Care Plus
Quality Account
2012

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PART ONE

INTRODUCTION

1.1 Statement from the Chief Executive

2011/12 has been a profound year for Care Plus Group. We have completed the sprint to become a stand-alone Social Enterprise, and have commenced the marathon to become a sustainable provider of quality care which local people want to be associated with, and more importantly, receive care from.

During this year, not only have we had to carefully scrutinize and evaluate the fitness for purpose of the process and procedures which we inherited from the Care Trust Plus and the NHS, but we have also had to develop new processes and structures to ensure we are able to go forward in a safe and sustainable way. Our Quality and Performance team have worked tirelessly to ensure that Care Plus has systems in place which quickly identify potential safety hazards or areas requiring improvement. It is to this team’s credit that the Care Plus Group Board have stated that they feel assured by the processes now in place.

Being a successful care provider is not just about having all the right systems in place, it is about the care we provide, and to achieve this we have to have the right people and the right relationships. This is one of main positives this year, ‘our people’ at all levels of the organisation have conducted themselves in an exemplary manner and have embraced the new approach to the community we serve as ‘customers’. Our performance indicators demonstrate the total commitment our staff have to promoting personalisation and ‘no decision about us without us’. Nowhere was this more evident than during the recent presentation of the ‘VIP’ projects details of which can be found on page 50. This whole project epitomised for me what Care Plus Group is about – partnership working at its best, listening and responding to the needs of customers, breaking down traditional barriers, and most importantly, making a difference for people. A recent presentation of these projects was my proudest moment in the 9 years I have worked in North East Lincolnshire.

Our next year will undoubtedly bring many challenges but we start it in a strong position following our first successful year and we will continue to consolidate our position locally in a pivotal position bringing together the whole of the health and social care economy.

Lance Gardner
Chief Executive Officer
Care Plus Group
PART TWO

2.1 Priorities for improvement & Statement of Assurance from the Board

Care Plus Group Board are pleased to receive and approve the Quality Account for 2012.

2011/12 has been an exciting but challenging year with the separation of providers and commissioners and formation of Care Plus Group as a Social Enterprise and business in our own right as a result of this. Care Plus Group Board are committed to ensuring all services that are delivered are of the safest and highest quality and I am pleased to say it has been a year where Care Plus has maintained and in some cases improved quality and standards in spite of the larger changes that have been taking place.

The Board would like to pay tribute to all staff within the organisation for their absolute commitment to the organisation over the past year and their tireless on-going work to serve local people. This Quality Account also emphasises how important it is for us to listen to staff, people accessing our services, their families and carers and to learn from their views in order to further improve and ensure that people and their needs are at the heart of our organisation.

Improving the health and wellbeing of the population of North East Lincolnshire by reducing inequalities remains a strong focus for 2012/13. The Quality Account supports this approach and demonstrates the value of the links that have been built locally with partnership agencies across health and social care. The importance of these working relationships has been highlighted nationally within the new Health & Social Care Act 2012.

I am satisfied that the indicators contained in the Quality Account give a balanced view focusing on successes as well as illustrating areas that have been identified for improvement during 2012/13.

I can confirm that the information contained within this report is true and accurate.

Val Waterhouse
Chairman
2.2 Priorities for improvement

Health and Wellbeing overall is believed to be linked to the following areas¹:
1. Income
2. Employment
3. Health Deprivation & Disability
4. Education, skills & Training
5. Barriers to Housing & Services
6. Crime

Care Plus Group aim to support the population of North East Lincolnshire to achieve the best possible standard of life by tackling more than just health issues and offering services linked to all six of these areas.

Care Plus Group work to combat not only the health issues, but to support the local population in relation to all areas of deprivation. The aim of Care Plus Group is to look at the Health & Wellbeing of the county as a whole. The ethos of Care Plus Group works towards improving people’s lives by delivering health and social care as an integrated package.

¹ [http://www.communities.gov.uk/corporate/researchandstatistics/statistics/subject/indicesdeprivation]
2.3 Demographics of North East Lincolnshire

The Headquarters for Care Plus Group is situated on the outskirts of one of the most disadvantaged and in need areas of the county known as ‘East Marsh Ward’, ranked as the second most deprived area in England in the index of multiple deprivation.

The chart below shows the different areas of North East Lincolnshire and how the indices of deprivation are intrinsically linked with each of the areas. Head office is ideally located to ensure that the services offered by the organisation to support Health & Wellbeing can be accessed by those individuals that require the services the most.

Care Plus Group look at the individuals in North East Lincolnshire as a whole person and not just from a health perspective. By enabling individuals to access services that support them in relation to improving their lives as a whole, this will inevitably improve the quality of life for the patient/service user, carers and families.

As illustrated throughout the Quality Account, Care Plus Group is fully aware as an organisation that to ensure that our patients and service users are truly the primary focus, partnership working is essential.

There are close links between Care Plus Group and the following organisations:
- NAVIGO (Mental Health Providers)
- Northern Lincolnshire & Goole NHS Foundation Trust
- East Midlands Ambulance Service
- Domiciliary Care Providers

By adopting a locality wide approach to treatment and care, through multi-agency working, the issues within North East Lincolnshire can be tackled via the most appropriate work streams whilst ensuring that best practice is adhered to.

2.4 Key Facts in relation to Health in North East Lincolnshire

- Using 5 years data (2005-09), for men in North East Lincolnshire area the difference in the average life expectancy from birth between the most deprived areas and the least deprived areas is 10.7 years, an improvement from the previous year’s figure of 11.0 years. For women the gap has worsened, from 6.9 years to 8.4 years.
• Estimates suggest that in 2011 there are 53,426 people living with long term conditions in North East Lincolnshire (39.6% of the population), projected to rise to 57,041 (41.6%) in 2021 and to 59,551 (42.4%) in 2031.

• Data from the Learning Disabilities Annual Health Self-Assessment Framework 2011 showed that there were 759 adults with learning disabilities registered with general practices in North East Lincolnshire CTP, 0.79% of these from minority ethnic groups. 79 adults have complex or profound disabilities. 530 people with LD are recorded by the local authority. Given the estimated 2,565 people with LD, it suggests that only between 20 and 30% are known to care.

• The inter-relationship between offending and health, lifestyle and substance misuse is significant. A snapshot of data in August 2011 from Humberside Probation Trust information system shows that 26% of the target group in the community identified the links between emotional well-being and offending, 47% identifying links with alcohol misuse, 30% drug misuse and 56% with lifestyles.

• There were an estimated 10,070 people aged 18-65 with moderate or severe physical disability in North East Lincolnshire in 2010, projected to rise by 2.9% to 10,399 in 2025.

• In 2009, circulatory disease accounted for the largest proportion of deaths in North East Lincolnshire and cancers the second largest. For premature mortality (aged under 75), cancers is the main cause of death followed by circulatory diseases.

• In 2009/10 there were 7884 people aged 17 years and older diagnosed with diabetes in North East Lincolnshire CTP area. There were also an estimated 2190 adults with undiagnosed diabetes. The prevalence of diagnosed diabetes among people aged 17 years and older in NEL is 5.9%, compared to 5.4% in all PCTs with similar diabetes risk factors.

• In 2008/09, the recorded prevalence of Chronic Obstructive Pulmonary Disease (COPD) in North East Lincolnshire was 2.03%, equating to 3,446 people on disease registers. The NEL prevalence was higher than both the England (1.54%) and Yorkshire and the Humber (1.85%) averages.

• Based on 2001 Census population data a predicted 3,710 people aged 65-74 are living alone in 2010 with numbers projected to increase to 4,790 by 2030. Similarly 6,838 of those aged 75 and over are predicted to be living alone in 2010, projected to be 10,292 by 2030.

• According to the Income Deprivation Affecting Older People Index (IDAOPI) 2010, of the 107 Lower Super Output Areas (LSOAs) in North East Lincolnshire, 36 (34%) are within the most 20% deprived nationally.

• Based on prevalence data from the Dementia UK study, 2,001 people in North East Lincolnshire aged 65 and over are predicted to have dementia in 2010. Numbers are projected to rise to 3209 in 2030.

The above facts are taken from the 2011 North East Lincolnshire Joint Strategic Needs Assessment

2.5 Care Plus Strategic Map

To support the move to Care Plus Group as a Social Enterprise, the framework that was put in place was revisited to see if any improvements could be made and to ensure that all aspects of quality and value are being monitored within the organisation.

The framework has therefore evolved to ensure all areas of business are evidenced in relation to Quality and Value, whilst ensuring that we respond to the requirements of our service users, commissioners, staff members and all external regulators.
2.6 What will we be measuring and reporting in 2012/13?

Description of areas for quality improvement in 2012/13
For 2012/13 we have chosen to focus on five priorities for improvement which reflect the three domains of quality:

1. Patient Safety
2. Clinical Effectiveness
3. Patient Experience

Some of the areas for improvement are a continuation of the priorities that we identified for 2011/12 in recognition of their importance to our patients, staff and the overall quality of care that we provide.

The following section details our aims, goals and monitoring arrangements for each of the five priority areas for 2012/13. It features what domains each priority links in to, where we are currently in relation to each and details of what the long term goals are for Care Plus Group:

PRIORITY ONE – SUPPORTING INDEPENDENCE & HEALTHY LIVES
1. All Patients and Service Users will have a personalised Care Plan in place
   - **Domain(s)** – Patient Safety, Clinical Effectiveness, Patient Experience
   - **Current Status** – As intervention commences with patients/service users a personalised care plan is completed and agreed to by the individual in order to ensure that they receive the best possible continuity of treatment. These are then monitored and reviewed regularly to ensure they stay relevant to the needs of each individual
   - **Goal** – The above process will continue and the personalised plans will be reviewed regularly
   - **How we will monitor** – Monthly returns are currently submitted to the Care Plus Group Quality & Performance Team stating the number of clients/patients listed with each team and how many have current and valid Care Plans. This will continue during 2012/13 but with the introduction of random sample auditing of plans to ensure that they are current and valid for the individual they are linked to.

2. All Patients will receive nutritional screening and a pressure ulcer risk assessment as part of their initial assessment
   - **Domain(s)** - Patient Safety, Clinical Effectiveness, Patient Experience
- **Current Status – Nutritional Screening** - Patients at the Intermediate Tier Care Facility (The Beacon) are screened automatically as part of their admission process and this information is held on the individuals file. This information ensures that individuals receive the most appropriate care and support and further support is given to the individual if the risk assessment shows that there are nutritional issues. This process has been in place for over a year and for 2011/12, 100% of all patients were screened.

**Pressure ulcer risk assessment** – this assessment has been introduced across Care Plus Group as a whole as a new process during 2011/12. Every new patient that is seen in the Intermediate Tier Care Facility, by a Community Nurse or through links with Intermediate Tier is supposed to be risk assessed in relation to pressure ulcers. This is a new process and the results are being monitored monthly, with gap analysis identifying the teams that are not carrying out the assessments as required. A bespoke template has also been created locally with visual as well as written aids to demonstrate the different grades of pressure ulcers. Training courses are also being offered to all relevant staff and carers to help reduce and prevent the number of pressure ulcers that are acquired locally.

- **Goal** – All new patients will be subject to nutritional screening and a pressure ulcer risk assessment as part of their initial assessment with Care Plus Staff.

- **How we will monitor** – Gap analysis will continue to be carried out to highlight specific teams that are not carrying out the assessments. Work will then take place to support these teams to ensure the requirements are implemented.

3. **All care that people receive in relation to end of life is compassionate, appropriate and gives people choices in how they are cared for and where they die**

- **Domain(s)** - Patient Safety, Clinical Effectiveness, Patient Experience

- **Current Status** - A locality wide approach is now in place for Care Plus in relation to End of Life Care with the Strategic Lead for Palliative Care and End of Life Care being a Care Plus employee. The post ensures that a joint up approach is taken and that best practice is implemented throughout. An “End of Life” Template was created for SystmOne in 2011/12 and this is used locally by the nurses, doctors, practice managers, the local hospice, Macmillan and Marie Curie to ensure that the patient’s and their families are not repeatedly asked the same questions and that all information is shared. In 2011/12 the need for a symptom management plan was a priority with 100% of individuals having a personalised plan in place.

- **Goal** – Joint working will continue across the locality with processes being streamlined. A data system needs to be put in place so that information can be collected for the process as a whole as current systems pull the information by separate organisation and this does not give a true picture or an accurate reflection of the treatment that individuals are receiving.

- **How we will monitor** – This is currently done manually due to the issues with data retrieval and partnership working. During 2012/13 this will need to be revisited and a system put in place so that the data can be pulled as a whole.
PRIORITY TWO – EFFECTIVE GOVERNANCE

1. Improve the timeliness in response to complaints
   - Domain(s) - Patient Safety, Clinical Effectiveness, Patient Experience
   - Current Status – A robust system is in place whereby the Quality & Performance Team reviews every complaint that comes in on the first working day that it is received. It is then determined as to whether it is a complaint against Care Plus. If this is the case, an investigating officer is assigned to the case and a timeframe for completion is agreed with the complainant. Proportionality is considered but for more serious cases a full Route Cause Analysis will take place. The final investigation report, when completed, will be signed off by the Chief Operating Office, Jane Miller and sent to the complainant.
   - Goal – Improve the current process in relation to implementation of lessons learnt and resolve all matters within a 20 week timeframe.
   - How we will monitor – Action Plans will be monitored more closely and the number of complaints that have been resolved with complete satisfaction will be included within the Board Reports for 2012/13

2. Improve the process in relation to the management of risks and the associated Action Plans
   - Domain(s) - Patient Safety, Clinical Effectiveness, Patient Experience
   - Current Status – There is a risk register that is part of the DATIX system and this is managed on a monthly basis as part of the organisations Leadership Meeting. The system is not robust and there is currently no strict process in place to ensure that all actions are completed within a required timeframe
   - Goal – All actions will be completed within the required timeframe and the risk level will reduce
   - How we will monitor - New system to be implemented within the organisation to ensure that actions are carried out by the required deadline

3. Process for implementation of Lessons Learnt from complaints and incidents to be improved
   - Domain(s) - Patient Safety, Clinical Effectiveness, Patient Experience
   - Current Status – Lessons learnt are disseminated via emails from the Quality & Performance Team, at the monthly Care Plus Group Managers Meeting and to the Heads of Service via the Leadership Meeting
   - Goal – Reduction in the level of extra-ordinary incidents and complaints due to new policies and procedures being put in place based on lessons learned
   - How we will monitor – Levels of incidents are monitored and analysed on a monthly basis with patterns identified and recommendations made. During 2012/13, Audits...
will take place to ensure that recommendations have been implemented and adhered to.

PRIORITY THREE – BUSINESS DEVELOPMENT & GROWTH

1. Increase the number of active Volunteers supporting Care Plus Group in the community
   - **Domain(s)** - Patient Experience
   - **Current Status** – At the end of 2011/12 there were 189 volunteers listed as supporting selected teams across Care Plus Group. Although this number is positive, clarity needs to be sought as to how many of these volunteers are still actively working within the organisation
   - **Goal** – Establish the number of active volunteers working within Care Plus Group and promote the work that they carry out to encourage new people to join. Improve the involvement of the existing volunteers within Care Plus Group and show how valued they are
   - **How we will monitor** – Monthly figures to be collected from the teams on the overall number registered with the levels of participation included

2. Restructure Community Nursing Teams within Care Plus Group to improve services offered to patients within North East Lincolnshire
   - **Domain(s)** - Patient Safety, Clinical Effectiveness, Patient Experience
   - **Current Status** – Since the launch of Care Plus Group as a Social Enterprise in July 2011, with issues including illness, retirement and redundancies, the community nursing teams across North East Lincolnshire has become unbalanced in relation to staffing and skill levels, hours and expertise. This has been revisited and a new structure is currently being put in place with further improvements continuing throughout 2012/13. Four Nurse Managers have been appointed to support the standardisation of all the nursing teams and to ensure that all the required processes are adhered to
   - **Goal** – All teams will have the relevant number of staff to support proportionally the number of patients they treat within the community and the nurses will all be trained to the level required to carry out their roles to the best of their ability.
   - **How we will monitor** – The teams will be monitored as part of the overall Care Plus Group Strategic Plan including specific areas such as training, supervision levels, and adherence to data quality requirements.
PRIORITY FOUR – VALUE FOR MONEY & EFFICIENCY

1. Financial Position
   - **Domain(s)** - Patient Safety, Clinical Effectiveness, Patient Experience
   - **Current Status** - we will continue to report our financial position on a monthly basis which will ensure that we can take remedial action as required
   - **Goal** – A full picture will be given to show the services that are being provided for the money that is being invested. This will be supported by evidence of Social Return on Investment and the outcomes that are achieved through the interventions of Care Plus staff.
   - **How we will monitor** – Evidence will be provided to show that the business is solvent. Work is being carried out in relation to Social Return on Investment to ensure that added value is being provided within North East Lincolnshire through the services that are being provided. This will include: High Performance when benchmarked against other organisations, low levels of complaints and serious incidents, high customer satisfaction and staff retention. All Heads of Service will also attend a quarterly confirm and challenge with the Chief Operating Officer where they will have to justify their current financial position within the organisation

2. Continue to evidence value for money via the savings that are made through the interventions that are provided to enable patients to remain in their own home
   - **Domain(s)** - Patient Safety, Clinical Effectiveness, Patient Experience
   - **Current Status** – Currently the savings made in relation to the work carried out by Complex Case Management within community nursing and Rapid Response within Intermediate Tier are collated and totalled to show the savings that are being achieved. In the last 12 months, these two areas alone have made savings of £4,227,460 against charges such as A&E avoidance, emergency hospital admissions and ambulance call outs. The savings are taking place across many other areas of Care Plus that are currently not being reported.
   - **Goal** - We will continue to divert people away from acute services/residential care by successfully supporting them in their own homes and the total support will be collated and evidenced for all areas of business.
   - **How we will monitor** – All areas of Intermediate Tier have access to the interventions list on SystmOne used when closing a referral and this is the current system used by Rapid Response. The plans is to train all staff to use the questionnaires template that has been added on to SystmOne as the Interventions List can only be used when the referral ends and this means that earlier
interventions are not always captured. Gap analysis will be carried out to ensure that the questionnaire is being used by all staff where appropriate.

PRIORITY FIVE – SKILLED & ENGAGED WORKSHOP THROUGH EFFECTIVE GOVERNANCE

1. Staff Compliance with Mandatory and Statutory Training
   **Domain(s)** - Patient Safety, Clinical Effectiveness, Patient Experience
   **Current Status** – Although our staff are carrying out training for areas that are deemed to be a priority, the current recording system for this training makes it difficult to both illustrate what training has been carried out by an individual as well as the specific skills training that is required.
   **Goal** – We will implement a simpler system within Care Plus to ensure that all staff know what training they should be receiving and that they are keeping the required training up to date.
   **How we will monitor** – A three tier system of training requirements will be introduced during 2012/13. A new central system will be implemented to ensure that training is relevant and that records are maintained to enable evidence of training standards to be produced if required. Long term an electronic system will be used that will enable an alert to be sent to individual staff members and their line managers to inform them that training is due to expire and needs re-booking.

2. Staff Compliance with Supervisions and Personal Development Reviews
   **Domain(s)** - Patient Safety, Clinical Effectiveness, Patient Experience
   **Current Status** - We promise to support our staff because they are our greatest asset and we will do this in a number of ways including ensuring that every staff member receives an annual Personal Development Review which supports clear objective setting and meets development needs. We need to ensure that we develop the diverse talent that we have in Care Plus Group and an effective PDR system lies at the heart of this.

   We recognise that effective and regular supervision results in better outcomes for both our staff and our patients/service users. We will continue to monitor the frequency and effectiveness of both clinical and management supervision and we will ensure that our managers throughout the organisation are equipped with the knowledge and skills to undertake this most essential aspect of their role.

   We have measured the level of staff satisfaction in a number of ways including through the NHS National Staff Survey and through the creation of a range of feedback tools. We have worked with a group of staff to develop a bespoke Care Plus Group Staff Satisfaction survey which will be facilitated on an annual basis. We
have proactively encouraged our workforce to complete the annual satisfaction survey and promise to use the results to produce a meaningful action plan that will focus on increasing the level of staff satisfaction.

Goal – All Care Plus staff will have a Personal Development Review that will be reviewed every 3 months.

How we will monitor – Monthly returns will detail the levels team by team and those teams that are not reaching the required levels will be targeted for intervention and support from the relevant Head of Service.

2.7 Other Priorities for implementation during 2012/13

NICE QUALITY STANDARDS
There are approximately 170 quality standards that are currently being developed by the National Institute for Health & Clinical Excellence. Seventeen of these Quality Standards are complete and ready for use. Of the 17 Quality Standards that are complete, the following apply to Care Plus Group and will be prioritised for implementation within 2012/13 as part of a commitment to best practice:
- Chronic Obstructive Pulmonary Disease
- Dementia
- Diabetes in Adults
- End of Life Care for Adults
- Patient experience in adult NHS services quality standard

The Health and Social Care Act (2012) sets out a new responsibility for NICE to develop quality standards and other guidance for social care in England and this will be monitored and implemented as appropriate within Care Plus Group.

CANCER SURVIVORSHIP SUPPORT
A new pilot scheme will be launched in July 2012 based within one of the North East Lincolnshire practices focusing on support for individuals that have survived cancer. The pilot will run for two years with a team of four nurses working with patients in relation to Health and Wellbeing needs both within the surgery and the community, including their own homes. The team will focus on individuals that fall into the following categories:

- Has completed initial cancer management and has no apparent evidence of active disease
- Is living with progressive disease and maybe receiving cancer treatment but not in the terminal phase of the illness or
- Has had cancer in the past

It is predicted that 1.6 million in England currently have a Cancer diagnosis, raising by 3% each year and that by 2030 there will be 3 million cancer survivors. Cancer management is becoming more like a chronic disease, with people living with and beyond cancer and many
people treated for cancer report that support from healthcare professionals tails off sharply as treatment ends. The team will look at issues such as depression that can occur following cancer, diet, returning to work and exercise.

**LOCALITY WIDE INTEGRATION OF THERAPY SERVICES**

Care Plus and Northern Lincolnshire & Goole NHS Trust have committed to creating a formal partnership arrangement in order to deliver improved therapy services together for the local population. This means that the staff who work for North Lincolnshire and Goole as well as those that work for Care Plus Group, will be placed in locations determined by the need of the population and not based on the organisation that employs them. The two organisations are working closely together to streamline all processes and to determine a joint service across the whole locality. Therapy outcomes and key performance indicators will therefore be produced and monitored as a whole and not as two separate organisations.

This approach to working together seeks to deliver against the following principles:

- Joint strategy, vision, ownership & commitment
- Culture not structure
- Outcomes not targets
- Place not organisations
- Delivery of seamless therapy services
- Delegation not transfer of functions
- Users at the heart of what we do
- Clinical & professional engagement
- Robust approach which meets the current and future business requirements
- Efficient & best use of combined resources

The therapists already work very closely together with their roles overlapping regularly therefore this approach will only improve the service even further.

A legally binding partnership agreement is being developed; this document sets out how both organisations will operate in order to develop integrated services. The model does not change the employment responsibilities of either organisation: rather, it seeks to describe how we will combine our total resources, systems and processes in order to provide services which meet the characteristics set out by the commissioners.

This approach to working together seeks to deliver against the following principles:

- Joint strategy, vision, ownership & commitment
- Culture not structure
- Outcomes not targets
- Place not organisations
- Delivery of seamless therapy services
- Delegation not transfer of functions
- Users at the heart of what we do
Clinical & professional engagement
Robust approach which meets the current and future business requirements
Efficient & best use of combined resources

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) & DEPRESSION
Within North East Lincolnshire, locality wide work is taking place looking at the links between depression and COPD. A grant has been won for £200,000 by the Burdett Trust for Nursing for work taking place in the next two years.

COPD is the second most common cause of emergency admissions to hospital in the UK. Up to 67% of people with COPD experience depression, anxiety and panic attacks which can be treated using cognitive behavioural therapy (CBT). CBT can increase completion rates for pulmonary rehabilitation (PR), result in better health outcomes and significant reductions in emergency admissions and bed days. Prevalence rates are high in North East Lincolnshire and this project will empower professionals to work in partnership to integrate CBT into existing COPD services. It aims to identify and offer interventions, providing the right care, in the right place at the right time, bridging the hospital – community interface. Identification and interventions will be offered following emergency hospital admission as well as being part of PR programmes. The project will be closely monitored and evaluated and outcome data will be used to achieve long term sustainability and roll out.

SOCIAL VALUES PILOT PROJECTS
There are two separate pilot projects taking place during 2012/13 in conjunction with Leeds University Business School. One is in relation to Palliative & End of Life Care and the other is in relation to Day Services for Older People & People with a disability. Both projects look at answering the question of “What is socially valuable from personalising people’s care?” and will take into account the needs of the patients/service users, carers, families, staff, commissioners and local partners. The outcomes of the projects will be included in the Quality Account for 2012/13.

FULL SERVICE REVIEW & CHANGE MANAGEMENT PROGRAMME FOR THE INTERMEDIATE TIER CARE FACILITY
The aim is to review current practice and implement a structured change management programme to support the overall development of the service and processes with key stakeholders.

KEEP SAFE SCHEME (See APPENDIX C)
A recent Mencap report stated that one in four people with Learning Disabilities feel vulnerable and isolated. The Keep Safe Scheme will be implemented locally for vulnerable members of North East Lincolnshire.

People who are vulnerable because of learning difficulties, physical disabilities or mental health problems have the right to feel safe when they
are out in the community. Unfortunately these people can sometimes become targets for bullying and harassment and can feel intimidated, scared and frightened to go out. North East Lincolnshire Care Trust, Humberside Police and partner agencies are working together to set up a Keep Safe Scheme. The Keep Safe Scheme will be a network of businesses such as shops, libraries and cafes etc who have agreed to make their premises a safe place for vulnerable people to go if they feel frightened or distressed when out in the community. Vulnerable people who wish to take part in the scheme will be issued with a keyring, card or mobile phone sticker with the Keep Safe logo on. The keyring, card or mobile phone sticker will also contain telephone numbers of who to contact in an emergency such as family, friends, carers, or the local police.

2.8 Participation in Clinical Audits

Palliative Care
Data has been submitted to the National Council for Palliative Care for the annual audit of specialist palliative care services where we are benchmarked against all other specialist palliative care teams in England and Wales. The benchmarking results usually take approximately 2-3 months to come through and therefore the results are not currently available.

GP OOH Telephone Triage
One of the senior staff within the GP OOH Call handling team listens to 1% of all the calls made by call handlers. The results are used to inform supervision and ensure a consistency in quality across the team. The individual staff member is also emailed an example of their own call so they can score themselves and listen to how they sound and to discuss any improvements that could be made.

Glucometers
An audit was carried out in relation to the glucometers that are currently being used within Care Plus Group as a result of a high number of non-compliant staff.

A Scoping exercise was undertaken ascertaining staffing groups involved, structure, manager etc. Databases were developed, and validation checks took place. Easy read guidance was produced and disseminated highlighting risk for all staff groups. Full guidance and an overview was uploaded onto the organisations intranet to ensure all staff groups were aware. Relevant staff members were informed that they must attend refresher training and their attendance will be audited during 2012/13.

Injectable Meds
This audit was carried out in response to a NSPA Safety Alert. A Risk assessment was carried out as well as all relevant internal policies being revisited. All recommendations from the NPSA were adhered to where appropriate. Further training implemented in relation to End of Life Care and Infection Control.

Administration of Insulin
This audit was carried out in response to a safety alert from NPSA. Two common errors were been identified:

- The inappropriate use of non-insulin (IV) syringes, which are marked in ml and not in insulin units;
- The use of abbreviations such as ‘U’ or ‘IU’ for units. When abbreviations are added to the intended dose, the dose may be misread, e.g. 10U is read as 100.

Some of these errors have resulted from insufficient training in the use of insulin by healthcare professionals.

Urgent communication was sent to all clinicians and an action plan developed. This included:

- Communication plan.
- Insulin study day was held to raise awareness with regard to the NPSA alert, record keeping, guidance etc
- Guidance amended, disseminated and uploaded onto the intranet highlighting key changes; prescriptions, needle length, abbreviations etc

The process was then re-audited with much better results. 100% target was met for the correct syringe being prescribed and used. The Diabetes Specialist Nurse will continue to reinforce best practice as part of her role.

### Training needs

A full audit was carried out on the training needs of all staff within Care Plus Group including clinical staff. This has highlighted several issues in relation to record keeping in relation to training, training attendance and relevance of training for specific staff.

Training has been looked at as a whole and will be completely re-structured during 2012/13 with a three tier system being introduced. All staff will fall into one of three streams of training making it easier to determine what is required as well as ensuring attendance is adhered to. The long term plan is to link the training of each individual to their HR record so that it is automatically flagged when an individual member of staffs training is due to expire.

### Record Keeping

External Auditors were commissioned with looking at the record keeping standards across Care Plus. This was delayed due to issues with the initial auditor that was appointed and the process having to be put on hold until someone else could be identified to carry out the work. The delay means that this will now be reported within the audit section of the 2012/13 Quality Account.

### 2.9 Goals agreed with commissioners

Use of the CQUIN payment framework
A proportion of Care Plus Group income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between Care Plus Group and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Detail of the CQUINS targets are contained within Part Three, Performance Monitoring

2.10 What others say about Care Plus

Processes have been put in place to evidence the commitment that we have in ensuring that all stakeholders within North East Lincolnshire have a voice in relation to Care Plus Group. This includes:

**NEL CTP - Commissioners** – A quarterly report is presented to the Care Trust Plus Commissioning Board showing where we are as an organisation in relation to all indicators and targets, both locally and nationally. A full picture is given, including all indicators that are being monitored internally and includes any areas of concern, any future risks as well as good news stories. Contract and Performance Meetings are also held on a quarterly basis between the commissioners and members of Care Plus Group Senior Management Team to allow the commissioners the opportunity to discuss face to face, any matter in relation to any of the services provided.

**Council of Governors** - The Council of Governors represents Members and the wider community of North East Lincolnshire within the Society, and is a link between the Members, North East Lincolnshire community members and the Care Plus Group Board. This group includes the Care Plus Group Chairman, Eight staff members (including the chair for the Advisory Committee), two local Authority nominated members, and three lay members. One of the lay members is a service user and one is a member of ACCORD, the community membership body for North East Lincolnshire. As with the above, the committee receives a copy of the quarterly report and all members are able to challenge relevant members of Care Plus Group in relation to any area of business.

**Staff Advisory Committee** – This committee has been set up to ensure that every member of staff has an equal voice about any decision that is made in relation to the organisation. It consists of employees of Care Plus Group from both health and social care teams who represent the views of their peers. The primary role of the membership is to ensure that every member of staff is happy and any concerns are shared. The group is used to disseminate lessons learnt & best practice as well as to organise events to encourage social interaction of teams, including Family Fun days and Christmas Parties. The Staff Advisory Committee also plays an integral part in the Voluntary Improvement Programmes (VIPs) – See page 52 for further details

It has been agreed by existing members that during 2012/13, this committee will expand further to include volunteers and bank staff representatives, to illustrate further just how valued and supported they are and to ensure they feel they are classed as equal members of the organisation.
SERVICE USER EXPERIENCE

We want to ensure that all patient feedback is utilised to improve future experiences and we want to show the local community how important their comments and concerns are to us.

The current level of service user experience surveys that are carried out within Care Plus Group varies from service to service but the figures remain constantly high. The overall levels have been between 98-100% for the last two years.

Moving forward and to ensure that the results are unbiased, it has been agreed that the process will be centralised. This will ensure that a true reflection of the thoughts and feeling of our patients and service users is given without the influence of the individual teams or area of service that they have been linked to.

Patient Opinion have been commissioned as a independent non-profit feedback platform giving people the option to access an independent, publicly available, open site to comment on their experiences, good or bad. Patient Opinion will also be used to collate the results of the Satisfaction Surveys to reassure the public that the responses that are received are truly those of the general public.

The link below gives access to Patient Opinion and gives further detail about this organisation.

http://www.patientopinion.org.uk/

Below are the figures for 2011/12 for patients/service users when asked the question as to whether they feel that they have been treated with Dignity and Respect when they have accessed Care Plus:

<table>
<thead>
<tr>
<th>CQUIN Title</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Target</th>
<th>Year End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of individuals that feel they have been treated with Dignity &amp; Respect</td>
<td>99.72% (361/362)</td>
<td>100% (55/55)</td>
<td>100% (280/280)</td>
<td>100% (115/115)</td>
<td>100%</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

COMPLAINTS/COMPLIMENTS

A team was established from 1st July 2011 when Care Plus Group became a Social Enterprise to monitor complaints and compliments for the organisation as a whole. Root Cause Analysis Training was delivered by the National Patient Safety Agency (NPSA) and was attended by 58 managers from Care Plus Group to ensure Serious and Untoward Incidents are investigated fully and for the best outcomes to be achieved. The same list of managers is also used to investigate any complaints that are linked to services within Care Plus Group. If there is a complaint about a specific service area, a manager from another area is allocated to ensure that the complaint is investigated fairly and with an unbiased opinion. A
deadline is agreed with the complainant to ensure that the process is monitored and the complainant is kept up to date.

There have been 17 formal complaints since Care Plus Group became live as a Social Enterprise on 1st July 2012. Fourteen of these complaints have been satisfactorily resolved and since been closed. There are still three complaints that are on-going but this is due to continued investigations and no deadline has been exceeded.

There have been lessons learnt from specific issues within the services concerned. The points raised have been listened to and relevant changes have been implemented to ensure that the same issues do not occur again and an on-going learning culture is embedded across the organisation.

CARE QUALITY COMMISSION (CQC)
Care Plus Group is required to register with the Care Quality Commission and was registered by the Care Quality Commission under the Health and Social Care Act 2008 on the 28/06/2011. Certificate Number 1-283163016. Care Plus Group has the following conditions of registration Personal Care; Accommodation for persons who require nursing or personal care; Treatment of disease, disorder or injury; Diagnostic and screening procedures; Transport services, triage and medical advice provided remotely. The Care Quality Commission has not taken any enforcement action against Care Plus Group.
Care Plus Group has not participated in any special reviews or investigations by the CQC during the reporting period.

CARE PLUS GROUP SERVICE USERS & PATIENTS
This is an area that is a current priority, to ensure that all teams within Care Plus Group distribute a service user satisfaction form on a regular basis. Moving forward, the use of Patient Opinion also means that every individual within North East Lincolnshire, including family and carers, will be able to give a frank and honest opinion on the services provided by Care Plus.

Meetings were organised with the following groups of patients and service users to discuss their experiences with the teams that they had accessed:
Learning Disabilities Group – All Talk Together
Older People Day Services – Bert Boyden Centre, Immingham
COPD & Falls Buddies - Volunteers at Hope Street

No negative responses were received in all the conversations that were held and all feedback was positive.
Repeated comments received were in relation to:
1. Friendliness of staff
2. Social side of attending groups
3. Improvement in independence due to attending groups
4. Thanks for support

The Outcome Star (SEE APPENDIX B) was recently implemented within Intermediate Care @ Home and is in the process of being rolled out across the service. The following are
comments from the individuals who were involved in the process in relation to the service that they received and the outcomes reached with the support of the staff that cared for them, showing evidence of a real impact on people’s lives after the receipt of services from Care Plus:

1. I go to church club once a week now, and previously couldn’t attend
2. The team had a Smoke alarm fitted for me
3. I am now able to use the bus and do my shopping on my own
4. I can prepare my meals myself now
5. I now go to town with support in a car taking my scooter
6. I now have a social life the local club
7. I am now fully independent
8. I can now take my own medication and I’m not relying on family

A similar process will be used for the locality wide therapy teams and the personal outcomes demonstrated will be included in next year’s Quality Account report.

Further work is to be undertaken over the next 12 months to ensure that users and carers and improving quality and outcomes remain at the heart of what we do in order to evidence and drive quality.

CARE PLUS GROUP STAFF

A staff satisfaction survey is carried out annually in May across the whole of Care Plus Group. The survey is collated via an independent online survey programme but is available in a paper format if this is preferable to the individual member of staff. The paper responses are anonymous and are inputted onto the online survey to enable the total results to be collated. The main issues identified for 2010/11 are shown below as per the Action Plan that was developed for implementation during 2011/12 with the processes that were put in place to support improvement within the organisation:

1. Communication
   a. Communication survey was sent to every staff member requesting that people identify what is their preferred method of communication (Inc. texts, letters, intranet and email)
   b. Care Plus Intranet was updated to ensure it contained areas that had been identified as a priority for staff members
   c. External website was set up to replace existing blog carrying good news stories and case studies that are pertinent to external stakeholders as well as staff in order to effectively market the organisation by providing a dynamic shop front. This website will also serve to build confidence in the staff team that our organisation is proud to market our good work.
   d. Good News Stories actively encouraged to promote teams and to share best practice
2. **Strategy & Vision**
   a. Pictures of Executive and Non-Executive Directors and board members with “pen portrait” CV including qualifications and experience were uploaded and clearly accessible on the website [www.careplusgroup.org](http://www.careplusgroup.org)
   b. A clear operational structure was developed and distributed throughout Care Plus
   c. Strategic map was produced showing clear values and priorities for the organisation
   d. Quarterly Performance “Confirm & Challenge” Sessions were established with every Head of Service meeting with the Chief Operating Officer, Jane Miller.

3. **Culture & Governance**
   a. Voluntary Improvement Programme was established (see page 52 for further detail)

4. **Leadership & Management**
   a. The leadership of Care Plus was made more visible and recognisable. Following the principle of a school “house” system each of the Non-exec directors were assigned to an operation division of the organisation.
   b. The profile of the leadership team was promoted throughout Care Plus with the aspiration that all members of staff are able to recognise Lance Gardner as Chief Executive, Jane Miller as Chief Operating Officer and Val Waterhouse as Chairman by the time of the next staff survey.

5. **Staff Engagement**
   a. Staff engagement events take place every quarter with all staff being given the opportunity to attend.
   b. Managers’ meetings involving all the managers across Care Plus take place once a month

6. **Corporate Services**
   a. Central Corporate Services have been developed in the form of the following:
      - Human Resources
      - Finance
      - Quality & Performance
      - Business Unit
      - Communications Team

7. **HR & Workforce Development**
   a. A formal Mentoring programme will be developed and opportunities presented throughout Care Plus in order for people who wish to be mentored in their roles to have the opportunity. Mentors can be sought within and external to Care Plus in order to broaden staff knowledge and experience
   b. The Personal Development Review (PDR) has been reviewed and revised and will commence an organisation roll out, with a top level down approach from July 2012. This means that a Golden Thread approach will be adopted with the
priorities for the organisation filtering down as identifiable targets within each individuals PDR

c. Recruitment is defined, ensuring that the correct individual is hired for the correct job. Minimum standards are set and if they are not reached, the position is not filled.

d. A working group has been established to prioritise and work through the policies of Care Plus to ensure they are clear, simple, unambiguous and written in plain English as they are approved and implemented.

8. Respect & Dignity

a. Care Plus recognises that there is a perception of a level of bullying and harassment within the organisation reflected within the Staff Survey. We are adopting a ZERO tolerance campaign for bullying and harassment with the development of clear support structures in place

9. Staff Survey

a. The staff survey will be repeated annually, based on the same questions in order to identify trends, year on year. Online survey software backed up with the availability of hardcopies is deployed with support from the Communications Department to ensure a comparable number of submissions and to ensure statistical validity

2.11 Data Quality

Care Plus Group is working hard towards standardising the data across all its services with all teams where possible, moving to SystmOne. Templates are also being written where possible to guide staff through the processes and therefore cut down on time and data errors. During 2012/13 Care Plus Group are taking the following actions to improve data quality:

SystmOne Optimisation
This was initially set up to review SystmOne usage across Care Plus Group. Regular meetings are taking place to ensure that as an organisation we are utilising SystmOne effectively and as comprehensively as possible. The group also implements trials of new technology that could be used by the organisation (eg recently trialled I Pads, Mobile Phones)

Standardisation across Community Nursing Teams
A lot of work has been carried out across the nursing teams in relation to standardising the information that is collected. In the current working structure, team by team as well as nurse by nurse work very differently dependent on length of service and where they have previously worked. Specific priority areas have been highlighted for focus and work streams have been set up as follows:

End of Life Template
A template was created from scratch to be used initially across Care Plus Group. This included all information that would be required to ensure the best care possible for the patient from both a health and social care perspective. The template also enabled
information to be pulled from other areas meaning that nurses would not have to ask the patient the same questions over and over again. This saved time for the nurses and made the process much better from a patient perspective. The template was so successful from a clinical point of view that it was agreed that it would be used across all of North East Lincolnshire as part of best practice and training was given to staff as St Andrews Hospice as well as GP’s and Practice Managers within the surgeries.

Although this system is proving very useful from a clinical perspective, it is currently proving difficult to extract data from due to the fact that this is a multi-disciplinary template and access to patient data is restricted to the organisation that the staff member is linked to. The data is therefore being collected manually for Care Plus Group until a new system can be implemented by Care Trust Plus who will be able to access all the information as the commissioners of the different services.

**SystmOne Pressure Ulcer Screening Template**
This template was introduced to standardise the information that was being inputted by the individual nurses and to ensure best practice in relation to quality of care. The template also includes explanations and photos of pressure ulcers grade by grade to help the nurses when recording a pressure ulcer. The introduction of the template and the training that accompanied it has meant that there has been a rise in number of pressure ulcers reported as Grade Two’s. This is good news as if they are reported at this stage it means that they have been identified and work can be carried out to treat and monitor the patient.

**Moving Intermediate Tier to SystmOne**
Intermediate Tier Teams were previously on SWIFT and bespoke systems. The teams have all been put on SystmOne to ensure standardisation across the teams and to enable data capture and data quality to be improved.

**Community Information Data Set (CIDS)** - This is a national requirement and Care Plus Group are ahead of many other areas in the country in relation to preparing for this to be brought fully online. TPP are responsible for many parts of the compliance and there are issues with the national system that need solving before Care Plus Group can progress any further.

**Integrated Care Records** – This looks at integrating the health and social care aspects of an individual into one record to allowing for a holistic approach to treating the individual
PART THREE
Performance Monitoring

On 27 March 2012, the Health & Social Care Bill gained Royal Assent to become the Health and Social Care (Act 2012). The Bill proposes to create an independent NHS Board, promote patient choice, and to reduce NHS administration costs. The three key priorities will be:

- Patients at the centre of the NHS
- Changing the emphasis of measurement to clinical outcomes
- Empowering health professionals

Moving forward, there will be five key national bodies that Care Plus Group will need to provide evidence to of quality care and best practice across the whole organisation, these are:

1. Department of Health (DH)
2. National Institute for Health & Clinical Excellence (NICE)
3. Care Quality Commission (CQC)
4. NHS Commissioning Board (via the Clinical Commissioning Group)
5. Monitor

Although the remit of each of these organisations is set out in legislation, it is not clear how these national bodies will interact or how they will provide coordinated and consistent governance of the NHS. This means that moving forward there are the possibilities of many changes but the need for a more integral link between Health and Social Care is believed to be paramount to improving services across the whole of the country.

Within North East Lincolnshire, Health and Social Care are already intrinsically linked with a multi-agency approach being taken too many areas of care across the locality. Care Plus Group is an organisation designed to put people first and with the central belief that to improve peoples’ lives, seamless health and social care services are needed, as both contribute to the health and wellbeing of patients and service users, as well as their families and carers.

Quality and Performance has recently undergone a full review within Care Plus and a new strategic map has been drawn to ensure that a joined up approach is used throughout the organisation. The strategic Map shown on page four has been agreed and implemented with the assurance that every area of business is accountable and auditable. The indicators that were in place prior to this review were revisited in relation to suitability and how well they evidenced that the organisation was performing as it should be. Where relevant, these indicators have been carried forward.
The overarching headings below mirror the five priority areas for both the Strategic Map and the Goals for Implementation of Patient Safety, Clinical Effectiveness and Patient Experience.

1. Supporting Independence & Healthy Lives
2. Effective Governance
3. Business Development & Growth
4. Value for Money & Efficiency
5. Skilled & Engaged Workforce through Effective Leadership

The current areas that are prioritised for monitoring will evolve in response to recommendations and requests that are made from the five key national bodies, as well as in response to the local needs of the local community, staff and commissioners. The tables below detail the priorities that were implemented during 2011/12 with relevant updates as well as any new indicators that have been identified for 2012/13.

3.1 Performance Indicators – Where we are, where we’re going

**1. Supporting Independence & Healthy Lives**

<table>
<thead>
<tr>
<th>Indicator Title</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Latest Figure (A/Q/M)</th>
<th>Target</th>
<th>Current RAG Rating</th>
<th>End of Year RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with a Long Term Condition that have a Care Plan in place</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>100%</td>
<td>85%</td>
<td>G</td>
</tr>
<tr>
<td>(Local - CTP)</td>
<td>75.9%</td>
<td>100%</td>
<td>97.24%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>992/1307</td>
<td>1583/1583</td>
<td>1270/1306</td>
<td>1334/1334</td>
<td></td>
<td>Quarterly</td>
<td>G</td>
</tr>
</tbody>
</table>

**Update** – A lot of work has been carried out in the past 12 months to ensure that all patients that have a Long Term condition have a plan that is personalised to the individuals needs and has been implemented with the agreement of the patient. Following a discussion with the commissioners, the intention for 2012/13 is to audit the care plans now that the process is fully embedded, offering assurance that the Care Plans are consistently high in quality and reflect the patients’ needs. An audit process will be implemented during 2012/13 by the Quality & Performance Team with the support of the new Community Nurse Team Managers and Head of Service with an agreement of a percentage that need to be checked per quarter. This cannot begin until the restructure is fully completed.
### Community Nursing

<table>
<thead>
<tr>
<th>Patients with Health Care Plans</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>85%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98.58%</td>
<td>98.7%</td>
<td>97.9%</td>
<td>99.6%</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>3050/3094</td>
<td>2979/3017</td>
<td>2765/2825</td>
<td>2993/3006</td>
<td></td>
</tr>
</tbody>
</table>

**Update** – As per the above, random sampling of Care Plans will take place across the whole of Care Plus Group with a set proportion being carried per team. A percentage of the overall number agreed will relate to individuals that have a long term condition.

### Social Care Teams

<table>
<thead>
<tr>
<th>Clients Social Care Plans where required</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>85%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99.72%</td>
<td>99.3%</td>
<td>100%</td>
<td>100%</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>1051/1054</td>
<td>1143/1163</td>
<td>1154/1154</td>
<td>1224/1224</td>
<td></td>
</tr>
</tbody>
</table>

**Update** – Personalised Social Care Plans are completely different from healthcare plans and differ from team to team. Within each area of service, individual needs are assessed and provided for to ensure that the person has exactly the package of care in place that is required for them, ensuring that the priority is that the individual is happy with what is being agreed. Medical needs are also addressed as part of this process and a holistic approach is taken to ensure that the best support is available for the individual. Plans can be adapted where appropriate into easy read formats as well as pictorial versions to support the needs of the individual. The plans are regularly reviewed by the individuals care worker to ensure that the requirements are up to date and reflect the current needs.

### All Care Plus Teams

<table>
<thead>
<tr>
<th>Percentage of individuals that feel they have been treated with Dignity &amp; Respect</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99.72%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>361/362</td>
<td>55/55</td>
<td>280/280</td>
<td>119/119</td>
<td></td>
</tr>
</tbody>
</table>

**Update** - The process for collecting this information is being reviewed as under the current system, this question that was asked by the individual teams as part of the satisfaction survey. As previously discussed, this is not happening consistently across the organisation. The future intention it to use a central distribution method for surveys to ensure that there is no “cherry picking” of patients/service users and that the system is unbiased. The results will then be collated and published by “Patient
Opinion” as a third party to demonstrate that the organisation is open and that the results that are received are a true reflection of the service that is being delivered. In 12 months, there have been 816 responses received to this question with only one person saying that they did not feel that they were treated with Dignity & Respect. The circumstances were very specific not due to the treatment that they had received as a service user.

### Community LD Team

**Local - CARE PLUS**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of People with a Learning Disability who have received a Person Centered Plan / PCP Review</td>
<td>48</td>
<td>52 (90)</td>
<td>46 (136)</td>
<td>39 (175)</td>
<td>100</td>
</tr>
</tbody>
</table>

#### Update

The target for 2011/12 was easily achieved and the aim is to now ensure that the levels of individuals receiving a PCP remains high and that the same standard of the plans that are put in place are also achieved.

### Community Nursing & Intermediate Tier Facility

**Local - CTP**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients with a pressure ulcer Grade two and above</td>
<td>2</td>
<td>9</td>
<td>12</td>
<td>26</td>
<td>33</td>
</tr>
<tr>
<td>Cumulative total</td>
<td>11</td>
<td>23</td>
<td>48</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Update

As previously discussed, a lot of work has taken place in relation to lessons learnt and best practice to ensure that all relevant staff are aware of the signs of a pressure ulcer as well as how to report it. The RED shown above is in relation to the CTP CQUIN. From a Care Plus perspective, with the progress that has been made in the last 12 months the current status would be seen as GREEN.

Now that the required systems are in place the challenge is to ensure that pressure ulcers continue to be reported as required whilst ensuring that the numbers of patients that are affected reduces in numbers as well as severity of grade of pressure ulcer.

### Intermediate Tier Care

**Local - CTP**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Patients receiving Nutritional Screening within 24 hours following admittance to</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Nutritional Screening within 24 hours following admittance to</td>
<td>77/77</td>
<td>92/92</td>
<td>101/101</td>
<td>100/100</td>
<td></td>
</tr>
</tbody>
</table>
The Beacon

**Update** – This is carried out for all patients as part of the admittance process to the Intermediate Tier Care Facility and therefore should always remain as 100%

<table>
<thead>
<tr>
<th>(Local - CTP) – CQUINS</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients receiving nutritional care within 24 hours of admitting to The Beacon where appropriate action was followed in accordance with essence of care</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>77/77</td>
<td>92/92</td>
<td>101/101</td>
<td>100/100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Update** – As per the above, this process is carried out as part of the admittance process and therefore should always be 100% now that the process is embedded. A dietician is available to give further advice and support to those individuals that are deemed to be at risk.

<table>
<thead>
<tr>
<th>(Local - CTP) – CQUINS</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of patients assessed as ‘High’ nutritional risk with appropriate referrals/continuing care plans in place</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>2/2</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Update** – As above, all individuals that are identified as high risk as part of the initial assessment are assessed further in co-operation with the dietician and individual diet plans are put in place to reflect the specific needs of the patient.

<table>
<thead>
<tr>
<th>(National)</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>88.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(NI 125) - Achieving Independence in Older People</td>
<td>98.21%</td>
<td>100%</td>
<td>96.66%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>55/56</td>
<td>22/22</td>
<td>29/30</td>
<td>20/20</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>107/108</td>
<td>129/130</td>
<td>(158/160)</td>
<td>(178/180)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>99%</td>
<td>99.23%</td>
<td>98.75%</td>
<td>98.9%</td>
<td></td>
</tr>
</tbody>
</table>

**Update** – As part of best practice, this is monitored over a 12 month period within the organisation despite the fact that the figures are only required nationally for 3 months.
of the year. This has enabled the processes to be streamlined and specific issues to be identified meaning that the results are continuously high and patients are enabled to remain in their own home as the indicator requires. The overall number of individuals being captured within this indicator has increased significantly over the last 12 months. This reflects the rise in patients that are accessing services within Intermediate Care @ Home and the Beacon as well as illustrating a rise in demand for the services that they deliver.

<table>
<thead>
<tr>
<th>End of Life Services</th>
<th>(Local - CTP) - CQUINS End of Life Services</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Patients identified as End of Life who are on the Care Pathway/ Gold Standards Framework</td>
<td>76.47%</td>
<td>91.5%</td>
<td>92%</td>
<td>100%</td>
<td>80% Quarterly</td>
</tr>
<tr>
<td>Q1 143/187</td>
<td>Q2 140/153</td>
<td>Q3 116/127</td>
<td>Q4 70/70</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**End of Life Services**

**Update** – Within North East Lincolnshire, a locality wide process has been put in place with the lead for Palliative Care being a former Associate Director of Care Plus Group. This combined approach means that the patient is not being asked the same questions over and over again and all information in relation to the patient is available to all health and social care professionals that access the individuals’ clinical record. This multi-disciplinary approach is beneficial to both the patient and the staff that are supporting them. The use of the End of Life Care Pathway ensures that all areas of business deemed nationally as best practice are adhered to for every patient that is deemed as End of Life.

<table>
<thead>
<tr>
<th>End of Life Services</th>
<th>(Local - CTP) - CQUINS End of Life Services</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Patients that died at their preferred place of death</td>
<td>84.7%</td>
<td>92%</td>
<td>88%</td>
<td>82%</td>
<td>80% Quarterly</td>
</tr>
<tr>
<td>Q1 72/85</td>
<td>Q2 35/38</td>
<td>Q3 22/25</td>
<td>Q4 105/128</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**End of Life Services**

**Update** – As with the above, this information is captured locality wide for all patients. This sensitive question only needs to be asked by one clinician but can be viewed by everyone accessing the record. This is better for the patient, the family/carer as well as staff who previously may have asked the sensitive question not knowing that it had already been asked.

There are currently issues in relation to the data capture as due to the End of Life Template being accessed by several disciplines and to prevent data duplication, all information is only captured once and not typed in repeatedly. For reporting purposes, the data can only be retrieved by the organisation that the professional works for preventing, giving a disjointed illustration of what is being achieved overall. Long term the data will be pulled centrally.

Community Nursing staff and Macmillan nurses currently keep a separate record of
who is on their palliative care register and who has died at their preferred place of death in the form of spread sheets within their teams. This will cease once the centralised system has been established.

### End of Life Services

#### (Local CTP) - CQUINS End of Life Services

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>85%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>86%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>Quarterly</td>
</tr>
<tr>
<td>NEW INDICATOR</td>
<td>180/187</td>
<td>153/153</td>
<td>127/127</td>
<td>70/70</td>
<td></td>
</tr>
</tbody>
</table>

**Update** – This figure has been at 100% for the last 3 quarters. All individuals that are receiving Palliative Care should have a symptom management plan in place that is accessible to all health professionals as well as a paper copy that is kept within their own home.

The number is based on the number of individuals on the day of the data capture that are listed as being end of life and reflects the number of those individuals that have a personalised symptom management plan in place.

As with Health and Social Care Plans, this process will be audited during 2012/13 to ensure quality and consistency across Care Plus Group.

#### (National)

<table>
<thead>
<tr>
<th></th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI 146 - Adults with learning disabilities in (paid) employment</td>
<td>15.26%</td>
<td>15.3%</td>
<td>14.32%</td>
<td>14.5%</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>65/426</td>
<td>66/432</td>
<td>62/433</td>
<td>63/436</td>
<td></td>
</tr>
</tbody>
</table>

**Update** – Maintaining this particular target has been difficult in light of the present high unemployment rates seen in the UK today. Despite challenging economic circumstances and poor employment prospects faced by jobseekers locally in North East Lincolnshire the team continues to maintain high levels of employment among their target group.

Over the last 12 months the actual numbers of individuals with Learning Disabilities in paid employment in North East Lincolnshire remains well inside the top national quartile (9.1%) however the denominator or target population has continued to grow over this same period suppressing the overall percentage over this same period meaning that the local CTP target of 15% has not been achieved for the last two months.

The graph below illustrates the rising number of individuals receiving jobseekers allowance and which supports how hard Care Plus Group have worked to maintain the levels of employment that have been achieved.
**Supported Employment**

**Local – CARE PLUS**

<table>
<thead>
<tr>
<th>Month</th>
<th>Adults with LD in Voluntary Employment</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>40</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Update** – The level of individuals with learning disabilities that are employed on a voluntary basis continues to hit the target of 40 per month. The rise within the last two months reflects the drop in individuals that were previously paid, meaning that overall the number of people being supported by the team remains constant.

**Drugs Intervention Programme**

**DIP/Home Office**

<table>
<thead>
<tr>
<th>Month</th>
<th>Adults who test positive and have an initial required assessment imposed who attend and remain at the required initial assessment</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec</td>
<td>95% 40/42</td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td>100% 17/17</td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td>92% 23/25</td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td>100% 28/28</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>15%</strong> 28/28</td>
<td></td>
</tr>
</tbody>
</table>

**Update** – Nationally this particular indicator has been very difficult to achieve, and most Drug Intervention Programmes fail to secure this target.

Of the two misses in February, one was due to the client refusing to leave his cell for the assessment (for which he was prosecuted). The other was due to a client failing to attend his appointment at the DIP offices. Despite the best efforts of the DIP staff the client was unable to be traced.
### Drugs Intervention Programme (National) – DIP/ Home Office

<table>
<thead>
<tr>
<th>KPI 3 - Adults assessed as needing a further intervention who were taken onto the caseload</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>31/31</td>
<td>15/15</td>
<td>16/16</td>
<td>29/29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Update** – As illustrated by the figures above, all individuals that were assessed as needing further intervention were taken onto the caseload.

### Drugs Intervention Programme (National) – DIP/ Home Office

<table>
<thead>
<tr>
<th>KPI 4 - Adults taken onto the caseload who commenced treatment</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>38/38</td>
<td>25/25</td>
<td>20/20</td>
<td>40/40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Update** – All individuals that were taken onto the caseload have commenced the required treatment. This supports the multi-agency work that is occurring within North East Lincolnshire to tackle the indices of deprivation by reducing acquisitive crime rates and anti-social behaviour by getting prolific criminals into drug treatment.

### Drugs Intervention Programme (Local – Care Plus) – DIP

<table>
<thead>
<tr>
<th>Clients successfully discharged from the treatment system as drug free or as an occasional drug user (not heroin or crack) year to date</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW</td>
<td>7</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**Update** – This is a local indicator introduced by the Head of Service to monitor how many people are exiting the Drugs Intervention Programme drug-free. The DIP is currently the top performing drug service locally in relation to this target. This is a budget linked target, attracting Payment by Result (PbR). However, this is a partnership target, and despite excellent results being achieved by DIP, the target has not been met across the partnership as a whole.
### New Indicators for 2012/13

<table>
<thead>
<tr>
<th>Indicator Title</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Latest Figure (A/Q/M)</th>
<th>Target</th>
<th>Current RAG Rating</th>
<th>End of Year RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Intervention Programme&lt;br&gt;(Local – Care Plus)&lt;br&gt;AIP&lt;br&gt;Percentage of clients referred to the programme that have attended their appointment</td>
<td>Dec&lt;br&gt;NEW</td>
<td>Jan&lt;br&gt;NEW</td>
<td>Feb&lt;br&gt;NEW</td>
<td>Mar&lt;br&gt;80% 115/144</td>
<td>75% Monthly</td>
<td>G</td>
<td>G</td>
</tr>
</tbody>
</table>

**Update** – This is a new indicator for 2012/13 and has been introduced to support best practice. Alcohol related health issues are currently high on the agenda. As part of the Public Health “Responsibility Deal” introduced by the Department of Health, one of the priority areas is reduction in alcohol consumption. The government have agreed to remove 1 billion units of alcohol sold annually from the market by December 2015 principally through improving consumer choice of lower alcohol products. In local communities the government have agreed to provide support for schemes appropriate for local areas that wish to use them to address issues around social and health harms.

<table>
<thead>
<tr>
<th>Indicator Title</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Latest Figure (A/Q/M)</th>
<th>Target</th>
<th>Current RAG Rating</th>
<th>End of Year RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Intervention&lt;br&gt;(Local – Care Plus)&lt;br&gt;AIP&lt;br&gt;Number of Interventions undertaken per month</td>
<td>Dec&lt;br&gt;NEW</td>
<td>Jan&lt;br&gt;NEW</td>
<td>Feb&lt;br&gt;NEW</td>
<td>Mar&lt;br&gt;115</td>
<td>80 Monthly</td>
<td>G</td>
<td>G</td>
</tr>
</tbody>
</table>

**Update** – This is a new indicator to ensure that the service is providing value for money by maintaining the required level of clients on a month by month basis. The service is not just about quantity, quality of intervention is also a priority but this indicator allows the team to demonstrate that the service is essential to support a constant number of individuals with alcohol related issues within North East Lincolnshire.

<table>
<thead>
<tr>
<th>Indicator Title</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Latest Figure (A/Q/M)</th>
<th>Target</th>
<th>Current RAG Rating</th>
<th>End of Year RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Intervention&lt;br&gt;(Local – Care Plus)&lt;br&gt;AIP&lt;br&gt;Percentage of clients where breach is appropriate where breach is undertaken</td>
<td>Dec&lt;br&gt;NEW</td>
<td>Jan&lt;br&gt;NEW</td>
<td>Feb&lt;br&gt;NEW</td>
<td>Mar&lt;br&gt;86% 6/7</td>
<td>100% Monthly</td>
<td>B</td>
<td>G</td>
</tr>
</tbody>
</table>
**Update** – This indicator has been introduced by the Head of Service as part of best practice to monitor the number of individuals that are breaching their conditions to ensure the relevant processes are in place and to make any necessary improvements.

<table>
<thead>
<tr>
<th>All Care Plus Teams</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Local - CARE PLUS)</td>
<td></td>
</tr>
<tr>
<td>Customer Satisfaction</td>
<td>NEW</td>
</tr>
</tbody>
</table>

**Update** – This will now be monitored through the Quality & Performance Team with the support of Patient Opinion to ensure that the results are open, honest and transparent.

<table>
<thead>
<tr>
<th>Intermediate Tier</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(National)</td>
<td></td>
</tr>
<tr>
<td>(NI131) – Delayed Transfers of Care</td>
<td>New</td>
</tr>
</tbody>
</table>

**Update** – This is a Local Authority target that will be supported by the Care Plus Group via services provided by Intermediate Tier in another example of multi-agency working. The Home Team have now taken residence at the local hospital (NHS NLAG) and their priority will be to keep delays in discharges to a minimum. The team will look at specific issues within the current processes and from lessons learnt support the implementation of a system that will ensure that delays are kept to a minimum. The team will also look at the best care pathway for each patient and the support services that are available to ensure that every patient is signposted to the most appropriate team available whether this is health or social care support that is required.

Recent analysis has identified issues in relation to the following:
- Different understanding of reasons for delay between the two organisations
- Large discrepancies between data produced by NLAG and CPG
- Increased activity in the Home Team (increase in Discharges)

Work will continue to improve the process and to ensure that delays are avoided wherever possible. Progress will be reported within the Quality Account for 2012/13.
## 2. Effective Governance

<table>
<thead>
<tr>
<th>Indicator Title</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Latest Figure (A/Q/M)</th>
<th>Target</th>
<th>Current RAG Rating</th>
<th>End of Year RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>[Local – Care Plus]</strong> All Care Plus</td>
<td>Dec</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>Qualitative</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of Incidents reported through the Care Plus DATIX System</td>
<td>45</td>
<td>67</td>
<td>72</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Update** – The incidents within Care Plus Group are monitored through a system called DATIX. Incidents are then analysed on a monthly basis looking at trends in locations and types of incidents that are occurring across the organisation. Lessons learnt and best practice are disseminated with changes in business being implemented as required as well as new policies being written to reflect new requirements across the organisation. Due to the vulnerable nature of some of the individuals that access the services, incidents are to be expected and high levels of reporting for some teams actually demonstrates best practice.

<table>
<thead>
<tr>
<th>Indicator Title</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Qualitative</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>[Local – Care Plus]</strong> All Care Plus</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Serious Untoward Incidents reported through the Care Plus DATIX System</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Update** – The principle definition of a serious untoward incident (SUI) is in general terms something out of the ordinary or unexpected, with the potential to cause serious harm, and/or likely to attract public and media interest that occurs on NHS premises or in the provision of an NHS or a commissioned service. Within Care Plus Group, a service manager that has received relevant training and is not linked to the team where the incident occurs is allocated to each SUI. Each SI is investigated against a 12 week deadline. If this is not going to be achieved then only the Chief Executive for Care Plus Group can authorise an extension and this needs to be discussed with the CTP SI Group as the commissioner of all Care Plus Group Services. To date, the deadline has been achieved 100% with no extensions being required.
### All Care Plus Teams

#### Number of Compliments reported through the Care Plus DATIX System

<table>
<thead>
<tr>
<th></th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Qualitative</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local – Care Plus</td>
<td>31</td>
<td>17</td>
<td>15</td>
<td>13</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Update** – The figures shown do not truly reflect all the compliments that have been received for Care Plus Group as only a few teams have been taught how to record their compliments on the central DATIX system. This is being rolled out across the organisation and the teams are aware that for 2012/13 this is the system for recording all compliments. This works different to the complaints process as this is controlled and inputted centrally by the Quality & Performance Team to ensure standardisation and quality of care for every complainant.

#### Number of incidents reported to NPSA

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local – Care Plus</td>
<td>43.28%</td>
<td>25%</td>
<td>33%</td>
<td>N/A</td>
</tr>
<tr>
<td>NEW INDICATOR</td>
<td>29</td>
<td>18</td>
<td>21</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Update** – This is a new indicator and during 2012/13, the incidents that are reported to the National Patient Safety Agency will be analysed to identify patterns and to implement lessons learnt and best practice to minimise repeating issues.

#### Number of RIDDOR incidents

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local – Care Plus</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>NEW INDICATOR</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Update** – As per the above, this is a new indicator and those incidents reported to RIDDOR will be monitored to identify any patterns and any issues within the organisation as a whole.
New Indicators for 2012/13

Heads of Service

**Heads of Service (Local – Care Plus)**

Risk Management with progression against Action Plans

**Update** – This is a new indicator implemented at the request of the Chief Operating Officer to ensure compliance with the deadlines that are set out within the Care Plus Group Risk Register. As part of Best Practice, this will provide evidence that all risks are being managed effectively and will give the enablement to challenge if this is not the case.

All risks are monitored by the Head of Quality & Performance and are discussed as necessary with the individual Head of Service that is responsible for the specific risk.

**3. Business Development & Growth**

Prior to the introduction of the new strategic map, this was not an area of business that was being evidenced through the performance management framework. The gap was highlighted and the following indicators have therefore been introduced:

New Indicators for 2012/13

<table>
<thead>
<tr>
<th>Indicator Title</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Latest Figure (A/Q/M)</th>
<th>Target</th>
<th>Current RAG Rating</th>
<th>End of Year RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heads of Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Local – Care Plus)</td>
<td>NEW INDICATOR</td>
<td>NEW INDICATOR</td>
<td>NEW INDICATOR</td>
<td>NEW INDICATOR</td>
<td>Qualitative</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of Tenders resulting in additional Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NEW TARGET</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Update** – This organisation is not for profit and all the revenue that is made is used to further improve the services that are offered locally to improve peoples’ lives within North East Lincolnshire.

This new indicator has been introduced to illustrate the growth of Care Plus Group as
<table>
<thead>
<tr>
<th>Heads of Service</th>
<th>(Local – Care Plus)</th>
<th>Additional Income Achieved</th>
<th>NEW INDICATOR</th>
<th>NEW INDICATOR</th>
<th>NEW INDICATOR</th>
<th>NEW INDICATOR</th>
<th>NEW TARGET</th>
</tr>
</thead>
</table>

**Update** – This indicator has been introduced to support the above indicator and to illustrate as a transparent company the additional income that is being made.

<table>
<thead>
<tr>
<th>Heads of Service</th>
<th>(Local – Care Plus)</th>
<th>Number of additional staff employed into new posts</th>
<th>NEW INDICATOR</th>
<th>NEW INDICATOR</th>
<th>0</th>
<th>1</th>
<th>NEW TARGET</th>
</tr>
</thead>
</table>

**Update** – This indicator again has been introduced to illustrate the growth in business within Care Plus Group. The count is only based on new posts to Care Plus Group illustrating the expansion of the business as a whole.

<table>
<thead>
<tr>
<th>Heads of Service</th>
<th>(Local – Care Plus)</th>
<th>Number of Volunteers supporting Care Plus Group business</th>
<th>NEW INDICATOR</th>
<th>NEW INDICATOR</th>
<th>Feb 187</th>
<th>Mar 189</th>
<th>NEW TARGET</th>
</tr>
</thead>
</table>

**Update** – Volunteers within an organisation are a vital part of the workforce and are valued by Care Plus Group as a whole. The number of volunteers across Care Plus Group is being monitored for the first time to see if the figures are at a constant level and to enable analysis to be carried out looking at levels within specific teams.

<table>
<thead>
<tr>
<th>Heads of Service</th>
<th>(Local – Care Plus)</th>
<th>Number of companies that form the Care Plus Group</th>
<th>NEW INDICATOR</th>
<th>NEW INDICATOR</th>
<th>NEW INDICATOR</th>
<th>NEW INDICATOR</th>
<th>NEW TARGET</th>
</tr>
</thead>
</table>

**Update** – This is another new indicator that has been introduced to illustrate growth of the organisation and to help show the growing success of Care Plus Group. This will be monitored during 2012/13.
4. Value for Money & Efficiency

<table>
<thead>
<tr>
<th>Heads of Service</th>
<th>Indicator Title</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Latest Figure (A/Q/M)</th>
<th>Target</th>
<th>Current RAG Rating</th>
<th>End of Year RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Local – Care Plus)</td>
<td>Dec Plus £57,000</td>
<td>Jan Plus £78,000</td>
<td>Feb Figure not supplied</td>
<td>Mar Plus £97,000</td>
<td>Balanced</td>
<td>G</td>
<td>G</td>
</tr>
<tr>
<td>Heads of Service</td>
<td>Financial Position</td>
<td>Dec Plus £57,000</td>
<td>Jan Plus £78,000</td>
<td>Feb Figure not supplied</td>
<td>Mar Plus £97,000</td>
<td>Balanced</td>
<td>G</td>
<td>G</td>
</tr>
<tr>
<td>Update</td>
<td>The financial year 2011/12 for Care Plus Group does not finish until 30th June due to the fact that the organisation launched as a Social Enterprise on 1st July 2011. The financial year 2012/13 will finish on 31 March 2013 to bring Care Plus Group back in line with the fiscal year. This was agreed with Care Trust Plus commissioners in advance as part of the contract agreements that were put in place.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update</td>
<td>This is an indicator with a target of 1.8 Million that was set by the local commissioners to show the savings that have been achieved by the work that is carried out by the Complex Case Managers within the community and the Rapid Response Team as part of the Intermediate Tier process. The savings have more than doubled their target within the last 12 months and there are savings that are being made by other services within Care Plus Group that evidence will be captured on during 2012/13.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

New Indicators for 2012/13

<table>
<thead>
<tr>
<th>Heads of Service</th>
<th>Indicator Title</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Latest Figure (A/Q/M)</th>
<th>Target</th>
<th>Current RAG Rating</th>
<th>End of Year RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heads of Service</td>
<td>(Local – Care Plus)</td>
<td>NEW</td>
<td>NEW</td>
<td>NEW</td>
<td>NEW</td>
<td>NEW</td>
<td>NEW</td>
<td>RAG Rating</td>
</tr>
<tr>
<td>Heads of Service</td>
<td>Achievement towards 5% efficiency savings</td>
<td>NEW</td>
<td>NEW</td>
<td>NEW</td>
<td>NEW</td>
<td>NEW</td>
<td>NEW</td>
<td>RAG Rating</td>
</tr>
</tbody>
</table>
Update – This is an indicator that has been implemented across Care Plus Group to make savings in relation to unnecessary costs or reductions in spending that could be made. An example of this is teams pooling together to order printer cartridges and therefore by bulk ordering, the cost can be reduced. Recommendations for ideas such as this will be requested throughout 2012/13 with good ideas being disseminated to be used by other teams. This is not about cuts to required services.

Heads of Service

**Surplus Target Achievement**

| Local – Care Plus | NEW | NEW | NEW | NEW |

Update – This indicator is an addition to the above target to illustrate the total income saved over and above the target for spending that is allocated to each team and again supports Care Plus Groups ethos of transparency.

Heads of Service

**Comparable unit cost across family group**

| Local – Care Plus | NEW | NEW | NEW | NEW |

Update – This target has been introduced as an aspirational measure and will not be easy to monitor. The baseline figures for each unit cost need to be established before the units can be compared.

5. Skilled & Engaged Workforce through Effective Leadership

**Indicator Title** | Previous Figure (A/Q/M) | Previous Figure (A/Q/M) | Previous Figure (A/Q/M) | Latest Figure (A/Q/M) | Target | Current RAG Rating | End of Year RAG Rating
--- | --- | --- | --- | --- | --- | --- | ---
**Percentage of staff attendance** | Local – Care Plus | Dec 95.08% 70548/75028 | Jan 95.56% 90548/94754 | Feb 97.03% 91168/94889 | Mar 95.8% 92777/96821 | 94% | Monthly | G | G

**Update** – High levels of staff attendance are believed to reflect high level of staff satisfaction and this is the reason for implementing this as a local measure. The teams are looked at individually as well as the organisation being looked at as a whole. This enables a focus to be made on issues within specific teams or in relation to specific individuals.

Long Term Sickness is also monitored to establish if there are any patterns within teams or with specific reasons for individuals being absent from work.

The national figure for the NHS for October to December 2011 is 95.65% which is

43
Currently being achieved.

### All Care Plus Teams

<table>
<thead>
<tr>
<th>Local – Care Plus</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Annual Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of PDR’s completed during financial year</td>
<td>75.55%</td>
<td>82.95%</td>
<td>87.08%</td>
<td>90.9%</td>
<td>85.00%</td>
</tr>
<tr>
<td></td>
<td>482/718</td>
<td>511/616</td>
<td>539/619</td>
<td>561/617</td>
<td>G</td>
</tr>
</tbody>
</table>

**Update** – The system for 2011/12 in relation to Personal Development Reviews meant that every person did a 6 month probationary period and would then have a PDR that would be updated annually. Best Practice stated that this should be reviewed every 3 months. The target for 2011/12 was achieved.

### All Care Plus Teams

<table>
<thead>
<tr>
<th>Local – Care Plus</th>
<th>Aug/ Sep</th>
<th>Oct/ Nov</th>
<th>Dec/ Jan</th>
<th>Feb/ Mar</th>
<th>Bi-monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of staff who have received a supervision, 1:1 or Group</td>
<td>70.18%</td>
<td>75.98%</td>
<td>75.63%</td>
<td>88.3%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>513/731</td>
<td>541/712</td>
<td>540/714</td>
<td>617/744</td>
<td>G</td>
</tr>
</tbody>
</table>

**Update** – This was a new target brought in during 2011/12 as part of best practice. There have been some issues with implementation of regular supervision due to the geographical set up of some of the teams as well as staffing issues. Restructuring will take place during 2012/13 and this will improve the current achievements even further. Staff that receive regular supervision are believed to be happier in their working environment due to the fact that they feel more supported. Regular communication enables the individual to highlight any issues they have and for their managers to keep them updated in relation to what is expected of them within their roles.

### New Indicators for 2012/13

<table>
<thead>
<tr>
<th>Indicator Title</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Previous Figure (A/Q/M)</th>
<th>Latest Figure (A/Q/M)</th>
<th>Target</th>
<th>Current RAG Rating</th>
<th>End of Year RAG Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local – Care Plus</td>
<td>Dec</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>NEW TARGET</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Update** – For 2012/13, a new process will be implemented that will supersede the one detailed above. In the new system, the PDR will be carried out with a top down approach commencing on 1st July 2012. The priorities will be set for the Chief
Executive of Care Plus Group, based on those listed within the Strategic Map. These will then filter down through the organisation with Heads of Service, Teams and individual team members all having targets that reflect those that are within the PDR of their individual supervisor. This process will ensure that everyone is feeding into the priorities of the organisation and that if the priorities of the individual members of Care Plus Group are achieved then so will the priorities of the organisation as a whole.

<table>
<thead>
<tr>
<th>All Clinical Staff</th>
<th>Local – Care Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Clinical staff who have received a supervision, 1:1 or Group – 6 weekly</td>
<td>NEW INDICATOR</td>
</tr>
</tbody>
</table>

**Update** – As a progression from the previous indicator, national best practice states that all clinical staff will receive supervision at least every 6 weeks. Due to the issues previously discussed, this has not been possible to implement to date. The introduction of a new structure in relation to the community nursing teams mean that this will be achieved and the figures will be collected and audited during 2012/13 to ensure that they are taking place as required.

<table>
<thead>
<tr>
<th>All Care Plus Teams</th>
<th>Local – Care Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage compliance with mandatory training</td>
<td>NEW INDICATOR</td>
</tr>
</tbody>
</table>

**Update** – This is a new local indicator that will be used to ensure that all staff are receiving the required training to enable them to carry out their role to the best of their ability. A three tier approach is being adopted within Care Plus Group to ensure that this can be achieved and that monitoring systems are in place.

<table>
<thead>
<tr>
<th>Heads of Service</th>
<th>Local – Care Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Satisfaction - Compliance with the Action Plan</td>
<td>NEW</td>
</tr>
</tbody>
</table>

**Update** – On 1st May 2012, a staff satisfaction survey was distributed to all staff in several formats. The questions mirror those that were asked the previous year and analysis will be carried out to illustrate which areas have/haven’t improved in relation to staff satisfaction. An action plan with be put in place to ensure that the recommendations that are put in place are implemented.

<table>
<thead>
<tr>
<th>Heads of Service</th>
<th>Local – Care Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacancy management</td>
<td>NEW</td>
</tr>
</tbody>
</table>

**Update** – This indicator has been introduced to monitor staff retention. All top performing organisations are known to have high levels of staff retention and this is therefore being monitored to support the above indicator in relation to staff
satisfaction.

<table>
<thead>
<tr>
<th>Heads of Service</th>
<th>(Local – Care Plus)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harassment and bullying</td>
<td>NEW</td>
</tr>
</tbody>
</table>

**Update** – This is again linked to the identification and monitoring of a happy workforce. The figures from 2011/12 staff survey will be compared to the responses from last year to see if the figures have improved or in fact got worse. This has been chosen as an indicator to support how seriously Care Plus Group takes this issue and zero tolerance will be taken to Harassment and Bullying within the workplace.

### 3.2 Voluntary Improvement Programme (VIP)

As part of the staff satisfaction survey results for 2010/11, communication was highlighted as a specific issue. The idea was then agreed for projects to be identified by members of staff that would improve staff morale, improve cross team relationships and contribute to Health & Social Care improvements within North East Lincolnshire.

"Care Plus Group Voluntary Improvement Programme was about small teams of staff coming together from the organisation; using their creativity and enthusiasm to make things happen to improve the lives of local people. We hope that this will become an annual event, which can only serve to benefit all of those connected to it and will also continue to raise the Care Plus Group’s profile within the community"

   **Jo Barnes, Care Plus Group Project Director**

The seven pilot schemes were as follows:

1. **Donate a day** – a central list of willing volunteers from the organisation was created that teams could call upon if they were short of staff to run a session or an organised event.
   **Outcome** – The Chief Executive at Care Plus Group has agreed that annually as part of staff Personal Development reviews, every member of staff will ask where they would like to spend a day within the organisation helping out.

2. **Healthy Eating** – Individuals with Learning Disabilities were supported over 4 weekly sessions to learn how to cook healthy food on a budget.
   **Outcome** – This project will be re-run with other groups and will focus on other areas outside of Learning Disabilities including Older People.

3. **Recycling Scheme** – The aim was to collect enough textiles in designated bins to employ one person with a learning disability for 3 hours a week for a year
   **Outcome** – The target was not only met, but enough money was raised to employ a second person for six months. The scheme continues and will continue to fund posts in a time where employment is difficult to achieve

4. **The Challenge Award** – 12 week challenge for people with Learning Disabilities that mirrored the experiences of Duke of Edinburgh type activities
5. **Fashion Show** – Fashion show was hosted at a Care Plus Group facility to bring staff together and to promote the services that are on offer within the organisation. **Outcome** – A second show has already been booked and there are plans to hold the events on a rolling basis at different service locations across North East Lincolnshire.

6. **Sporting Voices** – This project involved people with learning disabilities interviewing people about their sporting aspirations. **Outcome** – The recordings have been put on the people’s records website ([www.peoplesrecords.org.uk](http://www.peoplesrecords.org.uk)) and the group have been asked to look at interviewing people in relation to “Living in North East Lincolnshire with a Learning Disability”. The Chief Executive would like this to be a four yearly interview to illustrate how peoples’ lives are changing.

7. **Smart Folks** – Workshop held to improve the knowledge and understanding of older people in relation to modern technology that is available on the market. **Outcome** – The workshops are being re-run with other individuals and will also be taking place within remote villages to show older people what is on offer via technology if they are unable to get out of their homes.
PART FOUR

Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts

4.1 Comment from Local Involvement Network

The LINk considers the Quality Account to be a fair representation of the standard of services provided by the Care Plus Group. The LINk has no data which contradicts any of the assertions made in the document, and the anecdotal evidence it has gathered in its dealings with the organisation tend to support the view that the quality of provision is acceptable.

4.2 Comment from North East Lincolnshire Care Trust Plus

As the commissioner of Care Plus Group we conclude that the Quality Accounts are representative, give comprehensive coverage of the services provided and do not contain any omissions that have previously been discussed with the provider in relation to quality.

The Quality Accounts reflect the considerable work done over the year to establish Care Plus Group operating as a stand-alone Social Enterprise organisation. There is a clear focus on vision, values and priorities and on organisational development. This transition means that there is an evolution of the commissioning and assurance relationship and this continues to develop well and will need to continually improve in the context of the current large scale changes within care services in order to keep the necessary joint focus on effectiveness, experience and safety as well as value for money and benchmarking.

Good progress has continued with the on-going development of Intermediate Tier Services including Intermediate Care, Rapid Response and the HOME team, providing a key contribution to planned and urgent care strategies. Community Nursing services have been re-structured to deal with an acknowledged concern over coverage and skills development and this area will see continued focus to ensure that services meet the needs of expected demand.

As part of the continuing development of the commissioning relationship with Care Plus Group, we will be working closely with them over the next year to ensure we all have a mutual understanding and clear definition of the range and scope of services delivered by Care Plus Group.
PART FIVE

5.1 How to provide feedback on the Quality Account

Care Plus Group are committed to responding positively to all feedback. We aim to ensure that it is as easy as possible for you to contact us.

If you have any issues, questions, concerns or recommendations in relation to this report, please contact the Care Plus Group Quality & Performance Team via any of the methods below and they will ensure that you are responded to by the appropriate person.

IN WRITING

Quality & Performance Manager
Care Plus Group HQ
ABP Port Office
Cleethorpe Road
Grimsby
North East Lincolnshire
DN31 3LL

VIA EMAIL

NEL-CT.CareplusAssure@nhs.net

BY TELEPHONE

01472 266976
APPENDIX A - Explanation of abbreviations and acronyms used throughout the Care Plus Group Quality Account

**AIP** – Alcohol Intervention Programme

**PbR** - Payment by Result

**COPD** – Chronic Obstructive Pulmonary Disorder

**CPG** – Care Plus Group

**CQUIN** – Commissioning for Quality & Innovation

**CTP** – Care Trust Plus

**DATIX** - leading supplier of patient healthcare safety software and risk management software systems for incident reporting and adverse events

**DH** – Department of Health

**DIP** – Drugs Intervention Programme

**EMAS** – East Midlands Ambulance Service

**HCW** – Health Care Worker

**IDAOPi** - Income Deprivation Affecting Older People Index

**LD** – Learning Disability

**LSOA** – Lower Super Output Area

**NAViGO** - provide Mental Services free at point of use to the people of North East Lincolnshire on behalf of the NHS, GPs and local authorities

**NICE** – National Institute for Health & Clinical Excellence

**NPSA** – National Patient Safety Agency

**RAG** – Red / Amber / Green – in relation to the grading of each indicator

**RGN** – Registered General Nurse

**SI** – Serious Incident
Yarborough Clee Care – Social Enterprise in North East Lincolnshire
Your Personal Outcome Star

<table>
<thead>
<tr>
<th>Pg.1</th>
<th>Swift ID:</th>
<th>How can we help you to change this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you feeling positive?</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td>Do you feel that you are looking after yourself? i.e. manage medication, personal care do gentle exercise</td>
<td>Y</td>
</tr>
<tr>
<td>3</td>
<td>Are you managing to stay as healthy as you can? i.e. eating well, regular check ups</td>
<td>Y</td>
</tr>
<tr>
<td>4</td>
<td>Are you keeping in touch with those in your community?</td>
<td>Y</td>
</tr>
<tr>
<td>5</td>
<td>Are you being treated with dignity and respect by those involved in your care?</td>
<td>Y</td>
</tr>
</tbody>
</table>

Y=yes  N=no  S=sometimes
To register your interest or to receive further information please contact:

Rachael Sheppard
01472 503350
People who are vulnerable because of learning difficulties, physical disabilities or mental health problems have the right to feel safe when they are out in the community. Unfortunately these people can sometimes become targets for bullying and harassment and can feel intimidated, scared and frightened to go out.

North East Lincolnshire Care Trust, Humberside Police and partner agencies are working together to set up a Keep Safe Scheme. The Keep Safe Scheme will be a network of businesses such as shops, libraries and cafes etc who have agreed to make their premises a safe place for vulnerable people to go if they feel frightened or distressed when out in the community.

Vulnerable people who wish to take part in the scheme will be issued with a keyring, card or mobile phone sticker with the Keep Safe logo on. The keyring, card or mobile phone sticker will also contain telephone numbers of who to contact in an emergency such as carers, police, etc.

Businesses who agree to take part will be issued with the Keep Safe logo to stick in their window to let vulnerable people know that they provide a ‘keep safe’ place.

If a vulnerable person goes to a ‘keep safe’ place and shows their keyring, card or mobile phone sticker to staff then all we ask them to do is reassure the person, ring one of the numbers on the card to receive further help and assistance for them.

If you are a business and would like to take part or know more about the scheme please contact Rachael Shepherd on 01472 503350 to register your interest or receive further information.