/assault reported by The Big Issue North.

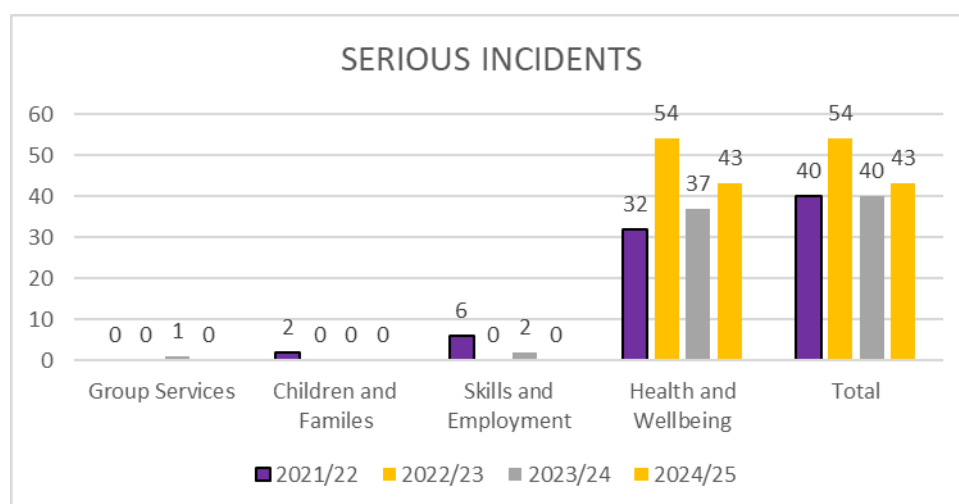
The categories of reported incidents during the year included instances such as the death of clients that did not need an investigation, disclosure of suicidal thoughts,

business process errors (such as letters being mistakenly sent to incorrect recipients or notes being added after the fact), emergency services being contacted or attending, hospital admissions, self-harm occurrences, risks posed to others, damage/theft to property and physical abuse/assault.

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.

In November 2024, the Group implemented a new Information Management System (Evotix) to improve incident management reporting and facilitate trend analysis through data, supporting the identification of areas for improvement.

Serious Incidents



The number of reported serious incidents across the group has risen by 7.5% compared to the previous year. This increase is primarily attributed to the higher number of deaths requiring investigation within our Achieve Drug and Alcohol services, with a total of 36 cases, representing a 33% increase compared to the previous year. The increase may be associated with the increased use by other agencies of the Drug-Related Death Portal, provided by John Moores University for recording related deaths. Access to the portal enables the service to accurately identify and promptly document service user deaths.

Alongside Achieve, Be Well and Living Well Tameside each reported one serious incident. Talking Therapies services recorded five serious incidents, representing a 25% increase this year compared to the previous year.

No other services reported serious incidents in the year.

All serious incident reports underwent thorough investigation and were reviewed by an Executive Director and the Medical Director (Chair of the Quality Committee). Summaries of these incidents are provided to the Quality Committee quarterly to facilitate trend analysis and learning.

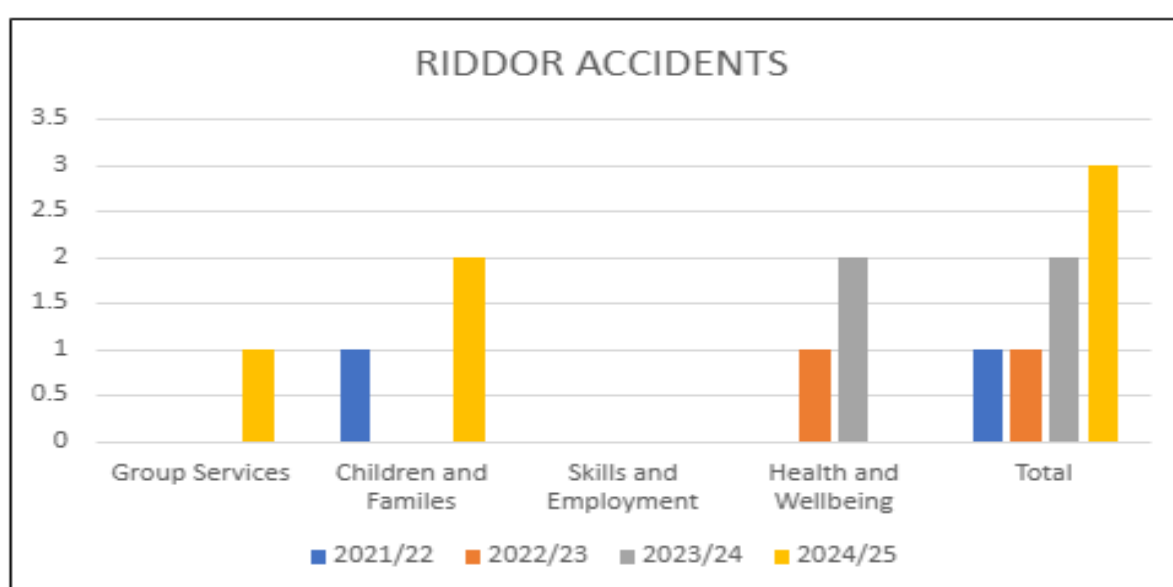
While the investigations into serious incidents did not identify any actions that could have impacted outcomes; valuable insights have been gained from the investigations. These learnings have led to improvements in service processes and have been communicated to the relevant teams.

Accidents

RIDDOR-reportable accidents

This year we recorded three RIDDOR-reportable accidents. One accident involved a staff member falling in the car park of one of our Children's Centres, which was caused by a patch of black ice that was not visible at the time the car park was gritted. The staff member had a pre-existing back condition that was aggravated, though no bones were broken. The second incident also involved a staff member whose pre-existing back condition was aggravated while packing boxes. Both accidents were RIDDOR reportable as the staff members were off work for more than seven days. The third accident occurred in one of our schools, where a staff member slipped on a whiteboard recently placed on the floor by a child, resulting in 3 breaks in the ankle.

All staff received first aid and wellbeing support, and all relevant risk assessments have been reviewed. All required actions following the accidents have been addressed.

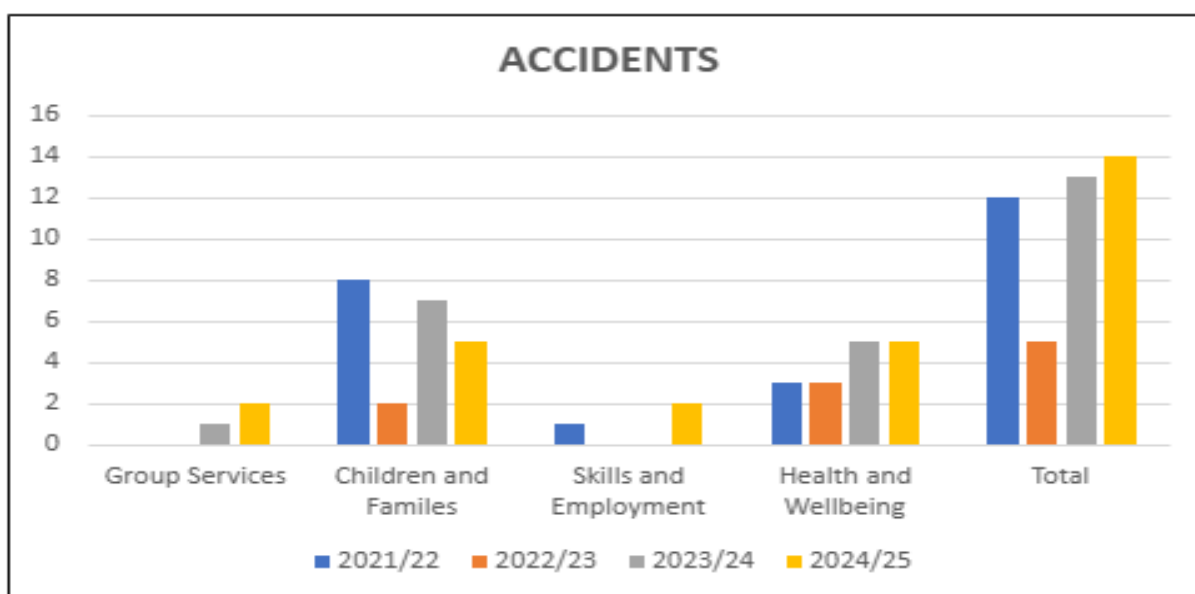


Accidents

Overall, we have observed a 31% increase in accidents this year compared to 2023-24 with 14 accidents and three RIDDOR-reportable incidents recorded. The increase can be partly attributed to the increase in staff numbers. All risk assessments and processes within our services have been reviewed, with corresponding learning and actions implemented to mitigate risks where possible.

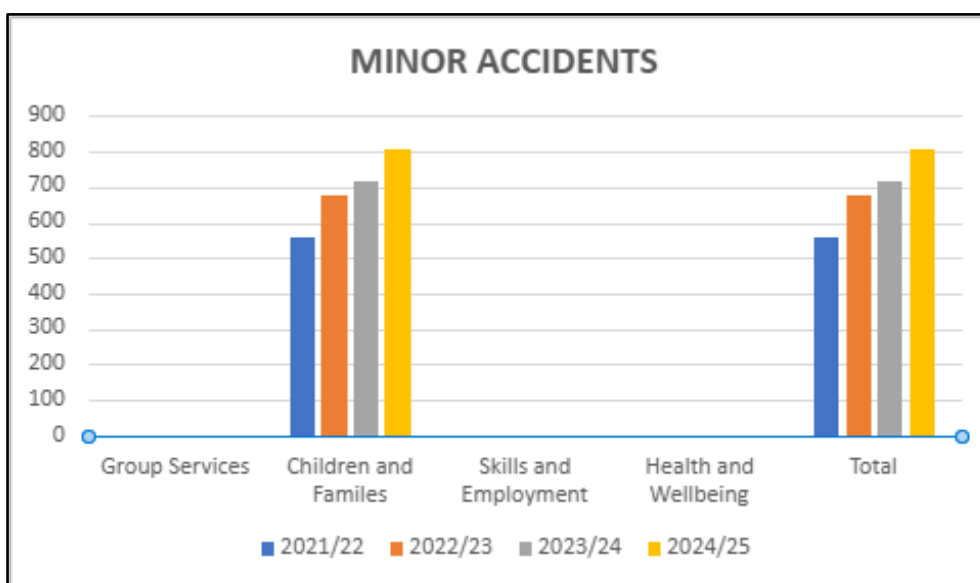
Accidents included:

- A child slipped whilst playing at playtime and broke their wrist.
- A child of a service user falling down the stairs in our community centre.
- Staff member falling downstairs in our community centre.
- Staff member cutting their finger on a tin can whilst disposing of it.
- Staff member accidentally spilt hot water from a kettle onto themselves.



Minor Accidents

Minor accidents have only occurred in our Children and Families services. Minor accidents have increased by 11% this year, increasing from 714 to 806. This is likely due to the intakes at Unity Community Primary resulting in an increased number of children in schools.



Minor Accident types continue to remain consistent with previous years and included minor head injuries, cuts, bumps, grazes, trips, and falls, occurring mainly during playtime in schools and nurseries and in most cases, the child was able to remain in the setting.

Learning Opportunities (Near Miss Accidents)

This year, we have continued to focus on increasing awareness among staff regarding the importance of recognising and documenting learning opportunities. We have highlighted this during Health and Safety briefings, at our new staff Induction, and during quarterly meetings with our Health and Safety representatives and have included learning following accidents and incidents in the staff bulletin. An example of this is provided below.

Let's keep each other safe: watch your step!

We've had a few avoidable accidents this year - slips in car parks, trips on stairs, and even hot drink spills. Let's work together to stop them happening.

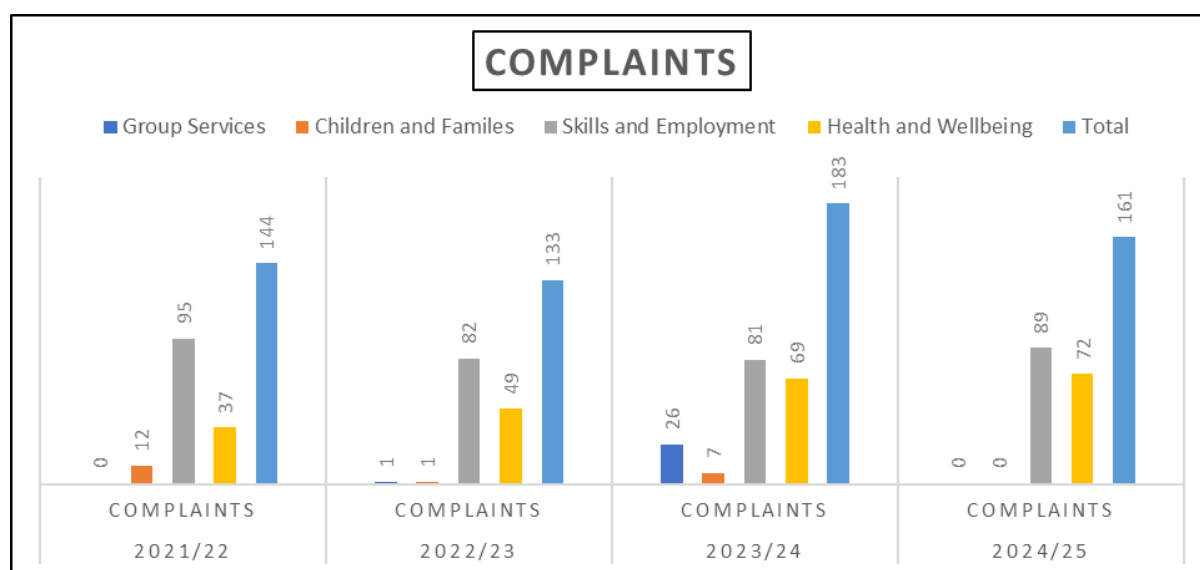
Please remember:

- Use lifts when carrying items between floors
- Stay alert to your surroundings
- Wear safe, sensible footwear
- Use handrails where available
- Report hazards straight away to reception or the site lead.



A few extra seconds of care can prevent a serious injury. Thanks for helping to keep our spaces safe for everyone!

Complaints



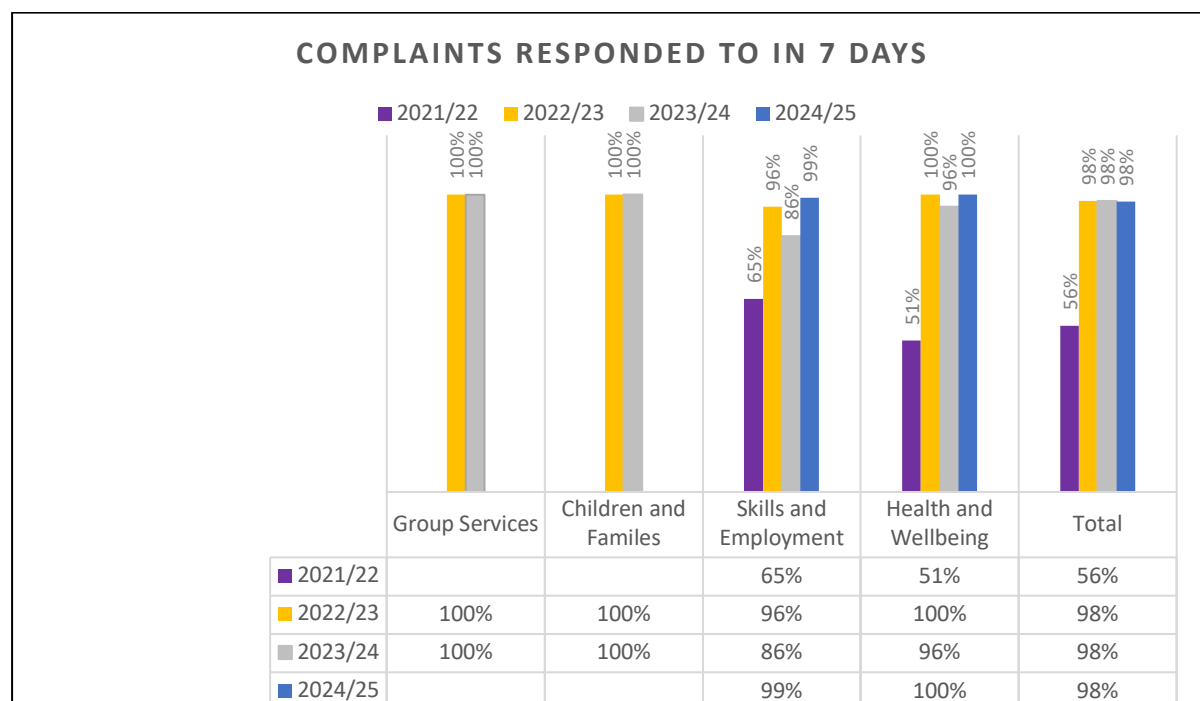
At Big Life, we appreciate feedback on our strengths and areas for improvement from people who use our services. This year, the number of complaints (161) decreased by 12% compared to the previous year. In 2024-25, 55% of complaints were received by our Skills and Employment services, while 45% originated from our Health and Wellbeing services.

Big Issue North services received 89 complaints. This is a 10% increase on last year. The themes remain consistent with previous years and include vendor selling issues and behaviour. It is observed that skills and employment services receive the highest number of complaints year on year, which can, in most cases be attributed to the general lack of understanding of the service among the public. Big Issue North is committed to dispelling the myths and correcting misconceptions held by members of the public.

Health and Wellbeing services received 72 complaints; a 4% increase compared to last year of which Talking Therapies services received 31. This is proportionate to the number of clients we work with in these services. Key themes included client dissatisfaction with the service processes and practitioner interactions. Following a complaint from a Talking Therapies client about repeated cancellation of appointments due to practitioner sickness, the service has implemented a new process to offer clients the option to change their practitioner after two cancellations by the service. This ensures that clients are not disadvantaged by staff sickness.

Children and Families, and Group Services, did not report any complaints this year.



























We continue to maintain response times within our policy. A total of 98% of all complaints received were responded to within 7-days - the same as the last two years. Complaints that were not responded to within 7-days, were received via another agency after the 7-day time limit.



Training

Mandatory training is tailored according to service areas and job roles. A commissioner requirement is that we maintain 95% compliance in safeguarding training for our mental health services. Additionally, to sustain ongoing ISO 27001 certification, we must achieve at least 90% compliance in Information Security training and demonstrate a thorough understanding of relevant policies. We continue to observe a positive trend in staff mandatory training compliance across the organisation. Prevent compliance has experienced a slight decline as the three-year refresh cycle is being implemented.

Mandatory courses

Course	Compliance 2021/22	Compliance 2022/23	Compliance 2023/24	Compliance 2024/25
New Staff Induction	96% 	97% 	97% 	99% 
Safeguarding (Adults and Children combined)	90% 	83% 	90% 	99% 
Equality and Diversity	93% 	95% 	97% 	99% 
Information Governance (Data Security Awareness)	79% 	93% 	94% 	97% 
Health & Safety (Inc DSE and Manual Handling)	NA	94%	86% 	90% 
Professional Boundaries	NA	90%	94% 	96% 
Prevent	76% 	84%	91% 	87% 
Cyber Training	N/A	N/A 	88%	95% 
Cyber Training for Schools	N/A	N/A	58%	92% 

Five years ago, the Big Life Business Plan established a goal to transition into a learning organisation and operate in a research-informed manner. In addition, there was a commitment to becoming a trauma-informed, anti-racist organisation.

Our mission is to promote equity, and it is essential that we identify and address all forms of racism. The group's Organisational Development strategy, HR annual report and anti-racism strategy sets out how we do this and the actions we have delivered so far. This includes the delivery of 12 courageous conversation sessions for staff and the development and delivery of HeaRT (Healing Racial Trauma) support group. A 12-week closed support group designed specifically for people from Black African and Caribbean communities who have experienced racial trauma.

The training team has worked collaboratively with staff members from racialised communities who possess lived experiences to develop anti-discrimination training.

In November 2024, in conjunction with Islamophobia Awareness Month, we released Islamophobia Awareness Training into our online learning portal. Feedback from this training has been positive, with staff reporting an increased awareness and understanding of how to challenge discrimination effectively.

The inclusion of a range of voices and experiences from the Muslim community brought the meaning of Islamophobia to life. This personalisation created a link and empathy. Thank you for this detailed and professional training

The course was really insightful and helpful to understand how people experience Islamophobia and how I can be a better ally.

Fantastic informative training! lots of useful signposting material and things to consider.

Course	Compliance 2021/22	Compliance 2022/23	Compliance 2023/24	Compliance 2024/25
Adverse Childhood Experiences & Trauma	N/A	89%	95% ↑	97% ↑
Becoming an Anti-Racist Organisation	N/A	22%	84% ↑	95% ↑
Antisemitism Training	N/A	N/A	75% ↑	93% ↑
Gender Inclusivity	92% ↑	96% ↑	97% ↑	98% ↑
Islamophobia Awareness	N/A	N/A	N/A	56%

Our Research, Learning and Development work goes from strength to strength with monthly webinars, delivered as a combination of presentation and Q&A sessions on a range of topics for our staff.

This year's webinar topics include – third sector organisations and adaptive capacity theory; group treatment for antenatal anxiety; entrenched rough sleepers and executive functioning assessments; what are the experiences of people aged over 65 accessing psychological therapies via video, understanding mental-health and alcohol use across minoritised ethnic groups, and building trust and cultural competence with clients from racialised communities.

In September 2024, we launched our second Multi-Modality Practitioner (MMP) programme in collaboration with The University of Salford. MMP is an innovative professional training designed to enhance approaches to working with individuals and families with complex needs. A total of 14 participants enrolled in the second programme comprising twelve staff members from Big Life and two from GM Housing First. The programme is a two-year, Level 7 PGDip, delivered through four, six-week modules, totalling 300 hours of learning and requiring a 4,000-word written assessment. Upon completion, MMP practitioners will possess a core skill set in relationship and strengths-based practice, supported by a range of evidence-based assessments and interventions across areas such as mental health, physical health, long-term conditions, children and families, and employment and skills. The programme will continue to be evaluated by Manchester Metropolitan University (MMU) over the next 2-years. Whilst services have reported improved outcomes for clients supported by MMPs it is difficult to quantify due to the turnover of staff, but it is hoped that more tangible evidence will be identified through the external evaluation.

Apprenticeships

This year, six staff completed apprenticeships, and five staff commenced apprenticeships, in addition to six ongoing programmes. The new apprenticeship starts covered a wide range of subjects, including a Level 7 Systems Thinking Practitioner, a Level 6 Improvement Leader, a Level 5 Coaching Professional, a Level 3 Data Technician and a Level 3 Early Years Educator. Completed and pending end point assessment (EPA) apprenticeships included two Level 7 Senior Leader Master's, one Level 3 Early Years Educator, two Level 4 Schools Business Professional and one Level 4 Public Relations and Communications Assistant. We will, over the course of the upcoming year, continue to use our apprenticeship levy to enhance our employees' skills and address critical skills shortages within our services.

Safeguarding - Children and Adults at Risk

















A Director and a Group Designated Safeguarding Lead (DSL) continue to provide leadership and support to service specific DSLs (Designated Safeguarding Leads) and service managers across the group. Group leads review changes to legislation, share best practice, provide advice, 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, including learning taken from wider regional and national Safeguarding incidents that arise, in line with emerging themes

and trends. 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.

Safeguarding supervision is facilitated once a quarter for all Designated Safeguarding Leads (DSLs), supporting DSLs to share learning and practice on key issues that have arisen that quarter. This supports learning and best practice.

Safeguarding Concerns and Incidents

Number of new Safeguarding concerns	Total 2021-22	Total 2022-23	Total 2023 - 24	Total 2024-25
Of which adults	664 	569 	555 	595 
Of which children	289 	211 	336 	330 
Number of new Safeguarding incidents	Total 2021-22	Total 2022-23	Total 2023 - 24	Total 2024-25
Of which adults	38 	51 	31 	61 
Of which children	72 	100 	49 	97 

Overall, we have seen a slight increase in the reporting of **adult safeguarding concerns** (7.3%) and an increase (34%) in the reporting of **child safeguarding concerns**, compared to the same period last year.

We have also seen an increase in reported **incidents for adults and children** compared to the same period last year. All adult incidents are related to the Health and Wellbeing services and children incidents related to Children and Families services, which is not unusual. During the year it was identified that some reports for children were being recorded incorrectly. The improved categorisation of concerns and incidents is a contributing factor to the increase in incidents, and a small decrease in concerns. The increase in pupils and the addition of the Sensory Service part way through the year is also a contributing factor for the increases.

Adult incidents have also seen notable increase. It was identified that some services were reporting safeguarding incidents as incidents, part way through the year, which is the main contributing factor for the increase.

Adult themes remain consistent, with physical, self-neglect, psychological and emotional, being the dominant themes of cases reported.

Children themes also remain consistent, with psychological, sexual, and neglect.

Early Help Assessments/CPP/CIN/LAC

Type	Number of new in 2021-22	Number of new in 2022-23	Number of new in 2023-24	Number of new in 2024-25
Early Help Assessment (EHA)	108	221	117	112
Children subject to Child Protection Plan (CPP)	4	7	6	2
Child in Need Plans (CIN)117	5	13	10	8
Looked after children (LAC)	3	4	1	1

We have seen a slight decrease in Early Help Assessments completed, with the majority completed occurring in our children centres. The number of children subject to a child protection plan has decreased from 6 to 2. Children in need has also decreased from 10 to 8.

We completed Section 11/175 audits, and the self-assessments for NHS Commissioners. Several areas of good practice and opportunities for improvement were identified, and these are incorporated into the Safeguarding Action Plan.

The group safeguarding lead completed all Section 11/175 audits, supporting services to complete a self-assessment, followed up with meetings to gather evidence where gaps were identified.

Areas of good practice:

- All 18 services demonstrated significant improvements in areas of compliance.
- Learning from training appeared to be more embedded, demonstrated through various forms of evidence; supervisions, team meetings, clinical and service reviews, and group safeguarding supervisions with the group DSL reinforcing practices.

- Most services had improved training compliance of 90% or more, with services below this standard evidencing how they were planning to improve this during the year. Services were positive about receiving training compliance updates each month, enabling them to focus on employees where training was not completed.

Opportunities for improvement:

- Engaging clients in the development or review of the safeguarding policy remains an area that requires development. This includes making them aware of escalation procedures and how they can escalate if they have concerns.
- Incidents of historical sexual abuse being disclosed proved challenging, particularly in Talking Therapies, with step up referrals being refused or denied until disclosures had been reported even in the absence of identifiable information.
- Employees remain unclear on how to deal with users who present with mental capacity concerns. Given the nature of our service delivery across the group this is expected, however fluctuating capacity can still occur outside of care settings which requires further support to ensure staff feel confident in dealing with potential cases.
- Identified that Level 3 safeguarding training required external input as the in house developed training wasn't keeping up with external requirements.

Cyber Security

Following Big Life being victim of a cyber-attack in 2023, and implementing immediate remediation actions, we have continued to maintain and further strengthen our cyber security posture; we renewed Cyber Essential's Plus and were successfully accredited for ISO 27001, the International Standard for Information Security, Cyber Security, and Privacy Protection.

Information Governance

Information Governance (IG) is overseen by the DPO (Data Protection Officer) in consultation with the Caldicott Guardian. 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.

Data Incidents

This year saw an increase in the number of reported incidents, 69 were recorded across the group, compared to 53 in 2023/24. Quarters 2 and 3 had suggested a downward trend but this was reversed in Q4 with a sharp jump.

Letters being sent to the wrong recipient, either physically or by email continues to be the biggest single cause of data breaches. With the introduction of the new Incident Management System (IMS), it is easier to track the cause of these types of incidents.

This year, we identified an ongoing issue caused by professional referrers providing incorrect information. Where this happens, referrers are advised of their error, probable cause and potential solution to mitigate further incidents. Most of these type of incidents happen in the Talking Therapies services.

All incidents are reviewed and assessed against the matrix provided within the NHS Data Security & Protection Toolkit for “risk to the rights and freedoms” of the data subject. The Big Life Group continues to inform all data subjects of breaches of their data irrespective of whether it is “likely” as this may be subjectively viewed differently by the individual. No individuals have complained or wished to take further action when informed of the breaches of their data.

There was one incident in Q1 which met the threshold for reporting to the ICO. There has been no feedback from the ICO following this incident.

Data Subjects Rights

We received 59 Third Party Requests for information, an increase from 48 the previous year. The increase can be accounted for in part by the new practice of requesting references for potential adoptive or foster parents with requests from police or courts consistent with previous years.

We received 3 Freedom of Information Requests, all in the last quarter of the year, two of which related to schools.

There were 169 Subject Access Requests (SARs) received in the year, a small but significant reduction from 197 the previous year. 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. All but 6 were completed within the mandatory 30-day period at an average of 16.53 days, an increase from the previous year of around 11 days.

Where a SAR wasn't completed within 30 days this could usually be accounted for by the complexity of the request or the need for discussion involving third parties. One delay was due to the initial request being overlooked.

There was one SAR from a client under the age of 16. GDPR applies from the age of 13 in the UK but there are extra considerations to take into account when processing a SAR for a young person specifically about establishing their competence to make the request. A young person is deemed to be competent unless there is information to suggest otherwise

There were 9 requests for information relating to the previous year's cyber-attack with the last of them coming in September 24.

Most SARs are received from clients of mental health services with Talking Therapies.

There were only 2 requests from data subjects to erase their data, both were denied, and the data subjects accepted the reasons given for this.

Quality

ISO (International Organisation for Standardisation)

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 2024 the group added ISO 27001 Information Security certification to complement our Cyber Essentials Plus certification. The ISO 27001 standard outlines guidance for establishing, implementing, maintaining and continually improving information security, this covers buildings, systems, processes and policies. External surveillance audits are carried out every year with a full recertification audit every 3-years.

Business Continuity

The Big Life Group carries out a Business Continuity exercise every 2-years which tests 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. The last BCP exercise was completed in January 2023 and focused on an extreme weather event which disrupted travel, led to phone and broadband networks being down and flooding to our buildings. There were several key learning outcomes to come from the exercise one of which was services reporting

a need to be able to access client data should they not be able to access systems. The next Business Continuity Exercise is scheduled to take place in September 2025

In 2024, services reviewed their Business Impact Analysis (BIAs) to identify which systems and process are critical to the continued operation of their services. Services have used the findings from the BIAs to update their Business Continuity Plans.

Sustainability

This year we have continued to make progress on reducing our carbon footprint. Overall, we have achieved a 60% reduction in carbon emissions compared to our baseline figures set in our 2020-25 Business Plan. Reductions have been achieved through refurbishment works of our buildings and replacement boilers in our centres. We continue to work with an external energy consultant on ways to improve our efficiency.

We have set new emission reduction targets for the 2025-2030 period and a plan to achieve these is documented in the group's Carbon Reduction Plan 2020-25 available on our website.

Group Key Priorities for 2025-26

- Complete planned refurbishment works at Kath Locke and Zion Centres as per our Estates Strategy, making our buildings more sustainable.
- Sustainability improvements implemented in our buildings: boiler replacements and boiler management systems, LED lighting.
- To achieve Carbon Literacy Bronze Award for the Group.
- To improve how we manage complaints, introducing reporting through our Incident Management System (IMS)
- To develop and implement a service quality framework.
- Maintain Cyber Essentials Plus and ISO27001 certification for the group.
- Develop Change Management capability.
- Roll out of Patient Safety Response Framework (PSIRF) tools training to all services.
- Increase opportunities for reflective practice and peer mentoring to embed training and improve staff and volunteers' skills.
- To create innovative and continuous improvement section for staff on the internal intranet (HUB).