

Annual Report

2025





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Executive Summary



Jamuna
Krishnarajapuram
Chair

Dear Colleagues,
I am deeply grateful for my time as Chair and Practice Director of Coventry & Rugby GP Alliance. I take great pride in working with an incredible team! Everyone here has empowered me to grow professionally and personally as a human.

As a working GP, I have always known that CRGPA supports local general practice, providing services for high-needs/high-risk, patients through the Paramedic Acute Visiting Service (PAVS), Admiral Nurses, annual Severe Mental Illness (SMI) health checks, and in general through its APMS Practices.

We provide much needed resilience and capacity at a time of great need through Primary Care Surge, Enhanced Access clinics, Respiratory@Home, and the Primary Care Business Support Unit.

CRGPA has been a provider for over a decade, and we take pride in our well established, robust clinical, financial and governance infrastructure, that oversees the thirteen services we provide and the 367 people we employ (190 WTE).

The NHS 10 Year Plan gives us all food for thought. It presents lots of opportunities as well as risks to general practice, making it more important than ever that CRGPA works closely with colleagues and partners, whilst remaining a stable force in support of general practice, to ensure we are able to support as best we can.

CRGPA is committed to continuing to be a partner that helps make Coventry and Warwickshire primary care and Integrated Care System strategies a reality for general practice. Close collaboration with the Local Medical Committee (LMC), Primary Care Networks (PCNs) as they evolve into integrated neighbourhood teams, and the Integrated Care Partnership (ICP) is essential to all of us who exist to support general practice and the local population we serve.

We appreciate your feedback on how we develop the Alliance, alongside its at scale partners in Warwickshire, and identifying how the we can best support general practice within the current health and social care system. Continuing to have effective partnerships with local practices and stakeholders remains crucial for creating a strong, unified voice. We continue to be involved in regional discussions about what "being ready" for the future means and how we collectively and individually play a part in supporting improved patient care pathways that are adequately resourced as part of that long-awaited "left shift."

Let us "strengthen general practice for a stronger NHS".

About Us

Last year, Coventry & Rugby GP Alliance proudly marked a decade of supporting general practice - a significant milestone that reflects our commitment, support and impact on local healthcare.

Over the past ten years, we have developed and delivered frontline NHS services that:

- Support local general practice;
- Help people stay well and independent at home; and
- Relieve pressure on primary care by providing additional capacity.

Our success is rooted in a powerful combination of clinical expertise, deep local knowledge, innovative thinking, and the ability to turn ideas into action. We specialise in delivering primary and community-based NHS services that respond to people’s everyday health needs, from thousands of additional GP appointments to tailored support for vulnerable patients in their own homes.

Our vision continues to strengthen the NHS by always standing on the S.I.D.E. of primary care:

Supporting - patients, communities, GPs, and the wider care system;

Innovating - to better meet the needs of general practice and the people it serves;

Developing - high-quality, responsive services;

Educating - and training the primary care workforce to equip them with the right skills for the future.



Supporting



Innovating



Delivering



Educating



Patient and Stakeholder Feedback

As we move through 2025, our dedication to providing high-quality, patient-centred care continues to guide our strategic direction. Though the consistent application of our Engagement and Experience Framework built, on the principles of Listen, Learn, Act - we've strengthened a culture of collaboration and responsiveness across all areas of the organisation.

We actively gather feedback through a wide range of accessible channels, including online surveys, physical postcards distributed after service use, and our regularly monitored website enquiry section. These insights, along with Friends and Family Test responses and face-to-face conversations, form a comprehensive understanding of our patients' experiences. Notably, between 1 April 2024 and 31 March 2025, we recorded 390 incidents (includes rejected incidents that are recorded but not related to CRGPA directly), 37 safeguarding referrals, 131 formal complaints, and 112 compliments.

Our centralised feedback dashboard plays a pivotal role in this process, enabling us to visualise trends, including recurring themes from free-text responses through our comment cloud, and respond dynamically to areas of opportunity and strength. Formal complaints are escalated and reviewed weekly by our Complaints Team, whose work ensures timely, supportive, and transparent access for patients raising concerns. Key themes are fed into committee and team meetings to foster wider learning and drive service enhancement.

We remain committed to robust, responsive feedback mechanisms that ensure every decision is shaped by those we serve—patients, carers, and stakeholders alike.



We are really pleased to share the following key highlights from our feedback:



Over
93%
Over 93% of our patient feedback has been positive



78%
Over 78% rated their experience of our services as all good



Our Work Programme for 2025

Our Annual Report provides an opportunity to reflect on the past year - April 2024 to March 2025; before we look forward to setting out our priorities and aspirations for 2025 / 2026.

Primary Care Surge Service

In 2024/25, we delivered 1,595 additional GP sessions on behalf of Practices who were struggling with workforce challenges - equating to 3,940 appointments provided. As requested by Practices, the sessions gradually moved from being all remote to a mix of face-to-face and remote sessions; all sessions are now offered as face-to-face with an option to convert to remote if Practices want this.

“Excellent and efficient service provided, always trying their best to accommodate and support practices”

“Excellent and efficient service provided, always trying their best to accommodate. This service is without question one of the most important in helping meet demand, thank you for all the support the team provide me and support practices”

Respiratory@Home

Respiratory@Home continued to support patients staying at home. A specialist group of GPs working for the service treat clinically vulnerable Covid-positive patients, prescribing oral anti-virals on behalf of all of general practice in Coventry and Warwickshire. A self-referral platform was also launched, seeing 170 patients with Covid-19 refer themselves to the service.

This year also saw a shift to seeing more patients with wider respiratory exacerbations that can be triaged and treated via the daily GP virtual clinics.





Annual Health Checks (SMI)

Our team of HCAs continued to deliver annual health checks for people with severe mental illness, on behalf of Practices across Coventry and Warwickshire. In its fourth year of operation, 3,605 health checks were delivered.

In addition, and with robust information governance arrangements in place, patients records were updated to reflect annual health checks completed by the local mental health trust, Coventry & Warwickshire Partnership NHS Trust.

Paramedic Acute Visiting Service (PAVS)

The Paramedic Acute Visiting Service continued to provide same day appointments to patients at home on behalf of Practices in Coventry and Rugby. With 11,660 visits provided in 2024/25, the service continues to provide much needed capacity from a trusted team of Paramedics who keep patients safe at home when appropriate. The team undertake point-of-care testing including swabs and urine tests, ensuring patients are treated with the right antibiotics for resistant infections.



DESMOND – Diabetes Education and Self-Management (for Ongoing and Newly Diagnosed) Service

CRGPA continues to provide structured education programmes to people who are newly diagnosed type 2 or ongoing Diabetes. A mix of face-to-face & remote sessions are on offer, with the service receiving a 71% very good patient satisfaction rate.



Admiral Nurse Service

One of CRGPA's longest established services, our team of Admiral Nurses continue to deliver much needed support to carers at their most vulnerable times whilst also supporting a loved ones with dementia. The service provides regular contact, support, and direction to carers for up to 12 weeks, ensuring that carers are supported in the everyday management and care that they in turn provide to their loved ones.

The service provides support to people across Coventry, Rugby and Warwickshire North, and the team can be contacted between Monday to Friday via a dedicated support line number on CRGPA website.



Primary Care Network Business Support Unit

In 2024/25, the Primary Care Network Business Support Unit (PCN BSU) saw its fifth year of operation, delivering critical operational, financial, and workforce support to PCNs. Its core mission is to provide infrastructure which relieves Practices of growing administrative burdens, allowing them to focus on patient care.

In response to evolving NHS reforms and the extended Network DES contract, the BSU has strengthened its offer. Despite static ARRS funding, it continues to help PCNs meet contractual demands and adapt to national changes. The Platinum Service supports four PCNs comprehensively, while recruitment and workforce services extend to an additional four PCNs across Coventry and Warwickshire North, showcasing scalability.

Recent strategic support includes:

- Winter Pressures: planning, resource deployment, and fund management
- Capacity and access improvement payment (CAIP)/ Development Funds: Scheme delivery, financial oversight, and reporting.

As a result, all Platinum PCNs achieved 100% Investment and Impact Fund (IIF) points and fully utilised funding allocations.

Recognising ongoing NHS pressures, the BSU remains committed to innovation and responsive service improvements to support PCNs in a dynamic healthcare landscape.

Primary Care Support Offer

We re-instated our clinical coding training offer for Practice staff this year, tailored to individual Practice needs. Engagement with Practices show that support with other non-clinical administration work and CQC preparation would help, and these will be explored in 2025/26.

Additional Roles Reimbursement Scheme (ARRS) Workforce

CRGPA are really proud of the ARRS staff. We have been supporting 8 PCNs in Coventry and Warwickshire North. A team of around 80 WTE are supported by our ARRs leads and the PCNs they work for, including Clinical Pharmacists, Pharmacy Technicians; Physicians Associates; Paramedics; First Contact Physiotherapists; Social Prescribing Link Workers, Health and Wellbeing Coaches and Care Co-ordinators.

Enhanced Access Service

CRGPA provides Enhanced Access clinics during evenings and weekends for five PCNs in Coventry and Warwickshire North. At the start of 2024, we saw a change in clinical staffing models - with more advanced clinical practitioners being added to the clinical workforce. The main focus in 2024/35 was ensuring utilisation of appointments, by supporting Practices with appointment bookings and operating intervention specific clinics.

Alliance Teaching Practice (ATP)

The Alliance Teaching Practice continues to deliver care to patients from across 4 sites within Coventry. With another stable year, the key challenge remains workforce and specifically recruiting to nurse vacancies. Moving forward, we will be working with Training Hub colleagues to see how we can support more placements and pathway development for nurses in to general practice.

Hodge Hill Family Practice

In April 2024, CRGPA acquired an APMS practice in Birmingham, Hodge Hill Family Practice, the first service we have delivered outside the Coventry and Warwickshire footprint.

As expected in our first year, there has been a settling in period as we recruited to a substantive workforce and working in a new system for the first time has posed challenges. However, our experience of operating the Alliance Teaching Practice in Coventry has provided valuable learning; and we have been focused on creating a strong foundation based on a cohesive team that is dedicated to delivering quality patient care.

Whitestone Surgery

Since January 2024, CRGPA have been responsible for the caretaking and operational oversight of Whitestone Surgery based in Warwickshire North. This arrangement was established to ensure the delivery of high-quality primary care services to patients for an interim period. CRGPA has been actively supporting the practice by managing day-to-day operations, maintaining clinical standards, and working closely with the ICB to ensure continuity of care and service improvement.



The Year Ahead 2025 / 2026

As we write this report, the impact of the recent changes in the NHS (workforce cuts; ICBs moving to larger footprints and “clustering” arrangements; NHS England being abolished) are still being worked through whilst we digest the Government’s 10 Year Plan for the NHS.

Whilst the key strap lines based on the three key shifts have been known for a while - from analogue to digital, from care in hospitals to care in the community, and from a system that treats sickness to one that prevents ill health - the 10 Year Plan provided more information on the potential scope, opportunities and potential risk for general practice moving forward.

Whilst the detail of moving to a “neighbourhood health service” and the introduction of new “neighbourhood contracts” are worked through, CRGPA remains committed to working with colleagues across both Coventry and Warwickshire, to deliver change together, including support at all scales of general practice - practice, neighbourhood, place and system. The new plan leans towards place-based partnerships, and having a strong general practice voice at Coventry place level will be crucial moving forward, as will working with partners in Rugby, Warwickshire North and South Warwickshire places, to ensure general practice maintains a strong voice and leverage at a larger footprint.

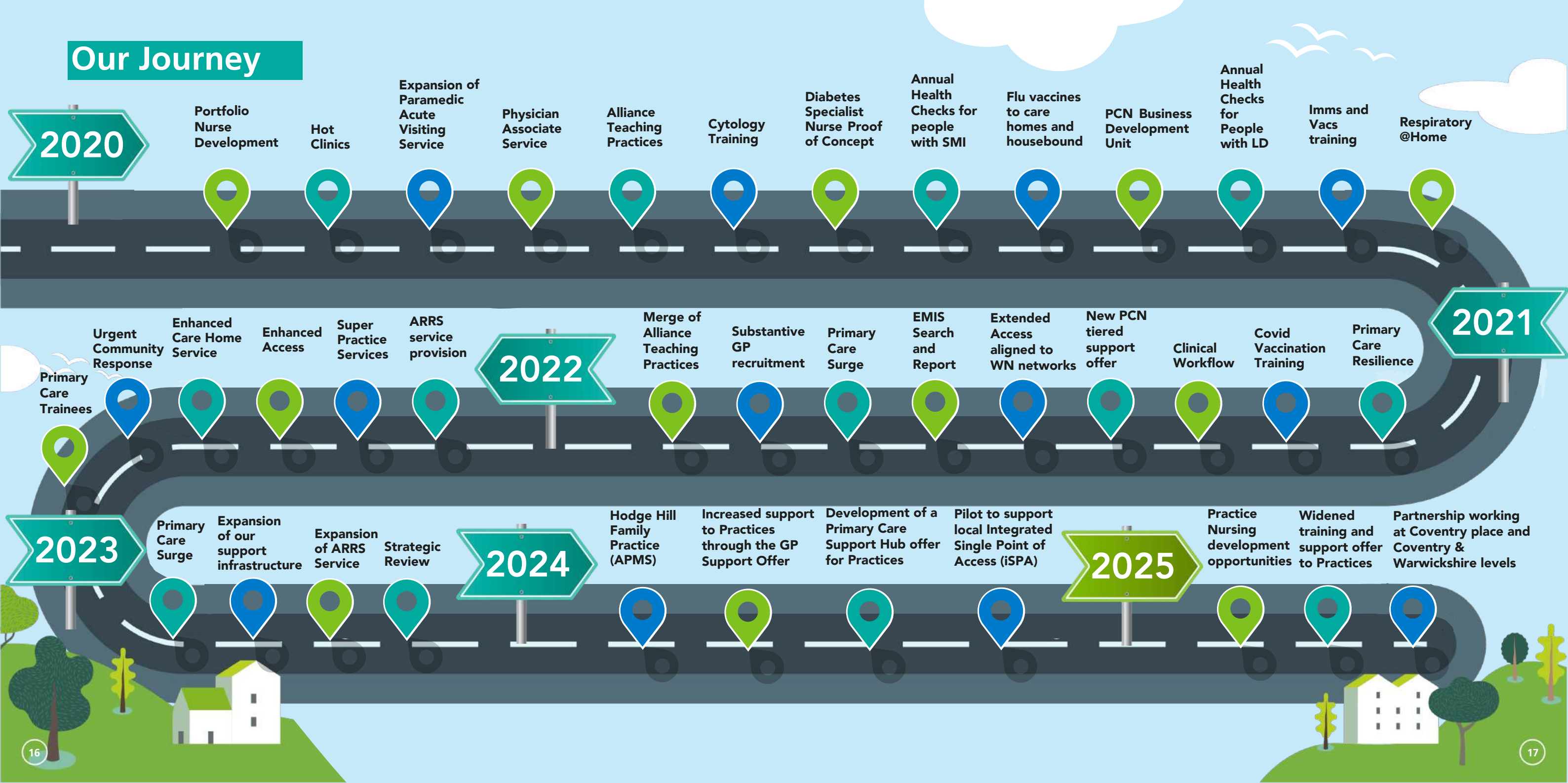
In the meantime, we will continue to “do the ordinary things extraordinarily well” and deliver on our long-standing contracts, and strive to be the best employer we can. We will work with colleagues in the Training Hub to identify opportunities to support local workforce development, with a focus on practice nurses this year.

We will continue to engage with Practices to understand their needs and challenges, and to identify any support we can either provide directly or signpost practices to.

In summary, we will remain on the S.I.D.E of general practice – here to **Support, Innovate, Deliver and Educate.**



Our Journey



Showcase - Staff Stories

Rachel Williams - Showcase

From Service Support Administrator to Practice Management



Rachel Williams
Trainee Practice Manager

Rachel's journey began as a Service Support Administrator exposing her to a deep understanding of CRGPA's services. Having shown huge potential and appetite to grow, she was soon promoted into the role of Service Support Team Leader, leading to Rachel expanding her management and leadership experience. Through this transition, she was supported to attend various training courses including HR focused management and leadership training.

Having expressed an interest in Practice management, Rachel then put herself forward for a secondment to oversee a small GP surgery site. With support from experienced ex-Practice Managers working at the Alliance, she was put through the "inspiring and eye-opening" Aspiring Practice Managers training course delivered through Coventry and Warwickshire Training Hub.

Despite facing a steep learning curve, new systems, unfamiliar terminology, and the high demands of NHS operations - Rachel has thrived, aided by a strong support system and the training she has received. From streamlining workflows to leading service expansions, she's become a pivotal force in driving patient-centred improvements.

Her journey reflects the very values of CRGPA: Rachel's progression from administrator to Deputy Practice Manager is a direct result of being supported through opportunities, mentorship and training, and by investing in potential and nurturing talent from within the organisation.

Rachel has brought fresh thinking to every role she's had. Her story is a reminder that leadership doesn't begin with a title, it begins with opportunity, support, and a willingness to grow.

It was inspiring and eye-opening. I learned practical tools that aren't always taught - but are essential for success.

With the knowledge and expertise she gained, Rachel is now working as the Deputy Practice Manager at the Hodge Hill Family Practice in Birmingham.

CRGPA took a chance on me and gave me opportunities I never thought possible. This place isn't just about work, it's about growth, support, and making a difference.

Rachel's goals remain ambitious: hoping to continue to develop in Practice Management, larger leadership responsibilities, and paying it forward by mentoring new talent.

Laura Kerby - Showcase

From Healthcare Assistant to Lead Nurse



Laura Kerby
Lead Nurse

Laura's journey into nursing began in the community as a Healthcare Assistant before transitioning to hospital-based roles in trauma, orthopaedics, and cardiology. After qualifying as an adult nurse, she worked in an acute hospital in Diabetes and Step-Down Cardiology, combining familiarity with fresh responsibility. In March 2020, just as the pandemic hit, Laura joined the Alliance as a Portfolio Nurse – one of six nurses recruited to transition into general practice nursing. Redeployed to frontline community care during COVID-19, she showed grace under pressure from the outset.

As CRGPA took over the Alliance Teaching Practice (ATP) contract, Laura's role transitioned into a Practice Nurse where she advanced her skills with training in immunisations, cytology, contraception, and long-term condition management, through courses provided by the local Coventry & Warwickshire Training Hub and external course providers. With her skill set expanding, her role further developed and in 4 years, with an increased confidence, Laura was promoted to the role of Nurse Lead for the ATP practice.

Having once felt that she faced barriers to training access, Laura's journey with the Alliance provided her with access to training and development opportunities. Personally, she has navigated an IVF journey after the pandemic and its lockdown, but with unwavering support from her line managers, she found a space where professional and personal wellbeing could co-exist.

Their understanding made a difficult period more manageable. It showed me the true meaning of compassionate leadership

Now working towards a Master's degree in Advanced Clinical Practice, Laura is committed to elevating patient care and further advancing her leadership. As a Nurse Mentor and champion for development, she's helping cultivate the next generation of compassionate, capable clinicians across the ATP Practice.

The role has opened my eyes to the impact of strong, reflective leadership. Its deepened my empathy for both patients and colleagues.

Financial

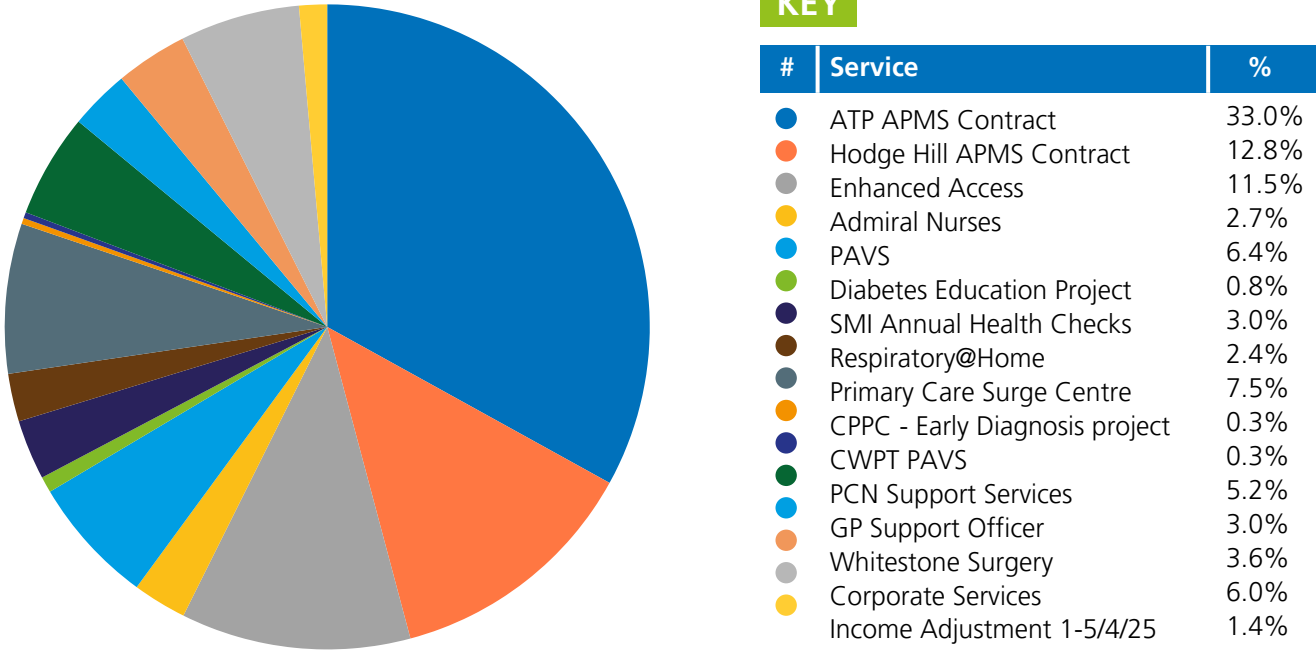
Our Income

The Alliance received income totalling £10.66m to 31st March 2025 (£10.81m after the extension of the financial year to 5th April 2025), compared to income of £9.29m in 2023/24, an increase of 14%. This has predominately resulted from the additional income from Hodge Hill Family Practice APMS Contract, increased income from the Alliance Teaching Practice (ATP) APMS contract, and additional income from the Whitestone Surgery due to the extension to the caretaker contract.

There is an income adjustment to take account of the change in the financial year to 5th April 2025 (please refer to ‘Small Company Exemption’ section for further details).

A breakdown of our income is shown in the table below:

Service	Source	£'000	%
ATP APMS Contract	Coventry & Warwickshire ICB/PCSE	3,571	33%
Hodge Hill APMS Contract	Birmingham & Solihull ICB/PCSE	1,386	13%
Enhanced Access	Primary Care Networks	1,243	12%
Admiral Nurses	Coventry & Warwickshire ICB	294	3%
Paramedic Acute Visiting Service	Coventry & Warwickshire ICB	693	6%
Diabetes Education Project	Coventry & Warwickshire ICB	88	1%
SMI Annual Health Checks	Coventry & Warwickshire ICB	323	3%
Respiratory at Home	Coventry & Warwickshire ICB	260	2%
Primary Care Surge Centre	Coventry & Warwickshire ICB	809	7%
CPPC - Early Diagnosis Project	Coventry & Warwickshire ICB	37	0%
CWPT PAVS	Coventry & Warwickshire Partnership Trust	27	0%
PCN Support Services	Primary Care Networks	560	5%
GP Support Services	Coventry & Warwickshire ICB	324	3%
Whitestone Surgery	Coventry & Warwickshire ICB	390	4%
Corporate Services	Various	652	6%
Total Income to 31st March 2025		10,658	
Income Adjustment 1-5/4/25	Various	151	1%
Total Income to 5th April 2025		10,809	



During 2024/25, the Enhanced Access service remained strong, along with the ATP APMS contract which continues to deliver a surplus to recover its deficits in prior years. The Hodge Hill Family Practice APMS contract awarded to CRGPA at the start of the year has delivered a surplus in its first year with the Alliance. The Alliance continued to support the Whitestone Surgery practice in Warwickshire North in the capacity of caretakers to ensure the continuity of patient care. Other commissioned income streams remained stable during 2024/25, and delivery continues to be managed against key performance indicators.

Key areas of service delivery include:

ATP

Income from the ATP in 2024/25 totalled £3.571m (2023/24, £3.267m), an increase of 9.3% over the previous year. This increase mainly resulted from an increase in the price per patient rising by 7.42% in 2024/25 and additional PCN Income, along with claim backs from prior years for drugs reimbursements. ATP delivered an overall surplus of £192,680 to recover its prior year deficits.

Hodge Hill

Hodge Hill Family Practice income for 2024/25 totalled £1.386m during its first year with CRGPA to 31st March 2025.

Primary Care Surge

This service remained strong during 2024/25 and delivered an income stream of £809,000 which is an increase of 14.3% when compared to the prior year. This is due to the increase in sessions provided rising from 6 sessions to 7 sessions from January 2025.

Enhanced Access

2024/25 services were delivered for five PCNs across the Coventry & Warwickshire region. Income for the year amounted to c.£1.2m.

PAVs

Income from this service amounted to £693,000 in 2024/25, compared to £667,000 in the previous year.

Financial Continued

Our Spending

The Alliance's spending amounted to £10.6m to 31st March 2025 (£10,76m after the extension of the financial year to 5th April 2025) , compared to £9.3m in 2023/24. Pay related costs accounted for 74% of the total expenditure (80% in 2023/24) with the remaining 26% relating to premises and general overhead expenses. There is an expenditure adjustment to take account of the change in financial year to 5th April 2025 (please refer to 'Small Company Exemption' section for further details).

A breakdown of our spending is shown below:

Cost	Expenditure 2024/25	
Pay Costs	£'000	£'000
GP Locum	1,944	
Clinical & Support Service Staff	4,886	
Corporate Staff	918	
Directors	166	
		<u>7,914</u>
Establishment Costs		
Electric Wharf	223	
ATP rent & service charges	830	
Hodge Hill rent & service charges	584	
		<u>1,637</u>
General Administration Expenses		
IT equipment software & support	412	
Stationery & Postage	28	
Legal Fees	26	
Professional Services	199	
Insurance	128	
Medical Consumables	123	
Accountancy	21	
Other Miscellaneous	125	
		<u>1,062</u>
Total to 31st March 2025		10,613
Adjustment - 01-5/4/25		154
Total Post Adjustment to 5th April 2025		10,767

2024/2025 Annual Accounts

The annual accounts for the year 2024/25 have been prepared by Ballard's LLP and show a reported profit before tax of £42,001. A Corporation Tax charge of £9,418 results in a post-tax profit for the year of £32,583.

The reported profit for 2024/25 is a small increase when compared to the post-tax surplus of £17,925 that was reported in 2023/24.

At the end of 2024/25, the Alliance had retained earnings of £907,884 representing the accumulated net surpluses since its incorporation.

Contingent Liabilities

As at the end of 2024/25, the Alliance is not aware of any potential liabilities which may crystallise in the 2025/26 financial year, and which have not had adequate funds allocated to them. Therefore, no provision has been made in the accounts to mitigate against such an occurrence.

Directors' Remuneration

Name	Role	Remuneration	Employer NIC	Employer Pension	Benefits in Kind	Start Date	End Date
		£	£	£	£		
Dr J Krishnarajapuram	Chair	31238.40	3061.31	4498.56		12/07/2023	
Mr Z Khan	Practice Director	29976.70	2880.98			01/09/2023	
Dr K H Manadhyan	Practice Director	29976.70	2880.98			01/09/2023	
Dr H Latif	Practice Director	1219.24	95.80			03/03/2025	
Mr P J Elkin	Non-Executive Director	13685.04	632.73			01/08/2017	
Mrs P Marson	Non-Executive Director	13685.04	632.73			01/03/2021	
Mrs J A Spencer	Non-Executive Director	2280.84	632.73			01/12/2023	31/05/2024
Total		122,107	10,290	4,499	-		

Notes:

- 1: Mrs J Spencer resigned as Non Executive Director on 31/05/2024
2: Dr Huma Latif was appointed Practice Director on 03/03/2025

Financial Continued

Financial Governance

The Board has established three sub-committees, all of which are chaired by one of the Non-Executive Directors, to oversee the governance of the Alliance's financial affairs:

Remuneration Committee

The Committee is responsible for setting the remuneration for the Chair and all Practice Directors, including pension rights and any compensation payments. The Committee also recommends and monitors the level and structure of remuneration for senior management and all directly employed staff, including, but not limited to, employee terms and conditions and pay.

Audit Committee

The Audit Committee is responsible for providing assurance to the Board on the Alliance's system of internal control by means of independent and objective review of financial and corporate governance, and risk management arrangements including compliance with law, guidance, and regulations governing providers of NHS services.

Finance & Performance Committee

The Committee was established by the Board to maintain an overview of the financial and business affairs of the Alliance. The primary objective of the Committee is to assist the Board in overseeing the financial risk management strategy, policy and treasury matters delegated to it by the Board, and in reviewing and approving major financial transactions on behalf of the Board. The Committee meets on a bi-monthly basis and provides regular reports to the board on these matters and makes recommendations for any changes that need to be made to policies and procedures.

Financial Assurance

At the Board's request, Ballard's LLP have undertaken an 'assurance' review of the company's financial statements in accordance with Section 1A of FRS 102 (Financial Reporting Standards). This review primarily consists of performing detailed audit procedures on the Balance Sheet, walk through tests, performing analytical procedures and evaluating supporting documents received.

Based on this review, Ballard's LLP have reported that nothing has come to their attention to suggest that the accounts have not been prepared:

- To give a true and fair view of the state of the company's affairs at 5th April 2025, and of its profit for the year then ended;
- In accordance with the relevant accounting standards; and
- In accordance with the requirements of the Companies Act 2006.

The Alliance's financial position continues to be stable and the company is expected to remain viable in the foreseeable future.



CRGPA Small Company Exemption

The reporting requirements for limited companies are set out in the Companies Act 2006. These regulations include several concessions for companies deemed to be 'small'. To qualify as a small company a company must satisfy 2 out of 3 of the following:

- Annual turnover must be not more than £10.2 million
- The balance sheet total must be not more than £5.1 million (note this is total assets, not net assets)
- The average number of employees must be not more than 50

A company ceases to be classed as 'small' only when the limits are exceeded for two consecutive years. These thresholds will increase for financial years starting on or after 6 April 2025 to the following:

- Annual turnover must be not more than £15 million
- The balance sheet total must be not more than £7.5 million (note this is total assets, not net assets)
- The average number of employees must be not more than 50 Application to CRGPA

CRGPA has breached the limits in the year ended 31 March 2025, however given that this is the first year of breach, it will not cease to be classed as 'small' in this year. However, if the company breaches the limits in the financial year to 31 March 2026, it will cease to be classed as 'small' in that year, and an audit will be required.

The year to 31 March 2026 commences 1 April 2025, and as this is prior to the effective date for the new size regulations of 6 April 2025, the CRGPA Board has agreed that the financial statements for 2024/25 will be for the period from 1st April 2024 to 5th April 2025 which is an additional 5 days of reporting activities. This approach will ensure that CRGPA continues to be considered a small company for statutory reporting reasons in 2025/26, thereby avoiding unnecessary additional costs to the organisation.

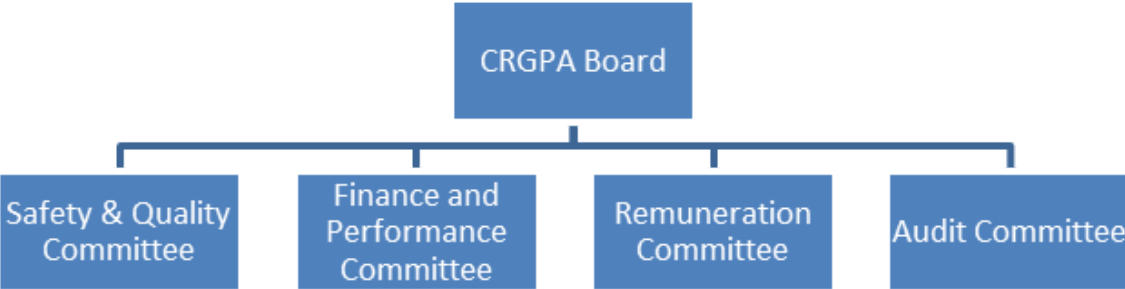
The impact on the financial statements for the additional 5 days equates to a reduction of £2,909 to the pre-tax profit for the year.



Governance

Governance Framework

The Board has an ongoing role in reviewing the governance arrangements to ensure that the Alliance continues to reflect the principles of good governance. The work of the Board is supported by formal committees, chaired by independent Non-Executive Directors that it has established as detailed in the below diagram:



The effectiveness of the system of internal control has been subject to ongoing review by the Board and membership and attendance of the Board and its committees is routinely monitored. The Board held 11 meetings in 2024/25 and during the year's agenda have been focused on the key areas of safety and quality, finance, performance and governance.

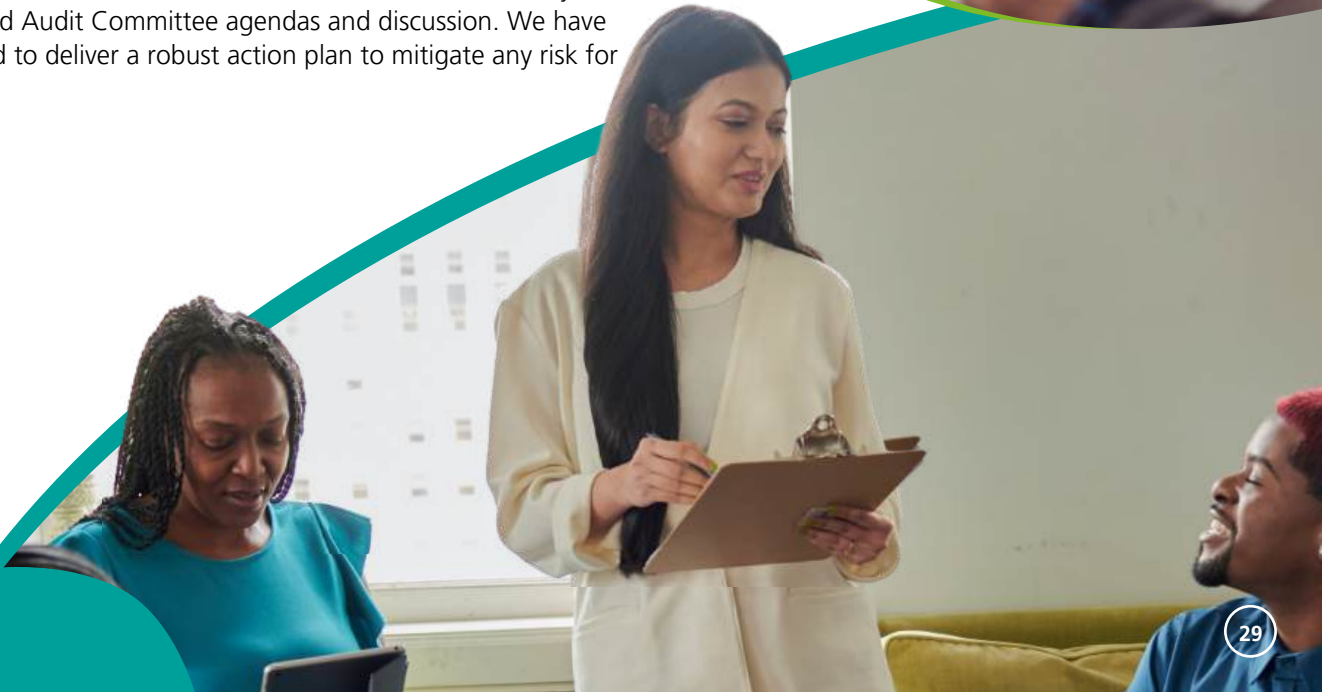
The Board has welcomed Dr Huma Latif in Quarter 4 of 2024/25 as Practice Director from Kensington Road Surgery in Coventry. You can see who our Board members are on page 30 of this report.

All Board members are subject to the Fit and Proper Person Test and a Disclosure and Barring Service (DBS) check to provide assurance on suitability, and annually thereafter. All checks have been undertaken to ensure compliance with Fit and Proper Persons Test requirements and updates have been provided to the Board to provide assurance of compliance.

Risk Profile

Throughout the year, risks have been documented on our Risk Register and these, together with the Board Assurance Framework, were the methods used to address the issues that could disrupt the Alliance's achievement of its objectives. Where gaps were identified in either the assurance or the controls, the Board required that further action to be taken to mitigate the risks. Furthermore, all papers presented to the Board or a Committee include a section that highlights the risks associated with the information being presented and, where appropriate, this is cross-referenced to the Board Assurance Framework. Each risk within the Board Assurance Framework is assigned to an individual Committee for additional scrutiny.

At the end of the 2024/25 year the most significant risks were related to Human Resources with this area reflected in Board, Safety & Quality and Audit Committee agendas and discussion. We have committed to deliver a robust action plan to mitigate any risk for 2025/26.



Alliance Board

Board Members & Associates



Dr Jamuna Krishnarajapuram
Chair & Practice Director



Dr Kiran Mandhyan
Practice Director



Zafar Khan
Practice Director



Dr Huma Latif
Practice Director



Pat Marson
Non-Executive Director, Freedom to Speak Up Guardian Role



Paul Elkin
Non-Executive Director



Daljit Sandhu
Chief Executive, Senior Information Risk Owner



Jacqueline James
Chief Finance Officer



Sarah Forsyth
Chief Nurse and Head of Clinical Patient Services



Dr Helen Tyrrell
Medical Director



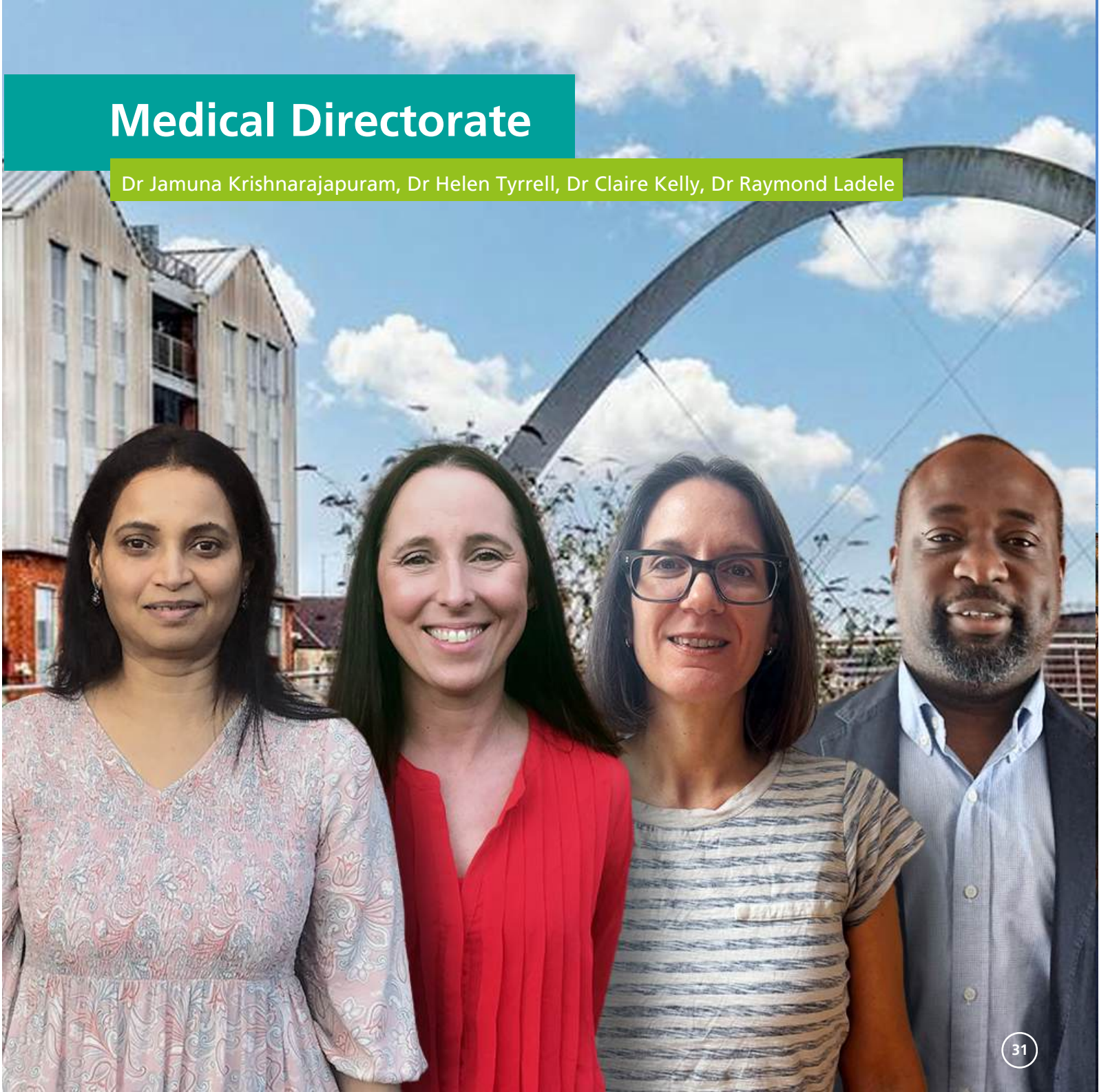
Dr Claire Kelly
Associate Medical Director



Dr Raymond Ladele
Associate Medical Director

Medical Directorate

Dr Jamuna Krishnarajapuram, Dr Helen Tyrrell, Dr Claire Kelly, Dr Raymond Ladele





Coventry and Rugby GP Alliance

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