British Red Cross Quality Account 2017

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The power of kindness

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Statement

Norman McKinley, Executive Director of UK Operations

The delivery of high quality services to people in crisis is one of my top priorities here at the British Red Cross.

In 2017 we supported over 685,000* people across the UK. We supported them at a moment of crisis through our first aid and ambulance support, our refugee support, restoring family links and anti-trafficking services as well as our independent living services, our education, mobility aids and crisis response teams.

Most poignantly, we provided humanitarian support to people during the terrible events in Manchester and London that caused loss of life, injury and acute and widespread psychological distress. During these very challenging times, we worked hard to maintain the quality of our services and I am very proud of the way our teams responded with compassion and care.

When people are facing a crisis, they need assurance that those providing support to them are properly trained, that the equipment they use is properly maintained and their immediate needs are going to be met. It is up to us to have the right people, structures, systems and processes in place internally to be able to give that assurance. That is why I am absolutely committed to ensuring that our approach to quality is responsive, rigorous and robust.

On a day to day basis, it is vital that the services we provide to people across the UK are delivered safely, are impactful and provide a really positive experience. Our services should be empowering to the person in crisis; placing them at the heart of decision-making about their immediate needs.

2017 saw the 'bedding down' of structural changes across our UK services and with that, a renewed focus on quality. From our regular audits and peer reviews, to learning from serious incidents and external inspections; we have been working to continuously improve the quality of all our UK services.

But we know there is still a way to go before quality simply becomes 'business as usual'. The introduction of our electronic incident reporting system in 2016 has helped to highlight some areas of risk that we are in the process of addressing; and where serious incidents occur, we are improving our approach to their escalation and management. Above all, we seek to learn from incidents to reduce their impact and likelihood of recurrence in the future.

2017 truly tested the capacity of our volunteers and staff to go 'above and beyond' in the face of large scale crises; but their absolute commitment to doing so has galvanised us all to push for higher standards of quality and drive up performance across all our services. Those for whom we are here to help should expect nothing less.

Norman McKinley

* *Data on people supported are captured in different ways and use different definitions across the organisation. This figure is therefore indicative.*

Introduction

Image © Simon Rawles/BRC.

The British Red Cross is committed to ensuring all of our UK delivered services are of good quality. Our services are assessed against NHS-based criteria; that they are safe, effective and provide a good experience. Crucially, we strive for a person-centred approach in everything we do.

We operate nine service lines across the UK: Ambulance Support, Community Equipment Services, Crisis Response, Education, Event First Aid, Independent Living, Mobility Aids, Refugee Support and Restoring Family Links.

We use a variety of internal and external assessments (including audits, inspections and peer reviews) to determine the extent to which our services are of good quality. These assessments also offer an opportunity for us to evaluate what is working well, as well as to identify areas for improvement.

We are clear that transparency in relation to areas of good service delivery and services that have room to improve is hugely important and demonstrates our commitment to being a learning organisation.

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').

Quality management and Board level oversight

Our Quality team in UK Operations is comprised of subject matter experts who provide advice and support on clinical and practice governance, regulatory compliance and safeguarding across all the service lines.

Our primary focus is always to ensure that the services we deliver are safe and do not cause harm to people who access them.

Service quality oversight continues to be provided by the Service Quality and Assurance Committee; a sub-committee of the Board of Trustees. This is trustee led and meets four times a year. Members of the committee include clinicians, nurses and senior managers from the NHS; and the terms of reference are published on our website as part of our commitment to transparency

The committee requests and receives assurance through: the presentation of recent internal and external audits and inspections; incident management and safeguarding management reports; and the identification and mitigation of key service quality risks. Where serious incidents relating to service quality have occurred, the committee receives early notification of these and oversees the completion of any actions related to these types of incidents; with the Board of Trustees providing overall oversight of serious incident management.
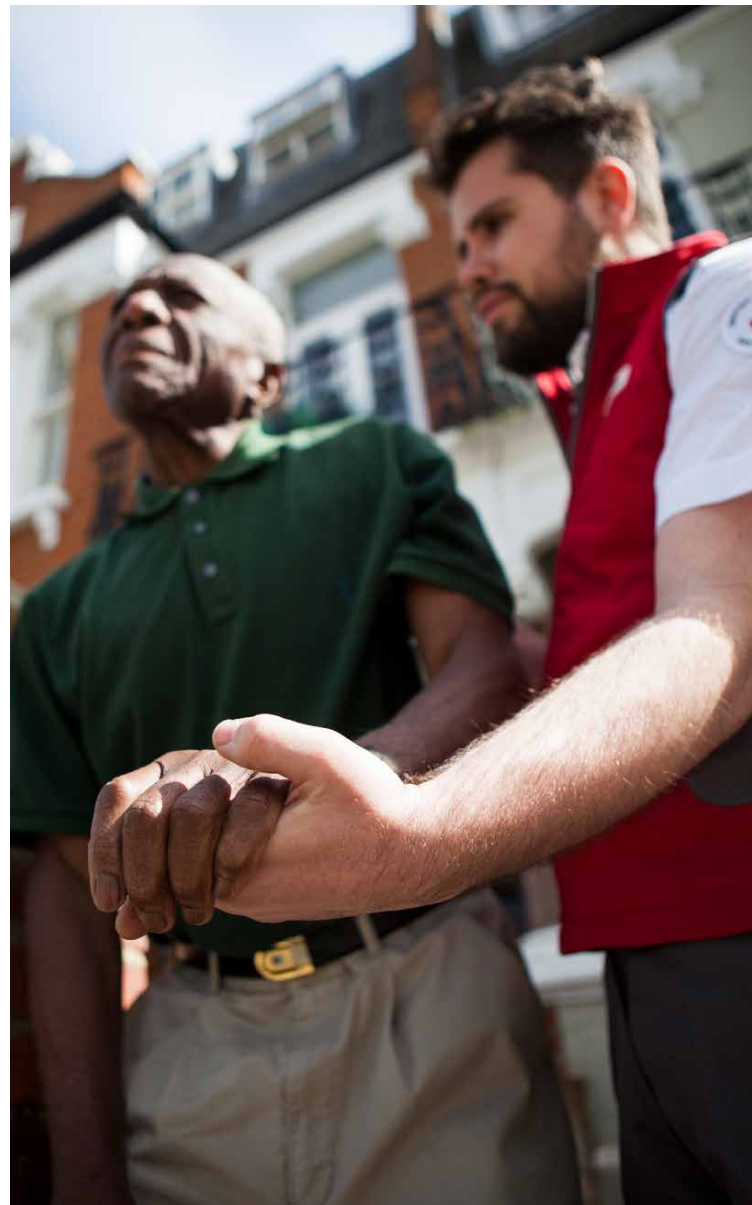
2017 <u>achievements</u>

Increased levels of incident reporting

2017 saw the first complete years' worth of incident reporting using the Datix electronic incident reporting system, which is widely used across the NHS. Incident reporting continued to increase over the course of the year; indicating staff and volunteers' willingness to report incidents so they can be dealt with swiftly and any learning acted on. Datix reports are now a routine element of both management and committee level reporting; enabling us to identify and act on trends or issues appearing within the reports with greater consistency.

Establishing an effective peer review process in Ambulance Support and Event First Aid

A new national 'Pulse Check' audit was delivered across Ambulance Support and Event First Aid services in 2017. These Pulse Checks were intended to produce a transparent and accurate account of how the new services were functioning following significant changes in their structure and management, to drive improvements and respond to risks. Internal peer reviewers from across the organisation (with colleagues from a combination of clinical and non-clinical backgrounds) were asked to audit three key domains: information governance and record keeping, safety and quality, and service user feedback. The Pulse Checks highlighted several areas of best practice and strong performance across the Ambulance Support locations and Event First Aid hubs – whilst identifying focused areas for improvement both nationally and locally. Elements of medication management, vehicle standards, and infection control all scored highly across services, with driving standards, patient engagement and aspects of legislative understanding

scoring lowest. These areas will be re-tested in the 2018 Pulse Checks to see whether the improvements we have put in place have a measurable impact on the scores in 2018.

Improved self-assessment audit scores in Independent Living

Our Independent Living services and Mobility Aids service were both subject to the annual Quality Standards Framework audit in 2017, which is our internal quality assurance and audit tool. The Framework sets out a series of core objectives for achieving quality in our services, underpinned by a suite of standards which are mapped against evidence statements. These are based on best practice, sector insight, and statutory and regulatory duties across the four countries in which we operate. Our people in service lines are expected to demonstrate the extent to which they meet each objective by submitting relevant evidence for this self-assessment. We were unable to undertake the peer review element of the Framework in Independent Living and Mobility Aids in 2017 but intend to resume these in 2018. Both service lines have national and local improvement plans in place to start to address the issues and risks highlighted by the audits. In Independent Living, 182 self-assessments were completed. This represents an increase in terms of the numbers of assessments completed (from 155 in 2016) but a percentage reduction overall in relation to the services that could have undertaken the assessments (72% in 2017 down from 80% in 2016). The highest scoring objective was 'security, health and safety' and the lowest was 'service description' (meaning there is an accurate, up to date description of the service including details of whom it is for and how it can be accessed). For the first time, six of our services were

able to provide evidence against all statements and 56% of services were able to provide evidence against 80% of the statements. We are very encouraged by these improvements and look forward to seeing this continue to rise in 2018.

Three risks were identified from the completed self-assessments within Independent Living relating to:

- defining the types of support offered and variations within these;

- safeguarding practices (relating to gaps in basic levels of awareness and response particularly in how we talk and share information about abuse with people we support) and;

- involving people who use our services in the decision making in their own support arrangements.

In response to the first risk, work is already progressing on better defining the individual service models and the 'Theory of change' that describes the outcomes the service is seeking to achieve. Work to address the second risk relating to safeguarding practice is a high priority focus for 2018. The third risk is being addressed through the development of our coproduction approach to improve the involvement and participation of people with lived experience in service delivery and design, and the embedding of support planning practices.

Establishing an audit benchmark in Mobility Aids

Mobility Aids completed their first self-assessments as an independent service in 2017. They focussed on a small number of objectives to form a benchmarking platform for future audits.

Three risks were identified from completed self-assessments within mobility aids relating to:

- the development, understanding and review of risk assessments;

- concern about GDPR compliance from May 2018; and

- the use of up-to-date organisational policies and procedures.

Colleagues in Health and Safety and Information Governance are working with Mobility Aids staff and volunteers to respond to the first two risks. For the third risk, a number of measures will be put in place to ensure new or amended policies and procedures are recognised, understood and embedded into practice.

Delivering externally accredited legal advice

In our Refugee Support, Restoring Family Links and Anti-Trafficking service line, we now have 50 accredited 'Office of Immigration Services Commissioner' (OISC) advisors. We are investing more resources into our OISC training through sourcing external training with specialist legal providers. We want our workforce to continue to have a solid understanding of the parameters of legal advice and the key principles of the OISC Code and Standards so that these can be embedded across the service lines.

Alongside this, an OISC audit of one of our casework services in Leicester was positive with a few areas of improvement identified. These were subsequently addressed by the local management team, with that audit now marked as complete.

Image © Simon Rawles/BRC

(EU) funding project intended to address common challenges of social isolation, loneliness and discrimination faced by asylum-seekers and older people. The project is also focused on supporting asylum seekers to build on their skills and experience so they are prepared for employment once able to work. Workshops as part of the project offered an early opportunity to support planning and delivery of coproduction work, and to develop and test co-production tools, resources and planning documents.

As one participant noted, "I feel on top of the world having an opportunity to meet new people and have my views listened to".

Projects such as INTERREG and developing and testing coproduction tools, resources and planning documents have all contributed to establishing a solid foundation for our 2018 activities, where we look forward to realising more opportunities for people with lived experience to be involved and participate in service delivery and design.

Developing a theory of change

In 2017 we started work on developing a 'Theory of change' for our Independent Living and Refugee Support services to provide a framework for how we define and measure the experience and effectiveness of these services. This includes looking at the questions we ask in our feedback and the data we collect through service delivery. This work will ensure we collect data that allows us to better understand the experience and effectiveness of our services.

Reviewing our approach to goal setting

We have also completed a review of our goal setting approach. This has identified its strength as a support planning tool, but revealed the need to improve consistency in how this is implemented in our services. We plan to complete further work on this in the year ahead.

A strengthened approach to coproduction

As part of our commitment to a person-centred approach, we recruited the British Red Cross' first Coproduction Manager within our Innovation and Insight Directorate. The role is supporting our UK Operations to develop and embed our coproduction projects and activities.

It is difficult to imagine a context in which enabling people to articulate their own needs, assets and aspirations is more important than in service design. One project where we have seen real results from our coproduction work has been the 2017 INTERREG

2018 <u>focus</u>

'Better and better in UK services'

In 2018 we will be embarking on the first stages of establishing 'Better and better in UK services'. This is our distributive model to empower our people within service lines to have regular discussions about quality and risk – and to act on them. The Quality team will be actively supporting teams across all the service lines to:

- ensure required standards are achieved;

- investigate and take action on substandard performance;

- plan and drive continuous improvement;

- identify, share and ensure delivery of best-practice; and,

- identify and manage risks to quality of care.

Alongside this programme of work, our Business Analytics team will be starting to implement the 'Data Framework' which will draw data and information from across the service lines to enable the tracking of performance. Within this framework will be specific measures of 'quality', linked to recent internal and external audits and inspections, incident management responses (covering clinical and practice incidents and safeguarding concerns). Over time, we will add other sources of feedback (such as complaints, comments and compliments) to give us a 360 degree assessment of our service quality.

Refining our 'peer review' process

We also intend to reflect and improve upon our current 'peer review' approach where staff from one service review the quality of another service. This method is used across both our clinical and social care related services and we are keen to ensure that it achieves its objectives whilst also being carried out in the most resource efficient manner.

A more robust approach to safeguarding

Strengthening our approach to safeguarding will also be a key priority for 2018. We will be reviewing our current response structures and ensuring all our people have a better awareness of safeguarding, appropriate responses and how to report concerns.

Improved service outcome measures

We will continue our 'Theory of change' work in Independent Living and Refugee Support by using new feedback forms aligned to our theory of change frameworks and by adopting new and, where possible, validated measures of service outcomes. This approach will also be extended to other UK services.

Using feedback to improve services

In addition to using improved feedback forms we will start to introduce digital channels for collecting feedback to enable more people to tell us about their experience of our services. We will be routinely analysing the comments provided through our feedback process so these can feed into service improvement throughout the year.

Performance indicators

Patient safety indicators – incident reporting

We now have a full year's worth of incident reports recorded in Datix. This represents a huge leap forward in terms of our ability to record, respond to, manage, escalate and report on incidents across our UK services. We are aware that maintaining a good level of incident reporting is dependent on the accessibility of the Datix system to our people, feedback to reporters and the action that we take in response to reports received. We will be working on strengthening these three elements throughout 2018.

Simply counting reports received via Datix does not address 'how' we are managing incidents. With this in mind, we will begin analysing and reporting on response and closure times in 2018 as part of the Data Framework programme and the reporting and assurance we provide to our leadership forums, including at Board of Trustee and Committee levels.

Patient safety indicators – infection prevention and control compliance

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

In our 2017 Pulse Check audit across Ambulance Support and Event First Aid, elements of infection control compliance scored highly. In our 2017 Quality Standards Framework audit, of the 182 services that completed the self-assessment, 159 achieved a score of over 80% for 'security, health and safety, which includes infection control.

65 Infection control incidents were reported in Datix in 2017 which represented just 5% of all reported incidents. Of these, only one incident caused moderate (short term) harm with the rest causing low (minimal) harm or no harm (near miss). As in 2016, these incidents occurred within Ambulance Support, Event First Aid and Independent Living services.

We continue to work across all of our services to reduce and mitigate the risks associated with infection prevention and control wherever possible.

Clinical effectiveness indicators

We routinely collect information on the cardiac arrests attended by our people. The process for collating these data centrally is under development and we are aware that the forms received are unlikely to be a true reflection of the number and outcomes of the cardiac arrests we attend.

Of the forms we received in 2017, approximately a quarter of cardiac arrests we attended where CPR was performed, were reported as achieving the Return of Spontaneous Circulation (ROSC) at the scene. The vast majority of these were attended by our Ambulance Support staff. Although these are relatively small numbers, we are keen to find a similar external service provider who may be willing to help us benchmark and compare our outcomes.

Practice effectiveness indicators

In our Independent Living and Refugee Support services we use a goal setting approach to ensure our support is tailored to and meets the needs of the people we support. Of the people who set and reviewed progress against their goals:

- 90% of people from Refugee Support services achieved or made significant progress in at least one goal

- 92% of people from our relevant Independent Living services achieved or made significant progress in at least one goal.

For our other UK services we ask questions about the effectiveness of our support in our feedback forms. The responses to these questions is shown is shown below in figure 1.
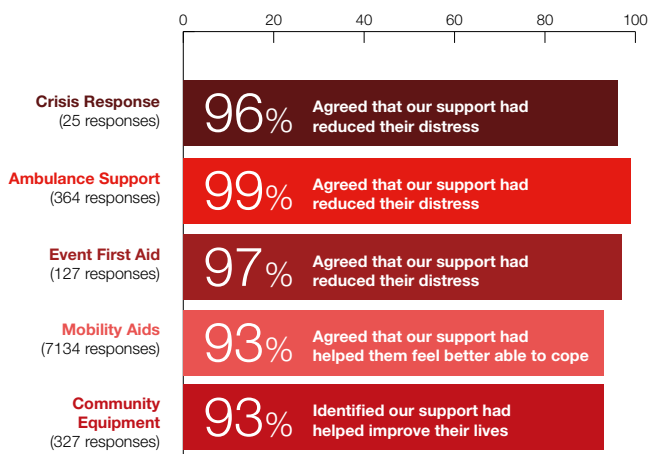
Figure 1: Effectiveness measures from feedback

Note: 'agreed' includes 'agree' and 'strongly agree', 'improved' includes 'big improvement' and 'some improvement'

Patient experience indicators

We routinely ask people for their feedback on our UK services, and are continuing our work to improve the number of people providing their feedback and ensuring that we are getting responses that represent all of the people we support. We recognise that response rates remain very low and note that this makes meaningful interpretation of these data challenging.

Although the percentage of people providing feedback in 2017 remains low, we have increased the number of feedback forms received in four of our eight UK services. We have also undertaken a thematic analysis of all feedback comments received in 2017 to understand factors contributing to negative experiences and to identify areas for improvement.

We ask whether people would recommend our service to their family and friends, and the results from feedback collected in 2017 are very positive as illustrated in figure 2.
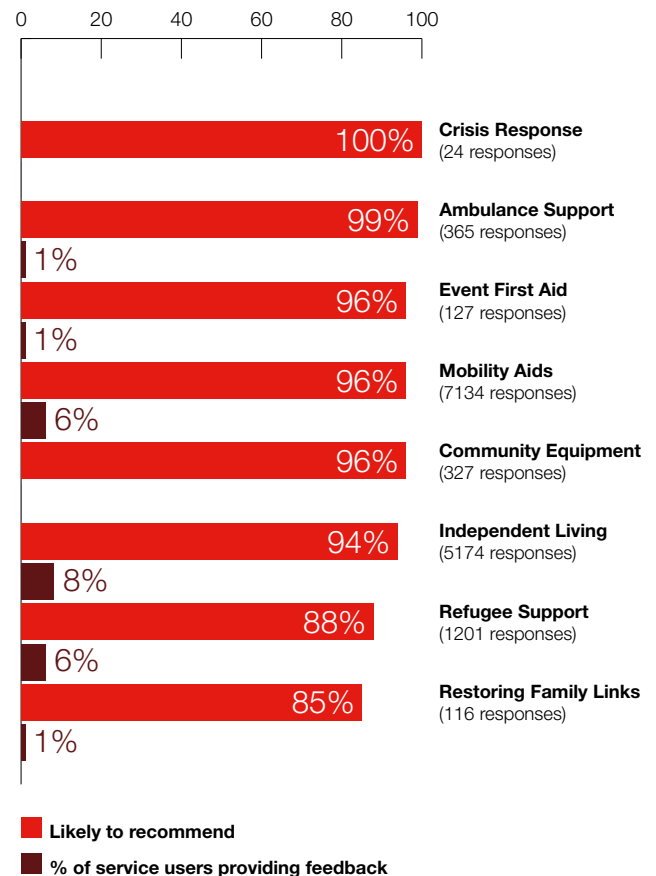

Figure 2: Percentage of people who would recommend* our services to family and friends

Note: 'recommend' includes 'likely' and 'extremely likely'

We analysed all the comments people included in their feedback which revealed that our workforce were central to their positive experiences. They were universally praised for the compassion towards, and communication with, the people they supported in all our UK services. We are very proud of this.

Duty of candour

The Duty of candour requires organisations to take positive steps and proactively engage with people and, where appropriate, their families, when an act or omission may have caused them significant or persistent moderate harm, including psychological harm.

It requires organisations to apologise where they may have caused harm and to offer appropriate support. There is also a requirement to be open and transparent about what has gone wrong and what is being done to reduce the risk of similar incidents happening again.

We are clear about our 'Duty of candour' requirements and have worked hard in 2017 to better identify incidents requiring a 'Duty of candour' approach. We are also aware that duty of candour communications can be challenging for everyone involved and are actively supporting senior leaders when they take the lead on ensuring we meet our responsibilities and reflect our commitment as a humanitarian organisation to showing our compassion throughout this process. The importance of 'Duty of candour' was highlighted in 2017 with one specific incident where our letter resulted in a positive and unexpected response from the person at the centre of the incident.

Regulators' inspection summary

In 2017, all Ambulance Services and three Independent Living Services in England are registered with the Care Quality Commission (CQC), the government body responsible for regulating all health and social care provision in England. The benchmarks set by the CQC describe the fundamental standards of quality and safety that people who use our services have a right to expect.

2017-18 saw the inspection of all but one of our registered services in England, with the inspectorate reviewing all services against the new Key Lines of Enquiry. Our Independent Living Services performed well during their inspections, with one service actively working to join the others as either 'Good' or 'Outstanding'.

Ambulance Support services were recognised as well-led and safe during inspections. Initial feedback was very positive and inspection reports were in draft at the time of this Account. Event First Aid was also inspected by the CQC for the first time, which led to some valuable learning and opportunities to develop the service line as it restructures in 2018.

Our Independent Living Services registered with Care Inspectorate Scotland performed well during inspections in 2017, averaging ratings of 'Good' or 'Very good' with some focused recommendations. Services registered with the Care Inspectorate Wales were assessed to be providing services which were positively valued by people, delivered by well-trained staff, and well-led. Recommendations from all inspections have been taken forward to drive the quality of services being provided across Independent Living.

We have also been actively engaging with the CQC as it develops its methodology for rating independent ambulance providers, in preparation for a fresh round of inspections in 2019. Our organisation welcomes this – as it does any opportunity – to support and drive the quality of its services.

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Published 2018