



Quality Committee

Annual Report 2023/2024

Introduction

As we reflect on another busy year with the Quality Committee, I'm incredibly proud of what The Big Life group has accomplished especially in the face of significant challenges.

This year has seen us focus on increasing awareness of learning opportunities (or Near Misses) by highlighting this at all available opportunities to proactively remind people to recognise and report near misses, to reduce incidents and accidents. This work has been carried out not only in the service or area where the near miss occurred but throughout the group in recognition of the fact that learning opportunities are often relevant and transferable to all services.

The organisation has continued to transition into a learning organisation and operate in a research-informed manner. This has seen the development and rolling out of a culturally sensitive training and support program, with positive feedback from participants and high rates of compliance with courses such as Adverse Childhood Experiences and Trauma, and Becoming an Anti-Racist Organisation.

The year 2023-24 saw The Big Life group being subject to a criminal Cyber-attack which happened despite the appropriate security in place. This was a significant challenge that was met with speed and professionalism, initially to reduce the risk, followed by an admirable display of unified working and commitment to colleagues, service users and partners, to ensure that the data breach impact was understood fully and minimised as much as possible.

The dedication of individuals and teams across the group to deal with this incident whilst continuing to prioritise key areas/objectives and safely reschedule any that could wait, all while remaining positive, has been extraordinary.

The Big Life group has conducted itself with high levels of professionalism whilst remaining committed to the values at its core, remaining unwavering to health and safety, information governance, safeguarding and other regulatory requirements.

I am confident that this coming year will see the organisation make successful sustainability improvements, make further progress in research informed training and achieve new accreditations in areas such as Carbon Literacy and Information security, whilst remaining devoted to the courageous and people-centred ways of working that The Big Life group has at its heart.

Louise Grant, Medical Director, The Big Life group

Contents

	Page
Health & Safety	4
Incidents	5
Accidents	7
Complaints	9
Training	11
Safeguarding	14
Cyber Incident	17
Information Governance	17
Quality	19
Business Continuity	20
Sustainability	20
Group Key Targets	23


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 on all sites this year, including 6 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 gas safety checks, PAT testing etc) are completed in a timely manner and not just when identified by audits.

This year we also completed due diligence checks on buildings where we are the lead service provider with VCSE subcontractors. The accolade below is from the Service Manager of the Wellbeing Service (GMIRS) contract in Bolton, who required assistance with ensuring their new building was compliant with Health and Safety regulations.



Special thanks to the Health & Safety Manager from Big Life for patiently guiding us through a difficult process and thanks to all the rest of the team for the support and encouragement we've come to expect from this great team.
Bolton Community Advice
(Part of The Wellbeing Service (GMIRS))

This year, we engaged an external trainer to conduct in-person Health and Safety Committee training for all Health and Safety Representatives. The training received positive feedback from participants.



"Great course for Health and Safety reps wanting to learn more about the work of H&S Committees and how by working together they can improve safety in the workplace. It was also good confirmation that the Big Life Group's H&S procedures reflect this training"
Service Manager – Energise Salford

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

- Paediatric First Aid - 27
- Emergency First Aid at Work - 40
- Fire Marshal - 5
- IOSH - 9

This year, we acquired and refurbished a new residential property in Liverpool. This property consists of four self-contained one-bedroom flats, which have been added to our Big Life Homes service. With this addition, our total number of high quality one-bedroom flats now stands at 29. These homes are specifically designed to support people who have experienced homelessness and are now seeking stable tenancy. Our program offers low-level support with housing-related issues, filling a gap often not provided by private landlords.

Incidents

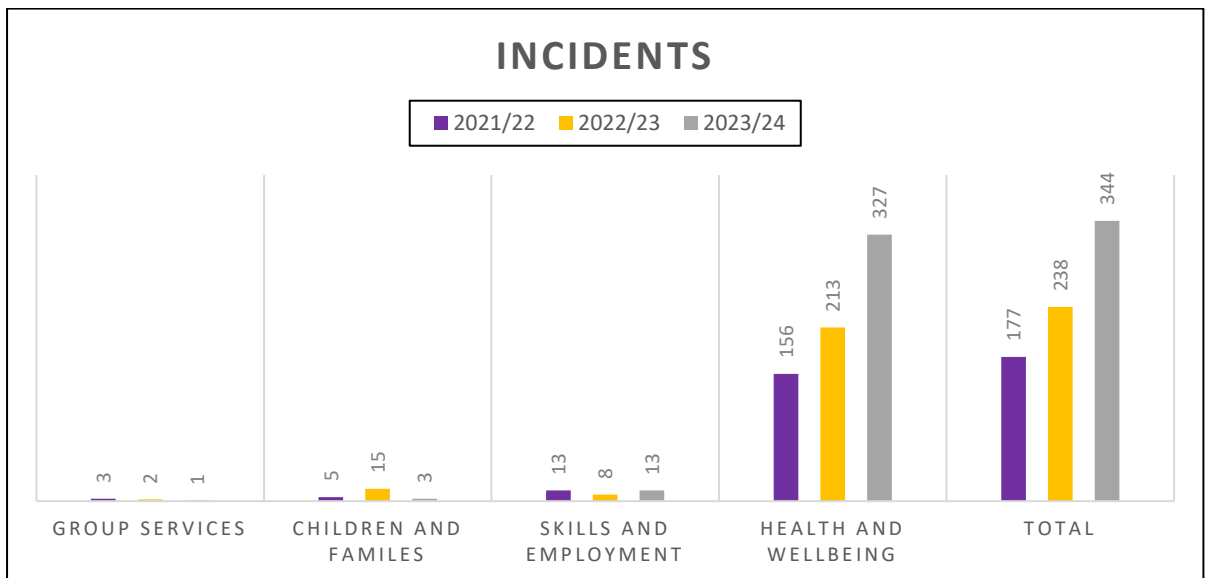
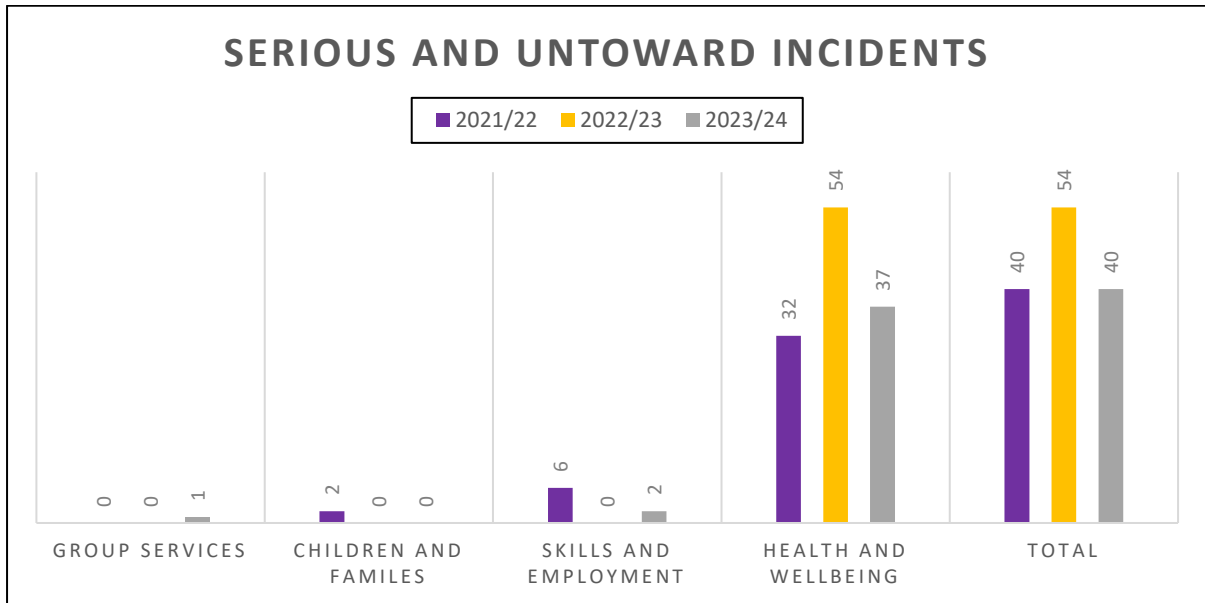
There has been a 35% reduction in the number of SIRIs (Serious Incidents Requiring Investigation) reported for 2023-24 across the group compared to 2022-23. This decrease is attributed to a change in the reporting process for deaths within our Drug and Alcohol services. In the past, all deaths were automatically classified as SIRIs, whereas we now categorise all deaths as incidents and then escalate them to SIRIs once we have established if the client engaged with our services.

In 2023-24, three divisions reported SIRIs, Health and Wellbeing division reported 37 SIRIs a decrease of 46% compared to 2022-23. Skills and Employment Division reported 2 SIRIs relating to Big Life Homes and Group Services reported their first SIRI which related to a cyber incident. SIRIs are predominantly reported by our Achieve Drug and Alcohol Assertive Outreach service which covers Bolton, Bury, Salford and Trafford, followed by our mental health services 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.

In December 2023, our Talking Therapies services began testing of the new Patient Safety Incident Response Framework (PSIRF). As part of an ongoing effort to enhance incident management processes, the Group will be replacing the current Management System in 2024 with the intention of rolling out PSIRF across the organisation. While PSIRF is specific to the NHS, it shares similarities with our current SIRI process. A working group has been established, with representatives from services across the Group, to ensure a smooth transition of PSIRF throughout the organisation. It is important to note that PSIRF will only be implemented company-

wide once lessons learned from Talking Therapies have been thoroughly reviewed and the new Information Management System is in place.

No SIRIs identified weaknesses that could have changed outcomes; however they did identify improvements particularly in relation to case note quality. Our audit and quality teams in Talking Therapies continue to improve the quality of reporting and we have rolled out similar roles in our Probation and Prison Healthcare services.



There has been a 45% increase in the overall number of incidents reported for 2023-24 compared to 2022-23. Increases were reported for both Health and Wellbeing and Skills and Employment divisions. This reflects the growth in services and the

increased number of people we work with. This year we case managed t58,000 people compared to 55,286 in 2022-23.

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

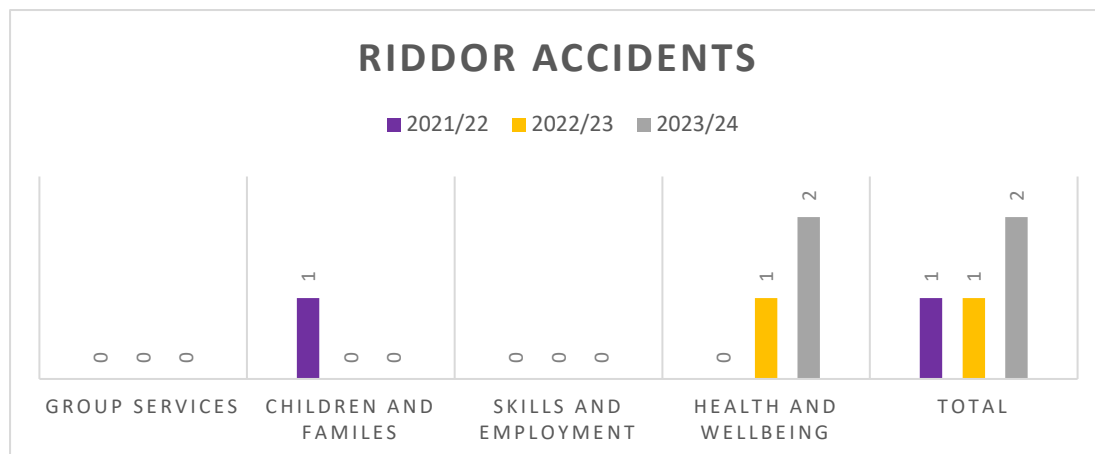
All incidents were reviewed by Senior Management Teams and actions taken to minimise risks and repetition. Incidents are summarised for the Quality Committee to identify trends and share learning.

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

Accidents

RIDDOR reportable accidents

This year we have had two RIDDOR reportable accidents in our Health and Wellbeing division. One related to a member of staff falling in our Zion Centre when going to open a door, this was an unfortunate accident that was not caused by any fault with the building or our processes, but it resulted in a fracture and was therefore reported to the HSE (Health and Safety Executive). The second one related to a member of staff being off work for a period of over 7-days due to a shoulder injury that was potentially caused by the cold weather whilst out delivering Oral Health packs. Risk assessments have been reviewed and any actions following the accidents have been completed.



Accidents

Overall, accidents have increased this year to 13 from 5 in 2022/23. All risk assessments and processes in our services have been reviewed, learning and actions completed to mitigate risks where possible.

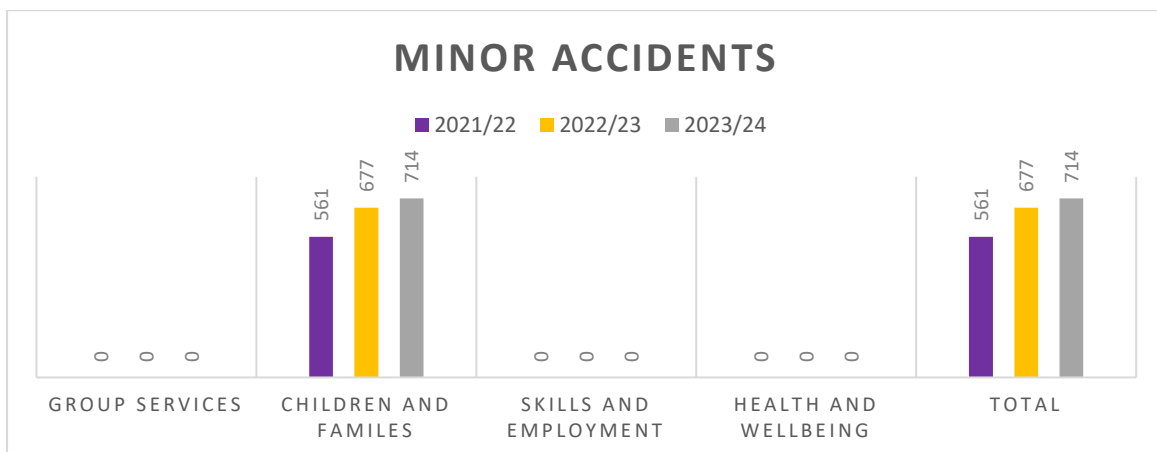
This year, a total of thirteen accidents were documented, including the two Riddor reportable accidents. This reflects a 61% increase from the previous year but is consistent with the numbers reported in 2021/22.

Accidents included:

- A child fell whilst playing with a skipping rope at lunch time
- Staff member being struck by a door that swung closed due to the wind
- Staff member falling down some external stairs
- Staff member falling outside a service user's house
- Staff member got their finger trapped in a door

Minor Accidents

Minor accidents have only occurred in the Children and Families division. Minor accidents have increased by 5% this year, increasing from 677 to 714. This probably reflects the increased number of children in schools and nursery provision.



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.

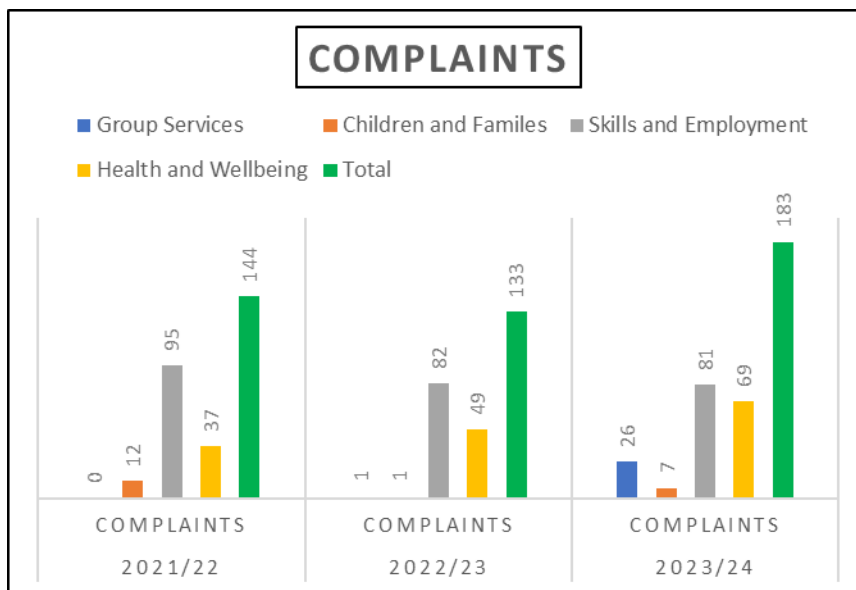
Learning Opportunities (Near Miss Accidents)

This year, we have focused 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 Group Induction, as well as during quarterly meetings with our Health and Safety representatives. Learning opportunities reported this year, included a fire call point in one of our offices that was identified as not being included in the weekly testing. This was immediately resolved which then resulted in the risk being mitigated. We also identified part of a suspended ceiling in one of our buildings that was being partly held up by a plank of wood and had the potential to collapse, this was immediately fixed and mitigated the risk of potential injury to staff or a third party.

Complaints

The numbers of complaints received by services (183) have increased by 27% from last year (133). This partly reflects a focus on improving processes for recording. In total, 44% of complaints were received by our Skills and Employment division and 38% by our Health and Wellbeing division. Group Services reported 14% and Children and Families division, 4% of the complaints.



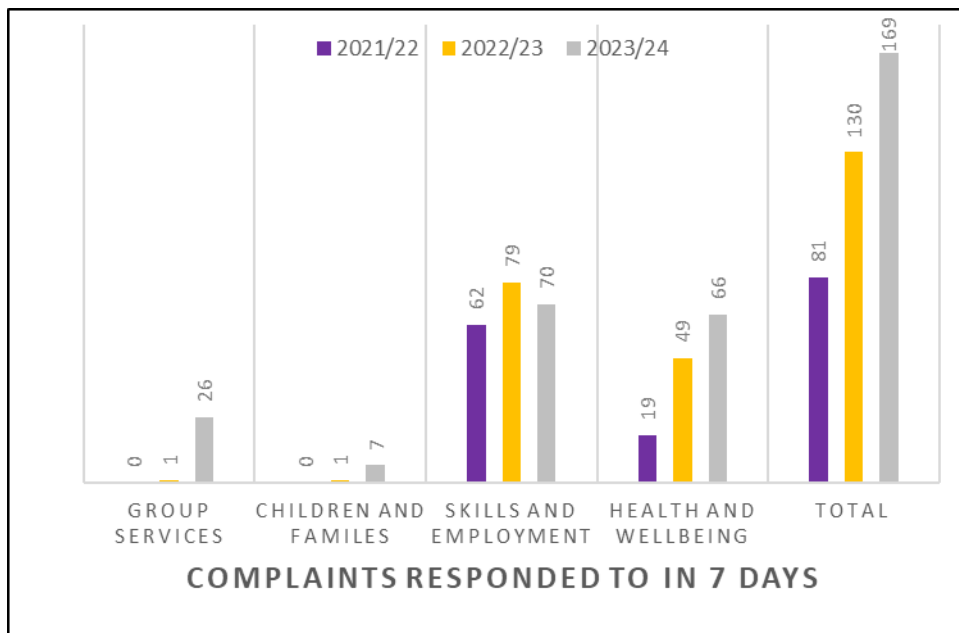
Skills and Employment division received 81 complaints, 77 of which were for Big Issue North and 4 for Big Life Homes. This is a 2% increase on last year. The themes remain consistent with previous years and include vendor selling issues and behaviour. Staff have continued to do outreach work to address some of the issues that have been raised through complaints.

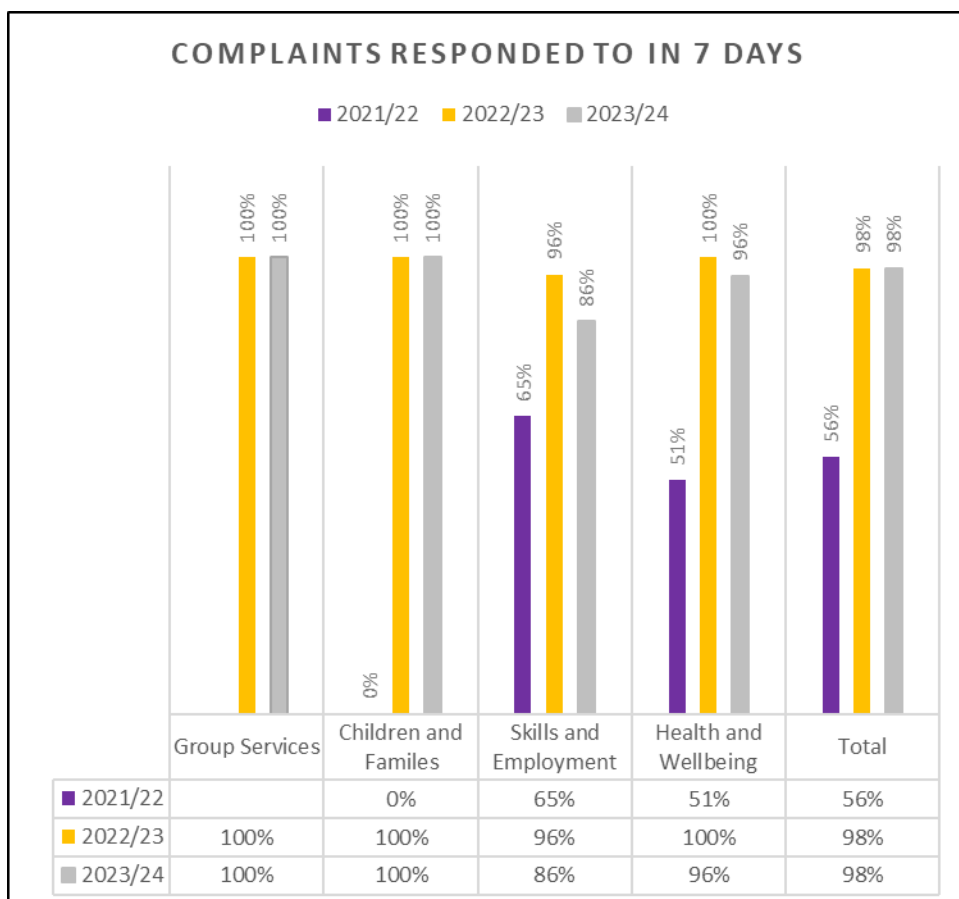
Health and Wellbeing division received 69 complaints an increase of 29% this year compared to 2022/23. This is in proportion to the number of clients we work with in

this division. Key themes included client dissatisfaction with the service processes and practitioner interactions.

Group Services received 26 (14%) complaints following the Cyber incident in June 2023.

Children and Families division reported 7 complaints an 86% increase on last year. Key themes discussed were complaints against staff members and an incident of bullying between two children.





We continue to maintain response time with our policy. A total of 98% of all complaints received were responded to within 7-days - the same as in 2022/23. Complaints that were not responded to within 7 days, were received via another agency after the 7-day time limit.

We continue to plan to introduce a call recording service to support quality assurance and staff learning and development, but this has been delayed by other priority application upgrades.

Training

This year, we have observed a positive increase in compliance with mandatory staff training. The number of staff needing to renew their training is evident in courses where compliance has decreased. The Training team has prioritised compliance with staff mandatory training, working with services to ensure that training is allocated based on service and job role. We have placed particular emphasis on information security and safeguarding training for our frontline workers.

Mandatory courses

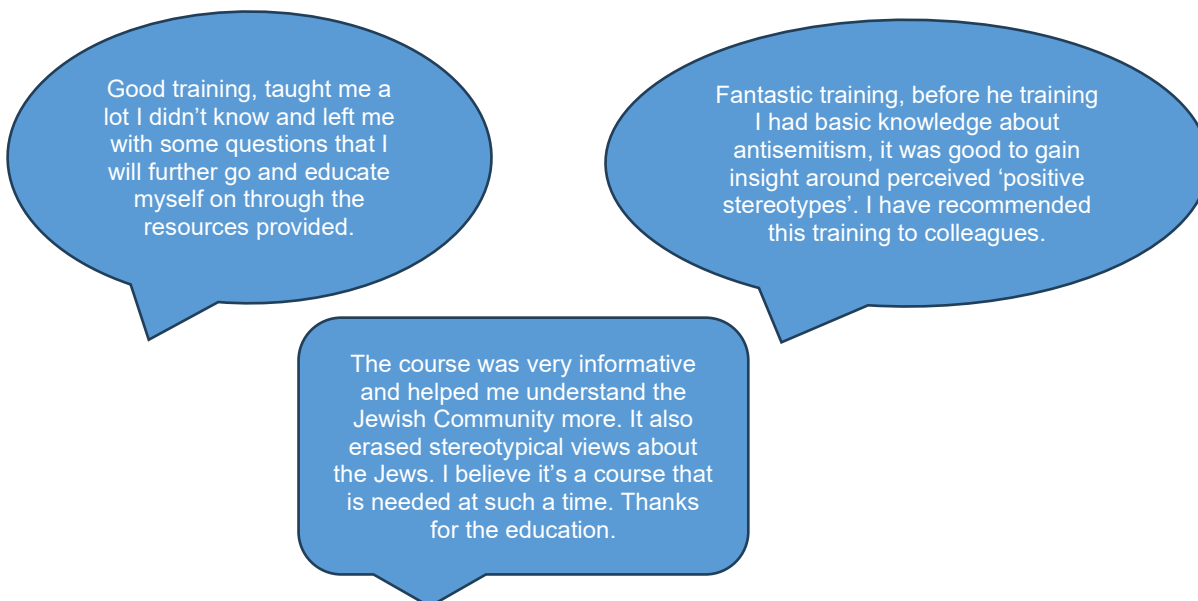
Course	Compliance 2021/22	Compliance 2022/23	Compliance 2023/24
Induction	96%	97%	97%
Safeguarding (Adults and Children combined)	90%	83%	90%
Equality and Diversity	93%	95%	97%
Information Governance (Data Security Awareness)	79%	93%	94%
Health & Safety (Inc DSE and Manual Handling)	NA	94%	86%
Professional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

Training for Culture

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, ensuring that all activities align with the principles of trauma-informed and culturally competent care. We have developed training collaboratively with staff who have lived experience. This collaboration has enabled us to develop culturally sensitive training and a support program for our staff. In the upcoming year, we will be adding Islamophobia awareness training to our list of offerings.

Course	Compliance 2021/22	Compliance 2022/23	Compliance 2023/24
--------	--------------------	--------------------	--------------------

Adverse Childhood Experiences & Trauma	N/A	89%	95% ↑
Becoming an Anti-Racist Organisation	N/A	22%	84% ↑
Antisemitism Training	N/A	N/A	75%
Gender Inclusivity	92% ↑	96% ↑	97% ↑



In 2021/22 we introduced online Research, Learning and Development webinars, delivered as a combination of presentation and Q&A sessions on a range of trauma-informed topics for our staff.

We have continued with the webinars, and they have become a stable monthly offer for staff. Topics have included: Barriers to primary care in the Central Eastern European community, Health services for women from ethnic minority groups -views from third sector organisations and intersectionality re racism, mental health and alcohol services and those experiencing abuse. This year we were able to offer CPD accreditation for staff who attended the webinars.

Apprenticeships

This year we had 7 people commence apprenticeships, alongside 5 apprenticeships already underway, and one apprenticeship completed awaiting end point assessment. Subjects range from L7 Leadership Masters, Level 7 Accountancy or Taxation Professional, Level 6 Improvement Leader, Level 6 Public Health Practitioner, School Business Professional Level 4, Data Analyst Level 4 and Level 3, Early Years Educator Level 3, and Teaching Assistant Level 3.













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, 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. 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 2021-22	Total 2022-23	Total 2023 - 24
Of which adults	664 	569 	555 
Of which children	289 	211 	336 
Number of new Safeguarding incidents	Total 2021-22	Total 2022-23	Total 2023 - 24
Of which adults	38 	51 	31 
Of which children	72 	100 	49 

Most concerns (553), relating to adults were reported by our Health and Wellbeing division. Overall, we have seen a slight decrease in the reporting of adult safeguarding concerns (3%) and an increase (34%) in the reporting of child safeguarding concerns, compared to the same period last year.

We have seen an overall decrease in reported incidents for both adults and children compared to the same period last year, with most incidents (39), being reported by our Children and Families division. Most incidents were reported during the later quarters of the year.

Adult themes remain consistent, with physical, self-neglect, psychological and emotional, being the dominant themes of cases reported by our Achieve (41) and Be Well services (91). There were 45 adult incidents left blank, 41 of which were reported by our Be Well service. Work has been undertaken to improve the quality of reporting.

Children themes also remain consistent, with psychological, sexual and child sexual exploitation (CSE) and child criminal exploitation (CCE) being the top three reported this year. We had one report of a child missing from home by our BLG Trainee Centre. There were 53 incidents with the category 'other' reported by Unity Community Primary and Nursery. The Group Safeguarding Lead has undertaken work to improve reporting.

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
Early Help Assessment (EHA)	108	221	117
Children subject to Child Protection Plan (CP)	4	7	6
Child in Need Plans (CIN)117	5	13	10
Looked after children (LAC)	3	4	1

We have seen a slight decrease in Children subject to Child Protection Plans (to 6 from 7) and Child in Need Plans (to 10 from 13) compared to 2022-23. The number of Early Help assessments records a large (40%) decrease.

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

Areas of good practice:

- This year we completed the Section 11/175 audit through a centralised process. The was to provide greater consistency across the group, particularly where evidence provided in previous years was patchy. It was also less of a burden

on services as some data could be collected centrally, such as training compliance, incidents, concerns, audits of these, and external self-assessments. This was seen as a successful change.

- Some services had developed strong links with Local Safeguarding Boards, attending meetings on a routine basis, not just when involved in a case review or other process. This had enable staff to access more training and keep up to date with local trends/issues.
- The Schools had implemented a new process to record low level concerns to ensure that we identified any patterns or concerns that may not be picked up in an isolated situation.
- Most services were able to describe how the Equality Impact Assessments (EIA), supported them to consider improving engagement and access to services - particularly for people who speak english as an additional language.
- It was evident in most services that learning, and review of reports was embedded, with evidence showing this taking place in supervisions, team meetings, clinical or service reviews, in addition to the group Safeguarding Supervisions and DSL forum

Opportunities for improvement:

- There is still an inconsistent approach to monitoring of entries on CPOMS across at Big Life Schools. Although there was improvement in year on categorisation of incidents and concerns, this is still an area that requires improvement.
- There is not a consistent approach to managing sub-contractors safeguarding practice and we will gain assurance by developing a standard self-assessment process to ensure contracts are transparent and robust.
- We do not consistently engage with service users on the development of SG policies or how we inform them of how we keep them safe, and escalation procedures. Some services amended service user contracts to reflect this, ensuring it is discussed on first contact with the service, but this area could do with more focus in the coming year.
- Latest safer recruitment guidance suggests that reference checks are the area where most safer recruitment processes fail to provide assurances on new recruits and, in a world where factual references are now the norm, recommend that factual references are followed up with a phone call to previous the employer. This is not part of our current process.
- Safeguarding refresher training was raised a few times during the audits, both for compliance and time taken by staff to complete them all. On further review it has been identified that people trained to Level 3, 4, 5 do not need to complete refresher training at lower levels, instead are required to keep up with learning and training commensurate with hours of CPD defined in the intercollegiate documents (a framework for health service providers. This has now been reviewed and plans in place to remove training that is not required. There are

still challenges to this in how Learn Well can facilitate the collation of CPD hours and self-reporting which is under review.

Cyber Incident

The Big Life group experienced a cyber-attack on 29 June 2023, in which our servers were hacked. This was a criminal act which happened even though we had security measures in place, and we had also successfully achieved Cyber Essentials Plus accreditation. We believe our security measures stopped a lot of the attack and meant that the criminals were only able to access legacy data stored on a remote desktop server, with most of our data having been moved to a secure cloud-based location.

We commissioned expert support immediately and closed down any systems that could have been compromised as quickly as possible. We also worked with the relevant authorities, including the Information Commissioner's Office, the National Cyber Security Centre (NCSC), the National Crime Agency and other regulatory bodies.

Understanding the movements of the cyber attackers to determine if any data was taken or copied from our systems was a key part of the investigation. Unfortunately, our investigation revealed that some data was compromised, and we notified approximately 62,500 people that some information relating to them was affected in January 2024.

Our primary objective for 2024/25 is to successfully attain the ISO/IEC 27001 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, 53 were recorded across the group, compared to 42 in 2022/23. 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 happened in the Talking Therapies services, reflective of their relative size compared to others. The biggest cause of incidents is letters being sent either physically, or as email attachments, to the wrong recipients. This is consistent with the biggest reported cause of data incidents nationally across health and social care settings.

There have been a number of incidents caused by an autofill issue on browsers, used by both internal staff and external referrers, which inputs data into a field by default. Big Life Group staff have been given instructions on how to mitigate this issue and external agencies alerted to this risk.

All incidents are reviewed and logged externally where required onto the NHS Data Security & Protection Toolkit and the Information Commissioners Office (ICO). Apart from the Cyber-attack, no other incidents met the threshold for reporting to the ICO. The ICO instructs that data subjects should be informed where a breach of their data is likely to lead to "risk to rights and freedoms". BLG practice is to inform data subjects in all cases where a breach has occurred.

There were 26 complaints received about the compromise of data caused by the cyber-attack, but no other incidents have led to affected data subjects wishing to pursue a formal complaint.

Data Subjects Rights

We received 49 Third Party Requests for information (primarily from Social Workers, and Police), which is a small increase from the previous year. We received 2 Freedom of Information Requests, which is the same as the previous year.

There were 197 "non-cyber-attack related" Subject Access Requests (SAR) received this year (compared to 146 in 2022/23 and 118 in 2021/22) reflecting an increasingly upward trend. 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.

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

After observing a significant rise in the volume of SARs received in Q4 of 2022/23 compared to the previous year, a deep dive was conducted. This analysis focused on defining SARs, examining the submission process within our organisation, who they are submitted by, the volume of submissions, evaluating client's experience with SARs, and developing recommendations for improvements.

We submitted some Freedom of Information Requests (FOI) to other similar organisations to see if our experience of an increase in SARs was mirrored elsewhere,

and this was found to be the case. It was noted that our average response time of 11-12 days for completing a SAR was lower than any of the other organisations who responded to our FOI and provided information.

A client survey established that in general clients were happy with how their SARs were processed, the information they contained, and the time it took to respond. Nevertheless, some improvements to the process were identified, including making standard practice the DPO contacting all people requesting a SAR to clarify exactly what information they are seeking.

In addition to the SARs received through the usual route there were 307 requests for information about the data that had been compromised following the cyber-attack. In the majority of cases these were resolved either by phone or the provision of information by email. There were an additional 21 full SARs requests (for all records not just for compromised material) resulting from these queries.

There were 18 requests from data subjects to erase their data, triple the amount from the previous year and the bulk of these were prompted by notifications sent following the cyber incident. Where a record contained information related to interaction with the services requests to erase were denied but where there had been no engagement beyond a referral being set up it was possible to agree to erasure, there were 5 such instances.

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.

During February and March 2023/24 an ISO recertification audit was completed by Alcumus, ISOQAR for the three standards. 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 for another 3 years, with yearly surveillance audits.

The Big Life group will renew its Cyber Essentials Plus accreditation in Q1 2024/25. Work is continuing to support Big Life Schools to achieve this standard; we are aiming to achieve Cyber Essential by the end of July and Cyber Essentials Plus by the end of September 2024. We are also aiming to achieve ISO/IEC 27001 International Standard for Information Security, Cyber Security, and Privacy Protection by Q3 2023/24.

Business Continuity

The Big Life group carries out a Business Continuity exercise every other year 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 a number of 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. Services have been working on completing a Business Impact Analysis (BIA) to identify which systems and process are critical to the continued operation of their services. Services have used the findings from the BIA's to update their Business Continuity Plans.

The next Business Continuity Exercise is scheduled to take place in Q4 2024/25.

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.

Since the last report our business has experienced notable growth. We welcomed 94,000 visitors to our centres, provided case management services for 58,000 individuals, and hosted over 40,000 drop-in attendees this year. After the pandemic, online groups were preferred over in-person meetings, but in the past year, we have observed a shift. Our use of water and gas is increasing as would be expected with the increase in face-to-face work but is still on target for the planned reduction.

To support our efforts in reaching our Net Zero goals, we are working with an external energy consultant to analyse potential efficiency enhancements. Through energy audits conducted at our buildings, we have identified opportunities for immediate savings. Our consultants have also created a comprehensive action plan for environmentally friendly repairs and upgrades to our buildings, including the implementation of a Building Management System (BMS).

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	Progress 2023/24	% Change from baseline

<p>Calculate, set targets, and monitor the annual tonnage of CO2e emitted using a carbon footprint calculator</p>	<p>460,964 kg CO2e</p> <p>Scope 1 283,532 Kg CO2e (62%)</p> <p>Scope 2 177,432 Kg CO2e (38%)</p>		<p>232,888 kg CO2e</p> <p>Scope 1 145,594Kg CO2e (63%)</p> <p>Scope 2 87,294 kg CO2e (37%)</p>	<p>50%</p> <p>▼</p>	<p>255,725 Kg CO2e</p> <p>Scope 1 162,958 Kg CO2e (64%)</p> <p>Scope 2 92,767 Kg CO2e (36%)</p>	<p>45%</p> <p>▼</p>	<p>255,394 Kg CO2e</p> <p>Scope 1 160,845 Kg CO2e (63%)</p> <p>Scope 2 94,549 Kg CO2e (37%)</p>	<p>45%</p> <p>▼</p>	<p>190,461 Kg CO2e</p> <p>Scope 1 110,616 Kg CO2e (58%)</p> <p>Scope 2 80,299 Kg CO2e (42%)</p>	<p>59%</p> <p>▼</p>
<p>Reduce Water consumption.</p> <p>We will do this by ensuring:</p> <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. 	<p>1,423Kg CO2e (4,138 m3)</p>	<p>10%</p>	<p>1,388Kg CO2e (4,034 m3) ▼ (104 m3)</p>	<p>3%</p> <p>▼</p>	<p>1,973Kg CO2e (5,735 m3) ▲ (1,597 m3)</p>	<p>39%</p> <p>▲</p>	<p>2,968Kg CO2e (8,627 m3) ▲ (4,489 m3)</p>	<p>109%</p> <p>▲</p>	<p>846Kg CO2e (4,791 m3) ▲ (653 m3)</p>	<p>41%</p> <p>▼</p>
<p>Reduce gas consumption (kWh)</p> <p>We will do this with a programme of:</p> <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 	<p>1,542,190 (kWh)</p>	<p>50%</p>	<p>791,832 (kWh) 6 (750,358 kWh)</p>	<p>49%</p> <p>▼</p>	<p>889,704 (kWh) ▼ (652,486 kWh)</p>	<p>42%</p> <p>▼</p>	<p>878,167 (kWh) ▼ (664,023 kWh)</p>	<p>43%</p> <p>▼</p>	<p>603,492 (kWh) ▼ 938,698 kWh)</p>	<p>61%</p> <p>▼</p>

<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% ▼	415,241 (kWh) ▼ (278,939 kWh)	40% ▼
<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% ▼	25,422 Kg CO2e ▼ 49,550 Kg CO2e	66% ▼
<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% ▼	3,652 Kg CO2e ▼ 3,826 Kg CO2e	51% ▼

Group Key Priorities 24 – 25

Group Key Priorities 24-25
Develop and implement Quality Practitioner and Quality case notes improvement plan
Secure Cyber Essentials and Cyber Essentials Plus by September for Big Life Schools
Secure ISO 27001 International Standard for Information Security, Cyber Security, and Privacy Protection
Develop Change Management capability
Implement new incident management system and roll out PSIRF approach
Increase opportunities for reflective practice and peer mentoring to embed training and improve skills
Create 'Innovation and Continuous Improvement' section on Hub
Launch second MMP accredited course
Achieve Carbon Literacy Bronze Award
Sustainability improvements implemented: boiler replacements and boiler management systems, LED lighting