



Quality Account 2021



1. Statement

Lisa Hollins,
Executive Director of UK Operations



Our volunteers and staff demonstrated once again last year the power of kindness and the difference it can make to people going through crisis. Since the start of the pandemic, our teams have been supporting the NHS and getting help to those who need it.

While 2021 was dominated by the pandemic, our teams of staff and volunteers continued to support people with health and social care needs, as well as refugees and people seeking asylum and people experiencing crises and emergencies. We also supported the response to the pandemic across our four nations.

We worked with the NHS throughout 2021 to deliver the vaccine rollout – the biggest public health programme in a generation. Over the year we helped to support the vaccination of more than 1.8 million people. Our community outreach programme helped over 16,000 people who may otherwise have struggled to get vaccinated, including homeless people, refugees and those seeking asylum. And our Vaccine Voices campaign helped to tackle vaccine hesitancy and misinformation.

As hospitals saw more and more people admitted due to the pandemic, we helped to prevent critical services from becoming overwhelmed by scaling up our hospital discharge service. We helped support over 62,500 people to be discharged from around 100 hospitals across the UK. And Red Cross ambulances transported around 21,400 people to or from hospital.

We have been calling for a five-part ‘independence check’ for everyone leaving hospital and last year saw the government adopt it as policy. This will mean that people are much more likely to receive the support they need to live independently and are less likely to return to hospital.

Our hospital and community-based services also helped ease demands on the NHS by supporting more than 85,900 people to live independently at

home. We provided vital tools such as toilet aids, specialist beds, bath lifts and walking frames. In total we made 87,000 deliveries and issued over 190,000 pieces of equipment. We also provided more than 53,700 wheelchairs and other pieces of mobility equipment throughout the year.

Another crucial way we support the NHS is by working with NHS commissioners and providers to address the unmet social needs that might be exacerbating people’s physical or mental health issues, and causing them to access health care more than expected.

Our high-intensity use service helped 530 people last year. It provided a person-centred approach to finding out what matters most to individuals and offered practical support to help them achieve their goals.

Thanks to the work of our volunteers and staff, we were able to maintain our essential services throughout the pandemic and support people in crisis – such as those coping with flooding and house fires. We supported the emergency services to help 127,000 people involved in 2,400 UK emergencies, including the east London fire in May.

We continued our work during the year with the Voluntary and Community Sector Emergencies Partnership (VCSEP), a group of local and national organisations working together to provide a more co-ordinated response to emergencies. By combining local and national insight, the partnership is able to identify the needs of different groups and ensure they are not overlooked.

As the largest independent provider of refugee services in the UK, we helped over 29,000 people during 2021 with practical and emotional support. In one of the largest responses we have co-ordinated in recent years, we helped welcome more than 16,000 people to the UK from Afghanistan. Our teams provided food, clothing and trauma support at four UK airports, and helped people to transition to

quarantine and bridging hotels. We also supported people at Tug Haven reception centre in Dover who had crossed the channel from France to seek asylum. We delivered food, blankets, hygiene packs and toys to over 6,700 people held in these very basic facilities while they awaited onward accommodation.

We helped people make it through the Covid-19 crisis by providing food, medicines, and emotional and wellbeing support. Our Hardship Fund supported more than 7,500 people with over £1.9 million and our free and confidential national support line took over 21,000 calls and responded to more than 2,500 messages from people feeling lonely or worried, or in need of food or medicine.

We ran first aid courses throughout the year to help make workplaces safer. Over 97,100 people attended our Covid-safe in-person training, a 55% increase on 2020. We had more than 500,000 visits to our online first aid information and wellbeing and mental health support. And we taught 12,000 children and educators how to save a life through our First Aid champions website.

Last year also saw us publish our first cause-based corporate plan. It sets out how we will start to adapt our work to meet the goals of our 2030 strategy to prioritise those most in need and focus our work where it will have the biggest impact.

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.

All of this work would not be possible without the skill, dedication and kindness of our outstanding volunteers and staff. Despite the difficulties caused by the pandemic, we were able to make good progress in improving the quality of our services over the year. I am very pleased to present our Quality Account for 2021, which details how we plan to continue working towards providing quality care and support across all our services.



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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 88,000 community reserve volunteers and more than 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 (BRC) 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) and the International Committee of the Red Cross (ICRC). We have been on the board of the IFRC for eight years 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 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, along with a focus on the importance of person-centred care and compliance.

Using regulatory quality frameworks and sector-best practice as our gold standard, we internally assess our health and social care services across the UK. With support from our quality team, we use these quality assessments to identify changes that need to be made to our services to make them safer and more impactful.

We report on the safety and compliance of our health and social care services to our Executive Leadership team (monthly) and 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 share learning.

This Quality Account focuses on our health and social care services, but our UK services cover a broader range of activities. As we begin to take a more holistic approach to supporting people in crisis, seeing the whole person and understanding all their needs, the interplay of these activities will be increasingly important. Reporting on the entire BRC UK services quality picture is therefore vital.

3. Quality in 2021

3.1 Quality assurance across our cause areas

We have started to undertake some work to gather a deeper understanding of our UK services' internal risks and controls; starting with service management. This will be completed in 2022 to give an assurance view across our three strategic cause areas - health inequalities, disasters and emergencies, and displacement and migration. Once mapped, action plans will be developed to close any assurance gaps.

3.2 Developing quality assessment models for cause areas

With processes in place to internally assess our Health Inequalities services (Independent Living and Ambulance Support) we have extended our reach into developing quality assessment processes in the other two cause areas.

In 2021 we identified relevant external standards and sector best practice. We used these to begin to inform our approaches to quality assessment in Disaster and Emergencies (Crisis Response) and Displacement and Migration (Refugee Support, Restoring Family Links and Anti Trafficking). Where possible, we want to design comparative quality assessment standards for BRC UK services quality reporting.

3.3 Aligning safeguarding across our domestic and international teams (2021 review)

Following an internal reorganisation, we successfully recruited our first BRC Director of Safeguarding. They have responsibility for ensuring we keep people safe from abuse and harm through proactive and reactive measures spanning our domestic and international work.

In 2021, as part of our wider Professional Services team, Safeguarding delivered:

- 24/7 safeguarding advice to all staff and volunteers as required
- an advanced adult safeguarding e-learning course for all our staff and volunteers in frontline roles
- a Safeguarding Community of Practice to share learning
- preventative safeguarding through the review of new activities and service specifications – building in safeguarding from day one
- a dedicated support offer to our National Support line, providing appropriate safeguarding follow-up to concerns raised by members of the public across the UK.

3.4 Evaluation priorities

The Covid-19 pandemic delayed the roll out of our outcomes framework for our health and social care support services, which uses the Adult Social Care Outcomes Toolkit. We don't yet have enough data from using these tools to be able to report on this data.

During 2021 we continued to develop and test our strengths and needs assessment framework for our Refugee Support services. Although again, Covid-19 and Afghanistan refugee crisis meant we were only able to make limited progress.

3.5 Strengthening clinical governance

We refreshed many of our clinical governance arrangements in 2021. We comprehensively redesigned our Ambulance Support governance processes; planned the creation of a new body to provide clinical guidance on our health, social care and first aid activities; and developed an audit plan to remotely assess the safety of our Ambulance Support operations. We also completed a comprehensive review of all our first aid training content to ensure it was aligned with the updated First Aid Manual published in 2020.

We have developed a number of focused advisory groups to oversee all issues of quality, health and safety, training and equipment, and fleet in our Ambulance Support services. The Safe Services Advisory Group, for example, is tasked with managing audit and supervision programmes, learning from incidents and feedback, and with ensuring regulatory compliance. The operation of these advisory groups will be directed by a Quality & Safety Co-ordination Group. It will advise the Ambulance Support Leadership Team and will provide assurance to the Board.

2021 saw us work to develop a new way of ensuring our clinical activity is of high quality and follows best practice. We plan to implement a Clinical and Social Care Advisory Group to support our operational teams. This group will enable our Chief Medical Advisor and our Pharmacist Advisor to maintain oversight of our clinical to 'operations. It will also provide expert guidance on the delivery of safe and effective services. The group's development was informed by our learning from our pandemic response. The group will meet regularly and respond promptly to the demands of our service. Prompt responses to incident advice requests and changes to best practice will also ensure that our clinical activity is up to date, of high quality and as safe as can be. The group has been fully approved and began operation in the first quarter of 2022.

During 2021 we have been working to expand the capability of our Datix reporting system, including the capability to distribute clinical alerts and track required actions. This will help make sure we comply with all NHS patient safety alerts that affect our services. We are also importing our Ambulance Support equipment catalogue and our medicines formulary into the system. This will allow us to track incidents related to particular items of equipment and take action to prevent more serious harm. We have also reviewed our Datix incident reporting categories and moved much of the responsibility incident classification from the reporter to the manager who reviews the incident. By making the reporting process as straightforward as possible and upskilling our incident reviewers, we hope to encourage reporting of all incidents and near misses. It should also improve data accuracy, enabling better analysis and more effective action. The new, updated reporting system is scheduled to go live in the second quarter of 2022.

We also completed a comprehensive review of all first aid training material in 2021. This review was prompted by the publication of a new edition of the First Aid Manual, written in partnership with St John Ambulance and Saint Andrews First Aid, 2020. Our clinical team worked closely with first aid product development managers to ensure that all training material reflects current best practice. This work was overseen by our Chief Medical Advisor.



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4. Quality data and insight

4.1 Incident reporting

Incident reporting generally remains the starting point for the identification of service risks which need to be managed, mitigated or escalated. In 2021 we continued to encourage reporting across our UK services. We also increased our regular subject matter expert review of reporting clinical and practice incidents to twice weekly. We provided quarterly incident reports, showing trends and themes to Independent Living and Ambulance Support services.

Our Independent Living service now operates a balanced scorecard approach to service review. Incident reporting is a key element of this. The scorecards are reviewed on a quarterly basis with senior service managers, who are required to own the issues and resulting actions.

We have promoted the use of our anonymised serious incident case studies by teams as part of learning from things that go wrong. We also recruited our first Investigations Manager who can conduct investigations without delay. This means action and learning is happening much faster than in previous years.

Work has begun to move our incident reporting system onto a new Datix cloud-based system. This will provide easier access for staff and volunteers who want to report incidents or safeguarding concerns, and also for local managers to review.

4.2 Infection, prevention and control compliance

During 2021 our Clinical and Safety Response Group continued to monitor and act on changes to government, NHS and public health Covid-19 guidance. Learning from quality data gathered in 2020 we made changes to the way in which we communicated information about personal protective equipment, and infection prevention and control requirements, to frontline service delivery

teams. We also updated our Infection Prevention and Control Policy. This update clarified policy ownership and specified responsibilities for action during a public health crisis.

A total of 48 infection-control incidents were reported across our UK operations that support the NHS in 2021 – just over 5% of all incidents reported in these services over the course of the year. Of these 48 incidents only one was judged to have caused moderate (short term) harm, 14 incidents had caused low (minimal) harm and in the remainder no harm had occurred. No infection-control incidents were confirmed as serious. We continue to work to mitigate the risks associated with infection.

4.3 Assessing our Ambulance Support services

We could not conduct our annual Ambulance Support quality audit due to pandemic restrictions. In the second half of 2021, we took the opportunity to design a suite of safety audits. These will be completed by local service managers and then subject to remote moderation in the first quarter of 2022.

During the pandemic, our Ambulance Support service has assisted the NHS by increasing patient transport activity. Accident and Emergency Ambulance Support still formed a vital part of our operations. The data we collected on cardiac arrest incidents in 2021 shows that a sustained return of spontaneous circulation (ROSC) was achieved in almost 28% of these serious calls attended by our emergency Ambulance Support services.

4.4 Assessing our Health Inequalities – Independent Living services

In 2021 we released a new version of our Quality Standards Framework; our internal quality assessment of our UK social care services (our Independent Living services). The framework

was delivered via our new online audit tool. It uses an evidence-based approach to enable services to demonstrate compliance against several key objectives which reflect standards set by UK regulators. Given the ongoing pressures of COVID-19 response, services were asked to assess against two objectives:

- safety
- management and leadership

Following self-assessment, a sample of services had their evidence moderated by service and quality representatives to determine the extent to which they met the evidence acceptance criteria.

In total, 134 services on our database participated. Although compliance levels against the standard were lower than expected, the results highlighted improvements in:

- medication management in our regulated services
- safeguarding awareness and mandatory training compliance
- data management and storage
- management induction
- accountability pathways.



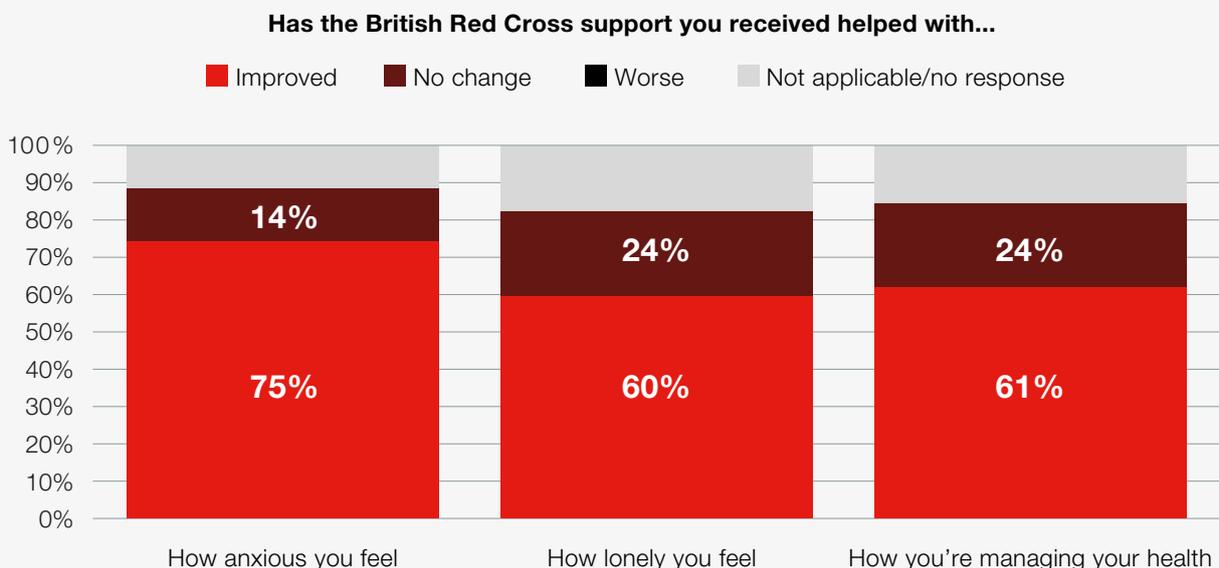
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4.5 Improving outcomes data

We used our feedback process to collect some evidence on the outcomes of our support in our Independent Living services. We received 4,377 responses. This tells us that most people supported in these services were helped to feel less anxious, less lonely and better able to manage their health (see figure 1).

Figure 1

Base: 4,377 people completing feedback after receiving British Red Cross support



Over half (58%) also told us that our support had helped them shield, self-isolate or socially distance at home (a further 31% told us this wasn't applicable to their situation).

During 2021, some of our Social Prescribing and High Intensity Users services were measuring loneliness using a validated set of questions. We collected scores before support was given and at the end of support for 280 people from 19 different services where a reduction of loneliness was identified as a key goal. Figure 3 shows a reduction in loneliness for 73%. Figure 2 shows this increased to 82% for those classed as lonely at the start of support.

Figure 2

Change in loneliness of people who where lonely at the start of support

■ Positive change ■ No change

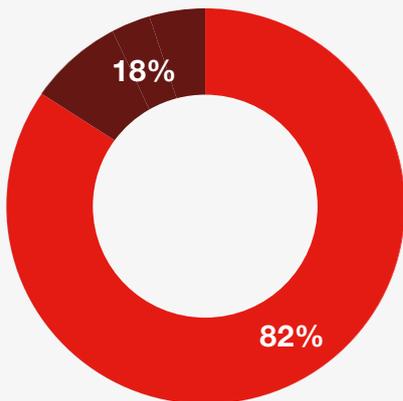
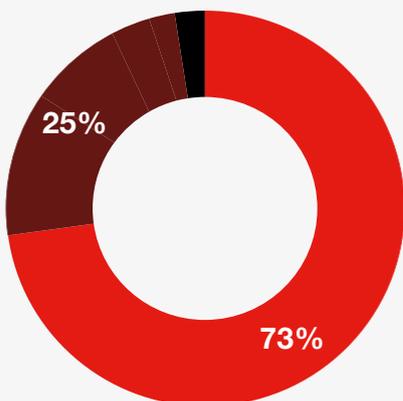


Figure 3

Change in loneliness for all people

■ Positive change ■ No change ■ Negative change



Base: 224 people

Base: 280 people

From the roll out of other validated outcome measures in our High Intensity Users programme, we know that our services are helping people to feel less anxious and happier (figure 5). They are also helping people feel more satisfied with their health and feel their health is interfering less with their social activities (figure 4).

Figure 4

Improvement in health status and impact

■ Improved ■ No change ■ Got worse

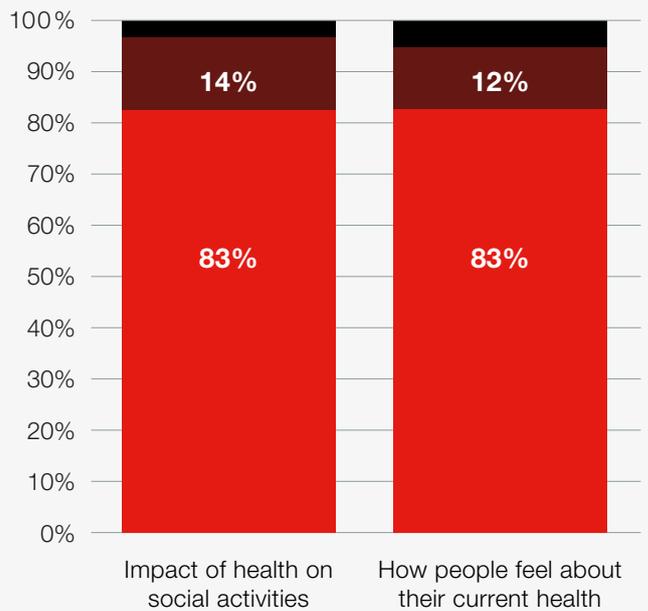
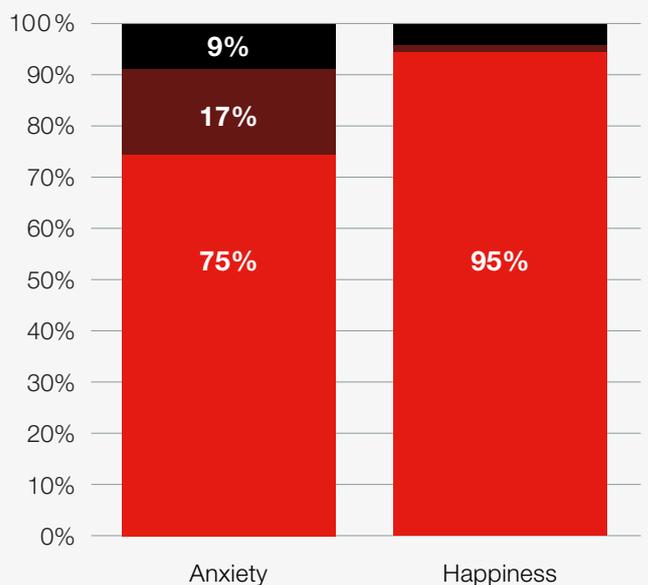


Figure 5

Improvement in anxiety and happiness

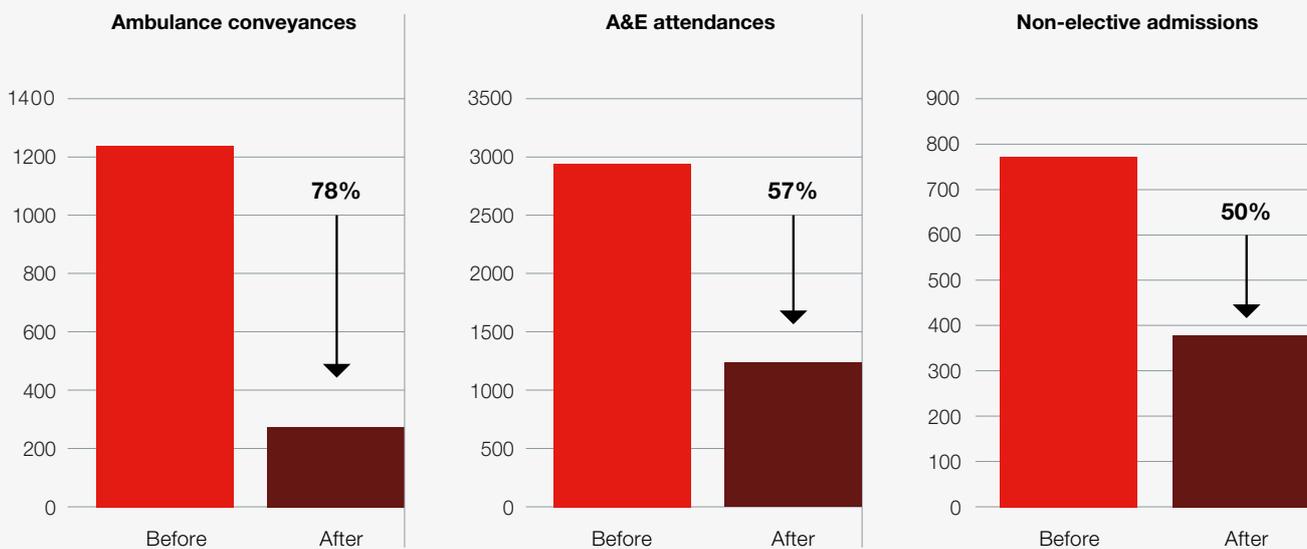
■ Improved ■ No change ■ Got worse



Base: 100 people with before and after support scores captured in 2021. This represents 60% of people who completed their support in 2021

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 6



Base: 185 people supported across three services between October 2020 and November 2021.

*Data is compared across the same pre- and post-intervention timeframes. For example, for those who have been supported for three months, we compare the number of attendances, admissions and conveyors in the three months pre-support, to the three months post-support. While for those we have supported for six months, we compare this data from six months pre-support to six months post-support.



Photo © Max Miechowski/BRC

These findings on reducing pressure in the NHS were reinforced by our survey to service providers supported through our Winter Pressure Assisted Discharge services. 93% of NHS staff agreed the service improved patient flow and the same percentage felt the services facilitated safer discharges. Although admissions and re-admissions data was not available for that evaluation, 64% of staff reported the services helped reduce unplanned hospital admissions and 63% felt they helped reduced unplanned re-admissions. (Base: 63 NHS staff responded from a population of 44 services).

4.6 Service experience indicators

Across other UK services, we asked questions about the effectiveness of our support in our feedback forms.

- Our Mobility Aids Service has moved away from paper completely and now uses SMS messages, emails and calls to communicate with people. It has had the best response rates (the number of responses received as a percentage of people supported) of all our services. In more recent months response rates have been 17% compared to under 10% across our other independent living services.
- This movement away from paper is happening slowly in Independent Living, with technology and circumstances more varied and challenging.
- Ambulance Support and Crisis Response are both planning to support feedback processes and explore different ways to engage sensitively.

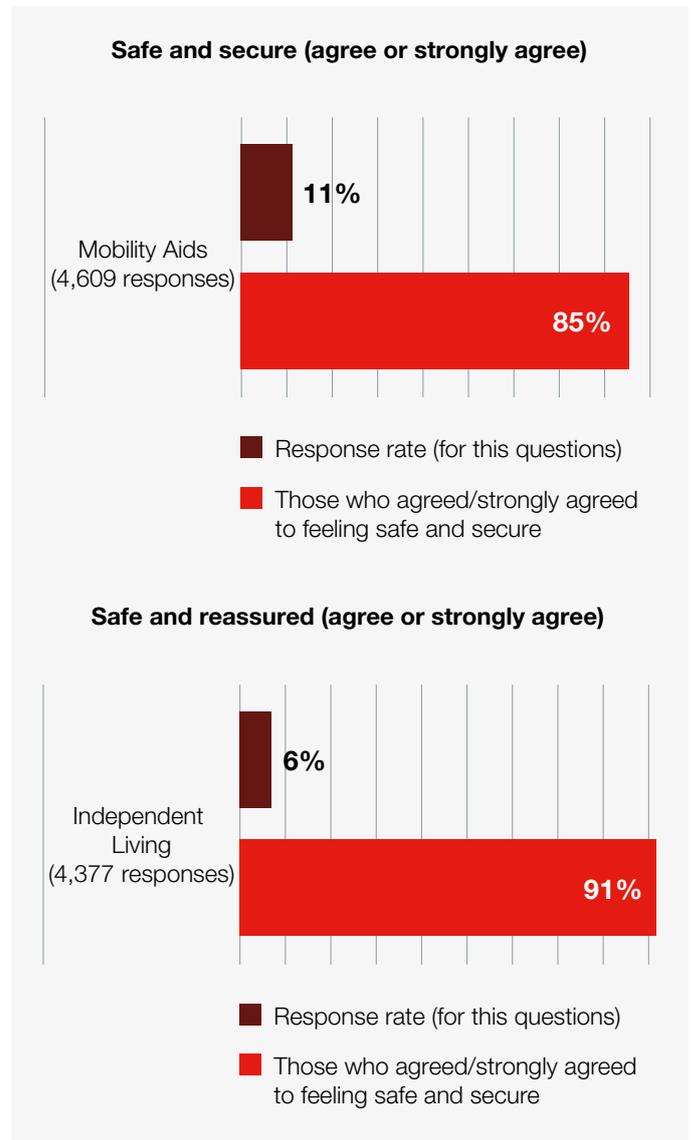
The responses to these questions are shown in the charts on pages 11 and 12, though we do recognise that the response rate in most cases is low.

- **Independent Living** – 5,888 responses from 72,070 people accepted for support referrals, giving a response rate of 8%
- **Mobility Aids** – 4,652 responses from 43,192 loans, giving a response rate of 10.77%
- **SNAP** (Strategic National Asylum Partnership) – 928 responses from 3,145 surveys issued and 6,783 service users directly supported by the BRC, giving response rates of 29.5% and 13.5% respectively.

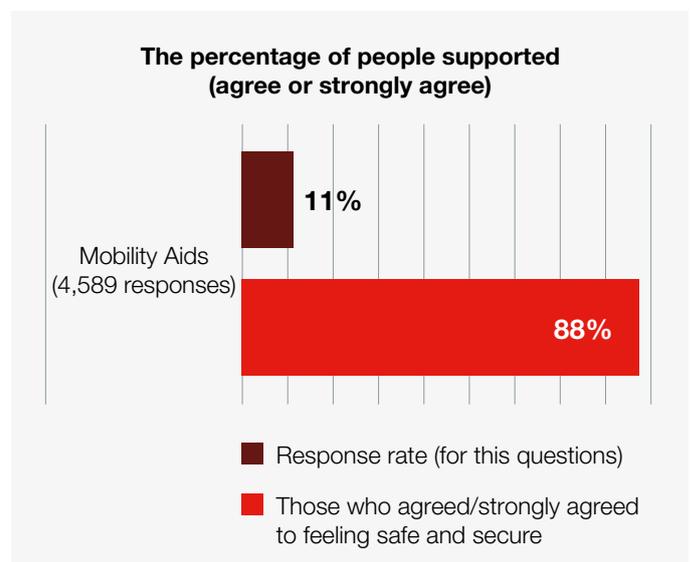
Note: The 3,145 surveys issued were distributed using our Beneficiary Relationship Management (BRM) casework capture system data. This survey was sent to every SNAP service user between August 2018 and 11 February 2021, who had a valid mobile and were still actively engaged with us at the time.

Response rates are defined as those who had the opportunity to answer our questions.

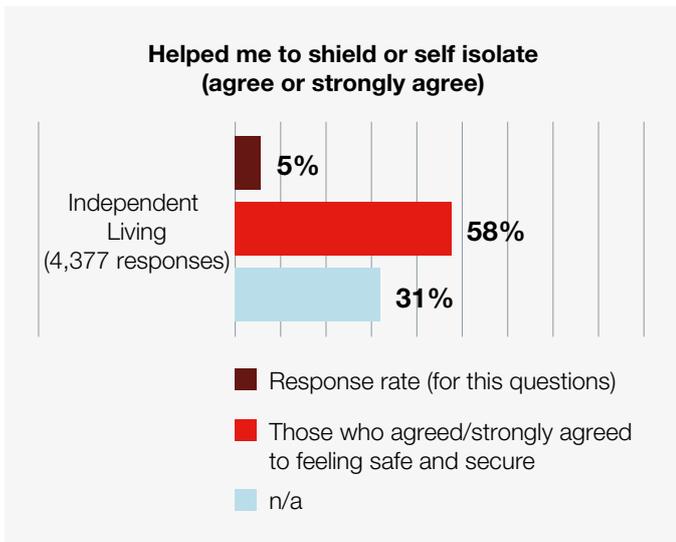
The percentage of people who felt safe after receiving support from us:



The percentage of people supported by our Mobility Aids service who agreed that our support had helped them feel better able to cope:



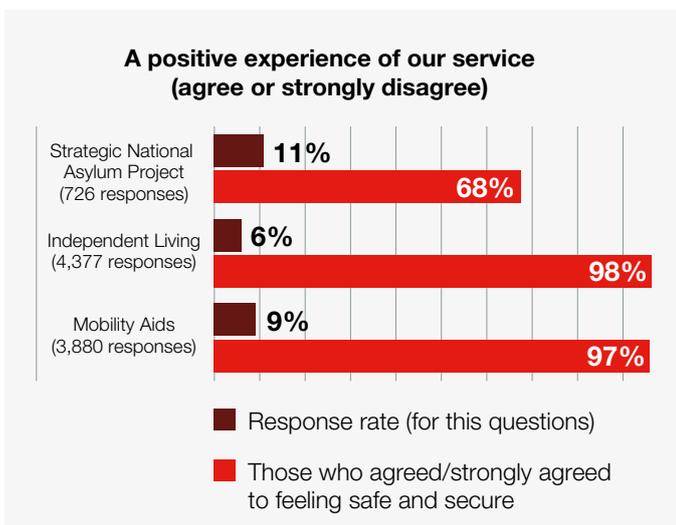
The percentage who feel we helped them shield or self-isolate during the pandemic:



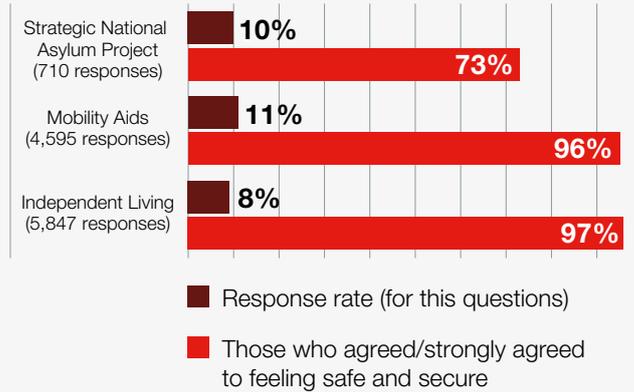
General service experience questions.

The Strategic National Asylum Project Feedback survey saw a high level of ‘no responses’ to some questions and just over a 22% response rate on each (as reflected in the lower positive percentages).

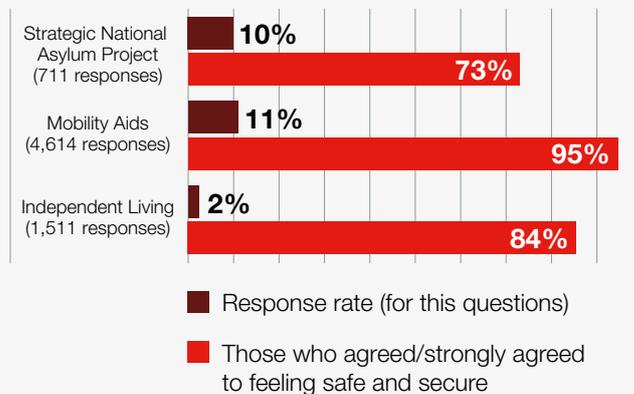
The ‘Friends and Family Test’ has now been replaced by a general experience question (as per NHS standards).



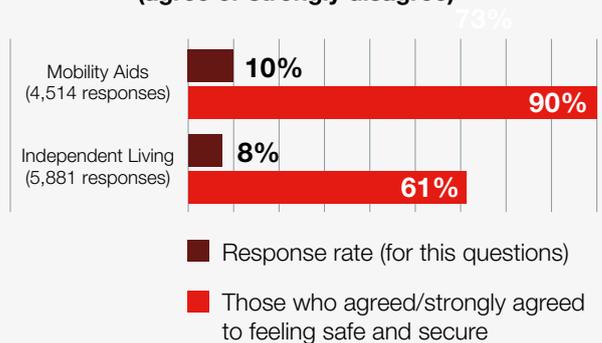
Treated with dignity and respect (agree or strongly disagree)



Service users felt they were listened to (agree or strongly disagree)



It was easy to contact the service (agree or strongly disagree)



22% of respondents in Independent Living said this question was non-applicable.

5. Our 2022 Quality Priorities

Quality will continue to be at the heart of our work as we develop a more joined up approach to meeting standards, providing expert advice, and supporting learning and improvement.

5.1 Quality assurance

We will look at the current management controls to manage risk, identifying any gaps and working with service leaders to close them.

5.2 Quality assessment

We will work across our Independent Living services to improve service quality assessment scores and seek to assess services against further objectives. We will also work to implement a standard approach to management case file audits.

In our Ambulance Support services we will conduct a suite of safety audits and work with teams to drive service improvement. We will also review our annual Pulse Check audit programme to ensure it aligns with regulatory requirements and best practice.

In partnership with our Disasters and Emergencies and Displacement and Migration services, we will design and pilot internal quality assessments. These pilots will inform assessment approach improvements and the outputs will begin to inform service priority actions.

5.3 Better use of data and insight

To improve reporting rates and the quality of incident reports, we will move our incident reporting to a more accessible cloud-based system (Datix Cloud IQ). Using incident and other assessment and compliance data, we will provide better insights to service teams to support learning and improvement approaches.

5.4 Standardising service and activity models

Across our UK services, we will focus on developing our standardised activities and service specifications (reviewed and signed off by subject matter experts across our Quality, Health and Safety, Safeguarding and Information Governance teams). These will enable us to embed a focus on safety and person-centred support at the start of service delivery. They will also make standard assessment approaches easier to implement.

5.5 Evaluation and service user data priorities

We will continue to develop our work to align with our new organisational strategy and provide better-quality data on the outcomes of our support. This will also include rolling out an improved feedback process to gather more post-support data on the effectiveness of our Ambulance Support services.

5.6 Safeguarding

Our 2022 safeguarding priorities include: agreeing a BRC-wide safeguarding strategy and associated action plan; expanding our safeguarding training offer; developing our advice and capacity building to frontline teams; simplifying reporting pathways; and sharing learning.



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6. Regulatory compliance statement

All Ambulance Services and Independent Living services in England are registered with the Care Quality Commission (CQC). 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 2021, there were no inspections of our registered Independent Living Services and Ambulance Services in England, Scotland and Wales due to the coronavirus pandemic.

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



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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.

Although no incidents required us to enact duty of candour in 2021, we remain committed to delivering a safe and transparent service to all.

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.

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, Better and Better in UK Services, 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 2022.

Where we are

44 Moorfields
London
EC2Y 9AL

[redcross.org.uk](https://www.redcross.org.uk)

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