



Quality

Account

2022



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Statement

Lisa Hollins, executive director
of UK operations



Our volunteers and staff worked exceptionally hard once again last year to deliver quality services with skill, kindness and compassion. The mission of the British Red Cross is to ensure everyone gets the help they need in a crisis, aligned to our 2030 strategy.

Our services support people who are displaced arriving in the UK, provide services to help people to cope at home and respond to crises, such as fires and floods across the UK.

We helped more people than ever last year. We provided practical and emotional support to help over 69,800 people to live independently at home over the year. Our hospital discharge services supported 56,000 people to leave hospital over the year. Our teams filled up fridges, put the heating on and moved trip hazards to make people feel safe and comfortable, and prevent unnecessary readmission.

Last year we continued to expand our reach to support people experiencing health inequalities. Across the UK, we are the leading provider of the high intensity use programme. It supports people who have accessed A&E frequently, to improve their long-term health outcomes and relieve pressure on emergency care services.

We unpick issues surrounding the wider determinants of health including social, economic and environmental factors that may have caused the decline in a person's wellbeing. Last year we implemented 11 new projects, expanded our reach to support 857 people in total, and broadened our referral pathway to support mental health services and primary care.

We continued to scale up our surge support for the NHS throughout the year. We worked with Age UK and the Royal Voluntary Service to deliver over 100 assisted-discharge and community-support services, at more than 70 of the most pressured hospitals in England.

In Scotland our social prescribing services helped to meet people's social, emotional and practical needs, to help improve their health and reduce pressure on our systems.

We worked closely with three Welsh health boards to develop and pilot our 'waiting well' services, which provided emotional and practical support to people in their homes while they waited for surgery or treatment.

We ran assisted discharge services in four out of the five NHS trusts in Northern Ireland to support patients to leave hospital safely. And we provided vital practical and emotional follow-up support for four weeks after discharge, to help prevent re-admission.

Our British Red Cross ambulance service provided over 42,000 hours of support to a total of 20,500 people. We transported both emergency and non-emergency patients and provided end-of-life and palliative care transport.

We delivered 194,500 toilet aids, specialist beds, bath lifts, walking frames and other specialist tools to help people maintain their independence and their dignity. And we made over 67,500 wheelchairs and other pieces of mobility equipment available through our mobility aids service.

We supported more than 111,600 people impacted by disasters and emergencies such as flooding and house fires in the UK last year. And we helped those who were vulnerable or cut off as a result of the severe winter storms at the start of the year, including Storm Eunice in South Wales.

We listened to what people needed and found the right local and personal support to meet their specific needs, with the help of our partners in the Voluntary and Community Sector Emergencies Partnership (VCSEP).

Knowledge of basic first aid can make all the difference in an emergency. The more trained first

aiders who have the skill and confidence to help someone in an emergency, the more people will be kept safe. Our in-person Red Cross Training courses trained over 121,100 people in first aid in 2022.

We are proud to be the largest independent provider of services for refugees and people seeking asylum in the UK. We supported 30,300 refugees and people seeking asylum here last year, and 9,900 people who were experiencing destitution. We provided cash support, SIM cards, mobile phones, case work, and practical and emotional support.

We also helped 4,200 people to look for, find, or keep in touch with loved ones. We helped to reunite and integrate family members by providing travel assistance, help to navigate local authority paperwork and support to access housing, healthcare and schools.

We welcomed over 15,500 people arriving from Ukraine at UK airports, train stations and reception centres in local communities last year. Calls to our national support line to help Ukrainians arriving

in the UK surged to over 71,000. We gave people emotional support and connected them to local services and organisations.

We also distributed over one million call minutes on pre-paid SIM cards to help people from Ukraine connect with family. And we gave 58,500 people £2.6 million in emergency financial assistance.

Last year also saw us continue to adapt our work to meet the goals of our 2030 strategy, which seeks to prioritise those most in need and focus our work where it will have the biggest impact. We want to continue to become more person-centred and evidence-based in our approach to quality.

I'd like to say thank you to all our volunteers and staff for their dedication, expertise and kindness, and for their continuing commitment to improve the quality of all our services.

I am very pleased to present our Quality Account for 2022. It sets out the progress we've made in improving our services and outlines how we will continue to work towards providing quality care and support to those who need us.



Photo © Jeremy Sutton-Hibbert/ British Red Cross



Photo © Claudia Janke/ British Red Cross

2 Introduction

2.1 Our vision and values

It is our role as the British Red Cross to connect people’s kindness with those in crisis. This is how, for more than 150 years, we have mobilised the power of humanity so that individuals and communities can prepare for, respond to, and recover from disasters – both at home and around the world.

We believe that every crisis is personal. That is why we provide impartial support to people based on their need and nothing else. Our offer of support covers three key areas – disasters and emergencies, displacement and migration, and health inequalities.

We also work to develop the capacities of our sister National Societies and communities overseas. We are powered by more than 12,000 regular volunteers in the UK, over 84,000 community reserve volunteers and nearly 4,000 staff. It is their determination to support others, along with the generosity of our supporters, that allows us to help people in crisis when they need it most.

We are part of the world’s largest humanitarian network, the International Red Cross and Red

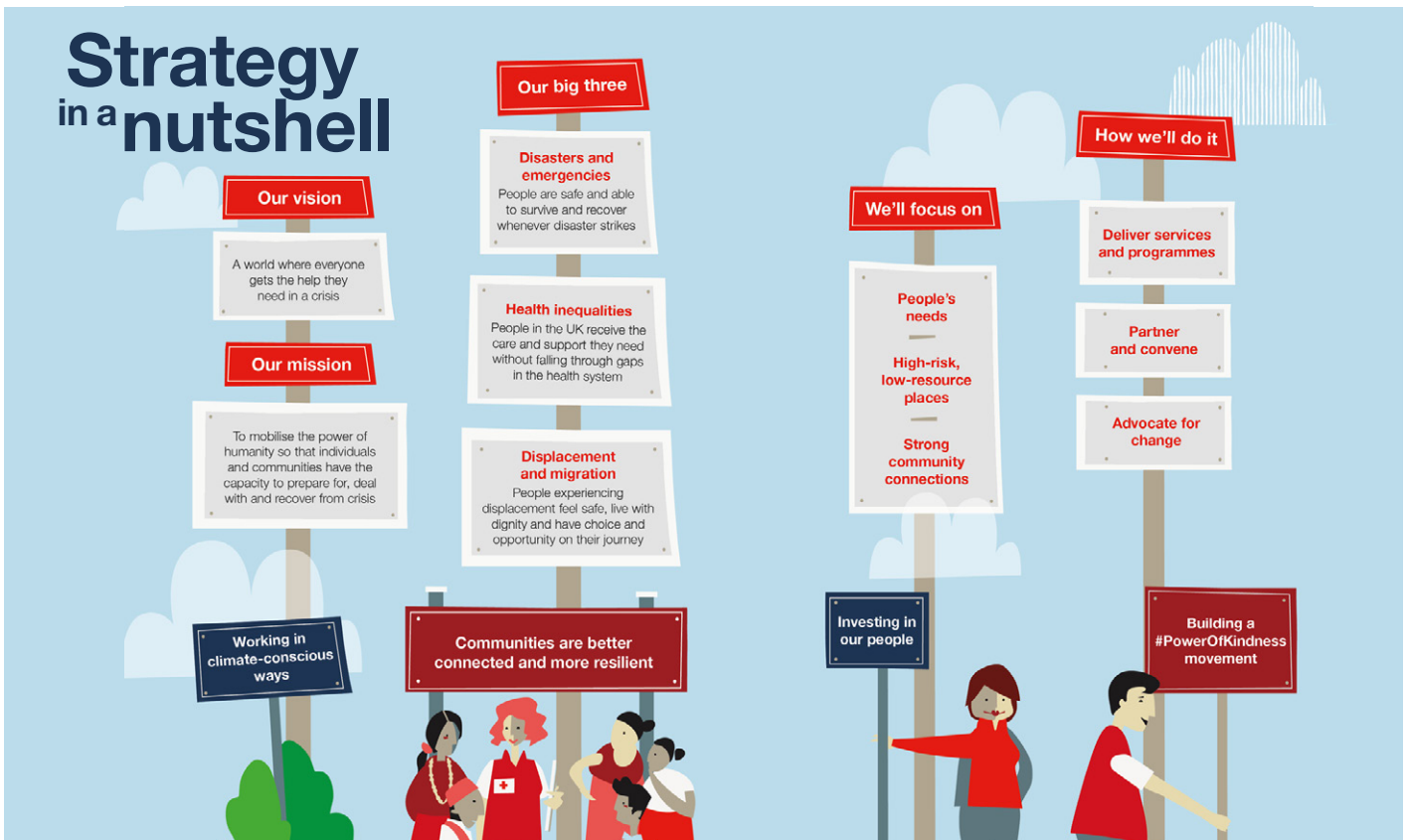
Crescent Movement, which has 14 million volunteers across 192 countries. This gives us a unique ability to respond to humanitarian crises across the globe. With a local presence in almost every country and a global network, we can coordinate exceptional responses to emergencies.

The British Red Cross plays a significant role within the wider Movement, which consists of:

- National Red Cross and Red Crescent Societies around the world
- the International Federation of Red Cross, and Red Crescent Societies (IFRC)
- the International Committee of the Red Cross (ICRC).

We were on the board of the IFRC for eight and a half years until June 2022, and are proud of our role in contributing to the good governance of our Federation. We are guided by the seven fundamental principles of the Movement: humanity, impartiality, neutrality, independence, voluntary service, unity, and universality. These commit us to putting people first in everything we do.

2.2 Our strategy



2.3 Services we provide to the NHS

Our range of services provide a person-centred approach to ensure all the practical and emotional needs of a person are met, to help them get back on their feet and live independently. All our services support at least two of the following outcomes:

1. Preventing admission from home

2. Preventing admission from A&E

3. Preventing delayed discharge

Assisted discharge services support frail older people and vulnerable people home from hospital, whether they were inpatients or attended A&E. We can provide follow up support for up to 72 hours, to help them settle back home and avoid hospital re-admission.

Support at home services provide one-to-one short-term support, enabling people to maintain independence and receive necessary support with daily activities and social care. Ensuring people receive the right support in the right place at the right time.

Social prescribing services provide one-to-one short-term support for up to 12 weeks, helping people who are accessing primary and social care connect with non-clinical support within the community.

High intensity user programme provides de-medicalised, de-criminalised and holistic support for people who may be falling through gaps in statutory services and/or those experiencing health inequalities. Through assertive outreach, we work intensively, advocating for increased access and co-ordinating care. Our teams focus on a person's strengths and goals, improve their activation levels, and support the development of self-management skills – which leads to improved health and wellbeing outcomes.

Patient transport and clinical services

We provide patient transport and clinical services support to the NHS in England for non-emergency support. Our services can include:

- Providing ambulance vehicles and crews during surge demand, peak periods, and adverse weather to assist with non-emergency patient transport.

2.4 Our approach to quality monitoring and improvement

Ensuring our services are safe, effective and deliver a good experience sits at the heart of our approach to British Red Cross UK service delivery. Our 'Quality in UK services policy' upholds this position and focuses on the importance of person-centred care and compliance. The commitment to quality improvement is the responsibility of all our people, whatever their role within the British Red Cross.

During 2022, as part of our Strategy 2030 work, we began reorganising our professional services team. Professional services are a risk and assurance function, independent from first line management, providing centralised knowledge and technical skills to help us deliver our strategic objectives, while keeping people safe and meeting our compliance obligations. We keep people safe by:

- Setting clear standards and equipping people to meet them.
- Responding quickly and being proactive with expert advice and support.
- Driving a learning and improvement culture across all our services.

As part of this work, we started to develop the British Red Cross Quality and Safety framework, using regulatory standards and requirements and sector best practice as our gold standard. The framework is used to assess the quality and safety of our health and social care services across the UK. With support from our quality and safety team, areas for improvement are identified and actions are taken to ensure services continuously improve and that we strive for excellence.

At the end of 2022 we reviewed the impact and effectiveness of the quality and safety framework. We will be updating the framework with the learning from the review and plan to roll it out across UK services during 2023.

We report on the safety and compliance of our health and social care services to our executive leadership team monthly, and to a sub-committee of our board of trustees quarterly. Using key risk control assurance indicators, we track and manage risks. We review reported incidents to ensure they have been dealt with appropriately and we share learning.

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Quality in 2022

3.1 Quality assurance and assessment

During 2022 we reviewed the implementation of our Quality Standards Framework – the quality assurance and assessment process focused on our social care and assisted hospital discharge services. A task group was created to investigate how the collection and moderation of evidence could be undertaken. The findings of this task group have been reported and will be incorporated into new, in-development assurance processes during 2023.

In 2022 we conducted a comprehensive suite of safety audits across our ambulance support and patient transport service operations. These audits were conducted remotely using a recently introduced online audit tool. The assessments were moderated by subject matter experts from our professional services department. Results and recommendations were reported to operational teams in the final quarter of 2022, with actions to be developed early in 2023.

3.2 Better use of data and insight

We successfully introduced a new, cloud-based Datix incident-reporting system – Datix CloudIQ. This system has removed some of the barriers to reporting previously experienced by our staff and volunteers. We continued to refine the information we collect in the system and further developed dashboard reports to enable operational managers to act on incident trends and thereby continually improve the safety and quality of the services they deliver. We also use data and insight from service user feedback, audits and service evaluations.

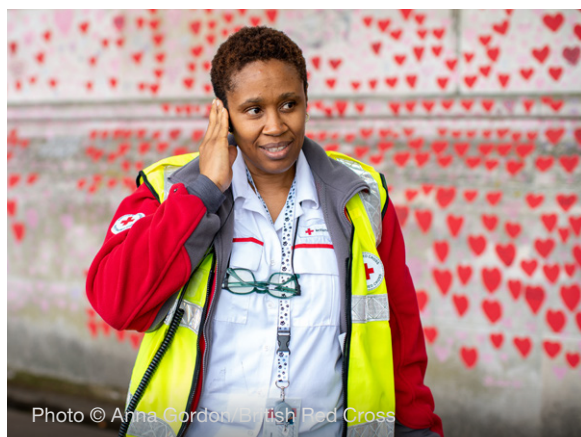


Photo © Anna Gordon, British Red Cross

3.3 Standardising service and activity models

During 2022 we developed a process for standardising activity models across all our UK operational service delivery. The tools we created were put to the test in our crisis response service line. Working with a dedicated operational team over the course of the year, our quality specialists helped services identify precisely how the quality and safety of their activity should be governed.

This process forms a fundamental part of the quality and safety framework planned for 2023. It will ensure that our activity is safe, effective and of the highest quality. It is important that models change with the changing needs of our service users. Co-production and user research is a core element of our work in striving to meet the needs of the people we serve.

3.4 Evaluating outcomes and service-user feedback

Across our health inequalities work we have redeveloped our outcomes framework to ensure its relevance following the Covid-19 pandemic. In 2022 we started testing elements of the framework in a new service for people awaiting elective surgery in Wales. This work will continue in 2023.

In 2022 the crisis in Ukraine and our response to it meant our progress in developing the Strengths and Needs Assessment Framework has been limited to continued testing in one geographical area. This has provided important learning as we continue to develop the tool and the practice aligned to its use. As an interim measure to improve our outcomes data, we have developed our service user feedback to collect more insight into needs and service outcomes.

3.5 Safeguarding

During 2022 much of our safeguarding work focused on responding to the crisis in Ukraine. We provided direct support to multiple UK government departments to ensure safeguarding needs were a central consideration of policies and procedures for Ukraine-related programmes. We also appointed a dedicated Ukraine safeguarding advisor and recruited a migration safeguarding specialist to work directly with our family reunion service. We coordinated multi-level support for a group of Ukrainian children with life-limiting medical vulnerabilities. We also deployed the International Federation of the Red Cross and Red Crescent Societies' first-ever dedicated safeguarding delegate to strengthen the Ukraine operation. This delegate coordinated with partners internal and external to the Movement to identify safeguarding risks and helped integrate safeguarding minimum standards.

Beyond the support to Ukraine-related programmes, we provided safeguarding advice and assurance on 1,623 reported incidents across our UK and international work. Of these cases, 14 were identified as potentially serious incidents, four of which met our serious-incident criteria and have been appropriately reported to the relevant external bodies.

We supported due diligence on a number of contracts, including enabling subcontracting partner organisations to raise their safeguarding standards. We also offered learning opportunities through direct support to teams, e-learning modules and

Safeguarding Week events. Our Safeguarding Week was well-attended by internal staff and volunteers, as well as colleagues from partner National Societies around the globe. The events covered an overview of our safeguarding strategy, international safeguarding issues, the Convention on the Rights of the Child, and how to work with concerns about suicide and domestic abuse, two of the most commonly faced issues in our UK operations. Our international safeguarding development advisor also provided in-person safeguarding training to the Southern and Eastern Africa regional team.

In 2022 we also reviewed and updated the roles and responsibilities of safeguarding officers across the organisation. The overall purpose of safeguarding officers is to promote good safeguarding practice and raise awareness within teams and with partners, working within the framework of our safeguarding policy and procedures. We have also allocated international safeguarding officers to cover each of the global regions we work in.

Survivor liaison staff members are responsible for supporting colleagues involved in traumatic incidents and in 2022 we provided survivor liaison training to 21 staff members across the organisation.

Lastly, we are proud to have successfully implemented the inter-agency misconduct disclosure scheme in our international directorate.



Photo © Anna Gordon/British Red Cross

4

Quality data and insight

4.1 Incidents

In 2022 incident reporting remained the starting point for the identification of service risks that need to be managed, mitigated or escalated. We continued to encourage reporting across our UK services. Subject matter experts in our professional services department supported teams with incident reporting, reviewing and learning.

Our independent living service used a balanced scorecard approach to service review in 2022. Incident reporting was a key element of this. The scorecards were reviewed on a quarterly basis with senior service managers, who take ownership of any issues and resulting actions.

We promoted the use of our anonymised serious-incident case studies by teams, as part of learning from things that go wrong. A dedicated investigations manager ensured that investigations were conducted without delay. This meant that action and learning happened much faster than in previous years.

During 2022 we moved our incident reporting system onto a new Datix cloud-based system. This provides easier access for staff and volunteers who want to report incidents or safeguarding concerns, and for local managers who review incidents.

4.2 Infection prevention and control

During the Covid-19 pandemic our clinical and safety response group monitored and acted on government, NHS and public health Covid-19 guidance. This group met for the final time in May 2022 when our coronavirus-specific processes were incorporated into our ongoing infection prevention and control measures, following the public health shift to living safely with respiratory infections, including Covid-19.

Our recently updated Infection Prevention and Control policy outlines our responsibilities to protect service users, volunteers and staff from the risk of infection. It details what staff and volunteers involved in the delivery of care should do to reduce the likelihood of someone becoming infected. It instructs services about their responsibility to ensure appropriate training, incident-reporting systems and audit programmes are in place.

A total of eight infection-control incidents were reported across our NHS-supporting UK operations in 2022. Of these eight incidents, two were judged to have caused low (minimal) harm, and six were judged to have caused no harm. No infection control incidents were confirmed as serious. We continue to mitigate the risks associated with infection across all our UK activity.

4.3 Audit data

During 2022 we conducted an extensive suite of safety audits across our ambulance support operations. The audits covered a selection of domains necessary for the safe provision of services across the UK and covered all our regulated and non-regulated ambulance support activity. The domains covered were:

- Personal protective equipment (PPE)
- Medicines
- Individual hygiene observations
- Vehicles
- Ambulance interiors
- Buildings – general
- Buildings – crew specific

The audits were undertaken by local service managers and photographic evidence was requested to support the data received. The results were then moderated by subject matter experts in our professional services department. Quality grades were assigned to individual sites, regions and the service line as a whole. As data had been collected remotely, the professional services team ascribed a confidence rating to each data set to assist with decision-making and the prioritisation of actions.

The service received an overall quality grade of 67% (adequate – action indicated) and a moderate confidence rating.

There were areas of high compliance:

- The availability, storage and crew understanding of PPE was good in-patient transport service (PTS) operations.
- A&E and PTS ambulance interiors (including clinical waste and equipment) were generally of a high standard.
- PTS vehicle conditions were good, and the necessary documentation was available.
- PTS crew infection prevention and control (IPC) behaviours was found to be of a high standard.

Buildings and facilities were identified as an area of concern.

Findings were reported to the service leadership and recommendations were made. Actions are to be considered against the background of expected changing service structures in 2023.

Our Quality Standards Framework – the audit programme covering our independent living services – focused on two key domains in 2022: Safety, and Management and Leadership.

In the domain of Safety, safeguarding and the management of medications and data were noted as areas of good practice, while incident reporting and supporting people to manage their money were identified as areas with opportunities for improvement.

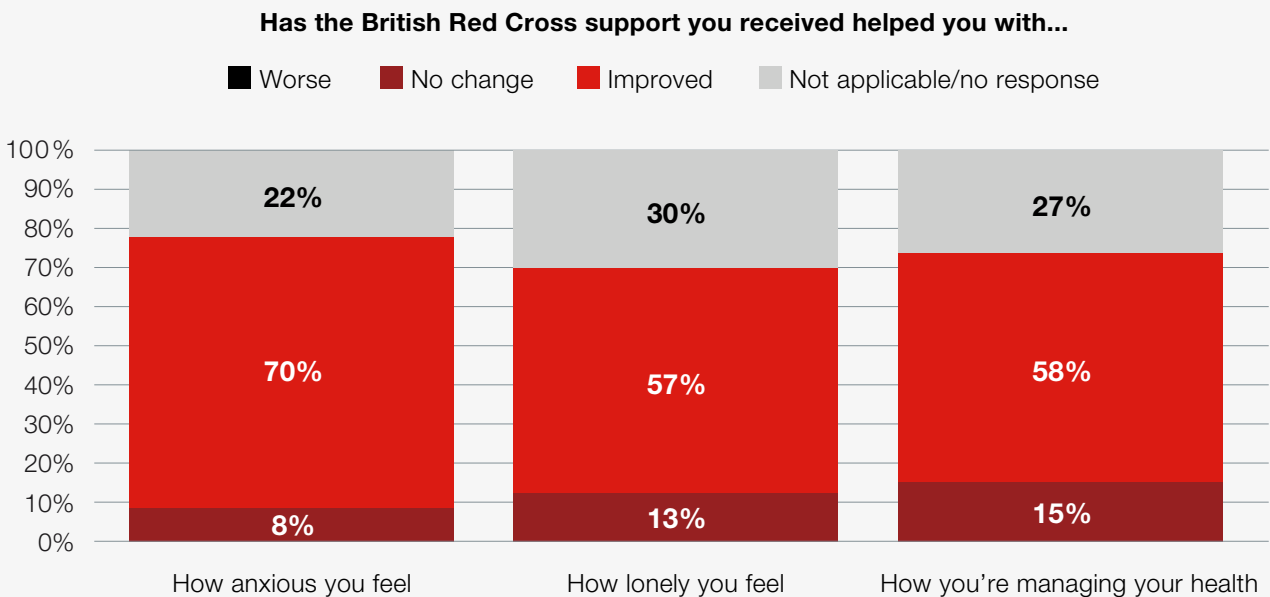
Good Management and Leadership practices were seen in the fields of induction, accountability pathways and the local handling of complaints. Development opportunities were identified regarding business continuity plans, management training and internal communications.

Significantly, we learned a lot in 2022 about how we can best audit our independent living services in the future. A group was set up to review how our framework was implemented. This group has made several recommendations, particularly on data-collection and moderation processes. These recommendations will contribute to the development of a new assurance programme that will support our 2023 quality plan for UK operations.

4.4 Outcomes data

We used our feedback process to collect evidence on the outcomes of our health services. We found that most people supported by these services were helped to feel less anxious, less lonely, and better able to manage their health, as show in figure 1.

Figure 1
Health service outcomes data



Base: 5,290 people completing feedback after receiving British Red Cross support, a response rate of 8%.

During 2022 some of our social prescribing and high intensity user services measured loneliness using a validated set of questions. We collected scores before support was given and then after supporting 457 people where a reduction of loneliness was identified as a key goal.

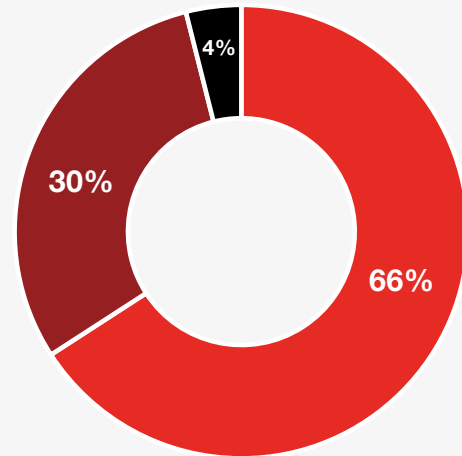
Figure 2 shows a reduction in loneliness for 66% of people. Data from our social prescribing services indicates that this figure increased to 73% for those who could be classed as lonely at the start of our support.

Our high intensity user services also evaluate progress against other health-related outcomes. This data shows the programme is helping the majority of people supported (with start and end of support scores) to feel happier and less anxious, more satisfied with their health and that their health is interfering less with their social activities.

Figure 2
Change in loneliness

Change in loneliness for all people

■ Improved ■ No change ■ Got worse

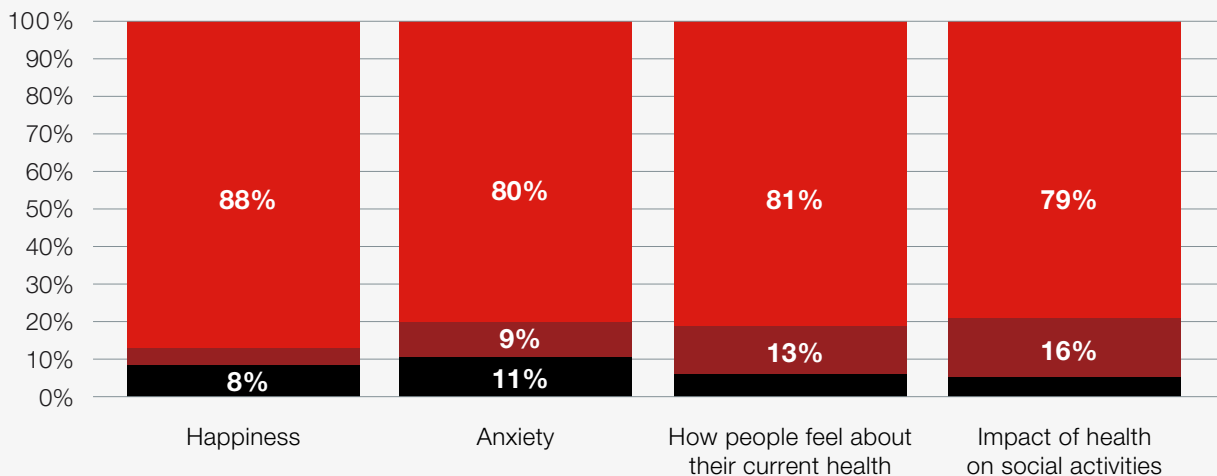


Base: 457 people with start and end of support scores

Figure 3
Improvements in health and wellbeing outcomes

Improvements in health and wellbeing outcomes

■ Worse ■ No change ■ Improved

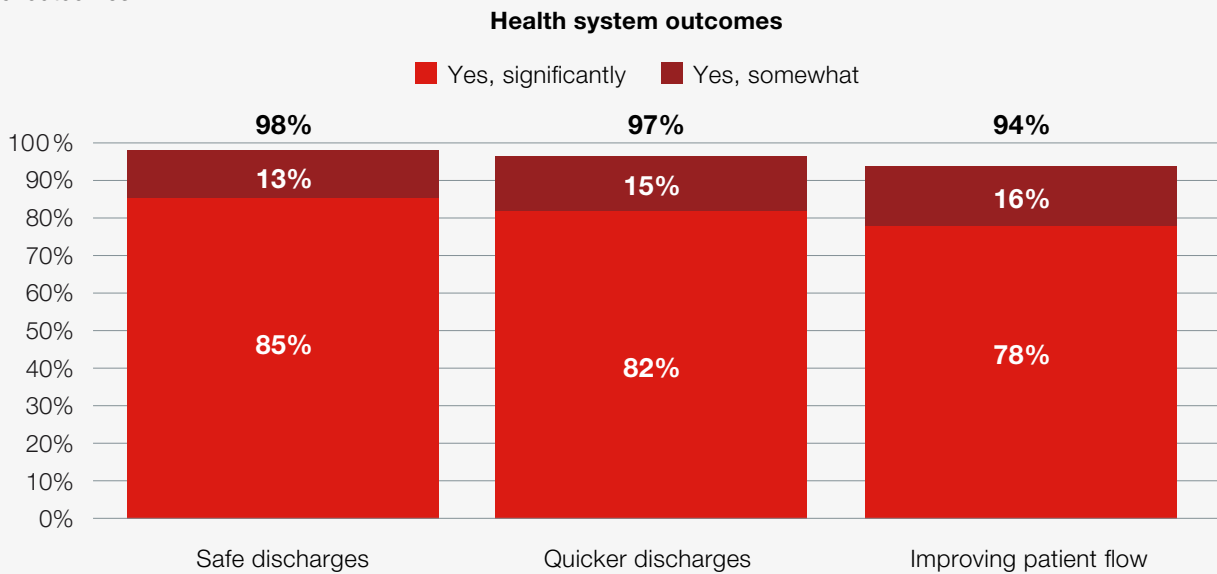


Base: 96 people supported with start and end of support scores, except for anxiety change where base is 95. This represents 17% of all people who ended their support in 2022.

Feedback from staff in NHS hospitals supported by our seasonal surge services tells us we are also delivering good outcomes in the health system. 98% of hospital staff felt that our services were supporting safe discharges and 97% indicated we were supporting quicker discharges, with the majority indicating that we made a significant contribution, as illustrated in figure 4.

Through this programme we've also started to collect data on the effectiveness of the services in helping to ease pressure on the NHS and reduce the unscheduled use of services. Data available for three of these high intensity users services shows that we're reducing non-elective admissions and A&E attendances by 50% or more. We're also reducing ambulance conveyances by over three-quarters using comparable timeframes* before and after support (see figure 6).

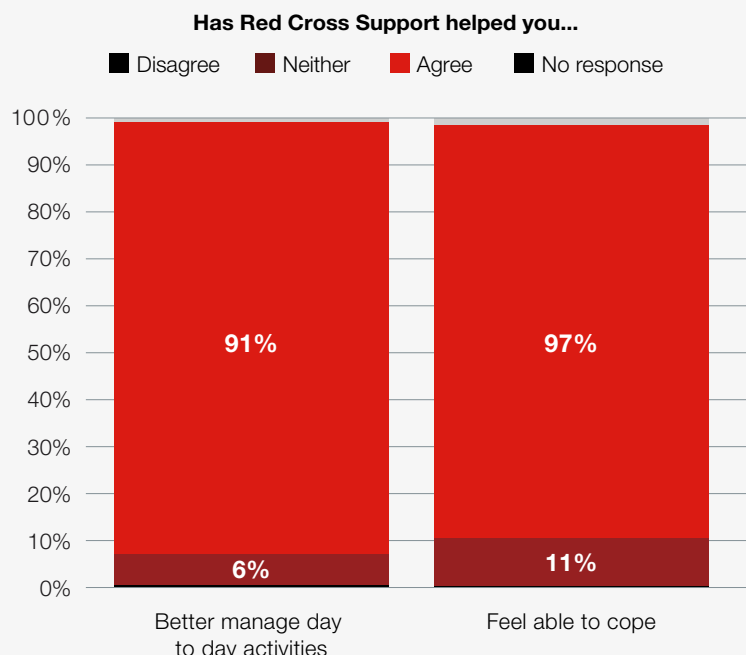
Figure 4
Hospital outcomes



Base: 116 survey responses from 84 NHS England seasonal surge services operating from Dec 21 – June 2022 and Oct 2022 – March 2023.

Our mobility aids feedback survey collects data on the outcomes for service users. Over nine out of ten responses indicated our support had helped them to better manage their day-to-day activities and feel better able to cope (as illustrated in figure 5).

Figure 5
Mobility aids outcome responses



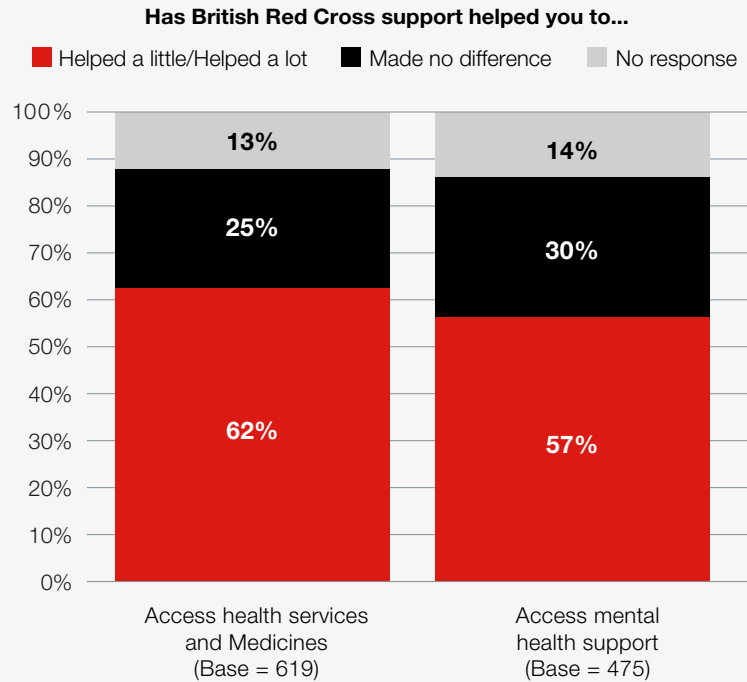
Base: 6,761 feedback responses in 2022 from 78,844 new users, representing a response rate of 9%.

Through our improved service user feedback process for refugees, people seeking asylum and vulnerable migrants, now translated into multiple languages and completed digitally, we have collected data on how well our services are meeting the needs of those we support.

Over half of the people who responded needed our help to access health services and medicines, and 42% needed help accessing mental health support. Figure 6 shows that for the majority of these people, our services had helped with these needs. Almost half stated our services had helped a lot.

Source: 1,139 survey responses across two waves of the survey, one in June 2022 and one in January 2023. This represents a response rate of 17%.

Figure 6
Effectiveness of Red Cross support in addressing health needs of refugees, people seeking asylum and vulnerable migrants.



4.5 Service user experience data

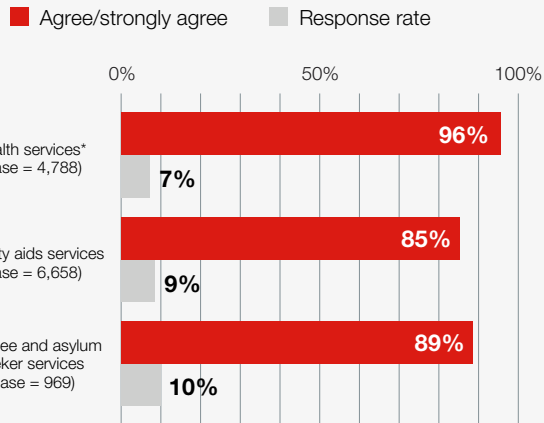
We continue to explore different ways in which people can submit their feedback, using digital methods first and paper as a means of ensuring those without or unfamiliar with digital technology can tell us about their support. Our ambulance support and crisis response teams continue to explore ways in which more feedback can be gathered in a sensitive way.

Service	# of people supported	# of feedback responses	Response rate
Health	65,972	5,290	8%
Mobility aids service	74,844	6,761	9%
Refugees, people seeking asylum and vulnerable migrants	6,862*	1,139	17%

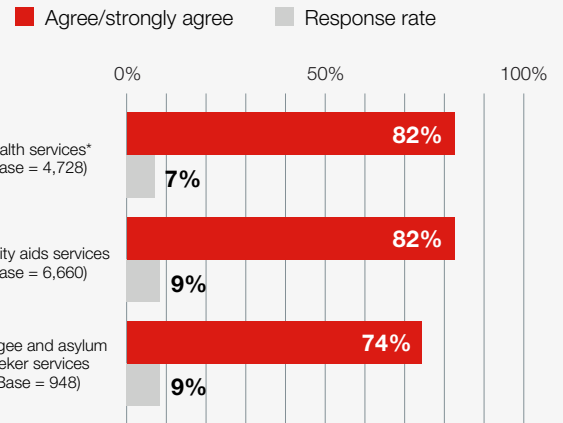
*Response rate for refugees, people seeking asylum and vulnerable migrants based on people with the opportunity to answer questions. Support periods are longer in these services than others, often with no fixed end date. A sampling exercise is undertaken to ensure we do not over-survey people.

Alongside questions about outcomes, our service user feedback also asks people about their experience of our support. No responses to the individual questions have been removed from the following analysis.

Feeling safe and reassured/secure through our support

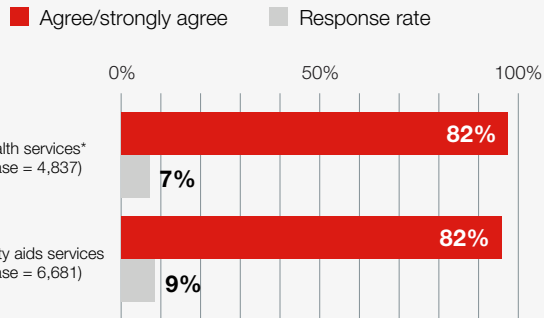


Involved in making decisions about support received

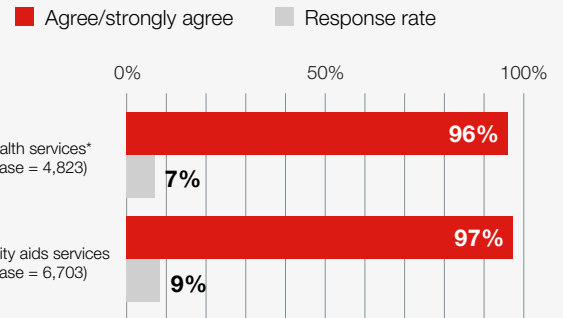


*2% and 13% of people supported by health services responded that these questions were not applicable.

Treated with dignity and respect



Support met their needs*



*Health services were asked if they got the support needed and mobility aids services were asked whether equipment was suitable to their needs.

5

Quality priorities for 2023

5.1 Developing a new quality framework for our UK operations

At the British Red Cross, quality is at the heart of everything we do. This is reflected in our vision and values.

The quality and safety framework will support our Strategy 2030 by providing a consistent and compliant approach to delivering high-quality services that keep people safe from avoidable harm, support choice and opportunity, build resilience, and achieve great outcomes.

The framework sits underneath the British Red Cross policy framework and specifically the Quality in UK services policy.

The framework covers all services within UK operations and will set out:

- Our overarching quality and safety commitments
- A set of quality and safety domains
- Associated quality and safety standards
- A set of quality and safety indicators
- A set of assurance processes
- Self-assessment and 'what good looks like'
- A continuous improvement programme

5.2 Refreshing our quality and safety assurance processes

A robust quality assurance programme is fundamental to understanding how services are performing against the framework standards. In addition, internal assurance programmes can provide insight into performance against external standards and regulatory requirements.

Services will be expected to undertake self-assessment as well as participate in oversight audits conducted by the professional services department. Assurance activities will take place to an agreed schedule so there is transparency about when standards will be checked, how and when feedback will be provided, and how this will feed into service improvement plans.

5.3 Supporting services through a new continuous improvement programme

We will follow an evidence-based approach on quality improvement which will include embedding

improvement methodologies across services. We will work collaboratively with services to support embedding quality improvement projects that take a proactive approach to strengthening standards.

5.4 Evaluation and service user data priorities

In 2023 we will roll out the new health service outcomes framework to all new services and start a phased roll out for existing services to account for agreed performance reporting. This will ensure we have more consistent data on outcomes across more of our services. Service user feedback across all our health services, including ambulance support, will be reviewed as part of this roll out. We will also start collecting more feedback from commissioners and partners.

5.5 Safeguarding

During 2023 we will embed and use our increased safeguarding development capacity – we now have three full-time safeguarding development advisors. This will enable us to refine and implement our safeguarding framework to create a safer organisation. The safeguarding framework focuses on four key strands: Recognition and Prevention, Reporting, Responding, Learning.

We will also prioritise developing, together with the people directorate, a process that allows for the improved reporting of abuse and welfare concerns affecting our staff and volunteers. We also launched a new dignity at work policy in 2022 that provides clear routes to report, and there is central oversight of reported concerns to ensure effective response. This aims to ensure a safe and healthy working environment in which any form of harassment, bullying, discrimination or victimisation are not tolerated.

Finally, we will develop knowledge-building support tools and guidance for our teams in UK operations so they can take action in lower-risk safeguarding incidents. This will enable our caseworkers to maximise their impact and increase the safeguarding advice team's ability to respond to complex matters.

5.6 Standardising complaint handling

Across 2022, work to develop a new platform for the recording and tracking of unsolicited feedback progressed significantly with an early version of the system being piloted in the final quarter of the year. Implementation of the platform from 2023 will support the centralised collection of information on complaints, compliments and comments enabling the identification of any trends; this data will be used to drive impactful interventions with a view to supporting continuous improvement.

A number of other measures will be introduced to further enhance our complaint handling capabilities including the consolidation of existing guidance provided on the British Red Cross website to simplify the process for the submission of feedback, the development of training to support staff and volunteers in managing unsolicited feedback and the creation of a new complaints manager role to provide central oversight.



Photo © Anastasia Sharkova/IFRC

6 Regulatory compliance statement

Our support at home services in England are registered with the Care Quality Commission (CQC) where this is required. It is the CQC's responsibility to regulate all health and social care provision in England and ensure the quality and safety that people who use our services have a right to expect.

In 2022, there were no inspections of our registered support at home services in England. Some of our regulated services in Wales were inspected during 2022. The inspection outcomes were good, with no non-compliance issues identified.

As part of our commitment to improving and driving quality, inspection case studies are produced after regulatory inspections. They are distributed across our services, helping those services reflect on the quality of their practice and delivery. Our registered services are in contact with our regulators across the UK to ensure that all our mandatory requirements are being met. We at the British Red Cross are committed to excellence and best practice. We always look at inspection and regulation as an opportunity to improve the quality of our services.



Photo © Gemma Wood/British Red Cross

7 Duty of candour

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

We take a holistic approach to duty of candour and are dedicated to applying its principles impartially across both regulated and non-regulated activity.

We recognise the variations in the devolved regulations and will work to ensure adherence to all regulatory requirements as a responsible and transparent organisation.

We support our senior leaders with guidance on the application of duty of candour, ensuring consistency in our approach to performing our responsibilities and a commitment as a humanitarian organisation to showing compassion.

No incidents met the legal requirement to exercise our duty of candour in 2022.

We will continue to strengthen our approach to

duty of candour and support senior management in exercising their responsibilities in line with our legal obligations and moral commitments. During 2023 we will complete a review of our current duty of candour procedure to ensure it remains fit for purpose.

Within our incident reporting tool, Datix, the duty of candour form has been designed to restrict 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 we now have a bank of case studies dealing with 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 2023.

Where we are

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