

Quality Accounts

2022 - 2023

Introduction

Who We Are

Mastercall is an award-winning social enterprise provider of Out of Hospital services to NHS in Greater Manchester. We were founded in 1996, in Stockport, as a GP Co-operative, to provide Out of Hours Primary Care to patients of Stockport GPs.

We have grown to provide a portfolio of services throughout Greater Manchester. Currently we provide Out of Hours primary Care Services to over 500 000 patients in Stockport and 300,000 in Trafford. We also deliver bespoke community services to reduce the need for hospital care, such as our Community Intravenous Treatment Services which is integrated with our Virtual Ward, for remote patient monitoring. The highest dependency patients can have intensive home care and treatment in our Hospital at Home service.

Other services include Dental Helplines, Walk-in Centre, GPs in Emergency Departments, specialised services to the Homeless community. We have a 24/7 365-day clinical hub.

We are proud of our ability to rapidly design develop and deploy service to meet unexpected urgent clinical need, such as our range of face-to-face Covid management services delivered at pace during the pandemic, and services developed to care for Asylum seekers.

We are an agile innovator and a founder member of the Greater Manchester Urgent Primary Care Alliance Community Interest Company (GMUPCA CIC). This Alliance was set up by three Greater Manchester, 24/7, Out of Hospital providers (Mastercall, GTD Healthcare and Bardoc) to provide opportunity to contract for integrated Urgent Care delivery across Greater Manchester at scale (with improved economies). To that affect, the GM Clinical Assessment Service (CAS) was established.

We designed, piloted, and proved the concept of the Pathfinder Alternative to Ambulance Transfer service, now adopted nationally. We are at the forefront of delivering services to help our local community manage the current COVID 19 pandemic emergency. As a social enterprise we have no shareholders. All resources received are devoted to patient care. We are dedicated to providing the right care to the right patient in the right place at the right time, and to act at all times in the best interests of our patients, the NHS and our local community.

Statement From Our CEO

Mastercall Healthcare is a Social Enterprise organisation (Company Limited by Guarantee) and has been accredited by the Social Enterprise Mark. We provide a diverse range of Out of Hospital Healthcare services, specialising in 'out of hospital' healthcare. Our primary purpose is to provide services to the NHS which support admission avoidance to hospital and safe management of patients being discharged from hospital earlier than otherwise would have been safely possible.

Safe, high quality, patient centred services are our key priority and to ensure we deliver effective, clinically safe services, we have a robust clinical governance process in place which is overseen by our Organisational Medical Director who is a GP, supported by a multi-disciplinary team of highly skilled and experienced clinicians.

We have rigorous processes in place to ensure our compliance with statutory, legal, and contractual obligations all of which are regularly reviewed and monitored by our Quality and Safety Team and scrutinised at Board level.

Our CQC rating is good with 'OUTSTANDING' for Caring. We have been accredited with the Daisy Award for Dignity in care and are members of Urgent Health UK (a federation of Social Enterprise organisations) and commit to a number of external quality/performance audits which are benchmarked against other UHUK members.

Our Good Governance Framework covers all the CQC pillars, and we have designated committees to ensure that we are meeting our obligations, identify lessons learnt and embed a culture of continuous learning and feedback.

Our greatest asset is our workforce. During 2022/23 we continued with our innovative and agile response to supporting the impact of Covid as well as expanding our award-winning Technology Enhanced Living Service and Hospital at Home Service.

To ensure appropriate capacity to manage our 'business as usual' and new technology driven services, without compromising quality and safety, we have significantly invested in digital technology to support our home/remote working platform and video consultation. We currently have more than 150 home working placements which have enabled us to adequately manage our contractual and performance metrics.

There have been times throughout the year where our performance KPIs were challenged, in particularly within our dental services however, we ensured that we continued with our stringent monitoring of capacity and demand, KPI and audit cycle so that we were aware of the challenges and risks to ensure these were mitigated. As a result, we have not had any adverse outcomes.

We will continue to adopt a continuous improvement plan to ensure patient safety is maintained. I am incredibly proud of what our team have achieved and how they have continued to responded to the challenges faced by the NHS.

To this end, I declare that I have read and approve these Quality Accounts and I am happy with the accuracy herein.

I am satisfied with the quality of the services that we have delivered. I am confident that we maintained safe, high-quality care to our patients. We are aware of the areas of risk, and we have put measures in place to support/mitigate these.

We are committed to ensuring continuous services improvements which will be achieved through our commitment to staff recruitment/development, investment in digital technology and a culture of openness, transparency, reward, and recognition.

Michaela Buck
Chief Executive

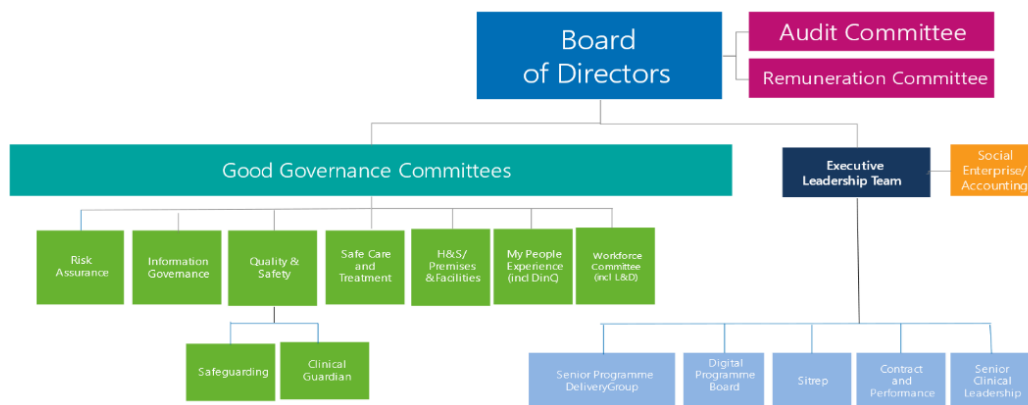


Governance Structure

Good Governance Committees

In line with Mastercall's registration and obligations, the organisation has established a Committee that will ensure that Mastercall complies with all relevant legislation and regulations applicable to the organisation, this includes meeting CQC standards. The Good Governance Committee is transparent in its decision-making processes, receiving reports from all sub committees to ensure all aspects of the business are represented. The Committee will report any actions/recommendations to the Board where appropriate. The main purpose of the Good Governance Committee is to give assurances to the Board and our Commissioners that Mastercall have met all legal, contractual, ethical, and functional responsibilities, this includes but is not exclusive to CQC statements.

Good Governance Framework



Risk Assurance Committee

The Risk Assurance Committee is responsible for reviewing the risk policy, risk strategy and staff guidance documents, to ensure they cover the latest guidelines and requirements. The committee meet quarterly and will review and approve any new risks. It is the risks assurance committees continued commitment that Mastercall ensure a pro-active attitude and culture of identification and management of risks.

Individual risks are monitored, reviewed, and managed by the directorate group on a regular basis, with any concerns being brought to the risk assurance committee. Any risks that are rated with a risk score of 12 and above or with a consequence of 5 will be reported to the Good Governance Committee.

Information Governance Committee

The Information Governance Committees' purpose is to support and drive the broader information governance (IG) agenda and provide the Board with the assurance that effective information governance best practice mechanisms are in place within the organisation.

The committees' main responsibilities:

- To ensure that an appropriate comprehensive information governance framework, and systems are in place throughout the organisation in line with national standards.
- To inform the review of the organisation's management and accountability arrangements for Information Governance.
- To develop and maintain an IG policy and associated IG implementation strategy and/or maintain the currency of the policy.
- To prepare the annual Data Security and Protection Toolkit for sign off by the Chief Information Officer.

- To develop the Organisation's Information Governance work programme.
- To ensure that the Organisation's approach to information handling is communicated to all staff and made available to the public.
- To coordinate the activities of staff given data protection, confidentiality, security, information quality, records management, and Freedom of Information responsibilities.
- To offer support, advice, and guidance to the Caldicott Function within the Organisation.
- To monitor the Organisation's information handling activities and ensure compliance with law and guidance.
- To ensure that training made available by the Organisation is taken up by staff as necessary to support their role.
- Provide a focal point for the resolution and/or discussion of Information Governance issues.
- To develop and ensure the organisations Pseudonymisation and anonymisation plan is followed.

Quality and Safety Committee

The Quality and Safety Committee has been developed for the overall responsibility for the quality of patient care and safety. The Committee can be broken down into four main components: Complaints, Incidents, Clinical Performance and Safeguarding. Its purpose is to provide assurance to the Board and our Commissioners that we have met all legal, contractual, ethical, and functional responsibilities with regards to clinical governance functions. The focus for the committee is areas of clinical governance, some elements of corporate governance where this impacts on clinical activities but excludes for example financial governance.

The committees' main responsibilities:

- Assist the Board in ensuring that the quality of care provided to patients, areas concerning patient safety and patient experience are improving and developing to meet the needs of patients.
- Provide assurances to the Board of Directors that all legal, regulatory and contractual requirements are met.
- Nurture a quality improvement culture by overseeing existing quality improvement programmes.
- A clinical member of the committee will review any quality governance dashboards produced, prior to submission to the commissioners to ensure all aspects related to governance are reviewed and discussed.
- The committee will review themes and trends with regards to their designated areas of governance responsibility to identify and ensure sharing of any learning to support service improvement.
- Review the relevant quality related risks within the Organisational Risk Register and escalate quality/clinical risks and issues to the Board if appropriate.
- To ensure that risks related to the areas of responsibility of the committee are discussed, reviewed, and mitigated where possible.
- Provide assurance to commissioners and Board of Directors of the quality and safety of all services delivered through the scrutiny of all aspects of the clinical governance framework.eg. complaints, incidents, audit, clinical risk.
- Review and sign off Patient safety incident reports prior to external circulation.
- Nominate policy authors where appropriate and oversee policy/procedure updates.
- Ratify relevant policies and procedures.
- Foster Clinical excellence in every service.
- Facilitate the organisational goal of being assessed as Outstanding by CQC.
- Learn from incidents and complaints and disseminate any learning.
- Disseminate new knowledge to embed the most UpToDate knowledge in practice.
- Support clinicians to achieve their professional potential.

Safe Care and Treatment Committee

The Safe Care and Treatment Committees' purpose is to support and drive the broader clinical management and leadership agenda and provide the Board with the assurance that effective and best practice mechanisms are in place within the organisation.

The Committee's main responsibilities are to ensure care and treatment is provided in a safe and effective way for service users and meets the quality standards of the CQC key lines of enquiry.

Specifically, but not exclusively this entails:

- Identify and discuss any safety events that have been investigated and the outcomes of these events to identify any lessons learnt.
- Identify best practice from any SEA and ensure these concerns or learning are listened to and disseminated in practice and through education and development in our teams.
- ensuring that persons providing care or treatment to service users have the qualifications, competence, skills, and experience to do so safely.
- Liaise with the quality and safety team to disseminate relevant information to prescribers and clinicians who use PGDs in the organisation.
- Monitor clinician prescribing patterns and clinical assessments and identify areas where clinical support is required.
- Implement NICE Guidance relating to primary care prescribing and the use of GMMMG and local formularies and dissemination of appropriate information throughout the organisation.
- In liaison with the learning and development team, organise educational meetings relating to clinical practice.
- To initiate, review and instigate changes resulting from, audits of medicine use in the organisation, and necessary changes to policies procedures and SOPs arising from Q&S activity.
- Assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.
- Maintain an accurate evidence base of the committee's work to provide assurance to the Good Governance (GG) committee and within the GG Dashboard.
- Detect and control potential risks in the care environment.
- Ensure that the equipment, facilities, and technology support the delivery of safe care.
- Ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.
- Where equipment is used or supplied ensuring that there are sufficient checks and risk assessments that ensure the safety of service users and staff to meet their needs.
- Ensure clinical staff are appropriately qualified, skilled, and experienced and receive effective support, supervision, and development and work collaboratively to provide safe care that meets people's individual needs.
- Review trend analysis across service streams to ensure we have an affective rota fill to maintain safe practice.
- We assess and manage the risk of infection.
- Assessing the risk of, and preventing, detecting, and controlling the spread of, infections, including those that are health care associated and sharing this information with relevant agencies.
- Ensuring IPC audits are being completed and take action to maintain GG controls.
- Ensure that treatments are safe and meet people's needs, capacities, and preferences by enabling them to be involved in planning, including when changes happen.
- Where medicines are supplied ensuring that there are enough of these to ensure the safety of service users and to meet their needs

- The proper and safe management of medicines.
- Manage the introduction of new drugs into the services where needed.

Health and Safety, Security and Premises Committee

The Health & Safety, Security & Premises Assurance Committee was established to oversee Security and Health & Safety standards that are in place at all our locations.

The Health & Safety, Security & Premises Assurance Committee will agree to work together towards ensuring Mastercall Healthcare continues to adopt a safe and secure working environment for staff, patients, and visitors.

The Health & Safety, Security & Premises Assurance Committee will also update Mastercall's Management Team and staff regarding any Health & Safety or security issues or actions required, following such matters through to conclusion.

My People Experience Committee

The My People Committee will be responsible for ensuring that Mastercall has effective processes in place for collecting, analysing, reporting, and learning from experience surveys, complaints, and incidents.

Maximising the use of digital technology, we will ensure that experience is collected in a timely manner using a variety of mechanisms including SMS texting/website/apps as well as traditional postal methods.

The range of responsibilities will include but not limited to:

- Ensuring that the organization complies with its contractual key performance indicators (KPIs) for collecting patient experience.
- Ensure that the organization complies with its statutory responsibility for patient complaints.
- Participate in the UHUK annual Patient Safety Culture Survey; for as long as the survey exists and/or Mastercall is a member of UHUK.
- Ensure that all surveys results/complaints are received by the My People Committee for analysis and that trends are identified, and learning is cascaded across the organization.
- Ensure that our website and Intranet is maintained with clear information about how people can share their experience and make complaints.
- Ensure that the risk register is updated when any risk is identified by the My Experience Committee.
- Ensure the principles of Dignity in Care are upheld and maintained.
- Ensure the principles of Freedom to Speak Up are upheld and maintained.
- Ensuring a strategic link between Good Governance, HR/Organisational Development, and the clinical/operational interface.
- Ensuring that the importance of undertaking and validating people's experience, and learning is reflected in our corporate strategies and Business Plan.
- Ensuring appropriate financial investment to support our objectives.
- Ensure that annual Quality Accounts are produced and published.
- Provide a quarterly report to the Board of Directors to include information of staff/ patient experience, complaints, and incidents.

Work Force Committee

The Workforce Committee will be accountable to the Board of Directors and Council of Members for the standards of workforce planning and development, organisational development, employee relations, employee engagement and health and well-being.

The range of responsibilities will include but not be limited to:

- Undertake a minimum of two staff surveys per annum.
- Participate in the UHUK annual salary benchmarking survey, for as long as the survey exists and/or Mastercall is a member of UHUK.
- Ensure that any risks are added to and reviewed on the organisational risk register.
- Ensure the principles of Freedom to Speak Up, Dignity in Care and Whistleblowing are upheld and maintained.
- Ensuring a strategic link between Board, Good Governance, My People Experience, Social Value Framework, Council of Members, Freedom to Speak Up/Dignity in Care/Menopause and Wellbeing Champions and the clinical/operational interface.
- Ensuring that the importance of undertaking and validating employees' experience and learning is reflected in our corporate strategies and Business Plan.
- Ensuring appropriate financial investment to support our objectives.
- Provide a quarterly report to the Board of Directors to include information on KWIs (key workforce indicators), statistics and employee experience. This will be evidenced in the Good Governance Dashboard.
- The committee will review at each meeting the accreditation renewal dates and ensure related evidence folders are in place to support each standard.
- The Workforce Committee has no executive powers other than those specified in these Terms of Reference or as requested by the Board of Directors.
- The Workforce Committee is authorised to investigate any activity within its Terms of Reference and all employees are expected to co-operate with the Committee to facilitate satisfaction of its responsibilities and objectives.
- The Workforce Committee has authority to establish sub-groups or working groups as it considers appropriate, efficient, and necessary.

Services

Community IV Service

The community IV service offers clinic or domiciliary IV therapy appointments 365 days a year. A team of experienced practitioners offer complementary care at by providing rapid assessment and review of acute care needs with senior clinical review. The team can offer supportive clinical interventions, including venous blood sampling, IV antimicrobial, rehydration therapies. All patients on the service have a regular clinical updates and multi-disciplinary team input. By being treated by the team based at Mastercall Healthcare, patients have access to the out of hour for clinical support 24/7 to ensure continuity of care.

Emergency Dental Services

Cheshire, Warrington, Wirral, Merseyside

The emergency dental helpline offers urgent dental care for patients in Cheshire, Warrington, Wirral, and Merseyside area. The service can be accessed by the calling directly between 8am and 10pm every day. Local dental providers offer NHS Urgent Dental Clinics in the area, with appointments for patients who need urgent treatment, advice and support on dental queries or referral to other services.

The aim of the service is to provide advice for urgent dental issues, book emergency dental appointments and help patients manage their own dental problems, where appropriate.

Activity of service:

Pathfinder/Alternative to Transfer

The service is managed by experienced GPs and Advanced Clinical Practitioner (ACPs), who receive referrals from the Northwest Ambulance Service crew on scene to discuss urgent clinical assessments of patients who may not require hospital admission or who have declined hospital admission. We provide remote assessment and advice, video consultation, home visits and/or appropriate treatment to avoid unnecessary admission to hospital.

The alternative to transfer plus service allows residential, care and nursing homes staff can speak to experienced GPs and ACPs to discuss their residents and patients' urgent healthcare needs.

The aim of the service is to promote clinically appropriate care for patients at the right time and place. To help reduce unnecessary calls to 999 by having a single point of access number for care, residential and nursing homes, helping to also reduce hospital admissions and reduce conveyance to hospitals thus providing faster responses to others emergency.

Activity of service:

Trafford Patient Assessment Service

Trafford patient assessment service (TPAS) offers remote assessments of patients who otherwise would have gone to accident and emergency. When people are encouraged to ring NHS111 if they need urgent clinical attention, or 999 if they require emergency care, the outcome of these calls are not always what the patient needs. TPAS gives clinicians the opportunity to better assess and guide the patient to the correct care. Calls come from a higher acuity than standard out of hour calls being made up of NHS11 and 999 calls that would have been streamed to A&E but we know that these cases do not all need this level of care, after our assessment we deflect approximately 70% of calls away from the emergency departments.

The aim of the service is to assess patients remotely and match them to the care they need and access care closer to home. To effectively assess and book patients into the service required thus managing resources and reducing inappropriate presentations at emergency departments.

Stockport Urgent Treatment Centre

The urgent treatment centre (UTC) located within Stockport's local emergency department, is a GP led service running 13hours a day/7days a week, with additional support from Advanced Clinical Practitioners (ACP). The service streams clinically appropriate patients from the emergency departments front doors for assessment at the UTC. We offer a community DVT pathway, providing bloods, anti-coagulation and arrange doppler scanning within 24-48 hours.

The aim of the service is to ensure patients are seen by the right place, right time and by the right clinician. To offer same day consultations within 4hours of presenting at ED, helping reduce Ed attendance and supporting ED performance.

Trafford Urgent Treatment Centre

A non-emergency care centre which specialises in seeing and treating patients, both adults and children with minor injuries and illness. Patients have called NHS11 or 999 can then be booked into the UTC via the out of hours or the Trafford Patient Assessment Service, however patients who present to UTC without calling NHS111 will not be turned away. The Trafford UTC runs 12 hours a day 7 days a week, supporting patients that would have otherwise been sent to A&E.

The aim of the UTC is to assess and treat patients with minor injuries and illness and to refer to other services via clinical pathway if further intervention is required.

Wythenshawe Urgent Treatment Centre

The urgent treatment centre (UTC) located within Wythenshawe's emergency department, is a GP led service running 12 hours a day/7days a week. The service streams clinically appropriate patients from the emergency departments front doors for assessment at the UTC and appointments can also be utilised by the out of hours and NHS111. The GPs are equipped to treat both chronic and non-acute conditions, providing a primary care consultation within the department, and can refer patients for further bloods and imaging as required.

The aim of the service is to ensure patients are seen by the right place, right time and by the right clinician. To offer same day consultations within 4hours of presenting at ED, helping reduce Ed attendance and supporting ED performance.

Clinical Assessment Service (CAS)

Part of the Greater Manchester Urgent Primary Care Alliance, CAS involves patients receiving a clinical triage/telephone post non-clinical call handling/algorithmic outcome via NHS111/ 111 online or 999. Dispositions include: Low acuity ambulances (Cat 3 and 4), advised to attend ED/ETC outcomes. Same day urgent face to face outcomes and some same day primary care dispositions. These cases are digitally transferred to a clinical assessor in the alliance (Bardoc, GTD and Mastercall) for an enhanced clinical assessment.

The aim of the service is to ensure the patient is managed the best possible way using the most appropriate service. Reducing unnecessary conveyance to emergency and urgent end points and allow the ambulance service to focus on higher category patients (1&2). Providing better patient outcomes, improving ambulance response times. Ensuring the patient is on the most appropriate onward care pathway and ambulance upgrade when required. Supporting cost-effective commissioning; right place at the first attempt at scale across Greater Manchester.

Quality Assurance

Quality improvement & Lessons Learned

Mastercall have a thorough process in place to allow us to identify areas of care across services where we need to concentrate our efforts on improvement. At Mastercall we also actively seek to learn from anything that has gone wrong (lessons learned). Through incident reporting, risk management, complaints, and adverse patient feedback we investigate and take action to reduce errors and prevent recurrence. Poor practice and adverse feedback are regularly communicated to enable us highlight issues and promote shared learning throughout the organisation.

Topics we consider when selecting areas for quality improvement projects include the following:

- User views or complaints
- Adverse incidents/ near miss reporting
- Local priorities or concerns
- Assurance monitoring
- Legal requirement
- Contractual requirement
- National / Local guidelines

Results of our quality improvement projects are widely shared with Mastercall staff through weekly bulletins and newsletters. Positive patient feedback, good news stories and reassuring audit results are acknowledged and communicated to encourage staff and to recognise the great contributions they make to the quality services we provide.

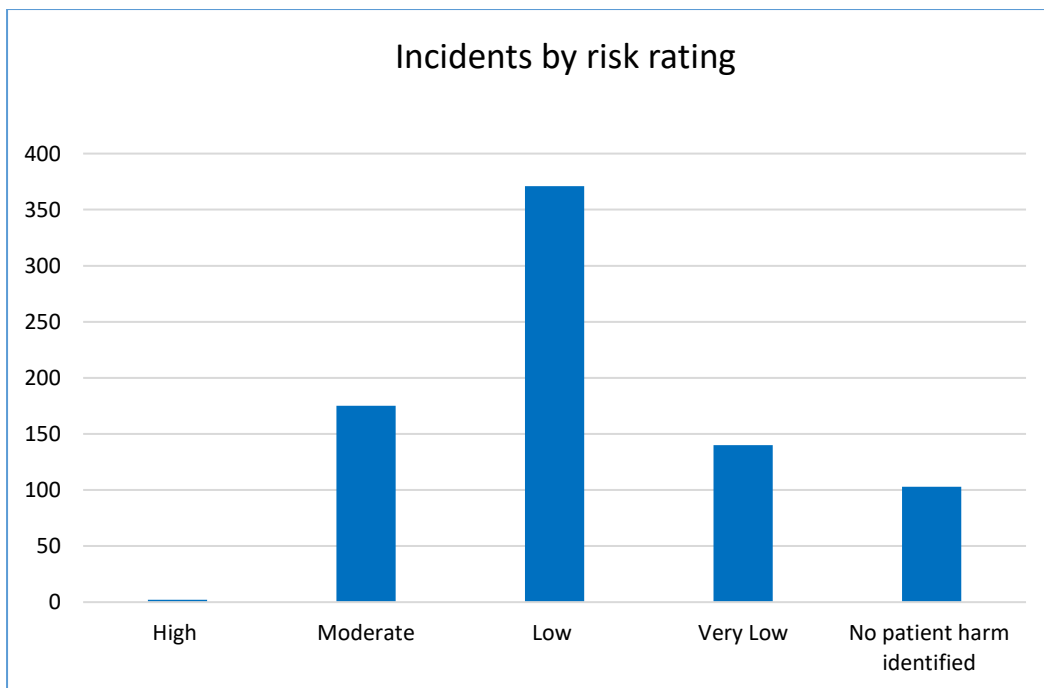
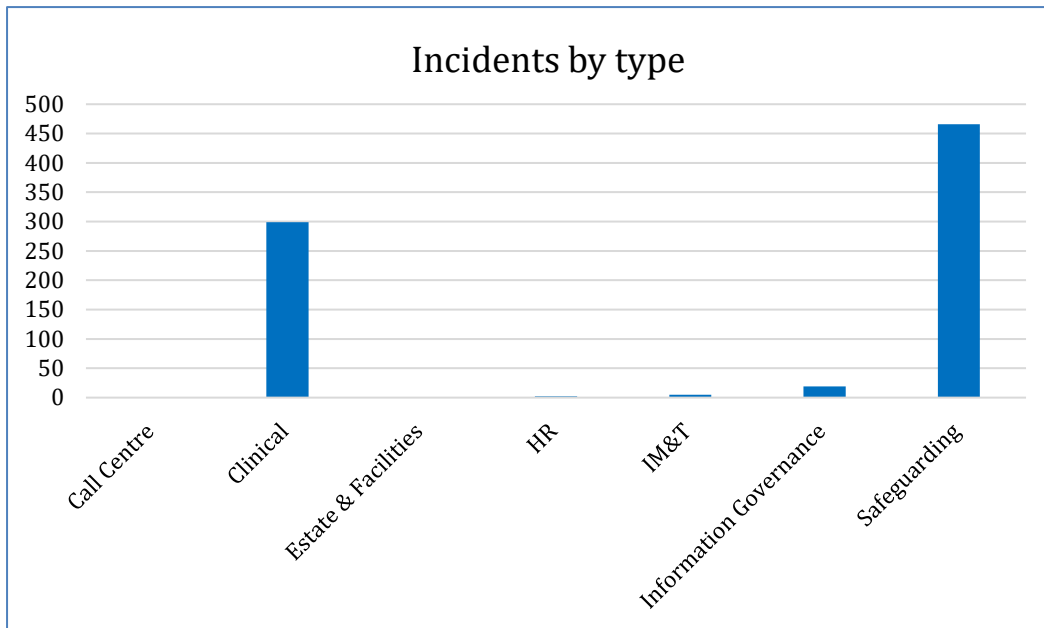
The Quality & Safety Team consists of the Medical Director, the Deputy Medical Director, the Associate Medical Director, the Director of Nursing, a Nurse Consultant, Head of Clinical Operations, Head of Clinical Performance, Safeguarding Lead, Quality & Safety Manager & Quality Assurance Compliance Officer.

Incidents

Mastercall strongly encourage all staff within the organisation to report any concerns or incidents, whether that be for an internal or external incident. All incidents that are reported are reviewed within 7-days of being reported at a weekly quality and safety meeting, where it is agreed which member of the senior clinical team will assist the service lead with the investigation. Once the investigation has been completed the incidents can then be closed and signed off by the medical director. Findings of the investigation, the outcome and any lessons learned are disseminated across the organisation via Quality & Safety Bulletins. Any actions taken are also fed back to the individual who raised the incident, whether internally or externally received.

Incidents are reported to the Commissioners on a quarterly basis and the commissioners are also advised if each incident was attributable, partially, or not attributable to the organisation.

Between the April 2022 and the March 2023, 791 incidents were logged. Of these 2 were classed as high risk, 175 were classed as moderate, 371 as low risk, 140 as very low risk and 103 had no patient harm identified.



Trends

Several incidents were raised regarding inappropriate referrals from NHS111 and the Northwest Ambulance Service (NWS). Incidents were always discussed at the weekly Quality & Safety meetings. Head of Clinical Operations has regular meetings with NWS, and any communications are sent via Health Professional Feedback forms for raising concerns.

An incident reported in relation to a GP, regarding a small baby with a high temperature, patient seen and diagnosed with a viral infection and sent home. Reporter noted case and was concerned and contacted patient and arranged admission. The peer review of the case was that this baby should have been referred to paediatrics. Traffic Light Table laminated and added to clinical rooms and case discussed with clinician. Lessons learned were communicated in the quality and safety bulletin with an update on how to manage children under 3 months.

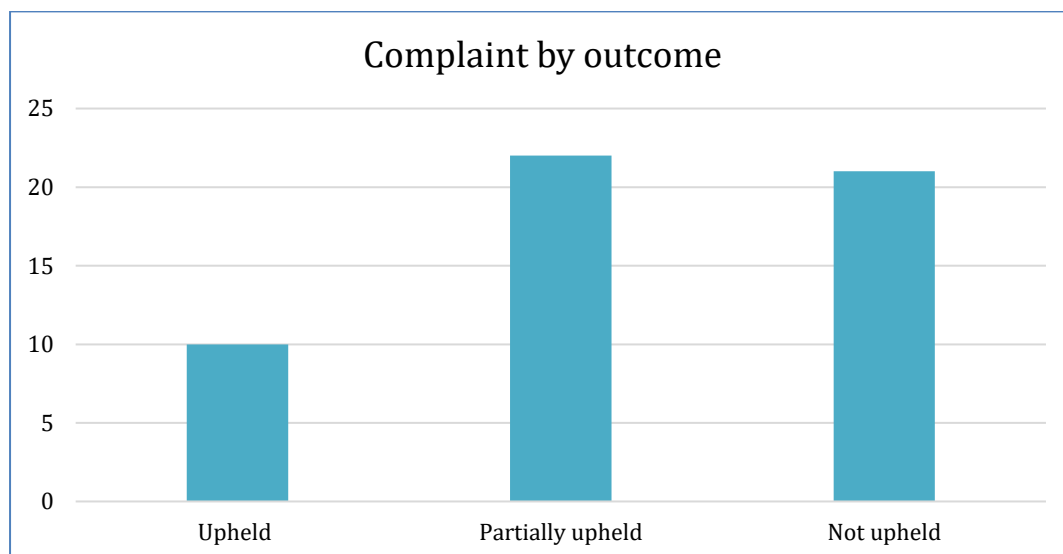
A couple of incidents have been logged regarding delay in patient care, on both occasions the clinicians have typed the incorrect patient details in the wrong patient notes (e.g. the clinicians saw patient A but wrote in patient B's notes). Communication has been sent out via our Quality & Safety bulletin raising awareness of rapid discharges and the arrangement of the ward doctor completing a death certificate if the patient's own GP has not seen the patient since discharge.

A couple of incidents have been logged where clinicians have not prescribed full courses of antibiotics. A reminder has been sent to all clinicians via the Quality & Safety Bulletin and communication sent to the individual clinicians.

Complaints

Mastercall follows the NHS complaints procedure and has a robust policy in place, to ensure all complaints are thoroughly investigated. Any complaints received either by phone, email or letter will be acknowledged within 3 working days of being received. A time frame will then be discussed with the complainant on how long Mastercall have to investigate and write a response. All complaints are overseen by a medical director and the service lead. All learning from a complaint is communicated through the quality and safety bulletin.

This year our complaint rate was 0.02%, having received a total of 53 complaints from a case list of 206657. Mastercall strive to maintain a complaint rate of 0.05% and below, having never been above this in 26 years. All complainants have the option for a further written or face to face response if they feel their complaint has not been resolved. If after a local resolution meeting they still feel we have not resolved their complaint, they are able to take it to the ombudsmen.



Lessons Learned

A complaint was received by a relative regarding poor communication towards their deaf mother, who was unable to hear the calls made to her or the knock on at the door after asking for communication via text.

- Once consent was gained from the relative, a response was sent apologising for not using the preferred method of communication. The letter explained that their feedback has enabled us to reflect on our service and patient journey, allowing us to improve our plethora of communication

options available. An attached document was sent with the response, detailing the methods available to communicate with deaf patients. This information was also added to the weekly bulletin and sent to all Mastercall staff. To avoid this from happening again an administrative note was added to both patients Out of Hour records, so call handlers and clinicians know their preferred communication.

Complaints received regarding waiting times.

- Several complaints and adverse feedback have been received regarding long waiting times. Mastercall strive to manage patient expectations, by ensuring that the patients are made aware when being given a face-to-face appointment they will be given an arrival time, not an appointment time and that they may still experience delay. Reminders have been sent out in the weekly bulletin several times, reminding staff that we do not offer appointment times.

Several Complaints received regarding the emergency dental service.

- Most complaints regarding the emergency dental service are regarding the lack of appointments and long waiting times. This is an ongoing issue we have been facing and unfortunately, we do not have the influence over the number of appointments given to us. We also see complaints regarding the call waiting time to get through to a call handler. We have tried to manage patient expectations regarding both appointment and waiting time by creating a voice message whilst the patient is in the queue, apologising for the delay and giving an update on appointments and encouraging the patient to use the queue buster.

Actions taken to address areas of poor practice.

Where a complaint is deemed to be upheld, we take several steps to make improvements, these may include:

- Communicating with and supporting the clinician to reflect on anything that has gone wrong.
- Identifying if additional training is required for an individual clinician or across the organisation.
- Increasing the percentage of cases, a clinician has included in audit each week.
- Sharing Lessons Learned across the organisation to try to prevent or reduce recurrence via a Quality & Safety bulletin.

Patient Feedback

Service	Feedback
Stockport OOHs	Prompt & friendly response from all staff - very experienced and reassuring GP who was very thorough in her consultation. I felt safe in their hands this week.
CAS	The clinical contact was outstanding. It was one of the best services I have ever received regarding care. He was so thorough and explained everything so well, went above and beyond what was expected off the clinical contact, to locate me a prescription which I urgently needed for my son. Video called straight away to look at symptoms and each time he rang back straight away with advice. The care, advice and support could not be faltered. Amazing and outstanding service given. Thank you so much.
Dental	I found the entire process relatively seamless, starting with the NHS111 online signposting and contact, to the really rapid response from the dental

	service. The lady who dealt with me was great. Only perhaps improve the call waiting time.
CAS	Your colleagues were outstanding. It was slick and efficient and I'm very grateful.
Stockport UTC	I just wanted to say that Doctor and the nurse were brilliant. Very patient and very understanding as my son doesn't do well in hospitals and doesn't understand what's going on. I was offered a quiet room and a phone charger so my son could be distracted with cartoons. My son co-operated due to the way the doctor gained his trust and took his time. It's very rare we come out of hospital having had a good experience, but he was made to feel at ease, and I would like you to pass on my feedback so that their efforts get recognised. Thank you so much.
IV Service	Recently, I was a patient of Mastercall for a course of IV therapy over a 6-week period, which required my attendance at the Pepper Road clinic every morning for 28 days. I wish to say a heartfelt thank you for the extremely professional and friendly service I received. From the people on reception to the clinicians who delivered the treatment, I was made to feel welcome and cared for with genuine concern and good humour. As such, it was almost a pleasure to be patient! In the current climate, when the NHS is the subject of much criticism with only its failings receiving media attention, it is gratifying to be witness to a private sector partnership, which delivers a service as smoothly and effectively as that I experienced with Mastercall. Please pass on my thanks to all the staff who attended and provided my treatment, and I hope you will share this note with the appropriate executives at Stockport NHS Foundation Trust, so that they may be made aware of at least one patient's positive experience of your faultless service.
TEL	Just a note to say thank you to all your staff for the support given to me in the last 10 days. It is quite scary to develop covid symptoms when pregnant, but your professional yet supportive service has been so reassuring. It has been really appreciated. Keep up the good work.
Stockport OOHs	The nurse that triaged me was really lovely and calming, the doctor was so thorough and had so much time for me; they were really excellent!
Dental	I would like to compliment the call handler on how they handled a really distressing case from a patient. They dealt with this difficult case, amazingly, they were calm and very professional and went above and beyond.
Hospital at Home	I consider I was very fortunate to receive the Hospital at Home service. I spent weeks in hospital and could have not faced further hospitalisation. Hospital at Home service took the time to look carefully into my situation, adjusted my medication fitting me with a saline pump infuser I really felt that progress was being made. I firmly believe that had I not had the opportunity to have the Hospital at Home service I would not be at the stage where I am now.
Trafford OOHs	Amazing, simply amazing. From car parking space, easy access, friendly warm welcoming reception, lovely paramedic nurse and a great polite GP.
IV Service	Thank you so much for your care over the past 3 years and through the pandemic. Your Nurses made the treatment very bearable. I hope this efficient, effective service long continues.
Trafford UTC	I wish to express my thanks to Trafford urgent treatment centre (GP walk in). I brought my son in today; and was seen by a Nurse and Doctor, they were kind, caring, and professional. We were seen swiftly, and my son was

	assessed thoroughly by the doctor. I was reassured that my sons' symptoms were likely viral and given advice; and advised what to do if the symptoms persist. I would be grateful if you could pass on my thanks, and additionally thank you to the reception staff who booked my son in.
Dental	I was called back within half an hour an hour of calling and the gentleman who took the call was informative and extremely helpful.



Safeguarding

Mastercall has a clear safeguarding policy, and all staff are aware of their responsibilities with regards to safeguarding. There is a clear process for staff to follow and an online reporting system to allow Mastercall's safeguarding lead to have oversight of all safeguarding concerns identified.

During the Covid-19 pandemic we were unable to carry out face to face training and so training was adapted so that it could be delivered virtually. This has continued with staff having access to virtual and online training from Mastercall's safeguarding lead, Stockport Safeguarding Partnership, and eLearning for health. Any opportunities for additional safeguarding training are advertised on Mastercall's intranet and sent out via email so staff are aware of any additional opportunities for learning.

Further bespoke training has been delivered to different Mastercall staff groups such as dental nurses and shift leads to further empower them to recognise and manage safeguarding concerns. This will increase staff confidence further so that our vulnerable patients can be supported and safeguarded to a high standard.

Increasing training across the organisation has had an impact on the number of safeguarding concerns being reported as staff feel more confident in identifying safeguarding concerns and managing them appropriately.

Number of safeguarding cases reported					
	Apr-Jun22	Jul-Sept22	Oct-Dec22	Jan-Mar23	Total
Safeguarding Adults	32	30	42	78	182
Safeguarding Child	13	13	33	41	100
Total	45	43	75	119	282

The Ulysses safeguarding reporting system allows the safeguarding lead to give feedback to staff on how cases have been managed which also continues this learning. Mastercall's safeguarding lead is available for safeguarding supervision so staff can be reassured and advised on an individual level.

Audits

Across Mastercall we carry out a range of audits in the following areas to evaluate our care against best practice standards:

- Infection control audits
- Prescribing audits
- Palliative Care Pack audit
- Call Handler audits
- Dental audits
- Clinical Guardian peer review audit

Here are the findings of some of our audits showing the great results we achieve along with the action we take when we identify areas for improvement.

Call Handler Priority Guidelines Audit

All call handlers undertake Priority Guidelines training on induction. Each quarter a sample of calls are reviewed by our Call Centre Managers (CCS) to determine whether the call handler prioritised the call correctly on receipt.

Due to a cyber-attack in August 2022, over the past year our Call Handlers Priority Guidelines Audits are showing great results, consistently >99% compliant. We regularly share these results with staff in our Quality & Safety bulletin and encourage them to keep up the great work.

Number of cases where Call Handler prioritised correctly (Compliance %)				
Apr-Jun21	Jul-Sept21	Oct-Dec21	Jan-Mar22	Oct-Dec22
1036/1038 (99.8%)	819/822 (99.6%)	749/750 (99.9%)	603/603 (100%)	650/650 (100%)

Action taken to address areas of low compliance:

Where a call handler prioritised a call incorrectly feedback is given to the individual by the CCS Managers with discussion of the call and advice on the most appropriate priority for the case. Further training is provided where necessary.

Prescribing Audits

We conduct monthly prescribing audits as part of our contractual agreements and as part of antimicrobial stewardship. The aim is to change prescribing practice to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection.

Antibiotic use is also audited as part of the clinical guardian clinical audits to ensure appropriateness as Mastercall is keen to always ensure safe and effective prescribing.

Antibiotic Prescribing			
	% Appropriate		
OOH service	2020/2021	2021/2022	2022/2023
Stockport	78%	89%	94.50%
Trafford	70%	87%	96.90%
Grey and DNP Lists			
	% Appropriate		
OOH Service	2020/2021	2021/2022	2022/2023
Stockport	70%	92%	94.6%
Trafford	81%	89%	93.4%

Action taken to address areas of low compliance:

Each month we write to individual clinicians, including agency staff who have not adhered to the local guidance or those prescribing grey and blacklisted items and we ask for their individual feedback on their rationale for prescribing to identify any learning needs. We feel this helps raise awareness of current antimicrobial guidelines and support learning.

The Quality & Safety Newsletter is used to regularly share results of our prescribing audits and to remind clinicians of key factors to consider when prescribing:

- Updates to local antibiotics guidelines and where to find them at the Greater Manchester Medicines Management Group (GMMM) website.
- Requests to familiarise themselves with the grey and blacklisted medications as per GMMM.
- Not to prescribe branded items but to offer generic and more cost-effective options.
- Not to prescribe any supplements or sip feeds unless a SALT assessment has been done, this includes Thick and Easy
- We have also encouraged clinicians to reduce 'over the counter' prescribing where possible in line with NHS England guidance:

<https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/>

- The appropriateness percentages increased over the 12mths we are very encouraged to see, and we hope this is a reflection of raising awareness of current guidelines.
- The percentage of appropriateness of grey and blacklisted medications has also increased. The number of inappropriate cases is due to the fact that some of these items are repeat prescription requests. Where possible we flag this to the GP practices concerned to ensure we all adhere to the GMMMG guidance.

We also encourage all staff (clinical and non-clinical) to pledge to become antibiotic guardians' <https://antibioticguardian.com/> and urge clinicians to sign up to Antimicrobial Stewardship e-learning <https://www.e-lfh.org.uk/programmes/antimicrobial-stewardship-ams-out-of-hours/>

Clinical Guardian (Clinical Audit)

Clinical Guardian is an online audit system that allows quick and efficient evaluation of our clinicians practice. Each week a sample of cases from all Mastercall clinicians are audited by a member of our multiple disciplinary audit group. The great benefit of this system means that multiple areas of a clinician's practice can be audited in one process. Areas included in each audit are:

- History / Assessment
- Documentation
- Prescribing
- Red flags / Safety netting
- Treatment / Appropriate onwards referral

Upon evaluation real time feedback is sent online to clinicians to support their learning and development. Cases that may be scored with lower compliance are firstly submitted to a group review where audit group members come together to peer review the cases. A final score is assigned only after discussion and agreement with the peer review group.

	Excellent	Good	Satisfactory	Reflection	Concern
Out of hours	111	4145	239	38	0
Pathfinder	76	937	58	17	0
CAS	34	553	38	9	0
TEL/Dignio	5	76	33	15	0
ARI	4	56	3	1	0
CWWM Dental/Call hander/Dental Nurse	66	282	53	19	0
TPAS/TGH/WIC/UTC	74	2200	140	32	1
Wythenshawe UTC	37	279	13	2	0
Total	407	8528	577	133	1

Patient Safety Culture

Each year Mastercall staff are invited to participate in the Urgent Health UK (UHUK) Patient Safety Culture Staff survey. This survey is designed to assess organisational culture in relation to patient safety. In 2022 the survey was completed by 83 members of Mastercall staff. Results are reported across 14 key areas.

- In 2021 Mastercall staff submitted 126 responses and 83 responses in 2022, a 34.1% decrease in responses from 2021.



- 15 organisations took part in the 2022 survey with a total of 1,245 responses submitted. The number of respondents per organisation ranged from 1 to 216.
- Out of the 14 original questions reported, Mastercalls score was higher than the UHUK for 11 questions, 1 question scored equal to the UHUK score and for 2 questions Mastercall scored lower than the UHUK overall score.

Part 1 Overall scores: Percentage of staff that gave positive responses to the survey questions.

Standard Questions	2019	2020	2021	2022
Overall average score across all UHUK organisations	75%	75%	71%	75%
Mastercall score	77%	76%	73%	79%
Mastercall score excluding neutrals	87%	89%	84%	91%

Standard questions:

Question:	Mastercall score UHUK report (including 'Neutral')		Mastercall score (excluding 'Neutral'*)	
	2021	2022	2021	2022
Q1 - This organisation has good procedures and systems for preventing errors from happening	105/126 (83%)	76/83 (92%)	105/116 (91%)	76/76 (100%)
Q2 - In this organisation we are actively doing things to improve patient safety	106/126 (84%)	78/83 (94%)	106/116 (91%)	78/78 (100%)
Q3 - In my unit it is easy for staff here to ask questions when there is something that they do not understand	108/126 (86%)	72/83 (87%)	108/120 (90%)	72/75 (96%)
Q4 - In my unit, medical errors are handled appropriately	92/112 (82%)	59/72 (82%)	92/98 (94%)	59/59 (100%)
Q5 - This is a good place to work.	103/125 (82%)	76/83 (92%)	103/116 (89%)	76/78 (97%)
**Q6 - When my workload becomes excessive, my performance is impaired (disagree)	20/119 (17%)	16/79 (20%)	20/85 (24%)	16/65 (25%)
Q7 - This organisation does a good job of training new personnel.	84/125 (67%)	59/83 (71%)	84/99 (85%)	59/65 (91%)
Q8 - Trainees in my discipline are adequately supervised	81/121 (67%)	66/77 (86%)	81/99 (82%)	66/71 (93%)
Q9 - In this organisation, senior management provides a climate that promotes patient safety.	100/124 (81%)	72/82 (88%)	100/112 (89%)	72/72 (100%)
Q10 - In this organisation, if I point out a potentially serious patient safety incident, management will look into it.	103/122 (84%)	70/77 (91%)	103/113 (91%)	70/70 (100%)
Q11 - In my unit, my supervisor/manager seriously considers staff suggestions for improving patient safety.	82/116 (71%)	62/78 (79%)	82/94 (87%)	62/64 (97%)
Q12 - In my unit, when a serious error occurs, we analyse it thoroughly.	94/118 (80%)	70/78 (90%)	94/103 (91%)	70/70 (100%)



**Q13 – In my unit, others make you feel like a bit of a failure when you make an error (disagree)	83/123 (67%)	48/80 (60%)	83/108 (77%)	48/66 (73%)
	**33% made to feel bit of a failure	**40% made to feel bit of a failure	**23% made to feel bit of a failure	**27% made to feel bit of a failure
Q14 – This organisation’s management is doing a good job.	93/126 (74%)	66/83 (80%)	93/107 (87%)	66/69 (96%)

Action taken to address areas of low compliance:

Members of the Executive and Senior Management Teams reviewed all results from both Parts 1 & 2 of the survey. Areas of low compliance and staff comments were actioned in a ‘You said - We did’ task.

Care Quality Commission

Quality report

The care quality commissioners undertook a comprehensive investigation at our headquarters in Stockport on the 6th and 7th March 2017 and reported our overall provider rating as good.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive to people’s needs?	Good	
Are services well-led?	Good	

Report Summary

- All patients passed from NHS111 were triaged by a clinician and offered telephone advice, face to face assessment or a home visit in accordance with the outcome of the telephone assessment.
- Information about the services and how to make a complaint were available on the provider website and the treatment scenter. Complaints were investigated and patient received an apology and explanation of actions take from their complaint.
- All staff had access to safeguarding policies and procedures and received appropriate training depending on their role. Staff demonstrated awareness of their safeguarding responsibilities in relation to vulnerable adults and children.
- Clinical transport was found to be clean, well maintained, and appropriately equipped.
- Mastercall demonstrated a clear leadership structure. Staff felt supported by their immediate and senior managers.
- Mastercall proactively sought patient and staff feedback and evidenced how they acted from this feedback.
- There were clear systems to provide person-centred care. All relevant staff had access to information relating to end-of-life care, EMIS viewer and electronic palliative care co-ordination system.



- Showed awareness and compliance with the requirements of the duty of candour.

Areas of outstanding practice

- Mastercall was the first out of hours service to be awarded the 'daisy' accreditation for dignity and care. Dignity champions had been assigned throughout the organisation to reinforce this approach.

Recommendations

- Improve uptake of annual appraisals, particularly in relation to nursing staff.
- Continuously monitor, review and develop action plans in relation to their performance against National Quality Requirements.

Priorities from 2022/2023 and Achievements

Clinical

Reduce the use of agency staff from 50% by 10% in 12 months.

- We have seen a reduction in the use of agency staff, so we can see the agreed plan is working, however we have not achieved a continued 10% use, therefore will continue with current plan.

Reduce inappropriate double triage by 1% in the next 12 months.

- A head of clinical performance has been appointed.
- Job roles and descriptions have been reviewed.
- Seems to have had a positive impact on the rota.

Develop a structured framework for capability and performance development across the clinical teams.

- The clinical development framework has been completed and we are aiming to incorporate this into the learning academy initiative.
- A clinical budget training budget has been allocated, and we are committed to invest in our clinical staff.
- The focus on senior clinicians continues and this will be further developed as the learning academy progress in 2023/2024.

Priorities for 2023/2024

Clinical

Developing the clinical element of a Learning Academy within Mastercall so we adequately support our clinicians and ensure best clinical practice across all services.

- Structured clinical development framework updated annually so staff can access training from one area, and they are aware of the process.
- Training budgets agree annually in line with demand and appraisal information.
- Continue with regular timetabled forums and training sessions for all clinicians.
- Continue with 2 hours for clinical development and service development for all ACPs working on a late in the hub.
- Incorporate the clinical development framework into a learning academy offer.
- Include the Minor illness training into the academy offer.

- Obtain CPD accreditation status.
- Identify and develop CPD accredited courses that appropriately qualified staff can provide through the Mastercall learning academy. This will be Bespoke clinical training that will support best practice and develop services.
- Identify a cost inventory.
- Offer Accredited CPD course internally and externally.
- Offer supervision and development for new and existing staff so we have a workforce fit for the future and existing services.

Develop a highly performing team across all UTC's that are employed by Mastercall.

- Offer supervision shifts and bespoke development and support to our staff when working in a UTC.
- Employ staff who already have ED and UTC experience.
- Links with the learning academy
- Auditing of cases
- Assess pt experience information and reported incidences to identify lessons learnt or ant trends so we can strive to improve.
- Review skill mix
- Monitor agency use and aim to reduce and use our own staff which is a safer option.

Making patient safety a priority

- Senior clinicians lead in facilitating the annual patient safety survey in collaboration with the Q&S team.
- Identify themes and strive to change practice to ensure patient safety is a priority across the organisation.
- Ensure our organisational values are lived across the organisation through HR badges, appraisals and 1:1's
- Q&S bulletins and Masterclass learning

Equality, Diversity and Social Inclusion

Mastercall strives to provide a service that is fair, impartial, and inclusive of all patients in the extensive communities it services. It recognises the hugely diverse population it covers and is committed to providing a culture of Equality, Diversity and Social Inclusion for both patients and staff.

Equality Impact Assessments

Mastercall completes Equality Impact Assessments (EIAs) to ensure we do not discriminate and that, where possible, we promote equality. EIAs are a way to make sure individuals and teams think carefully about the likely impact of their work on service users and take action to improve activities, where appropriate. The Equality Impact Assessment (EIA) focuses on systematically assessing and recording the likely equality impact of an activity, service or policy. There is a focus on assessing the impact on people with protected characteristics.

The aims of carrying out the impact assessments are to:

- identify whether people with protected characteristics or communities are excluded from or disadvantaged by any of the services or employment opportunities offered by the Trust.
- ensure that the organisation engages with service users and stakeholders and increases participation through the consultation process.
- ensure staff consider alternative measures that might address any adverse impact.

- promote and embed equality of opportunity in the policies and practices of the organisation.
- help the organisation to fulfil its legal duties under current equality legislation.
- help the organisation to fulfil its ambition to deliver high-quality, integrated care services designed around the patient.

We have completed EIAs for all policies and services we provide.

Dignity in Care

While the Daisy Mark Accreditation programme is no longer available to Mastercall we do continue to embed the Daisy principles of care throughout all of our work, and we are committed as Dignity in Care Champions. We continue to provide excellent levels of care and ensure that high standards and good practice are celebrated, recognised, and shared. We maintain the following principles in all that we do.

- Have a zero tolerance of all forms of abuse.
- Support people with the same respect you would want for yourself or a member of your family.
- Treat each person as an individual by offering a personalised service.
- Enable people to maintain the maximum possible level of independence, choice and control.
- Listen and support people to express their needs and wants.
- Respect people's right to privacy.
- Ensure people feel able to complain without fear of retribution.
- Engage with family members and carers as care partners.
- Assist people to maintain confidence and positive self-esteem.
- Act to alleviate people's loneliness and isolation.

Freedom to Speak Up Guardian

Mastercall strives to promote an open and honest culture for its workforce. Effective speaking up arrangements help to protect patients and improve the work environment and experience for all staff. A designated Freedom to Speak Up Guardian (FTSU) has been appointed to support staff across Mastercall to raise concerns without fear of; being victimised, of not being believed or that nothing will change. Staff are encouraged to raise concerns confidentially to their FTSU Guardian. Enabling staff to feel safe and comfortable to highlight their concerns contributes to them feeling valued and thus has a positive impact on delivering safe, high- quality care to all of our patients.

Homeless Friendly Organisation

Mastercall is committed to being a 'Homeless Friendly' organisation working alongside our Greater Manchester Alliance partners BARDOC and GTD healthcare to provide a service for all communities.

This means:

- We speak to everyone including the homeless communities with understanding and compassion.
- We do what we can to help meet the needs of the homeless communities, whether they have a permanent address or not.
- We work with our partners to make sure the homeless communities get the very best help with everything from healthcare to finding support and accommodation.

The Wellspring

Mastercall works closely with The Wellspring Stockport (a centre for homeless and disadvantaged people) to provide open access healthcare and advocacy to people often excluded from mainstream services due to a wide



range of reasons. Services are provided in the short term to meet immediate needs and longer term to facilitate engagement with mainstream services. Outside of the Monday to Friday surgery times Mastercall offers priority status and holistic approach to any health concerns the Wellspring staff have for service users Support is available for those experiencing:

- Homelessness
- Insecure accommodation - transient temporary hostels
- Addiction problems
- Mental health issues
- People with no active GP registration
- Anything which makes arranging and adhering to appointments difficult.
- Anything which makes building therapeutic/ trusting relationships difficult.

The Wellspring surgery extension is now complete, and the front doors are now open for many services. Whilst more people are being seen face to face the collaborative relationships built during covid will continue moving forward.

