Taurus Healthcare Services

Working together to keep you well

Taurus Quality Account

2025 / 2026

Statement from Director of Quality and Clinical Integration

This Quality Account is an important opportunity to show how Taurus Healthcare is living its purpose: working together to keep people well. It sets out how we provide safe, effective and well-led services, how we listen and learn, and how our governance arrangements support compassionate, accountable and collaborative care for patients, practices, colleagues and partners across Herefordshire.

Our governance framework is designed to help us take responsibility, learn honestly and improve continuously. Through systematic audit, clear oversight, and regular review of outcomes and performance, we aim to understand what is working well, where risks are emerging, and what needs to change. Learning from incidents, complaints, compliments and patient feedback is used to strengthen services and share improvement across the organisation.

Taurus Healthcare is committed to a culture where colleagues feel supported, respected and able to speak up. We invest in the systems, processes, training and working environment our teams need to deliver high-quality care, and we recognise that people do their best work when expectations are clear and support is available. When things do not go as planned, we focus on fairness, reflection and learning so that staff are supported and patients benefit from the improvements that follow.

Patient experience is central to our purpose of working together to keep people well. We are proud of the positive feedback patients have shared, but we also know that listening only matters if it leads to action. In the year ahead, we will strengthen co-production through our Patient Participation Group and use patient voice, lived experience and community insight to shape service improvement and delivery.

Lauren Parry
GP
Medical Director and Director of Quality and Clinical Integration 2026

Introduction

This Quality Account relates to the clinical services provided by Taurus Healthcare. It describes what we have delivered during 2025–2026, what we have learned, and how we will continue to improve quality, safety and experience in the year ahead.
Much Birch Practice has not been included in the formal reporting scope because GP surgeries are not required to produce a Quality Account in this way. However, quality, safety, patient experience and learning remain important across the whole organisation, including the services we deliver through general practice.

What is a Quality Account?

A Quality Account is a mandatory annual report about the quality of services provided by an NHS healthcare organisation or a service that provides a significant amount of care. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. Our Quality Account looks back on how well we have done in the past year at achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them.

Review of the priorities for 2025–2026

Priority 1	Patient Safety: Embed PSIRF across Taurus
What we hope to achieve	Taurus continued to work through the nationally recommended phases of PSIRF implementation: ➢ PSIRF Orientation ➢ Diagnostic and discovery ➢ Governance and Quality Monitoring ➢ Patient safety incident response planning (PSIRP) ➢ Curation and agreement of the policy and plan Transition, working in partnership with our local ICB
How we will monitor progress	Progress was monitored against the implementation plan. Taurus used the PSIRF process during 2025–2026 and can evidence a review of learning from the process.
Work planned	Share the implementation plan with operational managers Engage with our stakeholders Further educate managers (who can disseminate information) about PSIRF and the tools that could form parts of the investigation Develop our Clinical Governance knowledge of the framework to aid their confidence in scrutinising our use of the tool Update our policy as our understanding and use of the framework evolves Be part of the National Phase 2 PSIRF pilot

Progress	PSIRF implementation planning progressed internally within Taurus. PSIRF now included in Statutory and Mandatory Training for staff in Taurus. Training sessions were held with HGP practice managers as an offer to wider general practice.
Measurement of success	PSIRF principles were adopted by clinical services. Participation in the national PSIRF Phase 2 pilot was confirmed. Training material was produced and the implementation plan was scheduled.
Future work	Work with wider Herefordshire General Practice to support implementation once PSIRF becomes mandatory. Understand the new role of the ICB as strategic commissioner in PSIRF.

Priority 2	Patient Experience: Embed the voice of our patients at every level, ensuring that care is shaped by lived experience and community insight
What we hope to achieve	Framework for patient safety and engagement Implementation of patient participation or focus groups relevant to particular cohorts
How we will monitor progress	Decision reporting will include stakeholder engagement section to ensure that relevant people have been engaged with the development of services and policy making
Work planned	Identify patient cohorts aligned to where services are looking to be developed Set up patient focus groups
Objectives	To establish a Patient Participation Group (PPG) that enables meaningful patient engagement, supports service development, and ensures patient voice informs quality improvement across the service.
Progress	Initial groundwork for the PPG has been completed. Expressions of interest have been distributed to a range of patients, resulting in a cohort of individuals expressing interest in participating. A draft Terms of Reference and group expectations have been developed to provide structure, clarify roles, and support effective engagement. The first PPG meeting was scheduled for 9 July.

Measurement of success	Establishment of a sustainable PPG with regular attendance Representation from a diverse patient cohort reflective of the service population Positive feedback from participants regarding engagement and ability to contribute Evidence of PPG input influencing service development, quality improvement initiatives, or patient experience Consistent attendance and participation across meetings over time
Future work	Confirm attendance and finalise arrangements for the first meeting on 9 July. Share Terms of Reference and expectations with participants in advance Develop a structured agenda for the first meeting Identify key topics for discussion aligned with any upcoming changes or suggestions from our services Establish a process for capturing feedback and actions from meetings Plan ongoing communication and future meeting schedule to ensure sustainability

Priority 3	Clinical Effectiveness: Improve medication prescribing in minor illness and UTIs through stronger links with community pharmacy
What we hope to achieve	Strengthened relationships with community pharmacy via Community Pharmacy Herefordshire and Worcestershire (LPC) through establishment of a shared learning forum Reduction in UTI consultations in Out of Hours Continued adherence to ICB Over the Counter prescribing policy
How we will monitor progress	Attendance at Quarterly Community Pharmacy and General Practice learning forum Explore cross-sector audit regarding UTI management Over the counter prescribing audits shared with community pharmacy Audits of UTI prescribing and over the counter medications
Work planned	Pilot to send patients a QR code to book Pharmacy First appointments directly. Development of patient education for UTI management

	Dashboard for clinicians to work from to give specific pharmacy direction for patients when advising self-care or pharmacy attendance, including distance from local pharmacies, opening times, and Pharmacy First participation.
Progress	Patient education leaflet for UTIs agreed and available to clinicians A quarterly learning forum was established with local pharmacy colleagues, with the first meeting held.
Measurement of success	Memorandum of Understanding between Herefordshire General Practice Collaborative, of which Taurus Healthcare is a key member, and the Local Pharmacy Committee.
Work to do	Digital support for clinicians to support redirection to local pharmacy

Priorities for 2026–2027

The 2026–2027 quality priorities have been chosen to support the wider organisational priorities agreed for the year. They focus on improving local care and how services are delivered, valuing and supporting our workforce, strengthening sustainability and organisational resilience, and using data, digital tools and productivity improvements as key enablers. Together, they are intended to make quality improvement part of everyday service delivery rather than a separate programme of work.

Priority 1	**Strengthen patient safety, risk management and clinical governance in developing and high-risk services, with an initial focus on ADHD medicines safety, safeguarding, comorbidity pathways and learning from incidents, audits and complaints.**
What we hope to achieve	Safer, more consistent care in services where risk is higher or pathways are developing; clearer clinical governance and escalation routes; stronger medicines safety and safeguarding arrangements; and evidence that learning from incidents, audits and complaints is translated into practical improvement.
How we will monitor progress	Measure: • % incidents reported and reviewed within timeframe • Learning loop closure rates • Medication reconciliation / prescribing error rates • Safeguarding identification vs referral conversion • ADHD prescribing audit outcomes Evidence of actions completed from incident reviews and audits
Work planned	Prescribing audit Safeguarding process review ADHD risk and comorbidity pathway review Incident learning review and learning loop tracking

	Review medication reconciliation and prescribing safety processes

Priority 2	Improve patient experience by making access clearer, fairer and more responsive, particularly for people who may face additional barriers. This includes embedding patient voice and lived experience in service redesign, using feedback and complaints to drive improvement, and reducing fragmentation across pathways so that patients experience joined-up, compassionate care.
What we hope to achieve	Co-production and patient voice embedded in redesign Equitable access, particularly for neurodivergent patients Improved end-to-end experience across fragmented pathways Better use of feedback, complaints, FFT and patient stories to inform change
How we will monitor progress	Measure: • Patient feedback themes and FFT trends • Complaints, concerns and compliments themes • Access and equity audit outcomes • DNA / attendance and referral pathway data • Evidence of lived-experience involvement in redesign Improvement actions completed and reviewed
Work planned	Use the Patient Participation Group, patient stories, feedback themes and targeted engagement with relevant communities to inform service design and improvement; complete an equity review of access into UAPC and other key services; audit a sample of end-to-end patient journeys; and strengthen feedback routes so that learning is captured, acted on and reported back. Audit of patients attending UAPC service to ensure representative of local population End-to-end audit of a sample of patient journeys Review patient feedback routes and ensure learning is captured and acted upon

Priority 3	**Build workforce, governance, digital and organisational resilience so that services remain safe, sustainable and responsive to local need.**
What we hope to achieve	A skilled, supported and flexible workforce; clearer governance, assurance and escalation routes; more resilient and sustainable services; better use of data, audit and performance reporting to support decisions; and simpler, more consistent processes that help teams deliver well.
How we will monitor progress	Measure: • Workforce absence, turnover and vacancy trends

	• Mandatory training and role-specific competency compliance • Audit schedule completion and action closure rates • Risk register review and escalation compliance • Service KPI performance and exception reporting Evidence of committee assurance and Board reporting
Work planned	Develop workforce and training plan aligned to service needs Review governance reporting cycle and assurance routes Maintain audit programme and action tracker Review risk register and escalation process Use service performance data to identify sustainability and resilience risks

Mandatory Statements – Service Review

Service	**Description**	**Annual Activity** 01.04.2025 – 31.03.2026
GP OOHs Service	Taurus Healthcare provides urgent medical advice and treatment to Herefordshire residents and visitors when GP surgeries are closed.	19,561 appointments ➢ 13,654 F2F ➢ 2,002 Home Visits 3,080 Triages
Enhanced Access	Enhanced Access operates on weekday evenings, weekends and bank holidays, offering routine appointments outside core practice hours. The service mirrors mainstream general practice and includes GP, ANP, practice nurse and HCA support, supported by an experienced reception team.	7,509 clinical hours
Hub GP	The Hub GP service operates Monday to Sunday, 08.00–20.00, 365 days a year. The service provides GP support to the Wye Valley Trust community integrated team, including medical support for the Community Response Hub and the two-hour urgent clinical response for Herefordshire registered patients. This includes clinical assessment, diagnostic support and treatment advice.	8,560 CRH referrals
Ledbury Intermediate Care Centre	A weekly proactive ward round – up to 4 hours by a GP to review the	Averaging 11 patients per week

	patients requested by nursing staff to manage their ongoing health needs Escalations of patients unwell between weekly rounds, will be phoned through to CRH and managed as for acute medical needs and could be visited by any of the UCR team Patients who are acutely unwell with needs beyond the nursing staff of the home will be sent to hospital.	
CMDU	Covid Management Delivery Unit set up in the Covid pandemic to provide treatment and prophylaxis to clinically vulnerable people, working in collaboration with the Wye Valley Trust Hospital at Home Team	155 appointments
Herefordshire GP Hub	The Herefordshire GP Hub provides same-day access appointments, delivered remotely and face to face. The service is clinically led by a GP and delivered by a mix of GPs and ANPs. Virtual appointments are allocated to practices using a fair-share model based on weighted population. The face-to-face element is designed to respond flexibly to system demand, reducing pressure across the wider system and not only within general practice.	33,519 appointments
Overnight Nursing & Twilight Service	Working closely with the District Nursing Team at Wye Valley NHS Trust, Taurus Healthcare has been operating a successful Overnight Nursing Service since December 2019. The service offers nursing care throughout the night to patients cared for by the District Nursing team during the day. Available seven nights per week, 52 weeks of the year the service now consistently delivers high quality, holistic care to patients.	3,437 patient contacts consisting of: ➢ 1,344 Home visits 2,093 telephone calls

Special Allocation Service	The special allocation service is for patients who, for whatever reason, have been excluded from mainstream general practice. The patient contacts a dedicated telephone number with a telephone consultation booked with a GP within 48 hours of this request being made. If a face-to-face appointment is necessary, this is arranged with specific clinicians and with security present. The patients are reviewed with the ICB during quarterly meetings and dependent upon their needs, behaviours and compliance, discharge back into mainstream practice is discussed. If the patient is discharged, the ICB contacts the patient by letter and offers them a choice of two surgeries to register with. Patients can remain in the service for some considerable time, especially where engagement is challenging and there isn't the opportunity to assess return to mainstream practice.	254 patient contacts
Talk Wellbeing	Talk Wellbeing brings together a range of prevention services to support accessible healthcare interventions for marginalised and underserved communities. The service uses outreach approaches to reduce barriers to care, with a focus on cardiovascular disease prevention, GP registration, health education, signposting and support to access the right care in the right place. It is targeted at communities identified in the Herefordshire Health Inequality Strategy and Core20PLUS5, including unregistered populations, seasonal and farming communities, people living in areas of high deprivation, migrant communities, rural communities and those who are digitally excluded.	1,289 contacts providing advice, guidance and signposting. 1,159 CVD health checks

	The Talk Wellbeing service is available to anyone aged 18 and over.	
NHS Health Checks	Taurus Healthcare holds the Public Health contract to deliver NHS Health Checks across Herefordshire. The service is offered through a hybrid model, with practices able to deliver under an SLA or choose Taurus delivery. NHS Health Checks are designed to identify early signs of conditions that may affect health and quality of life, such as heart disease, type 2 diabetes and stroke. NHS Health Checks are offered to adults in England aged 40–74 who do not have pre-existing health conditions.	1,189 Health Checks
Vaccinations	Taurus Healthcare worked with Herefordshire General Practice to vaccinate the population of Herefordshire during the Covid-19 pandemic and continues to provide seasonal vaccination programmes for vulnerable groups.	7,377 Vaccinations
Workplace Health Checks	Workplace Health Checks began as an Office for Health Improvement and Disparities pilot and were extended for a further 12 months by Public Health to demonstrate the impact of providing health checks in workplaces. The service aims to remove barriers and increase access to cardiovascular disease checks for people aged 18 and over.	3,562 Health checks
WorkWell	WorkWell is a joint scheme between the Department for Work and Pensions and the Department of Health and Social Care. It connects people with health conditions and/or disabilities to local support services, helping them to stay in or return to work.	Average of 34 referrals a month
Infectious Disease (Outbreak management)	This service is implemented in the event of an infectious disease outbreak that requires a response team to provide swabbing, vaccination, infection prevention and	2 calls for infectious disease

	control, prescribing of anaphylaxis or antiviral medication, and contact tracing. The team liaises with commissioners and the UK Health Security Agency to minimise impact on the local population.	

Volunteers

Taurus does not currently have any volunteers working within its services.

Income

Taurus Healthcare income is generated through multiple contracts. All monies that Taurus generates are reinvested into providing health services for the Herefordshire residents. Taurus takes financial probity very seriously and manages all funding responsibly.

Local audit and service evaluation projects

Regular clinical audits were carried out during 2025–2026 as part of our monitoring and review process. The clinical audit process is overseen by the Taurus Healthcare Clinical Governance Committee, which meets monthly. The table below summarises the 2025–2026 clinical audit schedule. Overall audit results were satisfactory and met the agreed threshold.

Details of audits:

Equipment and infection prevention and control

- Medical Devices – Calibration
- Hand hygiene annual audit
- Shared record access audit
- Infection control
- Oxygen audit
- Clinical curtains replacement audit
- Resus Trolley Audit
- Cervical cytology
- IPC environmental audit
- IPC monthly audit
- Cold chain
- Emergency equipment
- Compressed medical oxygen

Patient safety audit

- Safeguarding referral audit
- Annual safeguarding audit across all services
- Prescribing audits

Clinical effectiveness audits

- Referral audits
- GDP self-inspection

- GDP quality management
- Mock medicines recall
- Clinician notes audit: GPs, ANPs, PNs, HCAs, PAs, paramedics and social prescribers

CQUIN (Commissioning for Quality and Innovation)

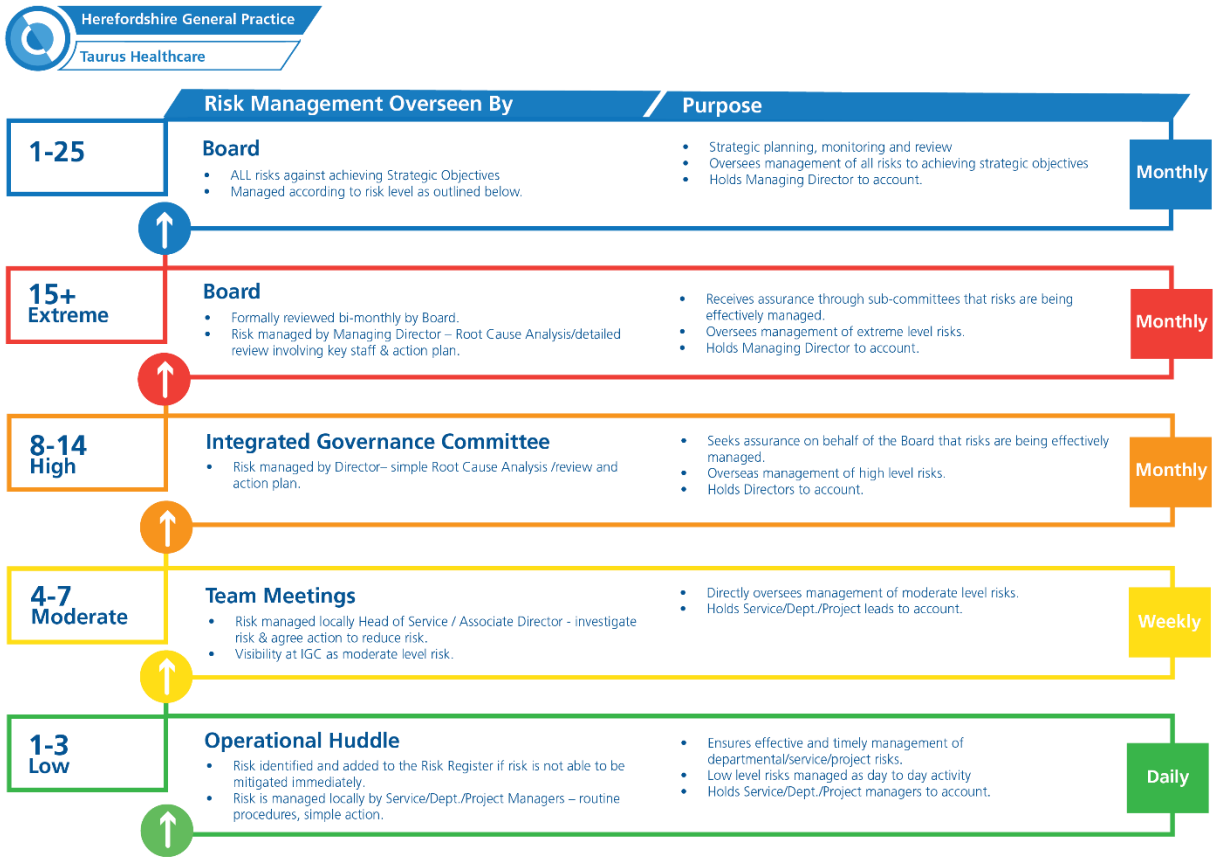
Taurus Healthcare was not subject to any national CQUIN schemes in 2025–2026 due to the nature of the services delivered.

The Care Quality Commission (CQC)

Taurus Healthcare is registered with the Care Quality Commission. The organisation was not inspected in 2025–2026.

Governance

Quality, safety and performance are overseen through our governance structure, with risks, incidents, audit findings, patient feedback and workforce themes reviewed through the relevant committees. This gives leaders a regular line of sight on what is working well, where improvement is needed, and where issues need to be escalated for wider action.



Data Quality

Taurus data quality is reviewed by the executive team, Board and its committees. Our data is subject to regular review as part of the performance reporting process, including data validation procedures to support data integrity and accurate reporting. We report into standard systems, principally EMIS, so that data is collected in a controlled way and supports data security. Taurus completes the Data Security and Protection Toolkit annually, and this is audited by independent auditors. This tool allows organisations to measure performance against the National Data Guardian's 10 data security standards. Taurus consistently meets the required standards. All staff are trained annually in data security. Taurus also has an independent Data Protection Officer, a statutory role that provides expert advice and supports compliance with data protection standards.

Clinical Coding

Taurus Healthcare is not subject to payment by results clinical coding.

Review of quality performance

We are proud of our learning culture and encourage staff to report incidents as opportunities to learn or improve. We are always sorry when patients, staff or others have cause to complain, and we use complaints as opportunities to understand where we have fallen short and how we can do better.
Each service records and monitors compliments, complaints and concerns on Datix. Themes and significant learning are escalated to the Integrated Governance Committee.

Complaints received in 2025-2026

Taurus Healthcare received 7 complaints in 2025–2026. Although this is a small number and does not allow for robust thematic analysis, we reviewed each complaint carefully and used the learning to strengthen communication, access, processes, clinical quality and systems.

Communication – Improved listening and clearer explanations.
Access – Better directions, signage, and accessibility
Processes – Enhanced checks to avoid errors (e.g. prescriptions)
Clinical quality – Ensure thorough assessments and correct testing
Systems – Strengthen communication pathways and IT support

Incidents managed in 2025-2026

Key themes identified included information governance risks, clinical safety variation, communication and handover issues, IT and system reliability, workforce pressures, and inconsistent operational processes. We have used this learning to strengthen controls, clarify responsibilities and support teams to reduce the likelihood of similar issues happening again.

We have taken action to:

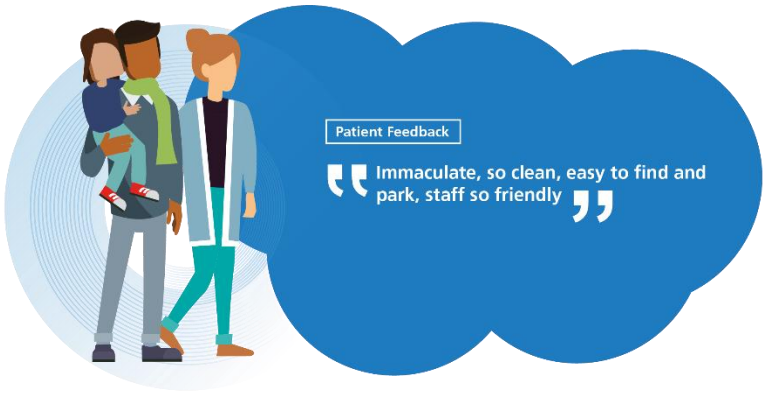
- Strengthen information governance practices, including tighter access controls, improved email handling, and clearer ownership of systems and accounts
- Improve clinical safety and quality, reinforcing appropriate pathways, prescribing checks, and documentation standards, supported by reflection and learning
- Standardise communication and handover processes, introducing clearer SOPs, defined responsibilities, and improved referral pathways
- Enhance IT resilience and business continuity, ensuring better system checks, contingency planning, and user support
- Address workforce and capacity pressures through improved rota management, escalation processes, and monitoring of workload risks
- Embed more robust operational processes and governance, including checklists, audits, and reduced reliance on individuals
- Strengthen health & safety and estates management with improved reporting, maintenance, and risk mitigation
- Work collaboratively with system partners to improve pathway coordination and reduce delays or inappropriate referrals
- Improve patient experience and safeguarding, reinforcing communication standards, boundaries, and escalation of concerns

Feedback from patients

The feedback we receive from patients helps us understand whether our values are being experienced in practice. Positive comments often highlight compassion, respect, clear communication and feeling listened to. Where feedback identifies concerns, we use it to learn, improve and strengthen the way services are designed and delivered.
We collect patient feedback across our Services.
During the year, we collected 5,104 episodes of feedback, with an average of 96.12% positive feedback.

Service	Number of Returns	% positive in the FFT question
EA	3214	95.33%
OOH	822	94.81%
HGPH virtual	414	92.52%
HGPH f2f	61	95.09%
NHS HC	69	95.65%

Business HC	251	97.20%
TWB	236	94.49%
WorkWell	16	100%
ADHD	21	100%



Additional patient feedback themes:

“The service felt personal to me, and I was given one-to-one support that helped me understand the right next steps.”

“The nurse who I saw was really informative explaining all my results and telling me what the healthy ranges were.”

“Very professional yet friendly and chatty male clinician and everything was explained to me with my results and informative.”

“The Doctor I spoke to was understanding of my ailment, listened to my issues and organised appropriate treatment quickly.”

“Very good service between gp Surgery and Taurus on the phone to gp booked a consultation with Taurus only took 20 min from phoning gp to having a consultation with Taurus”

“Extremely professional, valuable and reassuring. Thank you for your presence and reaching out.”

“Ann was really nice to work with. She treated me with respect as a trans gender woman, and we worked out the best approach together. I can’t praise her enough. Please pass on my thanks.”

“The doctor was extremely caring and compassionate, actively listened, made me feel at ease . Felt much happier.”

We added questions in early 2024 to comply with Care Quality Commission Regulations 9 and 10, pertaining to personalised care and respect and dignity:
Did you feel that your experience was personal to you and that you were involved in reaching a decision about any care and treatment that may have been recommended?

% that agreed :

Service	% of responders who felt they were involved in the decision making
EA	97.89%
OOH	96.65%
HGPH virtual	99.05%
HGPH f2f	100%
NHS HC	98.53%
Business HC	99.60%
TWB	98.73%
WorkWell	100%
ADHD	100%

Duty of candour

Duty of candour takes two forms: organisational and professional. Organisationally, Taurus continues to have an open policy of reporting and learning from all clinical incidents, whether they cause harm or not. This includes informing and apologising to patients and/or their families, in keeping with duty of candour regulations, when there is a notifiable incident. The Taurus Medical Director reviews all clinical incidents and has oversight to ensure duty of candour has been applied. Taurus staff are open and honest with colleagues and recognise that lessons and quality improvements can be made when an incident occurs. Staff are offered reflection sessions and structured time at the end of team meetings.

Learning from deaths

In 2025–2026, Taurus was not involved in any LeDeR investigations. However, Taurus contributed to a coroner's investigation and inquest into the death of a patient.

Workforce Overview 2025–2026

Workforce profile and model

Taurus Healthcare continues to use a flexible workforce model to support delivery across a diverse portfolio of services. As of March 2026, the workforce included full-time staff (31.9%), part-time staff (41.7%) and casual or zero-hours staff (26.4%). This blend helps the organisation respond to changing demand and system pressures while maintaining access to services.

This blended model supports resilience across urgent and planned care services but also requires ongoing focus on workforce stability, engagement and retention.

In addition to substantive staff, Taurus continues to support workforce development through training pathways, including apprenticeships and hosting trainee GPs, contributing to the sustainability of the local workforce pipeline.

Workforce performance and key metrics

Recruitment activity remained steady throughout the year, with an average time to hire of 2.8 weeks across Q3 and Q4.

Turnover fluctuated across the year, with peaks of 7.5% in September and lower points around 2.27%. The September peak reflects a higher volume of terminations, which included a significant proportion of zero-hours roles, consistent with the flexible nature of the workforce model.

Leaver analysis indicates that turnover is driven by:

- Availability of zero-hours staff to take shifts
- Retirement
- Voluntary resignation

This highlights a continued reliance on flexible roles and the need to strengthen retention in key positions.

Sickness absence remained within NHS benchmark levels throughout the year, with quarterly averages of 3.43% in Q1, 2.95% in Q2, 3.27% in Q3 and 2.99% in Q4. However, there are consistent pressures within Clinical & Prevention Services, where absence remained elevated across all quarters reflecting the demands placed on patient-facing teams.

Seasonal variation was evident, with winter pressures impacting December and January, but overall absence trends returned to expected levels by the end of Q4. Engagement with statutory and mandatory training remains strong, with compliance consistently at or above 90%.

Workforce data and quality themes

Sickness absence and workforce pressures, particularly within Clinical and Prevention Services, mirror operational pressures identified elsewhere in the Quality Account, including demand variability and service intensity.

The organisation's use of a flexible workforce model has supported:

- Maintenance of service access
- Responsiveness to demand
- System resilience

However, reliance on zero-hours staffing and turnover within this group presents a risk to continuity, team cohesion, and long-term service stability, which is reflected in workforce priorities moving forward.

Staff experience, engagement and culture

Taurus continues to prioritise staff engagement, with activity during the year including:

- Staff engagement meetings
- Stay interviews (March 2026)
- Quarterly rollout of pulse surveys alongside the annual GPSS
- Ongoing recognition initiatives
- Connect platform

These approaches support a culture of:

- Openness and engagement
- Recognition and appreciation
- Continuous feedback

The annual staff General Practice Staff Survey (GPSS) has informed a programme of improvement focused on:

- Reward and recognition
- Career development and progression
- Strengthening performance and appraisal processes

Equality, diversity and workforce inclusion

Taurus Healthcare serves a diverse population and continues to embed inclusive practices across both workforce and service delivery.

While formal workforce equality metrics continue to develop, the organisation is strengthening its approach to:

- Inclusive culture
- Respect and dignity in the workplace
- Engagement with diverse staff and communities

This aligns with wider patient experience feedback demonstrating inclusive and person-centred care.

Closing statement

This Quality Account reflects a year of continued delivery, learning and improvement across Taurus Healthcare. In 2026–2027, we will continue to strengthen safety, patient experience, workforce resilience, governance and the use of data so that quality improvement remains central to how services are planned, delivered and improved.

Our purpose remains clear: working together to keep people well.