



Quality Accounts 2023/2024

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Introduction

Who We Are

Mastercall is a Company Limited by Guarantee. We are an award-winning 'social enterprise' provider of Out of Hospital healthcare services to the NHS across Greater Manchester and the North West, accredited by the Social Enterprise Mark. We are celebrating our 28th year, having been initially founded as the Stockport Doctors Co-operative, in 1996.

We pride ourselves on being a patient-centred organisation, providing innovative, safe and effective high-quality care by our highly trained, experienced and motivated employees and GP contractors.

This has been recognised and acknowledged by the CQC who, following their inspection in March 2017, rated Mastercall as 'OUTSTANDING' for Caring and overall Good. This has since been followed up by a review in January 2023 with no changes to the rating awarded.

We have matured and diversified to provide a range of 'out of hospital' healthcare services that help support patients to live and age well in the community, avoiding unnecessary admission to hospital and supporting earlier discharge from hospital when safe and appropriate to do so.

We provide 'Out of Hours' Primary Care Services to approximately 300,000 patients in Stockport and 235,000 in Trafford. We also deliver bespoke community services to reduce the need for hospital care, such as our Community Intravenous Treatment Service and Pathfinder (Alternative to Transfer) Service.

Other services we deliver include:

- Dental Helplines in Cheshire/Wirral/Warrington/Merseyside and Greater Manchester
- Urgent Treatment Centres/Primary Care Streaming in Stepping Hill Hospital/Trafford General Hospital and Wythenshawe Hospital.
- Specialised services to the Homeless community in particularly the Wellspring Charity in Stockport
- Medical Training Academy validated by the Liverpool John Moores University
- Medical Student Placements and Research Projects for Manchester University Medical School.
- 'Out of hours' GP trainee supervision for doctors undertaking training to become General Practitioners.
- Business Intelligence and Digital Solutions Support providing expert, professional healthcare support ranging from IT support and secure virtual desktop infrastructure to bespoke BI solutions, these services are proved externally and internally.
- Winter pressures management including Covid and Acute Respiratory Hubs and home visiting services

We are proud of our ability to rapidly design, develop and deploy services to meet unexpected urgent clinical need. This includes our range of face-to-face Covid management services, delivered at pace during the pandemic and times of high demand and seasonal variance i.e. winter pressures.

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 opportunities 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.

As a social enterprise organisation, we do not have shareholders and/or pay dividends. 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 always act in the best interests of our patients, the NHS and our local community.

Mastercalls quality accounts are produced annually to provide information and reassurance to patients, families, carers, communities, stakeholders and commissioners, that we analyse and report on quality and adopt a culture of continuous improvement.

Statement From Our CEO

Mastercall provides 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 priorities. 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. We pride ourselves on being an NHS Employer of Choice. We are a Real Living Wage Employer and have achieved other accreditations such as Homeless Friendly, Menopause Friendly, Disability Confident and Cyber Essentials.

During 2023/24 we continued with our innovative and agile response to supporting the continuing impact of Covid via our winter pressures schemes including Acute Respiratory Hubs and Home Visiting Services.

To ensure appropriate capacity to manage our 'business as usual' and new technology driven services, we have significantly invested in digital technology to support our home/remote working platform including video consultations. We currently have more than 150 home working practitioners 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 has achieved and how they have continued to respond 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

Commissioners Statement



Independent providers – Trafford Locality: Quality Account/Annual Report Statement

NHS Greater Manchester (NHS GM) commissions a number of Independent Services to provide NHS services to patients across Trafford and Stockport. A quality assurance framework is in place to monitor and assure the quality-of-service delivery.

NHS GM welcomes the Quality Account from Mastercall Healthcare and appreciates the work that has been undertaken to improve quality of care and experience of service users.

Commissioning and quality relationships are well established between this Provider and the NHS GM Trafford and Stockport Quality Teams with an oversight infrastructure in place which includes contract review meetings, quality visits, exchange of data, incident monitoring and assurance reports.

Based on the quality information received throughout the year 2023/24 NHS GM can confirm that the service has fully met contractual expectations. We will continue to work with the provider to support the maintenance of required standards.

We look forward to building on our existing relationship with this service and continuing to work together through our shared values of collaboration, compassion, inclusivity, and integrity.

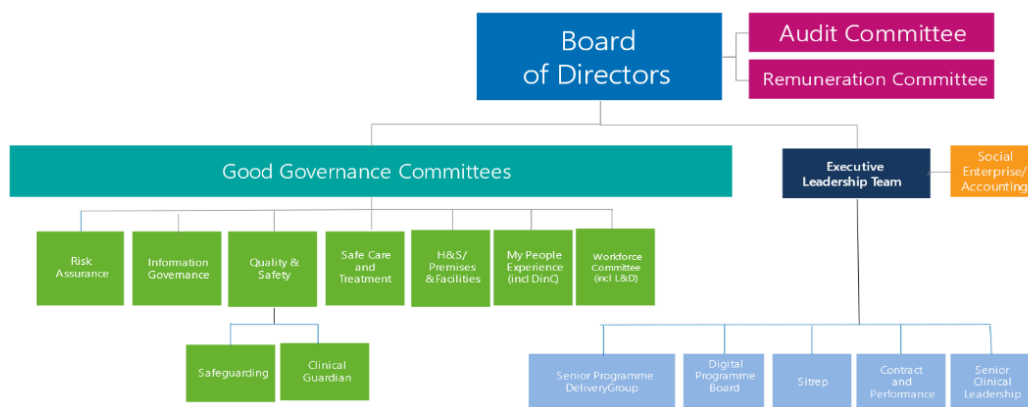
Mark Fisher
NHS Greater Manchester Chief Executive

Governance Structure

Good Governance Committees

In line with Mastercall's registration and obligations, the organisation has established a committee that will ensure 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 five 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 are:

- 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 includes 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 Significant Event Analysis (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 Patient Group Directions (PGDs) in the organisation.
- Monitor clinician prescribing patterns and clinical assessments and identify areas where clinical support is required.
- Implement National Institute of Clinical Excellence (NICE) Guidance relating to primary care prescribing and the use of Greater Manchester Medicines Management Group (GMMM) 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 effective 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 Infection Prevention and Control (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:

1. Ensuring that the organization complies with its contractual key performance indicators (KPIs) for collecting patient experience.
2. Ensure that the organization complies with its statutory responsibility for patient complaints.
3. Participate in the UHUK annual Patient Safety Culture Survey; for as long as the survey exists and/or Mastercall is a member of UHUK.
4. 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.
5. Ensure that our website and Intranet is maintained with clear information about how people can share their experience and make complaints.
6. Ensure that the risk register is updated when any risk is identified by the My Experience Committee.
7. Ensure the principles of Dignity in Care are upheld and maintained.
8. Ensuring a strategic link between Good Governance, HR/Organisational Development and the clinical/operational interface.
9. Ensuring that the importance of undertaking and validating peoples experience and learning is reflected in our corporate strategies and Business Plan.
10. Ensuring appropriate financial investment to support our objectives.
11. Ensure that annual Quality Accounts are produced and published.
12. Provide a quarterly report to the Board of Directors to include information of 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, health, and well-being.

The range of responsibilities will include but are 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

Single Model of Care (SMOC) – Out of Hours and Alternative to Transfer Services

Out of Hours

The Out of Hours service provides urgent primary care when GP surgeries are typically closed, 18:30-08:00 on weekdays and 24/7 at the weekend and Bank Holidays, this service is for patients registered with Trafford and Stockport GP practices.

During times when the GP practice is closed, patients who use 111 online or phone 111 (or are diverted to 111 by their own practice) will be triaged by a 111 health advisor. If the patient needs further medical advice, and they live or are currently located in Trafford or Stockport, their case will be sent electronically to Mastercall.

The aim of the service is to provide patients with treatment and advice for medical problems that are not life threatening but cannot wait to see their own GP. The service promotes clinically appropriate care for patients at the right time and right place. Mastercall aims to respond to calls within the time frame directed by NHS111, provide holistic assessment of the patient using available resources and provide a comprehensive, safe and efficient GP service for urgent primary care conditions.

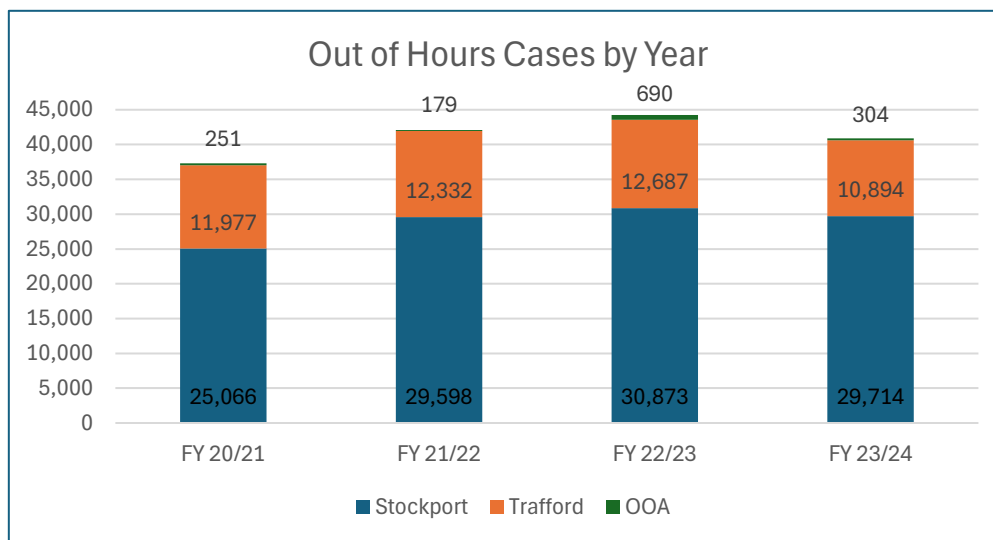


Figure 1: Number of out of hours cases per area, compared to the last four financial years. (OOA – Out of Area)

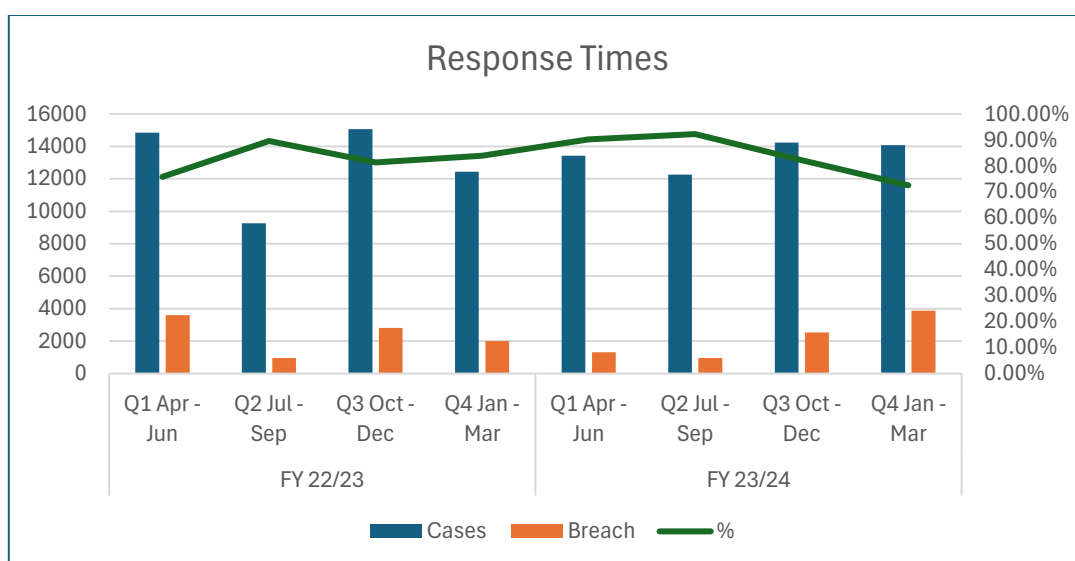


Figure 2: Number of Cases by Number of Breached cases. Target is 95%.

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 provide 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 to 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 urgent care in residential and nursing homes, helping to also reduce hospital admissions and reduce conveyance to hospitals thus providing faster responses to local patients requiring an emergency ambulance.

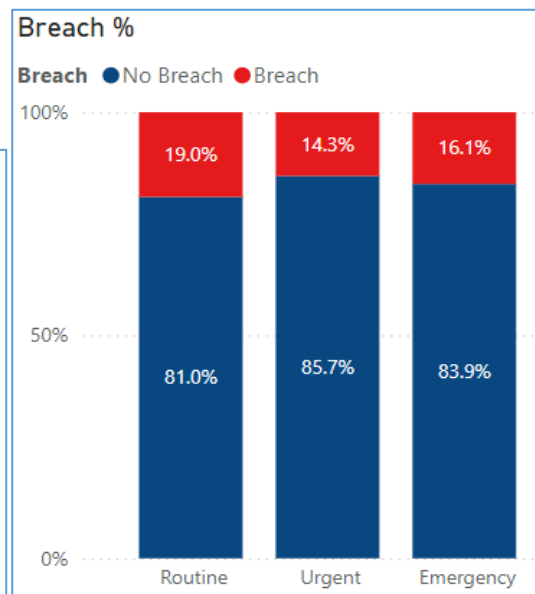
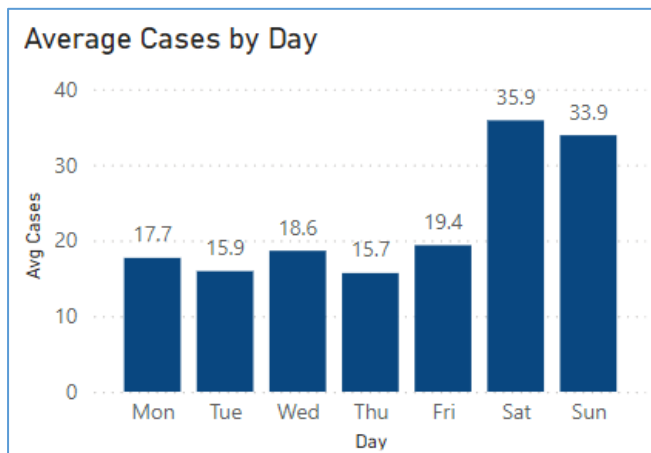
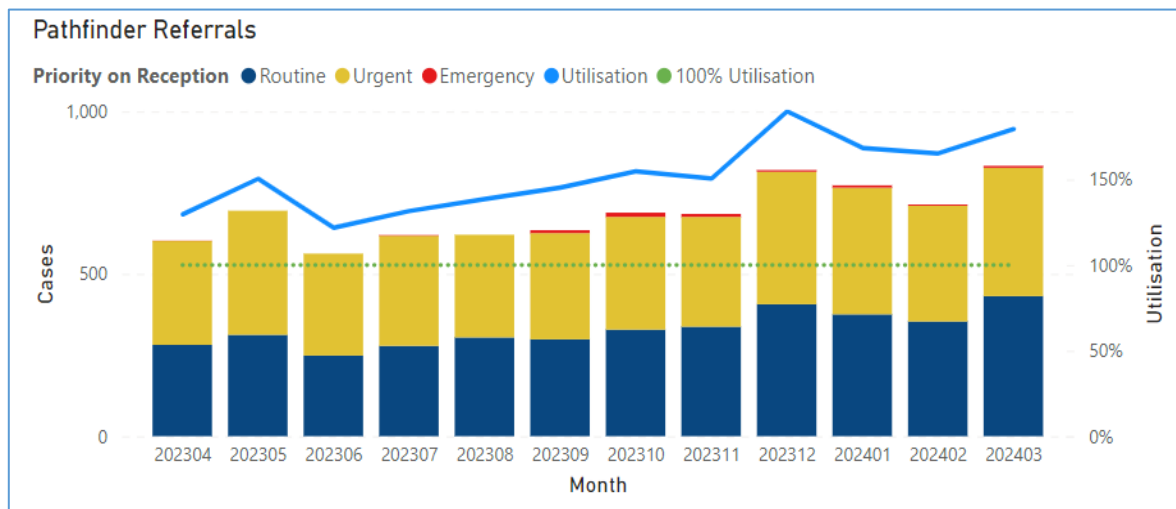


Figure 3: Number of cases by priority on reception (Top) please note the utilisation rate surpasses 100%, Average ATT/+ cases by day (bottom left), Number of cases breached the suggested wait time (bottom right).

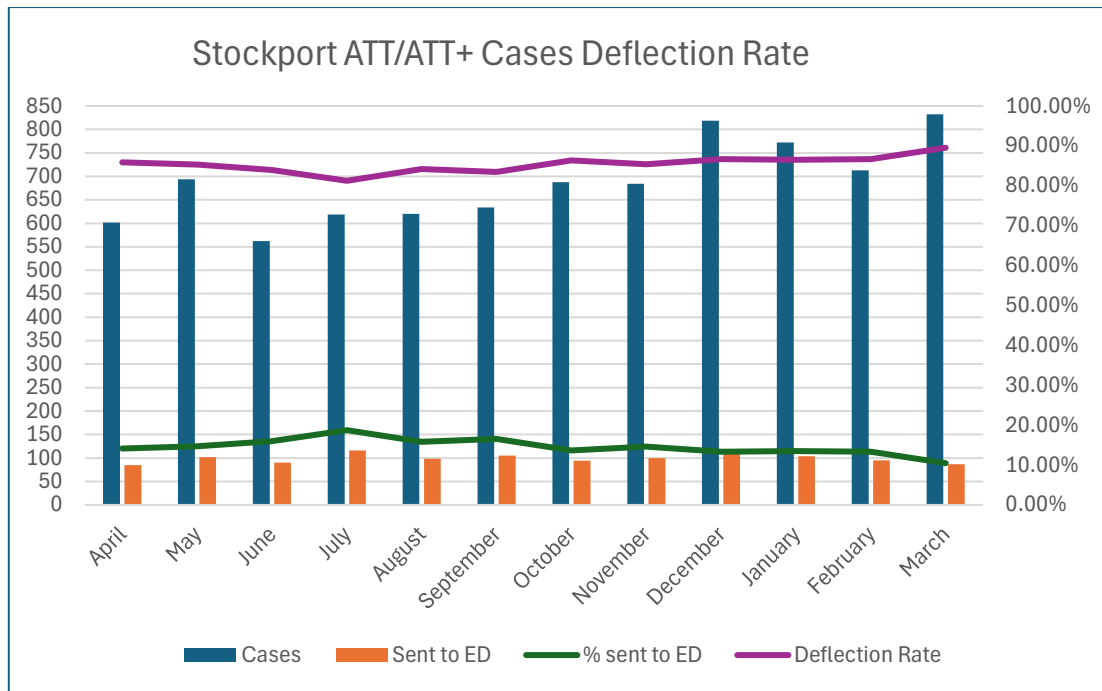


Figure 4: Percentage of ATT/ATT+ cases for Stockport that were prevented from going into Hospital, compared to the percentage that were sent to the Emergency Department.

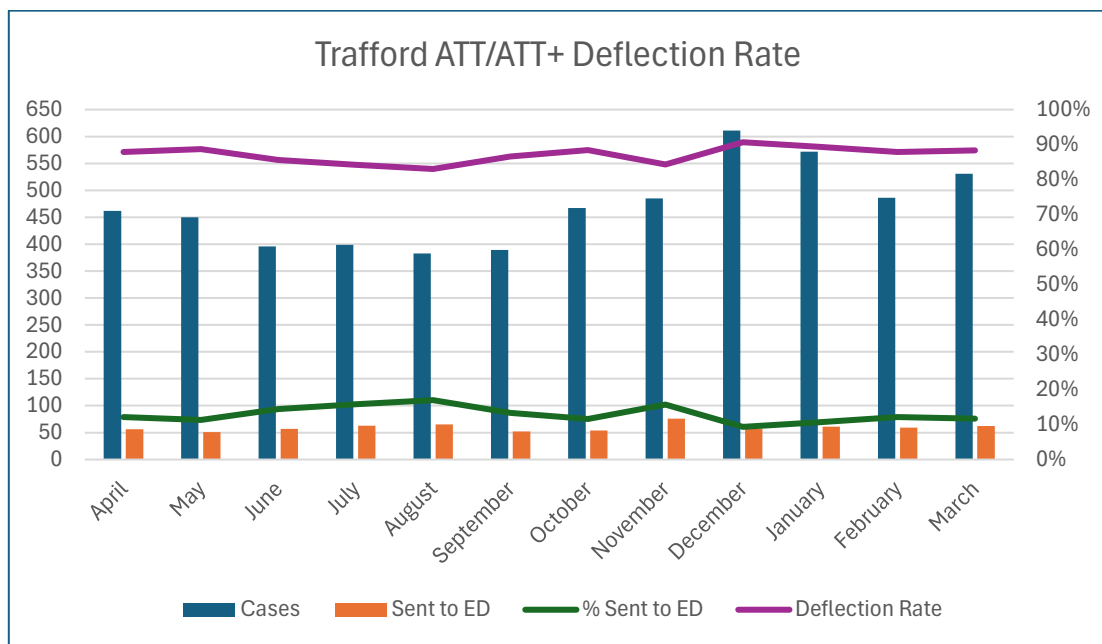


Figure 5: Percentage of ATT/ATT+ cases for Trafford that were prevented from going into Hospital, compared to the percentage that were sent to the Emergency Department.

Figures 4 and 5 show the percentage of cases for the Alternative to Transport service that prevented a hospital admission. On average 85% of cases were prevented from attending the emergency department and hospital admission for Stockport and 87% for Trafford. Emergency department attendance and hospital admissions for people aged over 65 years old, have the potential to cause further deterioration and develop further health conditions and social care issues, so wherever clinically safe and appropriate, it is important we prevent admissions.

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, and rehydration therapies. All patients on the service have a regular clinical update and multi-disciplinary team input. By being treated by the team based at Mastercall Healthcare, patients have access to the out of hours service for clinical support 24/7 to ensure continuity of care.

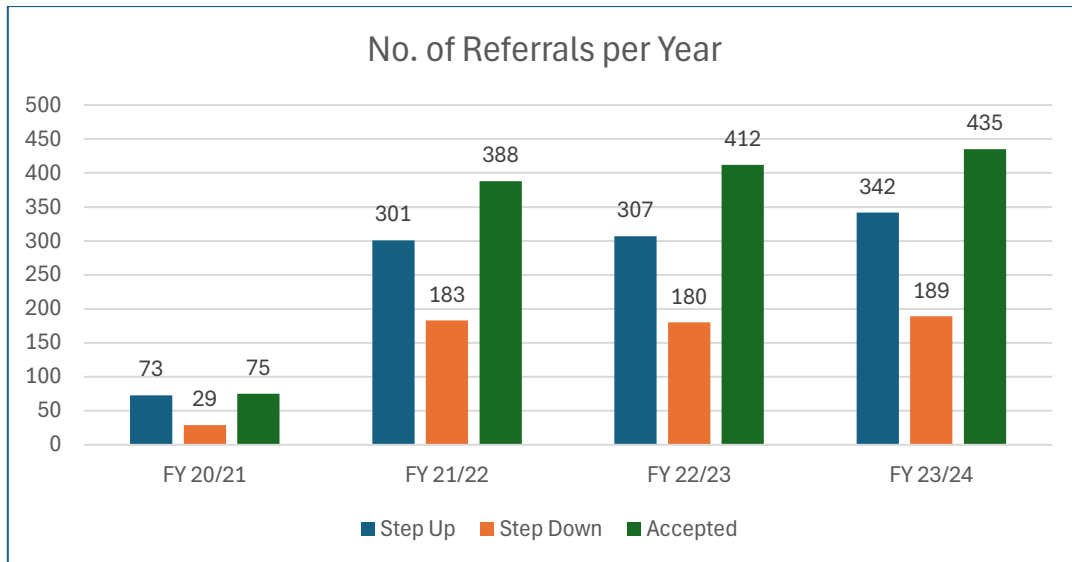


Figure 6: Number of IV referrals per financial year.

Fig 6 shows the number of referrals received to the community IV service by year, and the source of those referrals. Step down referrals are referrals for patients who are currently receiving treatment in Secondary care location (e.g. Hospital), step up referrals are referrals for patients who are either receiving care in the community or primary care setting.

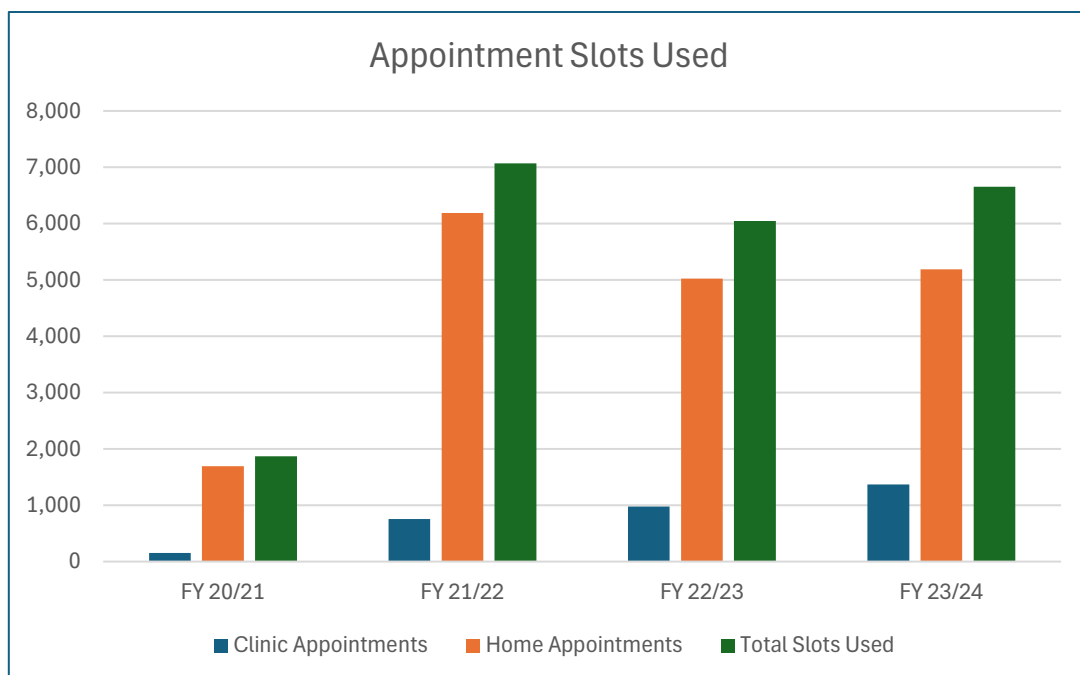


Figure 7: Comparison of appointment slots utilised per financial year.

Over the past three years we can see that the utilisation of clinic appointments is increasing, more patients are coming into Mastercalls clinic for treatment (Figure 7). However, significant proportions of patients receive treatment at home.

Emergency Dental Services

Cheshire, Warrington, Wirral, Merseyside

The emergency dental helpline offers urgent dental care for patients in Cheshire, Warrington, Wirral, and Merseyside. 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.

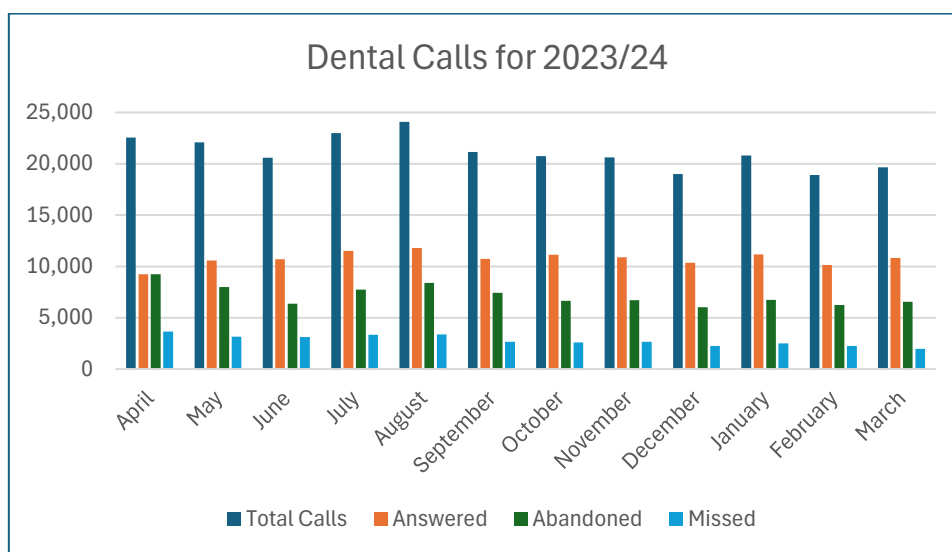


Figure 8: Total number of calls to the Emergency Dental Service per month. Abandoned calls are calls where patients have hung up before getting through to a call handler.

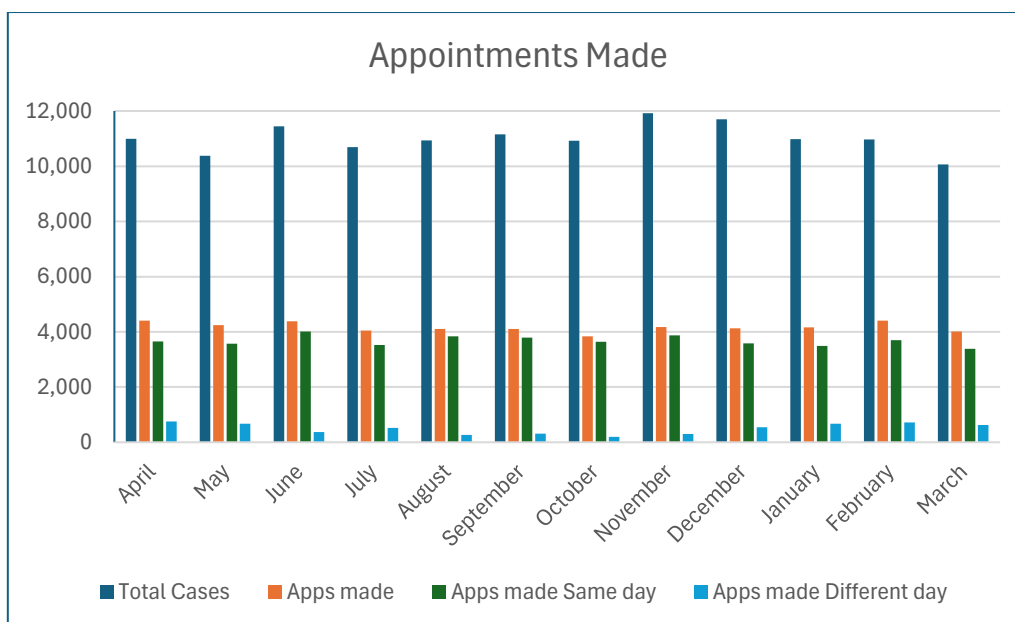


Figure 9: Number of emergency dental appointments booked by month.

Stockport Urgent Treatment Centre

The Urgent Treatment Centre (UTC) located within Stockport's local emergency department, is a GP led service running 12 hours a day/7days a week (10am-10pm), with additional support from Advanced Clinical Practitioners (ACP). The Primary care Navigator at ED reception streams clinically appropriate patients from the emergency departments front door for assessment to the UTC. The service also received direct bookings from the clinical assessment service,111 and Out of Hours. The UTC offers a wide range of services including Xrays, blood tests and other investigations if required. The UTC also offers a community Deep Vein Thrombosis (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 clinician in the right place at the right time. Mastercall's UTC offers same day consultations within 4 hours of presenting at the Emergency Department (ED), helping reduce ED attendance and supporting ED performance with type 3 attendances.

A defining characteristic of a service qualifying as a type 3 service is that it treats at least minor injuries and illnesses (abdominal pain for example) and can be routinely accessed without appointment.

Figure 10 shows the UTC activity (number of cases seen per month).

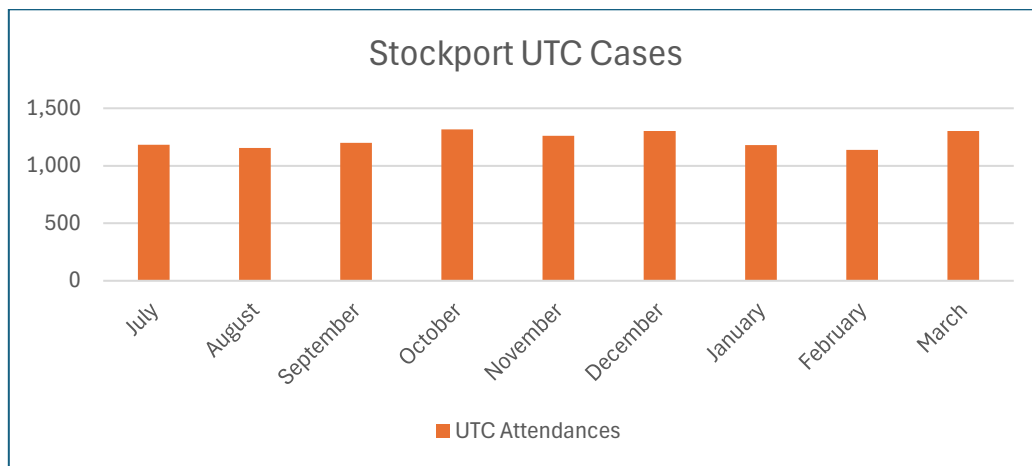


Figure 10: Number of cases for Stockport UTC by month.

Trafford Patient Assessment Service

Trafford Patient Assessment Service (TPAS) offers remote assessments of patients who otherwise may have presented to accident and emergency. When people are encouraged to ring NHS111 for urgent clinical attention, or 999 if they require emergency care, the outcome of these calls may not be tailored to the patient's individual need. 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 hours calls being made up of NHS111 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. Integration of urgent services and IT systems allows clinicians to effectively assess and book patients into the service required thus managing resources and reducing inappropriate presentations at emergency departments.

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 are encouraged to contact NHS111 or 999 before being 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 (0800-2000 hrs) treating 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.

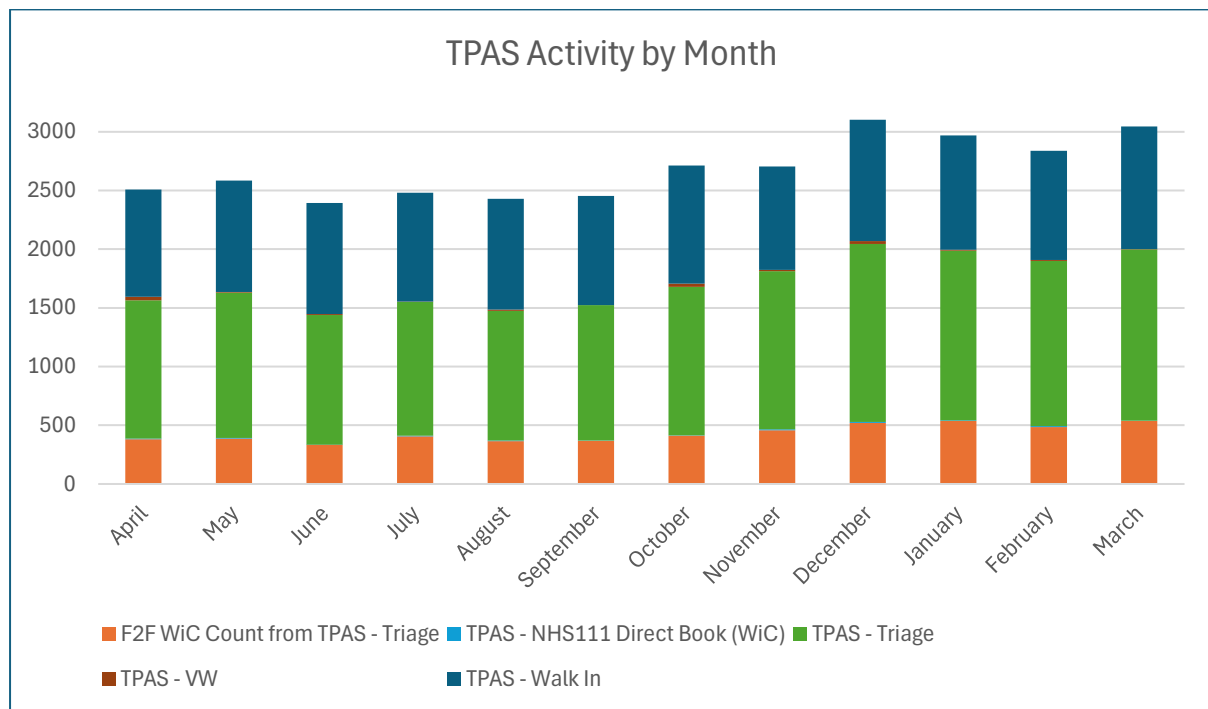


Figure 11: Number of TPAS cases by referral per month.

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 door for assessment at the UTC. Appointments can also be utilised by the out of hours service 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 clinician in the right place at the right time. To offer same day consultations within 4 hours of presenting at ED, helps to reduce ED attendance and supports ED performance.

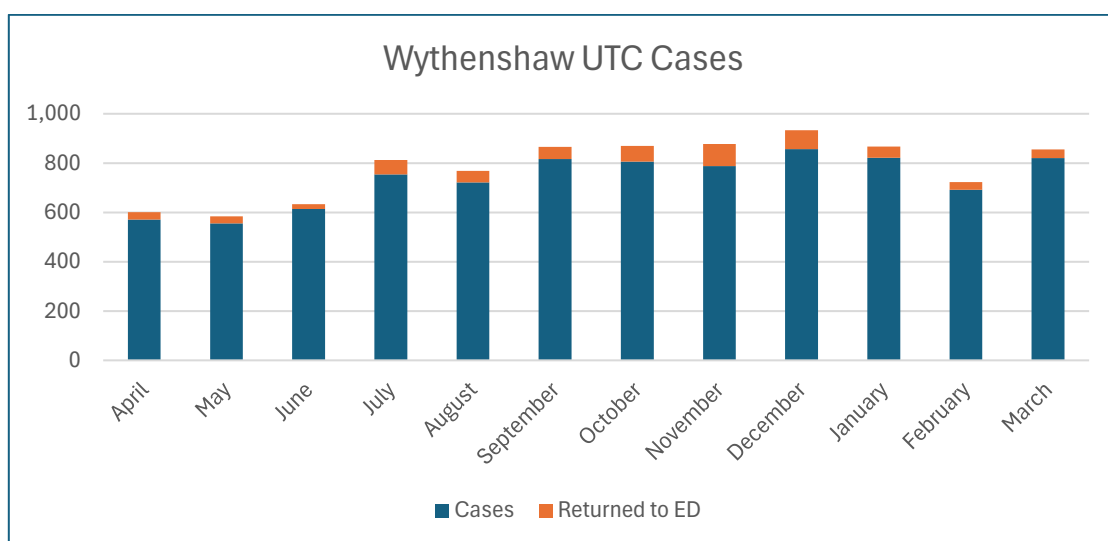


Figure 12: Total number of cases at Wythenshawe Urgent Treatment Centre and total number of those cases returned to the Emergency Department.

Acute Respiratory Infection Clinic

Supporting Stockport and Trafford through the busy winter period by delivering an Acute Respiratory Infection (ARI) and Primary Care Resilience Hub/ Visting service by providing Stockport & Trafford general practice, 111 and CAS with additional appointments. The service aims to reduce the pressure on practices and wider Urgent and Emergency Care resources. Appointments will be made for patients requiring a same day treatment centre appointment or for a next day appointment where the patient has been triaged by a GP and deemed safe to wait. The clinic operates from our Stockport Main Base site and Trafford General Hospital.

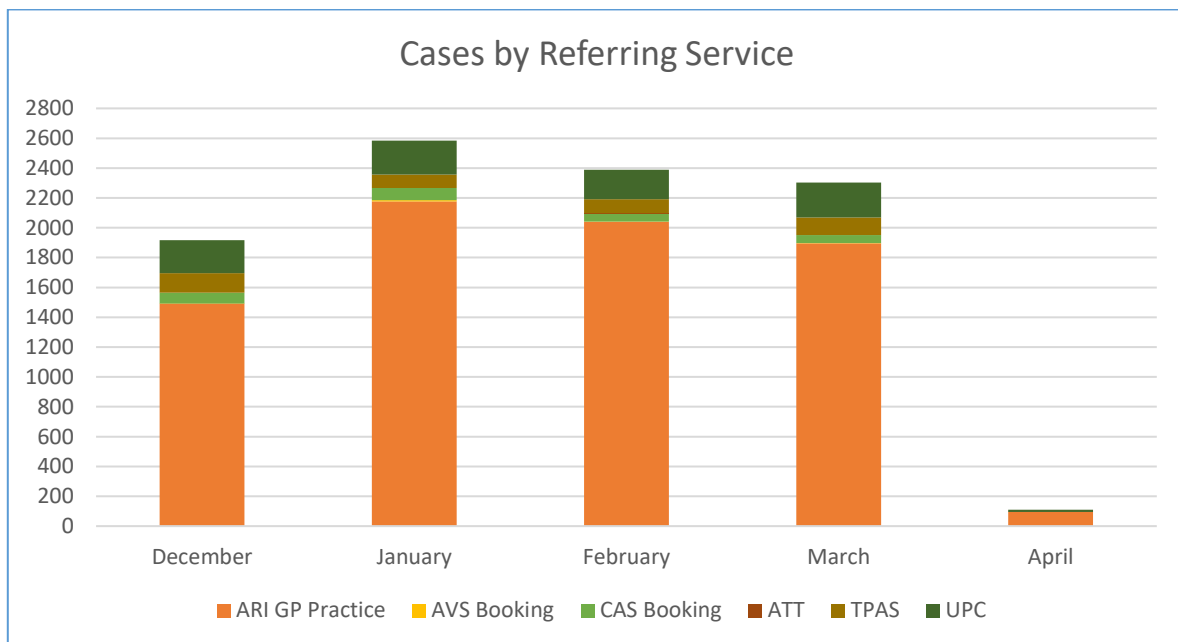


Figure 13: Number of cases by referring service for both Stockport and Trafford. Only reportable for months ARI was active, April was a slight extension.

During the winter months if patient have the opportunity to receive same day care from the ARI clinic, this prevents a deterioration in their symptoms and reduces the pressure on the local ED departments. On average, 2% of cases that were seen through the acute respiratory service were sent to ED. showing that if these patients were not triaged by a clinician, their symptoms may have been missed and cause further deterioration at home.

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. Variation in clinical practice and adverse feedback are regularly communicated to enable us to highlight issues and promote shared learning throughout the organisation.

In addition to a robust approach to quality, Mastercall is committed to providing evidence based, outstanding care to our patients. We select areas for quality improvement and research projects based on the following themes:

- User views or complaints
- Adverse incidents/ near miss reporting
- Local priorities or concerns

- Assurance monitoring
- Legal requirement
- Contractual requirement
- National / Local guidelines
- Service Evaluation

Results of our quality improvement and research 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 and 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 and discussed 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 and educational events. Any actions taken are also fed back to the individual who raised the incident, whether internally or externally received.

Incidents for Stockport and Trafford 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 (figure 14).

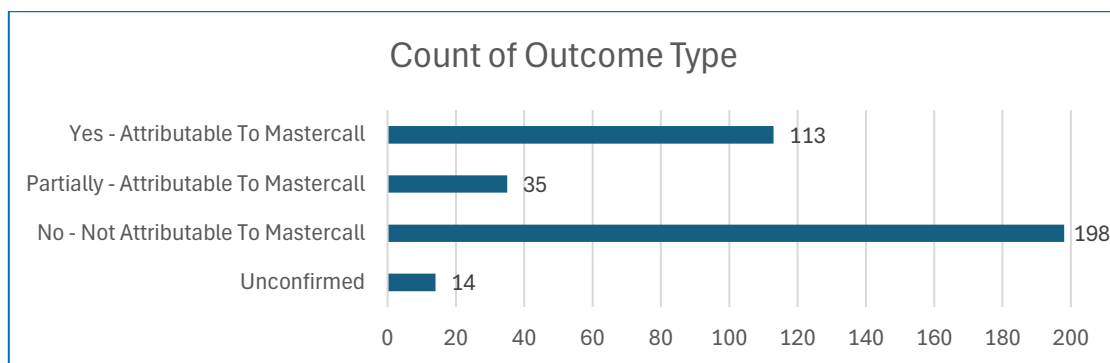


Figure 14: Number of incidents that were attributable to Mastercall.

Between April 2023 and March 2024, 344 incidents were logged, incidents compared to the number of cases per year is 0.12%. Two incidents in the past year are being treated as a serious incident and a root cause analysis (RCA) is currently being undertaken for both. Mastercall is in the process of adopting the Patient Safety Incident Response framework (PSIRF) and incorporates the principles of this framework into incident investigations.

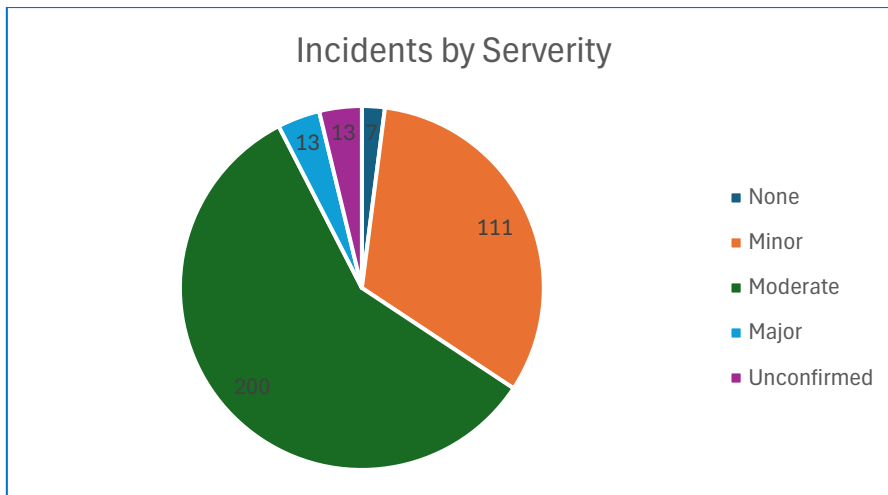


Figure 15: Number of incidents by severity score.

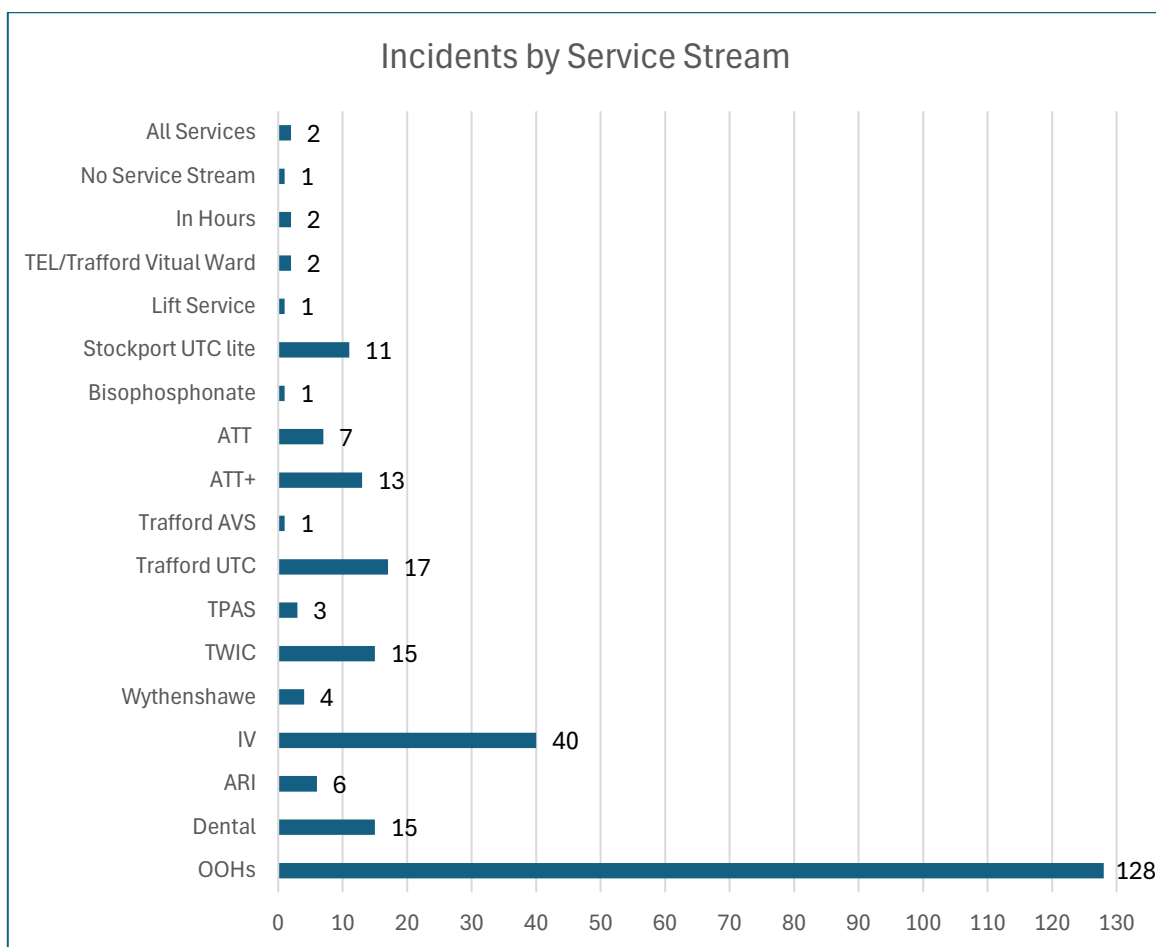


Figure 16: Number of incidents reported by service stream.

The highest reported incidents were from the Stockport Out of Hours (Figure 16), this is expected as this service contributes the most cases per year (0.4% of Stockport OOHs cases reported as an incident).

Incident Trends

The highest reported incidents were those of clinical incidents followed by referral issues and drug/medication issues (figure17). Clinical concerns can break down into: advice given, decision making, inappropriate referral to other services, coroner requests and 'other'.

When clinical incidents are reported, we can feedback to the clinician through our audit software, clinical guardian. If we have numerous incidents raised for the same clinician, we can increase their audit rate, and ensure both individual and organisational training requirements are met to ensure the highest standards of patient quality and safety are maintained across the organisation.

Referral incidents are cases that have been inappropriately sent to us that potentially should have been sent to an emergency department or escalated. These could include referrals from NHS111 and the Northwest Ambulance Service (NWAS). Incidents are always discussed at the weekly Quality & Safety meetings. The Head of Clinical Operations has regular meetings with NWAS, to ensure that we collaborate and continuously improve patient safety. Communications are sent by clinicians via Health Professional Feedback forms to raise concerns. Mastercall has sought to develop and maintain partnerships across the wider system including local authorities, local NHS trusts, mental health trusts, social care and social enterprise companies across the UK. We regularly participate in local and national events to develop these partnerships.

Mastercall strives to be objective, fair and proportionate when responding to incidents.

Incidents reported for drug and medication issues are related to prescription errors (missing, not complete, incorrect), adverse reactions or controlled drug issues.

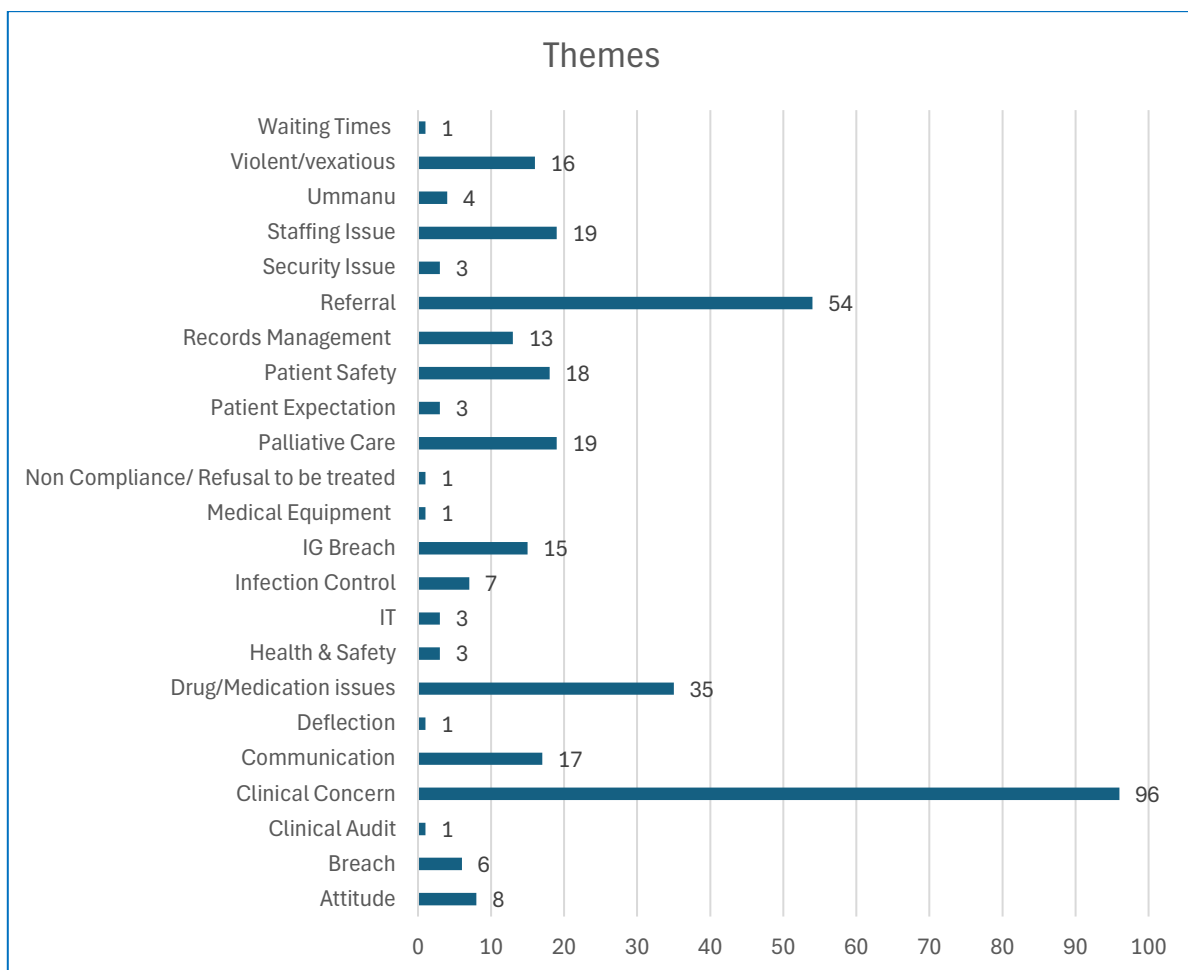


Figure 17: Number of incidents by theme.

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 three working days of being received. A time frame will then be discussed with the complainant on how long Mastercall must investigate and write a response. All complaints are overseen by a medical director and the service lead. All learning from complaints is communicated through the quality and safety bulletin.

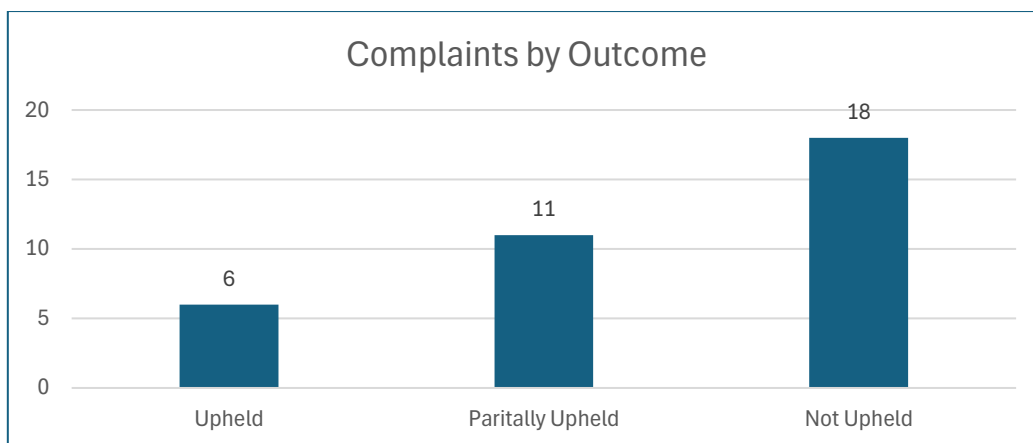


Figure 18: Number of complaints by outcome.

This year Mastercall's complaint rate was 0.01%, having received a total of thirty-five complaints from a case list of 284,505. Mastercall strive to maintain a complaint rate of 0.05% and below, having never been above this in 27 years.

Over 50% of the complaints were deemed as not upheld (Figure 18), 31% of complaints were partially upheld, and 17% were upheld. 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. Mastercall respects individual patient dignity and is committed to learning from complaints. We seek to identify both individual and organisational themes that can feedforward to improvements in patient care for the local population.

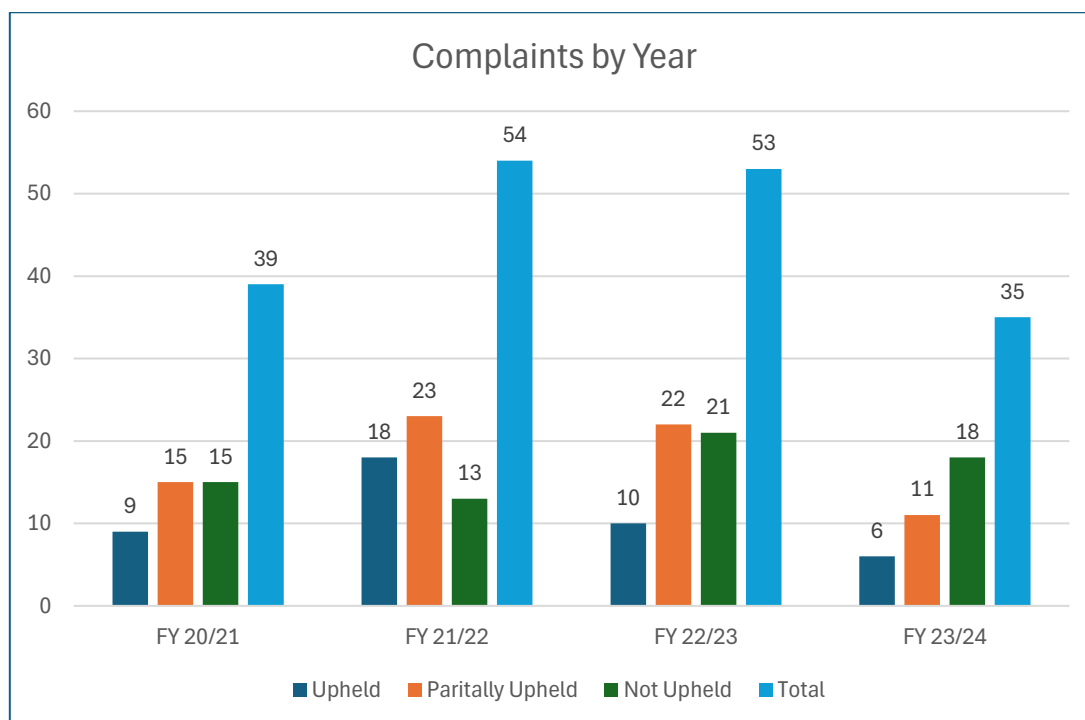


Figure 19: Comparison of complaints per financial year.

There has been a 35% decrease in the total amount of complaints in the last year compared to the previous two years (Figure 19). It is possible that since the UK has no more covid restrictions in place, and most of the NHS services have returned to 'normal,' more face-to-face consultations are being offered either at Mastercall or referrals to outside organisations, attributing to a better patient experience.

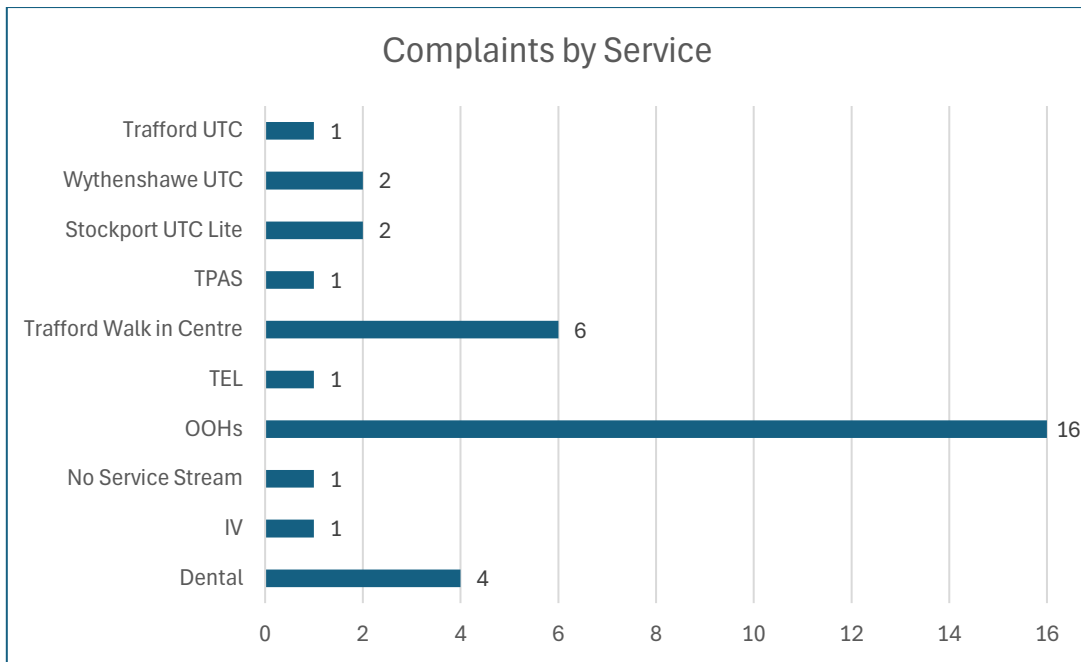


Figure 20: Number of complaints by service.

Most complaints from the past year were received from patients seen in the Stockport Out of Hours and Trafford Treatment Centre (reported as walk in centre), as seen in figure 20. These services generate the highest number of cases per year, so we would expect to see more complaints and feedback.

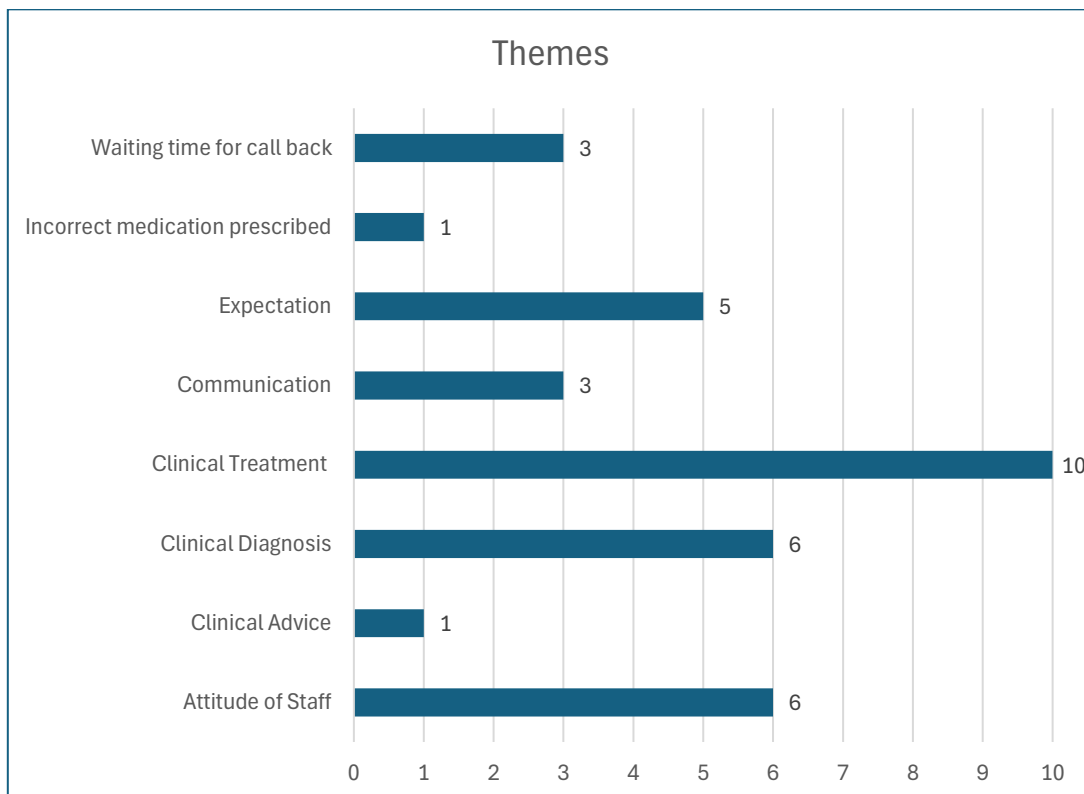


Figure 21: Number of complaints by theme, for all services.

When it comes to assessing complaints, a framework has been developed to understand the patient's perspective and understand the key themes of complaints: Access, Acknowledgement, Attitude and Action. We can very often slot themes of the complaint into one or more of these descriptors.

Figure 21 shows a breakdown of complaints into themes. We can see that 'clinical treatment' has the highest number of complaints. Clinical treatment could reflect how the patient felt they were treated through their appointment (attitude), whether they received the prescription they wanted (action), or if the consultation did not meet their expectations (action). Reflecting on and recognising patient ideas, concerns and expectations (ICE) is a fundamental part of consultation style. We encourage all staff to consider and acknowledge patient expectations while working at Mastercall and strive to excel in their consultation style.

Another theme of complaints occurs when the treating clinician did not correctly diagnose the patient at the time of their consultation (action). It is important to note that symptoms can very often quickly develop, and the clinical decision is made with the symptoms present during consultation.

Attitude of staff, occasionally patients feel that the clinician who treated them was rude or even abrupt, if the call is recorded, the quality and safety team will review the sound wave and feedback if appropriate. Often clinicians are empathetic, kind and make helpful suggestions that are misinterpreted. The intricacies and nuances of verbal communication especially through remote assessment are discussed and reflected upon when responding to such complaints. We cannot comment on face-to-face consultations, as these are not recorded. We always encourage clinicians to promote a culture of dignity and respect both for patients and between colleagues, as part of the Mastercall values.

Lessons Learned

Whether feedback received is recorded as a formal complaint or adverse feedback, we will always investigate, and if any learning is identified we will share this with all our staff.

Actions taken to address areas of variable 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 or educational event.

Patient Engagement

Patient feedback is very important to Mastercall and is collated from many sources. We follow the NHS Friends and Family survey with all surveys sent out, the key question being

'Overall, how satisfied were you with the service?.'

We will then add different question sets depending on what the service is trying to measure. Demographics are captured; however, these questions are optional, patients can choose to not to answer.

Patient experience surveys are available in either paper or electronic form; with the use of Survey Monkey, which are sent out to a percentage of patients via text message after they have used any of the Stockport or Trafford Out of Hour services. Paper copies are available at reception of all sites and once completed will be sent to the quality and safety team to be logged. The Mastercall website also has the friends and family test available.

Services Surveyed:

- Trafford – out of hours, TPAS, Walk in Centre (Survey Monkey)
- Stockport – out of hours (Survey Monkey)
- IV (Survey Monkey)
- Stockport UTC (Paper)
- Dental (Survey Monkey)

Feedback is monitored quarterly by the My People Experience Committee, where the trends and themes are analysed. Where we identify any key themes, the Committee will work to put measures in place to help improve that area.

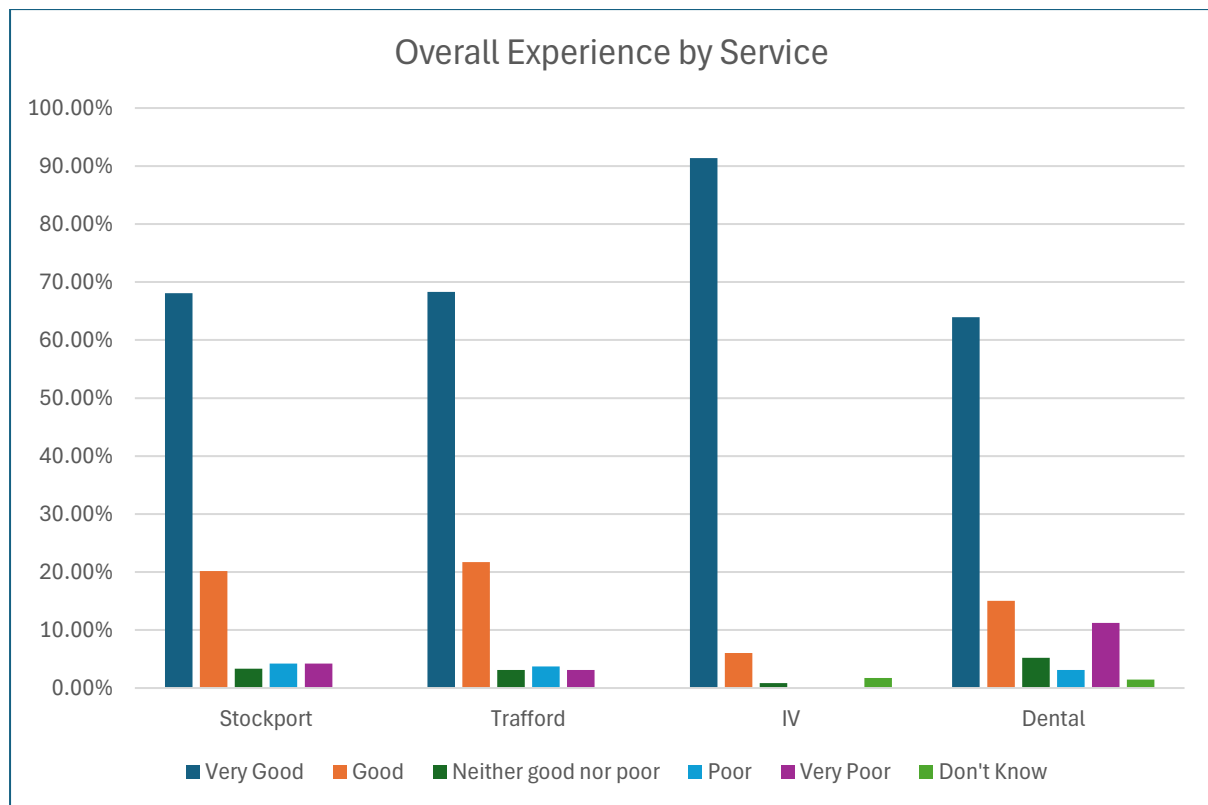


Figure 22: Satisfaction rate by service (results from Survey Monkey)

Figure 22 shows the percentage of how satisfied patients were with, Stockport & Trafford out of hours, IV and the Dental services. Across all four services you can see that an average of 80% of patients answered that their experience was either very good or good.

Trends

Stockport

- Quick
- Excellent care
- Long waiting times

Trafford

- Very quick
- Professional and caring
- Lengthy process – often patients who complete the survey will comment on the whole process, including NHS111.

IV

Overall, the IV service have received overwhelmingly positive comments regarding the service they provide, and with no common trends for improvements.

Dental

- Caring and lovely staff

- Waiting Times – Service users often report that the waiting times to get through on the telephone are too long. This is sadly an ongoing issue, due the high call rate compared to available call handlers. We frequently review the contract for funding for more staff.
- Lack of Appointments – The emergency dental service is limited by the number of appointments we receive from local practices, daily. We continuously seek new local dental appointments.

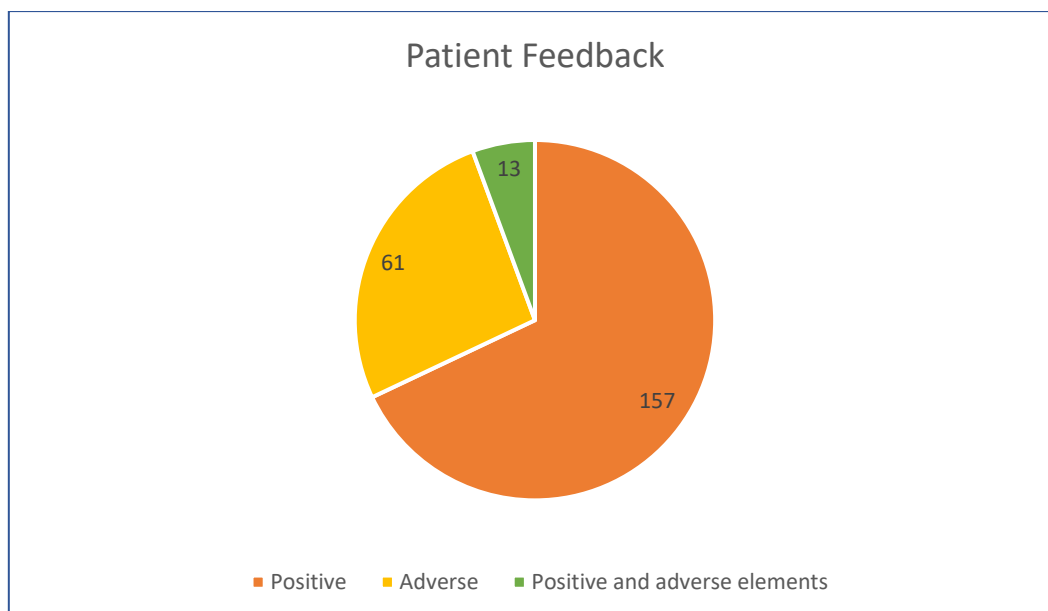


Figure 23: Patient feedback by sentiment. Taken from the friend and family tests logged on Ulysses Reporting System.

Paper surveys or surveys completed via Mastercalls website are input into our risk reporting system, Ulysses. Figure 23 shows feedback by sentiment, with most being positive feedback. Please see table below for an overview of positive comments received.

Service	Feedback
Stockport OOHs	Really positive experience of Mastercall yesterday, booked an appointment via 111, seen quickly by the nurse then doctor. Everyone was so welcoming, the doctor and nurse dealt with us with such knowledge and professionalism and had a great manner that put us at ease. An efficient service when you're dealing with an urgent worrying situation
Trafford OOHs	I was contacted in the allotted time and the person who spoke with me was very knowledge and empathetic
Dental	Quick readily available appointments. Very courteous and helpful staff.
ARI	Top class service with exceptional top-class staff
Stockport UTC	From the moment I walked in, tearful and unable to eat, drink or hardly able to swallow or talk I was treated with respect and kindness and there was a real sense of care for the patient
IV Service	In my opinion all the nurses were a credit to Mastercall. They put me at ease, and I was sure I was in safe hands at all times.

ARI	I arrived early and was met by two lovely ladies; one was on reception and the other went to get me a mask. They were chatty and made me feel at ease straight away. I was called in to have BP and other checks and again the nurse I saw was really kind. In no time I was called in to see the Dr who was fantastic! I was diagnosed with as I had thought a chest infection. I was given some great advice and antibiotics. My whole experience was superb. Helpful, kind, considerate professionals who put me at ease at each stage. Thank you to your fantastic team. Much appreciated.
Stockport OOHs	Quick and good service
Dental	The operator was extremely professional and very helpful
Stockport UTC	Staff were pleasant, patient, considerate, helpful, not rushed, treated on as an individual - not just a number
Trafford OOHs	Good services and doctor
IV Service	All IV team have been wonderful and we as a family cannot thank you all enough. You have all been there for us through a very tough time
IV Service	Stockport's hidden gem, a brilliant service that takes you back to a time when nursing was at its best.
Dental	Well informed staff, willingness to find the best option. Pleasant and courteous

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.

Staff have 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-Jun23	Jul-Sept23	Oct-Dec23	Jan-Mar24	Total
Safeguarding Adults	70	88	108	102	368
Safeguarding Child	49	36	51	38	174

Total	119	124	159	140	542
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The risk reporting system, Ulysses, allows the safeguarding lead to give feedback to staff on how cases have been managed which also continues 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 conduct 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 and refresher training once a year. 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.

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.

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	2023/2024
Stockport	78%	89%	94.50%	95%
Trafford	70%	87%	96.90%	93%

Grey and DNP Lists				
	% Appropriate			
OOH Service	2020/2021	2021/2022	2022/2023	2023/2024
Stockport	70%	92%	94.6%	96%
Trafford	81%	89%	93.4%	97%

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. When cases are identified by audit and reviewed, there is often a clinical rationale for the individual prescription that has been completed. 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 (GMMMGM) website.
- Requests to familiarise themselves with the grey and blacklisted medications as per GMMMGM.
- 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 reflects raising awareness of current guidelines.
- The percentage of appropriateness of grey and blacklisted medications has also increased. The number of inappropriate cases is because 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 GMMMGM 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	3.7%	85.4%	8.5%	2.4%	0.0%
ATT/ATT+	3.6%	86.3%	7.3%	2.7%	0.0%
ARI Stockport	6.9%	85.2%	6.6%	1.2%	0.0%
ARI Trafford	5.0%	91.4%	3.6%	0.0%	0.0%
CWWM Dental Call Handler	42.1%	51.3%	5.5%	1.25	0.0%
Call Handler – OOHs	14.0%	73.5%	12.5%	0.0%	0.0%
Call Handler – ATT/ATT+	9.9%	79.3%	10.8%	0.0%	0.0%
Dental Nurse	62.4%	31.9%	3.1%	2.6%	0.0%
TPAS/TGH/WIC/UTC	2.9%	88.5%	6.9%	1.6%	0.0%
Wythenshawe UTC	11.9%	84.9%	3.0%	0.2%	0.0%

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 2023 the survey was completed by 172 members of Mastercall staff. Results are reported across fourteen key areas.

- In 2022 Mastercall staff submitted 83 responses and 172 responses in 2023, a >50% increase in responses from 2022.
- 18 organisations took part in the 2023 survey with a total of 1,316 responses submitted. The number of respondents per organisation ranged from 9 to 180.
- Out of the 14 original questions reported, Mastercalls score was higher than the UHUK for all 14 questions.
- For nine of the questions, Mastercall's score had increased and four had decreased and one question scored the same.

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

Standard Questions	2019	2020	2021	2022	2023
Overall average score across all UHUK organisations	75%	75%	71%	75%	74%
Mastercall score	77%	76%	73%	79%	81%

Mastercall score excluding neutrals	87%	89%	84%	91%	91%
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Standard questions:

Question:	Mastercall score UHUK report. (including 'Neutral')		Mastercall score (excluding 'Neutral*')	
	2022	2023	2022	
Q1 - This organisation has good procedures and systems for preventing errors from happening	76/83 (92%)	157/172 (92%)	76/76 (100%)	157/161 (98%)
Q2 - In this organisation we are actively doing things to improve patient safety	78/83 (94%)	162/172 (94%)	78/78 (100%)	162/164 (98%)
Q3 - In my unit it is easy for staff here to ask questions when there is something that they do not understand	72/83 (87%)	156/172 (91%)	72/75 (96%)	156/160 (98%)
Q4 - In my unit, medical errors are handled appropriately	59/72 (82%)	132/172 (76%)	59/59 (100%)	132/154 (85%)
Q5 - This is a good place to work.	76/83 (92%)	155/172 (90%)	76/78 (97%)	155/159 (97%)
**Q6 - When my workload becomes excessive, my performance is impaired (disagree)	16/79 (20%)	38/172 (22%)	16/65 (25%)	38/132 (28%)
Q7 - This organisation does a good job of training new personnel.	59/83 (71%)	127/172 (73%)	59/65 (91%)	127/141(91%)
Q8 - Trainees in my discipline are adequately supervised	66/77 (86%)	124/172 (72%)	66/71 (93%)	124/143 (86%)
Q9 - In this organisation, senior management provides a climate that promotes patient safety.	72/82 (88%)	148/172 (86%)	72/72 (100%)	148/158 (93%)
Q10 - In this organisation, if I point out a potentially serious patient safety incident, management will look into it.	70/77 (91%)	145/172 (84%)	70/70 (100%)	145/158 (91%)
Q11 - In my unit, my supervisor/manager seriously considers staff suggestions for improving patient safety.	62/78 (79%)	128/172 (74%)	62/64 (97%)	128/146 (82%)

Q12 - In my unit, when a serious error occurs, we analyse it thoroughly.	70/78 (90%)	133/172 (77%)	70/70 (100%)	133/150 (88%)
Q13 – In my unit, others make you feel like a bit of a failure when you make an error (disagree)	48/80 (60%) <i>40% made to feel bit of a failure</i>	111/172 (64%) <i>*36% made to feel a bit of a failure</i>	48/66 (73%) <i>**27% made to feel bit of a failure</i>	111/143 (77%) <i>*23% made to feel a bit of a failure</i>
Q14 – This organisation’s management is doing a good job.	66/83 (80%)	144/172 (83%)	66/69 (96%)	144/157(91%)

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 reviewed, reflected upon and actioned in a ‘You said - We did’ task. Mastercall recognises that our people are our greatest asset. Our staff engagement strategy has continued to evolve with staff engagement days, health and wellbeing initiatives and the menopause strategy.

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 center. Complaints were investigated and patient received an apology and explanation of actions taken 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 for 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 high performing team across all UTC's that are employed by Mastercall.

- Employ staff who already have ED and UTC experience.
- Links with the learning academy
- Auditing of cases

- Assess patient experience information and reported incidences to identify lessons learnt and 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.

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 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 equality impact of an activity, service or policy. There is a focus on assessing the impact on people with protected characteristics.

The aims of conducting 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 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 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 collaborate 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.

Conclusions

Thank you for reading Mastercall's Quality Accounts for 2023-2024, we hope you have found this document provides a comprehensive overview of the performance of during this year. We look forward to working collaboratively with patients, families, carers, colleagues, stakeholders and commissioners in the forthcoming year. We strive to provide outstanding care for our patients and continuously improve our services. We encourage you to feedback on your thoughts and comments, which will support adjustments in further quality accounts. Feedback can be given via our email address: qands.mastercall@nhs.net.