



British Red Cross Quality Account 2019

The power
of kindness

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Statement



I am very pleased to present our **Quality Account for 2019**. It sets out the progress we've made in improving the quality of our services over the year and outlines how we will continue to work towards our aim of providing quality care and support across all our services.

We supported over 620,000 people during 2019. Our staff and volunteers demonstrated once again their huge capacity for kindness, helping people through crises with skill and compassion.

Over the year we supported the emergency services to help people involved in 1,400 UK emergencies. This included supporting:

- families forced from their homes by flooding in Yorkshire
- first responders and bereaved families involved in a major human-trafficking incident in Essex
- those caught up in the attack at Fishmongers' Hall, London Bridge
- the families who lost their homes following a savage fire in a four-storey block of flats in Sutton.

As the NHS saw patient numbers rise over the winter of 2019/20, we provided our winter pressure services in 27 hospitals. We also helped ease the demand on acute hospitals by supporting 84,600 people to live independently at home over the year, including thousands of older, vulnerable and isolated patients who needed help to settle back at home after a hospital visit, preventing them from returning to hospital and freeing up precious bed space for those in greater need.

Against a backdrop of increased demand for our services and limited financial resources, we took the difficult decision to close our Event First Aid service and developed new Ambulance Support service models to pilot.

We are extremely grateful for the skill, care and commitment of our Event First Aid volunteers shown consistently over very many years. We hope we can connect them with alternative volunteering opportunities as quickly as possible.

2019 also saw the development of our new ten-year strategy. It is designed to ensure we remain relevant and have even more impact over the next decade.

Our 2030 Strategy focuses our key capabilities in three strategic areas: helping those most at risk of disasters and emergencies, helping those most affected by personal health crises in areas of high health inequalities and responding to the impact of displacement and migration particularly among those who are destitute.

Our approach to quality will be increasingly person-centred and evidence-based. We'll place greater value on the quality of the experiences of the people who use our services. Their insights will help us improve the services we provide and develop new ones.

It just remains for me to say thank you to all our outstanding volunteers and staff for the dedication and kindness they continue to show to all those we serve.

I am very pleased to present our Quality Account for 2019. It sets out the progress we've made in improving the quality of our services over the year and outlines how we will continue to work towards our aim of providing quality care and support across all our services.

Introduction

The British Red Cross is committed 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 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.



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We provide a range of regulated, commissioned and third-party funded services across the UK. During 2019 this included: Ambulance Support, Event First Aid, Community Equipment Services, Crisis Response, Independent Living, Mobility Aids, Red Cross Training, Community Education, Refugee Support and Restoring Family Links.

We use a variety of internal and external assessments, including audits and inspections, to determine service quality. These assessments also allow us to evaluate what is working well and identify 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 also recognised by the ISO for the design, management and delivery of first aid and associated training and holds Registered Pearson Professional Centre status.

As we strive to achieve maximum quality across all aspects of service delivery, we also actively encourage staff and volunteers to report incidents and ‘near misses’ that raise their concerns. And 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 have been actively implementing ‘Better and Better in UK Services’, our distributive model that empowers frontline teams to use data to examine the quality of the service they provide. From the provision of tailored reports delivering insight on safeguarding concerns by service to interactive activity dashboards and the sharing of learning from serious incidents, we have been ramping up our quality-improvement efforts across our UK Operations.

The British Red Cross publishes this Quality Account in line with the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended (‘the quality accounts regulations’). It helps us set the minimum standards for our work across the UK.

Quality management and board – level oversight

Our Quality team in UK Operations is comprised of **subject-matter experts** who provide advice, support and assurance on clinical and practice governance, regulatory compliance and safeguarding across all our service lines. It also covers any British Red Cross activity in the UK where we might come across a safeguarding concern.

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

Service quality continues to be overseen by the Service Quality and Assurance Committee (SQAC) – a sub-committee of the board of trustees, which meets four times a year. Members of this committee include clinicians, nurses and senior managers from the NHS. The committee's terms of reference are published on our website as part of our commitment to transparency.

In 2020 we anticipate merging SQAC with the Health, Safety and Security Committee to form a new Risk and Assurance Committee (RAC). This new body will take a more data-driven approach to scrutinising risk controls, indicators, issues and planned actions. Underneath this will sit an executive-led steering committee to ensure risks are regularly reviewed and updated between the quarterly committee meetings and risk owners are held to account.

The current committee requests and receives assurance, through, for example:

- audits and inspections
- incident management and safeguarding management data
- the identification and mitigation of key service-quality risks
- determination of the escalation of relevant risk to the board of trustees.

Our assurance reports identify the lines of defence and the level of assurance they provide to help identify and close assurance gaps.



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The committee have also requested 'deep dives' into specific issues or service lines which have been delivered by senior managers in UK Operations.

The committee receives early notification of any serious incidents relating to service quality and seeks assurance that they have been comprehensively investigated. It makes sure the resulting actions are specific, measurable, achievable, relevant, time-bound (SMART) and completed.

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

Quality achievements 2019

Here we reflect on the **key highlights of 2019** and our progress against the priorities for improvement we set out in our 2018 Quality Account.

Improving the quality of data collected

New data quality outputs have been developed across our Independent Living and Refugee Support services. These dashboards highlight common data-quality issues and give the user information to correct them in the source system. We have also added validation controls to our core systems to prevent data-quality issues occurring when data is inputted. This has led to data-quality issues being corrected, a fall in the number of data-capture errors and more requests for evaluations.

Delivering insight to support service development and improvement

In 2019, we implemented a wide range of new interactive dashboards to operational teams across the UK to help them report to commissioners, and gain insight into service performance. This new information, and the findings from our data and evaluations, are shared through the Data Hub and Insight Directory. This is all reviewed in service management discussions and incorporated into service evaluations. Evaluation reflection sessions help services interpret the data and develop actions based on it. For example, an evaluation of a new Independent Living service incorporating service-user feedback was used to refine the delivery model. The evaluation influenced decisions about referral pathways and support activities to improve the effectiveness and service-user experience.

We have also delivered interactive learning opportunities, including an internal hackathon to build relationships with key stakeholders; regional data quality workshops in independent living; and service evaluation reflection sessions. These all aim to improve the level of 'data maturity' in the organisation.

During 2019 we continued to request and collect feedback from people who use our services, to better understand our services and improve their



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effectiveness. Services can access this feedback and review it through their own local service management discussions. It is also incorporated into our service evaluations alongside other in-depth feedback from service users, and discussed in evaluation reflection sessions to prompt actions on findings. For example, feedback contributed to an evaluation of a new Independent Living service which was then used to refine the model for delivery later in 2019. The evaluation influenced decisions about referral pathways and support activities delivered, all with the aim of improving the effectiveness and experience of the new service.

Through our Visible in Emergencies work, we have undertaken in-depth user experience research and mapped the needs of people affected by fires and flooding. This has informed improvements in our approach to emergency support, including improvements in the National Emergency Support Line – a telephone service operated in conjunction with Victim Support.

Better and Better in UK Services

Better and Better in UK Services is our quality improvement approach. In 2019, we continued to embed it across our UK services. We:

- developed an insight and improvement ‘theory of change’; designing Better and Better in UK Services into our inputs and outputs across the wider insight and improvement teams and creating a clear message for our services about our role and objectives
- ran a series of ‘data quality’ workshops to highlight data issues to the team and improve the timeliness, validity, completion and accuracy of the data entered onto the central British Red Cross systems. This improved the quality of records on our case management system and our ability to extract meaningful reports
- continued to support services to better identify and manage risks, though greater internal capacity will be needed to implement thorough and effective risk management across all services at all levels. Additional risk management capacity and expertise is being actively resourced (both corporately and within UK Operations), with a new approach to risk management being developed by our internal audit function
- produced a national ‘pulse check’ report (our internal clinical audit) with agreed actions that services are accountable for completing. The 2019 pulse audit saw an overall increase in compliance across both Event First Aid and Ambulance Support services compared to the 2018 figures (from 77% in 2018 to 85% in 2019)
- carried out a sample audit of our Independent Living services to validate results produced by the Quality Standards Framework self-assessment process, and fed results back to services for action. This activity also highlighted issues with the current audit structure and process which will be fed back into the design of the new online system. Managers found the sample audit challenging but ultimately helpful in shining a light on areas of risk
- continued to generate case studies based on real serious incidents for discussion and to inform changes to services
- began to produce case studies on recent external inspections for other regulated services to discuss, learn from and act upon
- created beta versions of thematic safeguarding reports (drawn from concerns reported on Datix), which were shared with services for discussion and action
- trained a group of staff from outside UK Operations in root-cause analysis investigations to boost our investigator pool. We also trialled the use of an external investigator. This has enabled us to investigate serious incidents more rapidly
- added questions to the UK Operations impact report to drive service discussion and action
- created a quality indicator dashboard to highlight incident reporting and reviewing issues in Datix to services.



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Safeguarding

We take extremely seriously our responsibility for keeping every child and every adult who comes into contact with the British Red Cross safe from abuse and harm.

As an organisation with both a UK and an international purpose, we have two senior safeguarding leads: one for our work overseas and one for our work in the UK. We also have a trustee on our board with responsibility for keeping people safe.

Over the past 12 months we have significantly strengthened our safeguarding provision. We have:

- embedded a British Red Cross Safeguarding Assurance Team – a group of safeguarding specialists - who provide support and advice to those responding to safeguarding concerns across all services and functions. We have also set up a safeguarding phone line – which acts as a single point of contact and is staffed outside normal business hours – as well as a dedicated inbox. The team quality-assures all safeguarding cases reported on Datix to ensure incidents have been correctly responded to and actions are clearly evidenced and documented. We have comprehensive policies and procedures to keep the people we support safe from abuse and harm. These include (but are not limited to) our professional-boundaries procedure, our code of conduct, which sets out our expectations for the behaviour of our staff and volunteers, and our safeguarding policy, which can be found at www.redcross.org.uk.
- worked with our service lines to improve compliance rates for the mandatory online 'safeguarding children and adult's awareness' course. We have identified the need for a targeted approach to driving up compliance rates and will be prioritising this in the year ahead. It has now been included on the induction training list for new starters. Our safeguarding development managers produce tools and guidance for teams to promote continuous professional development, including practice-based scenarios with model responses, toolkits, guidance documents and modular or 'light bite' training materials
- commissioned external consultants to conduct a review of our policy and practice

on safeguarding, misconduct and safe culture across the organisation. The recommendations from this review, along with recommendations made following the broader humanitarian sector safeguarding failures in 2018, are currently being implemented to ensure the British Red Cross remains a safe place for all.

The total number of safeguarding concerns reported on our Datix incident management system in 2019 was 1,481. Aside from a small number of serious incidents, these concerns are those we have come across in the community during our UK service delivery and retail activity. There has been a year-on-year rise of safeguarding reports on Datix since its launch. This can probably be attributed to greater awareness and reporting of safeguarding concerns, rather than an increase in incidents, and is a positive assurance indicator.

Our policies state that all incidents must be logged, responded to, and escalated to relevant statutory bodies for investigation and action as appropriate. The Safeguarding Assurance team's primary purpose is to oversee this process and ensure we protect the right of those we support to live in safety, free from abuse or harm.

Where there are concerns that our staff, volunteers or partners may have been the perpetrators of abuse (serious incidents), we have taken the appropriate internal actions and shared these with the relevant authorities and bodies including the Charity Commission, Disclosure and Barring Service, the police and local authorities.

Audit activity

Clinical audit

A paramedic-led clinical audit of our Event First Aid service was conducted in 2019. A team of auditors reviewed the relevant clinical paperwork, and assessed compliance and quality of care. They also identified instances where feedback was required and escalated concerns if necessary. The closure of Event First Aid at the end of 2019 precludes the need for another such audit in 2020. Focus will shift to reviewing the Ambulance Support Assurance and Performance Report. We will be trialling the use of our new online audit tools to drive improvements in data collection, action tracking and reporting methods.



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An electronic patient-report-form platform was introduced to Event First Aid operations in 2019. It helped generate comprehensive reporting and a level of detail we have not previously seen. This reporting led to significant safety enhancements. The inclusion of mandatory questions in the form ensured that patient assessments, safety netting and discharge and clinical records are thorough and complete. The system will be introduced into our Ambulance Support activities in 2020.

The internal British Red Cross pulse check audit of Ambulance Support has been redesigned and will be undertaken using our online audit capability in 2020.

Practice (social care) audit

The Quality Standards Framework (QSF) is an internal measure which our Independent Living services assess themselves against to ensure their services are safe, effective and offer positive experiences and outcomes for the people using them.

For 2019 we redesigned the QSF to get maximum engagement and to drive quality improvement across our Independent Living services. It now reflects a set of quality objectives, standards and indicators aligned to external policy and best practice. Importantly, it covers the supported person's journey over the full duration of their connection with the British Red Cross.

During 2019 we tested the revised QSF model through a sample audit of our Independent Living services. Led by subject-matter experts, it was structured to enable the auditors to cover three levels of understanding and compliance:

- that the systems were in place to support the delivery of a safe and effective service
- that the systems to support and manage the workforce to deliver a safe service had been implemented
- that there was a knowledge and understanding of the systems in place to ensure they deliver a safe service

The compliance audit findings informed the development of a QSF national action plan. Progress against this plan is monitored as part of our Better and Better in UK Services quality improvement approach.

Incident reporting

During 2019 we continued to improve our Datix incident reporting system. We want it to capture the information required to investigate incidents and identify areas for improvement.

Serious incidents continue to be investigated by a pool of trained investigators. This pool was greatly expanded in 2019, enabling us to investigate serious incidents without delay.

Regulatory compliance

All our Ambulance Services and our two Independent Living services in England are registered with the Care Quality Commission (CQC), the body responsible for regulating all health and social care provision in England. The benchmarks set by the CQC, through the interpretation of industry regulations, set the minimum fundamental standards of quality and safety that people who use our services have a right to expect.

There were several changes to our CQC registration in 2019, including the deregistration of one of our Independent Living services and the announcement of the closure of our Event First Aid services.

2019 saw the inspection of our sites at Birmingham and Mitcham. These sites, operated as part of our Event First Aid offering, were both graded as 'requiring improvement'. The concerns highlighted were very specific to Event First Aid – and we recognise there are areas that needed attention - and not our wider Ambulance Services. The closure of the Event First Aid service means we're confident that these issues are now resolved. The reports from the CQC also highlighted many areas of good practice.

Inspections of our registered Independent Living services took place in Scotland and England. Our services registered with Care Inspectorate Scotland performed well during inspections in 2019. There were ratings of 'Good' and some focussed recommendations. Our services in England achieved 'Good' ratings.

Services registered with the Care Inspectorate Wales, including our Home from Hospital Discharge Service and Intermediate Care Support Project were not assessed during 2019 as a regulatory change delayed service inspections.

As part of our commitment to improving quality, inspection case studies are produced after all regulatory inspections. They're then distributed across both our Ambulance and Independent Living services, helping them to reflect on the quality of their own practice and delivery.

We actively engage with all the relevant regulators across the UK to ensure we're always

up to date on any regulation and compliance changes. As the CQC and devolved regulators continue to develop their inspection process and the rating of independent ambulance providers becomes more established, we look to inspection and regulation as an opportunity to improve the quality of our services.



Photo © Tracey Gibbs/ERIC

Figure 5 Service ratings issued following 2019 regulatory inspections

Service	Region	Regulator	Rating
Independent Living (IL) Housing support, Inverness	Scotland	CIS	Care and Support: Good (4) Management and Leadership: Good (4)
IL Support at Home, Dundee	Scotland	CIS	Care and Support: Good (4) Management and Leadership: Adequate (3)
IL Community Crisis Support Service, Nottingham	England	CQC	Good
IL East Riding of Yorkshire Care in the Home	England	CQC	Good
Event First Aid (EFA), Birmingham	England	CQC	Requires improvement
EFA, Mitcham	England	CQC	Requires improvement



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Patient safety and performance indicators

Incident reporting

During 2019 we provided comparison reports using 2018 data and acted based on identifiable trends. We continued to encourage incident reviewers to provide feedback to incident reporters. The number of clinical and practice incidents reported during 2019 has continued to fall. We have made concerted efforts to raise the profile of our incident reporting system by providing reports and developing the user experience through the work of our Datix Change Panel. In 2020 we plan to develop supporting tools for incident reviewers.

The response and closure times of Datix incident reports are discussed during most management meetings. Practice and clinical incident reports are regularly reviewed and overseen by the practice governance and clinical governance managers, who prompt timely and correct action when necessary.

Infection prevention and control compliance

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

In our 2019 pulse check audit across Ambulance Support and Event First Aid, elements of infection control compliance scored highly and revealed a slight improvement on the 2018 compliance rate.

A total of 29 infection control incidents were reported across UK Operations via Datix in 2019; 2.4% of all reported incidents. Of these, only three incidents caused moderate (short-term) harm. The remainder were categorised as low (minimal) harm or no harm (near miss). As in 2017 and 2018, most of these incidents occurred within Ambulance Support, Event First Aid and Independent Living services.

We continue to work closely with colleagues in Health and Safety, and across all services to reduce and mitigate the risks associated with infection. Regular and focussed mentoring and instruction is integrated within our infection prevention and control training, and is provided

during service delivery. Audits of infection control and waste management are conducted as part of our annual audit programme.

Clinical effectiveness indicators

2019 data shows that over a quarter of cardiac arrests attended by our staff and volunteers resulted in a return of spontaneous circulation (ROSC). Most cardiac arrests were attended by our Ambulance Support staff.

During 2019 we continued to develop our clinical paperwork audit for Event First Aid. This paramedic-led audit helped us identify training needs and provided accurate service-user data. A clear process of peer review, escalation where necessary and feedback provision contributed to safety and improvement. This audit has now been withdrawn following the closure of our Event First Aid services.

The 2019 pulse check audit saw an overall increase in compliance across both our Ambulance Support and Event First Aid services compared to the 2018 figures. Overall, in 2019:

- 10% of our Ambulance Support and Event First Aid services attained a rating of outstanding
- 70% rated as good
- 20% as requiring improvement.

This marks a significant improvement on 2018, when none of the services were rated outstanding, 55% rated as good, and 45% rated as requiring improvement.

Action plans from this audit have been produced and implemented to drive up quality.

Practice outcome measures

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

In 2019 18,665 people we supported within our Independent Living services set at least one goal:

- 'Improved ability to manage day-to-day activities' was the most frequently set goal, accounting for 24% 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.
- The goals least likely to be achieved or significantly progressed were those identified with the outcome domains of 'improved social networks and friendships', at 82% and 'making more meaningful use of time', at 81%.
- 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 2% of all goals set respectively.

We know from the roll-out of validated outcome measures in our National Community Connector Programme that:

- 73% of people reported feeling less lonely at the end of their support (based on 2,250 people with start and end scores)¹
- 78% of people reported improved wellbeing at the end of our support (based on 94 people with start and end scores)²

In 2019, 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 54% reviewed their goals - 91% of whom achieved or made a lot of progress towards at least one goal, a percentage maintained since 2018.
- People were most likely to set goals concerning their 'ability to cope independently with the effects of destitution'; this applied to 22% of all goals set. These types of goals were often successfully accomplished - 81% of these goals being achieved or significantly progressed, up 3% from 2018.
- The goals related to 'increased knowledge and understanding of rights, processes and available services' were most likely to have been achieved or significantly progressed, at 82%.
- The goals least likely to be achieved or significantly progressed were those identified with 'increased confidence to interact with the

wider population' and 'increased likelihood of taking volunteering opportunities'; 55% and 64% of these goals were either achieved or significantly progressed.

Independent Living services annually self-assess and score themselves against the Quality Standards Framework (QSF), the Independent Living quality assurance and monitoring tool. In 2019, the Practice Governance and Regulatory Compliance Manager conducted a sample audit of QSF self-assessments to verify the findings of the 2018 QSF self-assessment returns. The audit was designed to determine the systems through which the service operates, and to evidence compliance with the QSF and British Red Cross standard policy and procedure. It was an opportunity for managers, staff and volunteers to demonstrate their knowledge and show their commitment to continuous improvement.

- 170 services returned a QSF self-assessment survey, representing a return rate of 86%.
- 11 services were included in the sample validation audit.

Although the sample audit covered less than 10% of Independent Living service activity, it did provide the first ever validated assessment by subject-matter experts of the level of QSF compliance across Independent Living services. It enabled an objective comparison between self-assessed compliance scores and those of the subject-matter experts. The extrapolated findings from the validated audit resulted in:

- 18% of services being assessed as outstanding or good
- 55% of services being assessed as requiring improvement
- 27% of services being assessed as inadequate

This should be compared with 62% of services self-assessing as outstanding or good.

Service quality improvement plans are in place, progress against which is monitored as part of Better and Better in UK Services with oversight by the Practice Governance Manager. Support is being provided to those services assessed as requiring significant improvement.

¹ Measured using the UCLA scale for loneliness

² Measuring using the Short Warwick Edinburgh Mental Well Being Scale

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 number of people reporting that our Crisis Response service reduced distress has decreased from 88% in 2018 to 57% in 2019. But we must be cautious when interpreting these findings as they're based on a very low number of responses (28 responses out of 7,295 people helped).

We recognise that response rates are lower than we would like and we're working to improve this. In 2019, we created a service-user feedback volunteer role. We will train people with lived experience of migration and/or displacement in research and evaluations skills so they can play an active role in gathering feedback.

We also introduced a new survey to allow people to feedback on our Community Equipment service. And our Data Quality team will work with our Crisis Response service line in 2020 to implement a new online feedback process. We hope to see an improvement in our response rates in 2020 as a result of this work.

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

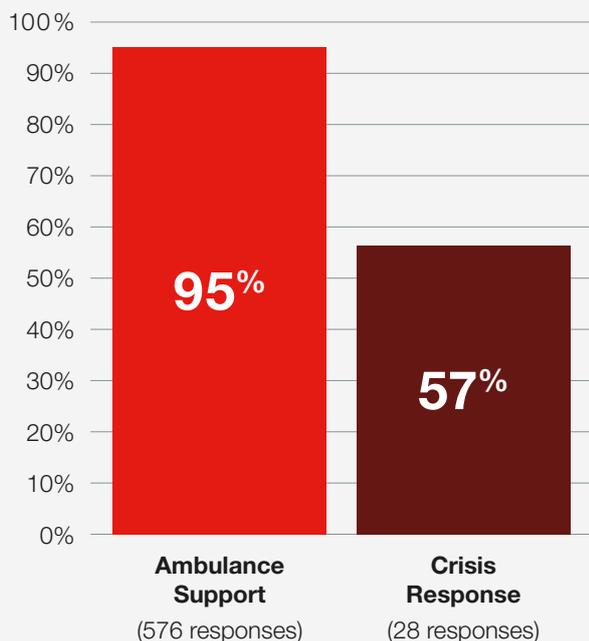


Figure 2 Percentage of people supported by our Mobility Aids service who agreed that our support had helped them feel better able to cope

(based on 7247 responses)

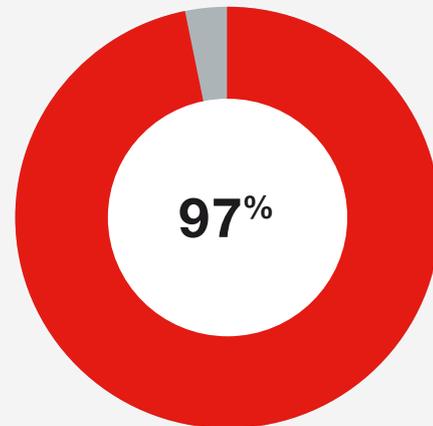
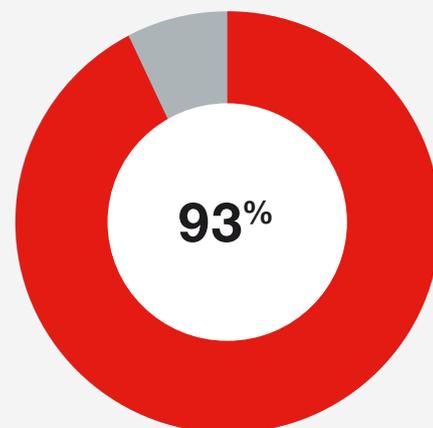


Figure 3 Percentage of people supported by our Community Equipment Service reporting our support had helped improve their lives

(based on 372 responses)



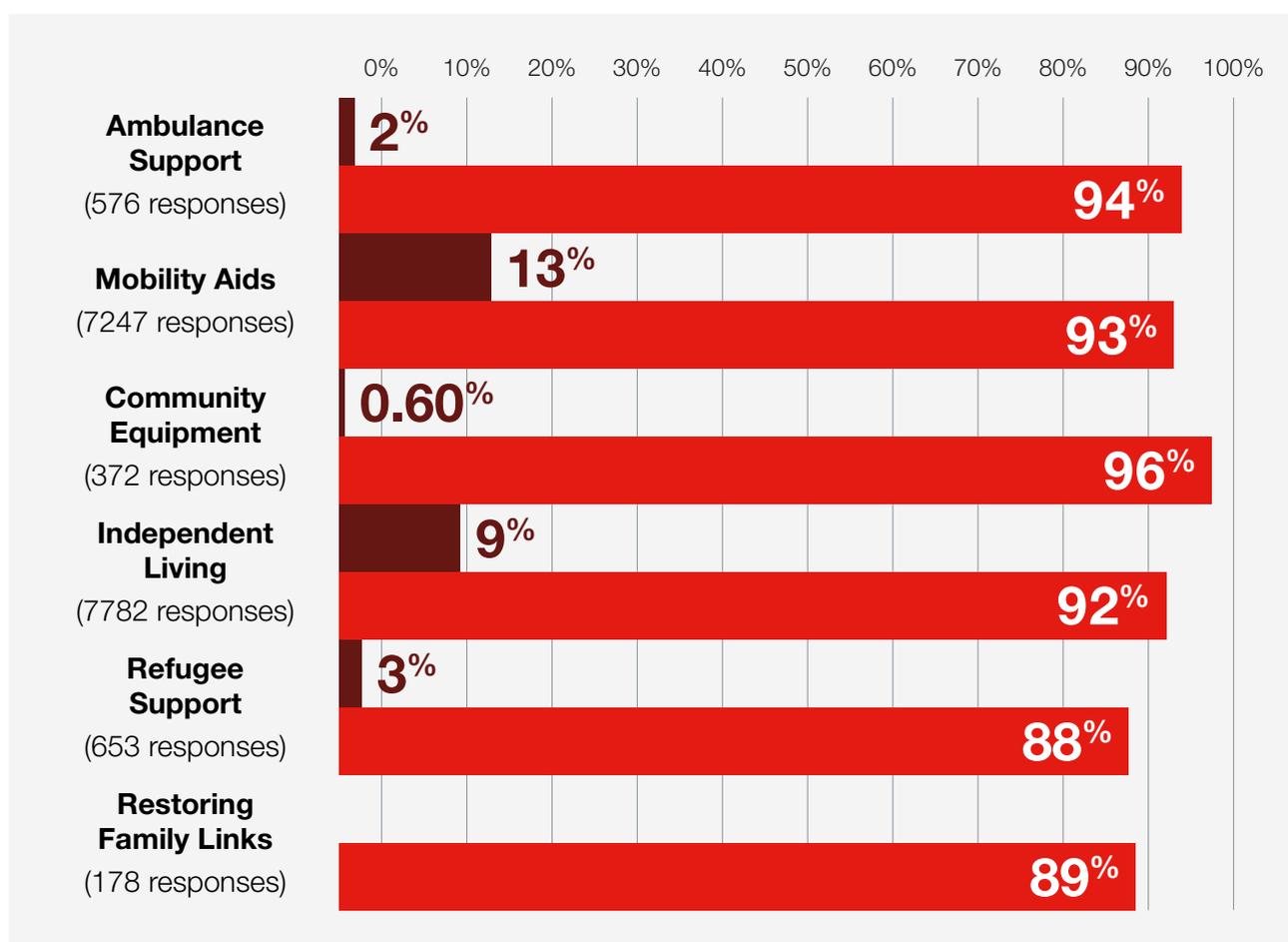
As illustrated in figure 2, the percentage of people who agreed our Mobility Aids service helped them feel better able to cope has increased from 83% in 2018 to 97% in 2019. The 93% satisfaction rate with our Community Equipment service is on a par with 2018 levels.

Feedback response rates have increased in half of these services. But response rates still represent only a small proportion of the total number of people supported, particularly for our Crisis Response, Ambulance Support and Community Equipment services. Response rates all remain at or below 2% of all people supported, although small gains have been made in our Ambulance Support service, where the response rate has increased from 1% in 2018 to 2% in 2019. (This must be interpreted with caution; 576 responses were received from 28,923 people who we supported).

Response rates are illustrated in figure 4 alongside the percentage of people who would recommend us.

Overall, the percentage of people who would recommend our services has remained at the same level as in 2018 across all our services. Although the rise in demand for our Refugee Support service has also seen an increase in the percentage of people who would recommend the service, rising from 81% in 2018 to 88% in 2019.

Figure 4 Percentage of people who would recommend our services to family and friends



Note:

Recommendation question is not asked for our Crisis Response service
 Data for Restoring Family Links reported by activity not unique people hence response rate unavailable
 2020 will see the 'family and friends' measurement replaced with a scaled response measurement

Duty of candour

As an organisation we are clear about our **'duty of candour' obligations**. In 2019, we worked hard in 2019 to better identify incidents where duty of candour applied. We have developed a duty of candour procedure - a formal process through which we identify incidents, respond appropriately and investigate in line with our Incident Reporting and Investigation (Including Serious Incidents) Procedure'.

We recognise that duty of candour requirements, as laid out in the regulations, can be complex and at times can be challenging for everyone involved. During 2019 we have supported senior leaders with step-by-step guidance to ensure 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 2019 there were no reported incidents concerning our regulated activities that required us to exercise our duty of candour, but we remain vigilant in ensuring all reported incidents are assessed against the criteria for its application.

In 2020, the British Red Cross has plans to consolidate its approach to duty of candour. The formal procedure developed in 2019 will continue to be applied to all incidents that meet the duty

of candour criteria. Senior management will be supported to ensure that they exercise our duty of candour responsibilities in line with our legal obligations and moral commitments.

Within Datix, our incident reporting tool, the duty of candour section will be redesigned, restricting it to the managers with responsible for discharging our duty of candour responsibilities. This will ensure greater data quality and consistency of approach.

As part of our commitment to our quality improvement approach, Better and Better in UK Services, we have begun to develop and cascade case studies from serious incidents and regulatory inspections, across 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 by staff and volunteers. This will continue throughout 2020.

2020 quality improvement priorities

Aligning our quality approach to the new corporate 2030 Strategy

The British Red Cross spent 2019 developing a new ten-year corporate strategy: 'Strategy 2030'. In 2020 we will begin a year of strategy testing and transition work. We anticipate the Quality team will play an integral role in this, using our quality 'toolbox' to ensure those we support are safe from harm.

Our new strategy will focus on outcomes, not activities, and we will work together to make a real impact for people in crisis. Strategy 2030 has been inspired by and developed with people inside and outside the organisation – and importantly, with those with lived experience.

We will be focussing on three urgent humanitarian issues, where we can make a real difference in the UK and overseas: disasters and emergencies, health inequalities, and displacement and migration. In line with our disasters and emergencies work, we will publish a revised edition of the evidence-based First Aid Manual, (in partnership with both St John's Ambulance and St Andrew's First Aid). This manual helps people respond safely and appropriately to a health emergency and forms the basis of our Red Cross Training and Community Education content.

As our new strategy develops so will our approach to ensuring services delivered under it can be delivered safely and legally. Our audit and support work are likely to become service-line agnostic as we anticipate a move to a needs and integrated service-based mode of delivery.

Quality oversight and accountability

Following a corporate committee review, a new committee structure will be developed and implemented in 2020. This will mean changes to the existing Service Quality and Assurance Committee and related oversight and reporting activity.

Early risk reduction work will focus on improving service user documentation, supervision of service- delivery staff and volunteers and mandatory training compliance.

We will work towards greater management accountability for driving quality improvement and improving controls related to areas of risk.

New risk frameworks will enable us to better articulate the causes of risk, and existing and planned risk controls, so we can drive action to reduce risk.

Creating a tailored safeguarding learning and development experience

Developing a new Safeguarding Learning and Development Strategy

With increasing people-resource mobility across service lines, the implementation of the new 2030 Strategy and the training delivery challenges experienced in 2019, we will consult on and develop a new Safeguarding, Learning and Development Strategy.

Our vision is to create flexible, modular content that can be tailored to an individual's role rather than the service they work within. As people move and develop, so should their safeguarding knowledge and skills. We anticipate a mix of delivery options but with digital sitting at the heart of the strategy. By the end of 2020 we expect to have a 'core' service delivery module available to staff and volunteers and to have refreshed our safeguarding awareness course for adults and children.

Better data collection

Improving data quality

We will continue our work to improve the accuracy and relevance of the data we collect from our audit, peer review and Datix incident reporting system; ensuring that our operational and outcomes data are collected in the same way across and within our services. We will develop clear definitions for our data fields and produce operational guidelines for data collection. These will be integrated into our existing training and development processes. We also intend to begin externally benchmarking our cardiac arrest data.

Embedding and refining quality improvement processes

Embedding our approach to quality, safety and improvement

We will further embed our Better and Better in UK services quality improvement approach across our UK Operations. Our Quality team will work with services to raise their awareness of the approach and more importantly, to help teams use data and insight to drive action.

We will do this through:

- active attendance at relevant service meetings
- providing reports
- additional resources to train staff across UK Operations to identify, manage and escalate risk more effectively
- the sharing and use of case studies and scenarios.

We intend to bring teams together to learn more about Better and Better in UK Services and to agree the actions they can take to embed it within their own practice.

Ensuring services improve

Our initial focus will be our Independent Living service, ensuring that themes and learning from recent internal audits and serious incidents are owned and actioned appropriately. We will improve the way we track actions that emerge from serious incident investigations. We will improve systems to ensure actions are prioritised and completed in good time. We will explore the possibilities that new software and technology may provide to ensure that necessary learning is communicated and improvements are enacted. Better use of technology will also facilitate improved reporting on action completion and escalation.

Sharing learning and best practice

We will create and publish case studies drawn from significant events such as CQC inspections and serious incidents. We plan to engage staff and volunteers across the British Red Cross in discussions of these case studies and the learning that emerges from them. We will also produce 'gold standard documentation' examples, so that our people know what 'good'

looks like when completing or receiving service-user-related documents.

As per Better and Better in UK Services, our drive is to ensure that learning and best practice do not remain within specific services but are applied wherever improvement opportunities exist.

Better use of technology

Digitising our patient records

We plan to use technology to further improve the quality of our service user record keeping. We will explore ways we can use our electronic patient-report platform to increase the accuracy and security of the clinical records we generate during our Ambulance Support activity. Working with electronic records will also allow us to improve our clinical audit programme, enhancing our ability to deliver safe, high quality care and identify opportunities for improvement. We also plan to explore the potential improvements the system could bring to our social care activities.

Implementing online audit

Following the successful introduction of our Mobility Aids service online booking system in 2019, we will move our audit programme online in 2020. Having redesigned our Ambulance Support and Independent Living audits in 2019, we will soon be in a position to conduct 2020 audits electronically using a newly procured online audit tool. This will allow us to:

- improve the accuracy of the audit data
- reduce manual processing through automated action plans and report generation
- provide better audit flexibility through a modular approach.

Crucially, it will enable us to create and conduct rapid audits if we need to understand a system or process in greater detail and at pace.

Automating reporting

We will work to automate and synchronise the reports we generate for managers and committees. We intend to make changes to the way we generate our national audits and our assurance reports (including incident and safeguarding data reports). By implementing regular 'snap-shot' reporting we can respond to events in a timely manner and better understand which areas we need to focus our improvement efforts on.

Targeting our activity

Through our Data Science resources we will develop digital, layered 'risk maps' to identify the most vulnerable groups in our communities and their needs. Through Service Design and Co-production, we anticipate trialling other delivery methods, such as telephone and digital to reach those most in need.

Better quality investigations

Supporting incident reviewers

In 2020 we plan to improve the support available to our operational Datix incident reviewers. Our established procedure for the identification, escalation and investigation of serious incidents – our Incident (Including Serious Incident) Reporting and Investigation Procedure – gives clear instruction in this area. Next year we intend to further increase the support available to those who review less critical incidents. That way, we intend to maximise the safety and improvement potential of our incident reporting system and encourage reporting through visible action and constructive feedback to front-end reporters.



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