Coventry & Rugby GP Alliance
Quality Account 2024/25

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Introduction

Welcome to the Coventry & Rugby GP Alliance (CRGPA) Quality Account for 2024/25.

Now in our 11th year of supporting general practice across Coventry and Warwickshire, CRGPA continues to evolve in response to the needs of our patients, staff, and general practice. This year, we build on a decade of experience, innovation, and collaboration, with a renewed focus on quality, equity, and sustainability.

Over the past year, we have further embraced further change and growth. We welcomed new leadership, expanded our service footprint, and strengthened our governance and assurance processes. Our commitment to delivering high-quality, patient-centred care remains unwavering, and we are proud of the progress we have made in embedding a culture of continuous improvement.

Our staff remain at the heart of everything we do. Fifty-two per cent of our staff responded to our annual staff survey, and of those, 81% recommended CRGPA as a place to work. We are proud of the environment we have created—one that values wellbeing, development, and inclusion. We know that a supported workforce delivers better care, and we will continue to invest in our people.

This report outlines our achievements over the past year, our priorities for the future, and the strategic objectives that will guide us forward. It reflects our values - Trust, Integrity, Collaboration, Kindness, Empowerment, and Respect - and our vision to be a pillar of support in general practice.

We hope this account provides a transparent and meaningful insight into our work and our impact.

Daljit Sandhu
Chief Executive Officer
Coventry & Rugby GP Alliance

Statement from the Chief Nursing Officer

Having worked with Coventry & Rugby GP Alliance (CRGPA) for over five years, I've had the privilege of holding four patient-focused roles, each one deepening my commitment to delivering high-quality, compassionate care across our communities.

I began my journey in March 2020 as a Portfolio Nurse, supporting practices with services such as Learning Disability Health Checks and Spirometry, while undertaking practice nurse training through the Alliance Teaching Practices. Just one month later, the COVID-19 pandemic reshaped our world, and I was redeployed to support the community District Nursing team, a challenging but deeply rewarding experience that reinforced the importance of adaptability and teamwork.

Later that year, I helped establish and clinically oversee a team of HCAs to deliver annual health checks for people with a severe mental illness, ensuring safe and effective service delivery. As the service matured, I was able to support additional initiatives including DESMOND (Diabetes Education and Self-Management for patients newly diagnosed or with ongoing Type 2 Diabetes) and Respiratory@Home, before stepping into the role of Head of Clinical Patient Services and overseeing the seven services and staff that sit within the Clinical Patient Services portfolio.

My leadership journey continued as I became Deputy Chief Nurse, supporting both the previous Chief Nurse and the interim, before being appointed Chief Nurse in November 2024. Today, I oversee Governance, Communications and Engagement, our nursing workforce, and seven clinical services that support practices across Coventry and Rugby.

This year's Quality Account reflects not only our organisational achievements, but also the dedication of our clinical teams, the resilience of our staff, and our shared commitment to continuous improvement. I am proud to lead teams that places patients at the heart of everything we do, and I look forward to building on our progress with compassion, integrity, and purpose.

Thank you
Sarah Forsyth
Chief Nurse and Head of Clinical Patient Services

Vision, Values, and Strategic Objectives

Our Vision

At Coventry & Rugby GP Alliance (CRGPA), our vision is to be a pillar of support in general practice, delivering high-quality clinical care and services that evolve and grow with the needs of our communities. We are committed to ensuring that our staff enjoy their work, feel respected, and are supported in their roles.

Our Mission

Our Values

At Coventry & Rugby GP Alliance (CRGPA), our values are more than just words on a page—they are the foundation of how we work, how we care, and how we grow. In a healthcare environment that is constantly evolving, our values provide a consistent compass that guides our decisions, shapes our culture, and strengthens our relationships with patients, staff, and partners. These values are celebrated through our quarterly staff awards programme, which recognises individuals who exemplify our ethos.

Trust – We conduct ourselves in a way that builds trust among colleagues and partners.

Integrity – We act with honesty and transparency in all our work.

Collaboration – We work together to promote health and wellbeing across the wider community.

Kindness – We show compassion and care to our colleagues, partners, and patients.

Empowerment – We empower each other to achieve our goals and provide services that empower patients.

Respect – We treat everyone with dignity and respect, valuing diverse perspectives and experiences.

Our Strategic objectives

As we look ahead to the coming year, Coventry & Rugby GP Alliance remains committed to delivering high-quality, patient-centered care while supporting the wellbeing and development of our workforce. Our strategic objectives for 2025/26 are designed to build on the progress we've made, respond to the evolving needs of our communities, and align with national and local healthcare priorities.

These objectives are not just operational goals, they reflect our values in action. They guide how we deliver services, how we support our teams, and how we innovate to meet future challenges. Each objective is underpinned by clear actions and measurable outcomes, ensuring we remain accountable to our patients, partners, and ourselves.

COVENTRY & RUGBY GPALLIANCE

Annual Objectives

We will deliver on and retain existing contracts by "doing the ordinary things extraordinarily well" - by:

- Meeting the Key Performance Indicators set out in our contracts.
- Ensuring services not only provide the required capacity/workforce, but are also promoted and utilised well.
- Ensure our internal resources are used efficiently and well.
- Ensure our services are linked into one another and with wider pathways of care.

We will continuously improve our quality of care, patient experience and the way we deliver services – by:

- Listening and responding to what our patients and commissioners tell us.
- Be clear about what it is we are measuring in terms of quality and to monitor and report on this.
- Be clear about what "good" looks including best practice, and to benchmark ourselves and deliver against this (within the resources we have).
- Embed a culture of continuous review and improvement.

We will bring in new services that are appropriate for us and that are aligned to our core purpose – by:

- Looking at opportunities to support PCNs that we don't currently support.
- Expanding our training offer.
- Look at opportunities to provide back-office support functions to Practices (HR, Finance).
- Work closely with our partners to understand local needs and how we can help.
- Find solutions / opportunities to support General Practice resilience (e.g integrated urgent care).

We will look after our people by being a good employer – and:

- Make all areas of the organisation feel part of the wider "Alliance" team and culture.
- Improve how we engage / listen / communicate with staff.
- Embed a culture that supports the health and well-being of our staff.

Priorities for Improvement

Coventry & Rugby GP Alliance continues to priorities' Quality Improvement, consistently receiving updates on Clinical Effectiveness and Patient Experience. While the scope of our improvement initiatives is extensive, we concentrated on three key areas in 2024-25. Below are the details of our progress and achievements in these areas.

Patient Safety Priority: Freedom to Speak Up

Aim: Emphasising the importance of staff being able to raise concerns about risks to care.

- Two members have been formally identified as Speak Up Guardians
- Informational posters have been created and prominently displayed throughout all workspaces.
- Regular email communications have been scheduled to inform staff on how to speak up and access support.
- Guidance and Resources have been added to internet to promote awareness
- A speak up Guaridan has been appointed via the Training Hub for further support.

Clinical Effectiveness Priority: Training and Development

Aim: A complete review of Statutory and Mandatory training requirements was conducted, leading to a re-launch of the training program to ensure staff have the necessary skills.

- All modules were reviewed and updated in accordance with NHS England guidelines.
- All staff have been aligned to appropriate clinical and non-clinical roles and corresponding learning modules.
- The CRGPA Board has agreed that a minimum of 80% of modules are to be completed by all staff.

Patient Experience Priority: How we collect feedback

Aim: Focus on collecting patient feedback through various means (electronic data capture, postcards) and developing a dashboard to show service-specific feedback and actions taken in response.

- The Friends and Family test is available on practice websites and is also shared with patients via SMS.
- All patient-facing services are equipped with Family and Friends "smile face" feedback cards to support accessible engagement.
- Feedback collection messages have been developed using Survey Monkey and undergo an annual review each April to ensure relevance and clarity.
- Patients feedback is systematically collated and visualized using Power BI, with reports shared bi-monthly with managers and the Safety and Quality Committee.

Quality Account Improvement Priorities 2025-26

CRGPA is proposing the following quality priorities for the coming year which are supported by an overarching aim.

Patient Safety Priority: Patient Safety Incident Response Framework (PSIRF)

Aim: **Establish PSIRF within the organisation and incorporated within current incidents and complaints schedule**

Clinical Effectiveness Priority: The Audit Programme

Aim: **Embed the recently approved clinical and non-clinical audit schedule within the Alliance as a whole by ensuring 100% of planned Audits are undertaken.**

Patient Experience Priority: Establish a PPG within CRGPA APMS Contracts

Aim: To establish a Patient Participation Group (PPG) within the CRGPA APMS Contracts, fostering meaningful patient involvement in the planning, development, and improvement of local healthcare services.

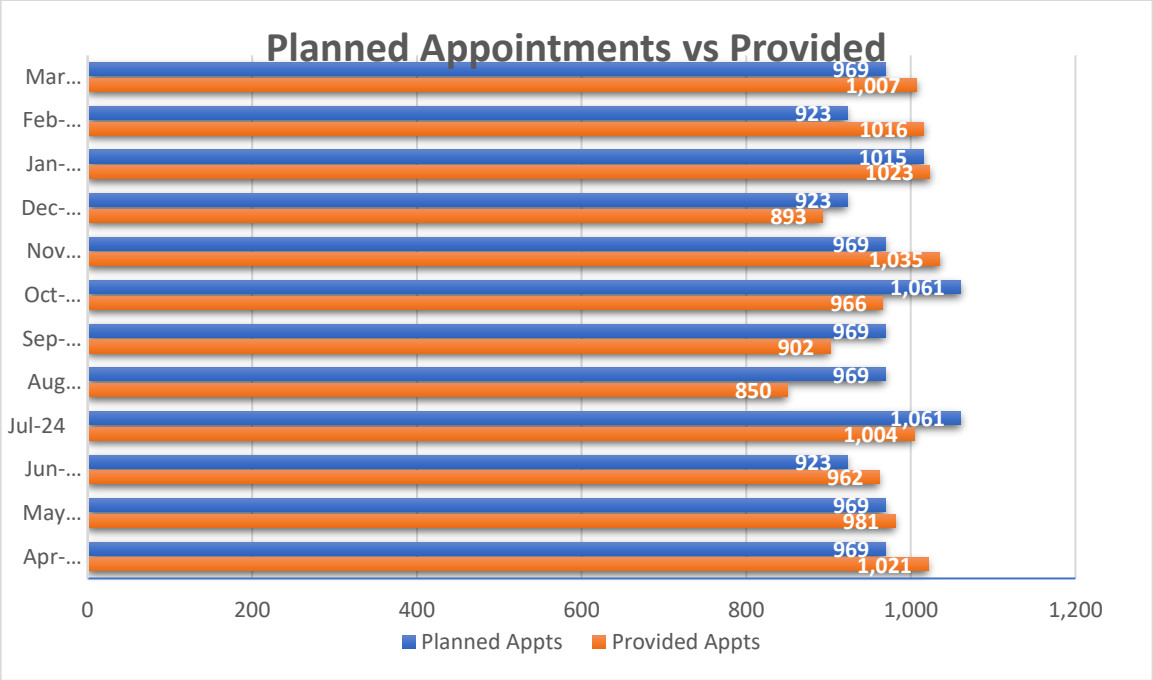
Review of 2024/25 Performance

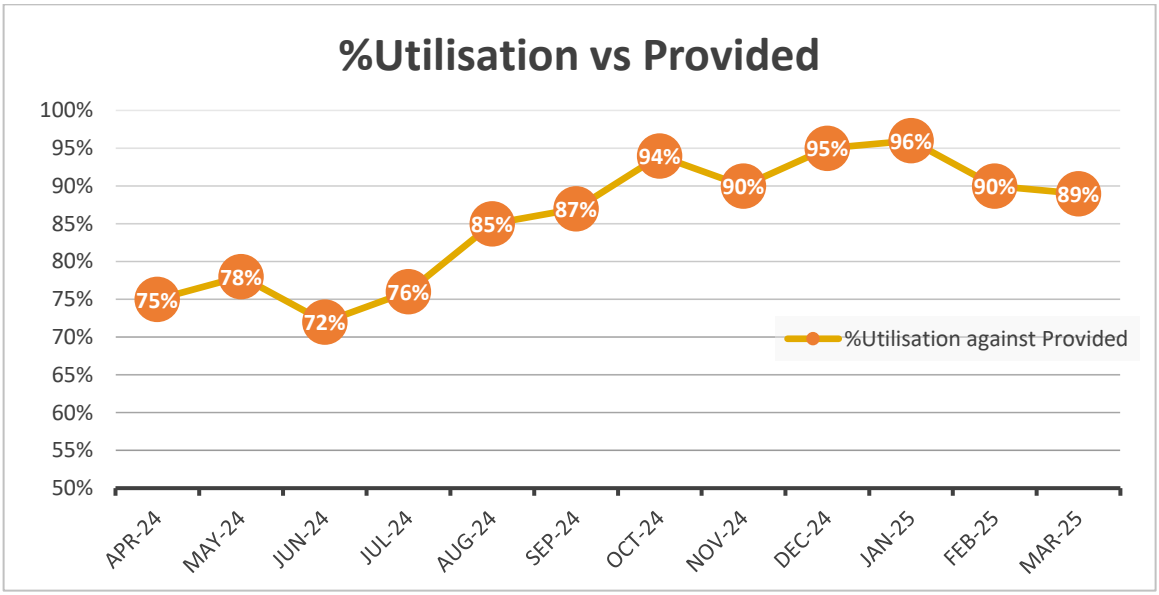
Enhanced Access

Across the five Primary Care Networks (PCNs) a total of 11,019 clinical hours were delivered year-to-date against a planned 11,159 hours achieving an impressive 98.74 delivery rate. The RAG rating for performance remained **Green**, indicating strong adherence to targets and expectations. Delivery improved significantly over the year, with March 2025 showing the highest delivery at 112.07% of planned hours, recouping some of those under delivered hours at the start of the year when there were changes to the delivery model regarding staff. Highlighted in the initial months (April–June 2024) where a lower delivery percentage (ranging from 79% to 93%) was seen. From September 2024 onwards, all PCNs consistently met or exceeded their planned hours. Utilisation rates against both planned and delivered hours indicated areas for improvement, particularly in non-GP services. Discussion is in process regarding nurse specific clinics and assisting practices with booking patients into the clinics in accordance with QOF.

Paramedics Acute Visiting Service

PAVS achieved a strong performance over the reporting period, successfully delivering **99% of contracted hours,** a standout result that underscores the service's reliability and commitment to targets. This near-complete delivery was achieved despite a late-year shortfall of 60 hours caused by staff sickness, which could not be compensated within the financial year. Additionally, appointment utilisation showed a positive trajectory, improving during the latter part of the year and concluding with **85% of appointments utilised**. Against its weekly key performance metric of providing 95% of contracted visits, PAVS maintained a **Green** RAG rating, with year-to-date performance consistently falling within the **90–95% delivery range**, reflecting steady and effective service provision.





Respiratory@Home – IPC service

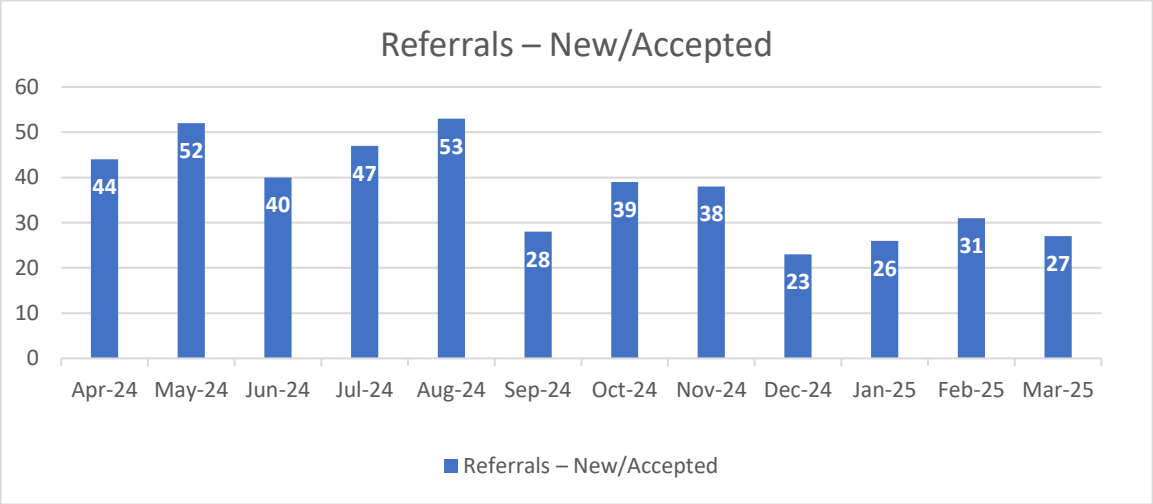
The service demonstrated strong performance throughout the year, maintaining high standards in patient onboarding and care continuity. Patients were consistently onboarded, with timely access to a GP appointment and patient information pack provided within 24 hours, ensuring an informed and responsive care experience. A key performance indicator, limiting hospital admissions to no more than 5%, was successfully met, earning the service a **Green** RAG rating and highlighting its effectiveness in delivering community-based care. In March, the service experienced a notable rise in patient referrals, driven particularly by NHS111 referrals for

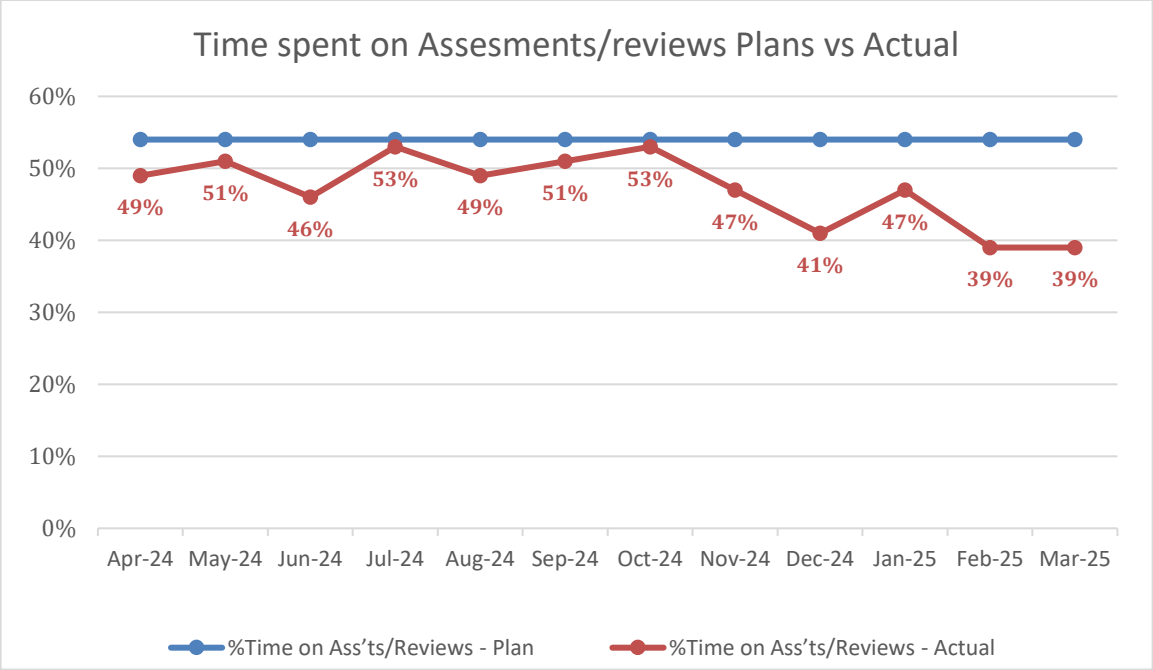
respiratory exacerbations, reflecting both heightened demand and the service's critical role in urgent care response preventing patient's being signposted back into GP Practice.

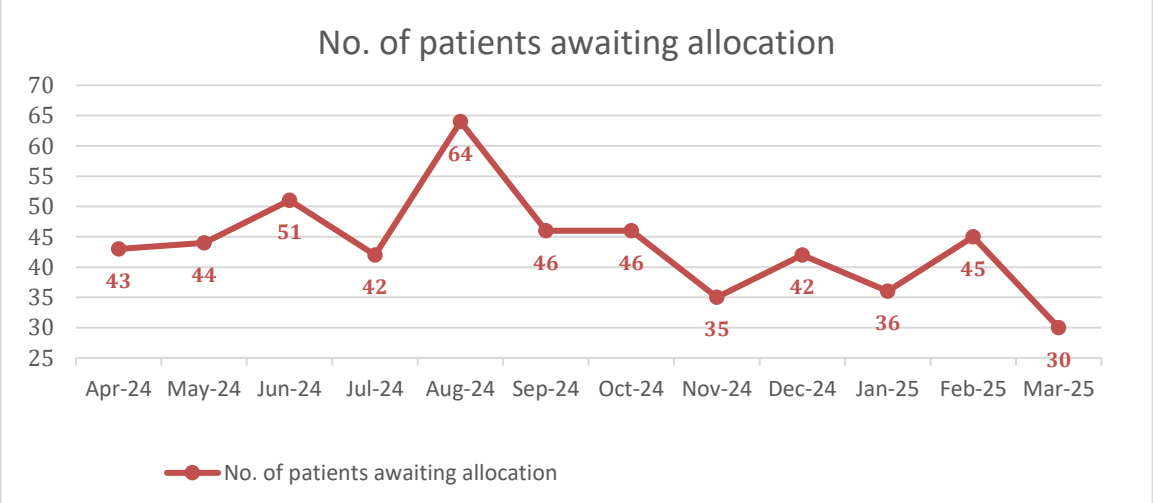
The Respiratory@Home service continued to play a vital role in the delivery of timely anti-viral treatment throughout the year. A total of **180 patients were triaged and received anti-viral therapy**, with the vast majority (**160 patients)** successfully managed through oral medication prescribed directly by Respiratory@Home GPs. This highlights the service's capacity to provide effective early intervention within the community setting. Additionally, **20 patients** were identified for onward referral to acute COVID Medicine Delivery Units (CMDUs) for infusion-based therapy if required, demonstrating appropriate clinical escalation where necessary. These figures underscore the service's responsive approach to patient care and its ability to adapt treatments based on clinical need.

Admiral Nursing

During the reporting period, the service continued to focus on achieving its key metric of **54–60% of time spent on assessments and reviews**. During this period, the service fell short of its target for time spent on assessments and reviews, this shift followed a period where the team was not operating at full capacity. Recruitment efforts have now successfully restored team strength, enabling greater progress in addressing demand. Notably, there was also a reduction in the number of patients waiting to be allocated, reflecting the early benefits of improved staffing and service capacity.





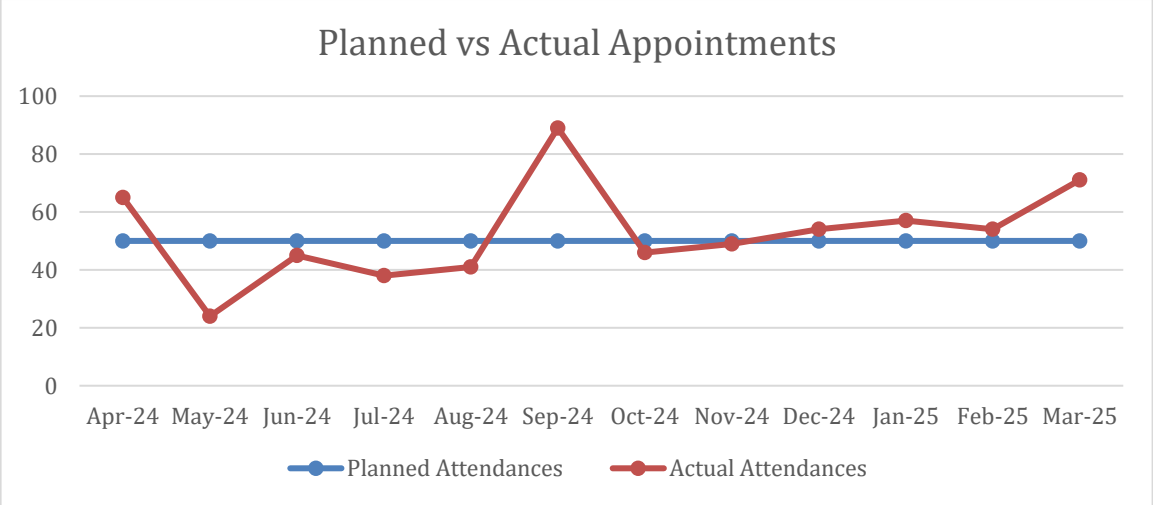


DESMOND

In 2024, we undertook a comprehensive deep dive into our Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) programme to better understand patient non-attendance (DNA) rates and explore opportunities for improvement. This review formed part of our wider commitment to enhancing patient engagement and service accessibility. By analysing attendance data, demographic trends, and patient feedback, we aimed to identify common barriers to participation and inform practical, patient-centred changes to support greater uptake of this vital education programme.

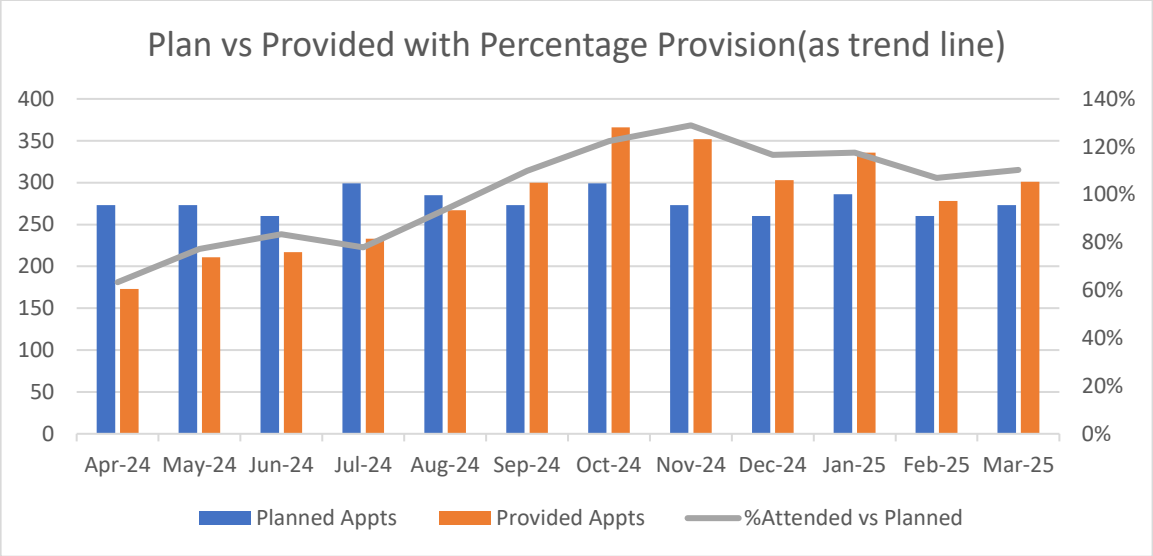
In collaboration with the ICB, the review period was extended from one to two months to capture more meaningful insights, and the findings revealed promising strengths as well as areas for ongoing development. Of the 135 patients booked between October and November 2023, nearly 70% attended their sessions, demonstrating generally strong uptake of the service. A closer look at demographic trends showed that most attendees and non-attendees fell within a similar age and ethnic profile, offering useful direction for future engagement strategies.
While follow-up text messages were sent to all but one of the patients who did not attend, responses were limited. However, among those who did reply, personal reasons and the set length of sessions—determined nationally—were cited as key factors. In response, CRGPA is pursuing a range of enhancements to further reduce non-attendance. These include offering sessions at patients' own GP practices, trialling DESMOND delivery in Romanian with interpreter support, and exploring a self-booking system to give patients greater control over appointment times.

Together, these findings and actions reflect our continued drive to deliver accessible, inclusive, and responsive diabetes education that meets the diverse needs of our patient population.



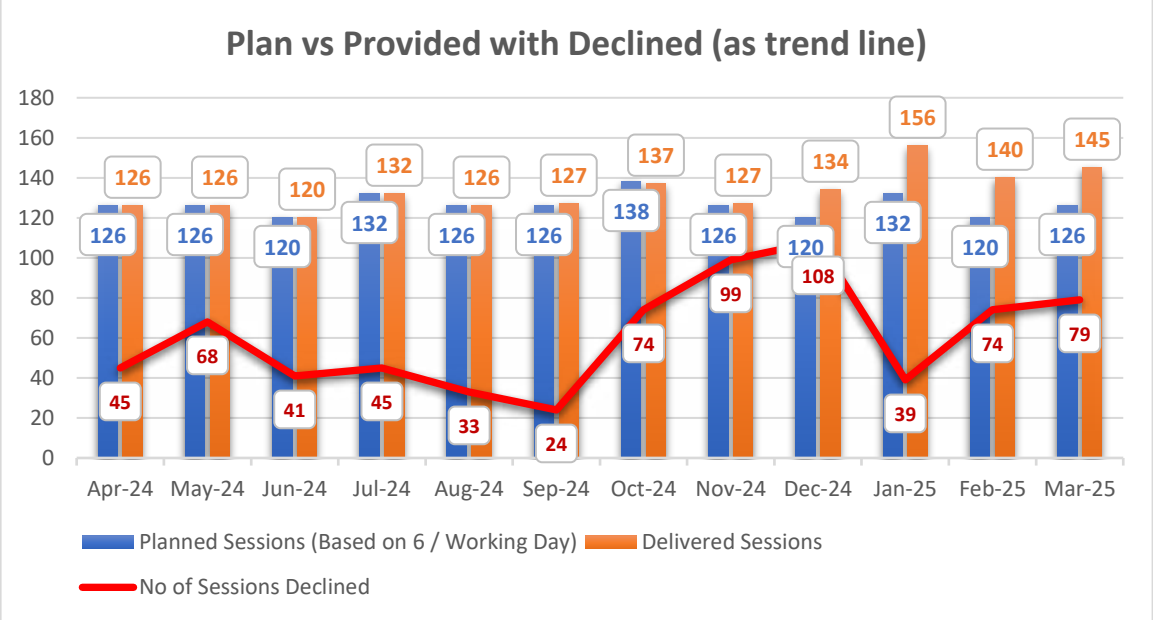
Severe Mental Illness – Annual Health Checks

In 2024/25, the service exceeded its key performance target by delivering 3,337 health checks, 37 above the planned figure of 3,300, achieving the years' goal. Although the original goal of 8,000 first contacts was not met due to a reduced eligible patient pool and a higher number of practices opting out, this shortfall was not considered a concern by the ICB. A deep dive into the service model was completed for April 2025 in response to recent feedback, with the aim of identifying potential improvements for future delivery.



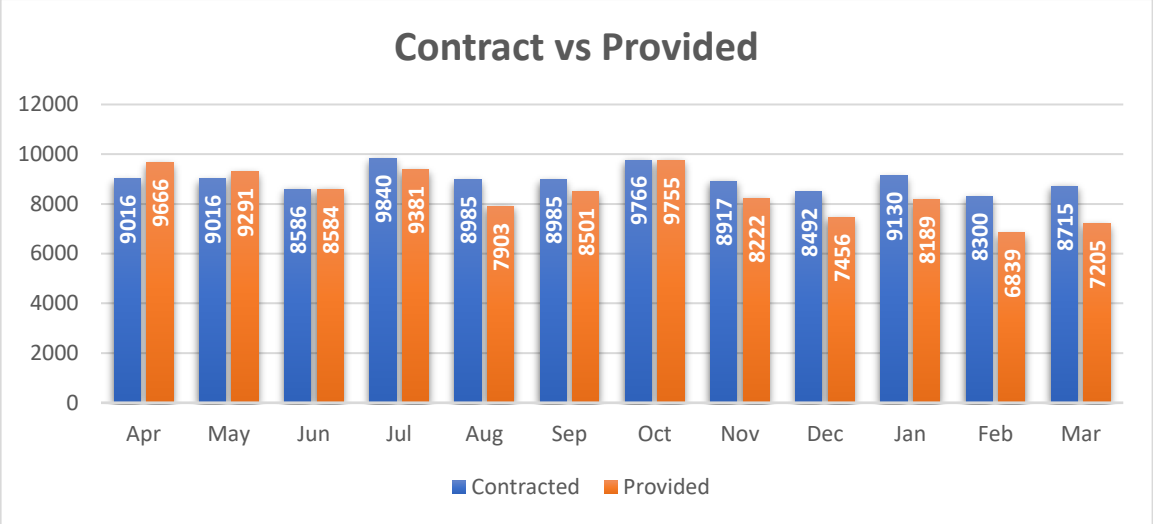
Primary Care Surge – IPC Service

The Primary Care Surge service consistently met its target of delivering **six GP sessions per working day**, achieving a **Green** RAG rating for providing 95% or more of planned activity. Notably, in month 12, the service exceeded expectations by delivering **115% of planned sessions**, made possible by allocating additional funding to support a seventh daily session, demonstrating flexibility and a proactive response to patient demand.



Alliance Teaching Practice

During the reporting period, the Alliance Teaching Practice (ATP) service worked towards the key metric of providing **100 appointments per 1,000 population**, comprising 70 GP/ACP and 30 Nurse/HCA appointments. Over this year we had challenges in nurse staffing levels and delays in recruiting ARRS GPs. Although nurse recruitment has progressed, many newly appointed staff are still in the early stages of familiarisation with practice operations. The appointment of two GPs—equating to nine clinical sessions—has now strengthened capacity, and the service anticipates returning to full delivery from April 2025 onwards.



Hodge Hill Family Practice

Hodge Hill Family Practice joined the organisation in April 2024, marking our first expansion beyond the Coventry and Rugby area. Early data indicates that the practice is currently delivering more appointments than contractually required, reflecting a strong start under our management. A new Practice Manager took up post in mid-January 2025 and will be reviewing appointment volumes as part of the ongoing planning for service delivery in 2025/26.

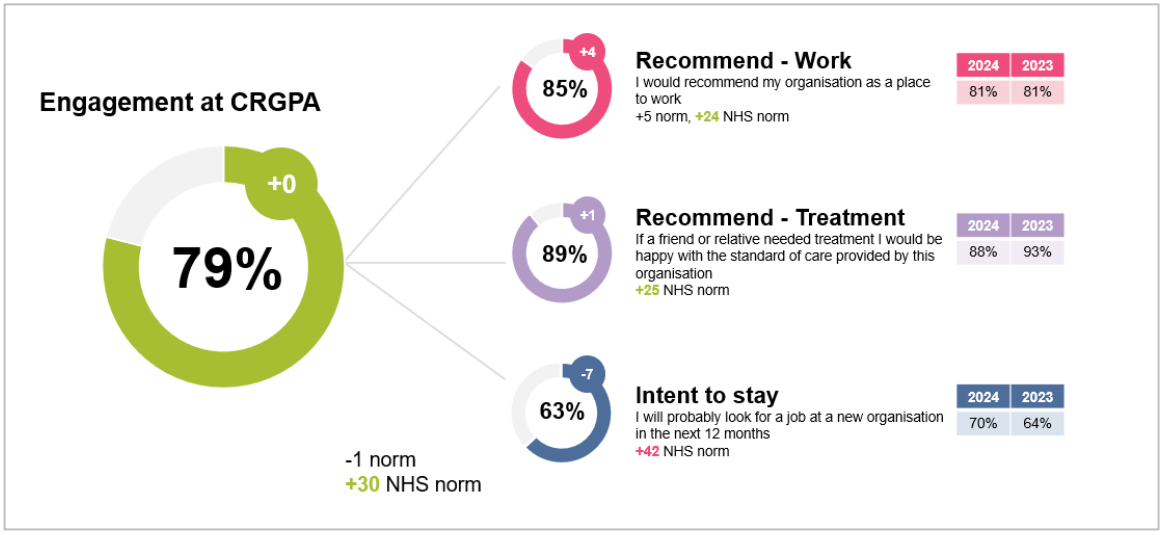
Staff Experience

As part of our ongoing commitment to staff engagement and service improvement, Coventry & Rugby GP Alliance conducted its annual staff survey, aligned with the national NHS staff survey. To ensure confidentiality and encourage honest feedback, we partnered with The Survey Initiative (TSI) to independently manage and analyse the results. This year, following TSI's guidance, the survey was conducted over a shorter time frame to create a sense of urgency and boost response rates. This approach also addressed staff concerns raised in the 2022 survey regarding anonymity and transparency.

The survey was issued to substantive staff across all areas of the organisation (excluding Training Hub) between 6th to 28th February 2025. The staff groups the survey was issued to are as followed:

- Corporate Services
- Clinical Operations (i.e services that fall under the Head of Clinical Patient Services including Enhanced Access, Respiratory@Home, PAVS, Surge, AHC SMI, Admiral Nurses, and DESMOND)
- Alliance Teaching Practice
- Primary Care Support (i.e. PCN BSU and ARRS staff)
- Hodge Hill Family Practice

This year the Alliance achieved a response rate of 55% which reflected a 3% increase against the previous year. This year's report highlighted that we have achieved a 79% engagement rate within the organisation and continued to maintain this for 3 years.



The above image highlights how our engagement score is calculated and reflects comparison data from the staff surveys over the last two years and against NHS standards to which we have 30% of staff who are engaged compared to the wider NHS.

Key indicators of staff sentiment showed positive trends, with 81% of respondents recommending CRGPA as a place to work and 88% expressing confidence in the standard of care provided, both significantly outperforming NHS benchmarks. Notably, the intent to stay score, while at 63%, was 42 percentage points higher than the NHS norm, indicating relatively strong staff retention sentiment. These results reflect CRGPA's continued commitment to fostering a supportive and engaging work environment, even amidst broader sector-wide declines in engagement.

The 2025 survey results highlight notable variations in staff engagement across demographic groups within CRGPA. Female staff reported significantly higher engagement levels than their male counterparts, with a 15-percentage point difference, although the male respondent base was relatively small. Younger staff, particularly those aged 16–25, demonstrated the highest engagement at 100%, while engagement among the 41–55 age group declined to 77% from 95%. Ethnic and religious diversity also showed positive engagement trends, with Indian and Hindu staff reporting full engagement.

The 2025 Staff Survey identified several key strengths and development areas within CRGPA. Among the most notable strengths were the high levels of positive feedback regarding line manager support, with 95% of staff responding positively—22 percentage points above the general benchmark and 34 points above the NHS norm. Health, wellbeing, and safety at work also emerged as a strong area, scoring 91%, with staff particularly recognising the role of senior managers in promoting a culture of safety. Additionally, values and behaviors scored an impressive 97%, and improvements were seen in staff feeling included in the organisation's vision and awareness of its values. However, development areas remain, particularly in personal and career development, which was the lowest scoring topic at 70%, falling 13 points below the general norm. Only 59% of staff felt there were clear opportunities for career progression, and while access to learning materials was rated positively, fewer staff felt these opportunities translated into tangible career advancement. These findings highlight the need for continued focus on structured development pathways and clearer communication around progression opportunities.

The staff survey revealed concerning levels of exposure to violence, harassment, and abuse within the workplace. Notably, 71% of respondents reported experiencing harassment, bullying, or abuse from patients or service users in the past 12 months, with 11% also reporting incidents of physical violence from this group. Harassment from colleagues and managers was reported by 21% and 14% of staff respectively, while no incidents of physical violence from managers or colleagues were reported. These findings highlight the ongoing challenges faced by staff in maintaining a safe and respectful working environment and underscore the importance of

reinforcing zero-tolerance policies, enhancing support systems, and ensuring robust reporting mechanisms are in place.

Following the 2025 staff survey, CRGPA has developed a comprehensive work plan aimed at addressing key themes identified through staff feedback. The plan focuses on enhancing career development by sharing internal success stories, strengthening responses to bullying and harassment through mandatory training and improved support for front-line staff, and promoting inclusion via an Equality, Diversity, and Inclusion (EDI) strategy and training. Additional priorities include fostering a culture of openness through “speaking up” initiatives and structured one-to-one meetings, as well as improving staff retention through succession planning, exit interviews, and targeted surveys. Health and wellbeing are also being supported through better access to resources and alignment with internal engagement efforts. This structured approach ensures that staff voices are not only heard but actively shape ongoing quality improvement and organisational culture.

Patient Experience

We are committed to gathering meaningful insights into how our patients experience our services and interact with our staff. To support this, we have developed a range of accessible feedback options, including both online forms and physical postcards available on site, which are shared with patients following their use of any of our services. In addition, all our websites feature a dedicated feedback and enquiry section, which is monitored regularly to ensure timely responses and continuous service improvement. To strengthen our approach, we have also introduced a centralised dashboard that collates and displays feedback data, including a comment cloud that highlights recurring themes from patients' free-text responses. This enables us to identify areas of strength and opportunity, further enhancing the quality of care we provide.

Building on this, formal complaints are escalated and managed by the Complaints Team in alignment with NHS Complaint Handling Regulations. The team convenes weekly to review cases, share emerging themes, and discuss any escalated concerns. Their approach ensures patients have timely and appropriate access to support, guidance, and clear information when raising issues. In addition, organisational trends and recurrent themes identified through complaints are carefully analysed and fed into relevant committee meetings/ team meetings to inform wider learning and continuous service improvement.

During the reporting period from 1st April 2024 to 31st March 2025, Datix recorded a total of 390 incidents, including 37 safeguarding referrals. In the same reporting period, 131 complaints and 112 compliments were submitted, reflecting a balanced view of service feedback. These insights help inform our understanding of service performance and highlight areas where we continue to support staff and enhance care quality.

Friends and Family Results

The Friends and Family Test (FFT) is a key tool used to capture patients' experiences and gauge how likely they are to recommend our services to others. Its results are reviewed monthly by the Service Lead, with particular attention given to free-text comments, which often provide rich, qualitative insights. Where trends or recurring themes emerge, they are used to inform service improvements. Additionally, the DESMOND programme incorporates a dedicated survey to evaluate the usefulness of information provided during the course and gather participants' reflections on their overall experience. At present, Primary Care Surge is the only service without an active feedback mechanism; however, addressing this gap is a key priority for 2025, with plans underway to ensure all services are equipped with appropriate feedback tools.

	 *Very Good*	 *Good*	*Neither good or poor*	 *Poor*	 *Very Poor*
Enhanced Access	75.58%	15.89%	3.71%	2.13%	2.68%
PAVs	92.35%	5.67%	1.13%	0.57%	0.28%
Resp@Home	94.87%	2.56%	2.56%	0%	0%
Admiral Nurse	100%	0%	0%	0%	0%
AHC SMI	75%	18.94%	3.03%	1.52%	1.52%
ATP	59.16%	26.10%	4.81%	4.20%	5.73%
Hodge Hill	46.90%	27.21%	6.08%	6.34%	13.47%

Governance and Assurance

Quality Governance Framework

The Board holds overall accountability for the quality of services delivered by the Alliance, with executive responsibility delegated to the Chief Nursing Officer. Supporting this, the Safety and Quality Committee plays a vital role in advising, supporting, and providing assurance to the Board on all matters related to the delivery of safe, high-quality, and effective care. This includes ensuring compliance with regulatory and statutory requirements.

The Committee's responsibilities span across maintaining oversight of clinical quality, safety, governance, and patient experience. It also leads on compliance with **Care Quality Commission (CQC)** regulations and registration standards and is responsible for reviewing and responding to any external inspections or issues related to quality and safety.

Meeting bi-monthly, the Safety and Quality Committee is chaired by a **Non-Executive Director** and includes a broad, multidisciplinary membership that is reviewed annually to ensure relevance and effectiveness. The Committee provides a formal assurance report to each Board meeting and conducts an **annual effectiveness review** to ensure it continues to meet its delegated responsibilities.

Information Governance

The Alliance places high importance on ensuring there are robust information governance (IG) systems and processes in place to help protect patient and corporate information. The Alliance has developed information governance processes and procedures in line with the National NHS Data Security and Protection Toolkit (DSPT).

The Alliance's Chief Executive Officer (and Senior Information Risk Officer (SIRO)) is responsible for ensuring information governance processes are fully embedded. The Audit Committee receives a bi-annual update on progress against the DSPT and overall Information Governance agenda, including freedom of information and data subject access requests.

The deadline for the completion and submission of the DSPT for 2024-25 is 30 June 2025. Evidence is being collated to support the Alliance to meet a 'Standards Met' submission by the end of June 2025.

The organisation has Annual IG training in place to ensure staff recognise the importance of protecting personal information and ensuring data protection is embedded within the organisation, both by design and default.

Care Quality Commission (CQC) Registration

Coventry & Rugby GP Alliance are required to be registered with the CQC in order to carry out its duties as a health care provider. The Alliance is registered with the CQC to provide 4 regulated activities. The Chief Nursing Officer is the CQC Registered Manager and is responsible for supervising the management of the regulated activity. In order to maintain registration, the Alliance is required to demonstrate compliance with the CQC's Fundamental Standards of Quality and Safety. These standards are the basic requirements that we must meet and represent the expected standard of care for our service users. The CQC have not inspected the Alliances registered activities as at the end of 2024-25 however, formal interviews have been headed for 3 of the 4 regulated activities.