



Quality Account 2025-26

at the heart of our community





Contents

Part 1

Welcome to Care Plus Group	3
Statement from the Chief Executive	4

Part 2

Statement of Assurance from the Board	5
Quality Priorities for Improvement 2023-26	6
Strategic Objectives 2023-26	7

Part 3

Quality Assurance & Performance	8-10
Financial Audits	11
ISO 9001:2015 External Audit	12
Quality Assurance - Incidents	13
Proactive Response: Duty of Candour	14
Care Quality Commission (CQC)	15
Staff Feedback	16-17
Workforce Race Equality Standard (WRES Data)	18
Service User Experience	19
Compliments	20
Complaints	21
Awards & Recognition in 2024-25	22
CPG Staff Awards	23

Part 4

Comment from Humber and North Yorkshire ICB	24
How to Provide Feedback on the Quality Account	25

Welcome to Care Plus Group

Care Plus Group is an organisation working in communities across North East Lincolnshire. We are a social business that provides health and social care services to people across North East Lincolnshire to help improve the health and wellbeing of individuals and enrich their lives.

Care Plus Group is a Community Benefit Society – any profit we make is reinvested back into the development and delivery of health and social care services ensuring we can constantly evolve and develop the services we offer to our communities.

Care Plus Group provides services right across the communities of North East Lincolnshire, covering Grimsby, Cleethorpes, Immingham and the surrounding villages. Our services are diverse and are entirely about care and supporting those in need in our community. Care Plus Group Services include the following:

Adult Neurodiversity Service

Cambridge Park - Community Inpatient Unit

Community Nursing

Employability Services

Hospital Discharge Team

Specialist, Palliative & Supportive Services

Living With and Beyond Cancer Team

HOPE Specialist Services

Reablement at Home

Open Door Surgery

Quayside Medical Centre

Patient, Event & Medical Services

Day Services

Urgent Care Services

Clinical Assessment Service

Specialist Nursing

Transport Services

Collaboratives

Therapy Services

Community Cardiology Service

Community Falls Response Service

Specialist Therapy Services



Statement from the Chief Executive



Quality is at the heart of everything we do at Care Plus Group, shaping our decisions, culture, and the experience of those we serve. This Quality Account reflects our continued commitment to delivering safe, effective, and compassionate care, while continuously improving our services.

Quality at Care Plus Group is embedded in every role and interaction. Across clinical and corporate services, we have strengthened quality assurance, governance, and risk management to maintain high standards. We have also focused on improving the quality of our data and insight, recognising its importance in delivering safe, effective care and driving targeted improvements. Our governance structures and committees continue to ensure that quality is regularly reviewed, challenged, and enhanced.

Working in partnership is central to delivering high-quality care at Care Plus Group. By collaborating closely with system partners, local authorities, and voluntary sector we are able to design and deliver joined-up services that better meet the needs of our communities. This approach supports safer care, reduces duplication, and ensures that patients experience seamless pathways across health and social care. Partnership working also strengthens our ability to share learning, drive innovation, and respond collectively to emerging challenges, ultimately enhancing outcomes and ensuring that quality remains at the heart of everything we do.

As we look ahead, we will continue to build on this strong foundation. Our priorities include further enhancing patient experience, using innovation and digital transformation to improve quality and access to services. We will also continue to align our work with wider NHS priorities, ensuring that we are delivering care that is sustainable, equitable, and responsive to the needs of our population.

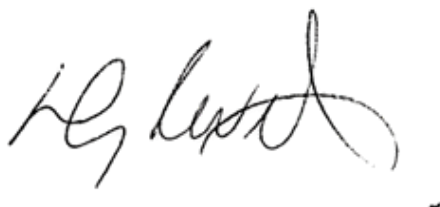
I am incredibly proud of the dedication and professionalism shown by our employees, partners, and volunteers. Their commitment ensures that quality is not just a priority in principle, but a reality in practice every day.

This Quality Account demonstrates both our achievements and the areas where we will continue to improve. We remain committed to listening, learning, and delivering high-quality care for all those who rely on our services.

Over the past year, we have maintained a strong focus on ensuring that care of our patients and service users remains our foremost priority. We are encouraged that the majority of our colleagues recognise this, with many confirming that patient care is at the heart of our organisation and that they would be confident in the standard of care provided to their own family and friends.

We continue to strengthen partnerships with system partners and local organisations to deliver joined-up, high-quality care for our communities. Looking ahead, we will focus on enhancing patient experience, supporting a culture of openness, and using innovation to improve access and quality of care.

I am proud of the dedication of our staff, partners, and volunteers, whose commitment ensures quality is delivered every day. This Quality Account highlights our achievements and where we will continue to improve as we remain committed to listening, learning, and delivering high-quality care.

A handwritten signature in black ink, appearing to read 'H. G. Lupton', with a small dot at the end.

Chief Executive

Statement of Assurance from The Board

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS supporting guidance for quality reports 2025-26.
- The content of the quality report is consistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2025 to March 2026
 - Papers relating to quality reported to the Board over the period April 2025 to March 2026
 - Feedback from Commissioners
 - Feedback from Governors
 - Patient Feedback for April 2025 to March 2026
 - Staff Feedback for April 2025 to March 2026
 - CQC reports across the organisation
- The quality report presents a balanced picture of the performance over the period covered.
- The performance information reported in the quality report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review.
- The quality report has been presented in accordance with NHS Improvement's annual reporting manual and support guidance.



The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

Paul Watson

Chairman of the Board

Quality Priorities 2024-2027

At CPG, we have a strong belief that delivering high quality care is grounded in collaboration and truly understanding our communities. We considered how we could best focus the priorities around our patients, service users and their families/carers and ensure the implementation of the priorities would align to the feedback we received from all interested parties. We were also keen to build on the great work we are already doing, that has been informed by our ongoing engagement with our patients, service users, communities, and partners.

Systems:

- Continue with the implementation the NEL wide Digital Strategy to support our organisation in its overall vision of providing the best possible care in the community we serve.
- Increased use of digital systems for patient/service user feedback.
- Further develop our incident and risk managements systems.
- Further develop and embed our Quality Improvement system modules.

Patient Safety:

- We will ensure that all patient safety lessons to be learned are effectively captured and are shared across the services within the organisation and with partners.
- We will investigate less and learn more with a focus on meaningful investigations that achieve insight and understanding of patient safety incidents to inform learning and improve practice.
- We will involve patients, and their family and carers where appropriate, in our investigations to ensure their experience of our care is understood and fully informs the investigation, learning and improvements.
- We will involve colleagues in our investigations to ensure their experience of care delivery is understood and fully informs the investigation, learning and improvements and ensure all colleagues are offered support.
- We will review incidents and patient experience to understand any inequalities affecting particular communities or communities we are not hearing from and act to address these.

Equity in Quality and Safety:

- We will embed equity in proactive approaches to quality, including research, evidence-based guidance and outcomes.
- We will review incidents and patient experience to understand any inequalities affecting particular communities or communities we are not hearing from and act to address these.
- We will embed equity as part of our Quality Improvement Programme.

Education:

- Further support the education development of our staff to ensure continued competency in care delivery.

Clinical Effectiveness:

- Increase our clinical audits at service level and organisational wide audits.

Our Priorities 2023-26

What's Important to us?



VALUES

Putting People First; Taking Responsibility;
Working Together; Delivering Quality Services
Investing in local communities



Quality Assurance & Performance Highlights



71,013

Calls answered by the Clinical Assessment Service

97.49%

Customer Satisfaction Score for 2025-26



40.97%

Return rate on our annual Staff Survey for 2025-26

510

Compliments Received in 2025-26



287,358

Face to Face Contacts undertaken during 2025-26

569

Admissions into the Community Inpatient Unit in 2025-26



1,374

Service User/Patient Surveys Submitted in 2025-26

Quality Assurance & Performance

Commissioner Agreed Priorities (CQUINs) 2025-26

CQUIN audit recommenced from Q2 2023-24. The priorities below were based on goals identified within our CQUIN Framework and agreed with our commissioners for 2025-26. Below is what was achieved by the end of the year:

Indicator	Description	Target	2025-26 End of Year Results
CQUIN 12	Assessment and documentation of pressure ulcer risk.	70-85%	Overall compliance remained within the target at the end of Q4 25-26. 73.58% compliance was achieved, which although showed a slight decrease than previous quarters, is still within the target set.
CQUIN 13	Assessment, diagnosis and treatment of lower leg wounds.	25-50%	Compliance was met for all quarters for CQUIN13. At the end of Q4 25-26 a high level of compliance was demonstrated with 83.05% of the audited sample meeting all measures of the audit, exceeding the CQUIN target.
CQUIN 14	Malnutrition screening for community hospital inpatients.	70-90%	Compliance saw an increase at Q4 25-26, remaining within the target set at 81.85%.



Quality Assurance & Performance

A range of clinical and non-clinical audits are undertaken each year within Care Plus Group. Audits include those required to fulfil national requirements, those required to ensure internal compliance, those resulting from PSII Investigations and those that have been locally agreed with our commissioners. Service specific internal audits and checks are also completed across the organisation.

Work on the organisational audit schedule has continued in 2025-26 with the continuation of a robust organisational audit programme. 227 audits (both those on the organisational audit schedule and service specific internal audits) were completed in 2025-26. Work continues on the roll out of digital audits using Ideagen InPhase which has allowed the organisation to have a greater oversight of service level internal audits for those services who are now onboard with this method. This roll-out programme will continue into 2026-27.

Audit Type	Q1 25-26	Q2 25-26	Q3 25-26	Q4 25-26	Cumulative
Clinical	7	9	6	6	28
Non-Clinical	2	1	1	3	7
ISO	1	0	1	0	2
External	1	0	0	0	1
Service Specific Internal Audits	48	47	48	45	188
ISO Process Approach Reviews	0	1	0	1	2
Totals	58	58	56	55	227

Financial Audits

Financial Audit Outcome 2024-25

An independent audit of our financial statements for the year ended 31st March 2025 has been carried out. They have audited the financial statements of Care Plus Group (North East Lincolnshire) Ltd which comprise an income and expenditure account, balance sheet, statement of cash flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

They conducted the audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. They are independent of the society in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and they have fulfilled their other ethical responsibilities in accordance with these requirements. They believe that the audit evidence they have obtained is sufficient and appropriate to provide a basis for their opinion.

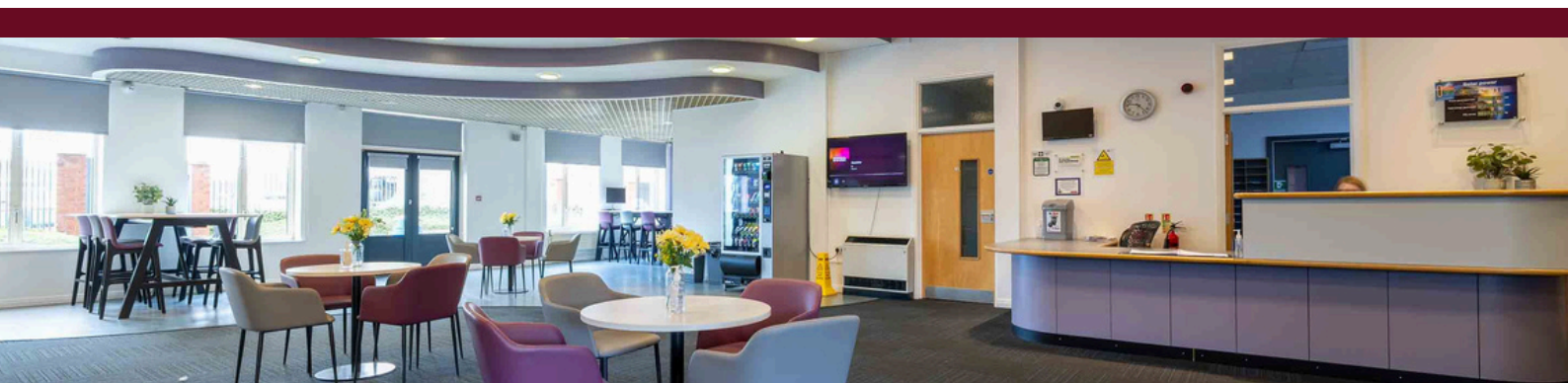
In their opinion the financial statements:

- Give a true and fair view of the state of the Society's affairs as at 31 March 2025 and of its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- Have been prepared in accordance with the requirements of the Co-operative and Community Benefit Societies Act 2014.

Financial Audit 2025-26

An independent audit of our financial statements for the year ended 31st March 2026 is scheduled to start in May 2026. Therefore, we will not have the results until the external audit is completed, where they will then present this to the Group's Finance and Audit Committee in mid-August 2026.

They are conducting the audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. They are independent of the society in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard.



ISO 9001:2015 External Audit

The British Assessment Bureau for ISO Quality 9001:2015 completed our external recertification audit in May 2025. The external audit concluded with no nonconformities, observations or opportunities for improvement. The auditors stated they continued to be impressed with CPG, with particular emphasis continued development of digital processes and triangulated, real time data utilising the Ideagen Healthcare Guardian (formerly InPhase) system. The next annual surveillance audit is scheduled to take place in June 2026.

The surveillance audit Objectives are:

- to confirm that the management system conforms with all of the requirements of ISO 9001:2015;
- to confirm the scope statement represents the organisation's certified activities on the Certificate of Registration;
- to confirm that the organisation has effectively implemented ISO 9001:2015;
- to confirm that the Management System is capable of achieving the organisation's policies and objectives;
- to review links between the internal audits, management reviews and continuous improvement.

Care Plus Group Scoped Service for ISO Quality 9001:2015 that are within the remit of the registration are as follows, extensions to scopes will be reviewed Autumn 2026:

- KP01 - Reablement at Home
- KP02 - Community Urgent Care Team
- KP03 - Hospital Discharge Team
- KP04 - Clinical Assessment Service
- KP05 - Cambridge Park - Community Inpatient Unit
- KP06 - Specialist Palliative Care Team
- KP07 - Haven Team
- KP08 - Community Nursing Teams
- KP09 - Employability Services



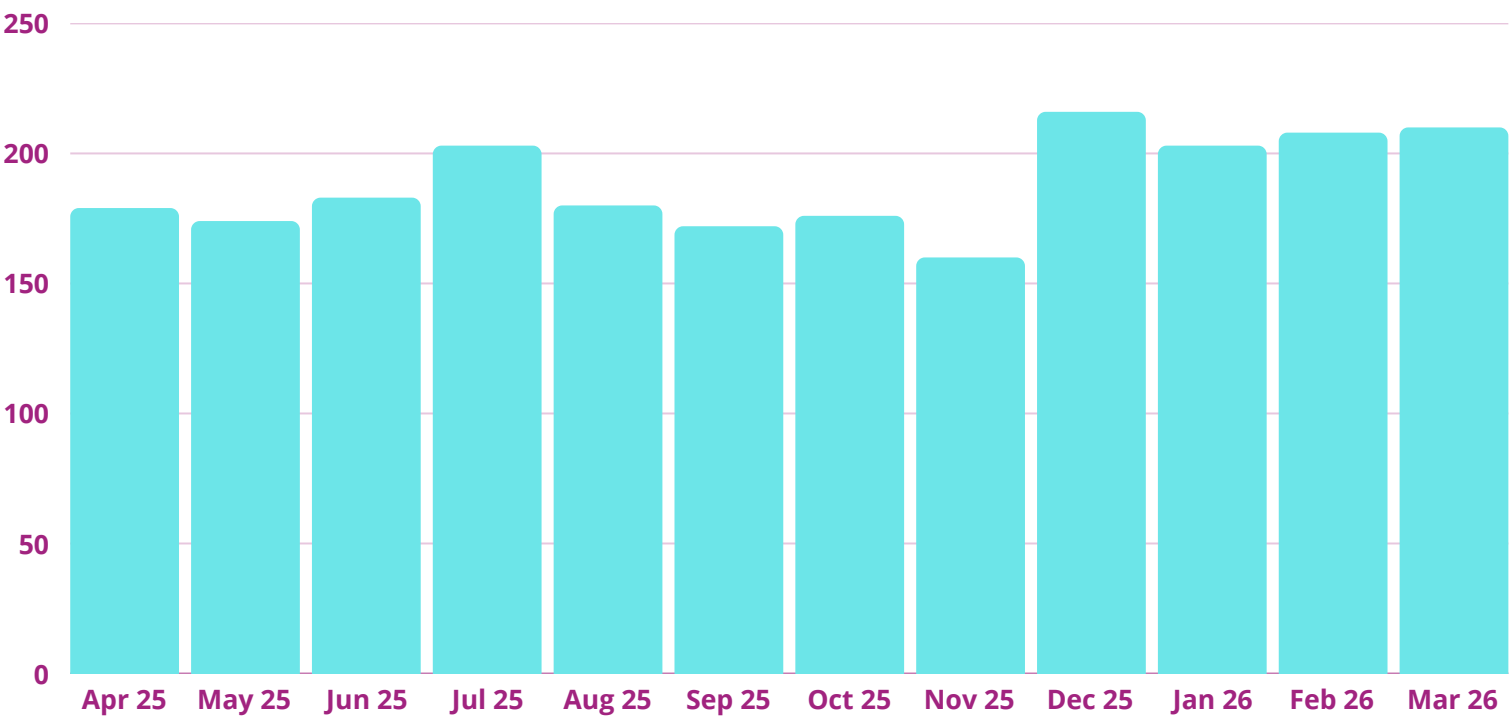
Why is it important to Care Plus Group?

ISO 9001:2015 is an international standard dedicated to Quality Management Systems (QMS). It outlines a framework for improving quality and a vocabulary of understanding for any organisation looking to provide services that consistently meet the requirements and expectations of its patients, service users and other relevant interested parties. It provides us with the strategic tools we need to gain a competitive advantage through safe, reliable and trustworthy services.



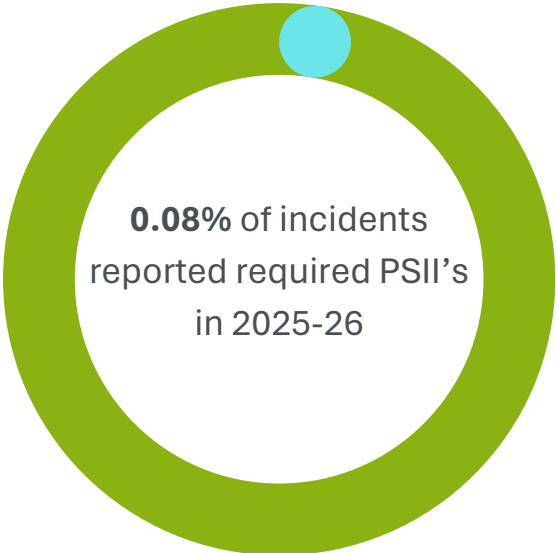
Quality Assurance - Incidents

As an organisation we record and monitor all incidents, accidents and near misses across all of our services. The table below shows the number of incidents, accidents and near misses that were reported on our incident reporting system during 2025-26.



Sometimes, despite the hard work of our staff, mistakes can happen and things can go wrong and some incidents require a comprehensive investigation. Incidents that meet the criteria for a Patient Safety Incident Investigation under the new Patient Safety Incident Response Framework, are fully investigated so we can identify anything we need to change or improve to minimise the risk of those incidents reoccurring in the future. The table below shows the number of PSII investigations that took place in 2025-26.

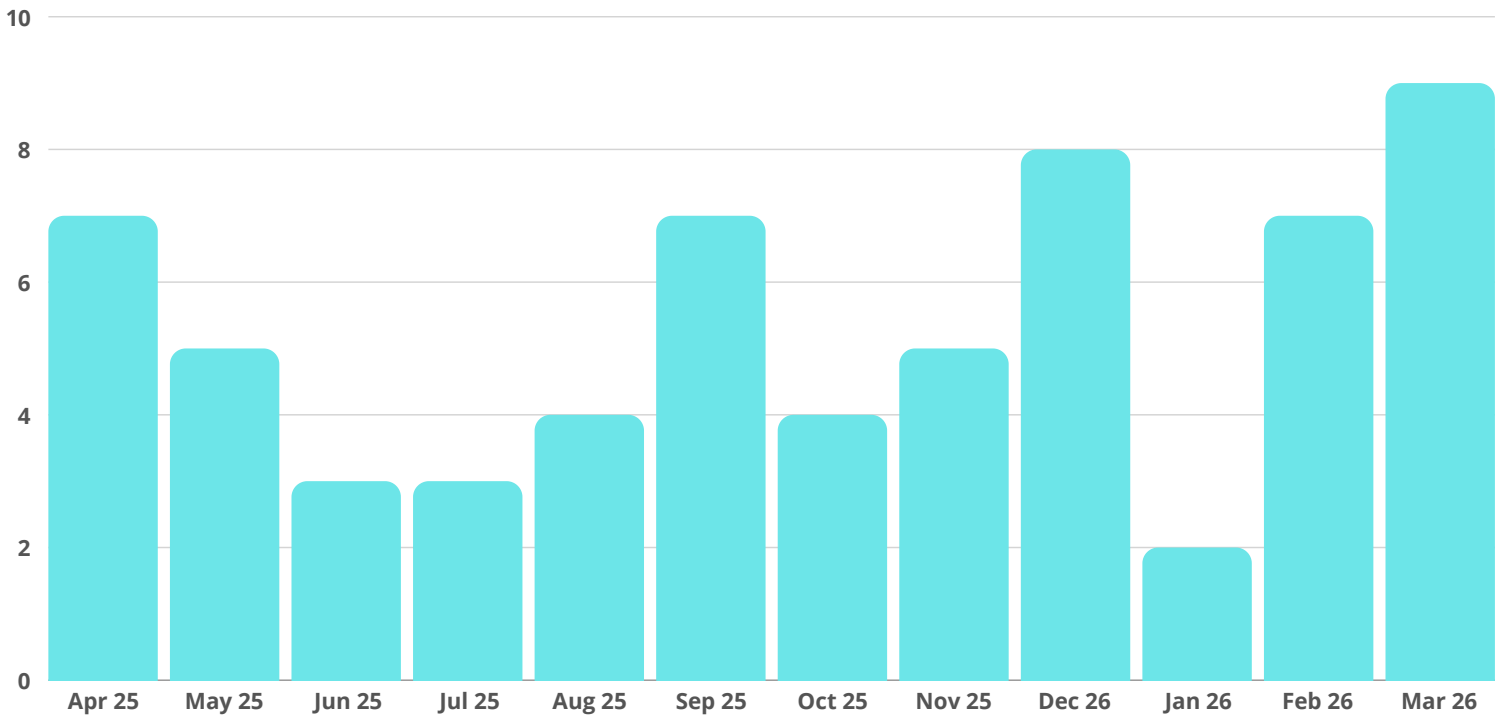
	Incidents Reported	PSII Incidents
Q1 25-26	536	1
Q2 25-26	560	1
Q3 25-26	552	0
Q4 25-26	621	0
2025-26	2269	2



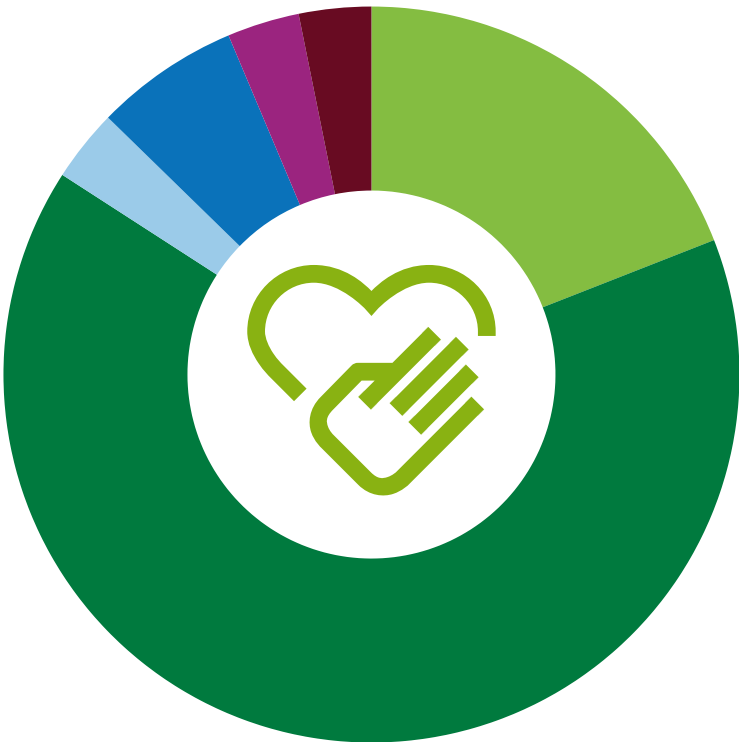
Duty of Candour

Despite our best efforts, mistakes occasionally happen. Although there are numerous safety checks to ensure that these do not affect service users, sometimes these systems breakdown and service users may be harmed whilst in our care. In the very unlikely event that this happens, we are committed to being open and honest with our service users and their carers and relatives. We will always share our understanding of why the incident happened and how we plan to reduce the chances of the same mistake happening again.

Duty of Candour Incidents 2025-26



Duty of Candour Incidents
Service Areas



Care Quality Commission (CQC)

During the year 2025-26 CQC did not complete any inspections of our registered services.

Care Plus Group operates a bi-annual internal review schedule completing mock inspections with all registered services. The current 2 year cycle (2024-2026) is still ongoing with 7 reviews currently completed. Self assessments utilising the Ideagen InPhase system have also been completed by a further 2 services in 2025-26. The roll out of this system will continue in 2026-27.

Service Area	Date of Inspection	Safe	Effective	Caring	Responsive	Well Led	Overall
Reablement at Home	10th July 2018	Good	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Open Door	7th December 2021	Good	Good	Good	Good	Good	Good
Quayside	27th February 2019	Good	Good	Good	Good	Good	Good
Community Inpatient Unit	21st February 2023	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Headquarters	22 December 2016	No rating given during last inspection					

What CQC said about our services...

The provider recruited staff safely. This included carrying out relevant checks prior to staff starting employment. This was to ensure staff were suitable to work with people using the service - Cambridge Park - Community Inpatient Unit

We received outstanding feedback about Intermediate Care at Home. All comments from people who used the service, relatives, health and social care professionals were extremely complimentary and consistent stating they were really happy with the care, treatment and support the service provided - Intermediate Care at Home

Appointment requests were almost always accommodated on the same day. The practice had a very flexible approach to accommodate the particular needs of people. - Open Door Surgery

Staff Survey

Care Plus Group undertook its annual Staff Survey over a period of six weeks between the 16th February 2026 and 31st March 2026, with an increased return rate of **40.97%**. As in previous years, a full report has been produced and results will be shared with all staff across the organisation.

We received some very useful feedback from staff who have again reflected on the year with the ongoing changes and associated challenges of a complex health and social care landscape. The organisation saw positive results in many areas in the 2025-26 where figures were above the national average of the NHS staff survey. Changes were made to the CPG Staff Survey for this year to streamline this and align with the strategic direction of the organisation, as well as building on feedback received in the 2024-25 survey.

Below is a selection of results:

71.3% of staff felt enthusiastic about their job.

80.29% of staff felt their immediate manager took a positive interest in their health and well-being.

87.25% of staff enjoy working with the colleagues in their team.

81.16% of staff the people they work with are understanding and kind to one another.

73.62% of staff felt the organisation respects individual differences.

71.59% of staff said they have opportunities to improve their knowledge and skills.

77.97% of staff said that the care of patients/service users is Care Plus Group's top priority.

77.68% of staff would be happy with the standard of care provided by Care Plus Group if family and friends needed treatment.

75.36% of staff said their immediate manager gives them clear feedback on their work.

Below are some of the positive comments from the 2025-26 Staff Survey:

“I work with an amazing team of people, always supportive and willing to give advice and encouragement, CPG are really lucky to have this team, my manager is an absolute credit to the team and CPG.”

“I enjoy my role and working within my team, my manager is extremely supportive.”

“I love my team and my role within it and enjoy coming to work. CPG has given me plenty of opportunities to develop my career.”

“My immediate line manager is supportive, kind and helps me achieve my full potential.”



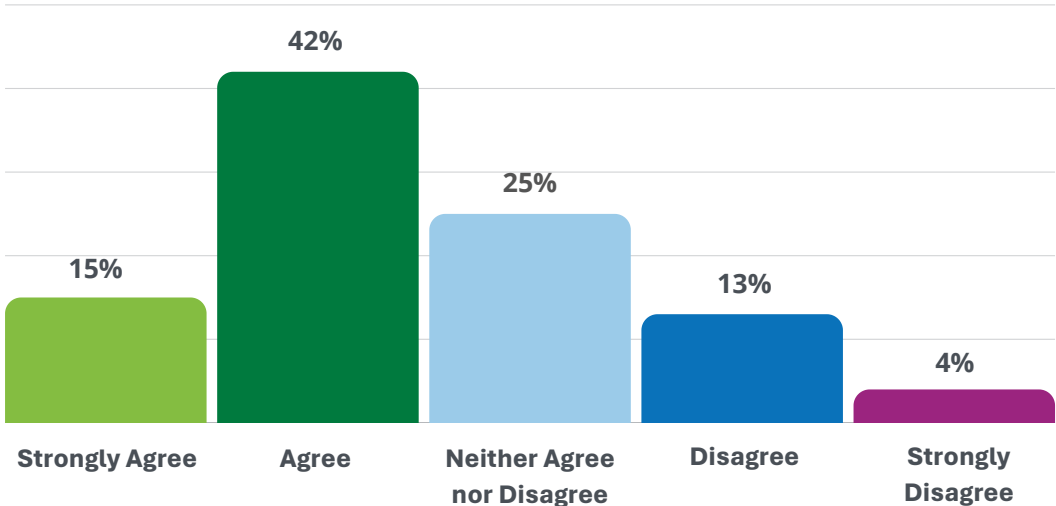
Staff Survey - Friends & Family Test

The mandatory NHS Staff Friends and Family Test questions were also included as part of the Care Plus Group Staff Survey. Staff were asked how likely they would be to recommend Care Plus Group to family and friends as an organisation to work for, and as an organisation to receive care or treatment from.

Here are the results:

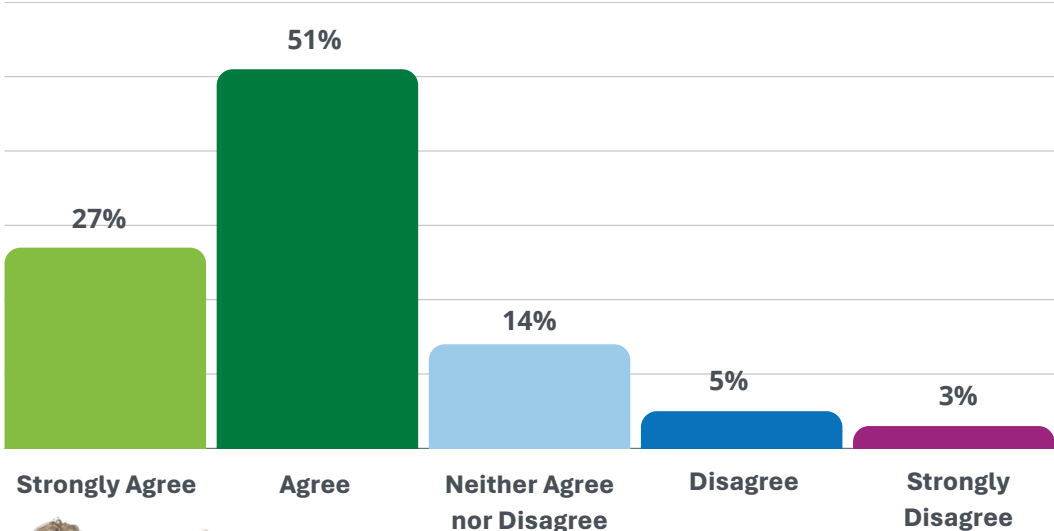
57.0%
of respondents were either strongly agree or agree that they would recommend CPG as a place to work

I would recommend Care Plus Group as a place to work.



78.0%
of respondents either strongly agreed or agreed that they would recommend CPG to friends and family if they needed care or treatment

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



Workforce Race Equality Standard (WRES) Data

Since 2015 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas through the Workforce Race Equality Standard (WRES). The WRES was introduced to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

NHS providers are expected to show progress against a number of indicators of workforce equality as part of contracts on an annual basis. This is partially achieved through analysis of results for specific questions included within the Staff Survey.

The main purpose of the WRES is:

- To help local and national NHS organisations and other organisations providing NHS Services to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between White and Black and Ethnic Minority (BME) staff, and
- to improve BME representation at the Board level of the organisation.

In the Workforce Race Equality Standard (WRES) – Care Plus Group 2024-25: the overall workforce = 832 staff. Information between 01/04/2024 – 31/03/2025 on recruitment is as follows:

	White	BME
Number of shortlisted candidates	457	110
Number appointed from shortlisting	99	6
Relative likelihood of shortlisting/appointed	0.22%	0.05%

The 2025-26 WRES data from the Care Plus Group Staff Survey is as follows:

WRES Questions	White		BME		Not Disclosed	
	Count	%	Count	%	Count	%
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	66	19.5%	4	66.7%	0	0%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	63	18.6%	1	16.7%	0	0%
Percentage believing that CPG provides equal opportunities for career progression or promotion.	157	46.3%	3	50.0%	0	0%
In the last 12 months have you personally experienced discrimination at work from any of the following? (manager/team leader or other colleagues)	14	4.1%	1	16.7%	0	0%

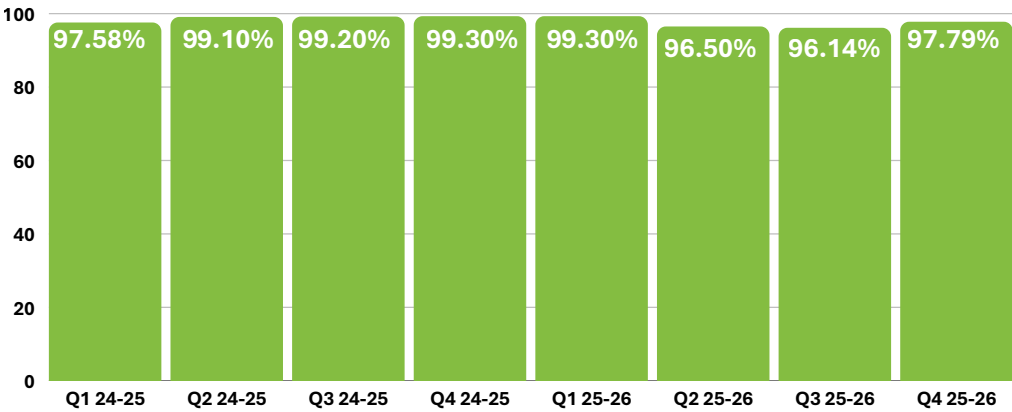
*Percentages are calculated using the number of respondents in each ethnic group, not the total number of survey respondents.

Service User Experience

In 2024-25 Care Plus Group implemented a new digital service user experience survey. Access to this digital survey is promoted on an ongoing basis with data being collated in real-time on a continual basis. As a result we have seen a significant increase in the number of surveys completed. **1374** completed surveys were received for Care plus Group services in 2025-26, a significant increase in volume from previous years. As with previous years, service user feedback was generally excellent during 2025-26, with the highest customer satisfaction score, 99.30%, being achieved in Q1 2025-26.



Customer Satisfaction Score Quarter on Quarter



Here are some examples of the positive feedback we have received for our services in 2025-26:

“All carers gave me every possible help that I needed to help me on my way to fitness.”

“It’s nice to have someone who listens.”

“My nurse is very helpful and I don’t have a problem in asking her anything and feel very much at ease with her. She always comes with a smile and found her very helpful and very good at her job.”

“An excellent nursing team who are so friendly”

“You couldn’t have done anything better, you have improved my quality of life.”



In 2025-26
98.68%
rated the quality of care received
Excellent or Good



In 2025-26
97.44%
said they felt able to make decisions about their care

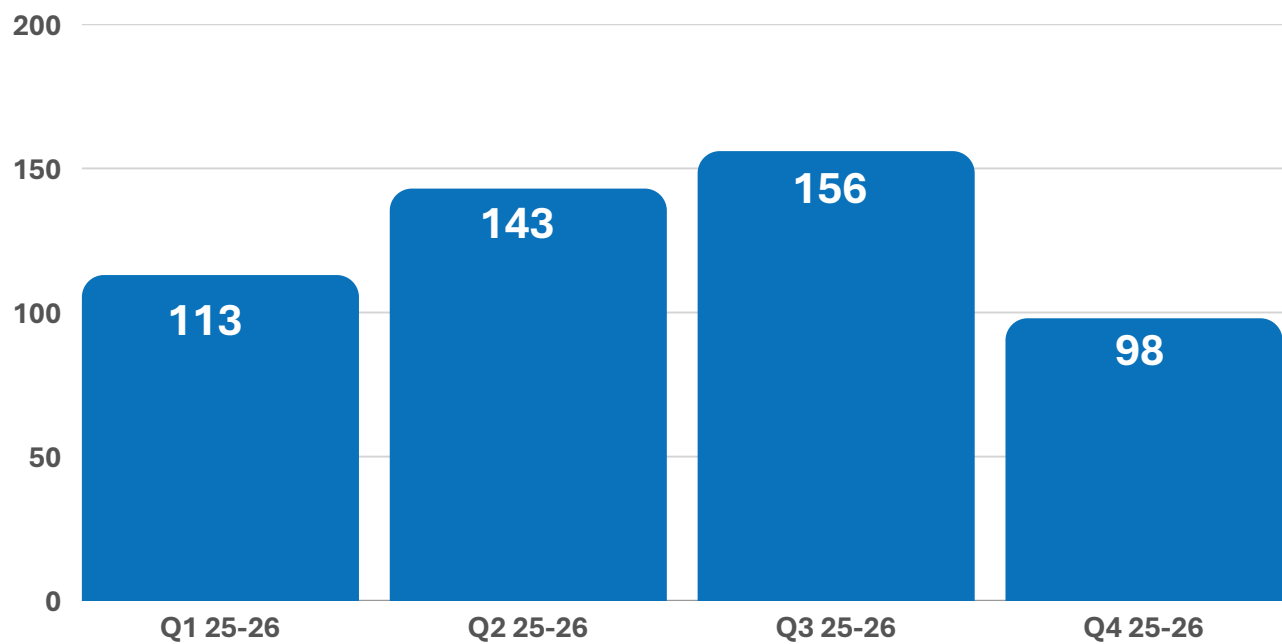


In 2025-26
98.680%
said they were treated with dignity and kindness

Compliments

A total of **510** compliments were received and recorded during 2025-26. The Quality, Regulation and Improvement Team can only extract data that has been recorded within our incident reporting system, therefore if services fail to record them on the system they will not be included.

CPG Compliments 2025-26



HOPE Services

A big thank you for all your care, attention and advice over the last two months.

You have given me the gift of improved balance and increased stamina, enabling a safer level of movement around my home. This has given me greater confidence and my family have all noticed a significant improvement.

We cannot thank you enough.

Community Cardiology

I have attended Community Cardiology Ladysmith Road Grimsby for several years. The same nurse and doctor have seen me. Their service has been excellent.

Community Nursing Teams

We are very grateful for the support both medically and mentally, without the nurses attending my husband and I don't know how we would cope. They come and help me to come to terms with my husbands illness and they always have a smile and a listening ear. The nurses go above and beyond their duties, I am forever grateful for the service that they provide.

Urgent Care Services

I'd like to say how grateful we are as a family for the brilliant out of hours service we received on Christmas Day. A family member staying with us from away was taken poorly and the service she received was, in her words exceptional! Thank you to you all.

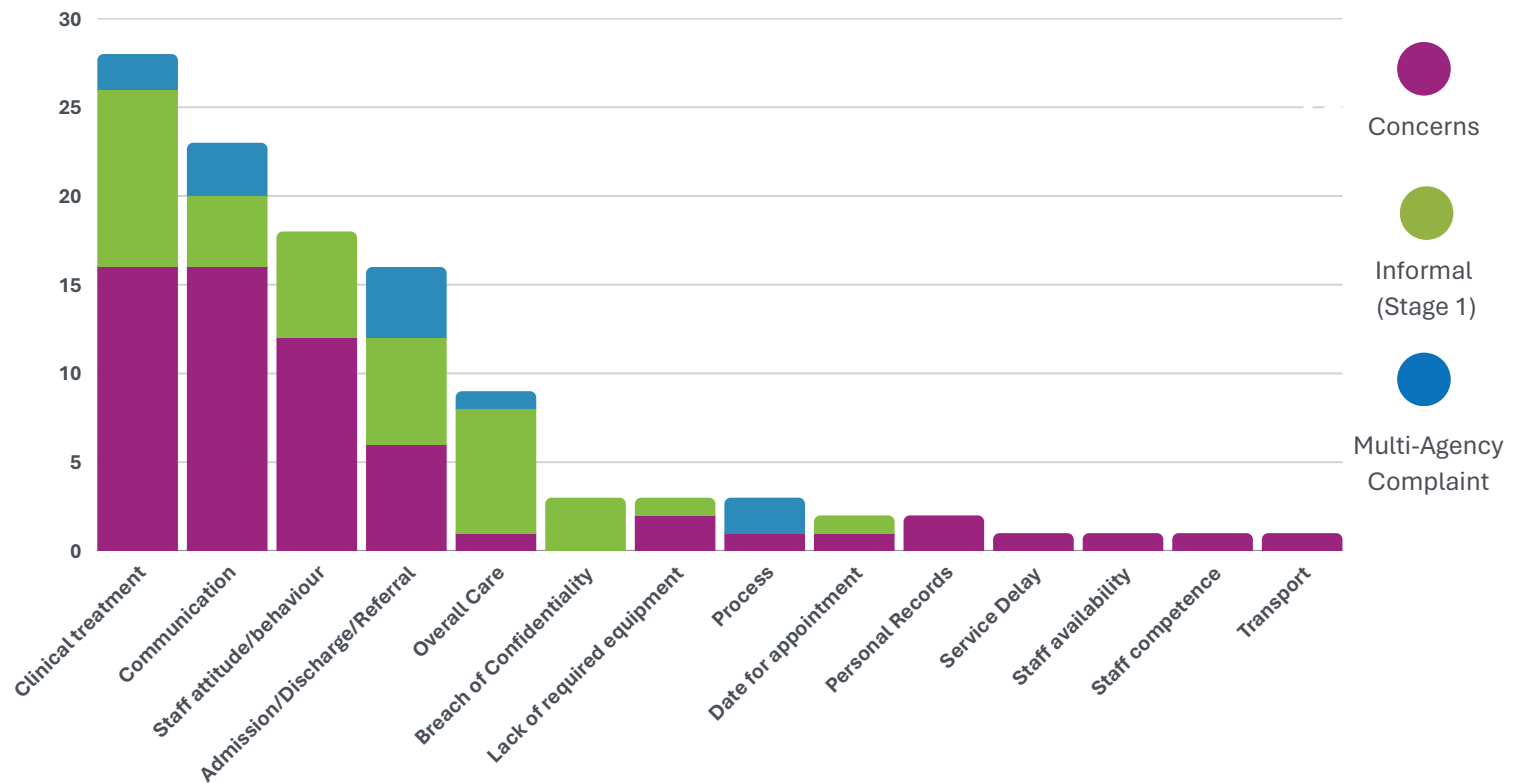


Complaints and Concerns

As an organisation dedicated to providing high quality care, Care Plus Group regards complaints as valuable opportunities to learn lessons and improve our services. During 2025-26, we received a total of 50 complaints across all services. No formal complaints were received in the last 12 months. 38 of the complaints were informal complaints and the remaining 12 were multi-agency complaints. We also received a total of 61 concerns which were resolved at service level with satisfactory resolution. The most common subjects of all complaints and concerns for the last 12 months were as follows:

- Clinical Treatment
- Communication
- Staff Attitude/Behaviour

All CPG Complaints & Concerns by Subject 2025-26



Upon completion of investigations, only

8.0%

of complaints (informal and multi-agency) were fully upheld in the last 12 months.





Awards & Recognition in 2025-26

HOPE Pulmonary Rehabilitation Service Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS).

CPG HOPE Pulmonary Rehabilitation service has successfully achieved accreditation under the Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS).

Following a rigorous assessment visit the service was recognised for meeting nationally recognised standards of excellence in the care and support of people living with long-term respiratory conditions.

Receiving national accreditation confirms that our service meets the most rigorous standards and best practices, providing reassurance to our community that they are supported by a team committed to excellence. HOPE's leadership team has played a pivotal role in shaping an environment where high standards are not just met, but continually exceeded.

The assessors commended the service for exceptional achievements in several key areas:

The innovative buddy system, which offers invaluable peer support from previous patients.

Comprehensive exercise classes and a personalised approach to functional goals.

A supportive team environment, where every member feels valued and listened to, with a strong emphasis on wellbeing.

This prestigious recognition not only reflects our unwavering commitment to quality, safety and excellence, but also highlights the positive impact in raising standards and delivering outstanding care. It stands as a testament to the dedication, professionalism and passion of the entire team, who continue to set benchmarks in pulmonary rehabilitation.

The PRSAS, which is administered by The Royal College of Physicians (RCP), is designed to elevate the quality of pulmonary rehabilitation (PR) services throughout the UK and sets a mandatory standard for all PR services.





Awards & Recognition in 2025-26

Volunteer of the Year!



We couldn't be prouder to celebrate a very special member of the Care Plus Group family: Nev who has been recognised as Volunteer of the Year following the Health and Care Excellence Awards!

Nev is a truly dedicated and cherished volunteer at our Cromwell Road day services centre, and get this, at the staggering age of 90, he still volunteers his time most days! His commitment and warm heart are an inspiration to us all.

Nev couldn't attend the awards evening because he was enjoying a well deserved holiday, but we were so happy to present him with his award personally. He was genuinely touched and said his family will be so proud, as your Care Plus Group family, we are so incredibly proud of you, Nev!

Thank you for everything you do. Well done!

Our Cavell Nursing Award Winners



Across 2025-26 we have had several of our employees recognised by the Cavell National Star Awards. These awards are given to nurses, midwives, nursing associates and healthcare assistants who shine bright and show exceptional care to their colleagues, their patients and patients' families.

These awards reflect the every day commitment to compassionate, person-centred care and support that is shown by our employees.





CPG's Staff Awards

We held our annual Staff Awards Evening in December 2025 at The Stallingborough Grange Hotel. Staff came together to celebrate each other's successes and recognise achievements from the past 12 months. Congratulations to all the Winners and Highly Commended employees. Our awards included:

Team of the Year - Client Facing

Team of the Year - Non-Client Facing

Manager of the Year

Individual of the Year

Outstanding Leader

Rising Star Award

Exemplar Award

Special Achievement Award

Chief Therapist Award

Chief Nurse Award

Deputy Chief Executive Award

Chair's Award

Chief Executive's Award



Comment from Humber and North Yorkshire Integrated Care Board

The Humber & North Yorkshire Integrated Care Board (ICB) welcome the opportunity to review and comment upon Care Plus Group's Quality Report for 2025/26. This year's Account provides a comprehensive overview of organisational performance and in demonstrating your continued commitment to delivering safe, effective, and person-centred care.

We would like to take this opportunity to thank all staff for their hard work and dedication to support our population across North East Lincolnshire.

We recognise the achievements outlined in this year's Quality Account, which reflects your performance in all key areas, particularly patient experience, quality assurance processes, and external accreditation. As with previous years the Account demonstrates a clear commitment to partnership working and continuous improvement aligned to NHS strategic priorities. We note your Quality Priorities for 2024/27 and look forward to hearing about the progress in each of the areas and in aligning to your Strategy and in achieving against your vision and values as described in the Account.

We applaud the current levels of patient satisfaction detailed in the Account and the positive reporting relating to experiences of care particularly the ratings relating to dignity and respect and we were pleased to read about how you are ensuring involvement of patients in decision-making and responding to service user feedback.

Furthermore, we note the information about compliments and recognise the positive impact and personal statements from patients outlined within the Account. The complaints data in the Quality Account is also noted, along with the absence of any formal complaints over the last 12 months. We acknowledge the identification of the three main themes of informal complaints and concerns identified within your Account and look forward to hearing how this feedback informs further improvement throughout the year.

The ICB were pleased to read about the positive Staff Survey results, this highlighting your focus upon the following areas of team working, organisational culture, manager support, staff wellbeing and staff confidence in quality of care. The ICB acknowledges these commitments will also contribute towards a positive workforce environment and underpin service delivery within a Just Culture which is critical to ensuring patient safety. We look forward to hearing how this is built upon and in further strengthening results including that of the NHS staff Friends and Family Test.

The ICB welcomes CPG's continued work on alignment with the Patient Safety Incident Response Framework (PSIRF), with a clear emphasis on learning from incidents, involving patients, families, and staff in investigative processes and the focus on improvement and opportunities for system learning. The low proportion of incidents requiring formal investigation indicates an effective safety management system and proportionate responses. The Quality Account would have been an opportunity to provide a thematic summary of incidents and learning and how this has been used to improve services and patient safety at CPG.

Finally, we would like to congratulate you for your achievements over the past year, and in awards won by CPG as presented within the Account. We applaud the HOPE Pulmonary Rehabilitation Service for its accreditation following assessment by the Royal College of Physicians. Also, staff recognised for their commitment, including the award for a Volunteer of the Year.

In conclusion, we confirm that to the best of our knowledge, the Account is a true and accurate reflection of the quality of care delivered by CPG and that the data and information contained within is accurate.

The ICB remain committed to working with CPG and its regulators to improve the quality and safety of services available for the population of the patients served by CPG. CPG's role in the health system of North East Lincolnshire will be particularly important as we embark on the introduction of Neighbourhood Health as part of the 10 Year Plan for the NHS.

Deborah Lowe

Director of Nursing & Quality Assurance
NHS Humber and North Yorkshire Integrated Care Board (ICB)



How to Provide Feedback on the Quality Account

Care Plus Group welcomes any feedback in relation to the contents of the Quality Account. We hope we have made it as easy as possible for you to contact us by offering as many options as possible.

If you have any issues, questions, concerns or recommendations in relation to this report, please contact the Care Plus Group Quality, Regulation and Improvement Team via any of the methods below and we will ensure that the most appropriate person responds to you as quickly as possible.

In Writing:

Quality, Assurance and Performance Team
Care Plus Group
Westgate Park
Charlton Street
Grimsby
North East Lincolnshire
DN31 1SQ

Email: CPG.CareplusAssure@nhs.net

Telephone: 01472 266966

Webpage: www.careplusgroup.org

Facebook: <https://www.facebook.com/careplusgroup>

Instagram: <https://www.instagram.com/thecareplusgroup/>

LinkedIn: <https://www.linkedin.com/company/careplusgroup>