Quality
Account
2020

Statement

Norman McKinley,
Executive Director of UK Operations

2020 marked the 150th anniversary of the British Red Cross. It proved to be a year like no other, in which we were needed like never before. Our volunteers and staff demonstrated an incredible capacity for kindness. Despite their own worries and concerns during the pandemic, they stepped up to help the most vulnerable people with skill and compassion.

We played a critical role in supporting the NHS through the coronavirus crisis. We helped free up vital bed space in A&E departments, took people to and from hospital, supported patients and their families, provided wheelchairs and gave exhausted health care workers a space to share their feelings. We helped administer Covid-19 tests and supported the roll-out of the vaccine programme, working side by side with the NHS, as we always have.

We also provided food and medicine drop-offs to vulnerable people and launched two new services – our Coronavirus Support Line to provide a listening ear for those who needed it and our Hardship Fund, to help struggling families put food on the table.

As increasing numbers of people were admitted to hospital, we prevented vital services from becoming overwhelmed by scaling up our hospital discharge service to help free up beds. Our teams enabled more than 58,600 people to be discharged from around 100 hospitals. We drove them home, supported them to settle back in, and kept in touch to make sure they were coping.

Our hospital and community-based services also helped ease the demand for beds by supporting more than 82,200 people to live independently at home. Red Cross ambulances transported around 64,000 people to or from hospital during 2020. And we worked with NHS commissioners and providers to address unmet social needs that may have been

exacerbating people's physical or mental health issues, and causing them to access health care more than expected.

Thanks to our outstanding volunteers and staff, we were able to maintain our essential services and support people in crisis – such as those coping with flooding and house fires – throughout the year. We supported the emergency services to help 186,900 people involved in 3,700 UK emergencies, including the storms in February and November that brought heavy rainfall to parts of the UK. We checked on vulnerable residents and supported families who had to be evacuated from their homes.

As the largest independent provider of refugee services in the UK, we helped over 29,900 people during 2020. With the closure of many drop-in centres for refugees and people seeking asylum during the pandemic, we ramped up our online support. To share knowledge and insight about the challenges people were facing, we convened a cross-sector group with the government, so they could extend and adapt services. We provided more than 10,800 food parcels, distributed over 1,800 emergency cash cards and made sure more than 4,400 refugees and people seeking asylum had safe places to stay.

Coronavirus restrictions meant we had to scale back our face-to-face First Aid Training service during 2020, but continued to run essential first aid courses in line with Covid-19 guidance. We developed a range of digital wellbeing and education resources to help people cope as they transitioned to working and learning from home, as part of our community education programme. More than one million people benefitted, from home-schooling parents to people dealing with loneliness or isolation. We also taught more than 69,000 children and educators how to save a life through our new First Aid Champions website.

Across all our activities, maintaining the safety of every one of our people during the pandemic has been paramount. Our top priority remains making sure our people have the right type of personal protective equipment (PPE) during essential activity, as we continue to deliver safe and effective care across the country.

2020 also saw us launch Strategy 2030, which will transform how the British Red Cross helps people in crisis over the next ten years. We want our focus to be on people in the greatest need – those most vulnerable to crisis – and to empower all those we help to have real agency and act with us.

Our strategy will help us address three urgent humanitarian issues where we can make a real difference: disasters and emergencies, health inequalities, and displacement and migration.

Operationally, we will continue to focus on becoming more person-centred and evidence-based in our approach to quality. Looking closely at the quality of the experiences of the people we help will enable us to improve the services we provide and develop new ones where they're needed.

Finally, I want to say thank you to all our volunteers and staff for the kindness and dedication they demonstrated in 2020. We made good progress in improving the quality of our services over the year, despite the demands placed on them by the pandemic. I am very pleased to present our Quality Account for 2020, which explains how we plan to continue working towards providing quality care and support across all our services.

1.
Introduction

The British Red Cross remains as committed as ever to ensuring all the services we deliver in the UK are of good quality. Our services are assessed against NHS-based criteria, requiring them to be safe and effective, and to provide a positive experience. Crucially, we strive for a person-centred approach to delivering services, where people receiving care and support are more informed about their choices and are part of the decision-making process.

We provide a range of regulated, commissioned and third-party-funded services across the UK. During 2020 this included: Ambulance Support, Community Equipment Services, Crisis Response, Independent Living, Mobility Aids, Red Cross Training, Community Education, Refugee Support and Restoring Family Links. During our Covid-19 response, we also delivered food and medication, created a Coronavirus Support Line and provided cash at scale using our Hardship fund.

We use a variety of internal and external assessments, including audits and inspections, to evaluate the quality of our services. These assessments also allow us to identify what is working well and areas for improvement.

We work with regulators such as the Care Quality Commission in England and the Care Inspectorates of Wales and Scotland to provide assurance that our services are safe and of high quality. Where a service is regulated in one country but not in others, such as Ambulance Support, we voluntarily apply the highest universal regulatory standards.

Our Community Equipment service adheres to the Community Equipment Service Code of Practice Scheme (CECOPS) and International Organization for Standardization (ISO) standards in quality management and occupational health and safety. Our Red Cross Training service is recognised by the ISO for the design, management and delivery

of first aid and associated training. And for our Refugee Services, relevant immigration casework is assessed against the 'Office of the Immigration Services Commissioner – Code of Standards & Commissioner's Rules'.

As we strive to maximise the quality of all aspects of our service delivery, we also actively encourage staff and volunteers to report incidents and 'near misses' that raise their concerns. We support them to report suspected wrongdoing, risk or malpractice within the organisation. Our Raising a Concern procedure, our independent hotline, SafeCall, and our incident-reporting system, Datix, all support anonymous reporting by staff and volunteers.

We continue to implement 'Better and Better in UK Services', our distributive quality-improvement approach. It empowers frontline teams to use data to examine the quality of the service they provide and to act. We generate tailored reports that deliver insight on safeguarding concerns by service, and produce interactive activity dashboards. We are committed to investigating when things go wrong and to the sharing of learning across our UK operations.

2.
Quality management and board oversight

Accountability for safe service delivery sits with the Executive Director UK Operations, with service quality overseen by the Risk and Assurance Committee (RAC) – a sub-committee of the Board of Trustees, which meets four times a year.

The RAC takes a data-driven approach to scrutinising risk controls, indicators, issues and planned actions. Between RAC meetings, risk dashboards are updated monthly with Executive Leadership team input and oversight to ensure risk controls remain effective and risk actions are progressed. The committee's terms of reference are published on our website as part of our commitment to transparency.

The committee is also notified about serious incidents concerning service quality. It ensures we focus on reducing both the impact and likelihood of future serious incidents. An overview of serious incidents relating to service quality is provided to UK Directors on a regular basis, alongside learnings from these for cascade.

Our board of trustees includes members responsible for ensuring people have the freedom to speak up and for keeping people safe.

Our Quality team consists of subject-matter experts who provide advice, support and assurance on clinical and practice governance, regulatory compliance and safeguarding across all our service lines. The Head of Quality leads the team, which also comprises a Chief Medical Advisor and Pharmacy Advisor. Our Safeguarding role covers any British Red Cross activity in the UK where we might come across a safeguarding concern.

Our primary focus is always to ensure our services are safe and do no harm to the people who access them. We make sure our services operate within relevant legal and regulatory frameworks.

During Covid-19, we brought assurance functions from across the British Red Cross together into a broad Safety group to rapidly review any new activities and risks created by our pandemic response. This Safety group has given support functions a greater oversight of new developments (such as the creation of new volunteer roles to support food deliveries or Covid-19 testing) and the ability to respond more rapidly with expert advice or risk mitigation.

3.
Quality achievement 2020

3.1. Aligning our quality approach to the new corporate 2030 strategy

While 2020 marked the start our new corporate 2030 strategy, the Covid-19 pandemic significantly affected our ability to keep pace with our strategic ambitions. At the same time, the pandemic has created opportunities to test approaches and ways of working more rapidly than might otherwise have been the case.

We developed a Vulnerability Index and a Resilience Index to map areas in the UK likely to be more clinically and socioeconomically vulnerable, and/or to have poor health and wellbeing levels. These tools, alongside other bespoke insight products, helped us design and plan new services to respond to the pandemic and lockdowns, as well as to use in other areas of our work.

We have focused on the safety of individual activities undertaken across the organisation rather than on the delivery of each service as a single unit. This enables us to deliver benefits at scale, such as providing PPE to all our frontline teams that have essential face-to-face contact with the public. This approach is also helping us to rapidly create new roles for our pandemic response and to develop training requirements, risk mitigations and Covid-19 related safe services' instructions (available on our intranet and volunteer recruitment platform).

Where policies and procedures have been reviewed, we have removed references to specific services or teams; again, focusing on a more standardised and consistent approach across all the activities of our services.

3.2. Creating a tailored safeguarding learning and development experience

We designed – and consulted on and got agreement across our service lines on – our new 'Safeguarding Learning and Development Strategy'. Building on our mandatory online 'Safeguarding Children and Adults Awareness' course, our priority has been the development of 'Core', a more in-depth online safeguarding training course. It will remove the need for various overlapping 'service specific' safeguarding courses. By the end of 2020, 'Core' had been tested by learning and development staff and was ready to be piloted by services.

Digital access can be an issue for many of our volunteers, so we have worked through our corporate Learning and Development team to offer different ways to access the 'Safeguarding Children and Adults Awareness' course, from group Zoom meetings to presenting the content on the telephone. By the end of 2020, despite the demands on our people of our pandemic response, completion rates for the mandatory safeguarding awareness course climbed to 95% for staff and 37% for volunteers.

In the early phase of the pandemic, we developed a light-touch safeguarding course for those undertaking very short-term volunteering roles. This course was also made available to the wider volunteering community as part of our pandemic deployment resources, emphasising our commitment to promoting robust safeguarding approaches beyond the British Red Cross.

3.3. Better data collection

We expanded our data quality reporting to include dashboards for our Refugee Support and Restoring Family Links service and Crisis Response. To emphasise the importance of data quality for our record keeping, impact measurement and outcome reporting, we implemented a data quality learning module for staff and volunteers in UK Operations.

We provided data quality awareness sessions via Zoom. Our Independent Living service saw data

quality improve from 85% of referrals with at least one data quality issue in 2019 to 66% of referrals in 2020. Similarly, in Crisis Response, 71% of the incidents reported in 2019 had data quality issues, a figure that fell to 40% in 2020.

3.4. Embedding and refining quality improvement processes

Throughout 2020, we used a range of methods to engage teams across UK Operations.

These included:

– sharing the learning from serious incidents, both with the teams directly involved in the incident and across the organisation through our use of case studies

– holding regular sessions with UK Directors and other operational leaders to focus on themes and trends

– using all opportunities (such as team meetings and internal networks) to communicate the aims of our quality improvement agenda.

We have worked with risk management specialists to design and implement new risk management approaches. During 2020, risk was established as a key agenda item at the UK Directors' management meeting, accompanied by high level risk overviews for each service line and including key risk indicators.

3.5. Better use of technology

We continued configuring and uploading content to our online audit tool. Testing with live data for our clinical 'Pulse Check' audit commenced in early 2021.

The introduction of a new corporate e-learning platform has enabled us to create and configure our own interactive safeguarding courses without having to depend on an external provider.

During 2020 we moved quickly to use our electronic patient report platform in our Ambulance Support Covid-19 response work. The platform minimises the information security risks of using paper records in the pre-hospital environment.

3.6. Better quality investigations

We published some additional basic guidance on investigating incidents not categorised as serious. We are looking to employ a full-time investigator who will both conduct investigations and help relevant staff develop their ability to do the same.

4.
Regulatory compliance

All our Ambulance Services and Independent Living services in England that undertake regulated activity are registered with the Care Quality Commission (CQC).

There were several changes to our CQC registration during 2020. We chose to deregister one of our Independent Living services – the East Riding of Yorkshire Care in the Home Service. After the closure of our Event First Aid service, we also deregistered our Event First Aid locations in Mitcham, Birmingham and Enfield.

In 2020, the Covid-19 pandemic meant there were no inspections of our registered Independent Living Services and Ambulance Services in England, Scotland or Wales.

As part of our commitment to improving and driving quality, inspection case studies are produced after regulatory inspections. These are distributed across both our Ambulance and Independent Living services, helping them to reflect on the quality of their own practice and delivery. We view inspection and regulation as an opportunity to improve the quality of our services.

Our registered services are in contact with our regulators across the UK to ensure that all our mandatory requirements are being met.

5.
Patient safety and performance indicators

5.1. Incident reporting

We take any unwarranted and unplanned event where the outcome could or has resulted in harm, including stress and other health concerns, very seriously. We use the Datix incident reporting system to report and manage these events when they occur. During 2020, we provided comparison reports using 2019 data and acted based on identifiable trends.

We continued to encourage incident reviewers to provide feedback to those who filed reports. We developed simple guidance for reviewing incidents, and our Datix Change Panel continued its work to raise the profile of our incident reporting system and improve the user experience.

The response and closure times for incident reporting are discussed during management meetings and reviewed during annual audit. Clinical and practice incident reports are overseen by the clinical governance and practice governance managers, who prompt timely and correct action when necessary.

362 incidents affecting people we supported in our UK Operations were reported during 2020 (120 fewer than were reported in 2019) – 61% of which recorded a harm level of 'no harm' or 'low harm'.

5.2. Infection prevention and control compliance

We continue to monitor infection prevention and control compliance through our audit programmes and incident reporting processes.

In 2020 we conducted the Covid-19 Infection Prevention and Control Audit to improve our oversight of PPE availability and use, and to help us identify where we need to increase the safety of our staff and volunteers. Although the data received were encouraging, analysis led to service-specific recommendations and informed improvements in our approach to communicating PPE guidance.

A total of 63 infection-control incidents were reported across our UK Operations via Datix in 2020 – just under 6% of all reported UK Operations incidents over the course of the year. Of these, only eight incidents were judged to have caused moderate (short term) harm, 21 incidents had caused low (minimal) harm and the majority were near misses where no harm had occurred.

No infection-control incidents were confirmed as serious. We continue to work to mitigate the risks associated with infection.

5.3. Clinical indicators effectiveness

Our data shows that just over 22% of cardiac arrests attended by our staff and volunteers in 2020 resulted in a return of spontaneous circulation (ROSC). All these events involved our Ambulance Support staff.

We have redesigned our Ambulance Support quality-audit programme and introduced new technology to allow remote monitoring and provide resilience for the future. We will resume quality assessment in 2021, using our new technology and revised approach.

5.4. Practice outcome measures

Several of our Independent Living and Refugee Support services use a goal-setting approach. It ensures our support is tailored to and meets the needs of the people we support.

In 2020 10,542 people we supported within our Independent Living services set at least one goal:

– 'Feeling more safe and secure' was the most frequently set goal, accounting for 49% of all goals set.

– 'Feeling more safe and secure' was the most likely goal to be achieved or significantly progressed, a trend continuing from 2018 and 2019.

– The goals least likely to be achieved or significantly progressed were those identified with the outcome domains of 'improved social networks and friendships', at 83%, and 'making more meaningful use of time', at 83%.

– Goals relating to the outcome of 'improved ability to manage paperwork and finances' and 'improved ability to cope in a caring role' were least likely to be set, representing 4% and 3% of all goals set respectively.

We know from the roll-out of validated outcome measures in our National Community Connector Programme that 78% of people reported feeling less lonely at the end of their support (based on the experiences of 549 people with start and end scores).

In 2020, 9% of the people we supported as part of our Refugee Support services set at least one goal.

– Of the people who set at least one goal, 94% achieved or made significant progress towards at least one goal.

– People were most likely to set goals concerning their 'ability to cope independently with the effects of destitution'; this applied to 24% of all goals set. These types of goals were often successfully accomplished – 95% of them being achieved or significantly progressed.

– The goals relating to 'increased confidence to access available services' were most likely to have been achieved or significantly progressed, at 97%.

– The goals least likely to be achieved or significantly progressed were those identified with an 'increased sense of control over family life' and 'increased emotional resilience'; 87% and 91% of these goals were either achieved or significantly progressed.

## 5.5. Service experience indicators

Across other UK services, we ask questions about the effectiveness of our support in our feedback forms. The responses to these questions are shown in the charts below, though we do recognise that the response rate is very low. The proportion of people reporting that our Crisis Response service reduced distress has increased from 57% in 2019 to 85% in 2020. This increase in people supported in this way comes from our Covid-19 response activity.

Figure 1 Percentage of people supported by Ambulance Support and Crisis Response who agreed that our support had reduced their distress
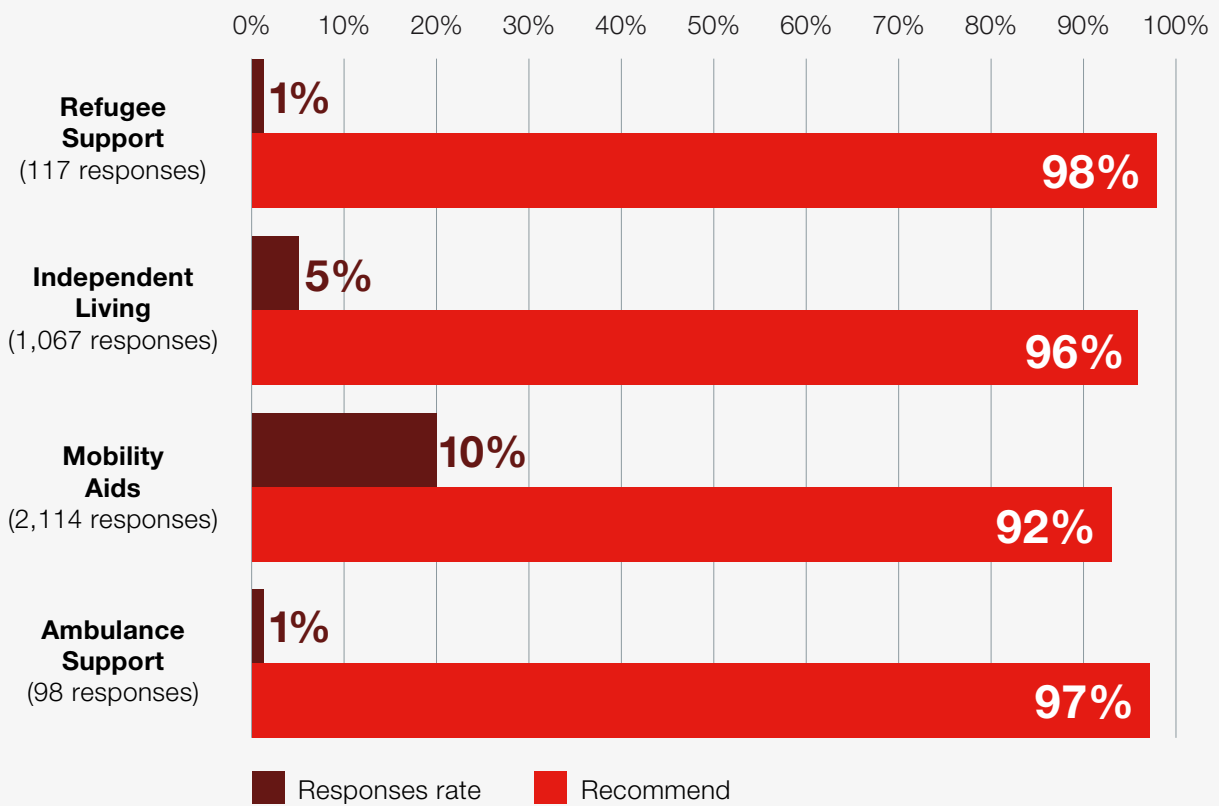

Ambulance Support (98 responses)   **Crisis Response** (65 responses)
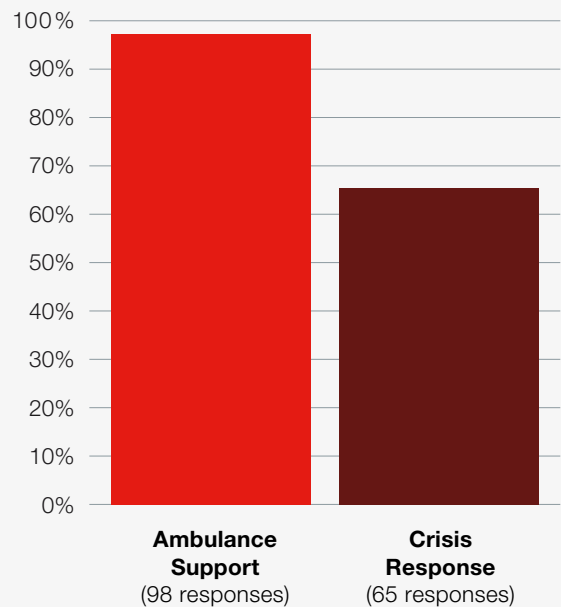
Figure 2 Percentage of people supported by our Mobility Aids service who agreed that our support had helped them feel better able to cope

Based on 1,895 responses

93%
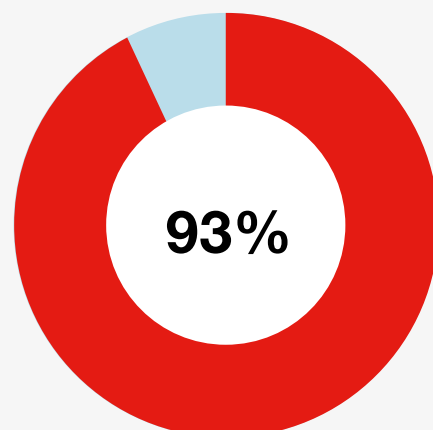
Figure 3 Percentage of people who would
recommend our services to family and friends

| | Responses rate | Recommend |

(Response rates are illustrated in figure 3 alongside the percentage of people who would recommend us.)

6.
Duty of candour

As an organisation we are clear about our 'duty of candour' obligations. We are committed to being open and honest with service users or their families, when something goes wrong that appears to have caused significant harm, or could lead to such harm in the future.

In 2020, we were able to give greater clarity to our application of duty of candour because of the implementation of our duty of candour procedure.

We recognise that duty of candour requirements, as laid out in the regulations, can be complex and at times challenging for everyone involved. During 2020, we supported senior leaders with guidance and support on the application of duty of candour, ensuring a consistent approach to meeting our responsibilities as well as ensuring the process reflects our commitment as a humanitarian organisation to showing compassion and transparency.

The organisation continues to take a holistic approach to duty of candour. We remain committed to applying its principles equally across both regulated and non-regulated activity. We also recognise the variances in the devolved regulations and ensure that we adhere to all regulatory requirements placed upon us as a responsible organisation.

During 2020, we reported issues around one of our regulated services to the CQC. After reviewing these issues, we enacted one duty of candour in 2021. We remain committed to delivering a safe service to all.

In 2021, we plan to strengthen our approach to duty of candour. We continue to support senior management to ensure that they exercise our duty of candour responsibilities in line with our legal obligations and moral commitments.

6.1. Reporting and learning

Within our incident reporting tool, Datix, the duty of candour form has been redesigned, restricting its use to the managers responsible for discharging our duty of candour responsibilities. This ensures greater data quality and consistency of approach.

As part of our commitment to our quality improvement approach, Better and Better in UK Services, we now have a bank of case studies formulated following serious incidents and regulatory inspections. These are shared across all service lines, to enable people to reflect on their own service, post-incident, and to encourage shared learning. These case studies are reviewed in team and management meetings so staff and volunteers better understand duty of candour. This will continue throughout 2021.
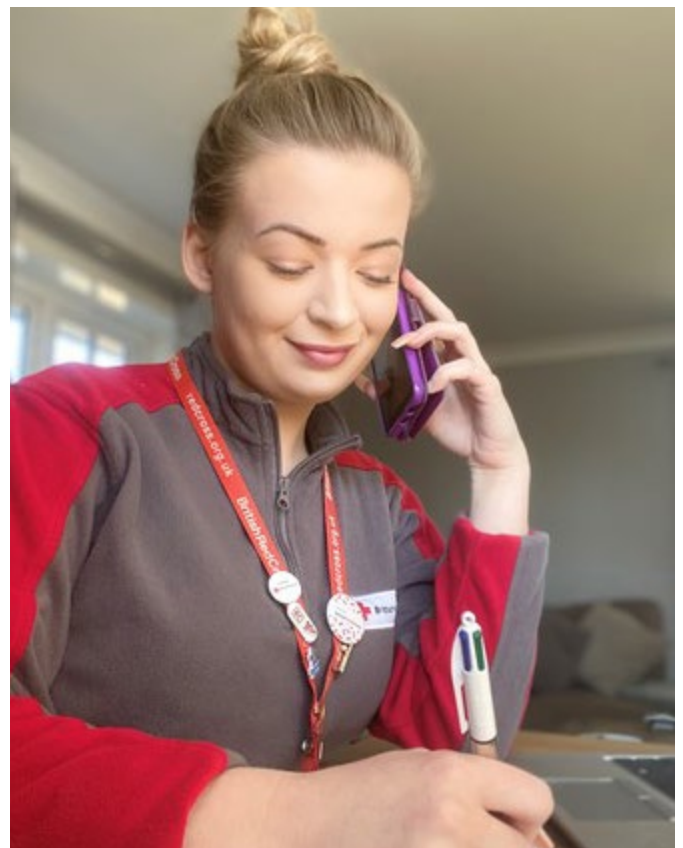
7.
Quality improvement priorities for 2021

7.1. Quality assurance across our strategic causes

Assurance processes and structures are established within our Ambulance Support and Independent Living services. In 2021 we will widen our focus to include our activities within Disasters and Emergencies and Migration and Displacement.

In 2020 we mapped and Red/Amber/Green (RAG) rated service compliance using our assurance framework. This focused on our Crisis Response and Emergency Response activity (Disasters and Emergencies). Having identified the assurance gaps, we will work with staff to complete the actions required to close them. The Quality team will oversee completion of agreed action plans.

A similar quality assurance mapping process will also be conducted for our Refugee Support and Restoring Family Links services (Migration and Displacement). An action plan to close assurance gaps with deadlines and owners will be created once mapping is complete.

In Independent Living (Health Inequalities) we will be piloting the new version of our internal quality assessment (Quality Standards Framework). Services will self-assess against two key modules – Safety and Management and Leadership – ahead of a full roll-out of all six modules in 2022.

7.2. Developing quality assessment models for cause areas

Alongside the expansion of our quality assurance review, we will also be conducting 'discovery' work in our Disasters and Emergencies and Migration and Displacement cause areas.

This will enable us to determine the content and approach for new quality assessments, based on relevant external standards, best practice and approaches adopted by equivalent humanitarian organisations.

Our electronic audit system will also go live in 2021 and allow us to collect audit data remotely (as well as during site visits). We will use the system to collect and store data for use as an additional source of assurance on quality. Real-time reports will help managers understand where to focus their efforts to ensure their services are safe and of high quality.

7.3. Aligning safeguarding functions across our domestic and international teams

Following the findings of our 2019 Keeping People Safe report (which we commissioned to review our safeguarding structures, processes, systems and culture) we will be recruiting to a new Director of Safeguarding role. This will allow full alignment across our domestic and international teams, and a deepening of our focus on safeguarding and wider issues of bullying and misconduct.

7.4. Establishing 'communities of practice'

The launch of the new online learning system provides increased scope to foster 'communities of practice' for both quality and safeguarding, and to build active engagement across our UK and international activity.

7.5. Evaluation priorities

We will roll out new 'outcomes frameworks' across several of our services:

– 'Strengths and Needs Assessment Framework' in Refugee Services

– 'Adult Social Care Outcomes Toolkit' in Independent Living

– 'Assessment of Survivor Outcomes' in Anti-Trafficking.

We integrated evaluation mechanisms within our Covid-19 response activity and will report on the impact and outcome of these in 2021.

7.6. Strengthening clinical governance

In 2021 we will audit our use of personal protective equipment and the implementation of our Covid-19 infection prevention and control procedures during the pandemic. We will use the data we gather, and the learning we derive from it, to review our entire suite of infection prevention and control policy and procedures later in 2021.

We intend to expand the application of our new audit technology to map the Covid-19 response work conducted by our Ambulance Support service against a new clinical governance assurance framework.

In 2020, we produced a new edition of the First Aid Manual in partnership with Saint John Ambulance and Saint Andrews. In 2021, we will be reviewing and updating our training content in line with this new edition and will be outlining new ways to develop training content that ensures accuracy, consistency and an evidence-based approach.