



Quality Accounts 2024/2025

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Introduction

Who We Are

Welcome to Mastercall Healthcare's Quality Account for 2024/25. This report gives an overview of the care and services we have delivered over the past year—and how we have made sure they are safe, effective, and centred around our patients.

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 Northwest.

As a social enterprise organisation, everything we do is focused on people, not profit. We have been proudly supporting the NHS since 1996, starting in Stockport, and now helping patients right across Greater Manchester and the Northwest. Today, we care for over half a million people through services such as Out of Hours GP care, urgent dental support, community IV treatment, and more.

Our goal is simple: to help people get the right care, at the right time, in the right place—often helping them avoid unnecessary trips to hospital. Over the past year, we have continued to provide these vital services while also responding to the pressures facing the NHS, especially during the winter months.

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 Moore's 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 are proud of our resolute team who workday and night to support our patients. Behind the scenes, we also have strong systems in place to monitor safety, listen to feedback, and constantly look for ways to improve. From safeguarding vulnerable people to investing in new digital tools, we are always working to deliver care we would be happy for our own families to receive.

Thank you for taking the time to read our Quality Account. We hope it gives you confidence in the care we provide and shows our ongoing commitment to the communities we serve.

Executive Summary

This Quality Account outlines Mastercall Healthcare's performance, achievements, and ongoing commitment to delivering high-quality, safe, and patient-centred care throughout the 2024/25 financial year. As an established and award-winning social enterprise, Mastercall continues to provide vital Out of Hospital services to NHS patients across Greater Manchester and the Northwest, with a focus on innovation, responsiveness, and clinical excellence.

Key Achievements

- **Service Expansion & Responsiveness:** We successfully delivered a wide range of urgent and community-based services including Out of Hours care, the Pathfinder (Alternative to Transfer) service, Community IV Therapy, Emergency Dental Services, and Urgent Treatment Centres. We adapted rapidly to winter pressures and respiratory illness surges with our Acute Respiratory Hubs, ensuring continuity of care.
- **Clinical Effectiveness:** Our services consistently demonstrated high performance. For instance, the Pathfinder service achieved ED deflection rates of 86–88%, and our prescribing audits showed over 95% adherence to local antimicrobial guidelines.
- **Governance & Safety:** Mastercall maintained rigorous clinical governance structures across dedicated committees. Incident reporting decreased by 29% this year, and over 50% of incidents were confirmed to have caused no or very low harm.
- **Patient Experience:** Across all surveyed services, over 80% of patients rated their experience as good or very good. Our complaint rate remains extremely low at 0.01%, and all complaints were reviewed for learning and shared transparently across teams.
- **Staff Engagement & Safety Culture:** Our 2024 Patient Safety Culture Survey showed an 82% positive response rate—exceeding the UHUK national average. We continue to invest in our people, achieving recognition as a Real Living Wage, Menopause Friendly, Disability Confident and Homeless Friendly Employer.
- **Innovation & Digital Transformation:** Investments in remote working infrastructure and plans for AI-driven clinical support tools demonstrate our ongoing commitment to modernising care pathways and reducing system strain.
- **Safeguarding & Inclusion:** A total of 648 safeguarding cases were managed effectively, supported by robust internal reporting systems, and expanded staff training. Our Equality Impact Assessments ensure services remain fair and inclusive.

Looking Ahead

In 2025/26, Mastercall will continue to:

- Develop a Learning Academy to support clinician development and continuous improvement.
- Expand its use of AI to enhance patient safety and service efficiency.
- Strengthen staff recruitment and retention strategies to build a resilient and future-ready workforce.
- Deepen our commitment to social impact, equality, and environmental sustainability.

Mastercall remains unwavering in its mission: to provide the right care, to the right patient, in the right place, at the right time—while reinvesting every resource back into care delivery, as a proud social enterprise.

Michaela Buck

Chief Executive

Commissioners Statement



NHS GM Quality Account Statement for Mastercall Healthcare 24-25

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 Team 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 2024/25, NHS GM can confirm that this service has met contractual expectations. We will continue to work with the provider to support the maintenance of required standards.

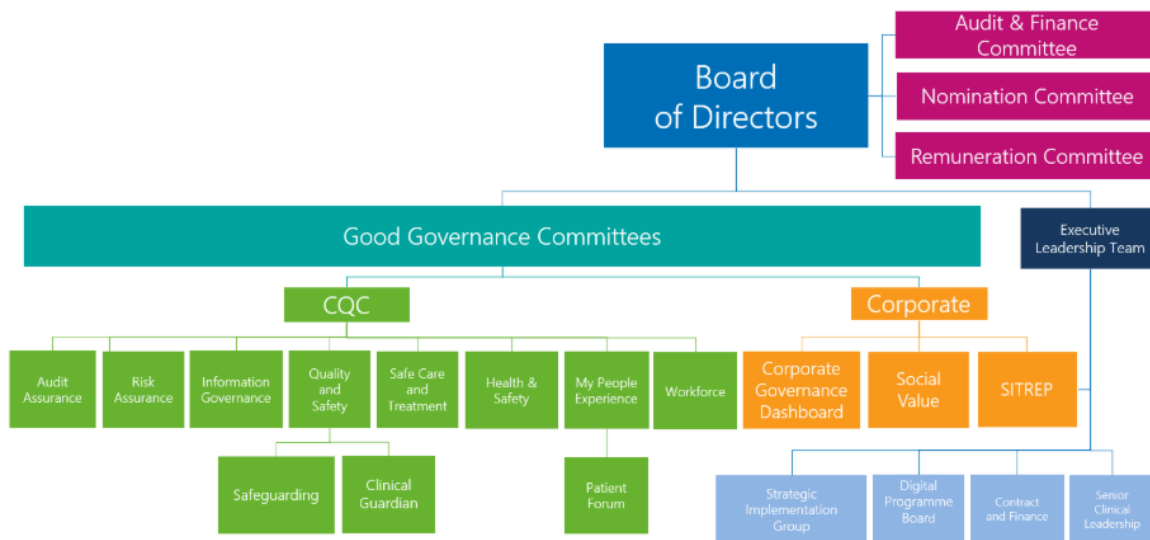
We look forward to building on our existing relationship with this service and continuing to work together through our shared values of collaboration, compassion, inclusivity, and integrity.

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.



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 (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 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 organisation complies with its contractual key performance indicators (KPIs) for collecting patient experience.
2. Ensure that the organisation 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 organisation.
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.

Workforce 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 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.

Audit Assurance Committee

The Committee is established to oversee all aspects of both internal and external audits conducted by the organisation to design and maintain a database which incorporates details and requirements for all those audits conducted. The Committee will co-ordinate, supervise and delegate responsibility of the audits, and any action points required following completion of audit work carried out, to others as appropriate to ensure that Mastercall maintains a coordinated approach to the delivery and regular completion of all audit work and related additional work that may be identified.

The Committee will receive and review internal and external audits and reports relating to all aspects of Mastercall services.

The Committee will provide assurance that any recommendations and actions following those external reviews or audits are implemented appropriately.

The Committee will promote a culture of continuous improvement and innovation and will cascade findings from audit to the wider team, where appropriate.

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.

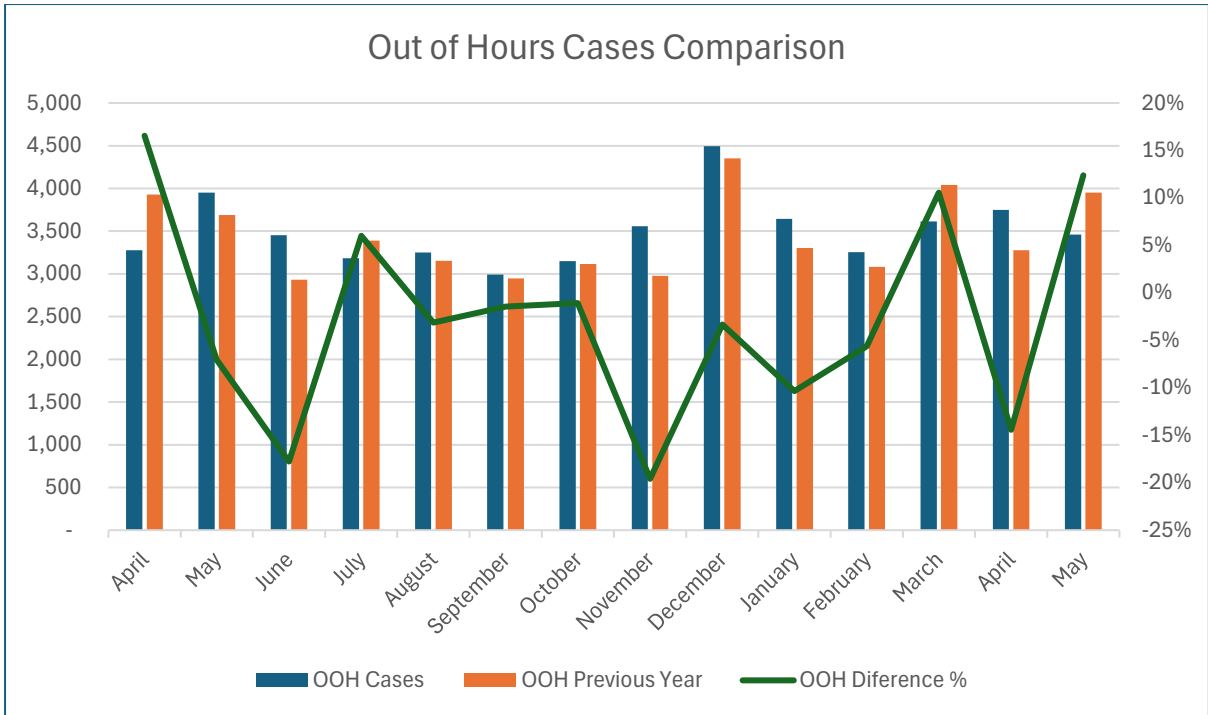


Figure 1: Number of out of hour cases compared to last year. Including the percentage difference.

Looking at Figure 1, we can see that the number of out of hour cases has been steadily increasing over the past year, with a slight dip in September. The previous year's figures show a similar trend, with a slight decrease in June and July.

In the current year, the highest number of cases was recorded in December with 4,496, followed by November with 3,559. The lowest number of cases was recorded in September with 2,991.

Comparing the current year's figures to the previous year's figures, there has been an overall increase in the number of out of hour cases. The largest increase was seen in December, where the number of cases increased by 145 (4.11% increase). The smallest increase was seen in June, where the number of cases decreased by 479 (-14.04% decrease).

Overall, the data suggests Mastercall has seen an increase in the number of cases over the past year, with a slight dip in September. With the increase of cases during the winter months, Mastercall starts planning during the summer, to ensure we are prepared for the winter pressure.

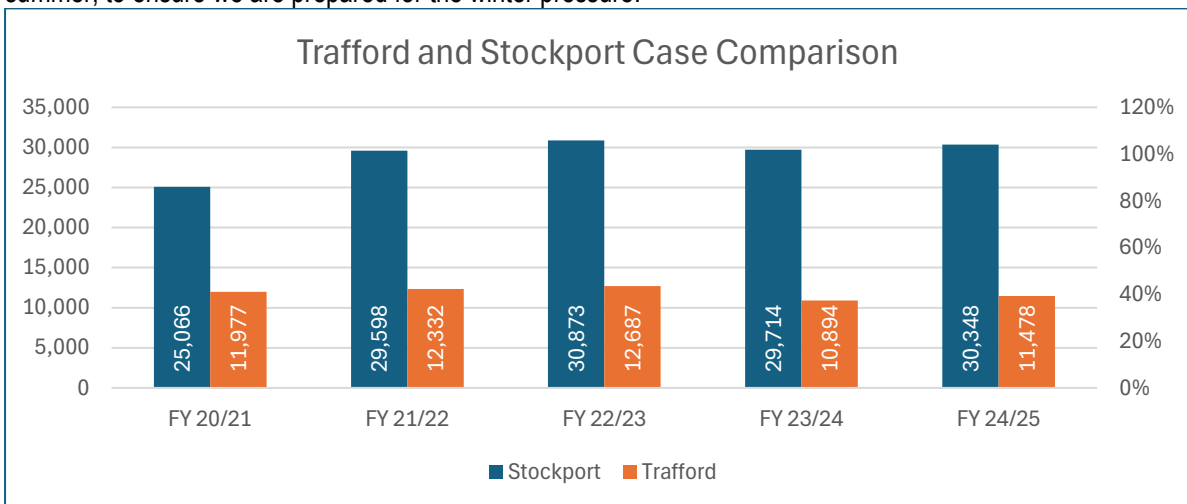


Figure 2: Comparison of Trafford and Stockport cases by financial year, including the percentage difference between each area.

The number of cases has been increasing over the past 5 years, for both Stockport and Trafford out of hour cases (figure 2). In Stockport, the number of cases has increased from 25,066 in 20/21 to 30,348 in 24/25, representing a 21.4% increase and in Trafford, the number of cases has increased from 11,977 in 20/21 to 11,478 in 24/25, representing a 4.1% decrease. Overall, the data suggests that the number of cases in both Stockport and Trafford has been increasing over the past 5 years, with a significant increase in the number of cases in Stockport.

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.

Emergency department attendance and hospital admissions for people aged over 65 years old, has 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.

Figures 3 and 4 show the percentage of cases for the Alternative to Transport service that prevented a hospital admission, which shows consistently high in both Stockport and Trafford. In Stockport, the deflection rate has ranged from 82.8% in October to 90.5% in March, with an average deflection rate of 86.5% across all months. In Trafford, the deflection rate has ranged from 86% in April to 90% in June and January, with an average deflection rate of 88.3% across all months.

Comparing the two localities, Trafford has a slightly higher average deflection rate (88.3% vs 86.5%) and a higher maximum deflection rate (90% vs 90.5%). However, both localities have consistently high deflection rates, indicating a high level of success in avoiding unnecessary ED admissions. The data suggests that the service has been effective in reducing ED admissions and providing alternative care pathways for patients in both localities. The slight difference in deflection rates between the two localities may be due to numerous factors, such as population demographics, service capacity, and referral patterns.

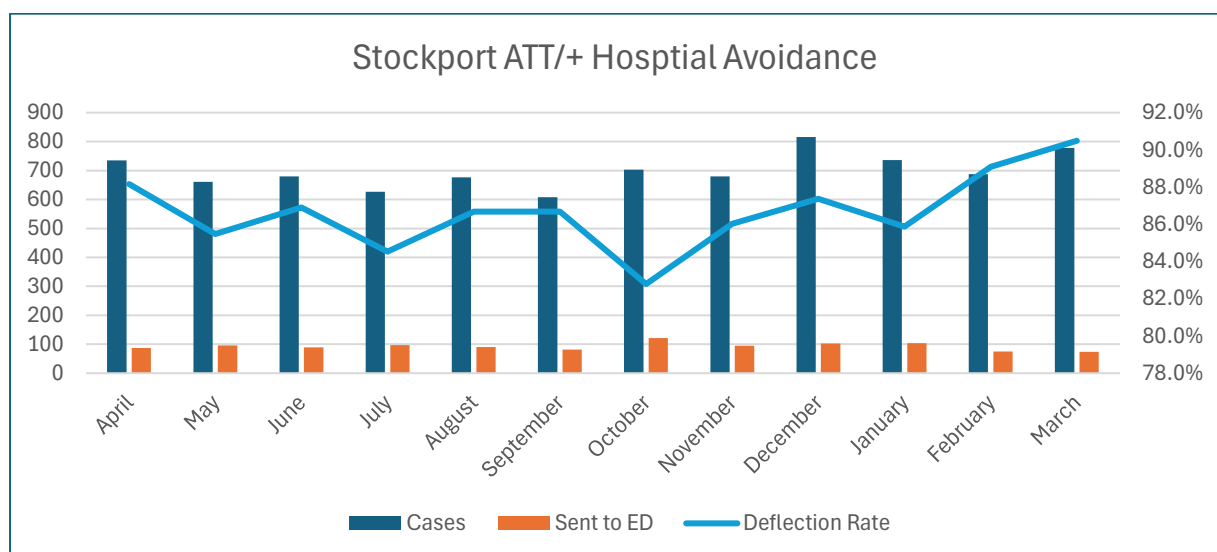


Figure 3: Percentage of ATT/ATT+ cases for Stockport that were prevented from going into Hospital. Average 87% of cases were deflected from ED.

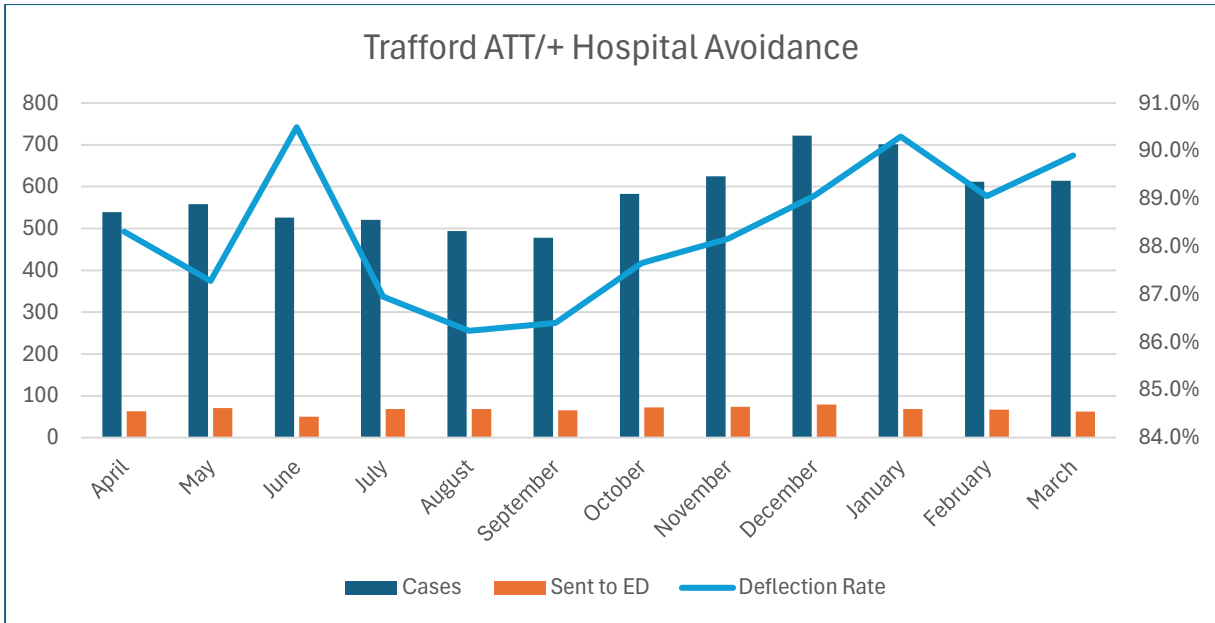


Figure 4: Percentage of ATT/ATT+ cases for Trafford that were prevented from going into Hospital, an average 88% cases deflected from ED.

The Alternative to Transfer (ATT) for Trafford (Figure 5) receives referrals from two main sources: Northwest Ambulance Service (NWAS) and Care Homes. Overall, service has been receiving a steady stream of referrals from both NWAS and Care Homes, with a slight increase in referrals from Care Homes over the past few months. The CAS throughput has also been consistent, with some fluctuations throughout the year.

Figure 6 shows that Care Homes have been the primary source of referrals for the ATT Stockport, accounting for approximately 77% of all referrals on average. NWAS referrals have accounted for approximately 25% of all referrals on average.

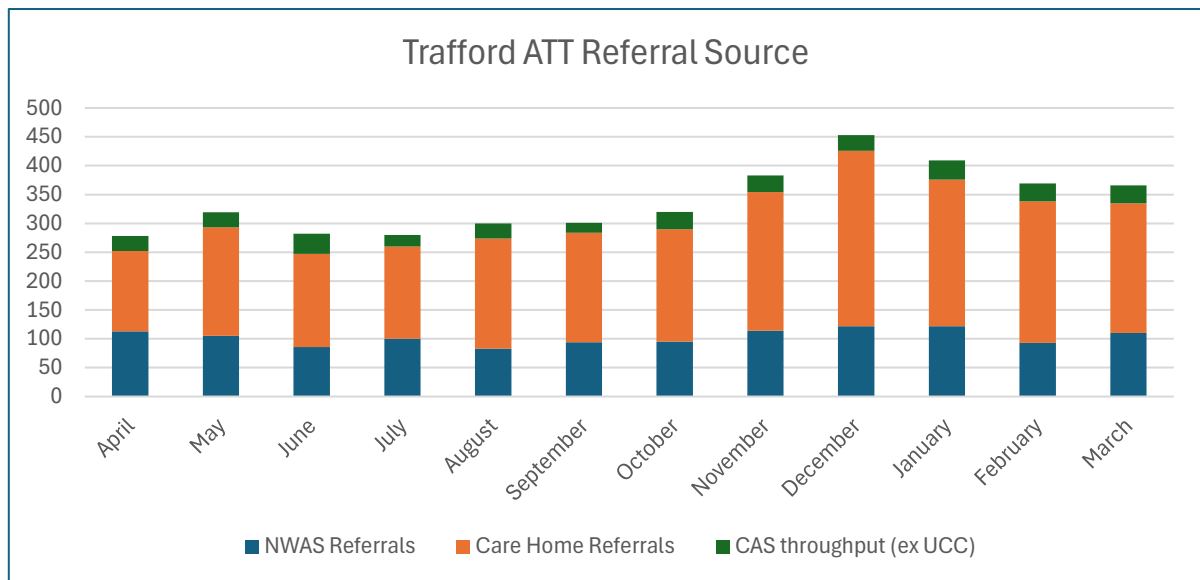


Figure 5: Breakdown of referral source for Trafford ATT.

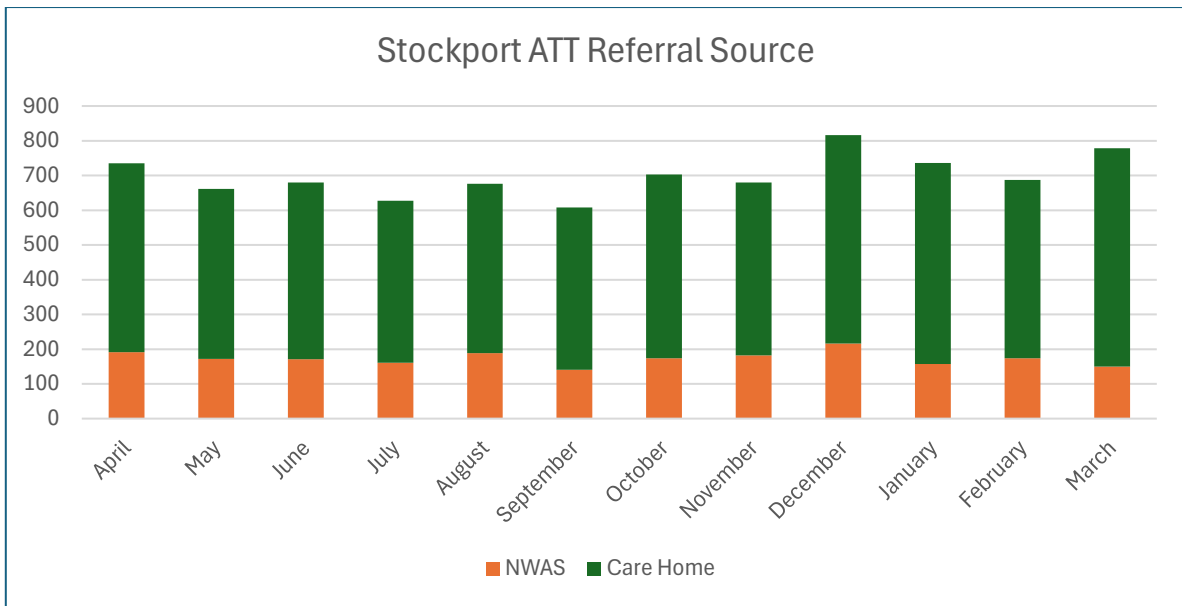


Figure 6: Breakdown of referral source for Stockport ATT.

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.

Fig 7 shows the number of referrals received to the community IV service by financial 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 shows that the IV service has seen a steady increase in total referrals over the past five financial years, from 102 in 20/21 to 595 in 24/25. The number of Step-Up referrals has also increased, from 73 in 20/21 to 362 in 24/25, with an average increase of 34.6% per year. The number of Step-Down referrals has also increased, from 29 in 20/21 to 233 in 24/25, with an average increase of 25.5% per year. The acceptance rate has fluctuated over the years, ranging from 75% in 20/21 to 84.60% in 22/23. The acceptance rate in 24/25 was 75.13%, which is lower than the previous year.

Overall, the data suggests that the IV service has seen a significant increase in referrals over the past 5 years, with a steady increase in the number of Step Up and Step-Down referrals. However, the acceptance rate has fluctuated, with a slight decrease in 24/25.

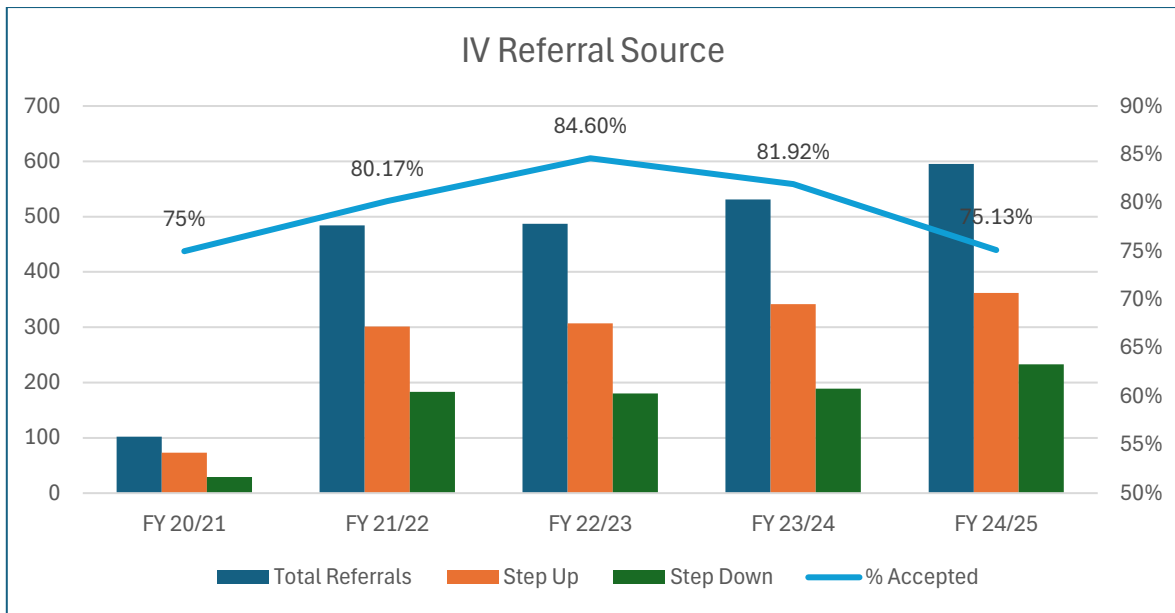


Figure 7: Number of IV referrals per financial year. Showing the percentage of accepted cases.

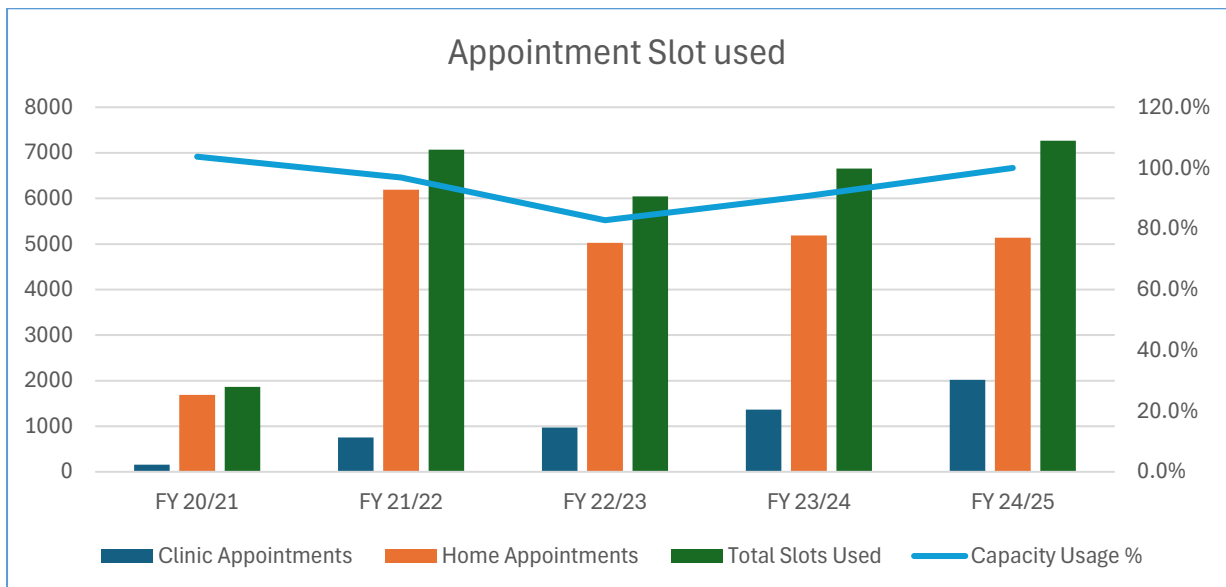


Figure 8: Comparison of appointment slots utilised per financial year.

Over the past five years we can see that the utilisation of clinic appointments is increasing, more patients are coming into Mastercall's clinic for treatment, an average increase of 33.6% per year (Figure 8). However, significant proportions of patients receive treatment at home, an average increase of 24.5% per year.

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.

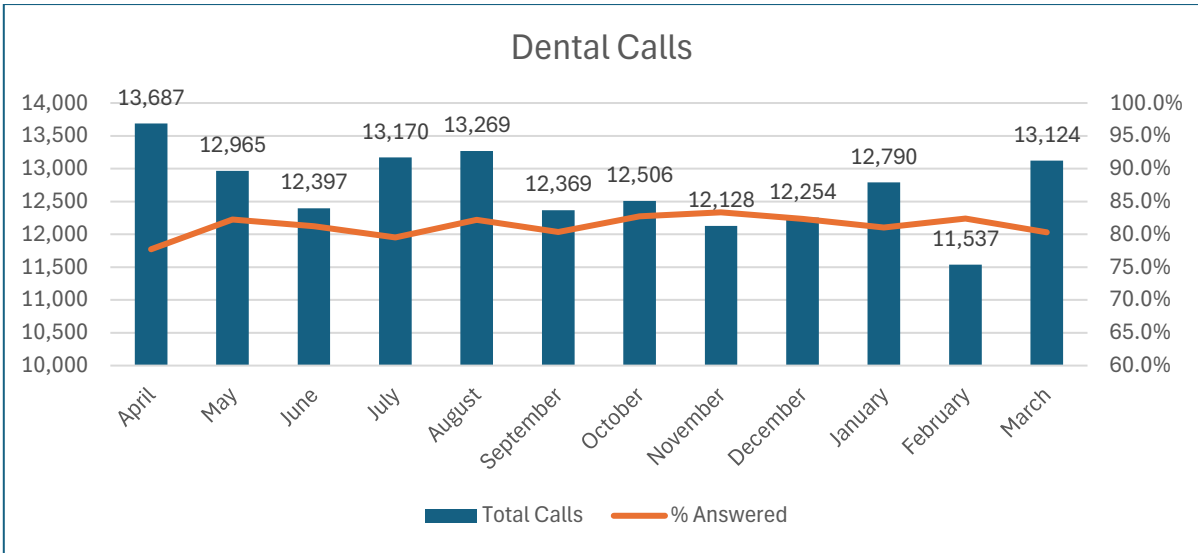


Figure 9: Total number of calls to the Emergency Dental Service per month. Eighty-one percent of calls received are answered, where service users may hang up before getting through, or lost connection.

The dental helpline received a high volume of calls (Figure 9), with a total of 13,124 calls in March, the highest number of calls received in a single month. The percentage of calls answered has ranged from 77.7% in April to 83.3% in November, with an average of 81.4% across all months. The high volume of calls is likely due to a combination of factors, including high demand for appointments, insufficient staffing, technical issues, and long waiting times.

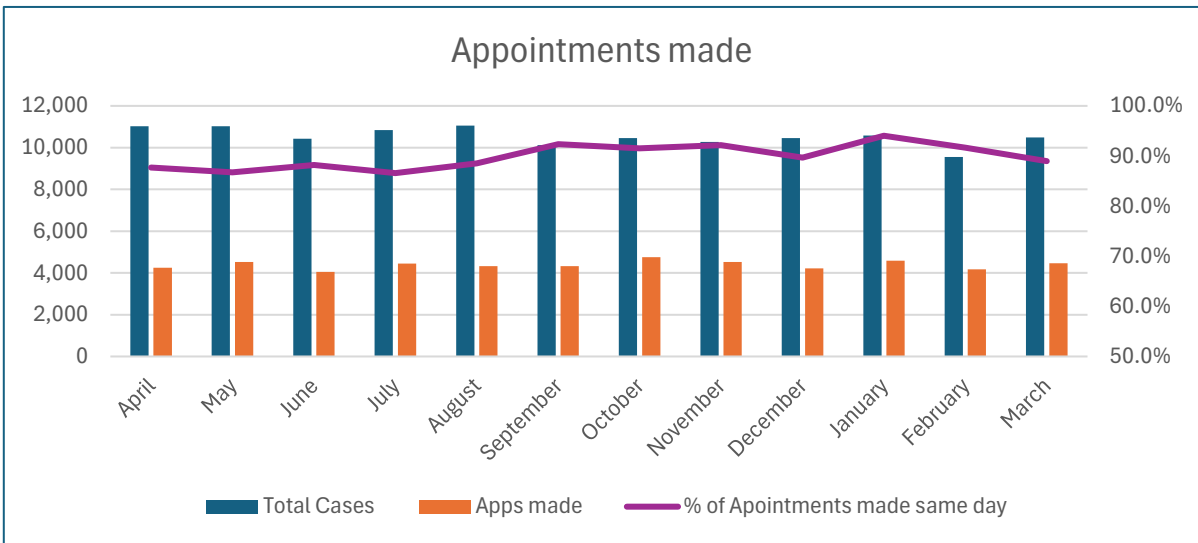


Figure 10: Number of emergency dental appointments booked by month. Including the percentage of appointments made on the same day as calling.

The Emergency Dental service has seen a high volume of cases (Figure 10), with a total of 10,484 cases in March, the highest number of cases received in a single month. The percentage of appointments made same day has ranged from 86.6% in July to 94.0% in January, with an average of 90.3% across all months. The Emergency Dental service can make a high percentage of appointments same day, with a peak in January where 94.0% of appointments were made same day.

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 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. 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.

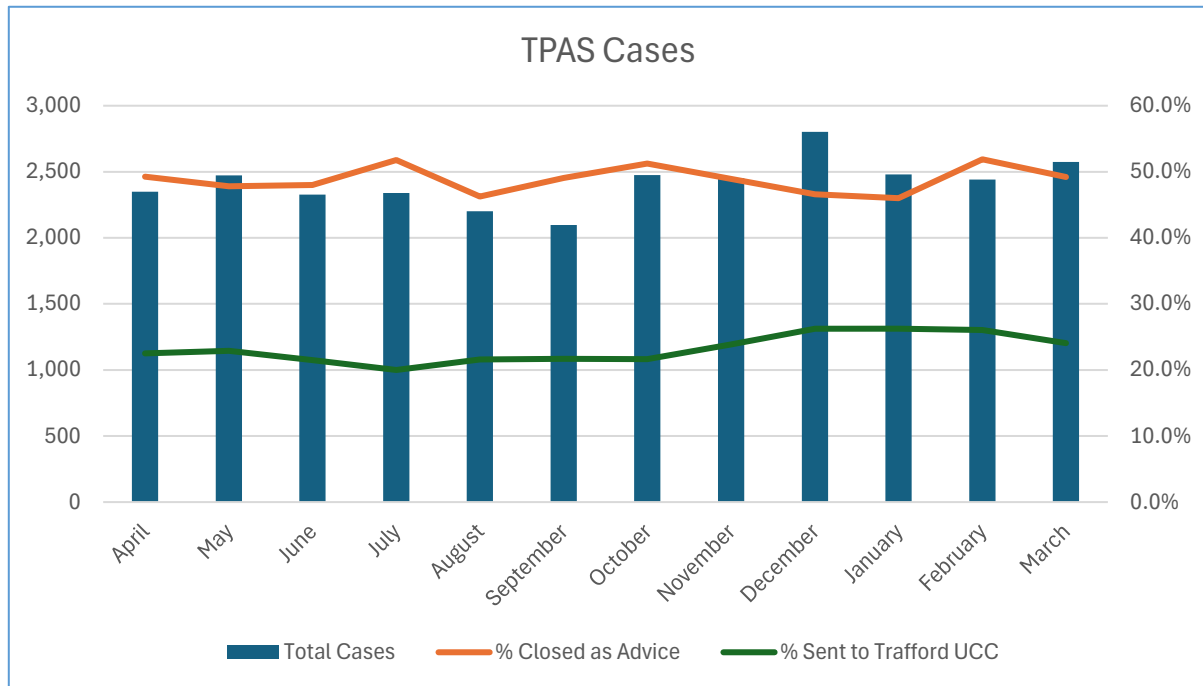


Figure 11: Shows the total number of TPAS cases and the percentage which were either closed as advice or booked an appointment at Trafford.

The total number of TPAS cases ranges from 2,201 in August to 2,802 in December, with an average of 2,414 cases per month (Figure 11). The percentage of cases closed as advice ranges from 46.2% in August to 51.9% in February, with an average of 48.4% across all months. The percentage of cases sent to Trafford UCC ranges from 20.0% in July to 26.3% in January, with an average of 23.4% across all months. Overall, the data suggests that the TPAS service is managing a significant number of cases, with a high percentage of cases being closed as advice and a smaller percentage being sent to Trafford UCC.

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.

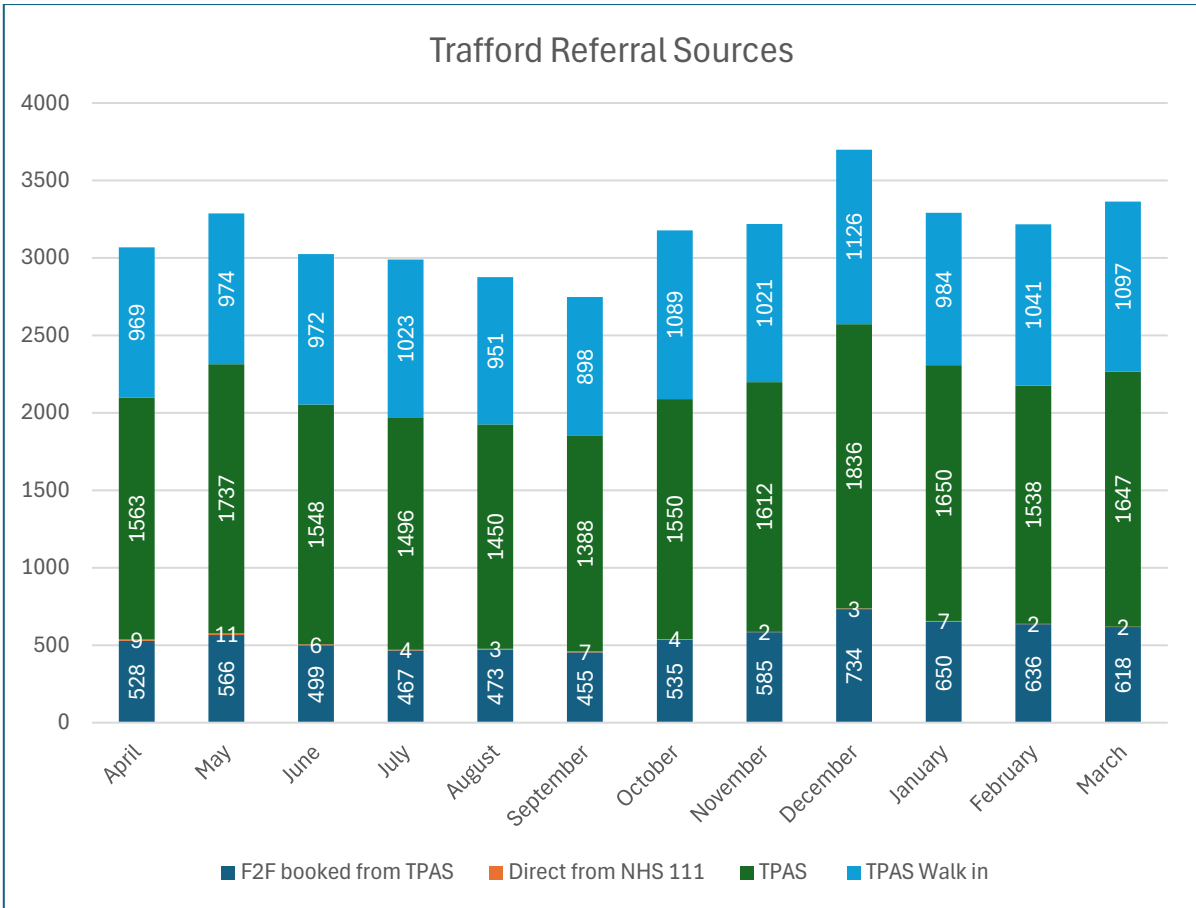


Figure 12: Number of Trafford cases by referral per month.

Most referrals to the Trafford UTC come from TPAS (Figure 12), with an average of 1,544 referrals per month. The second highest source of referrals is TPAS Walk in, with an average of 1,046 referrals per month. Direct from NHS 111 referrals are low, with an average of four referrals per month. F2F booked from TPAS referrals are also relatively low, with an average of 523 referrals 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 used 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.

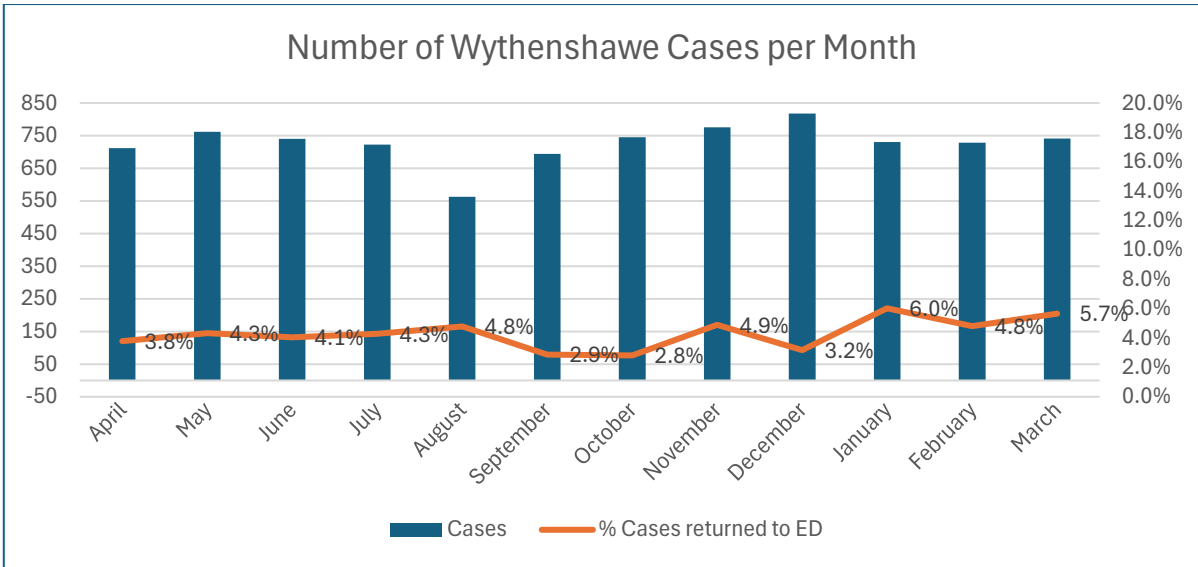


Figure 13: Total number of cases at Wythenshawe Urgent Treatment Centre and percentage of those cases returned to the Emergency Department.

Wythenshawe UTC service has seen a total of 8,240 cases over the 12-month period (Figure 13), with a percentage of cases returned to ED ranging from 2.8% in October to 6.0% in January, with an average of 4.3% across all months. The data suggests that the service has been successful in reducing the number of cases sent to ED, with an average of only 4.3% of cases being returned to ED.

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.

During the winter months if patient can 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.

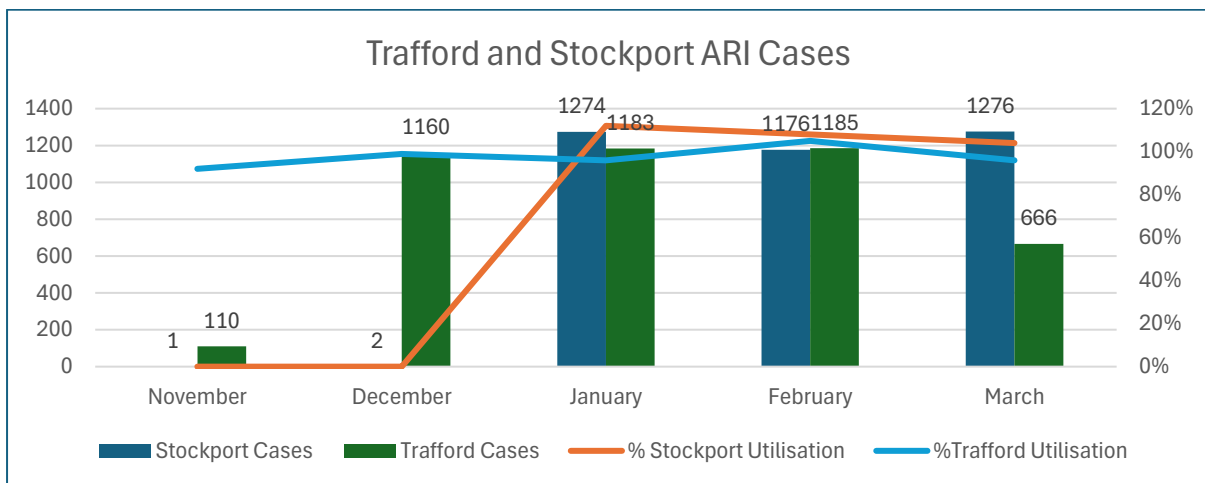


Figure 14: Number of cases for both Stockport and Trafford. Only reportable for months ARI was active.

In Trafford, the number of cases has ranged from 110 in November to 1185 in February, with an average of 1045 cases per month (Figure 14). The percentage utilisation has ranged from 92% in November to 105% in February, with an average of 98% across all months.

In Stockport, the number of cases has ranged from 1 in November to 1276 in March, with an average of 744 cases per month (Figure 14). The percentage utilisation has ranged from 0% in November and December to 112% in January, with an average of 54% across all months.

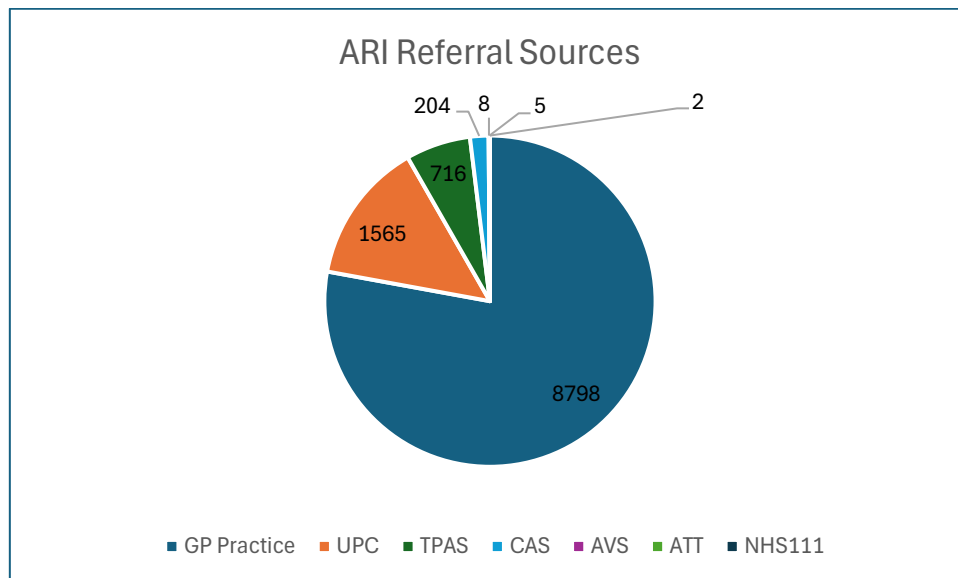


Figure 15: Breakdown of referral source for ARI Stockport & Trafford.

The ARI service has received referrals from various sources (Figure 15), with the majority coming from GP Practices, accounting for 8798 cases. UPC (Urgent Primary Care) referrals account for 1565 cases, followed by TPAS with 716 cases. CAS (Care Assessment Service) referrals account for 204 cases, while AVS (Acute Visiting Service) and ATT (Alternative to Transfer) referrals account for 8 and 5 cases, respectively. NHS111 referrals account for only two cases.

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 16).

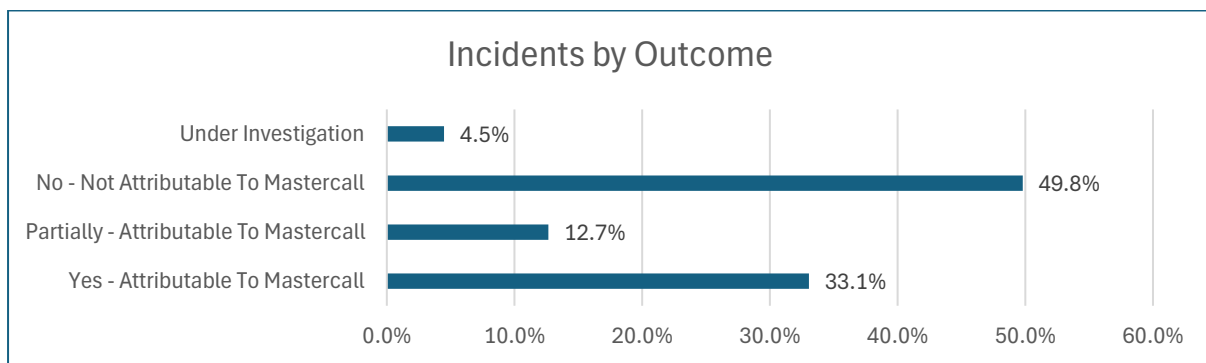


Figure 16: Percentage of incidents that were found to be either attributable or not attributable to Mastercall.

Between April 2024 and March 2025, 245 incidents were logged and investigated, a 29% decrease from the previous financial year. The number of incidents reported compared to the number of cases per year is a 0.1% incident rate. 49.8% percent of case were found to be 'not attributable' to Mastercall, and 8.5% decrease from last year. Incidents found to be attributable has stayed the same at 33%.

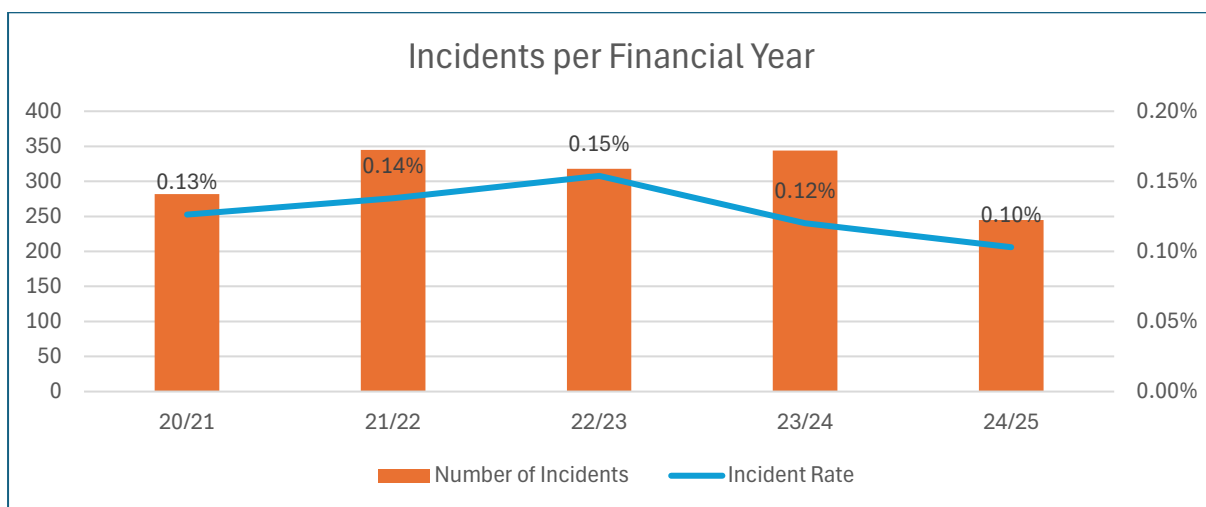


Figure 17: Number of incidents per financial year, include the incident reporting rate.

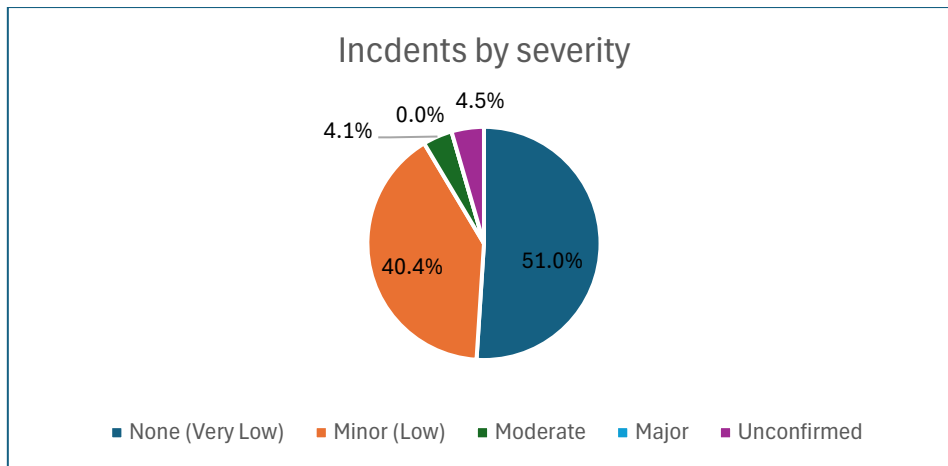


Figure 18: Number of incidents by severity score.

From Figure 18, we can see that 51% of incidents were found to have caused no/Very Low harm after investigation, and 4.1% to have the potential to have caused potential moderate harm.

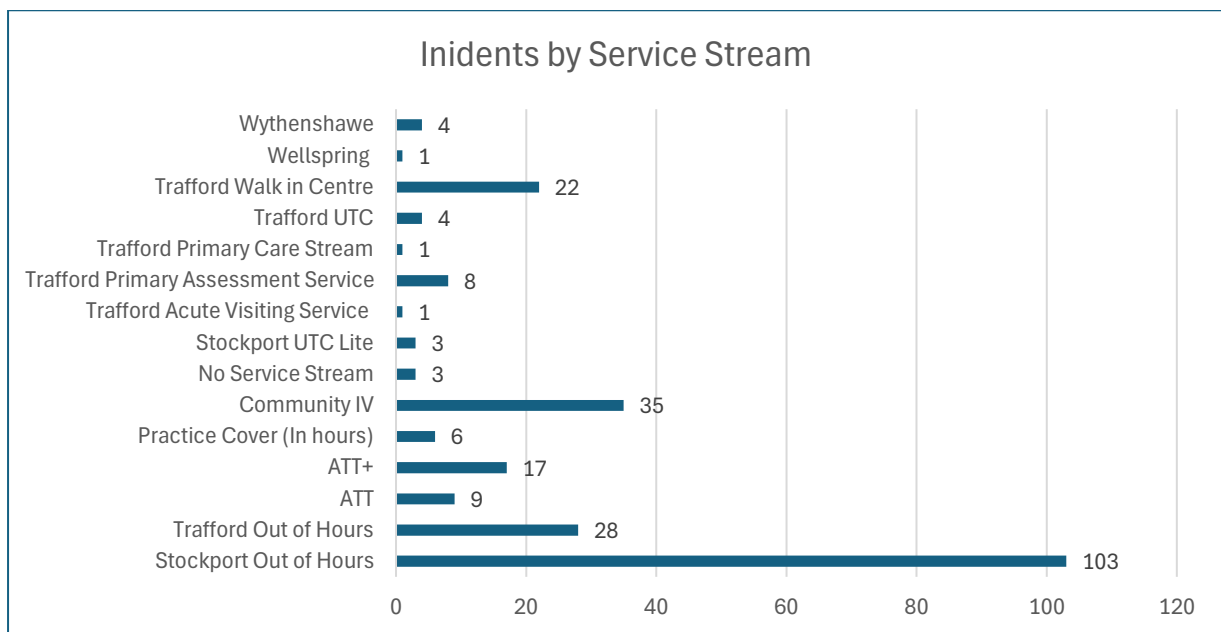


Figure 19: Number of incidents reported by service stream.

The highest reported incidents were from the Stockport Out of Hours (Figure 19), this is expected as this service contributes the most cases per year (0.8% of Stockport OOHs cases reported as an incident).

Incident Trends

The highest reported incidents were those of referral issues followed by drug/medication issues and clinical incidents (figure 20). Clinical incidents 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 could have been inappropriately sent to us that potentially should have been sent to an emergency department or escalated or cases that we have incorrectly referred to other services. 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. The lead pharmacist and the medicine management team complete regular medication audits, send communications on drug safety updates, new guidance/regulations and will fully investigate any incidents regarding drug/medication issues.

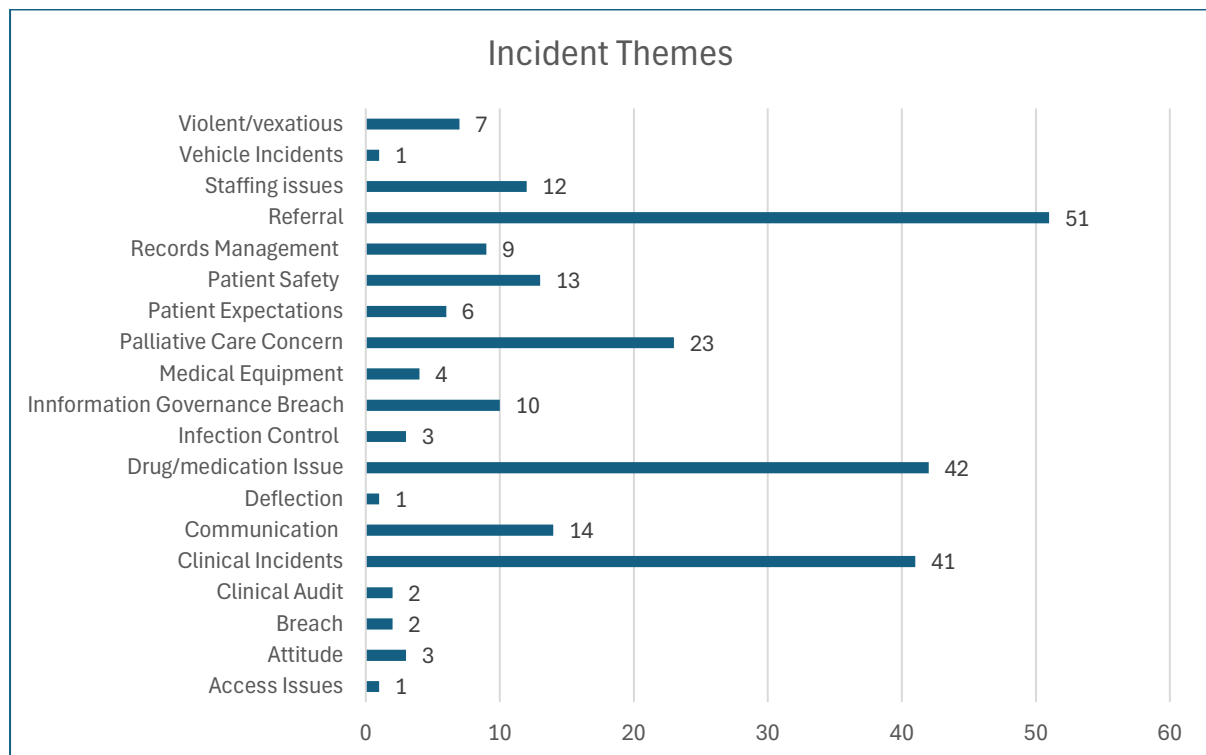


Figure 20: Number of incidents by theme.

Reflecting on the incidents report, the following actions were put in place from learning from incidents in the past year:

1. Reviewing and updating policies and procedures
2. Providing additional training for staff
3. Improving communication between departments
4. Enhancing patient safety measures
5. Addressing staffing issues
6. Improving palliative care services
7. Reviewing and improving referral processes
8. Enhancing records management
9. Addressing drug/medication issues
10. Improving infection control measures

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.

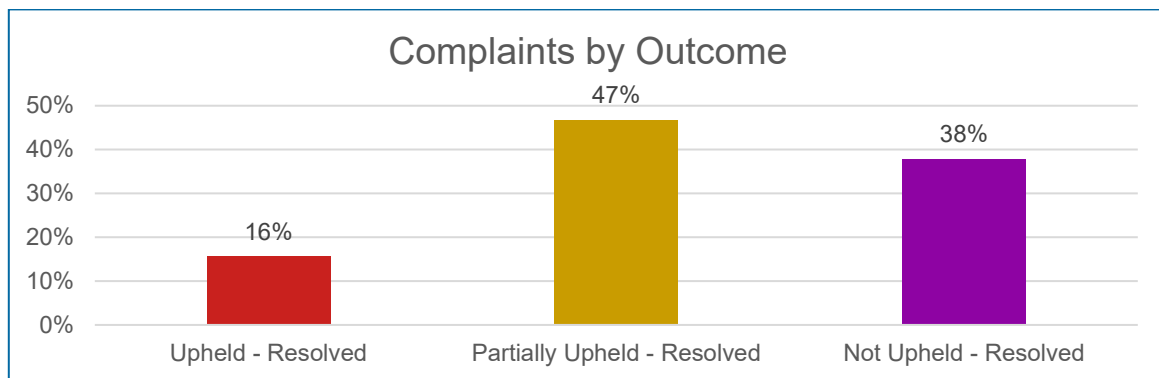


Figure 21: Number of complaints by outcome.

This year Mastercall's complaint rate was 0.01%, having received a total of thirty-five complaints from a case list of 237, 471. Mastercall strive to maintain a complaint rate of 0.05% and below, a goal we have consistently met over the past 28 years.

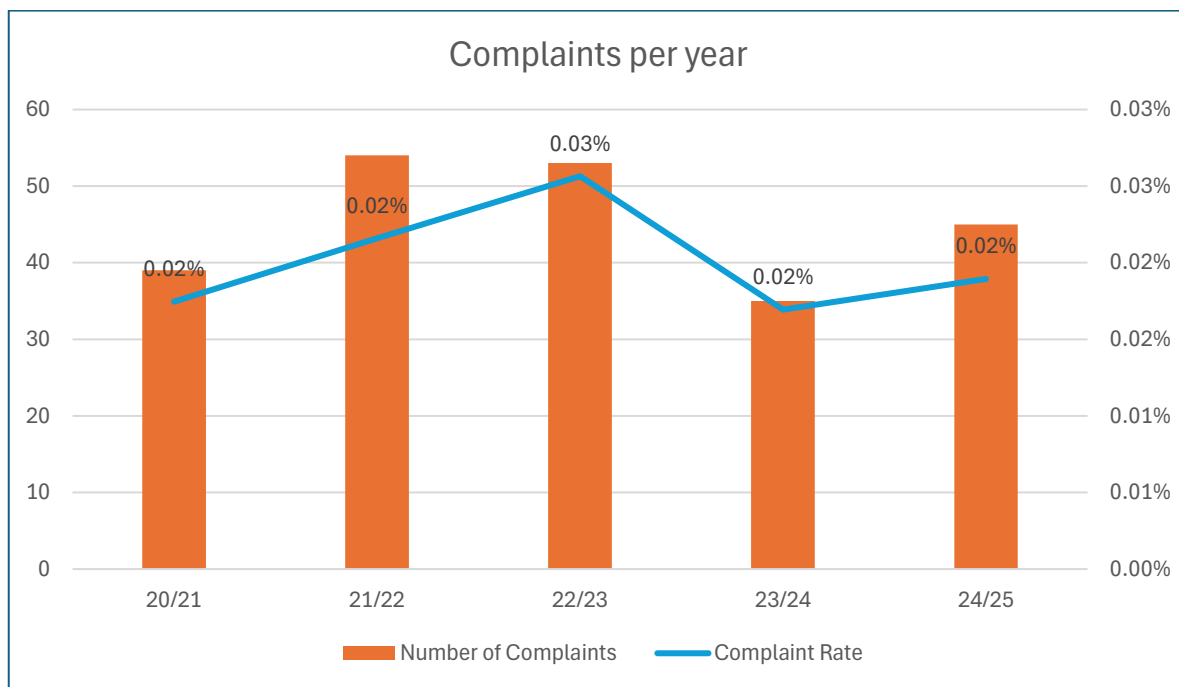


Figure 22: Number of complaints over the past 5 years, including percentage complaint rate.

Thirty-eight percent of the complaints were deemed as not upheld (Figure 21), 47% of complaints were partially upheld, and 16% 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.

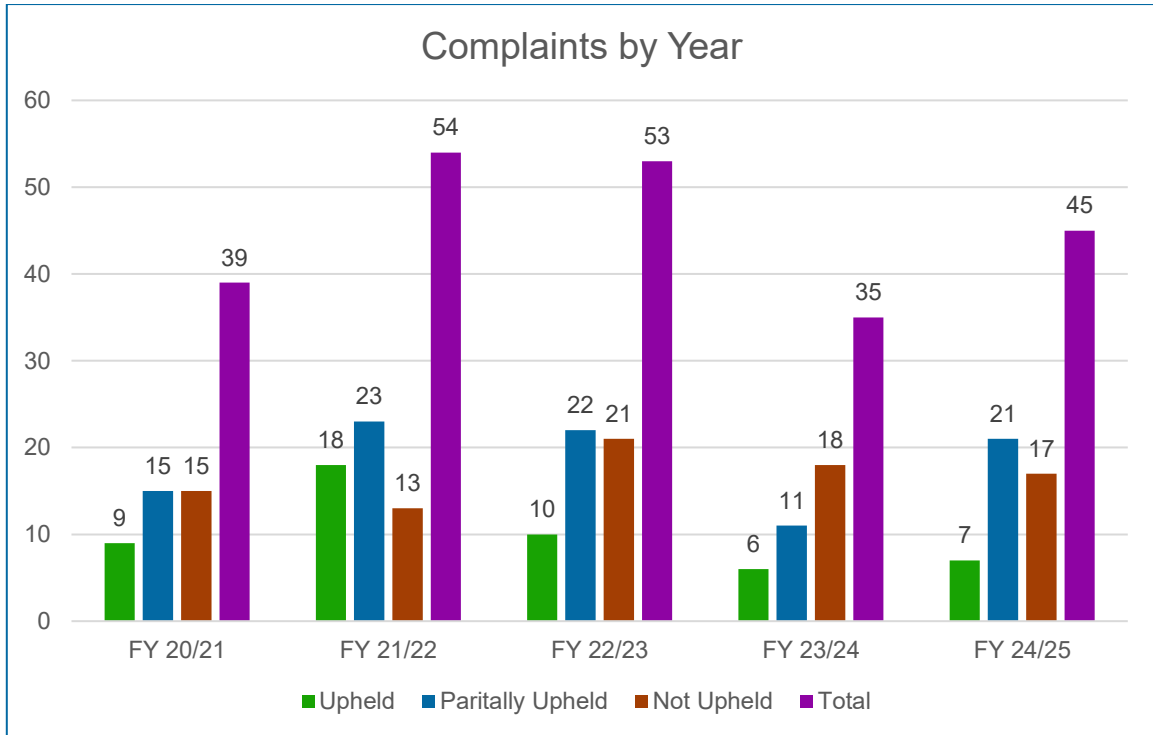


Figure 23: Comparison of complaints per financial year (FY).

Looking at Figure 23, we can see that the number of complaints upheld, partially upheld, and not upheld has been trending downward over the years. The total number of complaints has also decreased from 54 in 21/22 to 45 in 24/25.

The data suggests that Mastercall has been able to maintain a low complaint rate, with only seven complaints upheld in 24/25, which is a decrease from 18 in 21/22. The number of partially upheld complaints has also decreased from 23 in 21/22 to 21 in 24/25.

The number of complaints not upheld has remained stable, ranging from 13 in 21/22 to 17 in 24/25.

Overall, the data suggests that Mastercall has been able to improve its complaint handling process over the years, with a decrease in the number of complaints upheld and partially upheld, and a stable number of complaints not upheld.

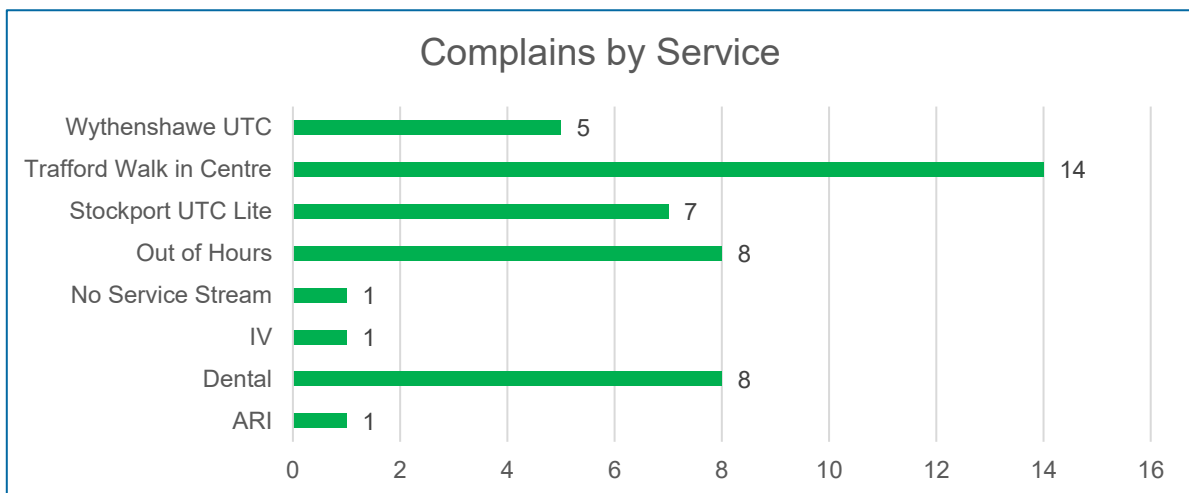


Figure 24: Number of complaints by service.

Most complaints from the past year were received from patients seen in the Trafford Treatment Centre (reported as walk in centre), followed by the Dental Service and Out of Hours as seen in figure 24. These services generate the highest number of cases per year, so we would expect to see more complaints and feedback.

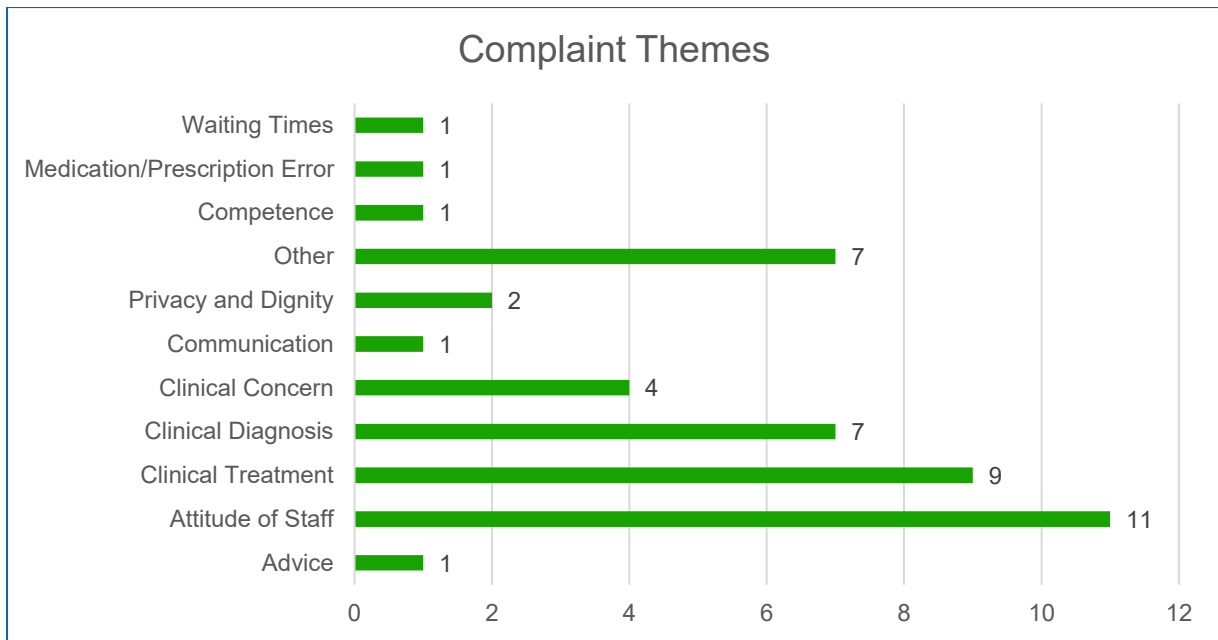


Figure 25: Number of complaints by theme, for all services.

When it comes to assessing complaints, Mastercall has developed a comprehensive framework to understand the patient's perspective and identify the key themes of complaints, which include Access, Acknowledgement, Attitude, and Action. This framework enables the organisation to categorise complaints into one or more of these descriptors, providing a structured approach to analysing and addressing patient concerns.

Figure 25 illustrates the breakdown of complaints into these themes, revealing that the highest reported theme is Attitude of staff, where patients occasionally feel that the clinician who treated them was rude or abrupt. In such cases, the quality and safety team review the sound wave of the recorded call and provides feedback if necessary. It is essential to note that clinicians are often empathetic and kind, but their suggestions can be misinterpreted, highlighting the complexities of verbal communication, particularly in remote assessments.

The intricacies of verbal communication are thoroughly discussed and reflected upon when responding to complaints, and the organisation encourages clinicians to promote a culture of dignity and respect for patients and colleagues, as part of the Mastercall values. However, it is acknowledged that breakdowns in communication can occur, and the organisation is committed to addressing these issues.

The second-highest reported theme is Clinical treatment, which can encompass various aspects, including how the patient felt they were treated during the 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 aspect of consultation style, and Mastercall encourages all staff to consider and acknowledge patient expectations while striving to excel in their consultation style.

Another theme of complaints arises when the treating clinician did not correctly diagnose the patient at the time of their consultation (action). It is essential to note that symptoms can quickly develop, and the clinical decision is made with the symptoms present during consultation, emphasizing the importance of timely and accurate diagnosis.

Implementation of PSIRF and LFPSE

The Patient Safety Incident Response Framework (PSIRF) is a framework that advocates for a coordinated and data-driven response to patient safety incidents. It embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

Mastercall has implemented PSIRF by developing and maintaining an effective patient safety incident response system that integrates the four key aims of the PSIRF:

- Compassionate engagement and involvement of those affected by patient safety incidents.

- Application of a range of system-based approaches to learning from patient safety incidents.
- Considered proportionate responses to patient safety incidents and safety issues.
- Supportive oversight focused on strengthening response system functioning and improvement.

Mastercall's implementation of PSIRF is guided by the following principles:

- Promoting a safety culture: Mastercall aims to foster an environment where safety is prioritised, and staff feel comfortable reporting incidents without fear of blame.
- Reporting for learning, not blame: The focus is on understanding the systemic causes of incidents, rather than blaming individuals.
- Proportional response: Mastercall encourages a proportional response where minor incidents are addressed with appropriate corrective actions, while more significant events are investigated with greater depth.
- Collaboration and teamwork: Incident reporting and investigation under PSIRF involve multidisciplinary teams to ensure diverse perspectives are considered, and root causes are identified.
- Learning and improvement: Mastercall encourages a focus on learning from incidents, including implementing new processes, retraining staff, and creating systems for sharing lessons learned with the wider system.

Mastercall's implementation of PSIRF is also reflected in its incident reporting and management policy, which outlines the process for identifying, reporting, and responding to patient safety incidents. The policy emphasises the importance of a just culture, where staff feel able to report incidents or near misses without fear of recrimination, and where lessons are learned and shared across the organisation to prevent recurrence.

Mastercall now support reporting of patient safety events to NHS England. Where an incident is deemed to have caused harm to a patient, and is attributable to Mastercall, an RCA in line with PSIRF is completed.

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 particularly 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 not to answer.

Patients 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)
- 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.

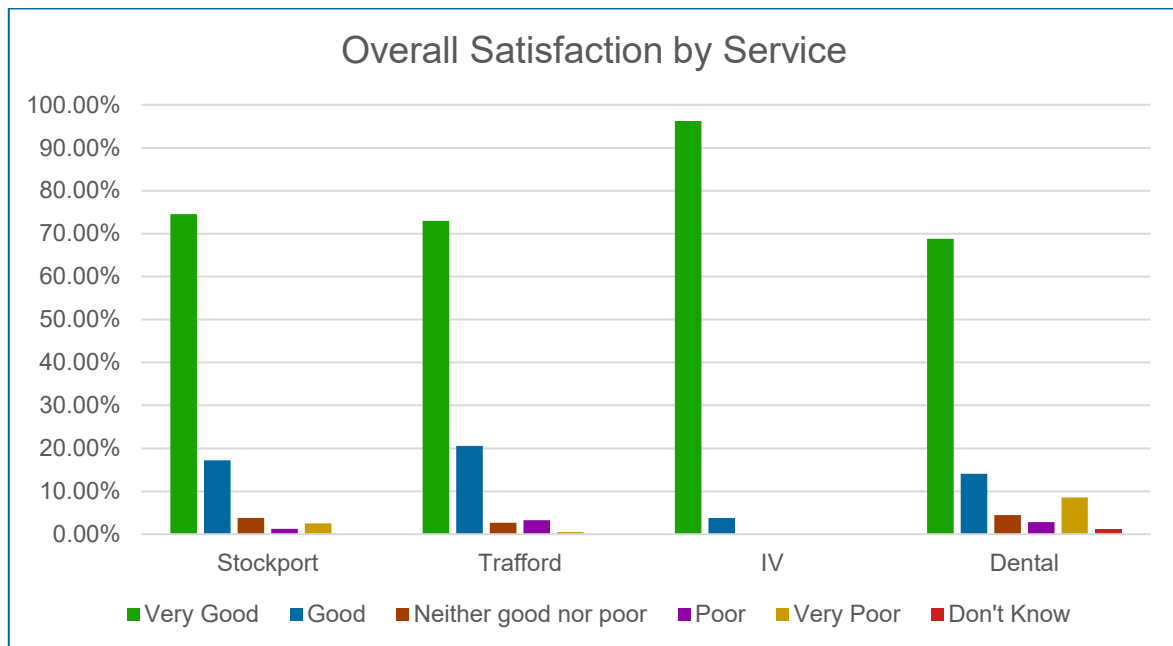


Figure 26: Satisfaction rate by service (results from Survey Monkey)

Figure 26 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.

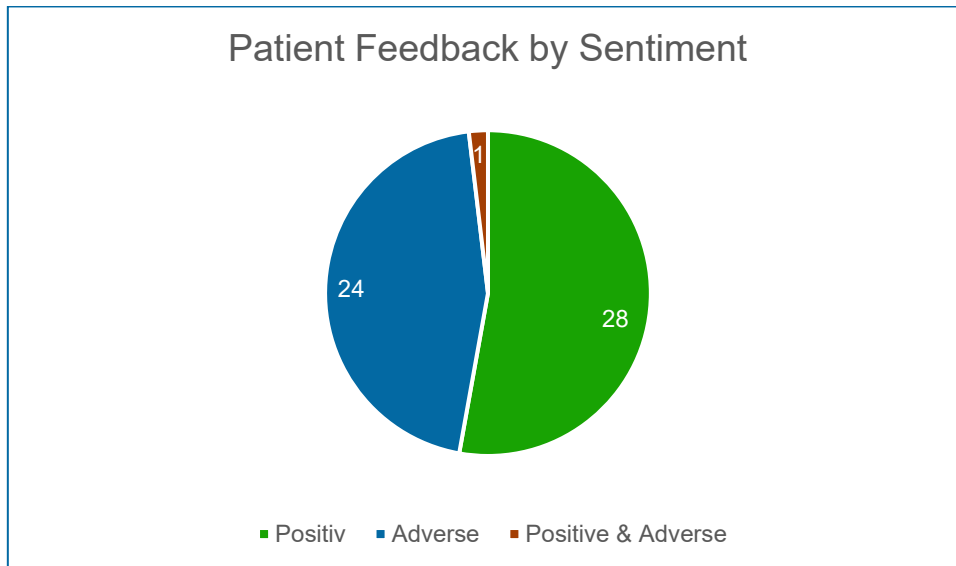


Figure 27: Patient feedback by sentiment. Taken from the friend and family tests logged on Ulysses Reporting System.

Paper surveys or surveys completed via Mastercall’s website are input into our risk reporting system, Ulysses. Figure 27 shows feedback by sentiment, with most being positive feedback. Please see table below for an overview of positive comments received.

Service	Feedback
Stockport OOHs	patient called to advise that the treatment he received from Mastercall from start to finish was Excellent and also advised that we were so quick to respond.
Trafford OOHs	Very friendly. They took the time to explain the issue. And a huge thank you to, the triage nurse, who was just amazing!
Dental	I would like to thank the call handler yesterday and the dental nurse for advice today. For helping me. I was in such agony with tooth pain. I got an appointment at the dentist, and I finally feel human again. Thank you so much. Your service was very helpful & welcomed.
IV Service	So many thanks to you all for looking after my husband. You have all been wonderful. Your visits, your reassurance, and kindness meant so much to us at a very difficult time for us all. Thank you and we wish happiness and all good wishes through life.
Stockport OOHs	patient called to advise that the treatment he received from Mastercall from start to finish was Excellent and also advised that we were so quick to respond.
Trafford OOHs	E-mail received from mother of patient stating 'I just wanted to say a massive thanks to the out of hours team in Trafford. I was really impressed by my experience with them at the weekend. *** is autistic. Everyone seemed really well trained and clued up. I felt very grateful and would

	appreciate if you could pass on feedback to the line management of the staff I encountered. The reception lady was really good to us as well and I was very grateful. Kudos to the fantastic team.
IV Service	Many thanks to all the IV team, for looking after me. You are a professional, caring, and happy team.
Dental	Patient called to thank the call handler and dental practice for the treatment he received. Patient states the call handler was lovely and very helpful, getting him an appointment in 5 minutes. Patient stated that staff at the practice were very patient and understanding and did an amazing job. Patient is very grateful for the service.

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-Jun24	Jul-Sept24	Oct-Dec24	Jan-Mar25	Total
Safeguarding Adults	132	112	101	130	475
Safeguarding Child	59	37	38	39	173
Total	191	149	139	169	648

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 remarkable 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 impressive 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 Out of H 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	2021/2022	2022/2023	2023/2024	2024/2025
Stockport	89%	94.50%	95%	97.1%
Trafford	87%	96.90%	93%	95.3%
Grey and DNP Lists				
	% Appropriate			
OOH Service	2021/2022	2022/2023	2023/2024	2024/2025
Stockport	92%	94.6%	96%	100%
Trafford	89%	93.4%	97%	99.5%

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 (GMMMG) website.
- Requests to familiarise themselves with the grey and blacklisted medications as per GMMMG.
- 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 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	3.47%	89.3%	5.4%	1.9%	0.0%
ATT/ATT+	3.2%	88.4%	7.0%	1.4%	0.0%
ARI Stockport	1.4%	94.1%	2.8%	1.7%	0.0%
ARI Trafford	6.1%	90.0%	1.7%	2.2%	0.0%
CWWM Dental Call Handler	64.7%	29.5%	2.4%	3.4%	0.0%

Call Handler – OOHs	0.3%	96.4%	3.2%	0.1%	0.0%
Call Handler – ATT/ATT+	0.0%	96.9%	2.9%	0.2%	0.0%
Dental Nurse	77.7%	20.1%	1.2%	1.0%	0.0%
TPAS/TGH/WIC/UTC	3.5%	89.1%	6.2%	1.2%	0.0%
Wythenshawe UTC	9.2%	88.0%	1.6%	1.3%	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 2024 the survey was completed by 162 members of Mastercall staff. Results are reported across fourteen key areas.

- In 2023 Mastercall staff submitted 172 responses and 162 responses in 2024, a >6% decrease in response from 2023.
- Eighteen organisations took part in the 2024 survey with a total of 1,423 responses submitted. The number of respondents per organisation ranged from 1 to 239.
- For thirteen questions, Mastercall's 2024 score is higher than the UHUK average. For one question, its score is lower than the average.
- For nine questions, Mastercall's score has increased since the 2023 survey. For three questions, its score has decreased, and, for two questions, its score has remained the same.

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

Standard Questions	2019	2020	2021	2022	2023	2024
Overall average score across all UHUK organisations	75%	75%	71%	75%	74%	70%
Mastercall score	77%	76%	73%	79%	81%	82%

Standard questions:

Question:	Mastercall score UHUK report. (including 'Neutral')		Mastercall score (excluding 'Neutral**')	
	2023	2024	2023	2024
Q1 - This organisation has good procedures and systems for preventing errors from happening	157/172 (92%)	151/162 (93%)	157/161 (98%)	151/154 (98%)
Q2 - In this organisation we are actively doing things to improve patient safety	162/172 (94%)	152/162 (94%)	162/164 (98%)	152/155 (98%)

Q3 - In my unit it is easy for staff here to ask questions when there is something that they do not understand	156/172 (91%)	151/162 (93%)	156/160 (98%)	151/155 (98%)
Q4 - In my unit, medical errors are handled appropriately	132/172 (76%)	128/162 (79%)	132/154 (85%)	128/148 (86%)
Q5 - This is a good place to work.	155/172 (90%)	148/162 (91%)	155/159 (97%)	148/153 (96%)
**Q6 - When my workload becomes excessive, my performance is impaired (disagree)	38/172 (22%)	27/162 (16%)	38/132 (28%)	27/129 (21%)
Q7 - This organisation does a good job of training new personnel.	127/172 (73%)	123/162 (76%)	127/141(91%)	123/ 141 (87%)
Q8 - Trainees in my discipline are adequately supervised	124/172 (72%)	124/162 (77%)	124/143 (86%)	124/146 (85%)
Q9 - In this organisation, senior management provides a climate that promotes patient safety.	148/172 (86%)	142/162 (88%)	148/158 (93%)	142/152 (93%)
Q10 - In this organisation, if I point out a potentially serious patient safety incident, management will look into it.	145/172 (84%)	137/162 (86%)	145/158 (91%)	137/149 (92%)
Q11 - In my unit, my supervisor/manager seriously considers staff suggestions for improving patient safety.	128/172 (74%)	133/162 (82%)	128/146 (82%)	133/146(91%)
Q12 - In my unit, when a serious error occurs, we analyse it thoroughly.	133/172 (77%)	127/162 (78%)	133/150 (88%)	127/143 (88%)
**Q13 – In my unit, others make you feel like a bit of a failure when you make an error (disagree)	111/172 (64%) *36% made to feel a bit of a failure	115/162 (71%)	111/143 (77%) *23% made to feel a bit of a failure	115/145 (79%)
Q14 – This organisation's management is doing a good job.	144/172 (83%)	135/162 (83%)	144/157(91%)	135/144 (94%)

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 centre. 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 2025/2026

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.
- Incorporate the clinical development framework into a learning academy offer.
- Review the Minor illness course and upgrade it to a level 7 post graduate level course accredited at MMU.
- 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.
- Launch an accredited Basic life Support training in 2025.

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 and develop the healthcare assistant role as well as further skill mix across all disciplines.
- To continue to monitor agency use and aim to reduce and use further as we focus on using our own staff which is a safer option.

Clinical Digital Transformation

Mastercall continues to harness the power of artificial intelligence (AI) to enhance clinical decision-making, patient safety, and service efficiency. During 2025 and 26 we hope to implement several key AI initiatives in close collaboration with our clinical teams, grounded firmly in national and local quality and safety priorities:

- 1) Clinical Effectiveness & Early Detection
- 2) Patient Safety & Risk Monitoring
- 3) Governance, Data Quality & Staff Training
- 4) Workforce Support & Digital Development

Incorporating AI responsibly will enable us to advance on all three key quality domains—patient safety, clinical effectiveness, and experience—by making care more proactive, personalised, and efficient. All deployments are clinician-led, patient-centred, and supported by expert governance frameworks to safeguard both quality and trust.

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 Mastercall.

- 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.

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.

Social Value at Mastercall

Mastercall has a deeply embedded commitment to Social Value, dedicating 4% of its revenue annually to support impactful community initiatives. Our work aligns fully with the National TOMS Framework and is carefully overseen by a designated Social Value SRO and an active cross-departmental Social Value Committee, which meets quarterly to review, approve, and track progress. We also encourage employees to nominate organisations that reflect our values and directly improve the lives of people within our local communities. This structured, accountable approach has earned us a 'mature' rating from the Social Value Portal and national recognition, with Mastercall proudly receiving the Gold Award for Social Value Impact at the UHUK Awards in December 2024.

The results speak for themselves. We've helped deliver c6,500 meals through our partnership with Cracking Good Food's NOSHH service, supporting vulnerable people recently discharged from hospital. We've sponsored accessible bikes for children at Pictor Academy, supported mental health charities like Open Door, and funded dementia reading groups such as Educate. Whether it's donating to the Trafford Care Leavers Appeal or enabling transport for a 99-year-old to attend a vital x-ray, our initiatives are practical, personal, and powerful. At Mastercall, we don't deliver social value because we have to, we do it because we care deeply about the communities we serve.

Environmental

Mastercall Healthcare is deeply committed to environmental sustainability, integrating eco-conscious practices across our operations to support both the NHS and the communities we serve.

We actively monitor our carbon footprint through onsite assessments and detailed reduction reports, covering our baseline and annual emissions. This proactive approach enables us to identify and address areas of concern promptly. Collaborating with our Business Intelligence team ensures that our sustainability efforts are data-driven and effective.

Our partnership with Community Computers exemplifies our dedication to social value and environmental responsibility. In 2023, we donated 49 laptops for refurbishment, supporting digital inclusion in deprived areas and reducing electronic waste. This initiative saved 147kg from landfill and achieved a 9,284kg reduction in carbon footprint. In January 2024, we contributed an additional 12 laptops, 17 monitors, 3 printers, and 2 fax machines, diverting a further 174kg of waste from landfill. These efforts align with our goal to tackle digital exclusion while minimizing environmental impact.

Beyond technology donations, we have implemented numerous initiatives to enhance our environmental responsibility. Our Bee Friendly Initiative, launched in September 2024, involved local schoolchildren helping us plant our wildflower bed to support pollinator habitats. We have also reupholstered existing furniture through collaboration with The Coggin Group, avoiding the environmental costs of new purchases and resulting in a 490kg CO₂ reduction. Additionally, we have improved waste management by introducing comprehensive recycling programs and sourcing eco-friendly packaging materials.

These initiatives reflect our unwavering commitment to sustainability.

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 2024-2025, we hope you have found this document provides a comprehensive overview of the performance during this year. We look forward to collaborating 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.