

Recovery Focus Quality Account Financial Year 2022/23



an expert group of charities
inspiring recovery **together**

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Statement from Derek Caren Group Chief Executive

The Recovery Focus Group's top strategic priority is to strengthen the range and quality of our services so together they can inspire recovery.

Here at the Recovery Focus Group, we believe that with the right support, recovery is achievable for everyone. We work with people as equal partners to help them realise their ambitions.

We are now in the third year of our current Group Strategy which has stood up to the ultimate test of the unexpected and unprecedented events of last two years as we found ourselves in the midst of a global pandemic. Maintaining the quality of our service provision has been even more important during these challenging times. The welfare and wellbeing of the people we support, our staff and volunteers has been our number one concern.

Across England we supported approximately 22905 people in 2022/23 through a range of services including crisis provision, supported housing, employment, domestic abuse related, substance misuse and gambling support, and community-based services.

When people access services in need of support it is vital that they have the assurance that those services are effective, that they are safe and that they are managed well. They should also be able to expect a high level of provision from teams who are competent and committed to providing the highest standards. That is why the delivery of high-quality services that inspire recovery is our top priority across Recovery Focus.

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Introduction

Recovery Focus is a group of charities highly experienced in providing specialist support services to individuals and families living with the effects of mental ill health, drug and alcohol use, gambling and domestic violence. All our partners at Recovery Focus share a rich history of providing support to people when they need it most.

Recovery Focus is committed to ensuring all our services are of a good quality. Our services are assessed against NHS-based criteria; that they are safe, effective and provide a good experience. Crucially, we strive to put the people we support at the heart of everything we do.

The Recovery Focus Group consists of two separate legal entities: Richmond Fellowship and Aquarius, both of which are governed by their own Boards. The Richmond Fellowship Board does however act as a Group Board.

Richmond Fellowship is a national charity that in the past year supported more than 12,758 people living with mental ill health and 1,808 accessing domestic abuse related services. Founded in 1959, Richmond Fellowship has been at the forefront of mental health provision for over 60 years, successfully supporting people from all walks of life to make mental health recovery a reality.

Richmond Fellowship holds a firm belief that mental health recovery is a journey that differs from person to person. While there is no single definition of recovery, the achievement of the best possible quality of life lies at the heart of everything the organisation does. Mental ill health affects people in different ways and can have a significant impact upon the different aspects of a person's life. Richmond Fellowship therefore takes a person-centred approach to recovery and provides a range of support services that are tailored to meet the needs of the individual.

Within the Richmond Fellowship structure there is a specialist domestic abuse division operating specialist services in managing perpetrator programmes and support services for those most impacted by these abusive behaviours.

Aquarius is a charity that has over 40 years' experience supporting individuals, families, organisations and communities to overcome the physical, emotional and psychological harms caused by alcohol, drugs and gambling. Since its inception in 1977, Aquarius has used evidence-based research to shape services that enable them to work with people and challenge the behaviours which lead to the use of drugs, alcohol and gambling. In the past year more than 8,343 people have accessed these services.

Aquarius recognises that the effects of alcohol, drug and gambling do not just affect individuals. Often, the consequences of these behaviours also have a great impact on families, friends and loved ones and Aquarius prides itself on delivering services that offer support to those affected.

The recovery ethos is at the heart of the services Aquarius provides and this drives their commitment to work alongside the people they support to discover new passions, meet new people and identify ways in which to challenge problem behaviours for a better future.

OUR ACTIVITIES AND SERVICES

The principal activity of the Group is the provision of individually tailored support across our range of services from community-based crisis care to support for family and carers.

Our services cover varying levels of need across the following areas:

- **Mental Health Crisis Services** – supporting those experiencing a mental health crisis as an alternative to police custody or admission to acute hospital services.
- **Supported Housing Services** – a range of residential support, some of which are CQC registered, providing 24- or 12-hour housing support and intensive housing management provision.

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- **Mental Health Floating Support Services** – focused either on housing related support or generic outreach support for people living in their own homes.
- **Drug, Alcohol and Gambling Services** – for adults and young people challenged by addiction or substance use, to support recovery of the individuals concerned and their kin, families and support/social networks.
- **Mental Health Community-based Services** – tackling social isolation, accessing social networks, promoting personal confidence and resilience and engaging in everyday mainstream activities. Peer supporters are now an integral part of supporting self-belief, achieving personal goals and helping people using our services to advocate for themselves.
- **Mental Health Employment Services** – supporting people to stay in or return to paid employment, voluntary work or training and supporting employers to improve workplace wellbeing.
- **Domestic Abuse Services** - to provide essential services to hold perpetrators to account and end their abusive behaviour and support survivors to create greater space for action and safety for them and their families.
- **Social enterprise** – supporting people using our services to secure employment experience through several separate initiatives across the country.

We have in place a quality review framework to determine the extent to which our services are of good quality. This framework includes a range of internal and external assessments including quality self-assessments, desk top reviews, quality reviews with a peer assessor and audits. 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 Recovery Focus Group 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').

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WHERE WE OPERATE

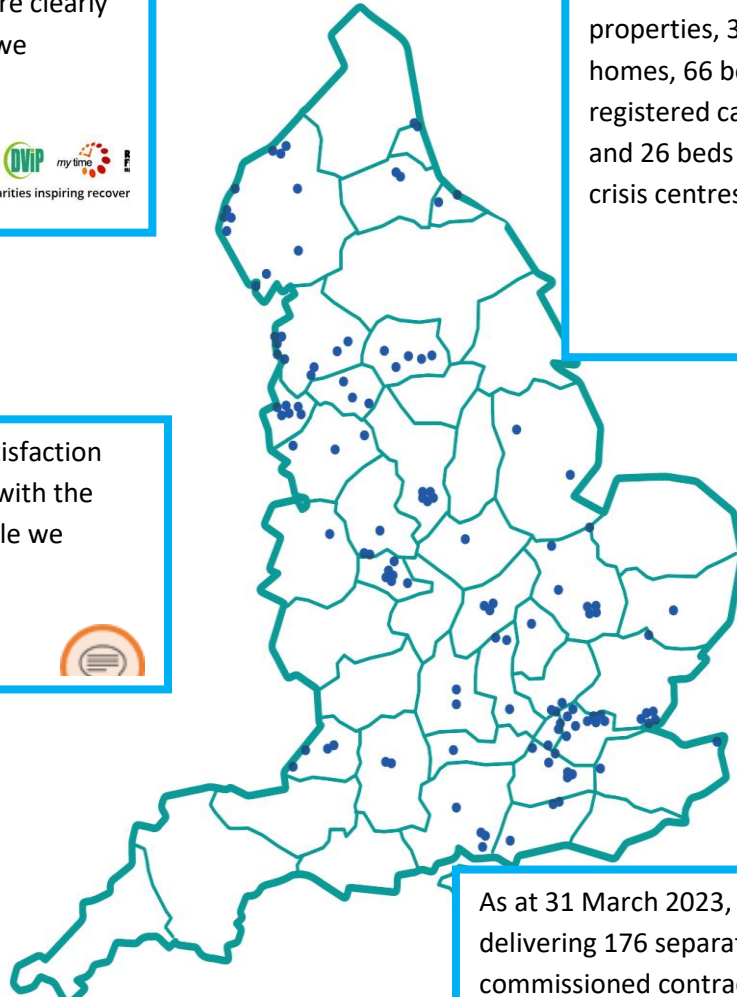
Across England we supported 22,905 people in 2022/23. The map shows more clearly the areas in which we operate.



We provided residential services from 255 owned properties, 372 managed homes, 66 beds in registered care homes and 26 beds in short-term crisis centres.



Our 2022/23 satisfaction rating was 96% with the number of people we support.



In 2022/23, Group turnover was £46.3m (2021/22 - £47.6m)



As at 31 March 2023, we were delivering 176 separately commissioned contracts for approximately 116 separate commissioners (mainly NHS and local authority)



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Quality management and Board level oversight

During 2022/23 we have restructured central services with a view to directing more funds to front line members of staff. One consequence of this has been the merging of the quality function into the operations directorate and moving the data team into a corporate services directorate.

Our primary focus is to deliver high quality services that inspire recovery and put people we support at the heart of delivery. It is a duty of both the Group Board and the Aquarius Board to ensure that these services are provided safely and effectively for the benefit of the people we support.

More detailed oversight of overall service quality is the remit of the Quality and Performance Committee; a sub-committee of the Group Board, but with a group-wide role. This committee is chaired by a Group Board non-executive director and meets four times a year. Members of the committee include a clinical lead and other service delivery practitioners.

This committee is supported by three internal assurance groups which meet quarterly and provide greater scrutiny on service governance, information governance and health and safety. Each of these governance groups is attended by an external subject matter expert who provides independent assurance to the committee. Last year this governance structure was bolstered by the introduction of a Service Improvement Governance Group that meets fortnightly and comprises of senior operational managers and senior continuous improvement colleagues. The group provides oversight over emerging issues, providing support and guidance for services where quality issues are a concern.

The Quality and Performance Committee receives assurance reviews from these governance groups. These include: a quarterly safeguarding review, summary of internal quality reviews, health and safety audits, accident and incident records, complaints and other feedback, and medication errors.

The committee monitors the annual client satisfaction survey and stakeholder survey results and oversees organisational progress against key areas identified for improvement. The Committee monitors and updates the high-level quality and performance related risks that sit within the corporate risk register, escalating significant risks to either board as appropriate. Senior Operational Managers attend the committee to review the previous quarter's main activities and recent performance against key performance indicators which include quality measures.

Serious incidents occurring in the quarter are reviewed as learning and responses unfold. Committee members are part of the emergency escalation process and so are notified when these occur, together with immediate actions. Both boards take overall responsibility for serious incident management within their remit.

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2022/23 Achievements

Group Strategy priority objective: To strengthen the quality and range of our services.

Quality and Continuous Improvement Objective: Ensure that everyone understands the importance of putting quality first and that quality assurance and continuous improvement is everyone's business.

The group wide Quality and Continuous Improvement Framework, which sets out the first, second and third lines of assurance, was embedded to ensure that everyone understands the importance of putting quality first and that quality assurance and continuous improvement is everyone's responsibility. The framework has been structured to align with the National Centre of Voluntary Organisation's Trusted Charity Mark.

Our annual quality self-assessment process requires all services to review the quality standards in line with the Care Quality Commission's key lines of enquiry, in partnership with staff, volunteers and people we support. Following this assessment, the service then compiles a Continuous Improvement Plan to be achieved throughout the year. These in turn then inform the Area Business Plans and Corporate Business Plan. This process has been tailored to allow adoption by our domestic abuse and drug and alcohol services providing a methodology that will allow better oversight of quality across the group.

Our models to support recovery have been further developed, providing greater clarity on expectations, outcomes and impact of our operating models.

Our policies, processes and systems for health and safety management have been refreshed this year. Changes taken forward during 2022/23 included the simplification of our policies and streamlining of mandatory training.

Group Strategy Enabler 1: We will do more to put people we support at the heart of everything we do.

Quality and Continuous Improvement Objective: ensure people we support are central to the design and implementation of the Quality and Continuous Improvement framework and in the design and delivery of services.

A Working Together Strategic Plan was formulated in partnership with people we support, and the third-year objectives delivered successfully during 2022/23. Delivery of the plan is overseen by the Working Together Committee made up of senior managers and people we support.

Working Together forums have been replaced this year with sector specific Communities of Practice, co-led with people we support. The framework for these forums is in place but some are still to be established.

The quality review process focusses on a sample of services to participate in either a full quality review or a light touch quality review. The full reviews are conducted in partnership with people who have used our services providing an invaluable perspective on quality standards within our services. This year we have increased the pool of people able to support the quality reviews and have recruited someone with experience of using our services to sit on our Quality and Performance Committee.

A co-designed and co-produced portal that allows people we support interactive access to their support plans and records was launched this year. Improvements have been developed including an auto-enrol function plus a broadcast, newsreel and noticeboard function. The portal provides a great opportunity to improve our ability to communicate directly with people we support and give people greater control of their own support records. The newsreel function has included stories and articles relevant to people we support, written in conjunction with people we support.

Group Strategy Enabler 2: We will build an effective and motivated workforce.

Quality and Continuous Improvement objective: to ensure all staff are cognizant of and compliant with their roles and responsibilities regarding quality assurance and continuous improvement.

A comprehensive campaign targeted at managers across the group has been carried out to refresh and reinforce their responsibilities regarding safeguarding. Compliance monitoring has shown a marked improvement in compliance and consistency across services.

Roles and responsibilities regarding medication management have been reinforced throughout the year. Targeted support has been provided to services where medication errors have given cause for concern to ensure timely mitigation.

To ensure consistency in routine quality checks on record keeping a Quality Records Assurance Tool has been co-designed and implemented across all services. The tool includes a reporting function allowing a clear line of sight over the quality of records.

Group Strategy Enabler 3: We'll invest in our infrastructure

Quality and continuous improvement objective: ensure that all infrastructure developments have a positive impact on the quality of services

The comprehensive review of the policy framework has resulted in a much more coherent and consistent suite of policies and a cross divisional Policy Review Group has been set up to provide oversight of a programme to refresh and update policies across the group.

Quality reviews, non-executive director (NED) visits and satisfaction surveys have all highlighted the need for us to improve the responsiveness of maintenance and repairs and thus improve satisfaction levels. A cross-divisional project is underway to identify the root cause of these concerns and the actions required to address them. Changes have been made to our case management system to facilitate management and reporting of the maintenance programme.

Group Strategy Enabler 4: We'll maintain stable and sustainable finances

Quality and continuous improvement objective: ensure all services are effective and balance both a financial and social return on investment

A housing management finance module has been developed within our case management system to allow for better reporting and management of voids, personalised budgets and spot purchasing arrangements allowing for one source of truth and early identification of areas requiring improvement. People we support are now able to access their own rent accounts thus reducing dependence and allowing more autonomy over finances.

Group Strategy Enabler 5: We'll build our evidence and demonstrate our impact

Quality and Continuous Improvement objective: improve our data capture, insight and analysis to strengthen the management information available in order to facilitate timelier reactive and proactive interventions where quality standards are slipping as well as identify best practice for replication.

A digital dashboard has been developed that draws data from our main case management system and our HR/finance system to give managers better access to the data linked to key performance indicators. This business intelligence solution will significantly improve the information available to managers to allow timely interventions. Exit surveys have been introduced across the group to capture feedback from people as they leave our services. The introduction of the surveys will allow for more contemporaneous data capture and facilitate early identification of issues and best practice. Outcome measures for each operating sector have been developed for capture via pulse or exit surveys to enable us to better evidence the impact of our services.

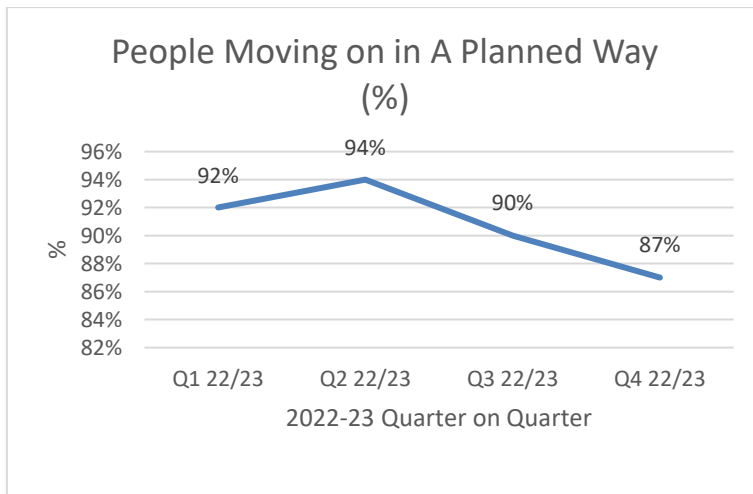
Performance indicators

In 2022/23 22,905 people were supported by Recovery Focus services (2021/22: 21258). The full breakdown of activity within the Group over the past year is as follows:

	<u>2022/23</u>	<u>2021/22</u>	<u>2020/21</u>
<i>Social housing provision:</i>			
In supported housing	836	1,018	1,040
In registered care homes	141	150	145
<i>Non-social housing accommodation:</i>			
Care home with nursing	0	0	12
Crisis	1575	1,543	1,700
<i>Non-accommodation services:</i>			
Crisis Haven (new service)	2028	2,201	0
Employment related	3996	2,440	2,412
Floating/community	4183	5,479	5,382
Domestic abuse	1,808	1,163	820
Substance use/gambling	8,343	7,264	6,756
TOTAL CLIENT ACTIVITY FOR THE YEAR	<u>22,905</u>	<u>21,258</u>	<u>18,267</u>

Quality key performance indicators:

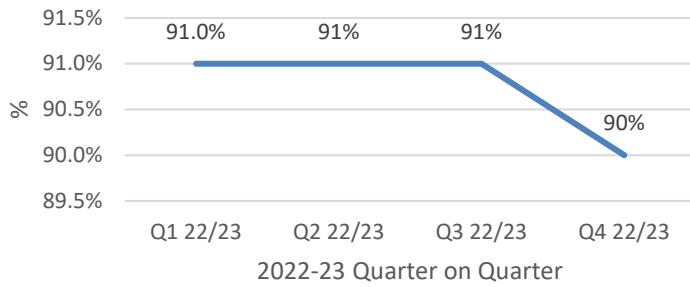
People moving on in a planned way: The graph below shows the percentage of people we support who moved on from our services in a planned way in 2022-23.



People who have made positive progress or remain stable: The next graph shows the % of people supported have remained stable or have made progress.

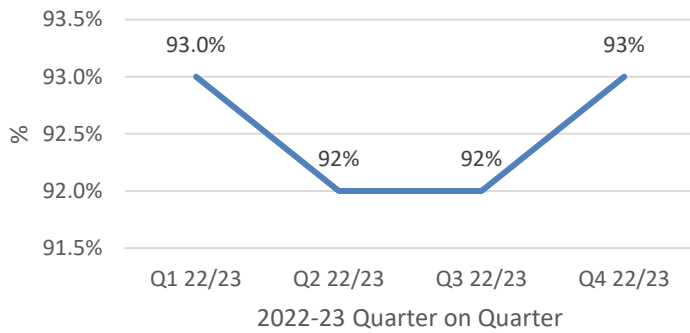
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People Who Have Made Positive Progress or Remained Stable (%)



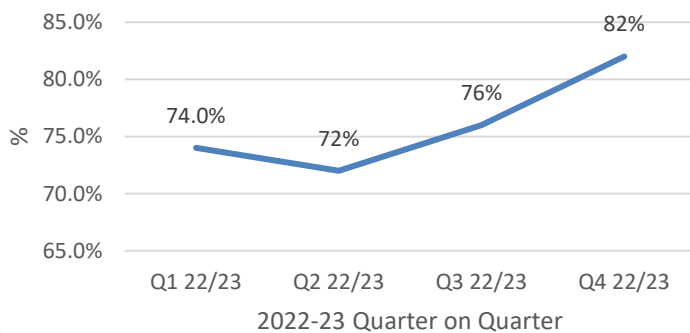
Open cases with a support plan in place: The graph below shows the people we support who have a support/care plan in place

Open Cases With a Support/Care Plan in Place (%)



Support plan reviewed within 91 days: Support plans reviews are not happening consistently across all operating sectors, but have shown improvement over 2022-23. The dashboard will allow targeted action on this particular metric.

Support/Care Plan Reviewed Within 91 Days (%)

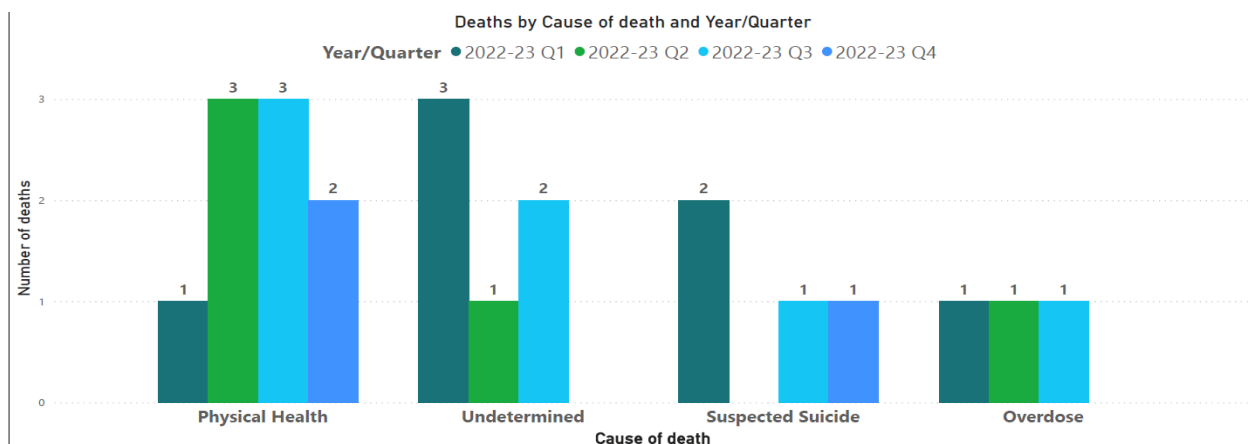


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Key operational risk quality data

Fatalities Report

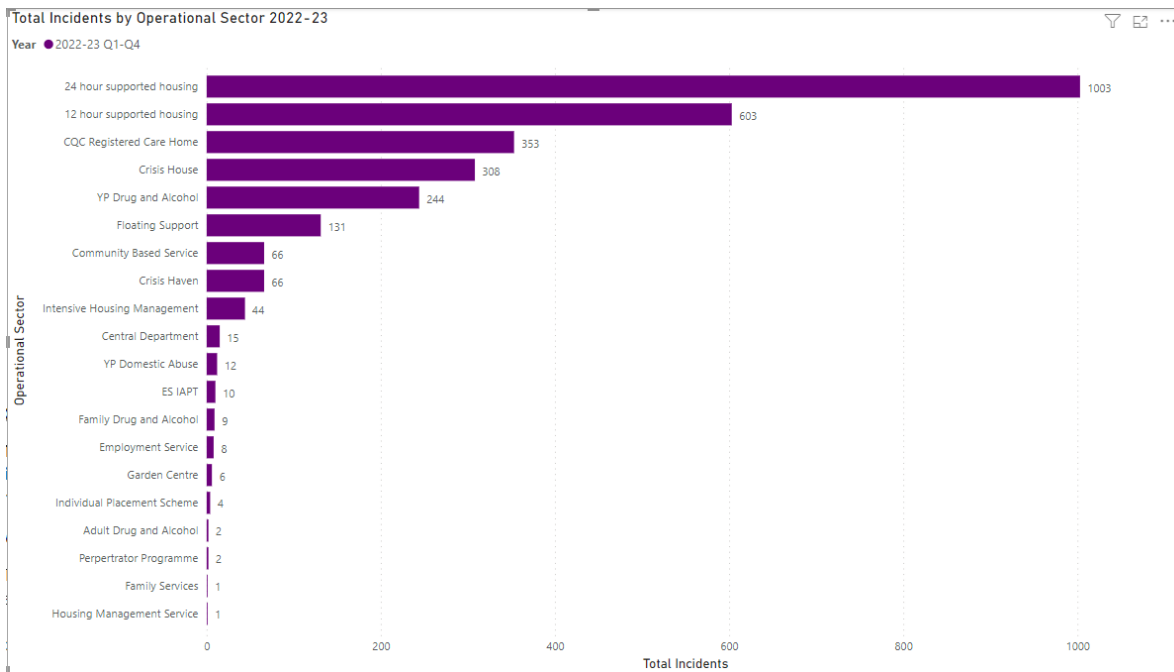
- The number of deaths across Recovery Focus returned to pre-pandemic levels during 2021/22 but the number of deaths from physical health is almost double that of the pre-pandemic figure. Since the beginning of the Covid-19 pandemic in March 2020 we have seen an increase in deaths across Recovery Focus services compared to 2019-20. In 2022-23 the number of deaths is lower than the pre-pandemic level with nearly a three-fold decrease in deaths due to physical health and suspected suicides.
- Five of the six fatalities where the cause of death is undetermined involved people we support within residential recovery services where the person was found deceased in their room. One of these incidents will be subject to an inquest.
- Fatalities are analysed by geography and operating sector taking consideration of volume of people supported. As would be expected there is a significantly higher proportion of fatalities within our residential recovery services.
- Fatalities are considered through a diversity lens to determine whether a protected characteristic has a bearing on the number or type of fatality. There were more male fatalities than female during the year despite there being more women supported in total. This is largely explained by there being significantly more men supported in residential recovery services where the number of fatalities are at their highest.



Total Incidents by Operating Sector 2022-23

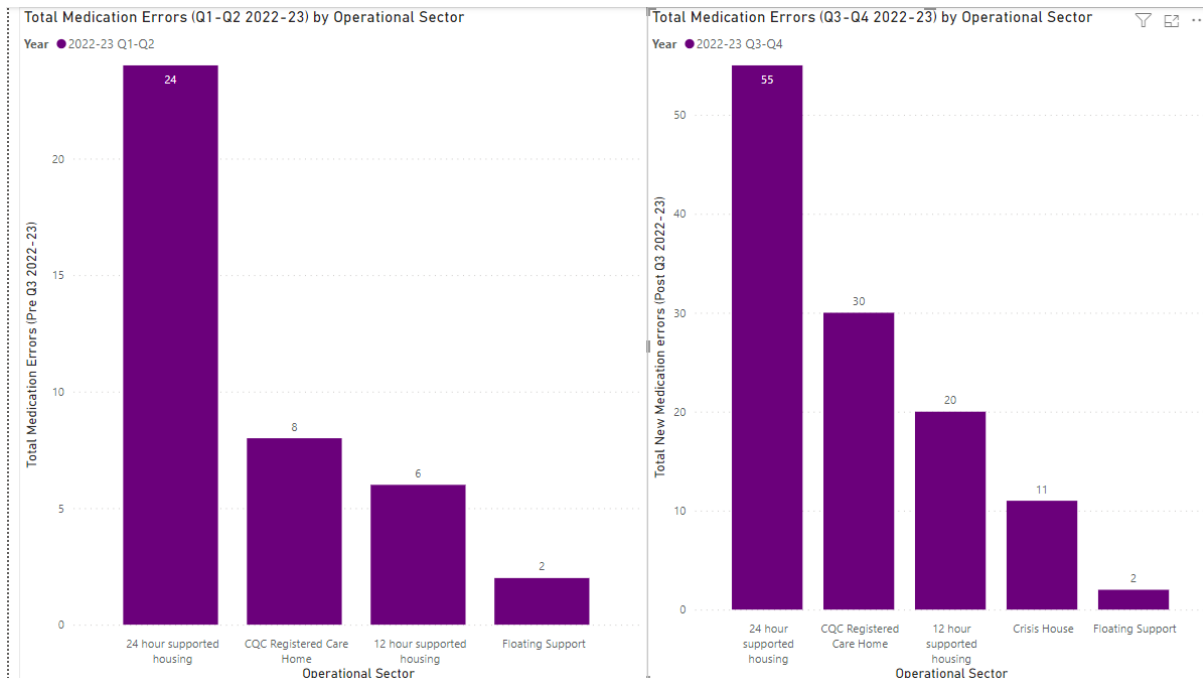
As consistent with previous years, there are considerably more incidents in accommodation/residential services than in other operating sectors despite the number of people supported within these services being relatively small. This does not give cause for concern as it is to be expected that residential services providing high levels of support present the biggest challenges when managing risk. This is also potentially not surprising as, it could be suggested that people supported in accommodation services spend longer physically in place in these services than those in, for example, the non-accommodation sectors of Community-based or Floating Support.

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Medication Errors 2022-23

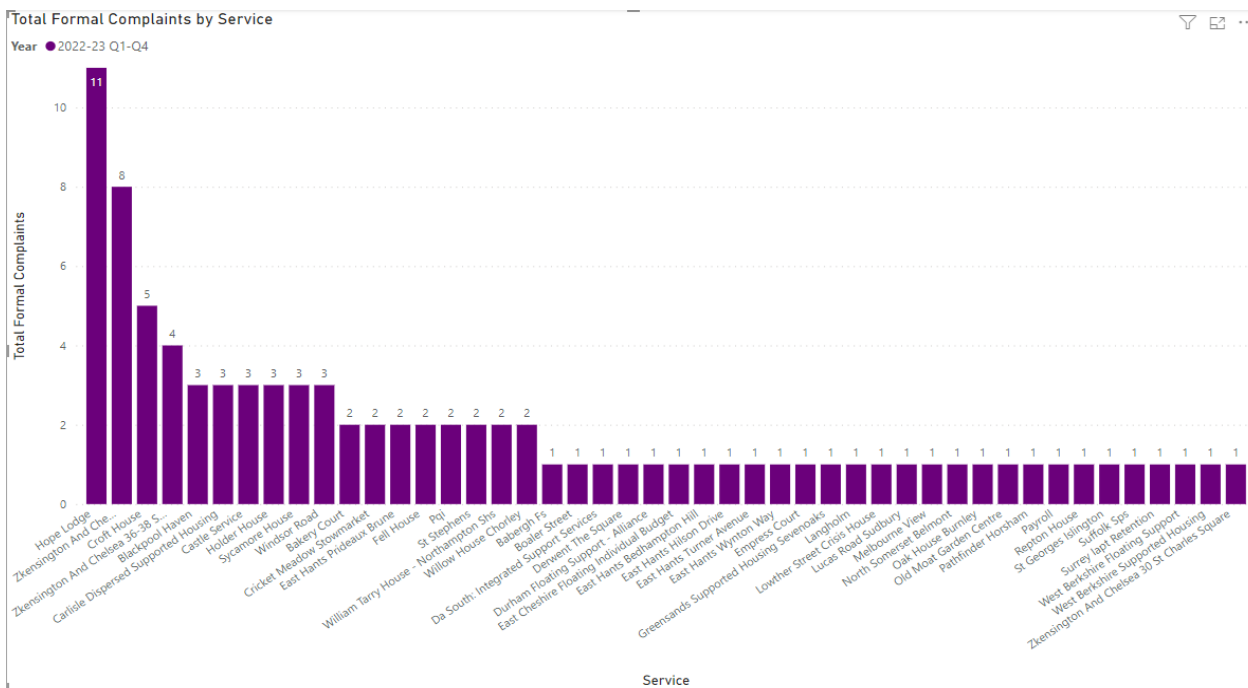
The services, and therefore operating sectors with the highest number of medication errors are the services that manage the largest amount of medication so there is an expectation that there would be more room for error. Medication campaigns, training and tailored support has had a positive impact in reducing medication errors over the past two years and this will continue with the aim of eliminating all preventable medication errors, and recording where and how these errors occur so that potentially targeted interventions can be made across the organization.



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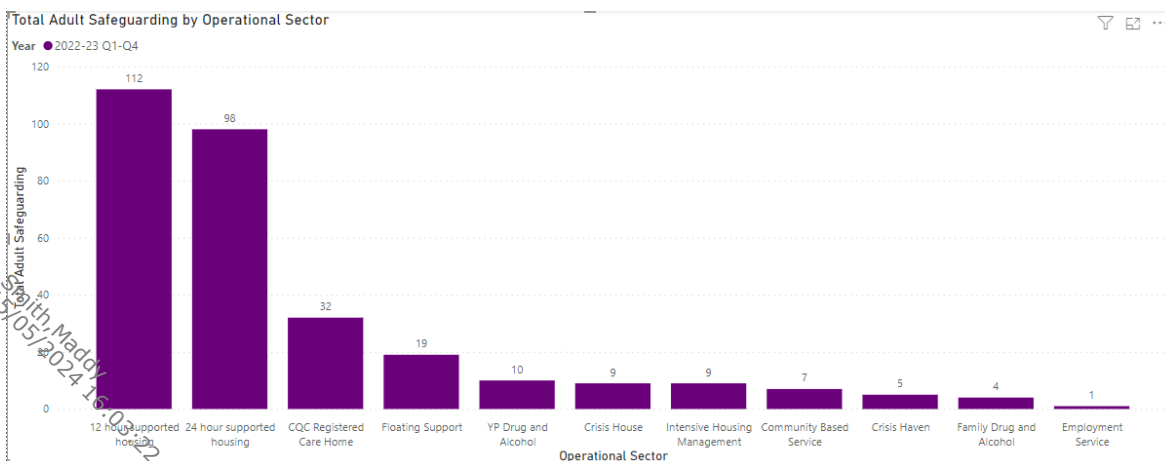
Complaints 2022-23

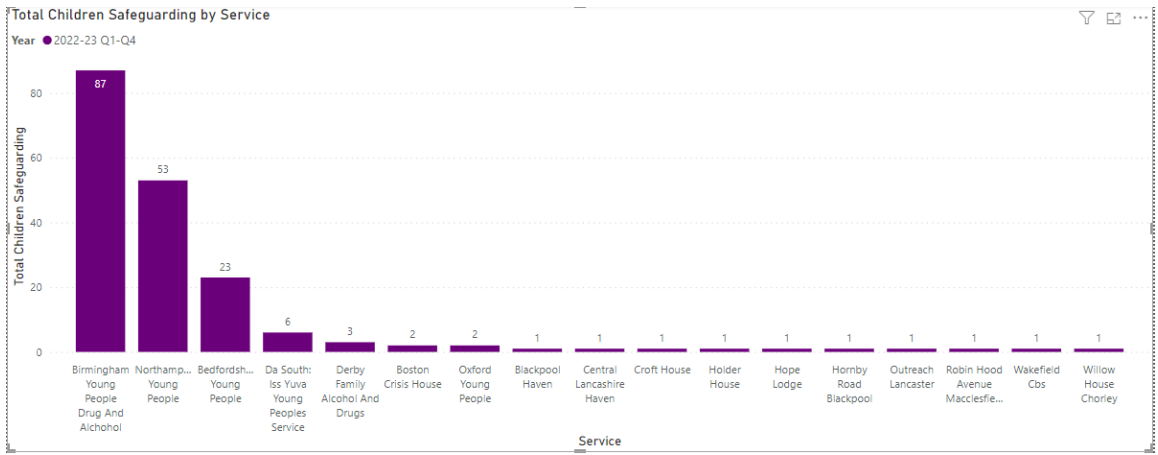
Complaints are addressed individually and holistically to assess whether they are specific / individual or indicate a wider systemic issue. Where required an improvement plan is in place to address concerns. Feedback is given to each service on the complaints received and is recorded centrally to target interventions and support where required. Going forward into 203-24 the Quality and Continuous team will be supporting individual managers in completing the process where needed to improve complaint management practice across the organisation. A range of learning and improvements identified from complaints have been identified to support this.



Safeguarding 2022-23

A coordinated campaign to improve compliance with safeguarding processes has had a marked positive impact on safeguarding practice. The number of alerts per operating sector are in line with expectations for the types of services delivered and the complexity of support needs being addressed. Residential services have by far the most safeguarding adult referrals whereas young people's drug and alcohol services make the most safeguarding children's referrals. Overall, we have seen an increase in safeguarding referrals for both adults and children in 2022-23. Going forward into 2023-24 safeguarding workshops have been arranged for managers and senior practitioners. The workshop will explore safeguarding thresholds, looking at the seriousness of incidents and the kinds of responses that may be taken by local authorities.

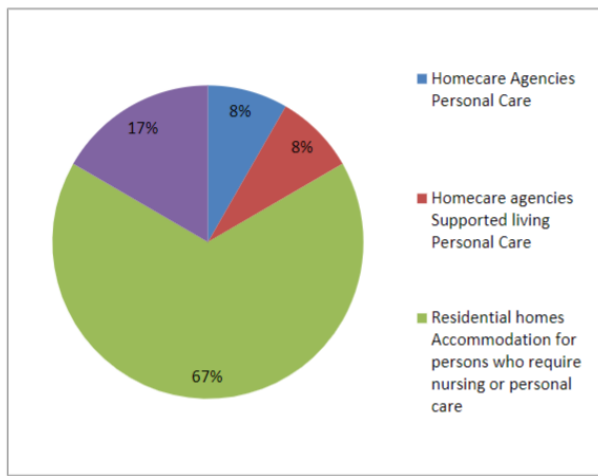




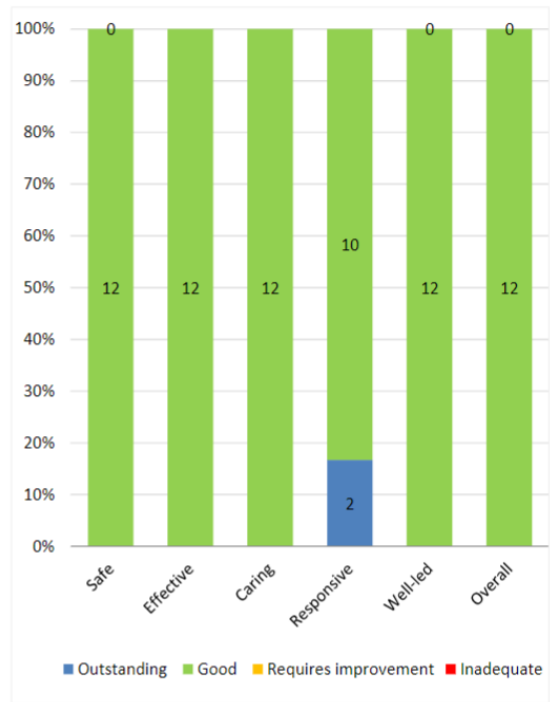
Care Quality Commission – Regulator’s Inspection Summary

In Richmond Fellowship there are 12 services registered with the Care Quality Commission totalling 136 bed spaces, with the registered activity being “personal care” or “accommodation for persons who require nursing or personal care”. The tables below show the year end headline ratings for services following external inspection by the Care Quality Commission:

Registered Service Type

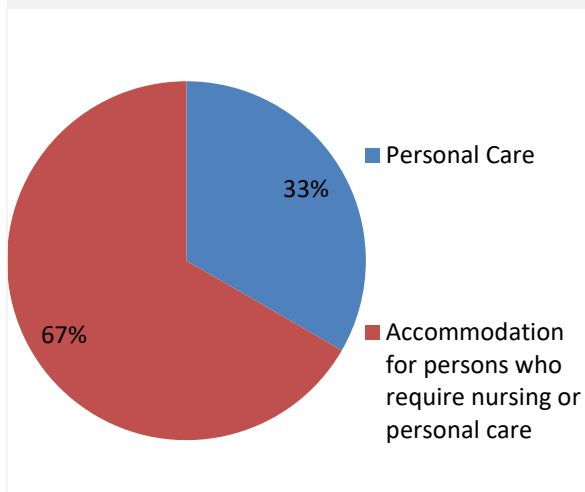


CQC Ratings for Fundamental Standards KLOE's



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Registered Activity Type



We continue to work hard in all services to create, and maintain services which we can be proud of, and that our users of service are happy to call home.

Quality Review Programme

The quality review programme is conducted by the Continuous Improvement Team in partnership with operational colleagues and people we support. Reviews are either light touch desk top reviews or full reviews carried out at the service, or virtually. Reviews are conducted using a standardised methodology which is structured around the Care Quality Commission's key lines of enquiry. The overall Quality Review (QR) score is compared to the Quality Self-Assessment (QSAT) score that the service has rated itself at, providing a useful indicator of service level awareness of quality standards. Continuous improvement plans are created and monitored via the Service Governance Group.

Location	Review Type	Review Date	Overall QR Score	Safe	Effective	Caring	Responsive	Well Led	Overall QSAT Scores
Holder House CQC Registered Care Home	Full	Aug 22	14	2	2	3	4	3	10
Newcastle 12 Hour Supported Housing	Full/ Virtual	Oct 22	19	3	4	4	4	4	No QSAT
Melbourne View 24 Hour Supported Housing	Full	Nov 22	11	1	2	2	3	3	19
Abbots Bank 24 Hour Supported Housing	Full	Oct 22	13	2	2	3	3	3	16
Liverpool 12 Hour Supported Housing	Full	Jan 23	15	3	3	2	3	4	16
Tower House 24 Hour Supported Housing	Full	Jan 23	10	1	2	3 2	3	2	20
Stowmarket and Sudbury Supported Housing	Full	Mar 23	17	3	3	4	4	3	15

Satisfaction Survey of People we Support

Between October 2022 and January 2023, we conducted our Annual Satisfaction Survey across our services. There was a significantly higher return rate for the survey this year with 999 people completing the survey compared to 557 people the previous year.

The overall satisfaction score was high at 96% (from 89% in 2021/22) and 94% (92% in 2021/22) of responses confirmed that the support we had offered had improved their life with 92% (92% in 2021/22) positively stating that they felt they had been directly involved in the planning of their personal support. The survey, as ever, gave us clear messages around priority areas for improvement (including continuing to improve the condition of the homes we provide - both owned and sourced from other registered providers) and making giving feedback easier.

During the year we added new ways of giving feedback to be able to respond more quickly to issues and plan more long-term improvements. This has included the rollout of formal exit surveys which will be embedded in the support planning process to ensure everyone has the opportunity to provide feedback.

Responses to the survey are cascaded by service model, region and individual service across the group, to address the issues raised (and how well services internally compare with peers). Local business plans contain an explicit commitment to improve and drawing up these plans has continued despite the pressures of managing the pandemic situation within frontline services.

The overall satisfaction rating for Richmond Fellowship services is 96% which compares favourably when benchmarked against the latest published reports from the sector (NHS England Community Mental Health: 76%, Housemark Benchmark: 84.7%)


The “friends and family test” is one that is used across the NHS where their latest report states that 87% of people would recommend a service to a family member or friend. It is testament to Richmond Fellowship services that 96% of people responded positively to this question.


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Key Findings from Annual Satisfaction Survey of People We Support 2022-23

 **999** People we support completed the survey (2021-22: 557 people)


 **96%** Overall satisfaction score (2021-22: 89%)

 **94%** people feel RF has enabled them to improve their quality of life (2021-22: 92%)

 **96%** would recommend RF to a family member or friend (2021-22: 94%)

 **73%** believe the service is good at sharing what they have found out about themselves & what is being done as a result. (2021-22: 72%)


 **63%** have been offered opportunities to use skills, knowledge, and experience to contribute beyond their service (2021-22: 58%)


 **Quality of support**
92% of people felt involved in planning their individual support (2021-22: 92%)
94% felt supported to make progress in meeting the goals in their support plan. (2021-22: 93%)

 **High levels of satisfaction with staff**
95% feel staff treat all people with dignity and respect (2021-22: 96%)
94% feel keyworker listens to your views about support and takes them on board. (2021-22: 94%)

 **74%** of people have opportunities to use skills, knowledge & experience to contribute to the service (2021-22: 68%)

 **Satisfaction with environment**
74% agree premises used are clean and suitable. (2021-22: 77%)
71% Felt that problems with repairs and maintenance are dealt with quickly/efficiently. (2021-22: 73%)

 **79%** of people we support knew how to make a complaint (2021-22: 80%)

 **93%** of people feel safe and secure in RF services (2021-22: 95%)

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Feedback From people We Support

We receive feedback in various ways, including in our annual satisfaction survey of people we support. Some of the feedback received through this survey, by some of our operational sectors, is below.

Supported Housing Sector:

“Being in the Richmond fellowship is the best thing that’s ever happened to my life. I feel heard, understood, and motivated to be independent”,

“Good relationship with staff. I am comfortable to talk to my keyworker and feel like my opinions and needs are listened to”,

“I think this a good place to turn your life around and get into your life. It improves your confidence, and physical health too and encourages you to be more independent”,

Community-Based & Floating Support Sector:

“I am so grateful for the help that Richmond Fellowship give me. Their service is a real lifeline. It has improved my life so much and is a very important part of my routine”,

“The staffs make us feel comfortable and are always giving us full support and make us feel confidence, are always there to listen. It is like a happy family. Forget our worries”,

“RF was my life saver and they have supported me with everything I have needed and not let me down. Reassurance your professionally cared for”,.

Employment-Related Support Sector:

“Good to have someone to talk to and who understands your struggles and difficulties and provide advice from an outside perspective”,

“Through my keyworker I found the Richmond Fellowship helpful in helping me find work by reorganising my CV; through completing job searches; and by completing job applications online”,

Crisis Support Sector:

“A place of sanctuary(sic) time to heal and an atmosphere of complete safety and calm is what I found at Willow House, staff a real credit to you”,

“It was definitely a good experience and I learnt good coping mechanisms for the feelings that I had that could be used in real life scenarios”,

“I’ve told so many people about how beneficial this has been to me, and I’ve also told every mental health professional I have dealt with too”.

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Survey of Stakeholders Who Commission Our Services

The 2022-23 commissioner survey was opened for responses from December 2022 to January 2023 and received a total of 25 replies. This is, when taking into consideration surveys completed since 2015, on a par to responses that we have received in recent years. The number of responses over the previous years was 28 in 2015-16, 35 in 2016-17, 19 in 2017-18, 28 in 2018-19, 34 in 2019-20, and 17 in 2021-22. We did not send a survey to commissioners in 2020-21 as it was recommended by our operational managers to be too much of a burden on our commissioners, given the Covid19 pandemic. The responses received were, in the main, positive, with a few points for future development and for different departments to take into consideration. Overall, 92% of commissioners who replied said that they would recommend our commissioned services to others, and a further 8% stated that they did not know whether they would recommend our commissioned services to others. No respondents said 'No' to the question as to whether they would recommend Richmond Fellowship services to other commissioners.

Figure 1 below shows that most commissioners were from Local Authority providers, closely followed by Clinical Commissioning Groups/Integrated Commissioning Boards.

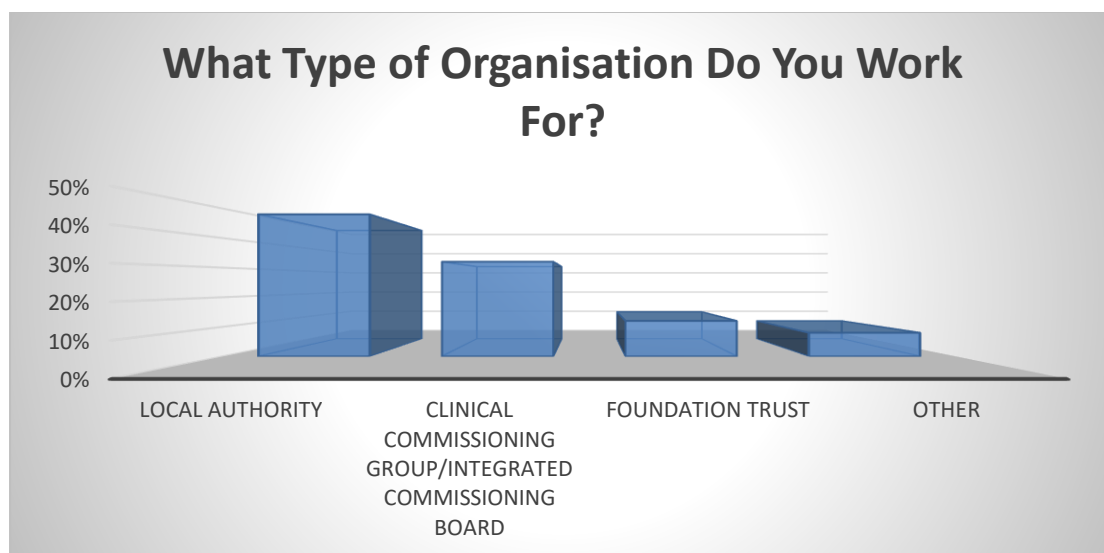


Figure 1: What type of organisation do you work for?

Figure 2 below shows that overall that most responses to questions were positive in that the commissioner responded with 'agree' or 'strongly agree' thereby suggesting that they feel positive about RF as an organisation with reference to the questions posed. If we were to look for areas for focus, questions regard properties (the two questions to the right-hand side of the chart above), where answers of 'neither agree nor disagree', and 'don't know' are more than for other questions could be a focus. However, this withstanding, the most frequent response was that the properties are suitable in that a response of 'agree' was the most frequent answer for these two questions, and 'agree' or 'strongly agree' combined totalled over 50% of the responses.

Of note amongst the questions in figure 3 are that 92% of responses agreed that services are safe and secure, and 88% of responses agreed or strongly agreed that the services consider Equality, Diversity and Inclusion (EDI) in the way that service are delivered. These responses are positive as there has been a large focus on equality and diversity throughout the past few years, especially after the 'Black Lives Matters' movement, and to see that Richmond Fellowship is regarded as positive in these aspects is testament to the focus and

work carried out within Richmond Fellowship, although there is always work to do, and a focus on EDI should continue. This continued EDI focus should not overlook that 4% of those that responded that they ‘disagreed’ that services considered EDI. In addition to EDI, Richmond Fellowship has had a focus on co-production within services, and it is positive to see that 80% of commissioners responded that the approach to coproduction is effective.

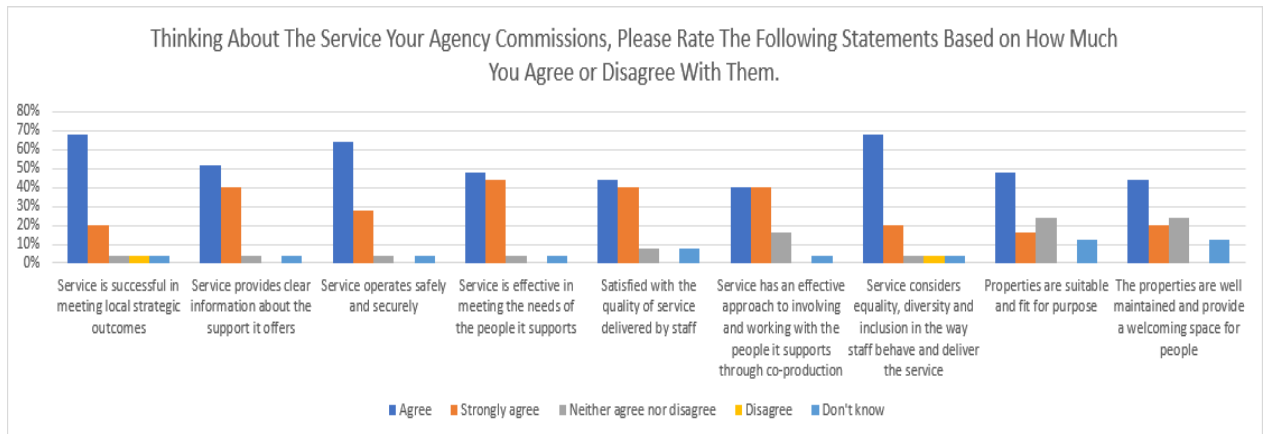


Figure 2: Commissioner responses as to how much they agree/disagree with the questions posed.

Figure 3 below shows that, even though, throughout 2022, we have been coming out of the most significant part of the covid19 pandemic and resuming services somewhat on a par with those prior to the pandemic, it is positive to see that 88% of our commissioners felt that our services responded in a ‘very’ or ‘extremely’ responsive way.

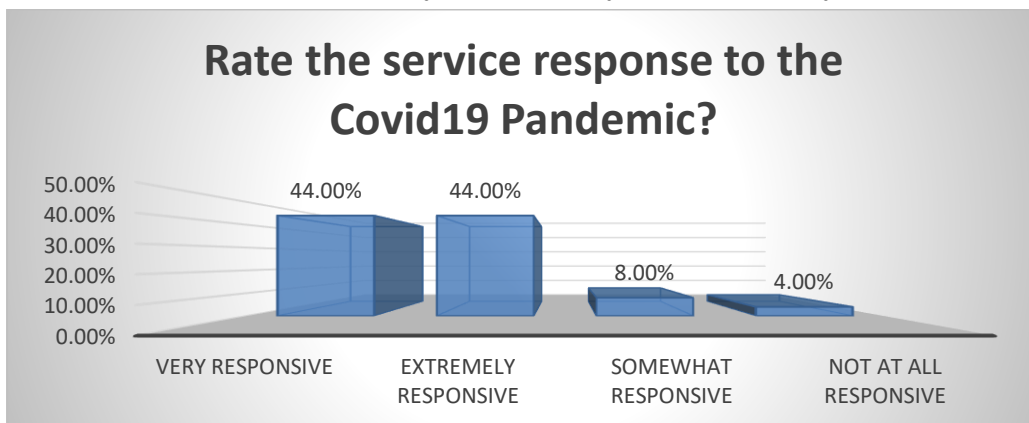


Figure 3: Services response to the Covid19 pandemic

Figure 4 below shows that 80% of commissioners responding to the survey suggested that the quality of Richmond Fellowship services was 8 out of 10 or greater. Furthermore, 16% of commissioners responded with a quality score of 10 out of 10. Even those who responded with a score of less than 8 out of 10 scored 5 or above out of 10. It is positive to see that the majority of those who responded, in effect, rated the quality of service at 80% and above.

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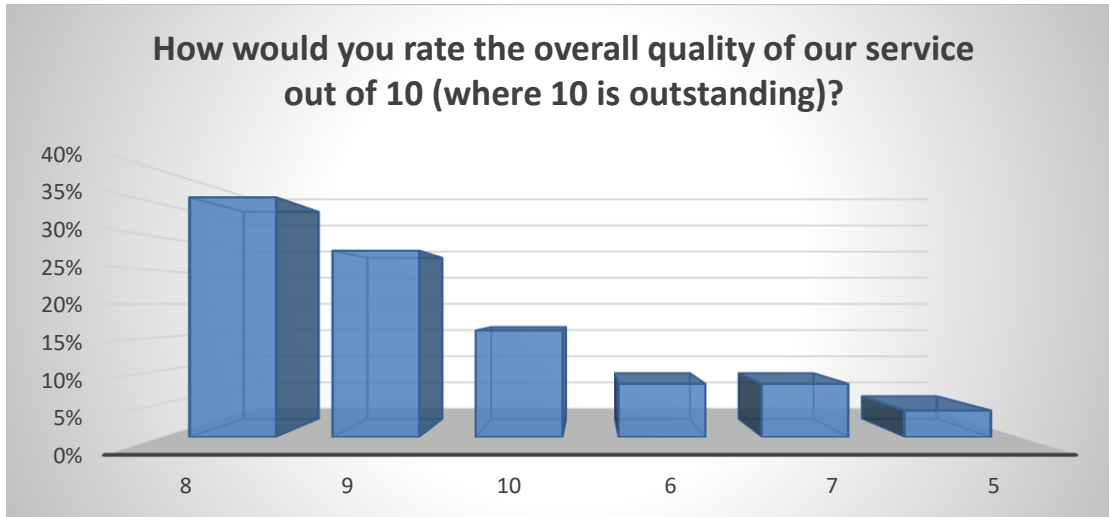


Figure 4 Overall commissioner quality rating of services provided.

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 2022/23 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 to ensure we meet our responsibilities and reflect our commitment as an organisation to showing our compassion throughout this process.

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Looking ahead

In May 2023 we launched our new 3 Year Group Strategy entitled Inspiring Recovery Together. The Strategy sets out our new aims, values and priorities for the next three years.

It builds on our recent successes and focuses our attention on the challenges and opportunities ahead. We will develop more detailed plans each year to support the delivery of our goals.



Quality Services: We'll deliver and develop quality services everyone can be proud of.



Working Together: We'll put people at the heart of everything we do.



Reach: We'll strengthen our presence and partnerships in the places we operate.



Sustainability: We'll ensure the sustainability of the Recovery Focus Group.



Impact: We'll ensure our services provide personal and social impact.

These strategic priorities will enable us to press forward to deliver our revised vision and mission in accordance with our values. This refocussed direction is set out here:

Our vision is that everyone can achieve a life they value.

Our mission:

- We work together to achieve recovery goals.
- We work together as experts in the fields of mental health, drugs and alcohol, gambling, and domestic abuse.
- We work together with strategic partners to develop and deliver services at a national, regional, and local level.

Our values

Our values capture what we stand for and believe in. They are the principles, ideals and characteristics that define the culture, standards, and aspirations of us as individuals and as an organisation. They are the foundations that guide our actions and behaviours, and we commit to ensuring they are recognisable in everything we do – how we interact with people we support, how we interact with each other and how we present to the outside world.

We are resilient: we don't give up; we look after our wellbeing, and we are open to adapting and changing.

We are inclusive: we recognise that people experience disadvantage and discrimination, and we strive to create an organisation that prioritises equity of outcomes.

We are collaborative: we get alongside people to support their goals and we forge alliances in the pursuit of shared goals.

We are hopeful: we believe that everyone can achieve a life they value.

We are Recovery Focus

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In striving to achieve our priorities to deliver our vision, we have some key themes which underpin the way we will work which are as follows:

Working Together

At Recovery Focus, the people we support are at the heart of everything we do. That's why one of our founding principles is to work with the people using our services as equal partners, to design, plan and provide support together. Our approach is based on the principle of co-production, which means creating something together. We champion this throughout the organisation both within our individual operational and central service teams.

Equity, diversity and inclusion

We will break down barriers to make Recovery Focus more diverse and inclusive. We will ensure our people reflect the communities we operate in and do more to ensure the experience and outcomes of people we support and the people who work for us are equitable.

Quality and continuous improvement

We pride ourselves in working with people who others may turn away. With this comes a greater responsibility to deliver high quality services that keep people safe, that are responsive and that are effective.

Environmental sustainability

We are committed to doing all we can to adapt and change our approach so that we are more environmentally sustainable. We will continue to adapt our property portfolio so that we can meet and exceed net zero targets and we will change our behaviours to reduce our carbon footprint.

Person centred and data driven

Our services have been designed and developed based on an understanding of what works. We will continue to challenge ourselves and the sector by capturing evidence of the impact of our operating models and the outcomes we achieve. We'll become a data driven organisation to ensure our decision making is informed by evidence.

Innovation and technology

We have invested heavily in our IT infrastructure in recent years and will continue to harness its potential, finding new ways to deliver our services and collaborate.

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