



Quality Accounts 2025/2026

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Introduction

Who We Are

Welcome to Mastercall Healthcare's Quality Account for 2025/2026. 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, our full range of services, including our urgent Out of Hours Service, Urgent Treatment Centres, urgent dental helpline, community IV treatment, Wellspring (homeless and vulnerable people) and more, reach a combined population of over three million people across Greater Manchester and the Northwest. Within this, our core Out of Hours service alone covers around half a million registered patients across Stockport and Trafford.

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 Centre, Stockport
- Urgent Treatment Centre, Trafford General Hospital
- Primary Care Streaming, Wythenshawe Hospital.
- Specialised services to the Homeless community in particularly the Wellspring Charity in Stockport
- Medical Training Academy validated by the Manchester 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.
- Greater Manchester Clinical Assessment Service in collaboration with Greater Manchester Urgent Primary Care Alliance and North West Ambulance Service.
- 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 provided externally and internally.

We are proud of our ability to rapidly design, develop and deploy services to meet unexpected urgent clinical need.

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 effect, 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

Welcome to Mastercall Healthcare's Quality Account for 2025/26. This report reflects our continued commitment to delivering safe, effective, and compassionate care across Greater Manchester and the Northwest, where our full range of services reach a combined population of over three million people, including around half a million patients covered directly by our core Out of Hours service in Stockport and Trafford. As a social enterprise proudly supporting the NHS since 1996, everything we do is driven by our values, putting people first, not profit.

This has been a year of considerable progress. We have strengthened our clinical workforce, advanced our digital transformation agenda, and maintained the high standards of patient safety and experience that our communities deserve. Underpinning everything in this account is our Grow, Thrive, Belong (GTB) strategy, the cultural foundation that makes sustained quality possible and connects our people, our governance, and our patient outcomes. The pages that follow provide a full account of our performance, our learning, and our priorities for the year ahead.

Key Achievements 2025/26

Patient Safety Culture

Our commitment to a positive patient safety culture continues to be recognised. In the 2025 Urgent Health UK (UHUK) Patient Safety Culture Staff Survey, Mastercall achieved an overall score of 86, our highest ever, and above the national UHUK average of 75. Our score has increased year on year since 2022, and for 13 of the 14 survey questions, performance improved on the previous year. 100% of staff agreed that our organisation actively works to improve patient safety and provides a good place to work.

Incident Reporting and Learning

We recorded 391 patient safety incidents in 2025/26, representing a 45% increase on the previous year and our highest level of reporting in six years. We regard this positively: it reflects a mature safety culture where staff feel confident to report concerns without fear of blame. Our focus remains firmly on learning and improvement rather than individual blame, with incidents driving targeted training, process improvements, and shared learning across the organisation through our Quality & Safety bulletins.

Complaints Performance

Mastercall received 40 complaints from a case list of 246,369 contacts in 2025/26, achieving a complaint rate of just 0.016%, significantly below the NHS indicative range of 0.1–0.3% and well within our own target of 0.05%. This is a reduction from previous years and represents a sustained improvement over six years. Importantly, 80% of complaints were either not upheld or only partially upheld, underscoring the consistent quality of care our teams deliver.

Clinical Audit Excellence

Our call handlers demonstrated outstanding performance in Priority Guidelines Audits, consistently achieving compliance rates above 99% throughout the year. Antibiotic prescribing appropriateness reached 98% across both Stockport and Trafford Out of Hours services, our best ever performance and a testament to our ongoing commitment to antimicrobial stewardship. Our Clinical Guardian peer review audit programme continues to provide real-time, evidence-based feedback to clinicians across all services.

Workforce Development and the Mastercall Academy

This year marked significant progress in building the foundations of the Mastercall Academy. We established a structured clinical development framework, launched accredited Basic Life Support (BLS) training, and advanced work to develop our Minor Illness course to postgraduate Level 7, accredited through academic partners. We strengthened supervision and appraisal processes across the organisation and increased recruitment of staff with Emergency Department and UTC experience, reducing our reliance on agency staff.

Clinical Digital Transformation

We made important strides in our digital transformation agenda, establishing a clear strategic framework for the responsible implementation of Artificial Intelligence (AI) across four key areas: clinical effectiveness and early detection; patient safety and risk monitoring; governance, data quality, and training; and workforce support and digital development. All digital initiatives are clinician-led, patient-centred, and underpinned by robust governance to ensure safe and ethical deployment.

Patient Experience and Engagement

Patient feedback continued to be overwhelmingly positive across all our services, with our Friends and Family Test results consistently above the national average. Themes of clinical excellence, compassion, and professionalism run through the compliments we receive, and our 'You Said, We Did' approach ensures patients can see the direct impact of their feedback. We held our Patient Engagement Forum twice this year, with actions taken directly from patient feedback including improvements to waiting environments for children and enhanced access to Electronic Health Records. We are grateful to every patient who takes the time to share their experience with us.

Safeguarding

Safeguarding remains a cornerstone of our clinical practice. In 2025/26 we managed 330 safeguarding cases (252 adult, 78 children), with increasing numbers reflecting greater staff awareness and confidence in identifying and raising concerns. Bespoke training has been delivered to targeted staff groups including dental nurses and shift leads, and our safeguarding lead provides ongoing supervision and individual support to ensure our most vulnerable patients are protected.

CQC Compliance and Governance

Mastercall maintains a state of continuous CQC readiness, our quality assurance is not periodic or inspection-driven, it is continuous, structured, and owned at every level of the organisation. We hold an Outstanding rating for Caring, awarded following our 2017 inspection and reaffirmed at review in January 2023. Our Quality Assurance Framework is aligned to the five CQC domains, Safe, Effective, Caring, Responsive, and Well-Led, with named accountabilities, RAG-rated indicators, and live governance structures providing the Board, our commissioners, and the CQC with assurance at all times. Our work is also directly aligned to the NHS Ten-Year Plan, supporting the shift to community-based care and contributing to system-wide quality and equity objectives including Core20PLUS5.

Looking Ahead: Our Commitments for 2026/27

Building on the strong foundations laid this year, our priorities for 2026/27 are focused on embedding sustainable improvements across clinical quality, workforce capability, and digital innovation.

Embedding the Mastercall Academy

We will progress formal accreditation of our clinical training courses, expand the Mastercall Academy offer both internally and externally, and develop a sustainable funding model. Our aim is to establish Mastercall as a recognised centre for high-quality clinical education, supporting the development of a workforce that is skilled, confident, and fit for the future.

Strengthening Workforce Stability Across UTC Services

We will continue to reduce variation in practice across our Urgent Treatment Centres, further optimise our workforce skill mix, and continue to reduce reliance on agency staff. Strengthening the links between workforce development and Mastercall Academy delivery will be a priority, ensuring that training is directly responsive to the needs of the services we provide.

Implementing Digital and AI Solutions in Clinical Practice

We will move from strategic planning to active implementation of AI-driven tools to support clinical decision-making, patient safety monitoring, and operational efficiency. All deployments will remain clinician-led and subject to robust governance oversight, ensuring that digital innovation serves our patients safely and equitably.

Improving Communication and Patient Experience

We are committed to reducing communication-related complaints by 15% over the next 12 months. This will be achieved through targeted communication training, continued shared learning via our Quality & Safety bulletins, and a sustained focus on ensuring that every patient interaction is delivered with empathy, clarity, and respect. We will continue to strengthen clinical decision-making processes in our highest-volume services and share learning across teams.

I am proud of everything our team has achieved in 2025/26 and grateful to every member of staff, GP contractor, and partner who contributes to the care we provide.

Our patients trust us, often at their most vulnerable, and that responsibility drives everything we do. I look forward to building on this year's progress and to continuing to work with our patients, commissioners, and wider health system to make Mastercall's services the very best they can be.

Michaela Buck

Chief Executive, Mastercall Healthcare

June 2026

ICB Comment – Mastercall Healthcare Quality Account 2025/26

NHS Greater Manchester (NHS GM) welcomes Mastercall Healthcare's Quality Account for 2025/26 and acknowledges the organisation's continued commitment to delivering safe, effective and person-centred urgent and community care across Trafford and Stockport. The Account provides comprehensive assurance of the governance structures in place and demonstrates sustained progress in key areas including patient safety culture, clinical audit performance, digital transformation, and workforce development.

We recognise the strong and constructive relationship between Mastercall and NHS GM, supported through regular contract review meetings, quality visits, incident monitoring and shared learning. The improvements highlighted—particularly in incident reporting maturity, antimicrobial stewardship, safeguarding practice, and patient experience—reflect a positive and proactive approach to continuous quality improvement.

NHS GM welcomes the progress described in relation to the implementation of the Patient Safety Incident Response Framework (PSIRF). The shift towards a learning-focused, system-based approach to patient safety is clearly evident, and we appreciate the work undertaken to embed PSIRF principles across services. To support full implementation, NHS GM requests that Mastercall's PSIRF policy and plan are now reviewed, finalised, and formally published. This will ensure alignment with national requirements and provide clarity for staff, patients, and partners on how PSIRF will operate in practice.

We value Mastercall's openness, responsiveness, and commitment to delivering high-quality care, and we will continue to work collaboratively through our shared values of compassion, integrity, inclusivity, and partnership.

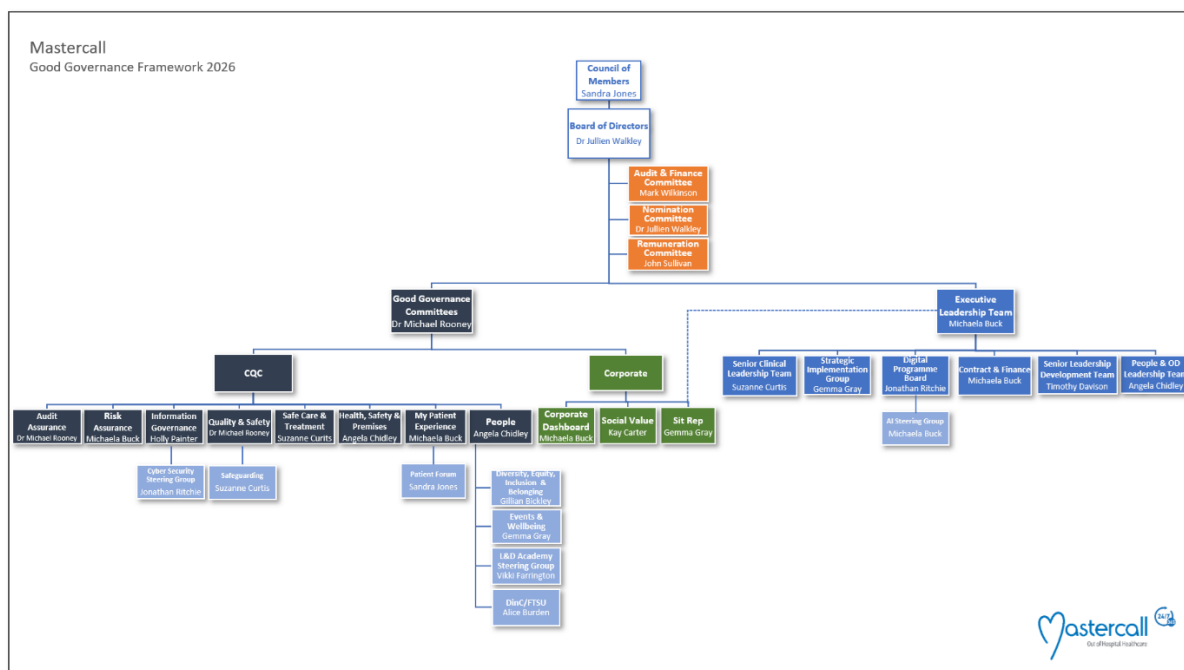


Prof. Colin Scales
Acting Chief Executive
NHS Greater Manchester

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 Committee provides assurance to the Board that robust information governance, data protection, cyber security, and information management arrangements are in place across the organisation. The Committee oversees the development and implementation of the Information Governance Strategy, policies, and improvement plans, ensuring compliance with national standards, data protection legislation, the Data Security and Protection Toolkit, ISO 27001 requirements, and emerging cyber security frameworks. It also supports the organisation's readiness for external accreditation and certification, while promoting continuous improvement of the Information Security Management System (ISMS).

Quality and Safety Committee

The Quality and Safety Committee provides oversight and assurance for the quality, safety, and effectiveness of patient care across all Mastercall services. Focusing on four key areas—complaints, incidents, clinical performance, and safeguarding—the Committee supports the Board and Commissioners by ensuring that legal, regulatory, contractual, and clinical governance requirements are met. It promotes a culture of continuous quality

improvement by reviewing performance data, quality dashboards, risks, audits, incidents, complaints, and safeguarding activity to identify trends, share learning, and drive service improvements.

The Committee plays a key role in fostering clinical excellence and supporting Mastercall's ambition to achieve an Outstanding CQC rating. It oversees the implementation of recommendations arising from audits, reviews, incidents, and complaints, ensuring lessons learned are embedded into practice. The Committee also reviews and ratifies relevant policies, supports clinicians' professional development, monitors quality-related risks, and provides assurance that robust governance arrangements are in place to maintain safe, effective, and high-quality patient care across the organisation

Safe Care and Treatment Committee

The Safe Care and Treatment Committee provides assurance to the Board that effective clinical leadership, governance, and best-practice arrangements are in place to ensure safe, high-quality care across all services. The Committee oversees the delivery of care against CQC standards, reviewing patient safety incidents, learning from patient safety events (LFPSE), clinical audits, prescribing practices, and emerging risks to identify opportunities for improvement. It promotes the dissemination of learning throughout the organisation, supports the implementation of NICE guidance and local prescribing policies, and works closely with the Learning and Development Team to provide education and training that enhances clinical practice and patient outcomes.

The Committee is also responsible for ensuring that staff have the appropriate qualifications, skills, experience, supervision, and support to deliver safe and effective care. It oversees the safe management of medicines, monitors prescribing trends, reviews workforce capacity and skill mix, and ensures that treatments meet individual patient needs and preferences. In addition, the Committee maintains oversight of infection prevention and control, environmental and equipment safety, and the management of clinical risks. Through regular monitoring, audit activity, and governance reporting, the Committee provides assurance that risks are identified and mitigated, safe systems of care are maintained, and continuous improvements are made to support high-quality patient care

Health & Safety/ Security & Premises Committee

The Health & Safety/Security & Premises Assurance Committee is established to observe that Security and Health & Safety standards are in place at International House and Trafford Health Centre.

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 Patient Experience Committee

The My Patient Experience Committee provides strategic oversight of patient experience, engagement, and involvement across all Mastercall services. The Committee ensures effective systems are in place to collect, analyse, and respond to patient feedback, compliments, complaints, and experience data using a range of methods, including digital platforms such as SMS surveys, websites, and apps, alongside traditional feedback mechanisms. Its role is to ensure that patient views and experiences are routinely captured and used to inform service development, quality improvement, and organisational learning.

The Committee promotes a culture of continuous improvement by identifying themes, trends, and risks arising from patient feedback and ensuring that lessons learned are shared across the organisation. It champions person-centred care and the principles of dignity, respect, equality, and inclusion, while ensuring that patients and the public are actively involved in service evaluation, co-production, and improvement initiatives. Through robust governance and oversight, the Committee provides assurance to the Good Governance Committee and Board of Directors that Mastercall meets its contractual, statutory, and regulatory responsibilities relating to patient experience and engagement.

People Committee

The People Committee provides strategic oversight of workforce planning, organisational development, employee engagement, employee relations, and staff health and wellbeing. Accountable to the Board of Directors and Council of Members, the Committee ensures that workforce experience, learning, and development are embedded within Mastercall's corporate strategy and business planning. It monitors workforce performance through regular staff surveys, workforce indicators, benchmarking exercises, and risk management processes, providing assurance that the organisation continues to develop as an employer of choice while maintaining a positive and supportive working environment.

The Committee also champions a range of staff-focused initiatives and governance frameworks, including Freedom to Speak Up, Dignity in Care, wellbeing, equality, diversity and inclusion, and employee engagement programmes. It oversees compliance with key employment legislation, national frameworks, and accreditations such as the GM Good Employment Charter, Disability Confident Employer, Menopause Friendly Workplace Accreditation, Social Enterprise Mark, and the Real Living Wage Foundation. Through regular reporting, accreditation monitoring, and collaboration with wider organisational committees, the People Committee provides assurance that Mastercall maintains high standards of workforce governance, supports staff wellbeing, and invests in the development of a skilled, engaged, and motivated workforce.

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.

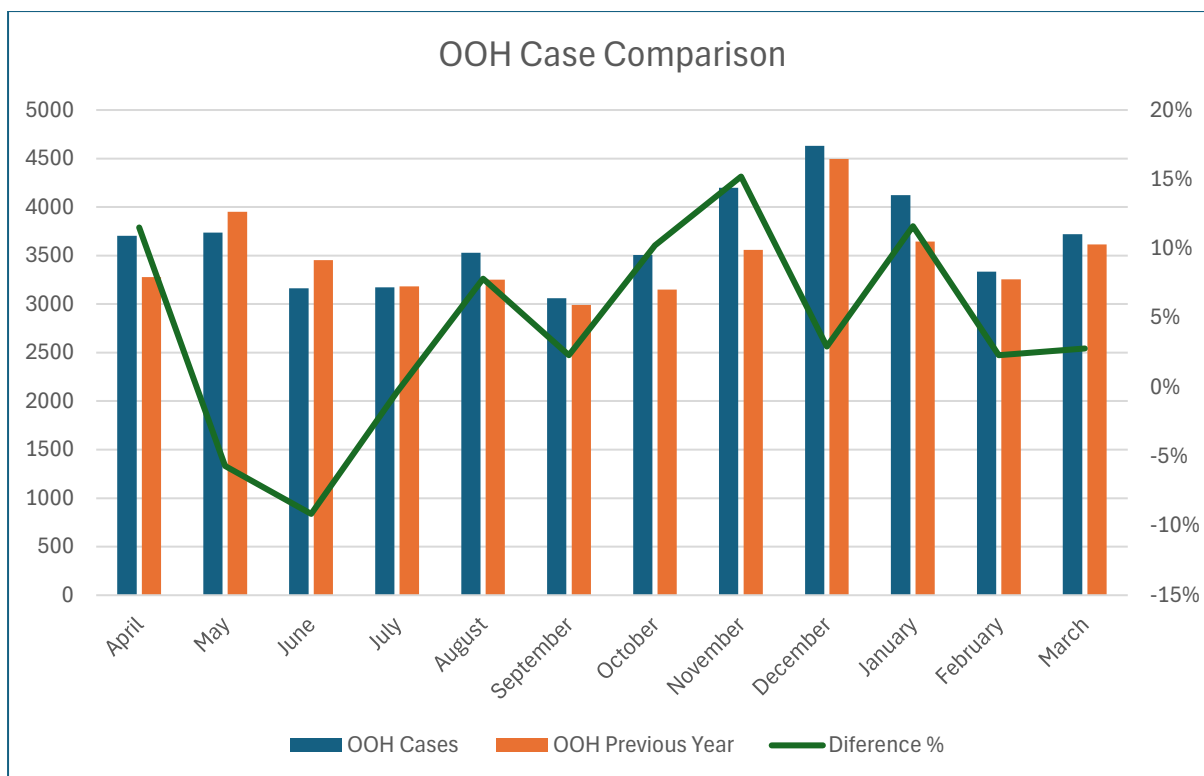


Figure 1: Number of out of hour cases compared to last year. Including the percentage difference.

Out of Hours demand rose in 9 of the 12 months compared with the previous year, with the sharpest increases in November (+15%) and April and January (both +12%), reflecting a clear winter-driven seasonal pattern. On current trends, demand is expected to grow by a further 5–10% next year, concentrated again between October and January.

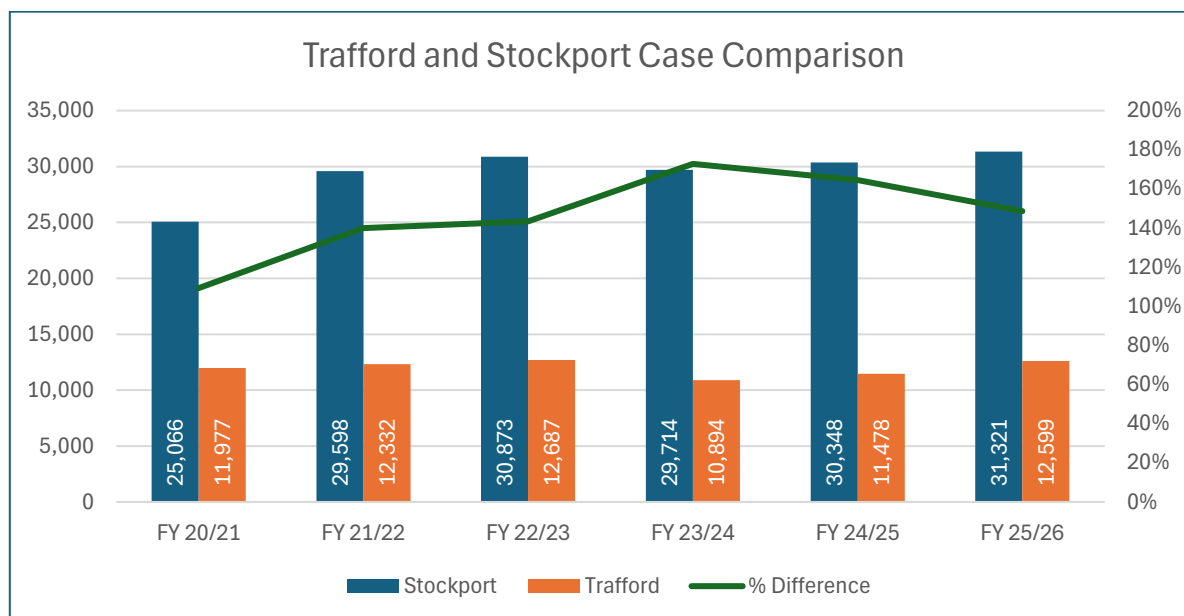


Figure 2: Comparison of Trafford and Stockport cases by financial year, including the percentage difference between each area.

Both areas show six-year growth in OOH cases, with Stockport rising from 25,066 to 31,321 and Trafford from 11,977 to 12,599; Stockport's per-capita demand is around 2.5 times Trafford's despite only 20–25% more population, pointing to greater local healthcare need or referral pathway differences.

Breaches are highest in winter (Q3 and Q4), reflecting seasonal system pressure, but have also risen structurally since FY21/22 even when case volumes are lower, indicating that capacity and case complexity, not demand alone, are driving the increase.

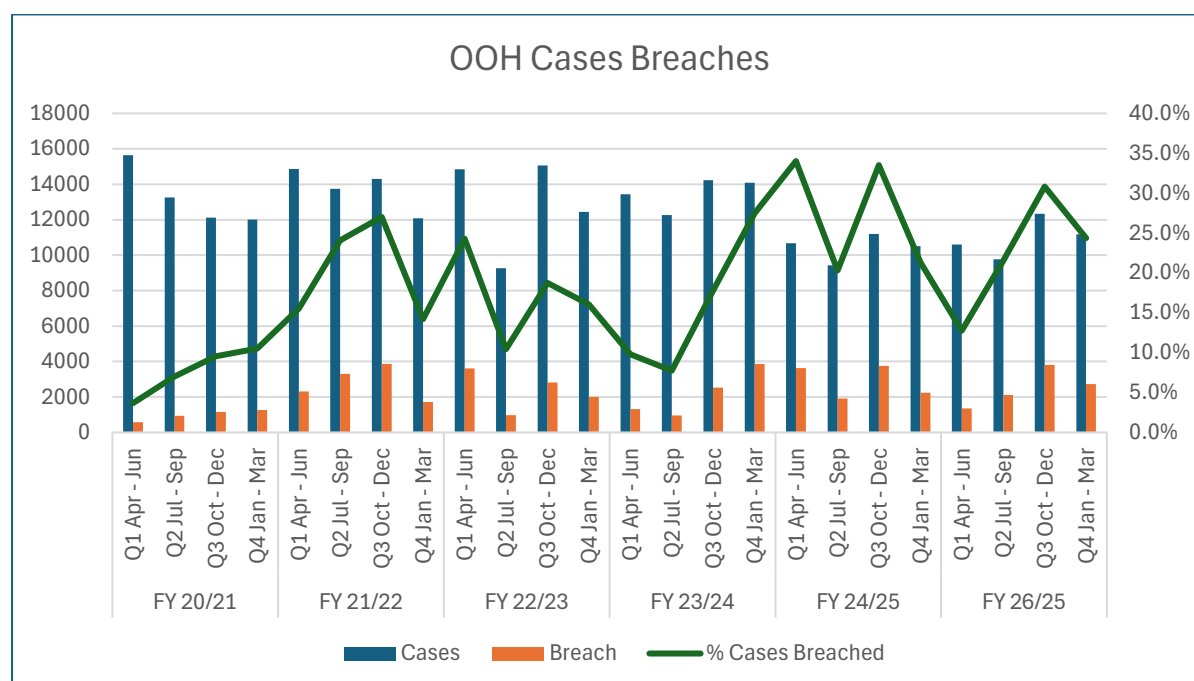


Figure 3: Number of Breached Cases Compared to OOH cases.

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.

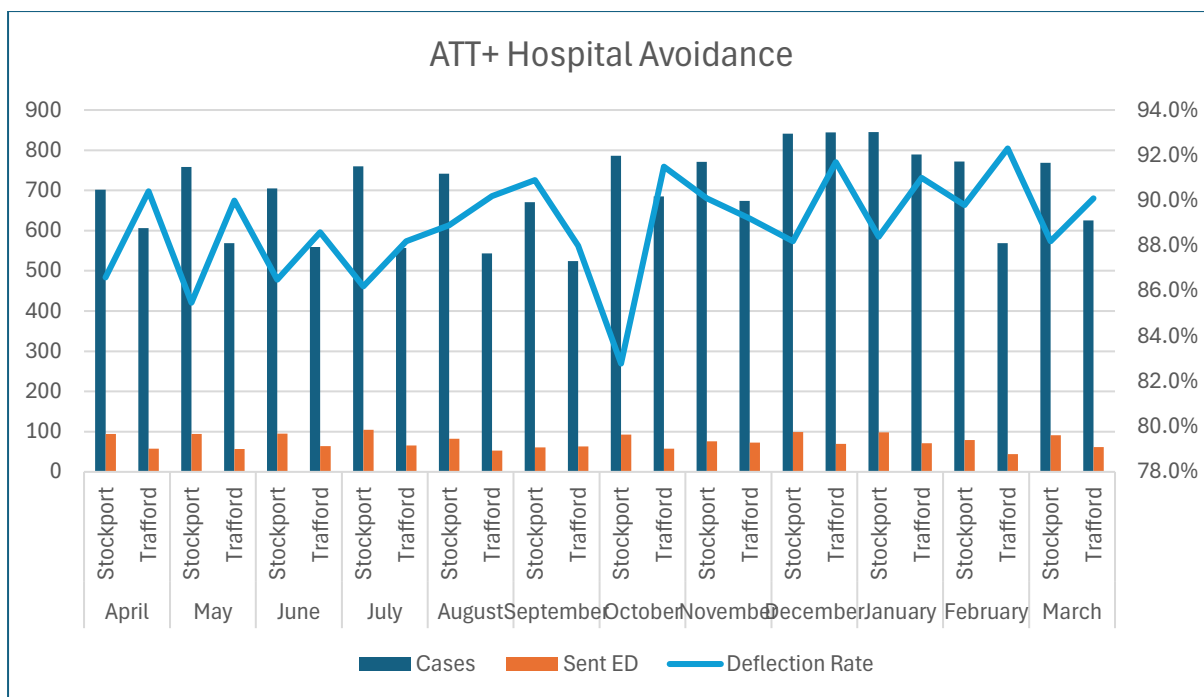


Figure 4: Shows the Number of ATT/+ Cases for both Stockport and Trafford, showing the Emergency Department Deflection Rate.

Emergency Department deflection rates remain consistently high (85–92%) across both areas, with Trafford typically higher and more stable while Stockport dips slightly during peak winter pressure. Combined, the service manages around 16,500 cases a year, avoiding an estimated 14,700 ED attendances and £2.2m–£2.9m in annual ED costs.

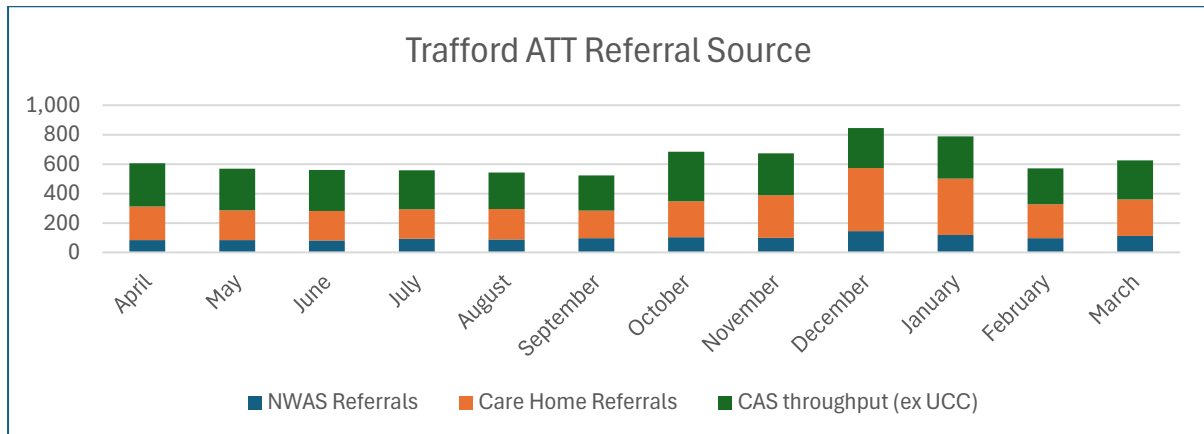


Figure 5: Breakdown of referral source for Trafford ATT.

Care home referrals drive a large share of ATT activity in both areas, especially in Stockport (Figure 6) where they account for the majority of monthly cases, while Trafford's referral mix (Figure 5) is more evenly balanced; this makes care homes a key focus for winter capacity planning, particularly in Stockport.

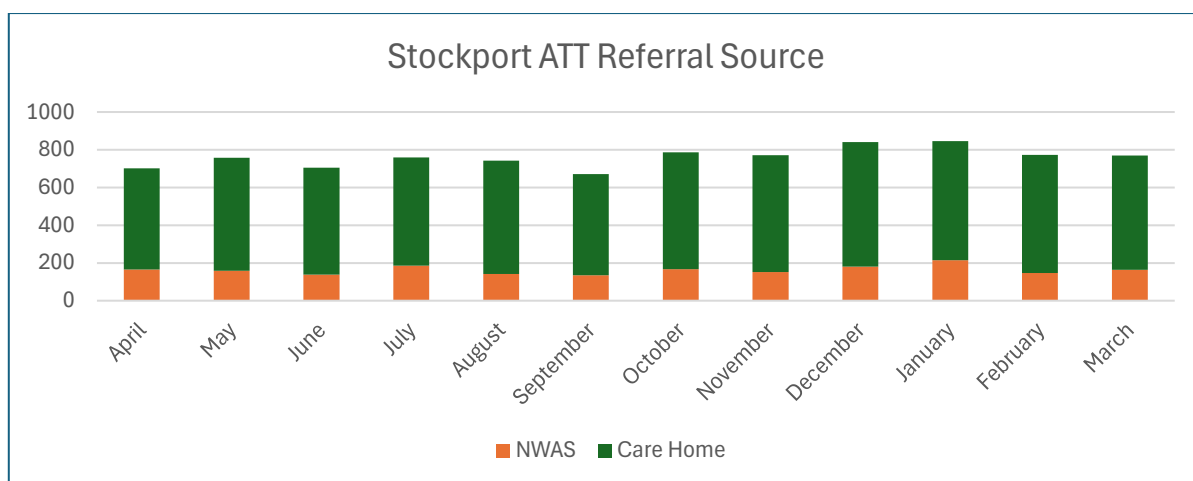


Figure 6: Breakdown of referral source for Stockport ATT.

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.

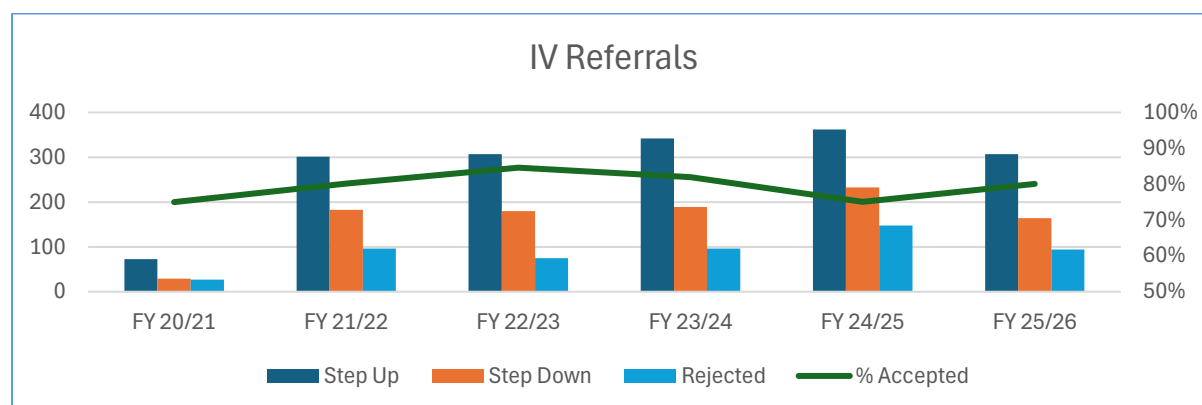


Figure 7: Shows the number of referrals from a step up or step-down setting and the percentage of total referrals that were accepted.

Referrals to the Community IV Team have risen sharply over six years, driven mainly by Step Up referrals from GP practices and district nurses, while the acceptance rate has stayed broadly stable at 70–85% despite growing volumes.

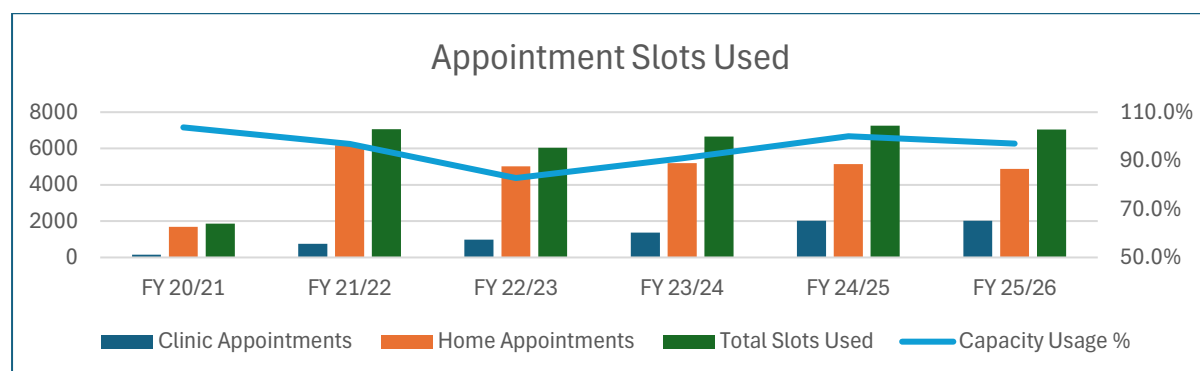


Figure 8: Comparison of appointment slots utilised per financial year.

Appointment activity has shifted from home visits toward clinic-based care since FY22/23, with home appointments falling from a peak of around 6,000 to under 5,000 while clinic appointments have risen to around 2,000, supporting better use of clinical time while maintaining overall capacity.

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.

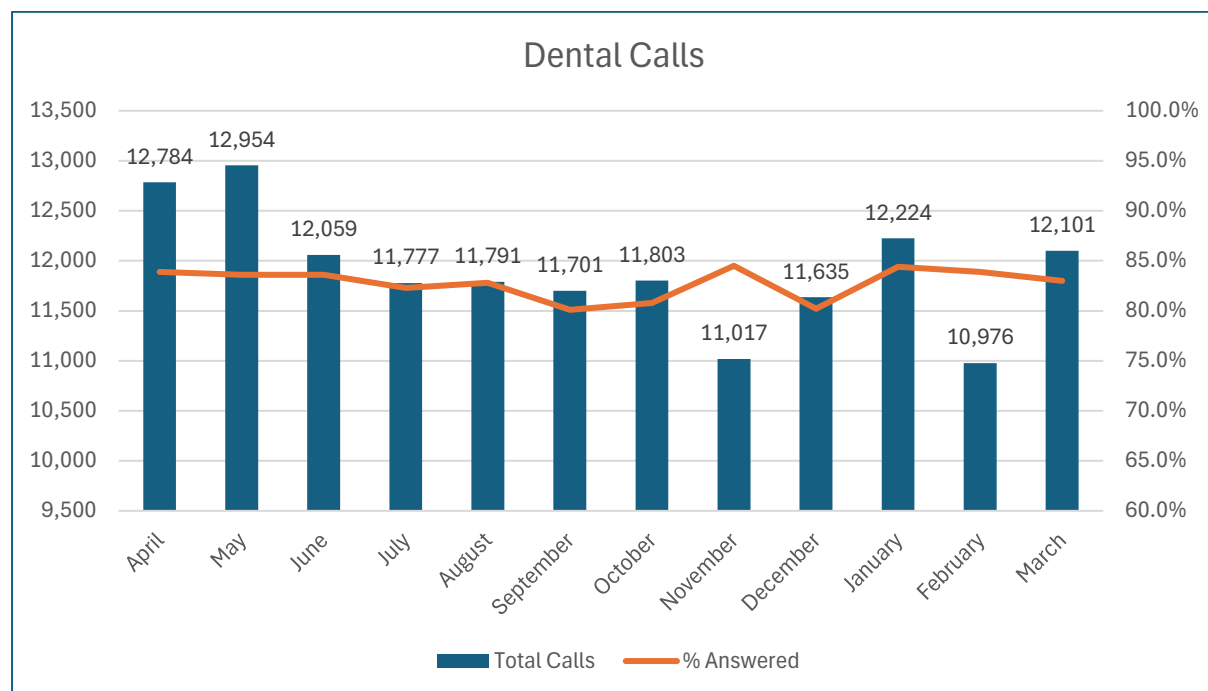


Figure 9: Total number of calls to the Emergency Dental Service per month. Eighty-one percent of calls received are answered, where service users may hang up before getting through, or lost connection.

Call volumes remain high and stable, generally between 11,000 and 13,000 a month with peaks in May and January, while the percentage answered stays consistent at 80–85% regardless of volume.

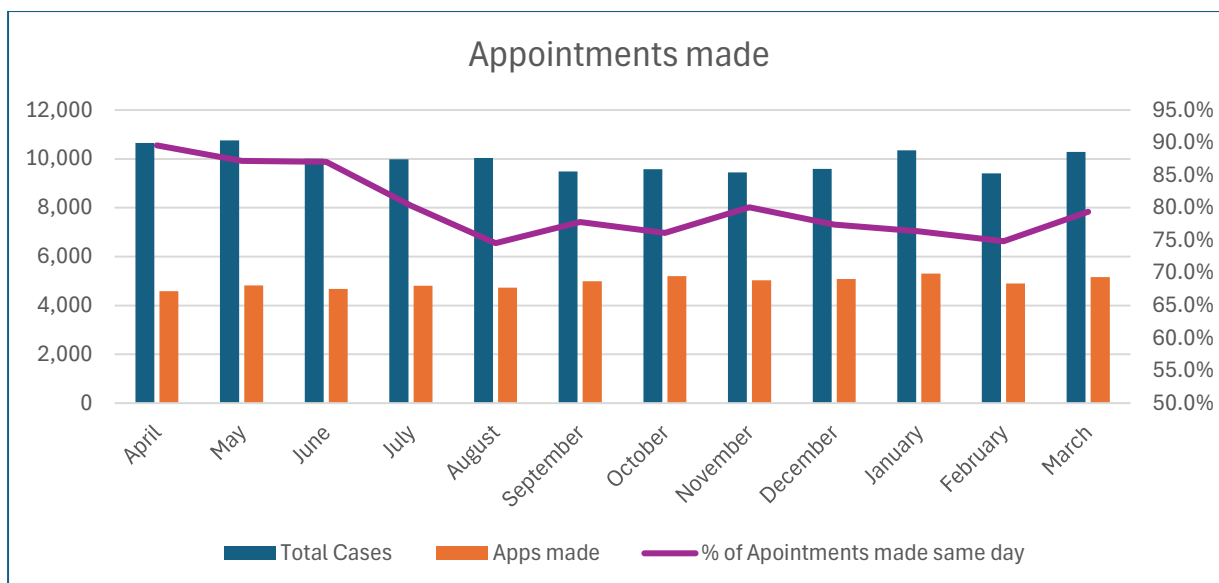


Figure 10: Number of emergency dental appointments booked by month. Including the percentage of appointments made on the same day as calling.

Case volumes are mildly seasonal, dipping in August to October and recovering into winter, with appointments made consistently representing only around 45–50% of total cases.

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 NHS 111 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.

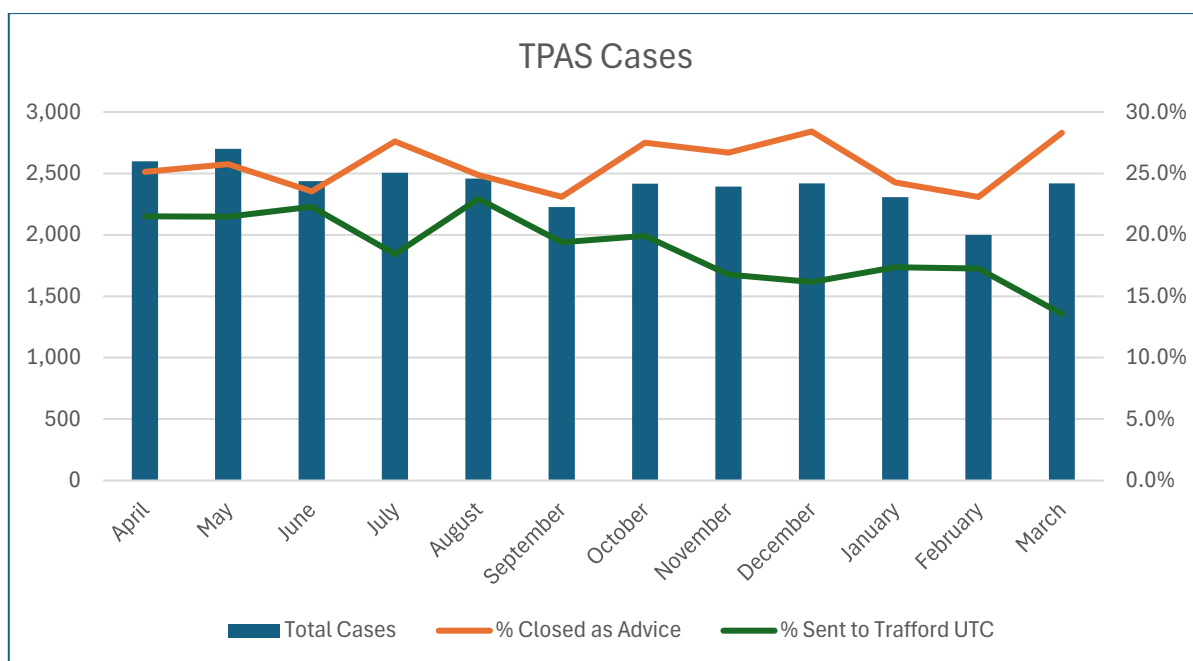


Figure 11: Shows the total number of TPAS cases and the percentage which were either closed as advice or booked an appointment at Trafford.

TPAS case volumes are stable across the year at around 2,000–2,700 a month, with roughly a quarter to a third of cases closed as advice and referrals to Trafford UTC declining gradually from around 20–22% to 15% over the year.

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.

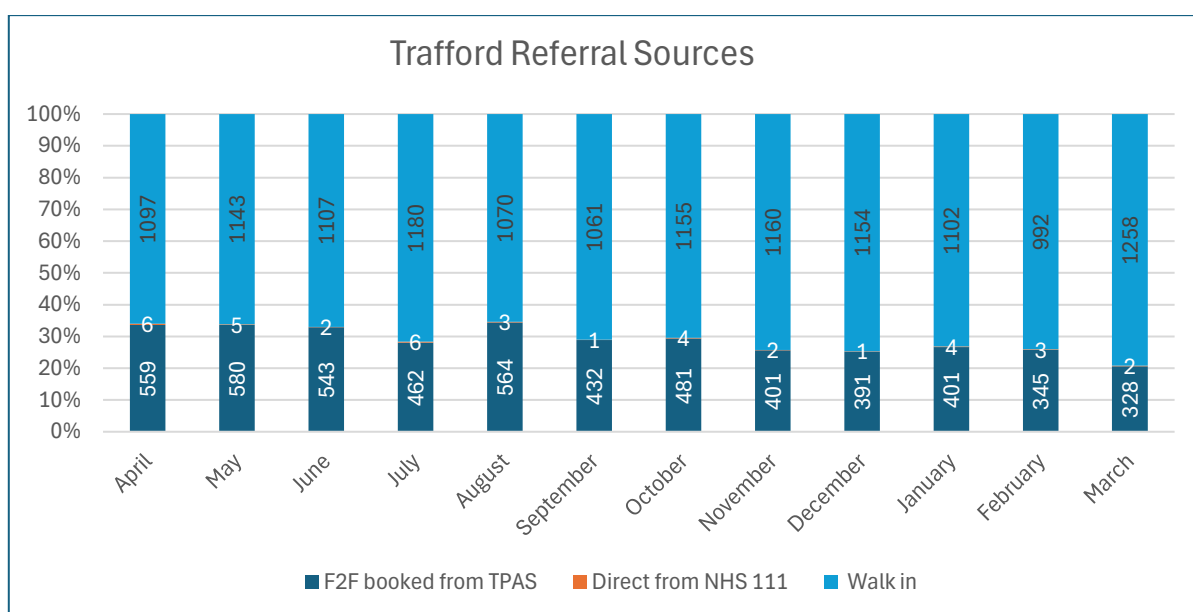


Figure 12: Number of Trafford cases by referral per month.

Walk-in patients consistently make up around 70% or more of Trafford UTC activity, while structured F2F referrals via TPAS have declined from 559 in April to 328 by March, making patient flow less predictable to manage.

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/7 days 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.

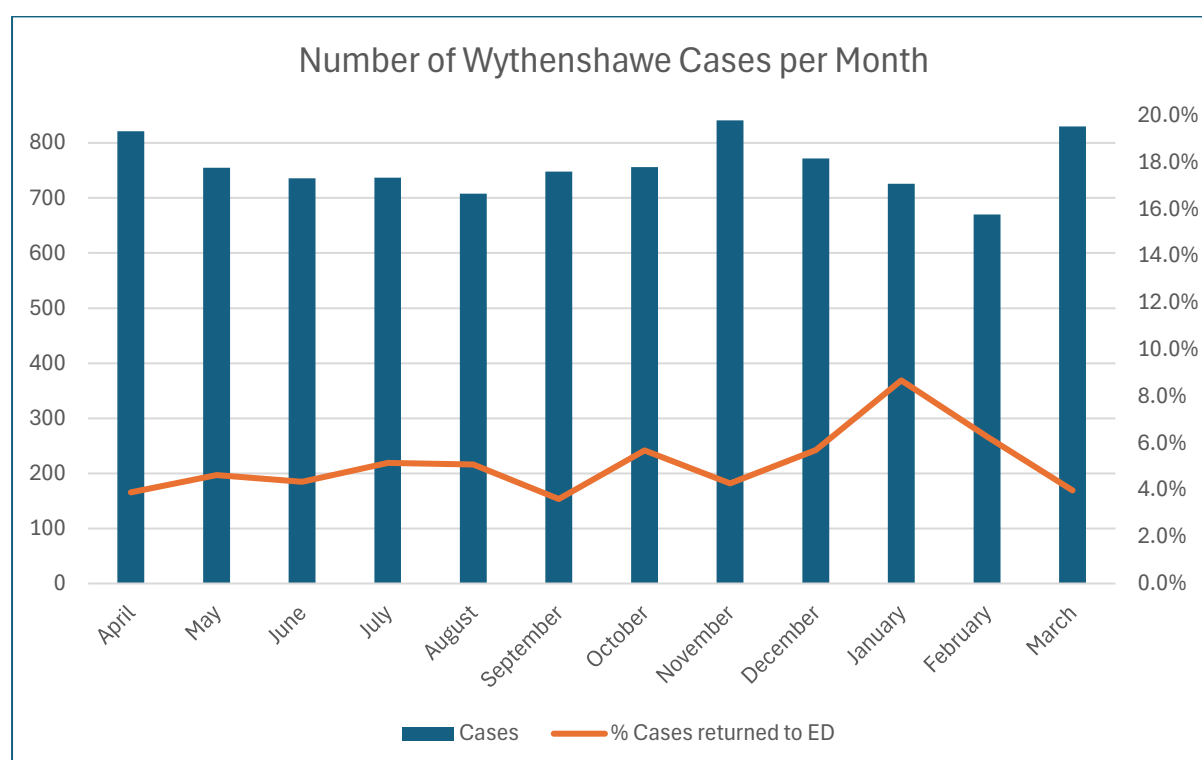


Figure 13: Total number of cases at Wythenshawe Urgent Treatment Centre and percentage of those cases returned to the Emergency Department.

Wythenshawe UTC keeps returns to ED low, generally between 3.6% and 5.7% of cases, with a notable outlier of 8.7% in January reflecting winter system pressure.

Stockport Community UTC (Formally the Acute Respiratory Infection Clinic)

The Stockport Community Urgent Treatment Centre (UTC) is a GP-led, referral-only service providing **same-day urgent care assessment, diagnostics, and treatment** for patients with non-life-threatening conditions who require a face-to-face review. Launched in September 2025 following its evolution from the ARI winter hub, the service operates daily from 10:00 to 22:00 and accepts referrals via GMUPCA CAS, NHS 111, and primary care. Patients are pre-booked and assessed within 30 minutes of arrival, ensuring timely access while maintaining a structured and controlled patient flow. The service is designed to support system-wide pressures by acting as an alternative to emergency departments, helping to reduce unnecessary hospital attendances and admissions while improving access to urgent care in the community.

Clinically, the UTC delivers comprehensive urgent care for both adults and children presenting with minor illness and acute conditions, supported by GP assessment, baseline observations, and access to diagnostics, including

point-of-care testing. The model emphasises safe decision-making, with patients either treated and discharged, referred onwards, or managed with community support or virtual ward monitoring. Overall, the service provides a consistent, high-quality, and accessible urgent care model that enhances patient experience while relieving demand across primary and secondary care. 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.

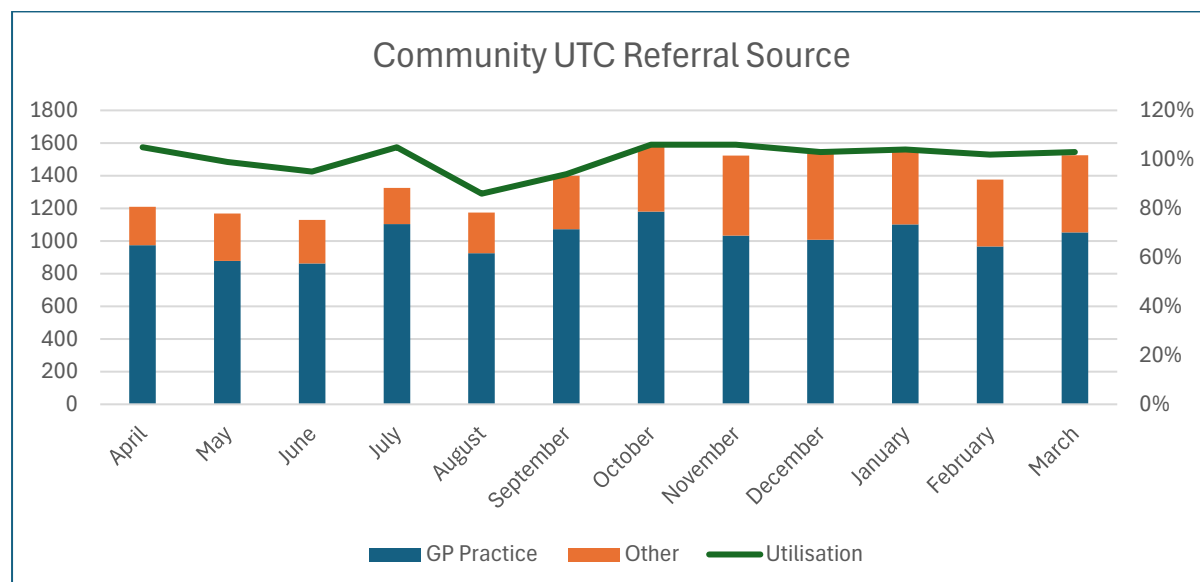


Figure 14: Shows a breakdown of referral source for the UTC, and the utilisation of the service.

GP practices are the dominant referral source to the Community UTC (65–75% of referrals), and utilisation runs close to or above full capacity most months, peaking at 100–105% between October and January.

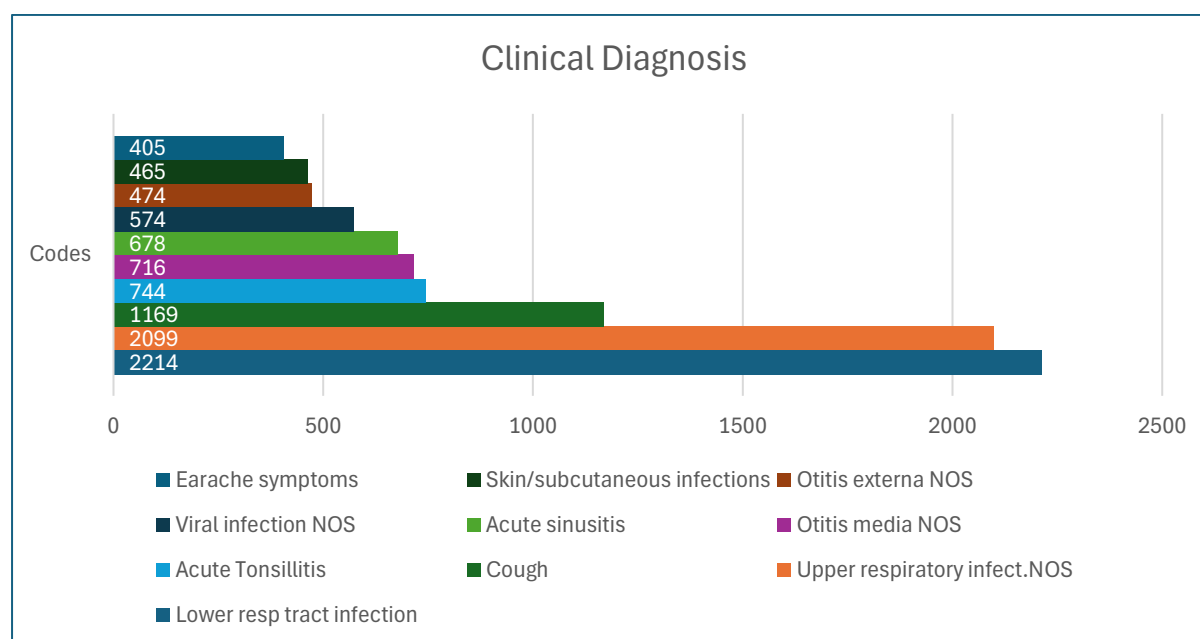


Figure 15: Shows the top 10 clinical diagnosis of patient seen by Stockport Community UTC.

The Community UTC is dominated by respiratory and infection presentations, led by lower and upper respiratory tract infections, followed by cough, tonsillitis, otitis media and sinusitis.

Trafford Acute Respiratory Infection Clinic (Winter Service)

Supporting Trafford through the busy winter period by delivering an Acute Respiratory Infection (ARI) and Primary Care Resilience Hub/ Visting service by providing 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 the UTC at 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.

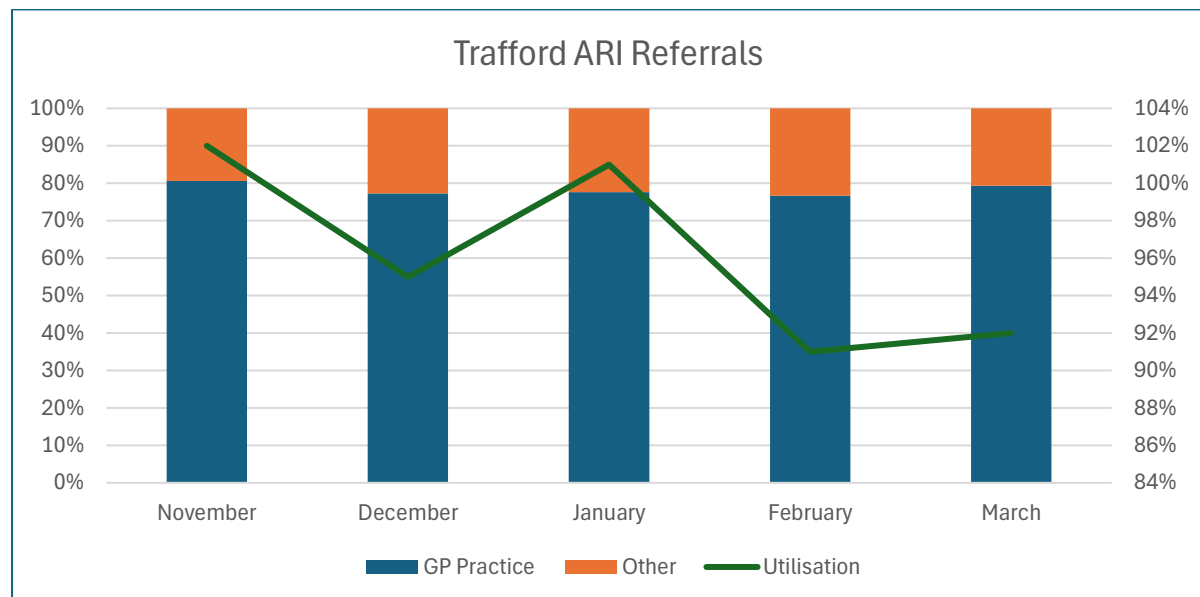


Figure 16: Shows the number of referrals from GP practices or by other services and the overall utilisation of the service.

GP practices provide around 75% of referrals to the ARI clinic, and utilisation has varied over the year, peaking above 100% in November and January and dipping to 90–92% in February.

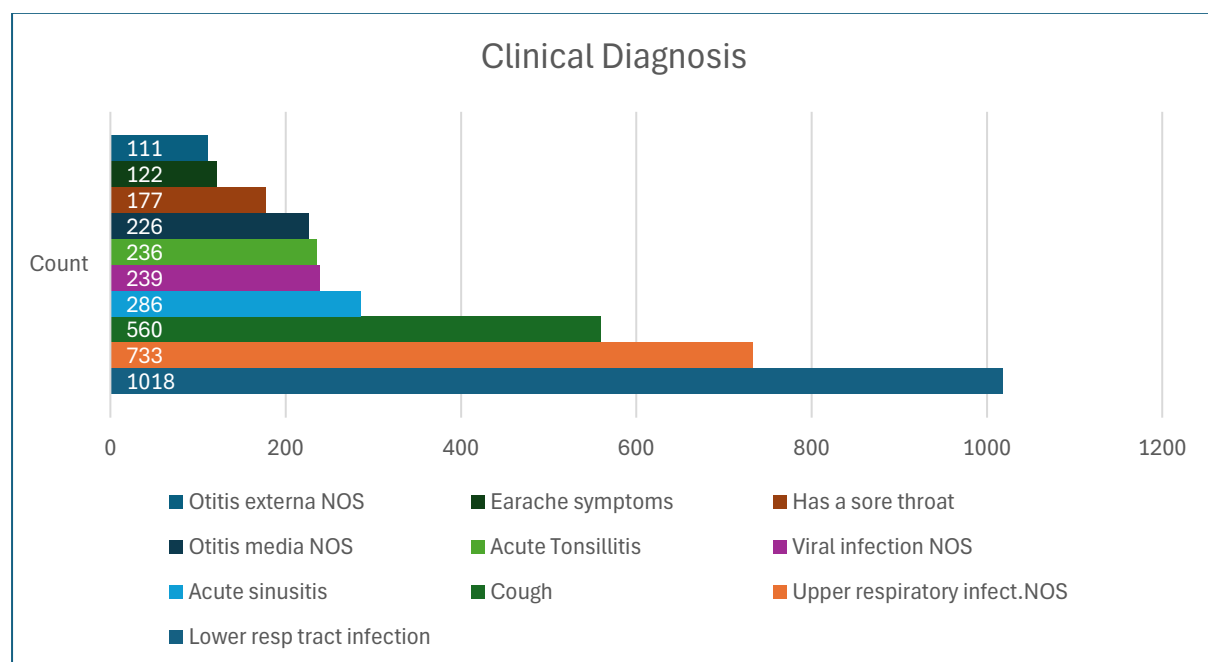


Figure 17: Shows the top 10 clinical diagnosis of patient seen by the ARI Clinic.

The ARI clinic is dominated by respiratory presentations, led by lower and upper respiratory tract infections and cough, consistent with its role in managing seasonal infection demand.

Quality Assurance

Mastercall Healthcare has established a comprehensive and fully embedded Quality Assurance Framework that provides robust, continuous assurance of the quality, safety and effectiveness of all services. The framework is aligned to the Care Quality Commission (CQC) Single Assessment Framework and demonstrates how the organisation sustains its current rating of Good overall, with Outstanding for Caring.

At its core, the framework is not a forward plan but a live assurance system, evidencing how quality is consistently delivered, monitored and governed in real time. It provides clear assurance to the Board of Directors, commissioners and regulators that high standards of care are maintained and that governance systems are sufficiently mature to sustain these standards over time.

Quality assurance is delivered through a well-defined governance architecture that spans all organisational levels. Accountability is distributed from frontline clinical teams through executive leadership to Board-level oversight. Central to this structure are the Good Governance Committees, supported by a network of specialist committees (including Quality & Safety, Risk Assurance, Audit Assurance, Information Governance and My Patient Experience), each aligned to the five CQC domains. This ensures that quality is systematically monitored, risks are escalated appropriately, and performance is scrutinised with both executive ownership and independent oversight.

The framework is further strengthened by integrated corporate governance processes, including a real-time Corporate Dashboard, Board assurance reporting, risk management systems and internal audit functions. Together, these mechanisms provide a single, coherent view of performance across clinical quality, patient experience, workforce, operational delivery and financial sustainability.

A distinguishing feature of the framework is its integration with the organisation's Grow, Thrive, Belong (GTB) strategy, which provides the cultural foundation for sustained quality. This approach recognises that high-quality care is intrinsically linked to workforce capability, wellbeing and inclusion. Through GTB, Mastercall systematically assures staff development, engagement and equality, demonstrating that organisational culture is actively measured and managed as a key determinant of quality outcomes.

Assurance is explicitly mapped across all five CQC domains:

- **Safe:** Robust clinical governance systems, incident reporting, safeguarding arrangements and risk management processes ensure patient safety is continuously monitored and improved.
- **Effective:** A structured clinical audit programme, adherence to national guidelines and strong professional development systems ensure care is evidence-based and outcomes-focused.
- **Caring:** An established patient experience infrastructure, including real-time feedback, complaints management and co-production, underpins the organisation's Outstanding rating.
- **Responsive:** Service performance, access and demand are monitored in real time, enabling agile and patient-centred service delivery.
- **Well-Led:** A mature governance framework, inclusive leadership culture and clear accountability structures ensure strong organisational oversight and continuous improvement.

Performance across these domains is monitored through a defined set of quality indicators, each with clear thresholds, ownership and review frequency. These are reported through governance structures and escalated where required, with formal RAG rating processes ensuring that any deterioration in performance triggers timely management action.

The framework also demonstrates strong alignment with national NHS priorities and regulatory requirements, including the NHS People Plan, Core20PLUS5 and wider system quality priorities. This ensures that Mastercall not only meets statutory requirements but contributes proactively to system-wide quality and equity objectives.

Importantly, the organisation maintains a state of continuous CQC readiness, with assurance evidence, governance processes and performance data always maintained in inspection-ready condition.

In summary, Mastercall Healthcare's Quality Assurance Framework evidences a mature, integrated and continuously operating assurance system. Quality is actively governed, transparently reported and embedded across all levels of the organisation. This provides confidence to patients, staff, commissioners and regulators that services are safe, effective, compassionate, responsive and well-led, and that these standards are sustainable over the long term.

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, Safeguarding Lead, Quality & Safety Manager and Quality and Safety Facilitator.

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 deemed attributable to Mastercall fell by 9% compared with the previous year, while those classified as not attributable rose by 14%, suggesting improved clarity in attribution and stronger investigative processes.

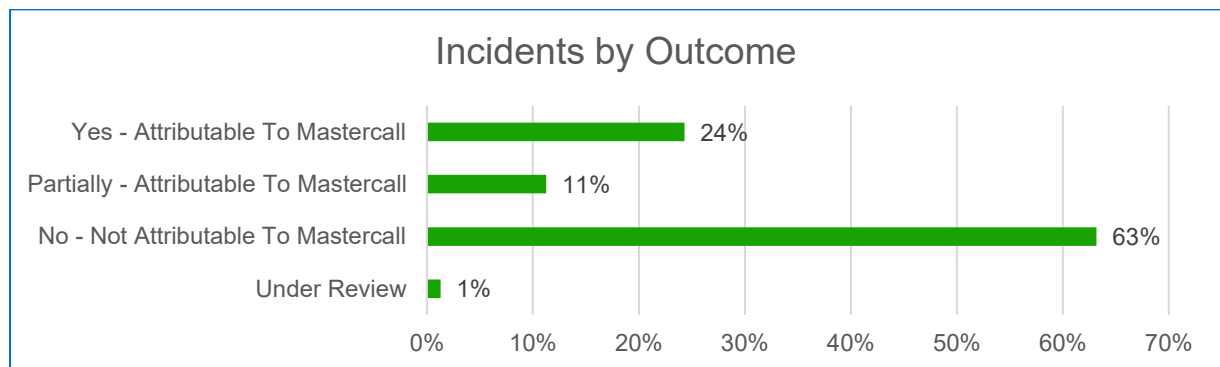


Figure 18: Percentage of incidents that were found to be either attributable or not attributable to Mastercall.

391 incidents were reported this year, a 45% increase on the previous year and the highest in six years, though the six-year average incident rate has remained broadly stable at around 0.13%.

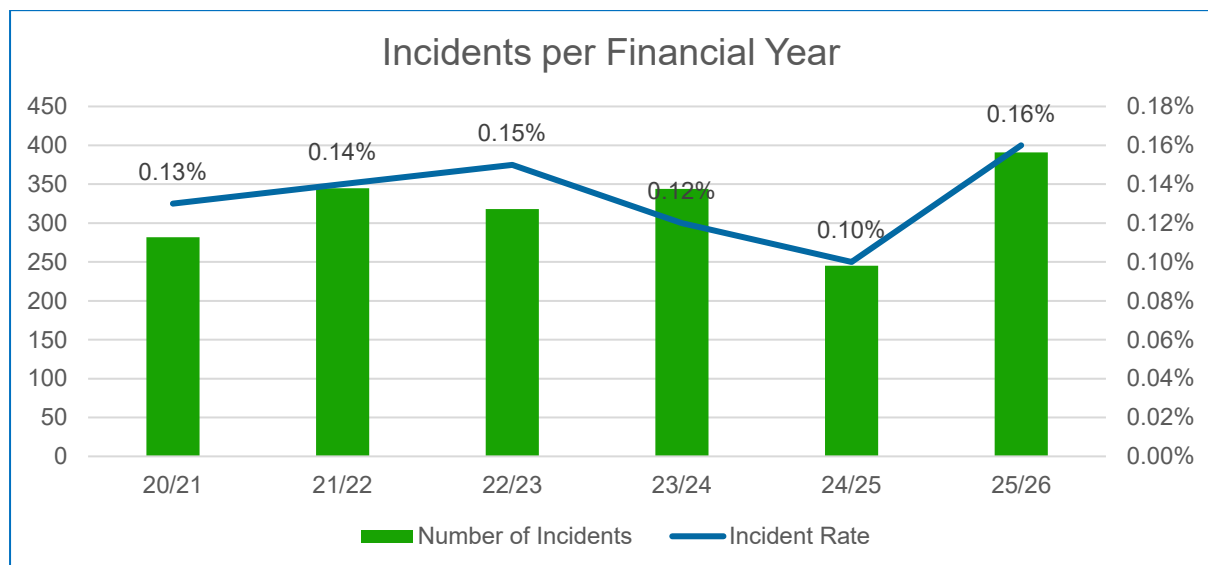


Figure 19: Number of incidents per financial year, include the incident reporting rate.

Most incidents resulted in low or no harm, with Minimal Harm (268) and No Harm (96) accounting for the vast majority, and only 18 Moderate Harm, 2 Severe Harm, and 2 deaths recorded (neither caused directly by the incident).

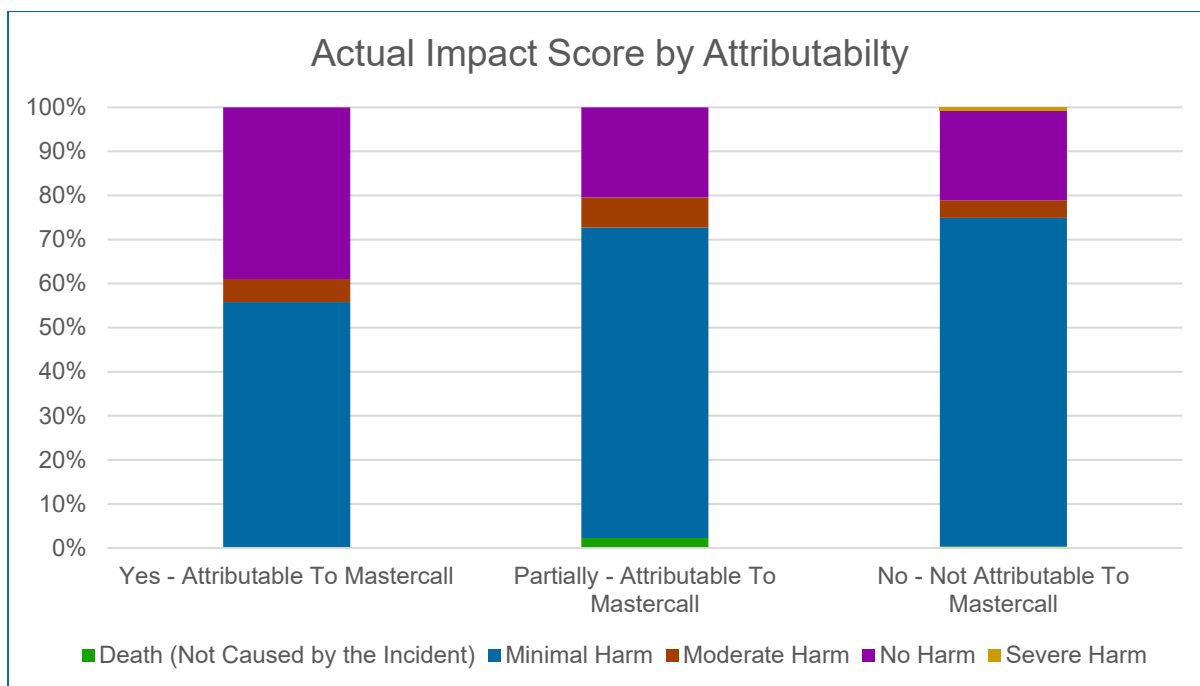


Figure 20: Show the number of incidents attributable to Mastercall by the actual impact score.

Out of Hours accounts for the largest share of incidents (143), followed by Trafford Primary Assessment Service (60) and Trafford UTC (57), though across all services the great majority of incidents remain Minimal Harm or No Harm.

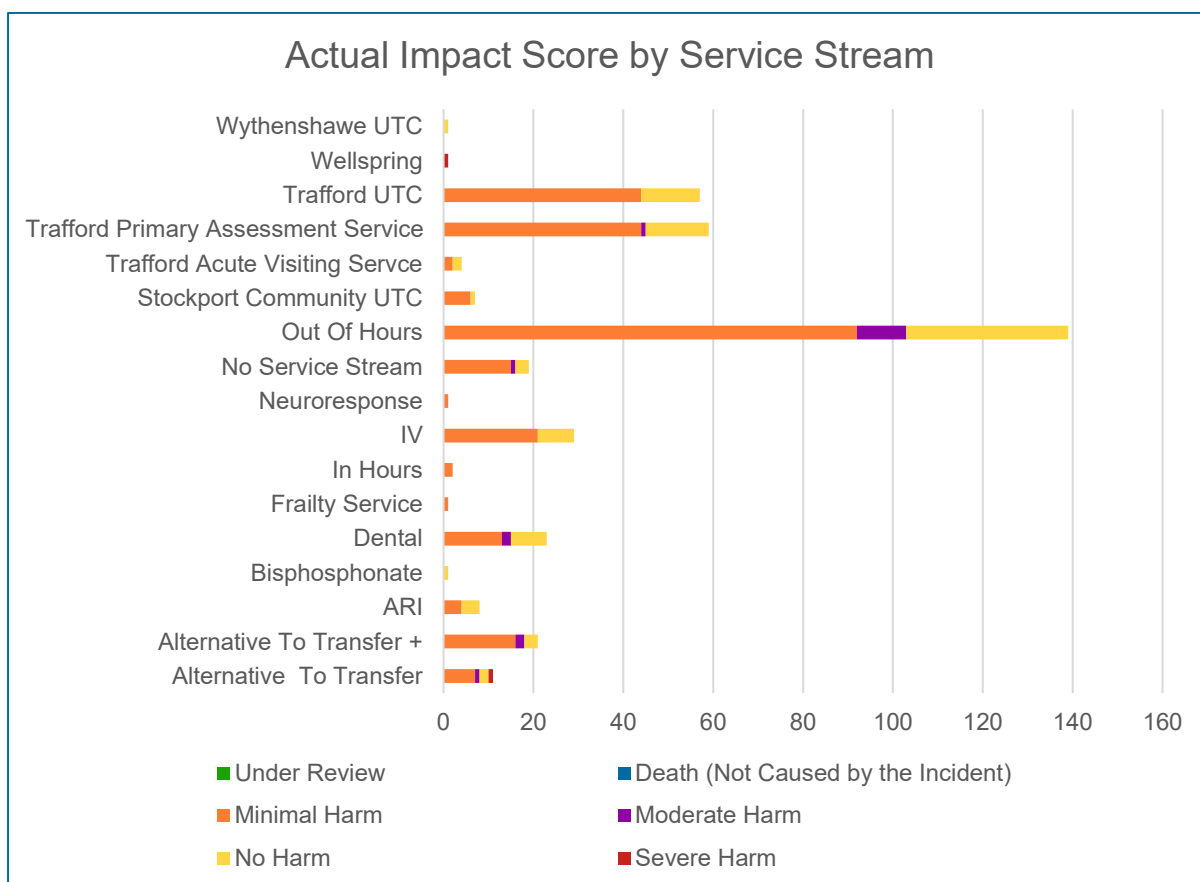


Figure 21: Number of incidents reported by service stream by the 'actual impact score' recorded.

Incident Trends

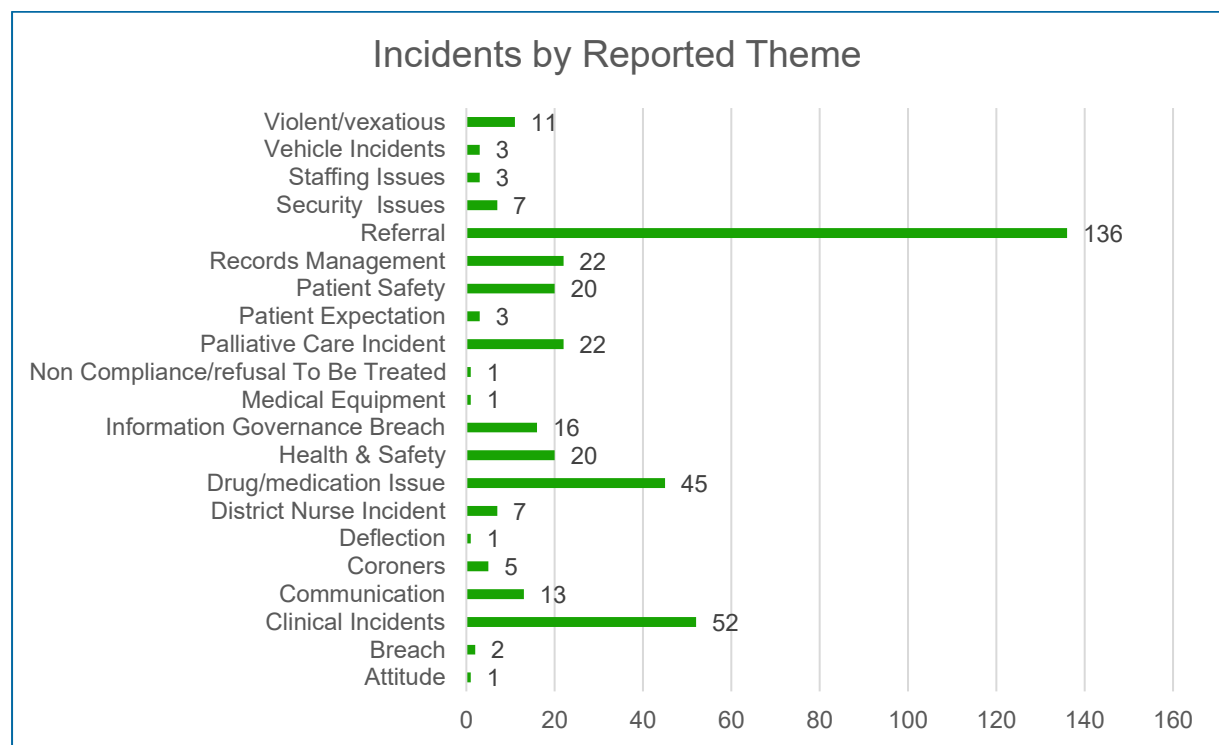


Figure 22: Number of Incidents by the Reported Theme

Referral incidents are the largest theme (136), well ahead of Clinical Incidents (52) and Drug/Medication Issues (45), pointing to persistent challenges in how patients are directed between services, particularly around triage accuracy and referral criteria.

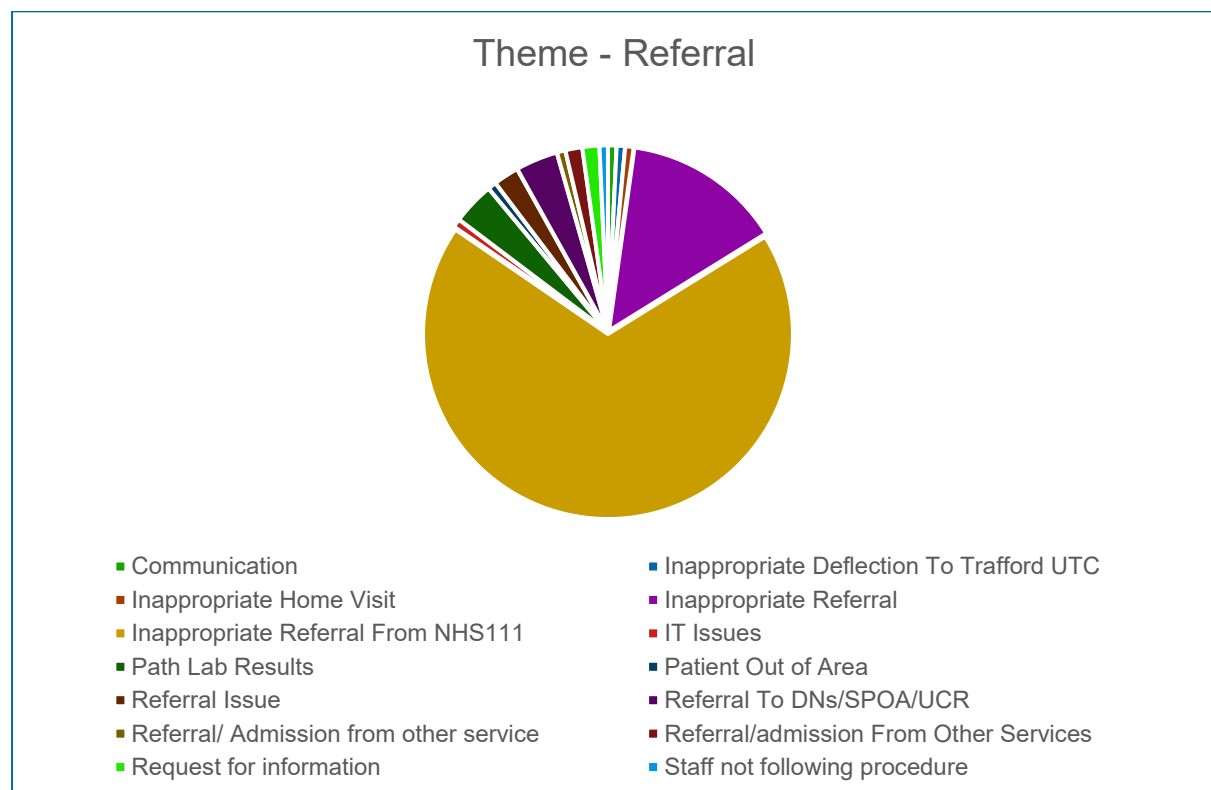


Figure 23: Shows a Breakdown of Referral Themes by Source

Of 136 referral incidents, 93 relate to inappropriate referrals from NHS 111, often involving excessively urgent call-back times for non-urgent conditions, pointing to a systemic triage issue at the NHS 111 interface that would benefit from clearer referral criteria and joint training.

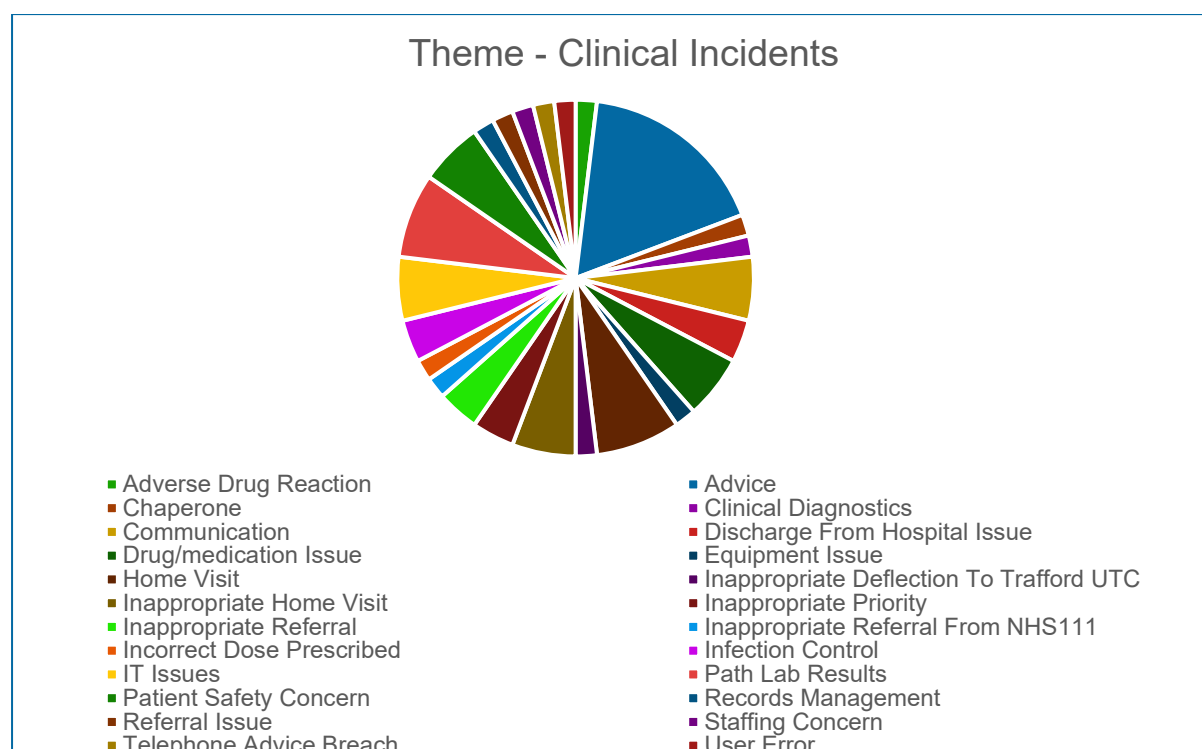


Figure 24: Shows a Breakdown of Clinical Incident Themes by Source

Clinical incidents reflect a spread of issues rather than one dominant cause, with 17% relating to the appropriateness or clarity of advice given to patients, pointing to a need for stronger decision-support and communication standards.

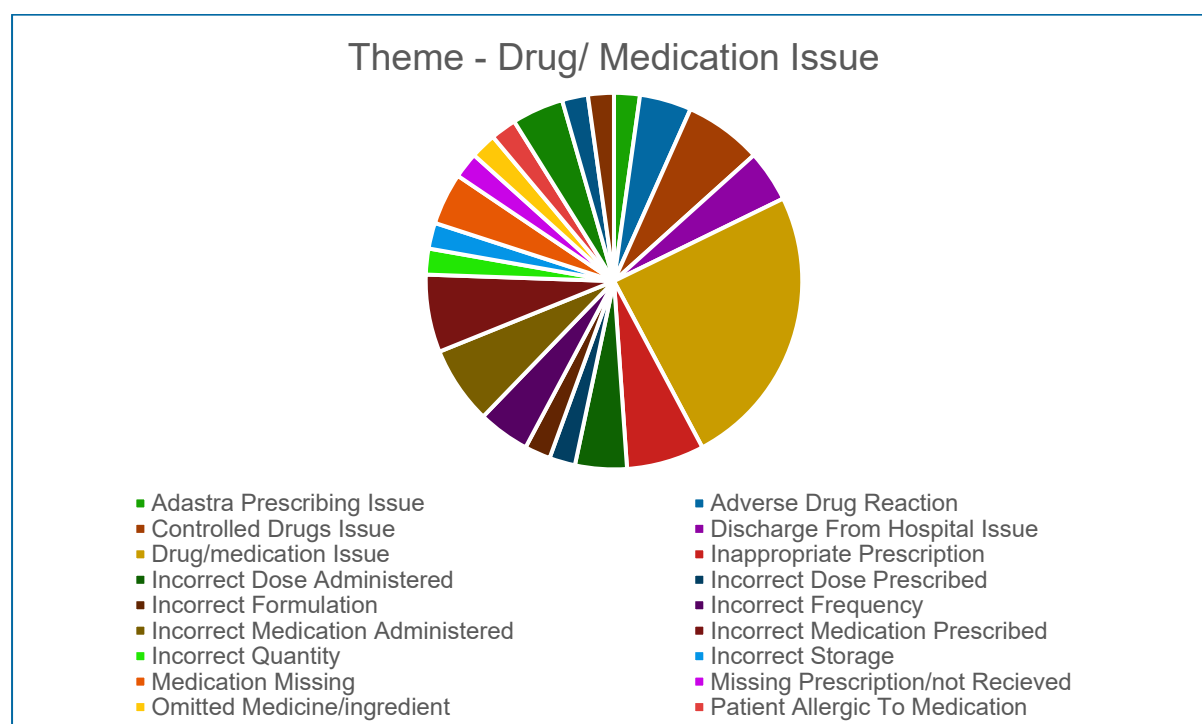


Figure 25: Shows a Breakdown of Drug/Medication Issues Themes by Source

Medication incidents are spread across prescribing, administration, documentation and supply rather than one dominant cause, with the largest single group (11 cases) being general medication issues and smaller numbers of incorrect prescribing, dosing or administration.

Learning from Incidents and Actions Taken

Overall:

- Strong emphasis on learning over blame
- Focus on both individual performance and system improvement
- Recognition that many incidents arise from communication and process gaps
- Continuous improvement through feedback, training, and governance oversight
- Proactive sharing of learning to prevent recurrence across the organisation

Learning and actions taken shows a strong and consistent focus on reflection, feedback, and system improvement, with most incidents resulting in targeted learning rather than punitive action. Mastercall demonstrates an emphasis on using incidents to strengthen processes, improve staff knowledge, and reduce recurrence, even where incidents were not directly attributable to the service.

One of the most common learning approaches is individual reflection and feedback to staff. Many incidents resulted in one-to-one discussions, reflective practice, and supervision for clinicians, or operational staff. This was particularly evident in cases involving clinical decision-making, prescribing errors, or documentation issues, where staff were encouraged to review their actions, compare practice against guidance, and identify learning points. In some cases, this was supported by increased clinical audit or monitoring, ensuring that improvements in practice were sustained over time.

A second key theme is the use of organisation-wide communication and learning dissemination, often through Quality & Safety bulletins, emails, the intranet and team briefings. These were commonly used to reinforce key messages such as safe prescribing practices, correct documentation standards, referral processes, and communication expectations. Demonstrating a proactive approach to sharing learning beyond the individual incident, ensuring that risks identified in one case are communicated across the wider workforce to prevent repetition.

There is also a clear pattern of training and competency development as a response to incidents. Where gaps in knowledge or skills were identified, actions included targeted training sessions, competency frameworks, and refresher education (e.g. in medication management, sepsis recognition, or specific clinical procedures). In some areas, such as IV therapy or end-of-life care, more structured interventions were implemented, including formal training programmes, supervised practice, and certification requirements. This reflects a recognition that some risks are linked to capability rather than isolated error.

Another significant area of learning relates to process and system improvements. Many incidents led to changes such as updating protocols, improving referral pathways, refining triage processes, and strengthening documentation requirements. There were also actions to address IT and system limitations, including raising issues with system providers, improving access (e.g. EMIS/GP Connect), and reducing the risk of errors in shared systems. These actions highlight that incidents are often used to identify and address wider system weaknesses, not just individual mistakes.

The data also shows a strong focus on inter-service learning and collaboration. Feedback was frequently shared with external partners such as GMUPCA (including Bardoc, gtd healthcare, Salford Primary Care Alliance), NHS 111, Trusts, Northwest ambulance services, community teams, and district nurses. This included formal feedback processes, escalation to governance forums, and requests for service review or investigation. In some cases, recurring issues (e.g. inappropriate referrals or discharge problems) were escalated strategically, recognising that resolution requires system-wide collaboration rather than isolated internal action.

Finally, there is evidence of ongoing monitoring and thematic review as part of the learning process. Many incidents were discussed at Quality & Safety meetings, Palliative Care meetings, or senior clinical reviews, and system meetings, with actions to track trends, conduct audits, and revisit recurring issues. Some cases triggered safeguarding referrals or broader reviews, particularly where vulnerable patients were involved. This demonstrates an ongoing cycle of learning, where incidents contribute to continuous improvement, trend analysis, and service development.

In summary, Mastercall shows a mature governance approach, combining individual reflection, organisation-wide communication, targeted training, process improvements, and cross-system collaboration. The emphasis is on addressing both human factors and system issues, with a clear intention to use incidents as opportunities to strengthen practice, reduce risk, and improve patient safety across the service.

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.

Targets for 2026-2027

Strengthen Clinical Decision Making

Improve safety and consistency in clinical assessment, decision-making, and advice given to patients.

Aim to reduce clinical incidents by 15% in the next 12 months.

Key Commitments:

- Expand case-based clinical learning sessions (focused on recurring themes).
- Introduce decision-support tools and prompts (e.g. safety-netting, risk flags).
- Increase clinical supervision and peer review (especially for complex/remote consultations).
- Standardise approach to telephone/remote advice quality.
- Trial of Ambient Voice Technology (AVT) to evaluate impact on communication and clinical decision making.

Improve Medication Safety and Prescribing

Reduce medication-related risks across prescribing, administration, and documentation.

Aim to reduce medication related incidents by 10% in the next 12 months.

Key Commitments:

- Further training and guidance on electronic prescribing on Aadastra
- Continue sharing learning through bulletins, reflections and the intranet.
- Strengthen guidance on controlled drug prescribing.
- Keeping monitoring and auditing antibiotic prescribing.

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.

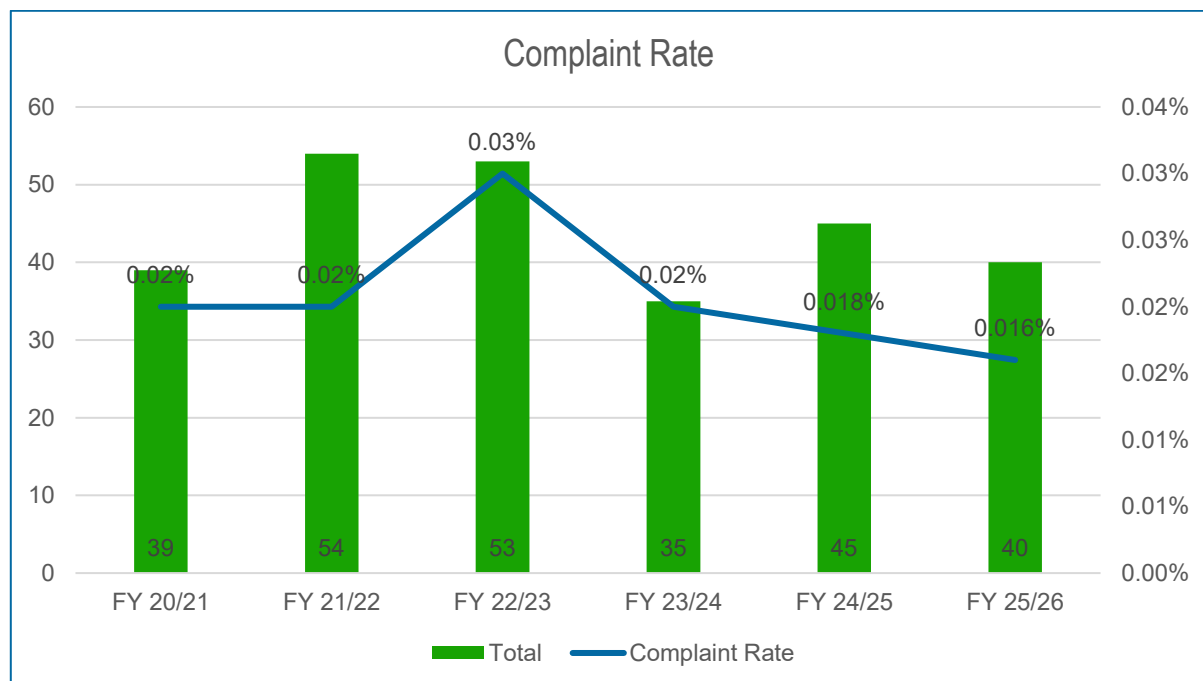


Figure 26: Number of Complaints over the past 6 financial years, including the complaint rate.

Mastercall's complaint rate was 0.016% this year (40 complaints from 246,369 contacts), well below the NHS indicative range of 0.1–0.3% and Mastercall's own 0.05% target, continuing a steady six-year improvement from 0.02–0.03%.

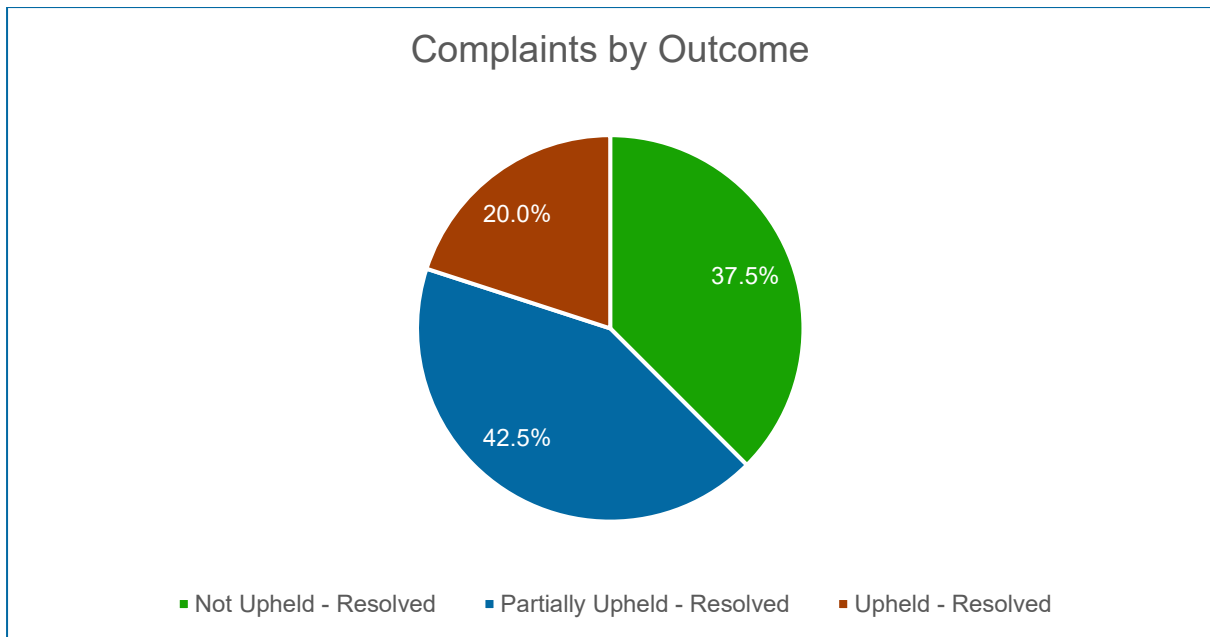


Figure 27: Percentage of complaints by Outcome

80% of complaints in 2025/26 were either not upheld (15) or partially upheld (17), with 8 upheld, suggesting most concerns reflect communication or expectations rather than significant care failings.

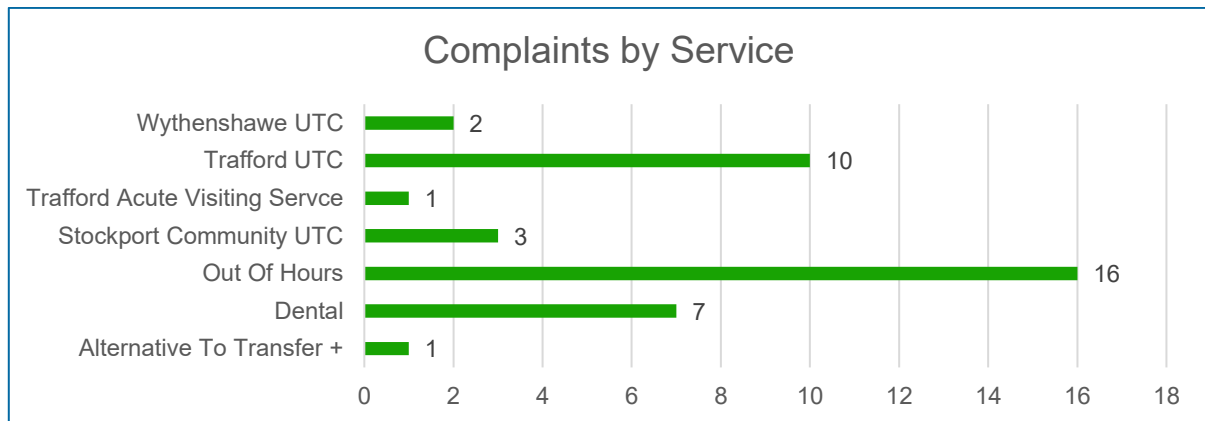


Figure 28: Number of Complaints by Service

Complaints are concentrated in Out of Hours (16) and Trafford UTC (10), broadly reflecting the higher volume and complexity of activity in those services.

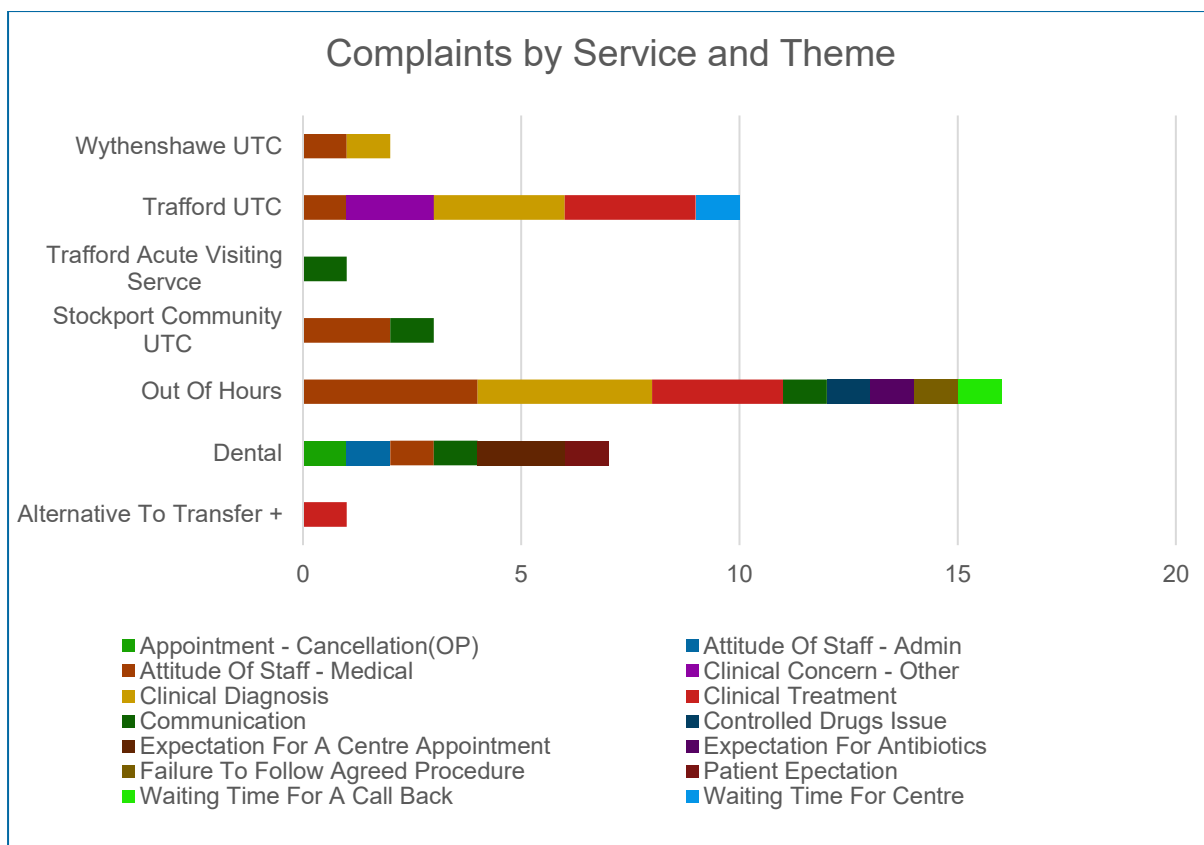


Figure 29: Complaint themes by Mastercall Service.

Clinical decision-making and staff attitude are the leading complaint themes across services, most concentrated in Out of Hours and Trafford UTC, with Dental complaints more often relating to appointments and expectations than clinical risk.

Learning and Actions from complaints

Overall:

- Individual reflection and feedback to clinicians and staff
- Strengthening communication skills and patient interaction
- Targeted training and professional development (e.g. clinical, IPC, equality & diversity)
- Use of organisational bulletins to share learning (e.g. clinical risks, communication, guidelines)
- Review and reinforcement of clinical decision-making and use of guidelines (NICE, safety-netting)
- Improvements to documentation and record-keeping
- Process and pathway improvements (e.g. referrals, prescribing, callbacks, waiting times)
- Greater focus on patient experience, empathy, and managing expectations
- Collaboration and feedback to external services (e.g. NHS 111)
- Governance oversight through meetings, appraisals, and audits

Mastercall adopts a structured and learning-focused response to complaints, with a strong emphasis on reflection, feedback, and continuous improvement rather than blame. A consistent action across most cases is direct engagement with the staff involved, including one-to-one discussions, review of clinical notes and call recordings, and requests for reflective statements. Clinicians are frequently required to consider how their actions were perceived, particularly in relation to communication, and to incorporate this learning into ongoing professional development, including appraisals.

A major theme across complaints is communication, and this is reflected strongly in the learning actions. Many cases result in reinforcing the importance of clear explanations, empathy, active listening, and appropriate tone, especially in sensitive or high-stress situations. There is also a clear focus on ensuring patients feel heard and understood, with learning often highlighting that even where clinical care was appropriate, the patient experience

may have been negatively impacted by how the interaction was delivered. To address this, communication-focused learning is often shared more widely through bulletins and team messaging.

Another key area of learning relates to clinical decision-making and adherence to guidance. Complaints involving missed or delayed diagnoses, treatment concerns, or prescribing issues have led to reinforcement of NICE guidelines, safety-netting advice, and consideration of differential diagnoses. In several cases, learning has been disseminated through clinical bulletins or teaching sessions, for example in relation to pulmonary embolism, Lyme disease, or managing febrile children. There is also recognition of human factors and cognitive bias in clinical decisions, with actions aimed at improving diagnostic reasoning and reducing risk.

Mastercall also demonstrates a commitment to formal training and competency development. Where gaps have been identified, staff have been directed to complete further training such as autism awareness, equality and diversity training, infection prevention and control updates, and prescribing competencies. In some cases, action plans with defined timelines have been put in place to ensure learning is embedded and sustained, particularly in higher-risk areas such as medication management or infection control.

There is clear evidence of system and process improvements arising from complaints. These include reviewing callback times, appointment cancellations, referral pathways, and prescribing processes, as well as improving documentation standards and record accuracy. Some incidents have led to broader operational changes, such as ensuring urgent issues are escalated appropriately or clarifying service limitations to patients. Additionally, feedback has been shared with external partners such as NHS 111 where pathway or referral issues contributed to complaints, reflecting a system-wide approach to improvement.

Finally, governance arrangements underpin much of the learning. Complaints are regularly reviewed in senior clinical meetings, included in quality and safety discussions, and used to inform trend analysis and organisational learning. Actions such as bulletin articles, audits, and appraisal discussions demonstrate that learning is not isolated but embedded into continuous quality improvement processes. There is also a notable focus on patient safety, inclusivity, and equitable care, with learning from complaints contributing to improvements in cultural competence and person-centred care.

Targets for 2026-2027

Mastercall has consistently achieved a very low complaints rate, significantly below NHS benchmarks, demonstrating strong performance in meeting patient expectations, supporting staff, and delivering safe clinical and operational services.

Over the next year, we are committed to further improving our complaints position through the following focused priorities:

Improve Communication

Reduce complaints related to communication, staff attitude, and patient expectations across all patient-facing services.

We aim to reduce the communication related complaints by 15% in the next 12 months.

Key Commitments:

- Continue shared learning through:
 - Quality and safety bulletins
 - Communication updates and team briefings
 - Individual and team reflection
- Introduce targeted communication training for all patient-facing staff, focusing on:
 - Empathy and active listening
 - Managing patient expectations
 - Clear explanations and safety-netting

Strengthen Clinical Decision Making and Consistency

Improve the consistency and quality of clinical decision-making, including diagnosis, treatment, and safety-netting.

We aim to reduce clinical related complaints by 10% in the next 12 months.

Key Commitments:

- Increase access to training events and clinical drop-in sessions
- Continue embedding learning through weekly bulletins and reflection articles
- Deliver targeted case review teaching sessions, focusing on:
 - Recurrent complaint themes
 - High-risk presentations
 - Clinical decision-making and use of guidance

Duty of Candour

Duty of Candour is a legal and professional requirement for healthcare organisations to be open, honest and transparent with patients and their families when something goes wrong with their care. This includes informing patients when harm has occurred (or may have occurred), providing a clear explanation of what happened, offering a sincere apology, and outlining what will be done to put things right and prevent recurrence.

At Mastercall Healthcare, Duty of Candour is embedded within a wider culture of “being open”. The organisation ensures that when a patient safety incident results in moderate harm, severe harm or death, patients or their representatives are informed promptly and compassionately. This includes a face-to-face discussion wherever possible, followed by written communication confirming the details of the incident, an apology, and ongoing updates as investigations progress.

Mastercall supports staff to act openly and honestly, recognising that saying sorry is the right thing to do and does not constitute an admission of liability. Robust processes are in place to investigate incidents thoroughly, identify root causes, and share learning both internally and externally to improve patient safety. Patients and families are supported throughout, with clear communication, opportunities to ask questions, and access to ongoing care and support.

Overall, Mastercall’s approach to Duty of Candour ensures compliance with statutory requirements while promoting a compassionate, transparent and learning-focused culture that prioritises patient safety and continuous improvement.

Patient Engagement

Patient feedback is particularly important to Mastercall and is collated from many sources. We follow the NHS Friends and Family Test (FFT) 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 – TPAS
- Trafford - UTC/Walk in Centre
- Stockport –Out of Hours
- Community IV Service
- Emergency Dental Service

Feedback is monitored quarterly by the My Patient 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.

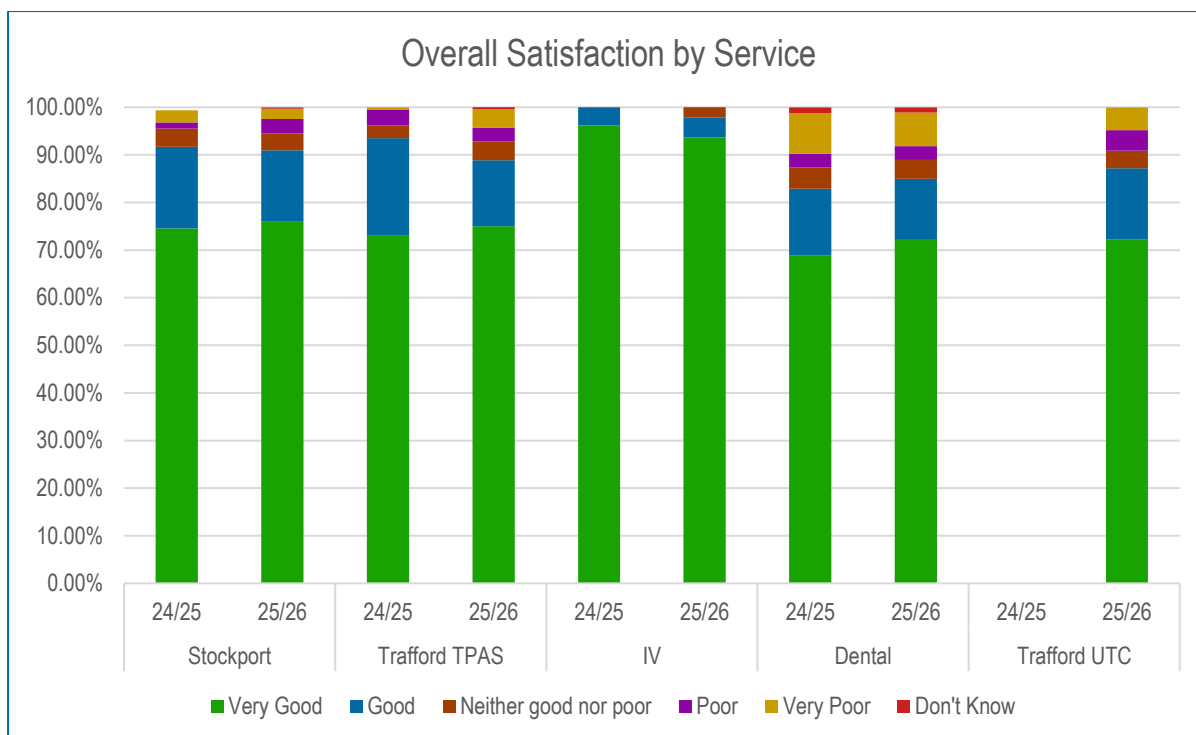


Figure 30: Show the Patient Satisfaction Rate by Service in Comparison to the Previous Year.

Satisfaction remains consistently high across all surveyed services, with the Community IV service performing exceptionally well (over 93% 'Very Good') and Dental services showing a notable year-on-year improvement.

Trends

Trafford Urgent Treatment Centre

This is a new survey that was initiated from September 2025, as requested by Trafford commissioners so feedback was clearly identifiable for the UTC (patients being seen face to face) and the Trafford Primary Assessment Service (Telephone Triage).

Overall, we have seen very positive results for the Trafford UTC, with 86% of patients scoring very good and good for overall satisfaction (figure 31).

What Patients Said we did well:

- Staff attitude and professionalism – feedback suggest that staff (clinical and non-clinical) showed compassion, respect and patient felt their needs were listened to.
- Clinical care and competence – Patients fed back that they were appreciative of the clinical treatment and advice they had received, often feeling reassured.

What patients said we need to improve:

- Waiting experience – Patients have suggested that there should be better communication on waiting times, more clinical staff available on shift and prioritisation clarification.
- Communication – Patients would like more updates on waiting times, clarification on NHS pathways (journey from 111) and clear signposting to the UTC.

Mastercall strive to triage and treat patients in a timely manner, from initial telephone consultations to being seen by a clinician face to face. However, the service can experience periods of high demand, which can put pressure on capacity and impact waiting times.

Reception staff at the UTC aim to keep patients informed by providing regular updates on waiting times via the information board. We also issue internal communications to Mastercall staff to reinforce the importance of clearly explaining to patients that any time given is an arrival time rather than a fixed appointment time, to help manage expectations.

Due to the complexity and acuity of conditions seen within the UTC, patients may deteriorate rapidly and are therefore prioritised based on clinical need.

The most efficient way to access the service is via NHS 111 (telephone or online). Where appropriate, patients will be navigated to the UTC and provided with an arrival time. Patients who attend without prior contact will still be triaged and assessed by a member of the clinical team.

Work is ongoing to improve patient navigation, by implementing enhanced signage across Trafford General Hospital. Further information, including directions and a video outlining what to expect during a visit, is available on our website.

Stockport Out of Hours

Overall, we see very high satisfaction rates for Stockport Out of Hours, with over 90% of patients rating the service as either 'very good' or 'good'.

What Patients said we did well:

- Strong patient centred care - People report they felt that their concerns were dealt with seriously, with care and empathy, and that they were reassured.
- Seen quickly and efficiently – People report that they did not wait long to be seen after arriving for their appointment and that the case was managed efficiently through the whole process.

What Patients said we need to improve:

- Improve call back times – Patients report long waiting times from initial call with 111 to receiving a call by a clinician at Mastercall.
- Overly repetitive – Patients report that they felt they often had to repeat themselves when speaking to someone new.

The Out of Hours (OOH) service at Mastercall strives to make the patient journey as smooth and efficient as possible. However, this is the busiest service we provide and can often experience periods of very high demand.

The Stockport OOH service receives patient referrals from multiple pathways, including NHS 111, the Greater Manchester Clinical Assessment Service, District Nursing teams, community pharmacies, and occasionally Emergency Departments.

We recognise that patients may sometimes need to repeat their history at different stages of the process, which can feel frustrating—particularly when unwell. However, this is an important part of ensuring patient safety, as it allows clinicians to hear information first-hand, confirm clinical details, and ensure that no key information is missed. This enables us to provide the most appropriate and effective care for each individual patient.

Trafford Patient Assessment Service

Overall, satisfaction rates were over 85% for very good and good responses.

What are patients said we did well:

- Positive interaction and reassurance – Patients report they were happy with how they were spoken and felt supported during calls.
- Effective and appropriate triage – Patient felt they received the most appropriate care they could, either being navigated for further assessment, getting an electronic prescription or receiving appropriate advice.

What patients said we need to improve:

- Waiting Times – Patients experience a variability in call back times, with some experiencing long waits and an uncertainty around when they will receive a call.
- Operational and Technical Issues – Reports of poor sound quality, calls being dropped, and lack of flexibility if a missed call occurs.

Mastercall aims to respond to patients as quickly as possible; however, there are periods where the service experiences high demand alongside reduced capacity. During these times, all teams, operational staff, shift leads, and clinicians, work collaboratively to minimise delays and ensure that call back timeframes are maintained wherever possible.

Variability in call back times could be a factor of the NHS 111 pathway. This is when triage cases are passed to Mastercall with predetermined timeframes, this could vary from under 60 minutes to up to 6 hours, depending on clinical urgency. In periods of high demand, the operational team will often provide 'comfort calls' to patients, explaining the situation, offer reassurance and to ensure that the symptoms report have not worsened.

Feedback regarding reports of poor sound quality has been acknowledged by the Patient Experience Committee and an audit has been completed. Where issues have been identified, equipment has been upgraded (e.g. new triage headset). We always encourage staff to report broken or ineffective equipment to the IT department.

Mastercall have a formal 'failed contacts' procedure, which outlines what to do if staff are unable to contact a patient. Depending on symptoms reported, clinicians will attempt to contact the patient a minimum of 3 times. Alternative contact numbers will be explored, where available. If still unable to contact the patient, the clinician should then send an SMS message or voicemail to the patient, with advice on next steps and worsening advice.

Community IV Service

The community IV service consistently receives overwhelmingly positive feedback. With over 95% of patients rating the service at either 'good' or 'very good'.

What patients said we did well:

- Compassionate and Friendly staff
- High quality clinical care
- Convenience and able to avoid hospital admission
- Organised and efficient
- A sense of reassurance and emotional support from all the staff

What patients said we need to improve:

- Accessibility and Transport challenges - Patients report that they found the Mastercall clinic difficult to locate and difficult to access via public transport.

Mastercall acknowledge that public transport is limited. However, we will do our very best to support patients who are travelling into clinic. Patients experiencing difficulties travelling to clinic are encouraged to contact the Community IV Team during their care. Where appropriate, alternative transport options can be explored, and clear guidance will be provided to help patients locate and attend their appointment as easily as possible.

Emergency Dental Service

Overall, the emergency dental service generates patient satisfaction rates over 80% good and very good.

What patients said we did well:

- Caring and professional call staff
- Good consistent advice

- Call back function

What patient said we need to improve:

- Appointment availability
- Waiting times

Mastercall acknowledge the challenges surrounding access to NHS dental services in the UK, which has a direct impact on our service user experience. Mastercall strive to provide appointments where possible and advice to all service users, however, we are limited by the restriction that all NHS dental services are experiencing in the UK.

The emergency dental service for Cheshire, Warrington, Wirral and Merseyside, is allocated a fixed number of emergency dental appointments each day, these appointments are of a first come first served basis, depending on if the service user meets the criteria. Demand for these appointments consistently exceeds availability, which can result in some patients being unable to secure treatment at the point of contact.

Where appointments are not available, Mastercall ensures that patients are still supported through access to specialist dental nurses, who are able to provide tailored clinical advice, reassurance, and guidance on appropriate next steps.

We continue to actively escalate feedback and capacity concerns to commissioners and system partners, advocating for improved access and increased provision of urgent dental care, to better meet the needs of the population we serve.

Service	Feedback
Stockport Out of Hours	I have had the most fantastic care from the emergency doctor who came out to see me, this doctor was fantastic and we were both left very impressed with his care and attention. A thousand thanks to the Dr, we are very lucky.
Stockport Out of Hours	Yesterday I had an appt with the Dr after my shift. Just wanted to say how impressed I was with his service and demeanour. He was very thorough and affable. I already feel better having followed his advice and got the prescription filled.
IV	Dear IV Therapy Team, I wanted to take a moment to pass on some heartfelt gratitude from a patient and her husband whom I visited over the weekend. They were both incredibly appreciative of the support provided by your team in arranging help from the crisis team. I wanted to make sure you knew just how much they valued your help. Thank you for the incredible work you do, it does not go unnoticed.
Stockport Out of Hours	I received an excellent service. Receptionist helpful and friendly. Health care assistant and doctor were very professional and put me at ease. I was worried on arrival and immediately put at ease by the friendly receptionist. The health care assistant carried out checks in a friendly caring manner, and the doctor was reassuring and carried out necessary examinations thoroughly and with dignity. I received excellent treatment at 11pm on a Friday evening. Prescriptions will be available to collect the next morning.
Stockport Out of Hours	My daughter was seen by GP he was fantastic from start to finish, very attentive and very knowledgeable, we've seen him before at Mastercall and was fantastic then too. A very good and efficient experience You need more people like him.
Stockport Out of Hours	I visited Mastercall, for a minor ailment. Telephone consultation and Triage in person, provided a great service, friendly and professional. I was seen quickly and efficiently. The receptionist was welcoming and oriented me to toilet and water fountain. Overall, a great experience.
IV	Thank you all for the care and attention that you have to me. It's been a pleasure coming in everyday, thanks for the laughs!
IV	To all the team, thank you for looking after me. I've really appreciated all your support and kindness.
Trafford UTC	Thank you card received by staff stating the following: 'Thank you' seems so small a form of praise for the wonderful care you gave my mum birthday which you helped celebrate!!
Stockport Out of Hours	Patient wanted to compliment the Dr, on how good he was with her. She wanted to pass on the message to him to thank him.

Stockport Community UTC	Clinician treated me today and was brilliant, I have never had such an in-depth examination. It wasn't rushed at all, I felt he was doing everything he could to get me out of pain. I appreciate it a lot.
Stockport Out of Hours	The woman on reception was fab when she spotted, we were struggling outside. Nurse practitioner was just lovely. Professional but put us at ease. Banter, humour and honesty. Thank you both from both of us.
Dental	Patient rang the Quality and Safety Team to note a compliment regarding the Emergency Dental Service. The patient explained he was happy with his experience with the Emergency Dental Service (CWMM) but was especially grateful to the call handler who he said had got him an appointment close to home and also for the same afternoon. The patient said the call handler was a 'living angel' and wanted the feedback to be passed on.
Alternative To Transfer +	Dr visited a resident in a care home; he was extremely professional and showed compassion towards her. He explained all areas of the examination to a level she understood.
Alternative To Transfer +	Today we had a Dr visit our home to attend to one of our residents. He was very polite and patient with both residents and staff and demonstrated a high level of professionalism throughout his visit. Staff have commented that he is always like this when he visits the home.
Stockport Out of Hours	The Dr I saw was really lovely, he was friendly, reassuring and very thorough and efficient. He could easily have diagnosed a UTI and sent me on my way with antibiotics but instead he considered all possibilities including the blood in my urine dip test as well as asking me about all of my symptoms and as a result he correctly diagnosed possible kidney stones. This was confirmed this morning via the CT scan which the Dr kindly took the time to arrange whilst I was at the surgery so I cannot thank him enough for being so thorough. Wishing you all at Mastercall a Happy New Year.
Stockport Community UTC	We saw a lovely Dr who was so helpful and finally managed to get him well again.
Stockport Out of Hours	Feedback received as follows: Good Evening, I just wanted to write and say thank you very much to Dr * at Mastercall this evening. He was polite, friendly, kind and I'm so grateful for the rapid and efficient service of Mastercall and Dr *. He went above and beyond to ensure I got treatment quickly. Thanks very much.
Wythenshawe UTC	I just wanted to say how nice the staff were who saw me today were, it all ran very smoothly. It can be a tad bit stressful not being able to talk but they were all very patient with me - both receptionists, triage nurse and doctor. They did say who they were but I've forgotten their names please can you pass on my thanks.
Stockport Out of Hours	I just wanted to send in my sincere thanks! I brought my son into Mastercall, he'd become quite unwell quite quickly. Thanks to the swift action of the Dr he saw that evening, who identified the issue, we were seen promptly by Stepping Hill Hospital and yesterday morning he had urgent surgery. Things could have been very different had we not come into Mastercall that evening and I'm beyond grateful for your care of my son because he got the treatment he needed, exactly when he needed it and he's now on the road to recovery! Never could I have imagined when I contacted you on Sunday, that his condition was potentially so serious! Sorry for the long message but just wanted to pass on my thanks - from an eternally grateful Mum!
Trafford UTC	I just wanted to say thank you very much for the swift and friendly service my daughter received today, both on the phone to 111, on the phone to the GP, at Trafford General and at Wythenshawe Hospital. We called about 4am this morning and had been to both Trafford General and Wythenshawe Paediatrics and were back home again by 1pm. Thank you for all involved in my daughter's care, it was very reassuring that she was checked over and no serious cause for concern was found. She had been very worried having experienced severe and unusual abdominal pain. Thanks again to all for your help and guidance.
Stockport Out of Hours	Dr * came to assist me with my resident at my care home where I work. He was incredibly professional; he was so sensitive towards the family as their loved one is approaching the end of her life. He explained everything so clearly and kept dignity and respect throughout his visit. He was supportive towards me and my work, and I feel I have learnt a lot just from the short visit this afternoon. You are very lucky to have him!
Stockport Out of Hours	Telephone call from patient was visited by Mastercall on Friday 27.02.26 by one of our GPs. She wanted to pass on that she was very pleased with the service and thought the GP to be very good. He followed up with her, and her own GP was in touch quickly after our visit. She would like this info to be passed on to the GP in question.

Stockport Out of Hours	I wish to speak positively about the attention I received from one of the Mastercall doctors, Dr *. I am an 81-year-old living alone and needed to consult a doctor out of hours due to a sudden and severe bout of illness which rendered me unable to get to Hazel Grove. Dr * saw me at about 11pm and immediately made me feel less anxious and worried. He was kind, sympathetic, warm and reassuring in the face of my fear and worry, but also very professional. He did a thorough examination and explained what he was doing and why clearly. He treated me as an equal and not some doddering old lady. Based on his visit I would say he is an asset to Mastercall. I would also like to commend * who was very helpful on the telephone when arranging the visit.
Trafford UTC	Friends and Family Test feedback received from patient as follows: From reception the girls are so welcoming and the service from the nurses and doctor are really superb.
IV	Feedback received as follows: My wife has just completed IV treatment at home. We have never used this kind of service before. The service she has received has been excellent certainly been gold standard. The nurses were professional, competent and caring and never rushed and gave their time freely. * Deserves a special mention, her knowledge and expertise were amazing, providing information and care to a very high standard. Mastercall has provided a wonderful service that we find hard to fault, and we thank you gratefully.
Stockport Out of Hours	Feedback received as follows: Dr ** attended my mother today, and we had a fantastic experience.

Patient Engagement Forum

As well as sending out patient satisfaction surveys, Mastercall hold a patient engagement forum twice a year. We invite patients to attend the forum to engage in open conversations on their own experiences and how they think our services could be improved.

Who can attend?

Unfortunately, it is not practical to invite every patient who has used Mastercall services. Instead, patients can join the invitee list by:

- Signing up via posters displayed around the building, or
- Indicating their interest at the end of a patient satisfaction survey

The forum is held both face-to-face and via Microsoft Teams, allowing flexible participation.

Attendees include:

- A member of the Patient Experience Committee
- An Operational Manager
- A Senior Clinical Representative

Learning and Actions

We are grateful to patients who have attended previous forums and shared their experiences. Many have provided positive feedback about their care, while others have offered constructive suggestions that have helped shape service improvements.

Patient Journey – Repetition and Communication

Some patients have raised concerns about needing to repeat their information multiple times during their journey (e.g. NHS 111 call, clinician telephone triage, and face-to-face assessment).

While we understand this can feel repetitive, it is necessary for clinicians to:

- Gather a complete and up-to-date account of symptoms
- Identify any changes or deterioration since the initial contact
- Ensure a safe and accurate clinical assessment

Patients suggested introducing a personal health file for those with complex medical histories. While this is not feasible for Mastercall as an out-of-hospital provider (as we do not hold full historical records), we have made improvements:

- We now have access to the Electronic Health Record (EHR) system, a digital, patient-centred record designed to improve care coordination.
- We accept Health and Care Passports, particularly for individuals with learning disabilities or autism. These help staff understand a patient's specific needs and support personalised care.

Reception Environment for Children

A parent attending the forum suggested improving the reception and waiting areas for children.

In response, we have made several enhancements:

- Installed interactive wall designs suitable for children
- Introduced a light-up bubble feature with fish to create a calming environment
- Ensured the space is welcoming while maintaining infection control standards

Due to infection prevention requirements, we are unable to provide shared toys or books.

In addition, reception staff are now encouraged to:

- Offer private side rooms for families who may prefer a quieter or more comfortable waiting space

Patient feedback is essential to improving our services. The Patient Experience Forum plays a vital role in helping us:

- Understand patient needs
- Identify areas for improvement
- Deliver safe, effective, and compassionate care

We remain committed to listening and acting on feedback wherever possible.

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-Jun25	Jul-Sept25	Oct-Dec25	Jan-Mar26	Total
Safeguarding Adults	65	64	73	50	252
Safeguarding Child	15	20	23	20	78
Total	80	84	96	70	330

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.

Action taken to address areas of low compliance:

Where a call handler prioritised a call incorrectly feedback is given to the individual by their line manager, 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	2022/2023	2023/2024	2024/2025	2025/2026
Stockport	94.50%	95%	97.1%	98%
Trafford	96.90%	93%	95.3%	98%
Grey and DNP Lists				
% Appropriate				
OOH Service	2022/2023	2023/2024	2024/2025	2025/2026
Stockport	94.6%	96%	100%	100%

Trafford	93.4%	97%	99.5%	96%
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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 (GMMM) website.
- Requests to familiarise themselves with the grey and blacklisted medications as per GMMM.
- Not to prescribe branded items but to offer generic and more cost-effective options.
- Not to prescribe any supplements or sip feeds unless a SALT assessment has been done, this includes Thick and Easy
- We have also encouraged clinicians to reduce 'over the counter' prescribing where possible in line with NHS England guidance:
<https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/>
- The appropriateness percentages increased over the 12mths we are very encouraged to see, and we hope this 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 GMMM 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	
	24-25	25-26	24-25	25-26	24-25	25-26	24-25	25-26	24-25	25-26
Out of hours	3.4%	2.5%	89.3%	89.7%	5.4%	5.3%	1.9%	2.5%	0.0%	0.1%
ATT/ATT+	3.2%	1.7%	88.4%	92.1%	7%	4.6%	1.4%	1.7%	0.0%	0.0%
Stockport Community UTC	1.4%	6.6%	94.1%	83.3%	2.8%	8.5%	1.7%	1.6%	0.0%	0.0%
ARI Trafford	6.1%	3.7%	90.0%	85.6%	1.7%	8.5%	2.2%	2.1%	0.0%	0.0%
CWWM Dental Call Handler	64.7%	9.6%	29.5%	82.8%	2.4%	5.8%	3.4%	1.8%	0.0%	0.0%
Call Handler – OOHs	0.3%	0.0%	96.4%	96.2%	3.2%	3.8%	0.1%	0.0%	0.0%	0.0%
Call Handler – ATT/ATT+	0.0%	0.1%	96.9%	95.8%	2.9%	4.1%	0.2%	0.0%	0.00%	0.0%
Dental Nurse	77.7%	82.0%	20.1%	16.5%	1.2%	0.7%	1.0%	0.8%	0.0%	0.0%
TPAS/TGH/WIC/UTC	3.5%	1.4%	89.1%	87.1%	6.2%	7.2%	1.2%	4.3%	0.0%	0.0%
Wythenshawe UTC	9.2%	1.4%	88%	89.0%	1.6%	4.0%	1.3%	0.0%	0.0%	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 2025 the survey was completed by 190 members of Mastercall staff. Results are reported across fourteen key areas.

- For all 14 questions, Mastercall's 2025 score is higher than the UHUK average.
- Mastercall's overall 2025 score of 86 is higher than the UHUK average (75).
- For 13 questions, Mastercall's score has increased since the 2024 survey. For one question, Mastercall's score has decreased.
- Mastercall's overall score has increased from 82 in 2024, to 86 in 2025.

	2019	2020	2021	2022	2023	2024	2025
Overall average score across all UHUK organisations	75	75	71	75	74	70	75
Mastercall score	77	76	73	79	81	82	86

	Mastercall score UHUK report. (including 'Neutral')		Mastercall score (excluding 'Neutral*')	
	2024	2025	2024	2025

Q1 - This organisation has good procedures and systems for preventing errors from happening	93%	95.8%	98%	100%
Q2 - In this organisation we are actively doing things to improve patient safety	94%	97.3%	98%	100%
Q3 - In my unit it is easy for staff here to ask questions when there is something that they do not understand	93%	94.2%	98%	98.8%
Q4 - In my unit, medical errors are handled appropriately	79%	78.4%	86%	100%
Q5 - This is a good place to work.	91%	94.2%	96%	100%
<i>**Q6 - When my workload becomes excessive, my performance is impaired (disagree)</i>	16%	22.1%	21%	31%
Q7 - This organisation does a good job of training new personnel.	76%	81.5%	87%	98.1%
Q8 - Trainees in my discipline are adequately supervised	77%	76.8%	85%	96.6%
Q9 - In this organisation, senior management provides a climate that promotes patient safety.	88%	91.5%	93%	98.8%
Q10 - In this organisation, if I point out a potentially serious patient safety incident, management will look into it.	86%	88.4%	92%	99.4%
Q11 - In my unit, my supervisor/manager seriously considers staff suggestions for improving patient safety.	82%	80%	91%	98%
Q12 - In my unit, when a serious error occurs, we analyse it thoroughly.	78%	85.7%	88%	98.7%
<i>**Q13 – In my unit, others make you feel like a bit of a failure when you make an error (disagree)</i>	71%	80.5%	79%	86.4%
Q14 – This organisation's management is doing a good job.	83%	90.5%	91%	98.8%

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

Review of Priorities 2025/2026

During 2025/2026, Mastercall Healthcare set a series of clinical and organisational priorities focused on strengthening workforce capability, improving service quality, and progressing digital transformation. Good progress has been made across all areas, with tangible improvements in clinical development, workforce stability, and the foundations for digital innovation.

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

This is an ongoing project and will continue to develop in the next year.

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

Mastercall continues to provide training and support to all members of the clinical team, with targeted development opportunities for individuals in specific roles.

We are committed to improving performance through the ongoing monitoring of cases, supported by clinical audits and panel review sessions.

Areas of underperformance are addressed on an individual basis, with tailored training and support plans implemented to promote continuous improvement.

3. Clinical Digital Transformation

Over the last year, the Digital Team has worked to enhance clinical assessment processes through the effective use of technology. A key development has been the introduction of Ambient Voice Technology (AVT), which supports clinicians with case record management, improving both efficiency and documentation quality.

We have also introduced a network of Digital Champions, providing selected individuals with enhanced training in digital technologies to support and promote adoption across the wider workforce.

Looking ahead, the Digital Programme Board will continue to drive digital transformation initiatives and the integration of Artificial Intelligence across the organisation. Through Project Nexus, we aim to further develop digital capabilities, improve service delivery, and support our workforce in embracing innovative technologies.

Priorities for 2026/2027

1. Improve Patient Safety Through Better Clinical Decision-Making

- Expand case-based learning and peer review.
- Increase clinical supervision of remote consultations.
- Further develop Clinical Guardian auditing.
- Expand use of Ambient Voice Technology (AVT) where evaluation demonstrates benefit.

2. Improve Communication and Patient Experience

- Communication skills programme for all patient-facing staff.
- Training in empathy, active listening and safety-netting.
- Improve waiting-time communications.
- Strengthen patient co-production and engagement activities.

3. Strengthen Integrated Care Pathways and Referral Quality

- Joint learning with NHS111, GM CAS and NWAS.
- Regular review of referral themes.
- Development of referral quality dashboards.
- Escalation of recurring pathway issues through system governance structures.

4. Deliver Safe Digital Transformation and AI Innovation

- Roll out Project Nexus initiatives.
- Expand Digital Champion programme.
- Develop AI-supported safety monitoring and clinical decision support.
- Maintain robust governance and information governance oversight.

Equality Impact Assessments

Mastercall undertakes Equality Impact Assessments (EIAs) to ensure that our services, policies, and practices are fair, inclusive, and do not discriminate against any individual or group. EIAs are a structured process that supports individuals and teams to carefully consider the potential impact of their work on service users and staff, and to identify opportunities for improvement.

The EIA process enables the systematic assessment and documentation of the impact of services, policies, and activities, with particular focus on individuals who share protected characteristics, as defined by equality legislation.

The aims of conducting Equality Impact Assessments are to:

- Identify whether individuals or groups with protected characteristics are disadvantaged, excluded, or underrepresented in access to services or employment opportunities.
- Ensure meaningful engagement with service users, communities, and stakeholders, promoting participation through consultation.
- Encourage staff to consider and implement alternative approaches to mitigate or remove any identified adverse impacts.
- Promote and embed equality of opportunity across all organisational policies and practices.
- Support compliance with current equality legislation and public sector equality duties.
- Contribute to delivering high-quality, integrated, and patient-centred care.

Mastercall has completed Equality Impact Assessments across all policies and services, ensuring a consistent and proactive approach to equality.

Equality, Diversity and Social Inclusion

Mastercall is committed to delivering services that are fair, inclusive, and responsive to the needs of the diverse communities we serve. We recognise the wide range of backgrounds, characteristics, and experiences across our patient population and workforce.

We are dedicated to fostering a culture of Equality, Diversity, and Social Inclusion, where:

- Every patient receives respectful, personalised, and equitable care
- Barriers to access are actively identified and addressed
- Staff feel valued, supported, and able to contribute fully
- Differences are recognised, respected, and celebrated

Examples of where Mastercall have met inclusive practices.

For Patients:

- Providing access to interpreting and translation services, including Language Line.
- Accepting Health and Care Passports to support personalised care for patients with learning disabilities or autism.
- Offering flexible appointment formats (telephone, face-to-face, and virtual).
- Making reasonable adjustments, such as quiet waiting areas or side rooms.
- Designing child-friendly and accessible environments.
- Supporting additional communication needs, including sensory impairments.
- Engaging patients through the Patient Experience Forum.
- Mandatory Oliver McGowan Training for all staff.

For Staff:

- Providing mandatory Equality, Diversity and Inclusion (EDI) training for all staff to promote awareness, cultural competence, and inclusive behaviours.
- Promoting fair and transparent recruitment processes, ensuring equal access to employment opportunities.
- Supporting flexible working arrangements, including part-time roles and adjusted working patterns to accommodate individual needs.
- Making reasonable workplace adjustments for staff with disabilities or health conditions
- Implementing policies to prevent discrimination, bullying, and harassment, with clear reporting mechanisms.
- Encouraging staff networks or forums to support underrepresented groups and enable staff voice
- Ensuring access to wellbeing support services, including mental health resources.
- Monitoring workforce data (e.g. recruitment, promotion, and retention) to identify and address inequalities.
- Promoting an inclusive leadership culture, where managers are trained to support diverse teams effectively.
- Providing opportunities for career development and progression that are accessible to all staff.

Through continuous engagement, review, and improvement, Mastercall strives to ensure that equality, diversity, and inclusion are embedded in all aspects of service delivery and organisational practice.

Social Value at Mastercall

Mastercall has a deeply embedded commitment to Social Value, dedicating 6% of its revenue annually to support impactful community initiatives. Our work aligns with the National TOMS Framework and is overseen by a dedicated Social Value SRO and a cross-departmental committee that meets regularly to review progress and ensure accountability. We actively encourage colleagues to nominate local causes that reflect our values and make a meaningful difference in the communities we serve. This structured approach has earned a 'mature' rating from the Social Value Portal and national recognition, including a Gold Award for Social Value Impact at the UHUK Awards.

The impact of this commitment continues to grow. Through our partnership with Cracking Good Food, we have delivered around 6,500 meals via the NOSH(H) service and extended our support through their *Feeding Your Future* programme, which supports individuals from deprived or marginalised communities who may not have received equal opportunities, helping them build practical skills and confidence to cook affordable, healthy meals. Alongside this, we have supported foodbanks across Stockport and Trafford, funding the equivalent of approximately 2,000 meals in June 2026, and continue to work closely with The Wellspring, where we provide GP-led clinics, outreach and coordinated clinical support for people experiencing homelessness, alongside supporting their ongoing fundraising activities.

We have also supported carers, volunteers and a whole range of community initiatives across Stockport and Trafford. From funding accessible bikes for children at Pictor Academy to supporting local mental health and dementia groups, our approach focuses on practical, people-centred support that delivers real benefit to local communities.

Sustainability and Environmental Responsibility

Mastercall Healthcare is committed to minimising the environmental impact of its operations and embedding sustainable practices across all areas of service delivery. This commitment reflects our Environmental Policy and supports both the NHS Net Zero ambition and the wellbeing of the communities we serve.

We take a proactive, data-driven approach to sustainability. Our carbon footprint is monitored through regular assessments and detailed carbon reduction reporting, enabling us to establish baselines, track annual emissions, and identify opportunities for improvement. Collaboration with our Business Intelligence team ensures that environmental performance is effectively measured and informs organisational decision-making.

We are committed to reducing waste and supporting social value through partnerships that promote reuse and digital inclusion. Through our work with Community Computers, we have donated IT equipment for refurbishment

and redistribution within local communities. In 2023, 49 laptops were donated, preventing 147kg of waste from going to landfill and achieving a carbon reduction of 9,284kg. In January 2024, a further 12 laptops, 17 monitors, 3 printers, and 2 fax machines were donated, diverting an additional 174kg of waste. These initiatives support both environmental sustainability and improved access to digital resources for underserved populations.

In line with our commitment to resource efficiency, we actively consider reuse and refurbishment before replacement. For example, working in partnership with The Coggin Group, we have reupholstered existing furniture, avoiding the environmental impact associated with new purchases and achieving an estimated reduction of 490kg of CO₂ emissions.

We also recognise our responsibility to support biodiversity and community engagement. Our Bee Friendly Initiative, launched in September 2024, involved collaboration with local schoolchildren to plant a wildflower area, contributing to pollinator habitats and raising awareness of environmental sustainability within the local community.

Further environmental measures implemented across the organisation include:

- Promoting digital communication and reducing paper consumption
- Implementing effective waste segregation and comprehensive recycling processes
- Sourcing environmentally responsible materials and packaging
- Supporting sustainable procurement and working with environmentally responsible suppliers

These initiatives are supported by wider organisational commitments, including energy monitoring, sustainable travel options, and a developing Carbon Reduction Plan, ensuring a continuous focus on reducing environmental impact.

Mastercall remains committed to continuous improvement in environmental performance, ensuring sustainability is embedded within organisational culture and contributes to the delivery of safe, high-quality, and responsible healthcare services.

Dignity in Care

Mastercall Healthcare is committed to supporting, promoting, and developing dignity and respect along with equality and diversity in all services to promote a culture that is free from discrimination.

Mastercall values diversity, dignity and respect and recognises that as an organisation the benefits from a wide range of backgrounds, cultures, views, and beliefs helps to enhance our organisation further.

Mastercall have established a Dignity in Care Committee, which aims to continuously promote dignity and respect across the workforce for all Mastercall users. We aim to send regular communications to Mastercall People, with updates and examples of where people have demonstrated excellent use of dignity and respect in their care. We will regularly hold events, in accordance with the dignity in care campaigns 'Dignity Action Day'. Aimed to give everyone an opportunity to contribute to upholding people's rights to dignity and ensure people who use care services are treated as individuals and are given choice, control and a sense of purpose in their daily lives.

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.

We continue to embed dignity and respect through a programme of staff engagement activities. Our annual Dignity Action Day is supported by the 'Dignity Heart' campaign, which encourages colleagues to recognise and celebrate each other's commitment to providing compassionate, respectful care. This includes peer nominations via our online platform and the awarding of 'Dignity Heart' certificates. Engagement with this initiative has remained strong over the past three years, reflecting a positive and supportive organisational culture.

We also deliver a range of events aligned to dignity-focused themes throughout the year. Previous activities have included informal engagement sessions and themed events designed to encourage reflection and discussion on what dignity means in practice. These initiatives provide opportunities for staff to share experiences, strengthen team relationships, and reinforce the importance of embedding dignity in everyday care delivery.

Through this structured approach, we continue to promote a culture where dignity, respect, and inclusion are integral to both patient care and staff experience.

Freedom to Speak Up Guardian

Designated Freedom to Speak Up Guardians is in place to provide independent support to colleagues, enabling them to raise concerns safely and confidentially without fear of detriment, victimisation, or not being heard. Staff are actively encouraged to raise concerns through a range of channels, including line management and the FTSU Guardian, ensuring that multiple accessible routes are available.

Creating an environment in which staff feel safe and supported to speak up contributes to a culture where individuals feel valued, and this in turn supports the delivery of safe, high-quality care for our patients.

During the reporting period, no formal Freedom to Speak Up cases were raised through the Guardian. We recognise that this may reflect a positive and open culture in which concerns are addressed locally through line management or other established routes. However, we will continue to promote awareness of the FTSU process, ensuring that all colleagues understand how to access support and are confident to speak up where needed.

We remain committed to strengthening our speaking up culture through ongoing communication, visibility of the FTSU Guardian, and continued promotion of a just and learning culture.

During 2026/27, Mastercall Healthcare will aim to strengthen its Freedom to Speak Up culture by increasing awareness, accessibility, and confidence in speaking up processes across the organisation.

We will:

- Increase staff awareness of Freedom to Speak Up routes, including the role of the Guardian
- Improve confidence in raising concerns, as measured through staff survey responses
- Enhance visibility and engagement of the Freedom to Speak Up Guardian across all services

Success will be measured by:

- An increase in staff survey responses indicating that staff feel safe to speak up (baseline: 83%)
- Increased engagement with speaking up communications and initiatives
- Evidence of appropriate use of speaking up channels where required

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

Across greater Manchester the number of people experiencing homelessness continues to rise with increasing numbers presenting with advanced illness, bloodborne viruses, complex wounds, substance dependence, and unmet health needs. Traditional models of healthcare cannot adequately respond to these intersecting issues.

The Wellspring is a local charity providing essential day-to-day support to people experiencing homelessness or at risk of losing their home, including:

- Hot meals, showers, clothing and basic supplies every day of the year
- One-to-one guidance on housing, benefits, employment, debt and more
- A welcoming base for outreach and partnership work

delivers *open access* clinical support on-site five days a week, with a team including GPs and Advanced Nurse Practitioners. There is also a “hot transfer” option for urgent concerns outside clinic days. Mastercall’s rationale represents an intentional shift from fragmented pathways and towards co-ordinated trauma informed support delivered in a safe familiar environment.

Services include:

- Full assessments and treatment (infections, complex wounds, chronic conditions)
- Health advocacy and support with partner agencies
- Repeat prescriptions and seasonal flu vaccinations
- Outreach to temporary accommodation

Mastercall Clinic Schedule (Wellspring):

- **Mon:** 09:30–16:30 (ANP)
- **Tue:** Week 1 09:30–16:30 (ANP); Week 2 12:00–14:00 (GP)
- **Wed:** 09:30–16:30 (ANP)
- **Thu:** Week 1 12:00–14:00 (GP); Week 2 09:30–16:30 (ANP)
- **Fri:** 09:30–16:30 (ANP)

Visiting services include infectious diseases, a monthly drop-in sexual health service, podiatry support and optometry clinics providing free eye tests and glasses.

This integrated, inclusive health approach reflects national guidance from NHS England, NICE and the Faculty for Homeless and Inclusion Health, recognising that people experiencing homelessness require flexible, trauma-informed, co-ordinated care.

Homelessness is rising, with recent research estimating *just under 300,000 households facing the worst forms of homelessness* and overall homelessness rising year-on-year due to housing shortages and affordability pressures. People without a home face **much worse health outcomes** than the housed population:

- Rough sleepers have dramatically higher rates of TB, Hepatitis C, epilepsy, heart disease, stroke and asthma compared with housed people.
 - They use emergency and hospital services far more often, stay longer when admitted, and are less likely to be registered with a GP.
- Many are not identified as homeless in health records because they give out-of-date addresses or avoid disclosing living situations due to stigma.

Locally, **Stockport’s housing market** has grown sharply unaffordable, with private rents and house prices rising much faster than incomes. This has increased homelessness pressure, with long social housing waiting lists and intense competition for limited homes.

The main local causes of homelessness reflect national trends:

- End of private tenancy
- Friends/family no longer able to accommodate
- Domestic abuse and relationship breakdowns
- People leaving Home Office-provided accommodation after asylum (rising locally from 62 in 23/24 to 146 in 24/25)

Conclusions

Mastercall Healthcare remains committed to delivering safe, effective, caring, responsive, and well-led services to the communities we serve. Throughout 2025/26, we have continued to strengthen our quality governance arrangements, invest in workforce development, embrace digital innovation, and maintain a strong focus on patient safety and experience. The achievements outlined within this Quality Account demonstrate the dedication, professionalism, and compassion of our staff and clinicians, who work tirelessly to provide high-quality care across a diverse range of urgent and community healthcare services.

This year has seen significant progress in several key areas, including the development of the Mastercall Academy, improvements in patient safety culture, continued excellence in clinical audit performance, expansion of community-based services, and the introduction of innovative technologies to support clinical practice. We have also continued to learn from incidents, complaints, audits, safeguarding activity, and patient feedback, ensuring that lessons are embedded into everyday practice and contribute to ongoing service improvement.

As we look ahead to 2026/27, our focus will remain on improving patient safety, enhancing communication and patient experience, strengthening workforce capability, improving access and responsiveness, and delivering digital transformation through robust governance and innovation. We recognise that continuous improvement is essential in an increasingly complex healthcare environment and remain committed to working collaboratively with patients, carers, staff, commissioners, and wider system partners to achieve the best possible outcomes for our communities.

We would like to thank our patients, partners, commissioners, and colleagues for their continued support, feedback, and commitment to quality. Their contributions help shape our services and drive our ambition to provide outstanding care. Together, we will continue to build on our successes, learn from our experiences, and ensure that Mastercall remains a trusted provider of high-quality community and urgent healthcare services.

If you have any questions, please contact the quality and safety team, gands.mastercall@nhs.net.

Glossary of Terms

This Quality Account uses a number of abbreviations. For ease of reference, the most frequently used are explained below.

ACP – Advanced Clinical Practitioner

ARI – Acute Respiratory Infection (clinic)

ATT – Alternative to Transfer (a service that helps ambulance crews avoid unnecessary hospital admission)

AVT – Ambient Voice Technology

BLS – Basic Life Support

CAS – (Greater Manchester) Clinical Assessment Service

CQC – Care Quality Commission

DSPT – Data Security and Protection Toolkit

EDI – Equality, Diversity and Inclusion

EHR – Electronic Health Record

EIA – Equality Impact Assessment

FFT – Friends and Family Test

FTSU – Freedom to Speak Up

GMMMG – Greater Manchester Medicines Management Group

GMUPCA – Greater Manchester Urgent Primary Care Alliance

GTB – Grow, Thrive, Belong (Mastercall's workforce and culture strategy)

ICB – Integrated Care Board

ISMS – Information Security Management System

LFPSE – Learning from Patient Safety Events

NCAPOP – National Clinical Audit and Patient Outcomes Programme

NWAS – North West Ambulance Service

OOH – Out of Hours

PSIRF – Patient Safety Incident Response Framework

RCA – Root Cause Analysis

SMOC – Single Model of Care

TPAS – Trafford Patient Assessment Service

UTC – Urgent Treatment Centre