Greater Peterborough Network

NHS

Community Interest Company

Greater Peterborough Network Community Interest Company

Quality Account

2025 – 2026

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Executive Summary

Dr Sundeap Odedra

Medical Director

I am pleased to present GPN's Quality Account for 2025 - 2026. This report highlights the progress we have made throughout the last year in delivering high-quality, safe and responsive care across Peterborough and Cambridgeshire.

The report reflects the considerable efforts of our dedicated workforce. I am delighted to regularly read the positive patient and partner feedback we receive. These reflect the enormous effort of the team to improve outcomes for our patients and community.

There are numerous examples of individuals going above and beyond expected standards of care. I am also pleased that we have made progress in embedding a culture of learning across the organisation.

GPN continues to evolve as an organisation, delivering an expanding range of services. These include smoking cessation and intravenous antibiotics at home. I am proud of the way in which the team robustly and efficiently commenced these services and the significant impact they are already having.

We have improved our clinical quality and safety by continuing to implement the Patient Safety Incident Response Framework (PSIRF).

This has led to GPN conducting several after-event reviews where team members can discuss learning from cases in a facilitated process. We continue to collate regular learning events and have worked to improve the feedback loop to staff members who raise these.

We have made considerable improvements to support our workforce, with improvements to the audit process, induction and feedback. We have improved the clarity of our safeguarding policies and provided training across the organisation to staff in making timely and good-quality safeguarding referrals so we can protect our patients.

I am proud of what has been achieved in 2025 - 2026 and grateful to my colleagues across the organisation for their commitment, energy and compassion.

Executive Summary

Mustafa Malik

Chief Executive Director

I feel incredibly proud to introduce and share the 2025 - 2026 Quality Account. Greater Peterborough Network (GPN) continues to evolve as an organisation, delivering a broad and expanding range of urgent and primary care services.

Our corporate objectives are to:

- Support our member practices and the patients they serve
- Sustainably govern for future success
- Influence the local system, regional partners and policy makers

Through our approach, we ensure the safety of our patients and workforce, we deliver excellent quality of care, we maintain strong relationships with delivery partners and commissioners, and we ensure the financial sustainability of our services.

In 2025 - 2026, we delivered an increasingly complex and specialist range of services effectively, demonstrating clinical expertise and operational strength. We have acted as the key interface between primary care and our local hospitals, ensuring our patients experience seamless care through integrated care pathways.

In 2025, with the unanimous support of our member practices and shareholders, we transitioned into becoming a Community Interest Company, reflecting our not-for-profit status and our ethos of putting our member practices, their patients and the communities we serve at the forefront of all that we do.

None of this would be possible without the remarkable dedication, compassion, and spirit of our colleagues across GPN. Our teams consistently rise to the challenge. Our urgent care services have demonstrated this by continuing to grow both in size and complexity.

Our recent Staff Survey clearly showed that GPN is built on committed, passionate colleagues who care deeply about the patients and communities we serve. Staff told us they value the supportive relationships within their teams, enjoy working with their colleagues, and take pride in the difference their work makes every day. Despite such positive feedback, we know there is more we can do to make GPN an even greater place to work. We are committed to supporting a positive culture and working conditions. I commit to our staff continuing to feel safe and supported in all that they do.

We have strengthened our approach to clinical quality and safety through the introduction of a new Patient Safety Incident Response Framework (PSIRF) while maintaining our commitment to robust governance and accountability. Across all areas, we have embedded and continue to promote a culture of learning, openness, and continuous improvement.

Our key focus for 2026/2027 will be to ensure that we maintain our high standards and the level of quality care that we provide. Central to this is our approach to quality improvement and collaborative working with our health and wider system partners.

We are committed to seizing every opportunity to advance the local prevention agenda, promoting lifestyle changes and opportunities to make every interaction meaningful, and making every patient contact count. At the same time, we consistently endeavour to leverage the opportunities of our place-based partnership to tackle health inequalities.

It is a pleasure to reflect on our achievements between April 2025 to March 2026 as part of our annual Quality Account, which is a testament to the innovation that we have forged through our teamwork, alliances and relationships.

Our Organisation

Our Practices, Patients and Partners

To provide safe, responsive and clinically effective care provided by compassionate people in order to deliver improved outcomes and reduce inequalities for our patients.

We will achieve this by being an outstanding employer for our people by creating opportunities, supporting innovation and working in partnership to improve local health and support services.

We Are:

- A **not-for-profit GP Federation** owned and run by the shareholding GP Practices.
- Governed by a **Board of elected GP Directors**, with a CEO and non-executive directors.
- An ambitious **At-Scale primary care organisation** with a passion for integration and innovation.

We Do:

- Deliver At-Scale primary and community services to **improve the health and well-being** of the populations we serve.
- Connect general practice with the wider health and care system, operating as a **network of networks** for our practices, representing our members' Practices at system and place levels.
- Recruitment, induction and support of our workforce through a team dedicated to support our Primary Care Networks **(PCNs)**.

Our Principles:

- **Valuing our staff** by fostering a culture of **growth, well-being, and recognition**.
- Ensuring our services are of the **highest quality** - delivered in a **clinically safe and effective manner**.
- To act as the foundation stone for our members: **supporting them to deliver high quality health care**.
- To attract **innovation and investment** into primary care.
- To be dynamic: **always seeking out new opportunities** for our Practices and PCNs.
- To be the **primary care provider At-Scale**: supporting delivery of services at place level that benefits our Patients and members.
- To **engage our clinical community**: identifying local clinical leaders to drive service redesign and delivery across our place.
- **Integrating best practice** and **collaborating with partners** for excellence.
- To face challenges head on, **working collaboratively** to deliver solutions.
- **Remaining visible** and **financially sustainable** to ensure long-term impact.

Our Ambitions:

- To consolidate our position as a **leading GP Federation**, increasing our support and range of services for our Member Practices.
- To deliver an extensive and far-reaching range of **community-based services**.
- To increase collaboration and alignment with our **Partners and Commissioners** to improve health care and health outcomes for our population.
- To harness **influence to drive meaningful change** in healthcare.
- To actively involve **patients in co-producing and co-designing services** that truly meet their needs.

Introduction

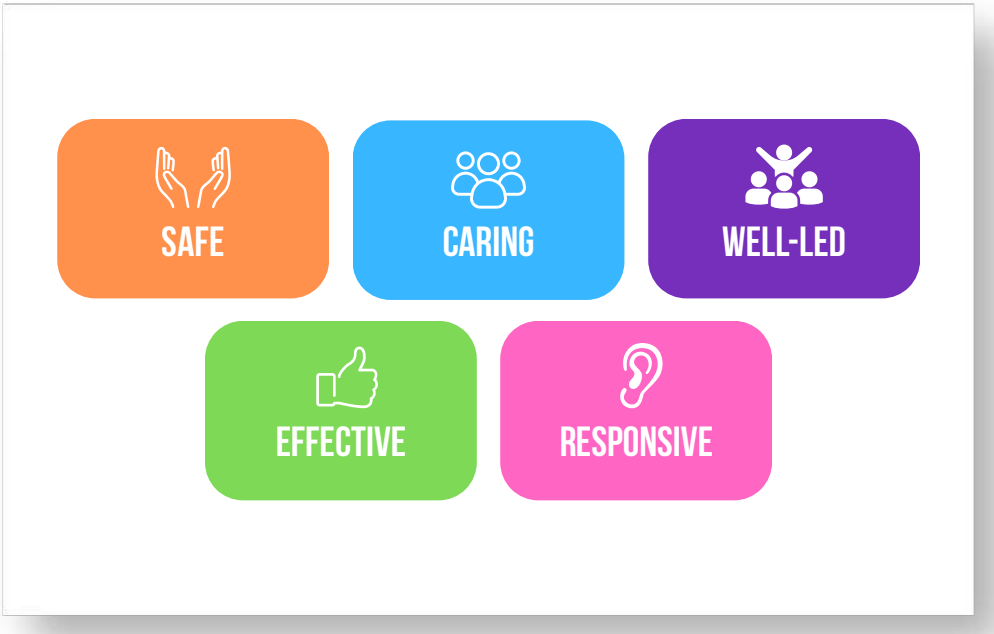
Welcome to the 2025 – 2026 Quality Account for Greater Peterborough Network Community Interest Company.

The quality of our services are measured by reviewing:

- The safety of our care
- The effectiveness of our care
- The responsiveness of our care
- The experiences of our patients
- Our quality and safety leadership structure

We are delighted to share with you the Greater Peterborough Network (GPN) Quality Account for 2025 - 2026 and show the excellent work across our organisation.

Our Quality Account is aligned to our regulatory framework, which enables us to approach the development and implementation of the account through the lens of:



All NHS providers in England have a statutory duty to produce a report about the quality of services they deliver and are required to be open and transparent about the quality of its services.

This report is called the Quality Account.

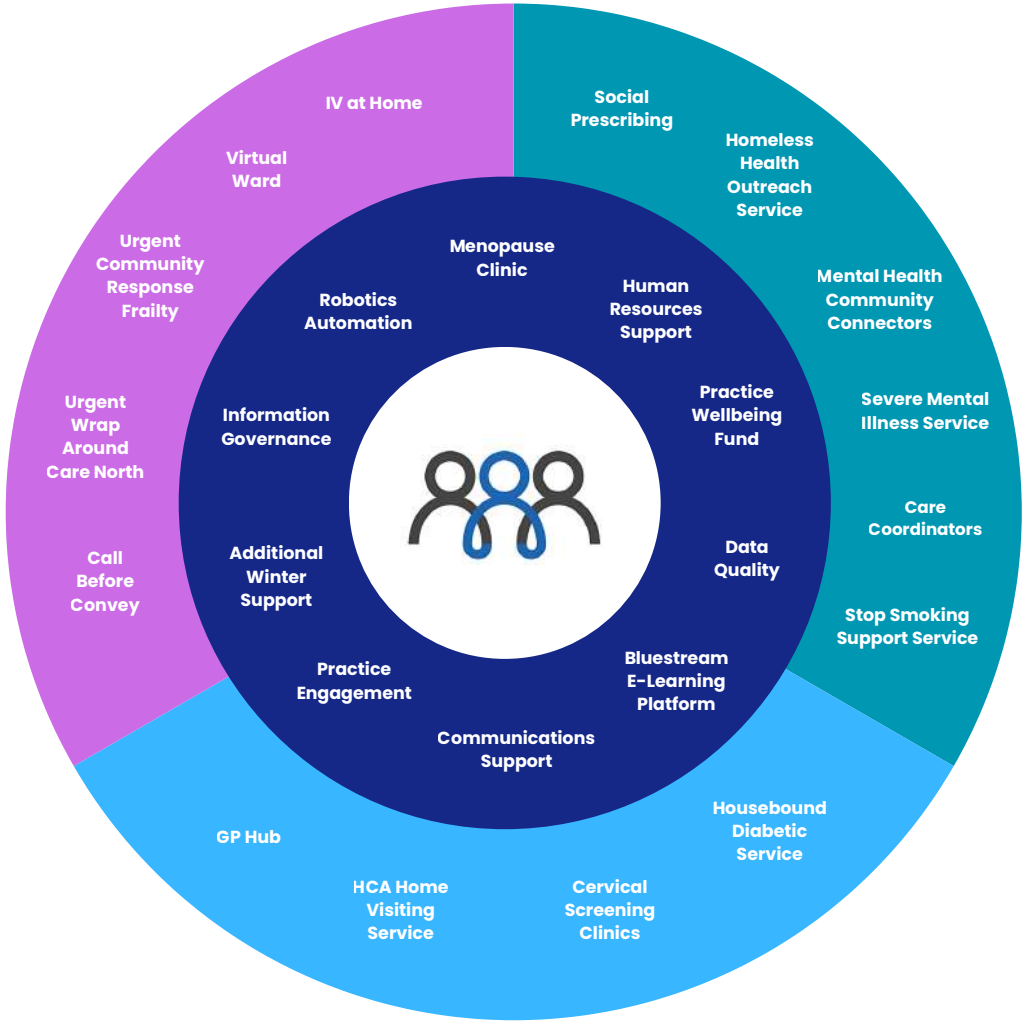
The Quality Account aims to drive quality improvement within the NHS and increase public accountability.

This is achieved by NHS providers reviewing their performance over the previous year, identifying areas for improvement and publishing that information, along with a commitment to our patients/clients about how those improvements will be made over the next year.

The dual functions of a Quality Account are to:

- Summarise our improvements against the quality priorities we set ourselves for 2025 - 2026.
- Outline the quality priorities we set ourselves going forward for 2026 - 2027.

Our Services



Supporting our Members and their patients through the services we offer:

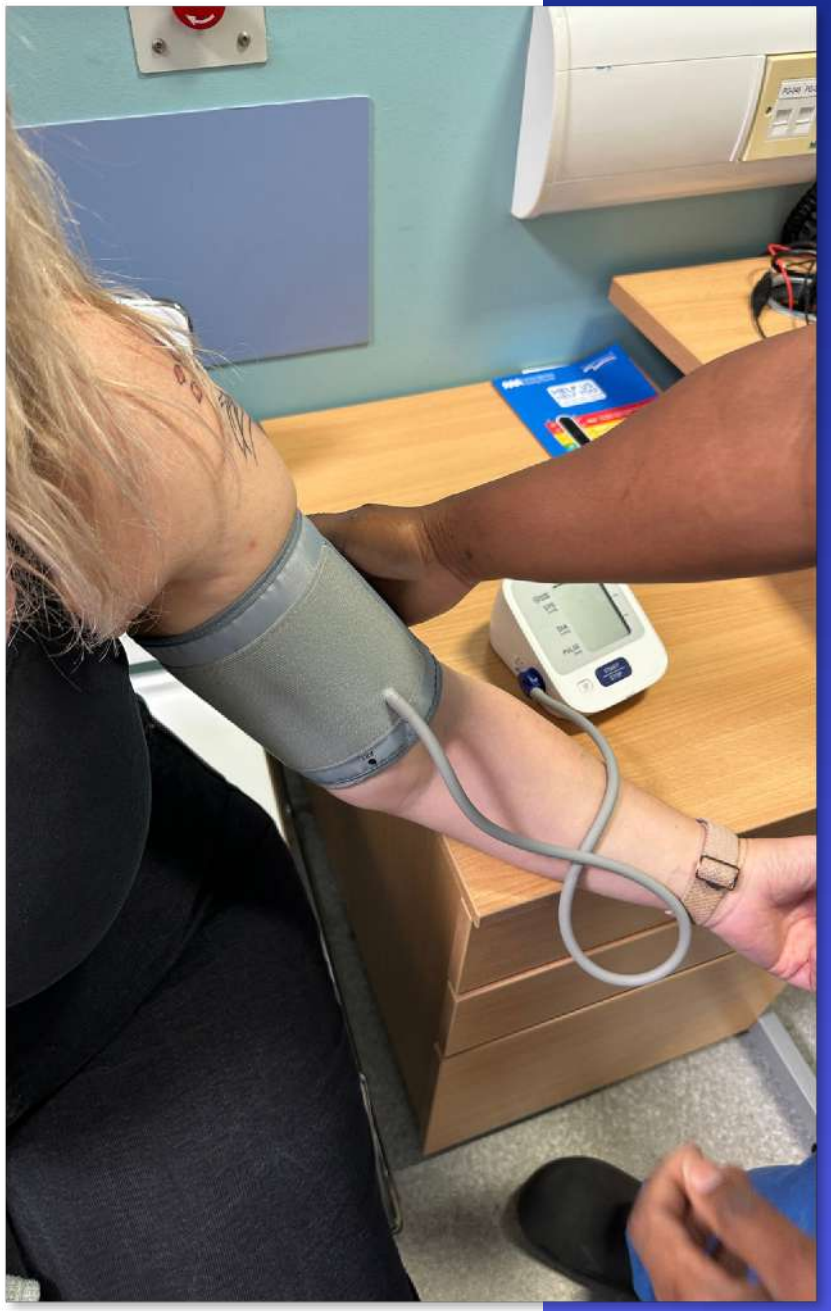
- Our Practice Support Services
- Our Patient Services (Unplanned Care)
- Our Patient Services (Primary Care)
- Our Patient Services (Support Services)

In 2025–2026, we were proud to deliver a total of 15 services, each designed to support our patients, partners and member practices.

Together, these services played an important role in improving access to care, supporting our local health and care system, and delivering high-quality services that respond to the changing needs of our communities.

Across the year, our teams continued to develop and strengthen these services, working collaboratively with patients, practices and system partners to provide care in the right place and at the right time.

From urgent and community care to planned services and innovative new models of delivery, our work has continued to focus on improving patient experience, reducing pressure on other parts of the health and care system, and supporting people to receive care closer to home.



Our Governance

The Medical Director holds executive responsibility for Clinical Governance and is supported by the Associate Director of Nursing and the Associate Director of Allied Health Professionals.

Together, they provide strategic oversight of the Clinical Governance framework within Greater Peterborough Network, ensuring that robust systems and processes are in place to maintain high standards of quality, safety, and continuous improvement across all services.

As part of its commitment to accountability for health and care quality, the organisation is responsible for:

- Ensuring the quality and safety of care and services delivered by its staff.
- Establishing effective governance arrangements that support the continuous assurance, monitoring, and improvement of service quality and patient safety.
- Promoting a culture of learning, innovation, and continuous improvement to achieve the best possible outcomes for patients, service users, and the public.

GPN Governance Structure

The GPN Board is ultimately accountable for the quality, safety, and effectiveness of the clinical care delivered across all services provided by the organisation.

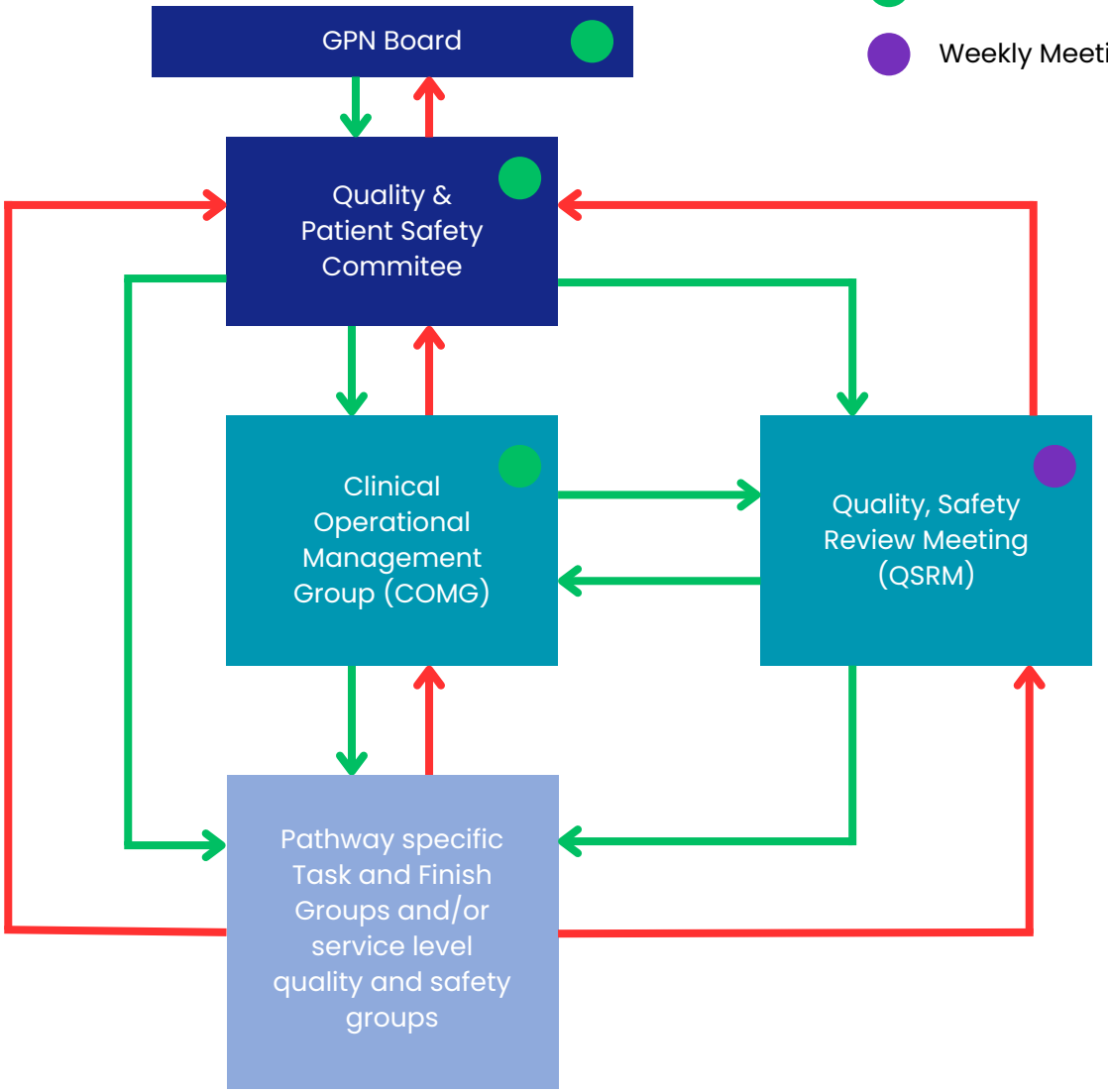
To support this responsibility, a robust governance framework is in place, with delegated committees and reporting structures that monitor, review, and evaluate clinical governance systems and processes, ensuring that risks are identified and that appropriate actions and improvements are implemented where required.

The Quality and Patient Safety Committee (QPSC) is a formal sub-committee of the GPN Board and is chaired by a Non-Executive Director.

The Committee is responsible for overseeing the delivery of the Clinical Governance agenda and providing assurance to the Board that effective systems of governance, risk management, and internal control are in place.

Through its oversight and scrutiny, the QPSC seeks to provide assurance to both the Board and the public that the organisation is continually improving the quality and safety of care, promoting best practice, and ensuring compliance with relevant standards and regulatory requirements. The Committee's responsibilities, authority, and operating arrangements are set out within its approved Terms of Reference.

Clinical governance structure showing levels of assurance, escalation and risk



Receives assurance, provides challenge and strategic leadership, holds to account for performance standards

Provides leadership, holds to account delivery, unblocks and assists with problem solving

Reviews governance and management risk at a local or service level, provides information and assurance to the senior leadership team, and escalates risks and emerging issues

In accordance with our Quality Framework, the activities undertaken to maintain, monitor, and continually improve the quality and safety of care delivered by GPN are categorised within the following domains:

Reviewing and Learning from Learning Events: When an adverse event occurs, it can have a significant impact on the person and staff involved. It is important that we use these events as an opportunity to learn in order to improve the quality and safety of care across the system and reduce the risk of future harm.

Effective Risk Management: An effective Risk Management Framework is in place to ensure proactive management of risks across our organisation from service to Board.

Clinical Effectiveness: Clinical Effectiveness ensures that people receive evidence-based care which is supported by agreed outcome measures and established programmes of clinical audit.

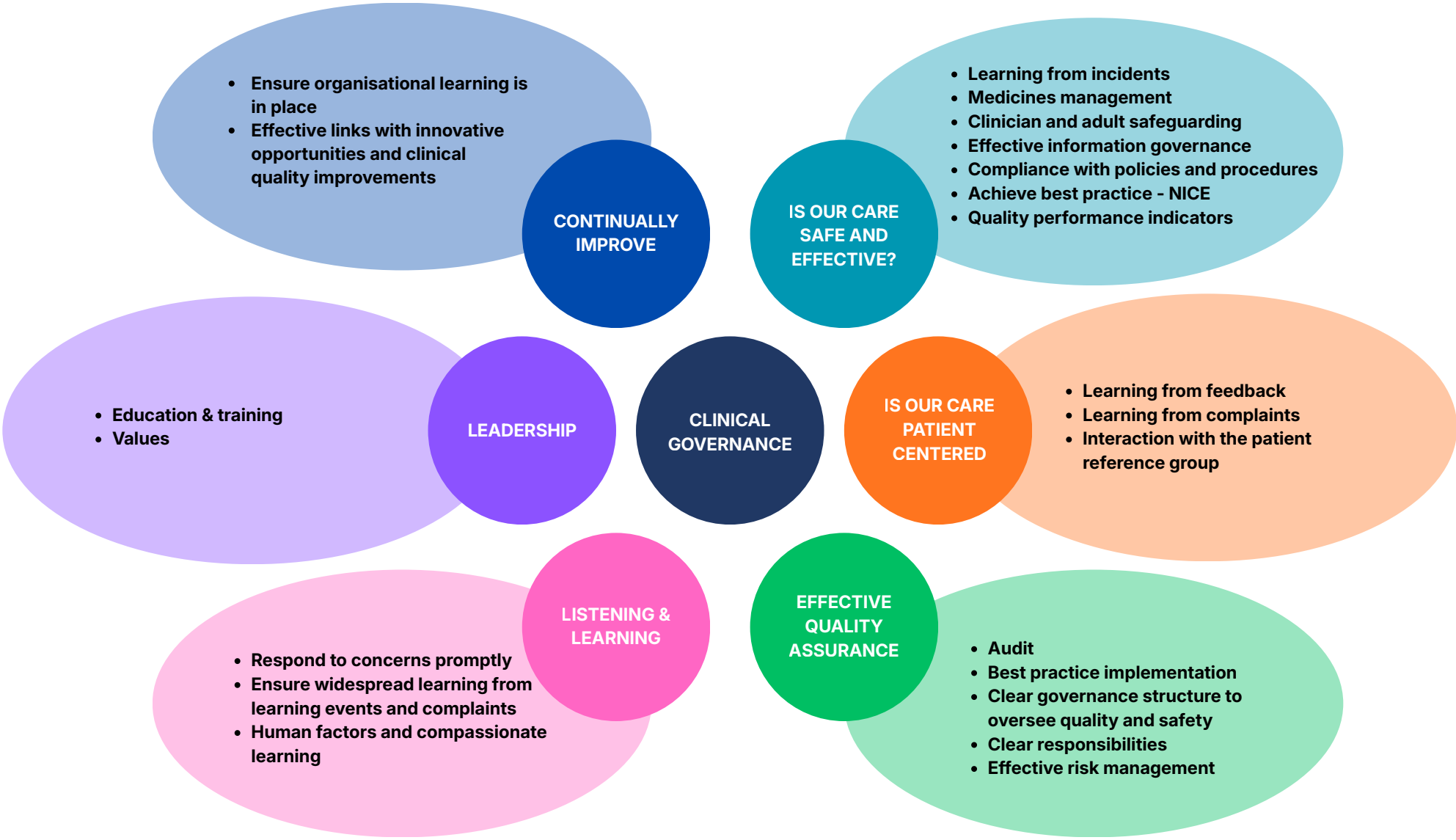
Development of audit programmes: These are aligned to areas of national priority and to local priority areas identified, such as through risk management, learning events, complaints and legal claims.

Patient Centredness: Learning from people's care experience through complaints, compliments, care opinions, or through active patient engagement provides valuable information for improving quality of services delivered and assessing our systems of assurance and quality.

Quality Performance: Quality improvement is a core activity that needs to be aligned to all of the other clinical governance activities described above to enable a systems approach to quality and safety management.

Data Quality Improvement: Services will ensure that they have agreed clinical governance measures and agreed data sets in place to monitor performance, which will be reported to the clinical and operational groups. We will monitor, report, and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement, and accountability.

Quality Assurance: Constantly assessing our performance through the Quality Dashboard to ensure our systems and processes that support clinical safety and quality care are effective.


CLINICAL GOVERNANCE
CONTINUALLY IMPROVE
Ensure organisational learning is in place
Effective links with innovative opportunities and clinical quality improvements
IS OUR CARE SAFE AND EFFECTIVE?
Learning from incidents
Medicines management
Clinician and adult safeguarding
Effective information governance
Compliance with policies and procedures
Achieve best practice - NICE
Quality performance indicators
LEADERSHIP
Education & training
Values
IS OUR CARE PATIENT CENTERED
Learning from feedback
Learning from complaints
Interaction with the patient reference group
LISTENING & LEARNING
Respond to concerns promptly
Ensure widespread learning from learning events and complaints
Human factors and compassionate learning
EFFECTIVE QUALITY ASSURANCE
Audit
Best practice implementation
Clear governance structure to oversee quality and safety
Clear responsibilities
Effective risk management

Our Quality Priorities

2025 – 2026

The quality priorities and targets for 2025 – 2026 are shown in the table below.

Our Quality Account categories are aligned to our regulatory framework.

Category	Priority	Target
Safe	Improve volume and quality of feedback received from patients	Maintain equity across services enabling all patients to provide feedback Use automation to increase volume of patients contacted
Safe	Embed a patient safety and learning culture	Adopt and implement the Patient Safety Incident Response Framework (PSIRF)
Safe	Implement an electronic rostering system across the organisation	Implement a roster system which allows visibility of all staff across the organisation, incorporating HR checks, annual leave and monitoring hours worked across services Provide evidence of safe staffing levels across services

Responsive	Respond to and demonstrate responsive and effective patient care	Introduce a systematic review of patient interventions through clinical audit
Responsive	Adapt to the changing demands within healthcare	Support system partners during requirements for responsive change
Effective	Support high quality effective patient care	Complete comprehensive review of all clinical policies
Well Led	Review the effectiveness of the Quality & Patient Safety Committee and its supporting groups	Complete review of QPSC, obtaining feedback from all attending members (check what was used)
Well Led	Enhance staff engagement through proactive communication processes	Complete a staff survey and a develop a response plan Establish a staff forum
Caring	Identify where positive patient experience has demonstrated a caring and positive outcome for patients	Integrate patient stories into GPN Board agenda

Priority 1

To improve the volume and quality of feedback received from patients

Use automation to increase the volume of patients contacted. To significantly increase the volume and quality of patient feedback while maintaining equity across all services, ensuring every patient — regardless of background, location or health condition — has an equal opportunity to share their experiences.

Our Approach In 2025 - 2026

- Equity at the Core: We reviewed our feedback processes to identify barriers for underrepresented groups, including language, accessibility, and digital literacy challenges.
- Technology-Driven Outreach: Implemented automation - Robotic Process Automation (RPA) to automatically send feedback requests to patients shortly after their appointments, ensuring timeliness and consistency.
- Multi-Channel Engagement: Expanded feedback options to include SMS, email, QR codes in waiting areas, and paper forms for those less comfortable with digital tools.

What We Achieved

- **Volume:** Feedback submissions did not drop compared to the previous year.
- **Representation:** Responses from previously underrepresented groups rose, closing equity gaps.
- **Quality:** More detailed and actionable feedback was received, enabling faster service improvements.
- **Efficiency:** RPA reduced manual admin time, allowing teams to focus on patient care.

How We Performed In 2025 - 2026

Our services continued to perform strongly throughout 2025 - 2026. Patient satisfaction remained high, consistently achieving a Net Promoter Score of 80 or above, with **96.8% of patients** scoring their experience 4 / 5 stars. **Feedback participation exceeded 94%**, providing valuable insight into service delivery.

During the year, all services were transitioned to an automated feedback process, creating a more streamlined and consistent approach to capturing patient/client feedback. Of the 7,675 patient feedback messages received, **74% of these contained substantive feedback r**elated to the patient/client's experience.

Actions To Improve Our Performance

- We will continue to review patient feedback regularly, identifying opportunities for improvement and taking timely action to address concerns, enhance patient experience, and celebrate areas of good practice.
- We will monitor trends and emerging themes across all services, using feedback and performance data to identify recurring issues, share learning, and drive continuous improvement.
- We will provide regular updates to staff on patient feedback, key performance measures, and improvement actions, ensuring teams remain informed, engaged, and focused on delivering high-quality care.
- We will use patient insights to shape service development and support evidence-based decisions that improve outcomes and experiences for those who use our services.
- We will continue to strengthen our automated feedback processes to maximise response rates, improve data quality, and enable more timely reporting and action planning.
- We will recognise and share examples of positive feedback and best practice across teams, encouraging a culture of learning, collaboration, and continuous improvement.

How Improvements Will Be Measured And Monitored

- Regular thematic reviews will be undertaken to identify trends, recurring issues, and opportunities for improvement across services. Findings will be used to inform action plans, share learning, and support continuous quality improvement.
- Key patient safety metrics, learning outcomes, and improvement actions will continue to be monitored and reported through the Quality and Patient Safety Committee (QPSC), providing oversight, accountability, and assurance that lessons learned are translated into meaningful change.

What is Net Promoter Score?

Net Promoter Score (NPS) is a recognised measure of patient experience and loyalty, based on how likely people are to recommend our service to others. Responses are grouped into Promoters, Passives and Detractors, with the final score ranging from -100 to +100.

While NPS should always be considered alongside response rates and qualitative feedback, it provides a simple and effective indicator of overall patient satisfaction. In healthcare, scores above 30 are generally considered strong, with scores above 50 regarded as excellent.

Priority 2

Embed a patient safety and learning culture

Adopt and implement the Patient Safety Incident Response Framework (PSIRF)

Our Approach In 2025 - 2026

- Following the introduction of the Patient Safety Incident Response Framework (PSIRF), we proactively implemented the framework within our services ahead of the national requirement, demonstrating our commitment to strengthening patient safety and learning from incidents.
- A comprehensive PSIRF policy was developed and approved by both the internal Quality and Patient Safety Committee and Central East ICB, providing a robust framework for managing and learning from patient safety incidents.
- We introduced a weekly Quality and Safety Review Meeting (QSRM) to ensure the timely review of incidents, sharing learning, identifying trends and supporting continuous improvement across services.
- Several senior managers successfully completed the Health Services Safety Investigations Body (HSSIB) Systems Approach to Investigating and Learning from Patient Safety Incidents programme, enhancing our organisational capability to undertake effective, systems-based investigations.
- The Essentials of Patient Safety training module was incorporated into mandatory training requirements for all staff, helping to build a strong culture of safety and continuous learning.
- Monthly Learning Events newsletters were launched to share key themes, lessons learned, and examples of good practice, ensuring learning is communicated and embedded across the organisation.
- We strengthened our focus on learning and continuous improvement by promoting open discussions around patient safety, encouraging staff engagement, and embedding a culture of reflection and shared learning throughout our services.

How Did We Perform In 2025 - 2026

We have seen a significant increase in the number of learning events reported across the organisation, reflecting a positive culture of openness, transparency and continuous learning.

During 2025 - 2026, **336 learning events were reported, compared with 235 in 2024 -2025, representing a 43% increase year on year**. This growth demonstrates that staff feel increasingly confident in reporting incidents, concerns, and opportunities for learning to help improve patient safety and service quality.

Of the learning events reported, 15 required a Rapid Incident Review Meeting (RIRM) to ensure a timely review of the circumstances and any immediate actions required. Following further assessment, 5 incidents were escalated to a Patient Safety Incident Investigation (PSII) to support a more detailed understanding of contributing factors and identify opportunities for organisational learning and improvement. We also introduced After Action Reviews as a more positive and productive method for learning.

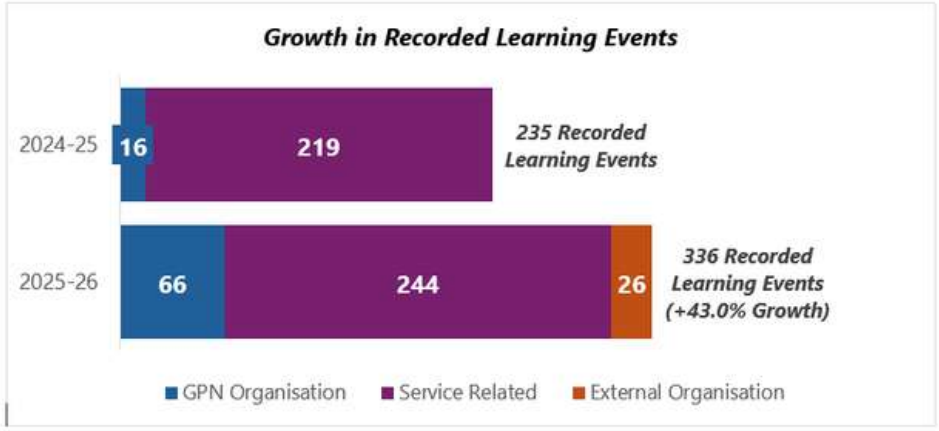
Overall, the increase in reporting demonstrates our continued commitment to fostering a learning culture, strengthening patient safety, and using insight from incidents to drive service improvements.

Actions To Maintain Our Standards

- We will continue to embed the **Patient Safety Incident Response Framework (PSIRF)** across the organisation, strengthening our commitment to a just culture where staff feel supported to report, discuss and learn from patient safety incidents.
- We will further develop staff knowledge and capability through targeted training and development opportunities, ensuring colleagues have the skills and confidence to effectively manage, review and investigate learning events.
- We will build on our proactive approach to patient safety and risk management by fostering an open, honest and collaborative environment for reviewing incidents and identifying opportunities for improvement.
- We will increase the involvement of patients, families and staff in the review and learning process, ensuring that diverse perspectives help shape meaningful improvements to care and service delivery.
- We will continue to share learning across services, using insights from incidents, investigations and best practice to drive continuous improvement and reduce the likelihood of recurrence.
- We will strengthen collaboration with the Integrated Care Board (ICB) and wider system partners to promote cross-sector learning, share best practice, and identify opportunities for service improvement.
- We will continue to embed and expand the use of the After Action Review methodology, building on the positive feedback received and the valuable learning opportunities it provides for staff and services.

How Improvements Will Be Measured And Monitored

- Key patient safety metrics, trends, and learning outcomes will continue to be reported and scrutinised through the **Quality and Patient Safety Committee (QPSC)**, ensuring effective oversight and governance.
- We will regularly seek staff feedback on our learning culture and incident review processes through staff surveys, helping us to understand what is working well and where further improvements are needed.
- We will monitor the implementation and impact of actions arising from learning events to ensure that improvements are embedded and deliver measurable benefits for patients and staff.
- Regular review of incident themes, investigations, and learning outcomes will be undertaken to identify trends, drive continuous improvement, and reduce the likelihood of recurring issues.
- Progress against patient safety objectives will be reviewed throughout the year, ensuring that improvement initiatives remain focused, effective, and aligned with organisational priorities.



Year-on-year growth in learning event reporting demonstrates a maturing culture, where staff recognise incidents, concerns and improvement opportunities as valuable sources of learning rather than isolated issues requiring local resolution. The increase in both service and organisational learning events reflects growing confidence in our learning processes and a collective commitment to continuous improvement.

This also extends beyond our own organisation, with learning events relating to external providers and system partners also being identified, recorded and shared through established governance processes. By providing timely feedback and promoting transparency across organisational boundaries, we are helping to ensure that learning is supporting safer care, stronger partnership working and system-wide quality improvement.

Priority 3

Implement an electronic rostering system across the organisation

Implement a roster system which allows visibility of all staff across the organisation

Incorporate HR checks, annual leave and monitoring of hours worked across services

Provide evidence of safe staffing levels across services

Our Approach In 2025 - 2026

- During 2025 - 2026, we delivered a number of key workforce and operational improvements to strengthen resource management, increase visibility of staffing and support managers across the organisation.
- Successfully **implemented Allocate Optima across the organisation**, providing a consistent and efficient platform for workforce planning, rostering, and resource management.
- Established a centralised staffing resource, improving visibility of workforce availability and enabling more effective deployment of staff across services.
- Introduced a comprehensive training and support programme for managers, ensuring service leads and managers had the knowledge, skills, and ongoing support required to use workforce systems effectively.
- Improved access to real-time workforce information, enabling better decision-making and more responsive management of staffing resources.
- Strengthened organisational oversight of staffing capacity and demand, supporting safer and more efficient service delivery.
- Enhanced collaboration between teams through greater transparency of workforce data and resource availability across services.

How Did We Perform In 2025 - 2026

Our workforce management processes continued to improve throughout 2025 - 2026, delivering greater visibility, efficiency, and oversight across services.

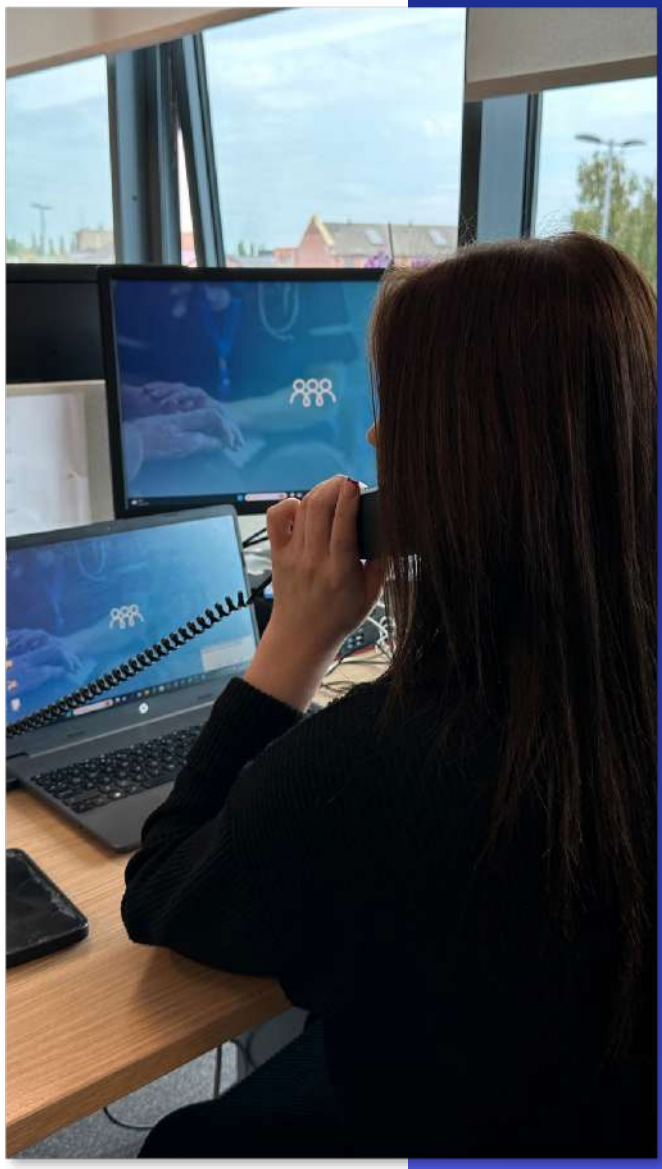
- There were no reported incidents of staff being scheduled to work across multiple services at the same time, demonstrating improved roster accuracy and safer workforce deployment.
- Access to essential staff information was enhanced, enabling managers to make more informed and timely workforce decisions.
- The **implementation of improved rostering systems and processes increased the efficiency of roster production**, reducing the time required to create and manage staff schedules.
- Monitoring and oversight of annual leave improved across all services, supporting better workforce planning, resource allocation and service continuity.
- Greater visibility of staffing resources enabled more effective coordination and deployment of staff across the organisation.
- Managers and service leads benefited from improved access to workforce data, helping to support proactive decision-making and operational resilience.

Actions To Maintain Our Standards

- We will continue to enhance the staff experience by improving access to rosters, annual leave management, and workforce information, making it easier for staff to manage their working arrangements and maintain a healthy work-life balance.
- We will further develop reporting capabilities, providing managers and staff with more timely, accurate, and meaningful workforce data to support informed decision-making and service planning.
- Regular reviews of staffing expenditure against budget will be undertaken, ensuring resources are used effectively and workforce plans remain aligned with organisational priorities and financial objectives.
- We will continue to optimise workforce processes and systems to improve efficiency, reduce administrative burden, and maximise the benefits of Allocate Optima.
- Ongoing engagement with managers and staff will help identify opportunities for further improvement, ensuring workforce systems and processes continue to meet the needs of services.
- Performance metrics will be monitored regularly to support continuous improvement in workforce planning, roster management, and resource utilisation across the organisation.
- We will continue to enhance processes that improve data accessibility for the Finance and Data teams, ensuring timely access to accurate information to support effective reporting, analysis, and decision-making.

How Improvements Will Be Measured And Monitored

- Key workforce, rostering, and staffing metrics will continue to be monitored and reported through the Quality and Patient Safety Committee, providing oversight of performance, risks, and improvement opportunities.
- Regular HR and Finance reviews will be undertaken to assess workforce utilisation, staffing levels, and expenditure against budget, ensuring resources are deployed effectively and sustainably.
- Financial performance will be reviewed routinely to identify trends, support workforce planning, and ensure staffing costs remain aligned with organisational objectives.
- Reporting outputs will be used to track progress against improvement initiatives, enabling timely intervention where performance falls below expectations.
- Feedback from managers and staff will be incorporated into ongoing reviews to ensure workforce systems and processes continue to meet operational needs and support service delivery.
- Performance trends will be reviewed regularly to measure the impact of changes, identify opportunities for further improvement, and support continuous development across the organisation.



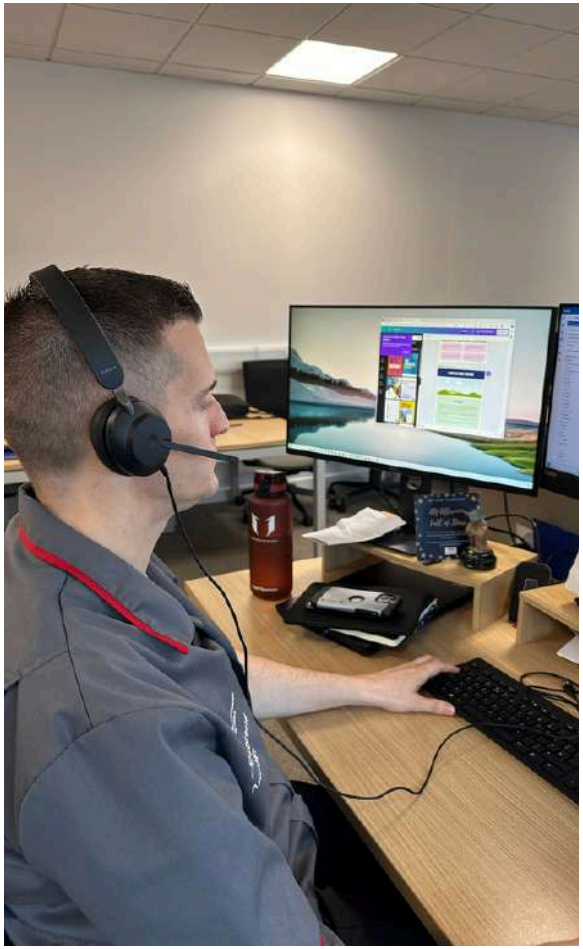
Priority 4

Respond to and demonstrate responsive and effective patient care

Introduce a systematic review of patient interventions through clinical audit to review standards and make improvements

Our Approach In 2025 - 2026

- Implemented a standardised audit process across all services, ensuring a consistent approach to quality assurance, compliance monitoring, and service improvement.
- Introduced specific audit and performance targets for Healthcare Professionals and Care/Support Staff, providing clear expectations and supporting accountability across services.
- Launched an electronic reporting system to streamline the audit process, improve the timeliness and accuracy of responses, and enhance the quality of performance reporting.
- Improved oversight and monitoring of audit outcomes through regular reporting, enabling services to identify trends, address areas for improvement, and share best practice.
- Strengthened the use of audit findings to drive continuous improvement, supporting better outcomes for patients and promoting high standards of care across the organisation.
- Increased visibility of performance data, enabling managers and teams to monitor progress more effectively and take timely action where improvements are required.



How Did We Perform In 2025 – 2026

We maintained a strong programme of quality assurance throughout 2025 - 2026, with all services consistently completing their scheduled monthly audits to support compliance, continuous improvement, and high standards of care.

- 100% of services completed monthly audits, providing regular oversight of performance, quality, and compliance.
- A total of 2,251 audits were completed during the year, demonstrating a strong commitment to monitoring and improving service quality.
- A total of 143 staff members had their clinical interactions reviewed through the audit process, supporting quality assurance and promoting consistent standards of care across the organisation.
- Feedback processes were strengthened, ensuring staff received more timely and meaningful audit outcomes to support learning and improvement.
- Audit findings were used to identify areas of good practice, address development opportunities, and drive continuous service improvement.
- Increased engagement with the audit process has contributed to a culture of accountability, learning, and quality improvement across all services.

Overall, the audit programme has provided valuable assurance regarding service quality while supporting staff development and continuous improvement throughout the organisation.

How Improvements Will Be Measured And Monitored

- Key audit and quality assurance metrics will continue to be monitored and reported through the Quality and Patient Safety Committee, providing oversight of performance, compliance, and improvement activity.
- Audit outcomes, trends, and learning points will be regularly shared with services and clinical leadership to support local quality improvement initiatives and promote the consistent delivery of high standards of care.
- Individual feedback will continue to be provided to staff where areas of concern or opportunities for improvement are identified, supporting professional development and continuous learning.
- Progress against improvement actions will be tracked and reviewed to ensure changes are implemented effectively and deliver measurable improvements in quality and compliance.
- Thematic analysis of audit findings will be undertaken to identify recurring issues, monitor emerging trends, and inform organisational learning and improvement plans.
- Regular reporting and feedback will help ensure that lessons learned are embedded into practice, enabling services and staff to continually improve performance and patient outcomes.

Actions To Maintain Our Standards

- We will continue to enhance the audit feedback process, ensuring staff receive clear, constructive, and timely feedback that supports learning, development, and continuous improvement.
- We will review and refine clinical documentation templates to improve consistency, accuracy, and compliance, while supporting high-quality patient care and record-keeping.
- Audit findings and themes will be used to inform targeted improvement plans, helping services address areas for development and share examples of good practice.
- We will strengthen the use of audit data to identify trends, measure progress, and support evidence-based quality improvement initiatives.

Priority 5

Adapt to the changing demands within healthcare

Support system partners during requirements for responsive change to support patient care

Our Approach In 2025 - 2026

- During 2025 - 2026, we implemented a number of targeted initiatives to support patient flow, reduce avoidable hospital conveyances, and maintain service capacity during periods of increased demand.
- We increased Call Before Convey operating hours during the winter period, providing enhanced clinical support and decision-making for frontline staff. This contributed to a reduction in unnecessary conveyances to hospital and helped ensure patients received the most appropriate care pathway.
- We temporarily expanded Urgent Wrap Around Care (UWAC) bed capacity during the winter months to accommodate increased demand and maintain access to services.
- These measures strengthened our ability to manage seasonal pressures, improve patient flow, and support timely access to care.
- Enhanced service capacity and clinical support helped reduce pressure on acute hospital services while ensuring patients received safe and effective care closer to home where appropriate.
- The initiatives formed part of our wider commitment to improving patient outcomes, reducing avoidable admissions, and responding proactively to periods of heightened demand.
- Overall, these actions enabled us to maintain service resilience throughout the winter period while supporting better patient experiences and more effective use of healthcare resources.

How Did We Perform In 2025 - 2026

Our winter resilience initiatives delivered positive outcomes for patients and the wider healthcare system, helping to reduce avoidable hospital conveyances and increase capacity within community services.

- Call Before Convey operating hours were extended by an additional two hours per day, seven days a week, providing greater access to clinical support and decision-making for front line staff.
- During this period, the service managed an **additional 1,188 calls**, enabling more patients to be assessed and directed to the most appropriate care pathway.
- Based on established service outcomes, it is estimated that **478 patients avoided conveyance to hospital,** helping patients receive care in the most appropriate setting while reducing pressure on acute services.
- An additional **15 community beds** were made available during the winter period, increasing service capacity and supporting timely access to care.
- These additional beds contributed to **745 bed days saved**, helping to improve patient flow, reduce pressure on hospitals, and support care closer to home.

Together, these initiatives strengthened system resilience during periods of increased demand and supported better outcomes for patients across the health and care system.It is also well documented that reducing hospital stays reduces the risk of Hospital Acquired Infections (HAIs), blood clots and muscle loss, particularly in the elderly.

How Improvements Will Be Measured And Monitored

- Key performance indicators, including activity levels, patient outcomes, conveyance avoidance rates, and bed utilisation, will continue to be monitored and reported through the Quality and Patient Safety Committee, providing oversight and assurance of service effectiveness.
- Service outcomes, performance data, and learning will be regularly shared with the Integrated Care Board (ICB) to demonstrate impact, support system-wide planning, and ensure alignment with wider healthcare priorities.
- Regular performance reviews will be undertaken to assess the effectiveness of extended operating hours and additional community capacity, identifying opportunities for further improvement.
- Trends and outcomes will be analysed to measure the long-term benefits of the initiatives, including reductions in hospital conveyance, improved patient flow, and increased access to community-based care.
- Findings and learning from performance monitoring will be used to inform future service development, ensuring resources continue to be targeted where they deliver the greatest benefit for patients and the wider health and care system.

745

Additional Bed Days Avoided

75

Additional Patient Admissions Avoided

1,188

Additional calls supported by CB4C

478

Additional Patient ED Attendances Avoided via CB4C

Actions To Maintain Our Standards

- Actions to maintain our standards
- We will strengthen our audit and assurance processes to ensure that patient safety, quality of care, and clinical effectiveness are maintained as services operate over extended hours.
- We will continue to review and increase staffing capacity where required, ensuring resources are aligned to demand and that services remain responsive during periods of peak activity.
- Service outcomes and performance metrics will be closely monitored to evaluate the impact of extended operating hours and additional capacity, enabling us to demonstrate benefits for patients and the wider healthcare system.
- Regular analysis of activity, conveyance rates, and patient outcomes will be undertaken to identify opportunities for further improvement and inform future service development

Priority 6

Support high quality effective patient care

Complete comprehensive review of all clinical policies

Our Approach In 2025 - 2026

- During 2025/26, we strengthened our clinical governance framework by reviewing, updating, and **enhancing our suite of clinical policies** to ensure they remained current, evidence-based, and aligned with best practice.
- We completed a **comprehensive review and update of all clinical policies**, ensuring they reflected current legislation, regulatory requirements and clinical guidance.
- A number of new policies were developed and introduced to address emerging service needs, support safe practice and strengthen clinical governance arrangements.
- The Quality & Patient Safety Committee continued to oversee the review, approval, and implementation of policies, providing robust governance and assurance across the organisation.
- Policy reviews were informed by learning from incidents, audits, patient feedback, and changes to national guidance, helping to support continuous improvement in patient care and safety.
- **Staff were supported through the implementation of updated policies**, ensuring clear expectations and consistent standards of practice across all services.
- The ongoing policy review programme has helped strengthen compliance, improve clinical consistency, and promote the delivery of safe, effective and high-quality care.
- Overall, these activities have reinforced our commitment to maintaining a strong governance framework and ensuring that clinical practice remains aligned with the highest standards of patient safety and quality.

How Did We Perform In 2025 - 2026

- We strengthened our clinical governance framework through the development and implementation of **20 new clinical policies to support new and expanded service provision,** ensuring our services remain aligned with current standards, best practice and regulatory requirements.
- A further **15 clinical policies were reviewed and updated**, ensuring they remained relevant, effective, and reflective of evolving clinical guidance and organisational needs.
- All new and revised policies underwent a robust governance process and were formally reviewed and approved through the appropriate committee structure.
- Approved policies were communicated to staff across the organisation, supported by implementation activities to promote awareness, understanding, and consistent application in practice.
- Ongoing monitoring and compliance arrangements helped ensure policies were embedded effectively and supported the delivery of safe, high-quality care.

Actions To Maintain Our Standards

- We will promote **greater awareness and understanding of clinical policies across the organisation**, ensuring staff have easy access to the latest guidance and resources.
- We will strengthen compliance with policy requirements through ongoing education, communication, and regular monitoring of adherence.
- Audit and assurance activities will be used to identify areas where policy compliance can be improved and to support targeted improvement actions.
- Learning from incidents, audits, and feedback will be incorporated into policy implementation, helping to ensure guidance remains embedded in everyday practice.
- Managers and clinical leaders will continue to support staff in applying policy requirements consistently, fostering a culture of accountability and high-quality clinical care.
- We will regularly review compliance data and feedback to measure adherence, identify trends, and drive continuous improvement in clinical governance and patient safety.
- Overall, our focus will be on ensuring that clinical policies are not only up to date but are consistently understood, applied, and embedded across all services.

How Improvements Will Be Measured And Monitored

- We will continue to report key performance indicators, audit outcomes, and compliance metrics through the Quality and Patient Safety Committee, ensuring robust oversight and accountability.
- Progress against policy implementation and adherence will be regularly reviewed to ensure clinical guidance is consistently applied across all services.
- We will monitor trends and themes arising from incidents, audits, and feedback to identify whether policy changes are delivering the intended improvements in practice.
- A reduction in learning events where non-compliance with, or lack of awareness of, policy guidance is identified as a contributing factor will be used as a key measure of success.
- Regular reviews of policy effectiveness will help ensure that guidance remains relevant, supports high-quality care, and drives continuous improvement across the organisation.

Priority 7

Review the effectiveness of the Quality & Patient Safety Committee and its supporting groups

Complete review of QPSC, obtaining feedback from all attending members

Our Approach In 2025 - 2026

- During 2025 - 2026, we undertook a comprehensive review of our governance arrangements to ensure they remained effective, appropriately structured, and aligned with organisational priorities.
- We completed a **thorough review of the committee structure**, incorporating feedback from committee members to identify strengths and opportunities for improvement.
- The Terms of Reference were reviewed and updated to ensure clarity of purpose, roles, responsibilities, and reporting arrangements.
- We assessed the effectiveness of sub-committees and reviewed and approved, by the GPN Board, how they interact with and report into the wider governance framework, strengthening oversight and accountability.
- Feedback and insights gathered through the review process were used to **enhance committee effectiveness and support informed decision-making**.
- Governance arrangements were refined to promote clearer lines of communication, improved reporting, and greater alignment across committees.
- The review helped ensure that governance structures remain fit for purpose and continue to provide **robust oversight of quality, safety, performance, and organisational risk**.
- Overall, these improvements have strengthened our governance framework, supporting effective leadership, accountability, and continuous organisational improvement.

How Did We Perform In 2025 - 2026

- Successfully gathered and analysed feedback from committee members and key stakeholders, providing valuable insight into the effectiveness of existing governance arrangements and identifying opportunities for enhancement.
- Completed and implemented a comprehensive improvement action plan, with progress regularly reviewed, monitored, and updated to ensure delivery of identified governance enhancements and continuous organisational improvement
- Implemented a range of governance improvements that strengthened committee effectiveness, enhanced communication pathways, and supported more informed and timely decision-making.
- Revised and updated all committee Terms of Reference, ensuring they accurately reflected changes in membership, responsibilities, reporting arrangements, and governance requirements. All updates were formally approved by the Board.
- Strengthened the governance framework by ensuring sub-committees and working/reference groups had clearly defined roles, responsibilities, and lines of accountability.
- Enhanced organisational oversight and governance assurance through improved committee structures and reporting mechanisms, supporting more effective coordination and decision-making across the organisation.
- Increased clarity, accountability, and alignment across governance processes, contributing to a stronger organisational focus on quality, safety, and strategic objectives.
- Established a more robust and responsive governance system capable of supporting organisational growth, continuous improvement, and effective risk management.

Actions To Maintain Our Standards

- We will strengthen committee agendas and meeting structures to ensure discussions remain focused on key priorities, risks, and strategic objectives, enabling more effective decision-making and oversight.
- We will enhance the committee's ability to drive measurable improvements in quality, safety, and organisational performance by maintaining a clear focus on outcomes and continuous improvement.
- We will further develop reporting and assurance mechanisms to ensure that significant risks, concerns, and learning points are appropriately escalated from sub-committees for review and action.
- We will maintain clear escalation pathways to the Board, ensuring that emerging risks, critical issues, and areas requiring strategic direction receive timely consideration and oversight.
- We will continue to strengthen communication and collaboration between committees, promoting a more integrated and effective governance framework across the organisation.
- Regular reviews of committee effectiveness will be undertaken to ensure governance arrangements remain robust, responsive, and aligned with organisational priorities and regulatory requirements.

How Improvements Will Be Measured And Monitored

- **A two-year cycle will review the Terms of Reference** to ensure they remain current, effective, and aligned with organisational priorities, governance requirements, and best practice.
- This cycle will include reviews of committee effectiveness to assess how governance arrangements support decision-making, organisational learning, and continuous improvement.
- Outcomes, actions, and key performance indicators from sub-committees will be monitored monthly, providing assurance that improvement activities are being implemented and delivering the intended benefits.
- Regular reporting from sub-committees will enable effective oversight of quality, safety, performance, and risk across the organisation.
- Progress against agreed actions will be tracked and reviewed to ensure timely delivery and accountability.
- Escalated risks, concerns, and emerging themes will be monitored through the governance framework, ensuring appropriate action is taken and reported to the Board where necessary.
- Overall, these measures will help ensure that **governance structures remain effective, responsive, and focused on delivering high-quality, safe, and sustainable services**.

Priority 8

Enhance staff engagement through proactive communication processes

Complete a staff survey and develop a response plan

Establish a staff forum

Our Approach In 2025 - 2026

- During 2025 - 2026, we strengthened staff engagement and involvement by **creating more opportunities for colleagues to share their views, influence decision-making, and contribute to organisational improvement**.
- Established a Staff Forum to provide employees with a dedicated platform to share feedback, raise issues, and contribute to discussions on matters affecting the organisation.
- Conducted a comprehensive staff survey for permanent staff, gathering valuable insights into employee experience, engagement, and well-being.
- Undertook a dedicated staff survey for bank staff, ensuring the views and experiences of this important workforce group were captured and considered.
- Reviewed survey findings through the Staff Forum, enabling staff representatives to help identify key themes, priorities, and opportunities for improvement.
- Used staff feedback to inform organisational planning, workforce initiatives, and employee engagement activities.
- Strengthened communication and collaboration between staff and leadership by creating structured opportunities for feedback and meaningful dialogue.
- Overall, these initiatives have helped to ensure that staff voices are heard, valued, and actively considered in shaping the future direction of the organisation.

How Did We Perform In 2025 - 2026

- We completed our first organisation-wide staff survey, providing valuable insight into staff engagement and wellbeing. **Response rates were 64.6% for substantive staff and 23.3% for bank staff, giving an overall response rate of 45.1%.** As our first comprehensive survey, the results establish an important baseline to measure progress, inform workforce priorities, and evaluate the impact of future improvements.
- The responses demonstrated a highly engaged and motivated workforce, with **83%** of respondents reporting that they are often or always enthusiastic about their job and **85%** agreeing that their role makes a meaningful difference to patients and service users. These findings reflect the commitment our staff have to delivering high-quality care and support.
- Team culture emerged as one of our strongest areas of performance, with **82%** of staff reporting that colleagues are understanding and kind to one another and **82%** stating that colleagues treat each other with respect. Staff consistently highlighted positive relationships and supportive teamwork across the organisation.
- The survey identified a positive learning and safety culture, with **74%** of staff agreeing that GPN encourages the reporting of learning events and **69%** reporting that they would feel secure raising concerns about unsafe clinical practice. This demonstrates a workforce willing to speak up, contribute to learning and support continuous improvement.
- Staff identified opportunities to strengthen communication and involvement in organisational decision-making. Whilst many colleagues felt able to contribute ideas and suggestions, feedback highlighted a desire for greater involvement in decisions affecting their work and improved communication regarding actions taken in response to concerns, feedback and learning events. **38%** of staff felt they routinely received feedback on improvements implemented following reported learning events.
- Our Staff Forum, comprising **18 members,** met regularly throughout the year to represent colleagues' views, support open communication, and drive forward initiatives aimed at improving both staff experience and service delivery.
- The Staff Forum played an important role in identifying areas for improvement, developing solutions, and supporting the implementation of key organisational initiatives.
- Through active staff involvement and engagement, we strengthened our culture of collaboration, ensuring that colleagues have a meaningful voice in shaping the future of our services.

Actions To Maintain Our Standards

- We will continue to take targeted action on areas identified through the staff survey as performing below expectations, ensuring feedback leads to meaningful and measurable improvements.
- We will work closely with staff to develop and implement improvement initiatives that enhance engagement, wellbeing, and the overall employee experience.
- We will continue to strengthen the role of the Staff Forum, ensuring it remains an effective platform for listening to colleagues, gathering feedback and co-designing solutions.
- We will increase opportunities for staff engagement and involvement in organisational decision-making, helping to ensure that colleagues' voices are heard and valued.

How Improvements Will Be Measured And Monitored

- We will continue to undertake an annual staff survey, providing colleagues with a valuable opportunity to share feedback and influence organisational improvement.
- Staff survey results will be analysed and compared year on year to measure progress, identify trends and assess the impact of improvement initiatives.
- Key themes and actions arising from staff feedback will be regularly reviewed to ensure that improvements are delivered and sustained.
- Progress against staff survey action plans will be monitored and reported to demonstrate accountability and maintain focus on enhancing the staff experience.
- Feedback from the Staff Forum and other engagement mechanisms will be used alongside other feedback in future developments.

Priority 9

Identify where positive patient experience has demonstrated a caring and positive outcome for patients

Integrate patient stories into board agenda

Share positive feedback with staff

Our Approach In 2025 - 2026

- During 2025 - 2026, we continued to strengthen how patient experiences and feedback are captured, reviewed and shared across the organisation to support learning, improvement and the delivery of high-quality care.
- We undertook regular reviews of patient feedback to better understand patient experiences, identify areas of good practice and drive service improvements.
- A comprehensive monthly Patient Story Report was produced, bringing together feedback and experiences from across our diverse range of services.
- Patient stories were shared with the Board, ensuring the patient voice remained central to strategic discussions, decision-making and organisational priorities.
- Where individual staff members or services were specifically recognised by patients, letters of appreciation were sent by the Chair to acknowledge and celebrate their contribution.
- Feedback and patient experiences were used to inform quality improvement initiatives, helping services respond effectively to patient needs and expectations.
- The continued focus on patient stories has strengthened organisational learning, promoted person-centred care and reinforced the importance of listening to, and acting on, patient feedback.
- Overall, these activities have helped ensure that patient experiences remain at the heart of service development and continuous improvement across the organisation.

How Did We Perform In 2025 - 2026

- Patient stories were regularly shared with Board members, ensuring that patient experiences and feedback remained central to strategic discussions, decision-making and service development.
- Positive feedback from patients and carers was highlighted across a wide range of services, recognising the commitment and achievements of staff teams throughout the organisation.
- The sharing of patient stories helped promote organisational learning, celebrate good practice and reinforce the impact of high-quality, person-centred care.
- Patient feedback continued to provide valuable insight into what matters most to those who use our services, helping to inform quality improvement and service enhancement initiatives.

Actions To Maintain Our Standards

- We will continue to embed patient stories within our governance and assurance processes, ensuring the patient voice remains central to decision-making and service improvement.
- We will enhance the way patient stories are shared across the organisation, enabling more staff to learn from patient experiences and understand the impact of their work.
- We will use patient feedback and stories to inform quality improvement initiatives, helping to identify opportunities to further enhance patient care and experience.
- Positive patient experiences and examples of outstanding care will continue to be celebrated, recognising the contribution of individuals and teams across the organisation.
- We will explore additional opportunities to share patient stories, through staff communications, meetings and learning events, to strengthen organisational learning and engagement.

How Improvements Will Be Measured And Monitored

- Patient stories will remain a standing agenda item at each monthly Board meeting, ensuring that patient experiences continue to inform strategic discussions, decision-making and service improvement activities.
- We will monitor the range and diversity of patient stories presented to ensure representation from across all services and patient groups.
- Regular reviews will be undertaken to ensure patient feedback and insights are being used to inform quality improvement initiatives and organisational learning.
- We will track how patient stories are shared across the organisation, helping to increase engagement and ensure learning is embedded at all levels.
- Feedback from patients, carers, staff and Board members will be used to evaluate the effectiveness of the patient story programme and identify opportunities for further enhancement.

Patient & Partner Feedback

"We attended 4 patients this day, 3 of which we had planned to convey to hospital prior to calling. We ended up conveying 0/3 patients and alternative care pathways were explored which I believe would have been more beneficial to our patients. As a newly qualified clinician I also found it helpful to obtain superior clinical input in certain situations/patients."

East of England Ambulance Service - Newly Qualified Paramedic

"All of our interactions with your team are always so positive. But I can feedback re an a case from last week whereby a member of your team had interaction from EEAST on scene due to rapid decline. JIC meds and chart had been issued by CB4C in the afternoon. Information provided to the family should they needs anyone to administer (DN), and option 4 information given.

The gentleman continued to decline, and wife called option 4 overnight due to a slip to the floor. EEAST attended and advice given around what medications and dose to give for symptom management. The gentleman died the morning after JIC meds issued. We are grateful for the timely and immediate response to implement what was needed for this man to remain at home with family, when he died."

East of England Ambulance Service - Paramedic

"I just wanted to thank you very much for signposting me to Call Before Convey.

The staff have been an absolute pleasure to work with; so obliging, and willing, and keen, to engage and help take this forward.

It's been a joy, and so refreshing, to work with a team bringing with it a real 'can do' attitude, holding the patient at the heart of what they do and centred on optimising access to care and meeting patient need.

Call before convey has been a proactive, responsive, and unfailingly solution-focused service at every stage, even when sticking points that could have potentially derailed the process cropped up; an exemplary service.

This was reinforced this week when we had an urgent case referral late on Wednesday evening for treatment to commence on Friday; our first patient to trial the pathway.

I had almost assumed it wouldn't be possible, but the team completely took it in their stride and didn't hesitate to accept the referral.

They were readily accessible when needed, communication was easy, and the patient received their treatment uneventfully. The team are a real credit, and I would like to express my tremendous gratitude and appreciation for their support.

Thank you again!"

Service User - Virtual Ward/Urgent Wrap Around Care

"I've used [the service] many times, 8 months qualified, really useful to qualify decision making, point out things I might not have considered, get the right outcome for the patient. Helps with confidence, that I am making the right decisions."

Service User - Call Before Convey

Hear directly from a family member about their experience of receiving compassionate end of life care through one of our services. Their story reflects the difference that personalised, compassionate support can make for patients and their loved ones during an incredibly important time.

Every patient's experience of healthcare is different, and sometimes small changes can make a significant difference. This story highlights how taking the time to understand an individual's needs, build trust and provide a more supportive environment can help create a positive experience and restore confidence in healthcare.

F is a 12-year-old with autism and anxiety who had historically attended the PCH Rainforest clinic for regular blood tests. Over time, F became familiar and comfortable with the Rainforest team and the relaxed environment. Unfortunately, when F turned 12, they were no longer able to use the service.

F was then booked by their GP practice for a routine blood test at the City Care Centre. F's mother had explained that this would be a significant change for F and asked for additional time, but F was booked into a five-minute appointment during a particularly busy period. The noise and busy environment, combined with feeling rushed and being told to "try and hurry up", caused F to become distressed and disengage. The blood test could not be completed and F's mother was advised to leave and rebook.

Following a conversation with F's mother about their experience, GPN offered to see F at the GP Hub. We explained that appointments were 15 minutes and that the environment was generally quieter and more relaxed, with a team who could take the time to understand F's individual needs.

F was booked with HCA Lesley Brigden, who spent the appointment building a rapport with F, talking about their interests and giving them time to feel comfortable. Although F was not ready for the blood test that evening, the appointment was a positive step forward. The following day, F's mother contacted GPN to express her thanks, saying it had been one of F's best experiences with healthcare and that they had engaged more than ever before.

At their mother's request, F returned for a second appointment with Lesley. She again took time to make F feel welcome, talk to them about what they had been doing and explain the procedure before asking if they were ready to try. This time, F was comfortable enough to agree and Lesley successfully completed the blood test.

For F and their family, the experience was about more than completing a blood test. By taking the time to understand F's needs, build trust and provide a calmer environment, Lesley and the GPN team helped rebuild F's confidence in healthcare and created a more positive experience for future appointments.

"Lovely and cheerful. Very professional and brightened up my day. It was what I needed. Took me through each step and was very patient."

Patient - GP Hub (Enhanced Access)

"I am a full-time teacher with a family of my own. Having an appointment in half term in my community has given me the option to do this. In term time, I am not able to call the GP surgery at 8 am for an appointment due to starting work each day at 8 am, so being able to go online and choose a venue best suited to me has really helped."

Patient - Cervical Screening Service

"Lovely and Cheerful. Very professional and brightened up my day. It was what I needed."

Patient - Housebound Diabetic Service

"Years ago, I wouldn't have come and spoke to a counsellor. And now I am actually doing my counselling, and I feel a million times better for talking. I'm getting techniques for when I'm stressed and feeling down. I feel so much better for this service."

Patient - Homeless Health Outreach Service

"Marvellous! Took me through each step and was very patient."

Patient - Housebound Diabetic Service

"I think this is an excellent clinic, and hopefully this will continue to help many more people! I'm glad this is getting more awareness and support. Thank you for making our lives more bearable!"

Patient - Menopause Support Clinic

Our Quality Priorities

2026 - 2027

The following quality priorities have been selected to continue to maintain and improve quality standards

	Objective	Actions To Take
Safe	Continue to embed a positive learning culture across the organisation, while establishing and strengthening system-wide opportunities for shared learning and collaboration	Further develop an open and responsive learning culture, promoting the effective sharing of learning, best practice, and improvement initiatives across the wider health and care system Ensure learning is shared with staff throughout the entire process, from initial incident reporting through to active involvement in service improvement initiatives
Responsive	Expand the use of innovative technologies and wearable solutions to improve clinical oversight, patient engagement, and service efficiency	Expand the use of wearable technology within urgent care at home services to provide real-time patient monitoring, supporting more timely observations and proactive clinical intervention
Responsive	Explore and integrate suitable AI technologies to optimise operational processes, enhance data insights, and improve patient and staff experience	Investigate and implement appropriate AI solutions to enhance patient care, support clinical decision-making, and improve patient outcomes Explore and implement AI-driven solutions to support the development of policies, systems, and processes that underpin safe, high-quality care.

Effective	Implement a structured approach to auditing the audit process, strengthening assurance, compliance, and continuous improvement	Develop and embed a structured audit review process to support quality assurance, identify learning opportunities, and enhance service performance
Effective	Enhance the quality, effectiveness, and consistency of care to improve patient outcomes and experience	Successfully review and update all Clinical SOPs to reflect best practice, support clinical effectiveness, and enhance patient safety
Well Led	Deliver actions arising from the staff survey, demonstrating a commitment to listening to staff and enhancing their experience across the organisation	Support the Staff Forum to take ownership of priority areas for improvement, fostering engagement, collaboration, and positive change
Well Led	Strengthen communication and engagement from the leadership team to support service improvement, enhance patient care, and ensure staff remain informed and involved in organisational priorities	Enhance organisational communication by expanding staff engagement initiatives, including CEO Spotlight updates and HR newsletters, ensuring staff remain informed, connected, and engaged. Create and promote greater opportunities for staff to share ideas, innovation, and best practice, fostering a culture of continuous improvement and organisational learning
Caring	Develop a GPN Patient Reference Group to promote meaningful patient engagement, enabling patients to influence service design, quality improvement initiatives, and organisational priorities	Ensure patient perspectives directly influence service development through the GPN Patient Reference Group, with defined responsibilities across key areas of service design, delivery, and improvement.

Feedback

Thank you for taking the time to read our Quality Report and for reflecting on the achievements and progress made throughout the past year.

These accomplishments have only been possible through the dedication, professionalism, and commitment of the entire team at GPN, whose continued focus on quality, safety, and patient care has driven significant improvements across our services.

As this is our first Quality Account, we welcome your feedback and would greatly appreciate any comments or suggestions that could help us enhance future editions of the report.
To share your feedback, please contact us at gpn.feedback@nhs.net and include "Quality Report Feedback" in the subject line of your email.

Thank you for your support and interest in our commitment to continuous improvement and delivering high-quality patient care.

Dr Sundeap Odedra (Medical Director)

Greater Peterborough
Network

Community Interest Company

Glossary

After Action Review (AAR)

An After Action Review (AAR) is a method of evaluation that is used when outcomes of an activity or event have been particularly successful or unsuccessful. It aims to capture learning from these tasks to avoid failure and promote success for the future.

Rapid Incident Review Meeting (RIRM)

A Rapid Incident Review Meeting (RIRM) is a crucial step in the process of investigating incidents that have caused harm or near misses. It aims to identify whether further investigation is necessary and to determine the type of investigation required.

Robotic Process Automation

Robotic Process Automation (RPA), also known as software robotics, uses intelligent automation technologies to perform repetitive office tasks of human workers, such as extracting data, filling in forms, moving files and more.

Clinical Governance

A system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Community Interest Company

A Community Interest Company (CIC) is a type of limited company in the UK designed to operate primarily for the benefit of the community rather than private profit.

Conveyance Rates

Conveyance refers to the movement of a patient from home or a community setting to hospital. These rates are monitored to support avoidable admissions.

Patient Safety Incident Response Framework (PSIRF)

The NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Audit

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

Bed Days

A bed day is a day during which a patient occupies a hospital bed, typically including an overnight stay, and is used to measure hospital utilisation and resource demand.

Call Before Convey

An advice and guidance resource for Ambulance Crews and other community based healthcare professionals. Staff are able to advise on alternatives to hospital, access patient records and prescribe, therefore reducing conveyance to hospital.

Care Quality Commission (CQC)

The independent regulator of health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisations. It also protects the interests of people detained under the Mental Health Act (1983).

Integrated Care Board

An Integrated Care Board (ICB) is a statutory NHS organisation in England responsible for planning and coordinating health and care services across a specific geographical area, aiming to improve population health and reduce health inequalities.

Quality Safety Review Meeting

A weekly meeting set to review new learning events, complaints, feedback and any local or national guidance changes.

Net Promoter Score

The Net Promoter Score (NPS) in the NHS is a metric used to gauge patients' satisfaction with health services. It asks patients to rate their likelihood of recommending the service to a friend or colleague.

Urgent Wrap Aroung Care (UWAC)

Urgent Community Response (UCR) teams provide urgent care to people in their homes, helping to avoid hospital admissions and enable people to live independently for longer.

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