


iD Medical



**ID Medical Group
Quality Account
2023/24**

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Introduction to the 2023/24 ID Medical Quality Account

This Quality Account is ID Medical's annual report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff are committed to providing continuous, evidence-based, quality care to those people we treat. It will also show that we regularly review every service we provide with a view to improving it and ensuring that our patients' treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

This is the second Quality Account for ID Medical Group (IDM) and covers the reporting period 1st April 2023 to 31st March 2024 and has been produced by the Head of Quality and Improvement with the support of the Clinical Governance Committee.

This document provides a review of healthcare services from the past 12 months focusing on the quality of services and improvements. The quality of the services are measured by review of:

- Patient safety
- How effective patient treatments are
- Patient feedback about care provided

ID Medical Group is a private organisation that provides NHS services commissioned by local Integrated Care Boards and NHS Trusts.

ID Medical Group Limited has been established since 2000 as a recruitment and medical workforce agency. The company has provided healthcare staffing since then to Health Boards, NHS Trusts, and Primary Care. We saw over 100,000 patients in the last financial year in our growing clinical services division.

In 2021, the company was awarded its first outsourced and fully independent clinical service, and became a CQC-registered organisation.

ID Medical provides two fully managed, NHS Standard contracts for:

1. NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

Specialty: Community based skin surgery service with provision of surgery for high-risk lesions such as BCCs (Basal Cell Carcinomas).

2. NHS Suffolk and North East Essex Integrated Care Board (ICB)

Specialty: Level 3 Intermediate Minor Surgery Service, which is a community-based care and advice service for all patients who are over 16 year of age. The minor surgery service is for larger skin lesions and local anesthetic surgery and lesions in cosmetically sensitive areas.

The community skin surgery services are located in:

- Grove Medical Centre, Felixstowe
- Widcombe Surgery, Bath



Our Vision

To help improve patient outcomes by supporting Healthcare Professionals and Organisations - **worldwide**

Our Mission

To **connect and support** the people and organisations who take care of our health every day

Why we exist

Our health is the most treasured thing we have

ID Medical is dedicated to helping ensure we all have access to the right healthcare when, where and how we need it!

Statement by Chief Executive Officer

ID Medical Group remains dedicated in its commitment to quality healthcare, actively partnering with the Healthcare System to tackle the significant challenges in delivering safe, high-quality patient care. Our proactive approach involves designing and building services that anticipate and address emerging needs, ensuring seamless care delivery.

At ID Medical, we place people at the heart of everything we do. By fostering strong connections and providing support to healthcare professionals and organisations, we strive to enhance the health and well-being of communities we serve. Our dedication to patient-centric care ensures that we deliver the best possible outcomes, precisely when and where they are needed most.

Over the last three years, ID Medical has undergone a remarkable transformation, evolving into a fully established healthcare organisation from its roots in recruitment services. Central to this transformation has been our focus on establishing robust infrastructure and assembling dynamic teams capable of delivering safe, CQC-regulated services that elevate patient outcomes.

In addition to delivering high-quality care, we are committed to improving access to healthcare while reducing costs. Our innovative approach involves delivering care within the community, closer to patients' homes, thereby minimising the need for costly hospital stays and interventions. This not only saves taxpayers' money but also alleviates the strain on secondary care resources.

Bringing care to the community offers numerous benefits, including greater convenience and continuity of care for patients. By strengthening the bond between healthcare providers and patients, we empower individuals to take control of their health and wellbeing.

At ID Medical, we recognise that health is our most precious asset. Guided by this principle, we focus on reducing patient waiting times, delivering excellence in patient care, and introducing new services that benefit communities. Our commitment to continuous improvement ensures that we remain at the forefront of healthcare innovation, driving positive change for individuals and communities alike.

Moreover, our commitment to delivering tailored clinical services efficiently has led to improved patient clinical outcomes. Through a combination of innovative approaches and a dedicated team of healthcare professionals, we have achieved measurable enhancements in patient care, positively impacting lives across the community.

Furthermore, we are excited to announce our partnership with Aya Healthcare, which brings technological advances to the forefront of our operations. This collaboration sets the landscape for achieving our quality priorities for 2024-25, empowering us to leverage cutting-edge technology to further enhance the quality and efficiency of our services.

Our patient and client feedback are testaments to the exceptional services we deliver, and we are proud to share the results of our hard work and dedication in this annual Quality Account.



A stylized, handwritten signature in black ink, appearing to read 'D. Patel'.

Deenu Patel
CEO

Statement by Medical Director

As the Medical Director, I ensure that our quality account mirrors our dedication to delivering exceptional healthcare services while upholding the utmost standards of patient care. Within our organisation, we are fortunate to have a team comprising highly skilled and experienced healthcare professionals who are wholly devoted to delivery of compassionate, individualised care to each patient.

Our clinical team members undergo a rigorous recruitment process, which includes structured interviews to ensure that we maintain the highest calibre of staff. Continuously striving for advancement, we're committed to enhancing the quality and safety of our services, ensuring they remain patient-centred, evidence-based, and aligned with the latest medical standards and practices.

We take immense pride in the consistently high levels of satisfaction reported by our patients, especially noting the increased patient satisfaction observed in the last 12 months. This positive trend is a testament to our dedication to quality care and our focus on meeting the unique needs of each individual under our care.

Implementing robust quality assurance systems and processes that encompass all facets of patient care, we actively gather and analyse data to pinpoint areas for improvement. Should any issues arise, we take swift and proactive measures to address them promptly. Particularly important to note is the stability and reliability of our clinical services infrastructure, which has remained solid since the inception of our community-based contracts. This concrete foundation enables us to consistently provide exceptional service, supporting the smooth and efficient operation of our services to meet the needs of our patients and all stakeholders.

Fostering a culture of continual learning and improvement, we actively solicit feedback from patients, staff, and stakeholders to refine our services and processes further.

At ID Medical Group, we firmly believe that providing quality healthcare for patients isn't merely a goal but a core mission that underpins every aspect of our operation. We remain committed to providing our patients with the highest level of care possible.

We will continue to work tirelessly to ensure that we not only meet but exceed our patients' expectations, delivering the best possible care to those who need it most.



Professor Fahed Youssef
Medical Director

Statement of Quality by Head of Quality Improvement & Optimisation

In the past year, ID Medical Group has made significant strides in enhancing the standard of our services while promoting inclusion and equality. With the introduction of new offerings focused on dermatology, minor operations and community skin surgery, we have expanded our capabilities to better meet the diverse needs of our patients. Despite experiencing a remarkable 39% increase in the number of patients seen, we are strongly upholding our commitment to delivering high-quality care without a compromise.

Led by skilled healthcare professionals, our services prioritise patient comfort and safety. We employ minimally invasive procedures whenever possible to minimise discomfort and recovery time, ensuring a smoother experience for everyone. Additionally, our emphasis on patient education helps alleviate anxiety and ensures that our patients are well-informed about their procedures and what to expect, regardless of their background or circumstances.

Furthermore, our dedication to patient satisfaction is evidenced by the exemplary results of the NHS Friend and Family test, with satisfaction levels consistently reaching 99% throughout the year. Additionally, the overwhelming number of positive comments and compliments from patients further underscores our commitment to delivering exceptional care.

We are committed to advocating for equal access to healthcare services for all individuals, regardless of race, ethnicity, gender identity, sexual orientation, socioeconomic status, or other factors. Through our work, we aim to reduce healthcare disparities and promote health equity, ultimately contributing to a more just and equitable society.

Recognising the importance of staff well-being, we are taking proactive steps to enhance team cohesion and morale. We are planning to introduce a series of team events aimed at fostering closer collaboration and camaraderie among our staff. By creating a supportive and inclusive work environment, we aim to strengthen our team bonds, ultimately contributing to the improved standard of care we provide to our patients.

By fostering a culture of diversity, equity, and inclusion, we create a better future for our staff, our patients, and our communities.



Mrs. Sabina Grzeda-McArthur

Head of Quality

CQC Registered Manager

Review of Services

During the reporting year 2023/24, ID Medical continued to provide two NHS standard contracts catering the needs of patients who suffer from dermatological conditions which require treatment through minor operations. The community skin surgery services offer;

- Average waiting time for appointments is between 1-6 weeks
- The services are available on e-Referrals Service (eRS) and are directly bookable
- We provide a clinical and administrative triage for all patients
- The services receive routine and urgent referrals and work in line with NHS Referral to Treatment Time standards (RTT). The statutory target is 92 per cent of RTT patients should be waiting no longer than 18 weeks
- The services provide electronic discharge summaries for each patient which are sent directly to the GP Practice in line with the guidance set under the NHS standard contracts
- Pre- and post-surgery information is available for patients on our website and is communicated to them via the AccurX messaging system before their appointment
- We have a dedicated administrative team available Monday-Friday 9.00am to 5.00pm
- There is a choice of clinics which are available during the working week and at weekends



Clinical Services Patient Case Study BANES



Patient Journey Case Study

Service:

ID Medical Group - Community Minor Operations Service (NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board).

Referral journey:

Male, 65 years referred by local Hospital (March 2023). We are working closely with the local hospital to ensure they send any appropriate referrals back into our service.

This process is preventing longer waiting times in secondary care and a better experience for patients.

Patient waiting time:

Two weeks.

Reason for referral:

Basal cell carcinoma (BCC) on the back.

Seen by skin surgeon in clinic:

The BCC was excised completely under local anaesthetic in clinic.

Journey through patient's eyes

How did you find the referring process to ID Medical Community Minor Operations Service?

"Excellent, very quick."

How did you find the premises and location of service?

"Absolutely fine – everything was perfect."

How did you find the clinical team on the day of appointment?

"Marvellous, I could not fault them in anyway; very efficient – in and out."

I filled out a form at the end and could not recommend enough."

Would you recommend ID Medical Minor Operations Service to your friends and family?

"Yes, 100% - I could not recommend it enough."

Clinical Services Patient Case Study SNEE



Patient Journey Case Study

Service:

ID Medical Group - Community Minor Operations Service (NHS Suffolk and North East Essex Integrated Care Board (ICB)

Referral journey:

Male, 79 years, referred via e-RS by local GP practice (November 2023).

The patient was directly booked into an appointment of their choice. Once received, the referral was reviewed and triaged by our clinical team.

Patient waiting time:

Four weeks.

Reason for referral:

A cyst above his eyebrow which was previously infected and treated with antibiotics which had no effect. The cyst had been increasingly causing problems at night whilst he was wearing his CPAP mask.

Seen by skin surgeon in clinic:

The cyst was excised completely under local anaesthetic in clinic.

Journey through patient's eyes

How did you find the referring process to ID Medical Community Minor Operations Service?

"Very easy and with no problems."

How did you find the premises and location of service?

"Superb."

How did you find the clinical team on the day of appointment?

"Amazing – on another level. I was called in earlier on the day of the appointment which was excellent. There was no waiting around and my appointment was finished within half an hour. I was told exactly and precisely what to do regarding wound care after my appointment. Both the surgeon and the healthcare assistant were outstanding."

Would you recommend ID Medical Minor Operations Service to your friends and family?

"Absolutely, the whole process was excellent and exactly what the health services need more of."

Achievements on Priorities for Improvement for 2023/2024

IDM has identified the following quality priorities that were completed in 2023/24. These priorities covered clinical effectiveness, patient feedback, patient safety and staff well-being and engagement. They have been rated using (Red, Amber and Green) 'RAG' rating. The following table sets out each quality priority, how it's measured and its progress.

Priority	Specific	Measurable	RAG Rating
1 Clinical Effectiveness	To ensure clinical effectiveness is measured and improved upon by good governance review and internal auditing to ensure key performance indicators are met	Continue to follow the annual audit plan and perform additional audits as a result of feedback or issues arising	Priority Achieved
2 Patient Feedback	To use patient feedback to enable us to improve the service and patient care	Introduce Patient Reported Outcome Measures (PROMs)	Priority Partially Achieved
		In depth experience review with cohort of patients by a senior member of the team	Priority Partially Achieved
3 Patient Safety	To continuously improve patient safety, building on the foundations of a safer culture and safer systems	Implement and train staff on the Patient Safety Incident Response Framework (PSIRF)	Priority Achieved
		Review safeguarding policies internally and externally	Priority Achieved
		Provide level 4 safeguarding training to the necessary roles	Priority Achieved
		Implement onward referring via the e-Referrals Service (eRS) ensuring a safer and more visible pathway for the patient	Priority Achieved
4 Staff Well-being and Engagement	To ensure our core values are met by ensuring staff well-being, health and safety and encourage feedback through identifying areas we can learn from and development.	Maintain excellent outcomes of staff survey	Priority Achieved
		Align timing of appraisals for all staff to be done at the same time	Priority Achieved
		Develop a training programme including a competency matrix for each role	Priority Achieved

Summary and Key Achievements

We are proud to have met 80% (8) of the key measures set out as priorities for improvement. The service has acknowledged the remaining 20% (2) key measures and has already started implementing these. These have been incorporated within the 2024/25 key priorities, so that we will continue to drive quality improvement across our services.

- Ensuring excellent standards of infection prevention and control
- Obtaining a 'Good' CQC rating within the first year of service
- Achieving excellent outcomes from the NHS staff survey
- Adhering to a robust auditing schedule to continually provide feedback and improvement on the services
- Collating excellent patient feedback on the services
- Documented clinical room checks were introduced as a new standard of practice
- Internal administration pathways were reviewed and updated with positive outcomes for patient experience
- Recruited new members of staff to help meet the demand in referrals
- Introduction of Horizon phone system to improve patient satisfaction when contacting the service and now having the option of leaving voicemails
- Updated signage at a clinic making it easier for patients to find the correct locations
- Introduced varied appointment times to accommodate see and treat patients
- We have made changes to pre- and post-operative patient information leaflets as a results of feedback from patients
- Invested in new equipment to improve clinical effectiveness



Quality Priorities for 2024/25

The quality priorities for 2024/25 are outlined below.

Priority	Specific	Achievements set in 2023/24	Priorities for 2024/25
<p>1</p> <p>Clinical Effectiveness</p>	<p>To ensure clinical effectiveness is measured and improved upon by good governance review and internal auditing to ensure key performance indicators are met</p>	<p>Continue to follow the annual audit plan and perform additional audits as a result of feedback or issues arising</p>	<p>Revision of clinical consumables suppliers to ensure quality and safety</p> <p>New support staff to be fully trained to ensure smooth transition</p>
<p>2</p> <p>Patient Feedback</p>	<p>To use patient feedback to enable us to improve the service and patient care</p>	<p>Introduce Patient Reported Outcome Measures (PROMs)</p> <p>In depth experience review with cohort of patients by a senior member of the team</p>	<p>Complete Patient Reported Outcome Measures (PROMs)</p> <p>In depth experience review with cohort of patients by a senior member of the team</p> <p>Digitalisation of patient satisfaction survey</p>
<p>3</p> <p>Patient Safety</p>	<p>To continuously improve patient safety, building on the foundations of a safer culture and safer systems</p>	<p>Implement and train staff on the Patient Safety Incident Response Framework (PSIRF)</p> <p>Review safeguarding policies internally and externally</p> <p>Provide level 4 safeguarding training to the necessary roles</p> <p>Implement onward referring via the e-Referrals Service (eRS) ensuring a safer and more visible pathway for the patient</p>	<p>Attend Safeguarding forum with SNEE – to be more visible in locality</p> <p>Domestic violence training to be undertaken by staff</p> <p>Continue presence at PSIRF meetings</p> <p>Safeguarding leads to take part in national Safeguarding conference</p>
<p>4</p> <p>Staff Well-being and Engagement</p>	<p>To ensure our core values are met by ensuring staff well-being, health and safety and encourage feedback through identifying areas we can learn from and development.</p>	<p>Maintain excellent outcomes of staff survey</p> <p>Align timing of appraisals for all staff to be done at the same time</p> <p>Develop a training programme including a competency matrix for each role</p>	<p>Team well-being programme with measurable sense of achievement</p>

Review of Quality Performance

One of the significant quality priorities for ID Medical is clinical effectiveness. We are committed to this by reviewing our services to ensure good governance is applied to all areas. Below we have listed the main components of what we believe contributes to excellent clinical effectiveness.

Qualified staff

Having skilled dermatologists, surgeons, and support staff who are trained and experienced in performing minor skin surgeries ensures the quality and safety of procedures.

Appropriate referrals

Appropriate referrals of patients based on their medical history, skin condition, and overall health is essential for successful outcomes and minimising risks.

Informed consent

Ensuring patients fully understand the procedure, potential risks, benefits and alternatives through informed consent procedures is vital for patient satisfaction and compliance.

Facility and equipment

Adequate facilities with proper surgical equipment and instrumentation are necessary to perform minor skin surgeries safely and effectively.

Infection control

Strict adherence to sterilisation protocols and infection control measures helps prevent surgical site infections and other complications.

Anesthesia management

Proper administration and monitoring of anesthesia, whether local or general, ensures patient comfort and safety during the procedure.

Postoperative care

Providing clear instructions for postoperative care – including wound management and follow-up appointments – promotes optimal healing and reduces the risk of complications.

Quality assurance and audit

Regular audits, reviews, and quality assurance measures help identify areas for improvement and ensure that the service maintains high standards of clinical effectiveness.

Continuing education

Keeping abreast of the latest advancements, techniques, and guidelines through continuing education and training programmes ensures that the service delivers the most up-to-date and effective care to patients.

Communication and collaboration

Effective communication and collaboration among healthcare providers involved in the patient's care, including GPs, dermatologists, surgeons, and other specialists to facilitate coordinated and comprehensive treatment.

Patient satisfaction and feedback

Regularly seeking feedback from patients about their experiences with the service can help identify areas for improvement and ensure that patient needs and preferences are met.

Participation in Clinical Audits

There are currently no standardised national or local Clinical Audit programmes related to the clinical services provided by IDM. However, the service is following British Association of Dermatologists protocols (BAD) where appropriate and has developed and carried out a robust audit programme (clinical and non-clinical) to ensure continuous improvement and patients' safety.

The audit programme involves the collection and analysis of data on the outcomes of minor operations and BCC removal procedures. This includes information on the number of procedures performed, the type of procedure, the location of the lesion and the outcome of the procedure. The data is then used to identify areas where improvements can be made and to develop strategies to improve the quality of care.

One of the key benefits of the ID Medical audit programme is that it provides a standardised approach to quality assurance across different services. This ensures that patients receive consistent and high-quality care, regardless of where they receive treatment.

The programme also helps to identify best practices and areas where improvements can be made.

Overall, the audit programme is an important tool for ensuring clinical effectiveness in minor operations and BCC removal services. By collecting and analysing data on outcomes, healthcare providers can identify areas for improvement and develop strategies to improve the quality of care. This ultimately leads to better outcomes for patients and a higher level of clinical effectiveness in these procedures.

31 local clinical and non-clinical audits were conducted by IDM in 2023/24. The following actions were set to improve the processes for assurance with regards to the quality of care provided.

- Feedback was gathered for GPs who were continually referred unsuitable patients
- Review of the current reminder system to ensure there are less missed appointments
- Up to date information provided in pre- and post-operative patient information leaflets
- Changes were made to clinical templates to prompt improved note-taking
- Changes were made to internal admin processes to ensure smooth onward referrals to secondary care

See Appendix 1 for the Annual Audit Plan that reflects the priorities for services. All audits listed in the plan have been completed for 2023/24.

Key areas of success from the audits included:

- Clinical supervision reviews continued to show positive feedback in regards to the quality of consultations and this feedback was discussed peer to peer
- Post-infection rates were under the threshold set out in the service contracts
- Excellent record-keeping from clinicians such as ensuring consent was obtained from each patient prior to any procedure
- Highlighting the areas for additional training for the administration team
- Improvement on ensuring patients are referred to secondary care appropriately and in accordance to the hospitals' workflow

Staff Survey Examples

We are thankful to all our staff for completing the annual staff survey sharing their individual experiences of working at ID Medical Group. The annual staff survey was carried out in November-December 2023 with 80% completion rate achieved. We have used the results to understand what we are doing well and where we need to make improvements.

Work Responsibilities and Trust

Clear work responsibilities

10 out of 12 respondents (**83.3%**) strongly agree they always know their work responsibilities, while 2 out of 12 (**16.7%**) agree

Strongly agree

83.3%

Agree

16.7%

Trusted to do job

9 out of 12 (**75%**) strongly agree they are trusted to do their job, and 3 out of 12 (**25%**) agree

75%

25%

Positive Team Relationships

Team members are kind and understanding

50%

40%

Polite and respectful behaviour

50%

40%

Showing appreciation to one another

40%

40%

Managerial Support

Encouragement from manager

50%

40%

Clear feedback from manager

50%

40%

Consultation before decisions are made

40%

40%

Managerial interest in health and well-being

50%

30%

Response to Freedom to Speak-Up Initiative

The culture at ID Medical is one of openness and transparency. All directors and senior managers are highly approachable and have an 'open door' policy. They welcome and encourage ideas and innovation, and equally they want to know of any concerns/issues. This is evident through recruitment (interview), induction and ongoing employment and is continuously reinforced through regular meetings and staff briefings.

This is consistent with our provision of a premier level service to our clients and a high quality, clinically safe service to patients. It can only be achieved with an open working culture that recognises the need for continuous improvement and for staff concerns to be addressed without victimisation.

All organisations providing NHS healthcare services in primary and secondary care in England are required to adopt this national policy as a minimum standard to help normalise speaking up for the benefit of patients and workers. ID Medical is proud to support this and has implemented the national policy since January 2024.

Care Quality Commission Registration

ID Medical is required to register with the Care Quality Commission (CQC), and its current registration status is unconditional.

The CQC-registered manager for ID Medical Group is Sabina Grzeda-McArthur, Head of Quality and Improvement. ID Medical is registered under the Acute Services (ACS) category for service type and is registered to conduct the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Surgical procedures

ID Medical at the Grove Surgery (Grove Road, Felixstowe, Suffolk, IP11 9GA) received a routine inspection on the 5th April 2023. The service was rated as Good overall. The full report can be found on the CQC website [here](#)

There have been no further inspections by CQC in the period that covers this Quality Account.

The key questions were rated as:

Are services safe? **Good**

Are services effective? **Good**

Are services caring? **Good**

Are services responsive? **Good**

Are services well-led? **Good**

Inspected and rated

Good





Data and Information Governance

Our NHS Digital Data Security and Protection Toolkit (DSPT) assessment shows that we have achieved full compliance with all the mandatory standards with a 'Standards Exceeded' rating. During the reporting period there were no breaches in data security recorded.

Clinical Governance

The Clinical Governance Committee (CGC) provides assurance that standards of care meet NHS Frameworks/constitution and CQC requirements. The committee ensures effective structures are in place to guarantee processes and controls, meeting the following priorities:

- Safety and excellence in patient care
- Prioritisation/management of risk within clinical care
- Effective/efficient use of resources, delivering evidence-based clinical practice
- Protect patients and HCPs from harm
- Appropriate corporate and clinical systems and processes to reflect best practice, regulatory requirements and legislation

The CGC is responsible for monitoring and assuring that IDM drives and delivers the key principles of quality, safety, risk, clinical effectiveness and a good patient experience, identifying where improvements are required and implemented. This is underpinned by our Clinical Governance Framework. The CGC meets bi-monthly weeks.

The IDM Medical Director has overall accountability for clinical governance. Our Head of Quality, Improvement & Optimisation is responsible for the implementation/monitoring of our CG framework. The Medical Director and Head of Quality, Improvement & Optimisation are responsible for:

- Leadership and supporting clinicians, clinical teams and individuals with clinical governance.
- The development and maintenance of systems/processes to enable dissemination and action of National Guidance (NICE, National Confidential Enquiries, National Service Frameworks etc.)

Duty of Candour

We are dedicated to the values of openness, honesty and transparency and aim to learn from all incidents and involve service users and families in the review process. We ensure that the requirements of the 2008 Health and Social Care Act 2008 are met in respect of 'Duty of Candour' requirements.

Patient Safety Incident Investigations (PSII)

A patient safety incident investigation (PSII) is undertaken when an incident or near-miss indicates significant patient safety risks and potential for new learning. Investigations in the decisions or actions as they relate to the situation. This has replaced Accident, Incident and Near Miss Reporting (AINMs) in November 2023 after ID Medical has adopted new patient safety measures set out in Patient Safety Incident Response Framework.

We have reported 0 PSII's in 2023/24.

Infection Control

Infection Prevention and Control (IPC) is a key priority for ID Medical. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. To ensure excellent standards are met we carry out an annual IPC Report, this includes Infection Control Incidents, Post-operative Infections, Hand Hygiene Audit, Infection Control Audits and Infection Control Training. See Appendix 2 for the 2023/24 IPC Report.

Safeguarding

Safeguarding of children and adults is a high priority for ID Medical, and there is a strong commitment to ensuring that structures and governance arrangements for safeguarding are robust. The protection of children and adults at risk from abuse and neglect is fundamental to delivering health and wellbeing and core to delivering the quality agenda. We ensure that we have appropriate safeguarding systems, including accessible policies and procedures, safe recruitment and training and governance systems. We believe that safeguarding is everybody's responsibility and staff will respond and act to raise safeguarding awareness and address any emerging issues.

Safeguarding training for both Adults and Children is mandatory for all staff.



Level 2 is required for administration staff



Level 3 for all clinical and patient facing roles



Level 4 for the Safeguarding Leads. Priorities for 2023/2024 included additional training for our safeguarding leads to level 4 which has been completed.

Safeguarding Incidents

There have been no safeguarding incidents to report in 2023/24.

Patient Experience and Satisfaction

We welcome all forms of feedback from people who use our services. However, we understand and appreciate that we do not always get it right, so when we don't, we welcome feedback and advice on what we can do to improve our services. We always endeavor to use complaints and feedback as learning opportunities and analyse trends to mitigate further occurrences.

The service has recorded 2 Complaints (1 verbal and 1 written) in the period identified.

Lessons learnt:

- To improve on communication with patients in regards to multiple presenting issues.
- Further information needed for carers to ensure they understand the post-operative complications should they arise.

Changes made as a result of lessons learnt:

- After triage, the doctor will inform the admin team if there are multiple-presenting complaints, so communication can be made with the patient to avoid any disappointment.
- Updated patient information leaflets

Compliments From Patients

I got excellent, treatment by kind staff

I had minor surgery and it turned out to be a very good experience

I was so impressed with the service. All very friendly.

In and out very quick with no discomfort

Super-efficient, excellent explanation and quick service

Great service. Doctor was extremely helpful and explained very well what was going on.

Very easy and nice service. Thank you.

The doctor was friendly and explained everything. This made me feel comfortable

Super friendly and reassuring

Service was 100%

Service was convenient and easy

Swift, friendly & efficient. Really skilled team

Speedy and polite service

Very clear explanation of procedure and aftercare requirements

Great service. Doctor was extremely helpful and explained very well what was going on

Professional Feedback

Well done them on finding thorn spike, they can be tricky to get out. Please ensure the minor surgery team receive my excellent feedback.

Key Performance Indicators and Friends and Family Test Results

IDM reports internally and externally on a monthly basis to its Commissioners.

All our reporting requirements are in line with the NHS Standard Contract particulars.

During 2023/24, IDM saw **2581** patients. Each patient was offered the choice to complete the Friends and Family Test (FFT).

1180 (46%) patients returned their survey.

On average, each month, **99%** of patients rated our service as good/excellent.

We also asked patients how likely are they to recommend our service to friends & family, if they needed similar care or treatment. Again on average each month this scored **99%**.

2581

patients offered survey

1180

patients returned their survey (46%)

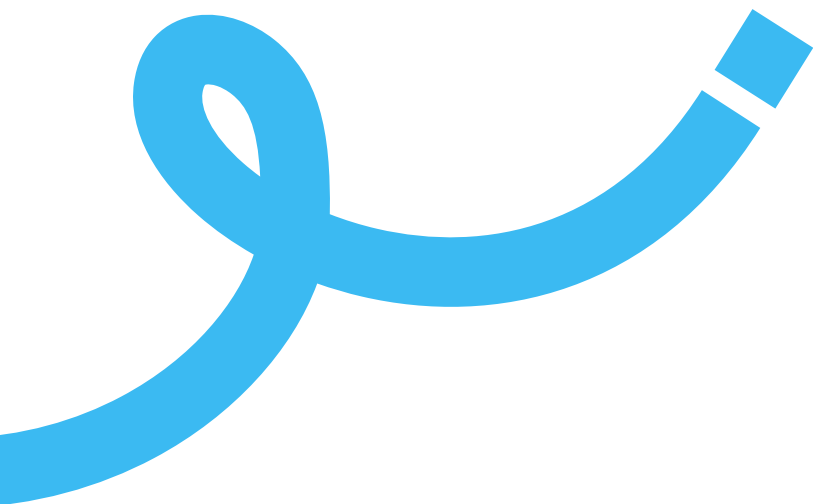
On average each month

99%

of patients rated our service as good/excellent

99%

would recommend our service to friends and family



Annual Quality Statement 2023-24 from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcomes the opportunity to review and comment on the ID Medical Quality Account for 2023/2024. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate and in line with information presented to the ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

It is the view of the ICB that the Quality Account reflects the ID Medical on-going commitment to quality improvement and addressing key issues in a focused and innovative way. ID Medical has been able to make achievements against all priorities for 2023/24 including:

- 1. Clinical Effectiveness** – to ensure clinical effectiveness is measured and improved through good governance review and internal auditing that will ensure key performance indicators are met. Continue to follow the annual audit plan and performed additional audits as a result of feedback or issues arising.
- 2. Patient Feedback** – to use patient feedback that enables ID Medical to improve its service and patient care. The introduction of Patient Reported Outcome Measures (PROMs) and in-depth experience review with a cohort of patients by a senior member of the team has enabled ID Medical to achieve this outcome.
- 3. Patient Safety** – to continuously improve patient safety, building on the foundations of a safer culture and safer systems. ID Medical has implemented PSIRF and completed staff training. Safeguarding policies have been reviewed internally and externally. Onward referring via the eRS has been implemented to ensure a safer and more visible pathway for patients.
- 4. Staff and Well-being Engagement** – to ensure core values are met by ensuring staff well-being, health, and safety, and encourage feedback through identifying areas ID Medical can learn from and develop. ID Medical has developed a training program, including a competency matrix for each role.

The ICB supports ID Medical to identify Quality Priorities for 2024/2025. It is recognised that several of the priorities described in this Quality Account align with the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The ICB welcomes continued engagement in the agreed service improvement plan with focus on:

- 1. Clinical effectiveness** – The revision of clinical consumables suppliers to ensure quality and safety, including new support staff to be fully trained to ensure a smooth transition.
- 2. Patient feedback** – Completion of Patient Reported Outcome Measures (PROMs) and digitalisation of patient satisfaction survey.
- 3. Patient Safety** – Continued presence at PSIRF meetings. Domestic Violence training to be undertaken by all staff and safeguarding leads to attend national safeguarding conferences.
- 4. Staff and well-being engagement** – Team well-being programme with measurable sense of achievement.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the implementation of the organisation's Patient Safety Incident Response Plans (PSIRPs).

NHS Bath and North East Somerset, Swindon and Wiltshire ICB is committed to sustaining strong working relationships with ID Medical, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2024/25.

Yours Sincerely



Gill May
Chief Nurse Officer
BSW ICB

Annual Quality Statement 2023-24 from Suffolk and North East Essex Integrated Care Board

The Suffolk and North East Essex (SNEE) Integrated Care Board (ICB) confirms that ID Medical has consulted and invited comment regarding the Annual Quality Account for 2023/2024. This has been submitted within the agreed timeframe and SNEE ICB is satisfied that the Quality Account provides appropriate assurance of the service.

SNEE ICB has reviewed the Quality Account and the information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous 12-month period.

SNEE ICB looks forward to working with clinicians and managers from the service and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and a good service user experience is delivered across the organisation.

This Quality Account demonstrates the commitment of ID Medical to provide a high quality service.



Lisa Nobes
Chief Nursing Officer
Suffolk & North East Essex Integrated Care Board

APPENDICES

Appendix 1 – Annual Audit Plan

Audit	Frequency	Methodology
Audit of surgery techniques and consultation	Annual	Clinical review of surgery techniques and provision of support and development
Complications rate/Post-operative complications	Annual	Review of patient records and feedback form, GP practices. No more than 5% of patients re-referred for post-operative complications
Follow-up or discharge frequency	Annual	Review of data drawn from clinical system (KPIS report)
Infection prevention and Control	Annual	IPC Report including: Summary information from the year's performance plus assurance that the provider complies with the criterion
Consent documented on patients' record	Bi-annual	Random spot check of medical records
DNAs	Bi-annual	Review of number of reported post-operative infections by patients or GPs
NHS Friends and Family Test	Monthly	Review of collated NHS FFT
Rejections of referrals	Annual	Review of the reasons of rejections of referrals, post-clinical triage
Basal Cell Carcinoma (BCC) Excision Clearance Audit	Annual	Surgical notes should be reviewed annually for the clinical diagnosis of the non-melanoma skin cancer lesion, type of surgery conducted, clinical surgical margins used (both lateral and deep), and the closure method used
Surgical Safety	Bi-annual	Use the WHO Surgical Safety checklist on 100% of all patients undergoing a surgical procedure
Annual summary of audits	Annual	Summary of audit outcomes, actions taken

Appendix 2 – Annual Infection Prevention and Control Audit

Period audited:

1st April 2023 to 31st March 2024

Audit:

Annual Infection Prevention and Control Audit

Prepared by:

Rebecca Cumming, Governance Support

Approved by:

Sabina Grzeda-McArthur, Head of Quality, Improvement & Optimisation

Purpose:

To provide assurances that the service has carried out the necessary reviews and training to ensure the safety of patients and staff working within the service.

Recommendations:

To report the findings to the Clinical Governance Committee and Senior Management. Continue the collection of data listed above and to include any further learnings or recommendations that may arise in the service.

Ensure new recruits adhere to the expected standards of infection control within the service.

Re-audit Planned:



End of year report in March 2024/25

