



ID Medical Group Quality Account 2024/25



Contents

Introduction to the 2024/25 ID Medical Quality Account.....	3
Statement by Chief Executive Officer	5
Statement by Medical Director.....	6
Statement of Quality by Head of Quality Improvement & Optimisation.....	7
Review of Services.....	8
Clinical Services Patient Case Study BANES.....	9
Clinical Services Patient Case Study SNEE	10
Achievements on Priorities for Improvement for 2024/2025	11
Summary and Key Achievements 2024/25	12
Quality Priorities for 2025/26.....	13
Review of Quality Performance	14
Participation in Clinical Audits	15
New Successes and Outcomes.....	16
Staff Survey Examples.....	17
Response to Freedom to Speak-Up Initiative.....	17
Care Quality Commission Registration	18
Data and Information Governance	19
Clinical Governance	19
Oversight and Responsibility.....	19
Leadership and Implementation.....	20
Duty of Candour.....	20
Patient Safety Incident Investigations	20
Infection Control	20
Safeguarding.....	21
Patient Experience and Satisfaction.....	22
Compliments From Patients	22
Key Performance Indicators and Friends and Family Test Results	23
Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board Statement	24
Suffolk and North East Essex Integrated Care Board Statement	26
Appendices.....	27

Introduction to the 2024/25 ID Medical Quality Account

The 2024/25 ID Medical Quality Account provides a detailed overview of ID Medical's performance and commitment to delivering high-quality healthcare services over the past year. As an annual report, it reflects on the organisation's achievements in clinical excellence, safety, effectiveness, and patient experience. The account underscores the dedication of ID Medical's staff, managers, and clinicians to providing continuous, evidence-based care while identifying areas for improvement.

ID Medical Group, a private organisation founded in 2000, has grown into a significant provider of NHS services, offering over 8 million hours of clinical and staffing support to NHS Trusts and Health Boards annually. With over 150,000 registered clinical professionals, including doctors, nurses, and allied healthcare workers, ID Medical supports the healthcare system by delivering critical staffing solutions and services. In the last financial year alone, the organisation cared for over 100,000 patients.

Since becoming a Care Quality Commission (CQC) registered organisation in 2021, ID Medical has expanded its services, providing fully managed NHS Standard contracts. These include:

- 1. NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)**
– offering a community-based skin surgery service that includes surgical care for high-risk skin lesions, such as Basal Cell Carcinomas (BCCs).
- 2. NHS Suffolk and North East Essex Integrated Care Board (ICB)** – delivering a Level 3 Intermediate Minor Surgery Service, which provides care and advice for patients over 16 years of age. This service covers larger skin lesions and surgeries under local anaesthesia, particularly in cosmetically sensitive areas.

These services are available at two key locations:

- **Grove Medical Centre, Felixstowe**
- **Widcombe Surgery, Bath**

This third Quality Account for the 2024/25 period (1st April 2024 to 31st March 2025), produced by Senior Management in collaboration with the Clinical Governance Committee, reviews patient safety, treatment effectiveness, and patient feedback. It aims to provide a balanced assessment of both successes and areas for enhancement, reaffirming ID Medical's focus on delivering the best possible outcomes for the patients it serves.



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

It is with great pride that I present ID Medical's 2024/25 Quality Account, a testament to our commitment to delivering exceptional healthcare services in partnership with the NHS. As a trusted provider, we have supported over 100,000 patients and delivered more than 8 million hours of clinical and staffing support to NHS Trusts and Health Boards this year, reinforcing our vital role in strengthening the UK's healthcare system.

Our 2024/25 achievements reflect the dedication of our 100,000+ registered clinicians and staff. We have met 100% of our quality priorities, spanning clinical effectiveness, patient safety, patient experience, and staff well-being. Notably, 99% of patients rated our dermatology services as good or excellent through the Friends and Family Test, a clear indicator of the trust and satisfaction we inspire. Our robust governance, evidenced by a CQC "Good" rating, full compliance with the NHS Digital Data Security and Protection Toolkit and zero data breaches or safeguarding incidents, underscores our focus on safety and excellence.

This year, our comprehensive audit programme has driven significant improvements, including enhanced referral triage, reduced DNAs through an improved SMS system, and updated patient resources based on feedback.

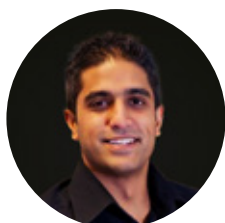
Investments in new equipment and staff recruitment have enabled us to meet growing demand, while flexible clinic scheduling, including weekend options, ensures accessible care for all.

Our staff are the heart of our success.

The 2024 staff survey, with a 100% response rate, revealed high levels of engagement and trust, supported by our Freedom to Speak Up initiative and well-being programmes. This culture of openness and collaboration empowers our teams to deliver outstanding care and continuously improve.

Looking ahead, our 2025/26 priorities include expanding community-based clinics, launching specialised wound care services, and enhancing staff recognition to ensure our workforce remains supported and motivated. These ambitions reflect our vision to evolve alongside the needs of patients and the NHS, delivering innovative, high-quality care that makes a lasting impact.

Together with our exceptional staff, clinicians, and NHS partners, we will continue to uphold ID Medical's mission of excellence, ensuring every patient receives the care they deserve.

A stylized, handwritten signature in black ink, likely belonging to Deenu Patel.

Deenu Patel
CEO

Statement by Medical Director

As the Medical Director of ID Medical, I am honoured to reflect on our 2024/25 Quality Account, which showcases our commitment to delivering clinically excellent, safe, and compassionate services to the communities we serve across the NHS Bath and North East Somerset, Swindon, Wiltshire, and Suffolk and North East Essex Integrated Care Boards.

This year, our clinical teams have achieved remarkable success in meeting all quality priorities, ensuring that our services are not only effective but also responsive to the needs of our patients. The 99% good/excellent rating from the Friends and Family Test, is a testament to the skill and dedication of our dermatologists, surgeons, nurses, and support staff. Their expertise, underpinned by adherence to British Association of Dermatologists protocols and a robust audit programme, has driven measurable improvements in patient outcomes, from enhanced triage processes to refined clinical documentation.

Patient safety is the cornerstone of our clinical practice. I am proud to report zero patient safety incident investigations and zero infection control incidents in 2024/25, reflecting our rigorous infection prevention measures and comprehensive staff training. Our safeguarding framework, supported by mandatory training up to Level 4 for leads, ensures that we protect the most vulnerable, with no safeguarding incidents recorded this year. These achievements are bolstered by our Clinical Governance Committee, which I oversee, ensuring alignment with NICE guidelines, CQC standards, and NHS best practices.

Our commitment to continuous improvement is evident in our response to patient feedback. All complaints received were thoroughly investigated, leading to practical changes such as improved referral triage and updated patient information resources. Innovations like flexible clinic scheduling, including weekend options, and investments in new equipment have further enhanced access and care quality, enabling us to serve over 3,000 patients effectively.

Notably, we achieved zero clinic cancellations, ensuring uninterrupted access to care, and maintained a low Did Not Attend (DNA) rate at 3.6%, supported by our enhanced SMS system that empowers patients with flexible booking options.

Our clinicians and staff are at the heart of these accomplishments. The 2024 staff survey revealed high levels of enthusiasm and trust, reflecting a culture where clinical excellence thrives alongside well-being and collaboration.

Looking to 2025/26, we aim to expand community-based care, launch specialised wound care clinics, and further strengthen clinical protocols. As Medical Director, I am committed to leading our teams in delivering cutting-edge, patient-focused care that upholds the highest standards of clinical effectiveness and safety. I extend my gratitude to our staff and NHS partners for their support in making ID Medical a trusted provider of dermatological care.



Professor Fahed Youssef
Medical Director

Statement of Quality by Head of Quality Improvement & Optimisation

As the Head of Quality Improvement & Optimisation and CQC Registered Manager for ID Medical, I am proud to present our 2024/25 Quality Account, which reflects our continued commitment to delivering safe, effective, and patient-centred dermatology services across our NHS contracts in Bath and North East Somerset, Swindon, Wiltshire, and Suffolk and North East Essex Integrated Care Boards.

This year, we have achieved all ten of our quality priorities, as outlined in the report, demonstrating excellence in clinical effectiveness, patient safety, patient feedback, and attention to staff well-being. Our robust Clinical Governance Framework, overseen by the Clinical Governance Committee, has ensured that our services adhere to the highest standards of care, aligned with CQC regulations, NHS Constitution principles, and British Association of Dermatologists protocols. The completion of 22 local clinical audits and 19 non-clinical audits has driven continuous improvement, with clear outcomes such as enhanced triage processes, refined clinical documentation, and improved patient resources.

Patient safety remains at the core of our mission. The adoption of the Patient Safety Incident Response Framework and our exemplary infection control measures, evidenced by zero infection control incidents and comprehensive staff training, underscore our dedication to protecting patients and staff. Furthermore, our safeguarding systems, supported by mandatory training and active participation in national and local forums, ensure that vulnerable individuals are protected from harm.

Our patient experience metrics are equally commendable, with 99% of patients rating our services as good or excellent in the Friends and Family Test, reflecting the accessibility, compassion, and efficiency of our care. Feedback has directly informed service improvements, such as updated patient information leaflets and more flexible appointment scheduling. The nine complaints received were thoroughly investigated, leading to actionable improvements, including refined referral processes and strengthened clinical protocols.

Our staff are the backbone of our success. The 2024 staff survey highlighted high levels of job satisfaction, trust, and engagement, reinforced by our Freedom to Speak Up initiative and well-being programmes. These efforts have fostered a culture of openness and collaboration, enabling us to deliver outstanding care.

Looking ahead, our 2025/26 quality priorities focus on expanding access to care, enhancing patient feedback mechanisms, strengthening safety initiatives, and further supporting staff well-being. By building on our achievements and embracing opportunities for growth, we remain consistent in our mission to provide exceptional dermatological care that meets the evolving needs of our patients and communities.



Mrs. Sabina Grzeda-McArthur
Head of Quality
CQC Registered Manager

Review of Services

In the reporting year 2024/25, ID Medical continued to deliver two NHS standard contracts focused on providing care to patients with dermatological conditions that require treatment through minor surgical procedures. The community skin surgery services are designed to offer accessible, efficient, and high-quality care, with the following key features:

- The typical waiting time for an appointment is between 1 to 6 weeks, ensuring timely access to care
- The services are integrated with the NHS e-Referrals Service (eRS) and are directly bookable, simplifying the referral process for patients and healthcare providers
- Each patient undergoes clinical and administrative triage, ensuring appropriate treatment pathways are followed based on their specific needs
- The services adhere to the NHS RTT standards, accepting both routine and urgent referrals. ID Medical strives to meet the statutory target of ensuring that 92% of RTT patients wait no longer than 18 weeks from referral to treatment
- After each patient's procedure, electronic discharge summaries are sent directly to the respective GP practice, in line with NHS standard contract guidelines. This ensures continuity of care and clear communication between providers
- Comprehensive pre- and post-surgery information is available for patients on the ID Medical website. In addition, patients are notified and reminded about their appointments and given the necessary instructions through the Accurx messaging system
- A dedicated administrative team is available Monday through Friday, from 9:00 am to 5:00 pm, to support patients with queries and logistics related to their care
- Clinics are scheduled throughout the working week, including weekend options, to offer flexibility and ensure patients can access care at convenient times



Clinical Services

Patient Case Study

BANES



Patient Journey Case Study

One of our patients was a 75-year-old female, referred by her local GP practice in October 2024. She was referred to the service for the removal of a Basal Cell Carcinoma (BCC) located on her temple.

Recognising the benefits of community-based care, the GP practice directed the referral straight to our service to ensure timely treatment closer to home. The patient was seen within 4 weeks of the referral being submitted.

Service:

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

Referral journey:

Female, 75 years old, referred by her local GP practice (October 2024). We work closely with primary care providers to streamline the referral process and ensure suitable cases are treated in the community. This pathway helps reduce waiting times in secondary care and improves access to timely treatment.

Patient waiting time:

Four weeks.

Reason for referral:

Basal Cell Carcinoma (BCC) on the temple.

Seen by skin surgeon in clinic:

The lesion was successfully excised under local anaesthetic during her clinic visit.

Journey through patient's eyes

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

"Very straightforward – my GP arranged it quickly, and I was kept informed throughout."

How did you find the premises and location of service?

"Very good – clean, easy to access, and well organised."

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

"They were excellent – calm, friendly, and very professional. I felt completely reassured."

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

"Definitely. It was efficient, comfortable, and I felt very well cared for from start to finish."

Clinical Services

Patient Case Study

SNEE

Patient Journey Case Study

One of our patients was a 78-year-old female, referred by her local GP practice via eRS in March 2025. She had a lipoma on her shoulder that had been present for over 40 years.

While the lump had never been painful, it had become increasingly inconvenient—particularly when trying to do up the buttons on her jacket, something she had struggled with for many years. Her GP used our directly bookable service, allowing for rapid triage and scheduling of appropriate cases. The patient was seen within four weeks of referral.

Service:

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

Referral journey:

Female, 78 years old, referred by local GP practice (March 2025). Referral received via eRS and booked using our directly bookable system, reviewed and approved by a clinical lead. This efficient pathway avoids delays associated with secondary care and provides a quicker, more convenient option for patients.

Patient waiting time:

Four weeks.

Reason for referral:

A lipoma on the shoulder, present for 40 years, causing increasing difficulty with everyday activities, particularly fastening jacket buttons.

Seen by skin surgeon in clinic:

The lipoma was successfully excised under local anaesthetic during a single clinic appointment.



Journey through patient's eyes

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

"Very straightforward and quick. My GP referred me and I was seen without any fuss."

How did you find the premises and location of service?

"Spotless and easy to get to – very comfortable and well run."

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

"Fantastic. The staff were friendly and efficient, and everything was explained clearly. I felt completely at ease."

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

"Absolutely. After living with this for so many years, I can now do up my jacket with no problem. I'm so grateful – it's made a real difference."

Achievements on Priorities for Improvement for 2024/2025

ID Medical identified several quality priorities for 2024/25, focusing on key areas such as clinical effectiveness, patient feedback, patient safety, and staff well-being and engagement. These priorities were assessed and rated using the Red, Amber, and Green (RAG) rating system, with Green indicating successful completion, Amber indicating ongoing progress, and Red indicating areas requiring further attention. Below is a summary of each priority, how it was measured, and its progress:

Priority	Specific	Achievements set in 2024/25	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	Revision of clinical consumables suppliers to ensure quality and safety	Priority Achieved
		New support staff to be fully trained to ensure smooth transition	Priority Achieved
2 Patient Feedback	To use patient feedback to enable us to improve the service and patient care	Complete Patient Reported Outcome Measures (PROMs)	Priority Achieved
		In depth experience review with cohort of patients by a senior member of the team	Priority Achieved
		Digitalisation of patient satisfaction survey	Priority Achieved
3 Patient Safety	To continuously improve patient safety, building on the foundations of a safer culture and safer systems	Attend Safeguarding forum with SNEE – to be more visible in locality	Priority Achieved
		Domestic violence training to be undertaken by staff	Priority Achieved
		Continuing presence at PSIRF meetings	Priority Achieved
		Safeguarding leads to take part in national Safeguarding conference	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	Team well-being program with measurable sense of achievement	Priority Achieved

Summary and Key Achievements 2024/25

We are proud to have met 100% (10) of the key measures set out as priorities for improvement.

- Achieving excellent outcomes from the NHS staff survey
- Adhering to a robust auditing schedule to continually provide feedback and improvement on the services
- Fostered closer working relationships between clinical and administrative teams, improving workflow coordination and communication
- 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
- Introduced varied appointment times to accommodate see and treat patients
- We have made changes to pre- and post-operative patient information leaflets as a result of feedback from patients
- Invested in new equipment to allow for additional clinics
- Use of radios for better ambiance in the clinical setting as a result of patient feedback
- Referral form reviews based on clinician and patient feedback



Quality Priorities for 2025/26

The quality priorities for 2025/26 are outlined below.

Priority	Specific	Achievements set in 2024/25	Priorities for 2025/26
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	Revision of clinical consumables suppliers to ensure quality and safety New support staff to be fully trained to ensure smooth transition	Expand access to care through community-based clinics for rural patients Launch a dedicated wound care clinic for post-operative flap and graft patients, providing specialised follow-up closer to home and reducing hospital visits Streamlining of clinical protocols
2 Patient Feedback	To use patient feedback to enable us to improve the service and patient care	Complete Patient Reported Outcome Measures (PROMs) In depth experience review with cohort of patients by a senior member of the team Digitalisation of patient satisfaction survey	Achieve an increase in uptake of patient surveys PROMS for each locality
3 Patient Safety	To continuously improve patient safety, building on the foundations of a safer culture and safer systems	Attend Safeguarding forum with SNEE – to be more visible in locality Domestic violence training to be undertaken by staff Continuing presence at PSIRF meetings Safeguarding leads to take part in national Safeguarding conference	Create a “Safety Champions” programme in each locality, with staff trained to lead safety initiatives and promote open incident reporting Establish a Learning Response Oversight Group to review investigations, share insights, and ensure timely implementation of safety recommendations
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	Team well-being programme with measurable sense of achievement	Develop a staff recognition programme that celebrates and rewards staff directly Ensure our remote colleagues feel equally supported and connected, by adapting wellbeing and engagement initiatives Introduce more flexibility for workings hours for remote workers

Review of Quality Performance

At ID Medical, clinical effectiveness is one of our top quality priorities. We are committed to ensuring that good governance is consistently applied across all our services. Below are the key components that contribute to achieving excellent clinical effectiveness:

Qualified staff

Skilled dermatologists, surgeons, nurses and support staff, trained and experienced in performing minor skin surgeries, are essential to maintaining the quality and safety of procedures.

Appropriate referrals

Ensuring that patients are referred appropriately, based on their medical history, skin condition, and overall health, is crucial for successful outcomes and minimising risks.

Informed consent

It is vital to ensure that patients fully understand the procedure, including potential risks, benefits, and alternatives, as part of the informed consent process. This enhances patient satisfaction and compliance.

Facilities and equipment

Adequate facilities, equipped with proper surgical instruments, are necessary to safely and effectively perform minor skin surgeries.

Infection control

Adherence to strict infection control measures helps prevent surgical site infections and other complications.

Anesthesia management

The proper administration and monitoring of anesthesia are essential to ensuring patient comfort and safety during procedures.

Postoperative care

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

Quality assurance and audit

Regular audits and reviews, along with quality assurance measures, help identify areas for improvement and maintain high standards of clinical effectiveness.

Continuing education

Staying updated with the latest advancements, techniques, and guidelines through ongoing education and training ensures the delivery of the most current and effective care.

Communication and collaboration

Effective communication and collaboration among healthcare providers including GPs, dermatologists, surgeons, and other specialists ensure coordinated and comprehensive care for patients.

Patient satisfaction and feedback

Regularly collecting feedback from patients about their experience helps identify areas for improvement and ensures that patient needs and preferences are met.

Participation in Clinical Audits

Currently, there are no standardised National or local Clinical Audit programmes specifically related to the clinical services provided by ID Medical. However, where appropriate, the service adheres to British Association of Dermatologists (BAD) protocols and has developed a robust audit programme, both clinical and non-clinical, to ensure continuous improvement and patient safety.

The audit programme includes the collection and analysis of data from minor operations and Basal Cell Carcinoma (BCC) removal procedures. Key data points collected include:

- Number of procedures performed
- Type of procedure
- Location of the lesion
- Outcome of the procedure

This data-driven approach helps identify areas for improvement and develop strategies to enhance the quality of care.

Key Benefits of the ID Medical Audit Programme

Standardised Quality Assurance

The programme provides a standardised approach to quality assurance across the services, ensuring that patients receive consistent, high-quality care, no matter where they are treated.

Identification of Best Practices and Areas for Improvement

By analysing outcomes, the audit programme helps pinpoint best practices and highlights areas where improvements can be made.

Overall, the audit programme plays a critical role in ensuring clinical effectiveness in the services. Through the continuous collection and analysis of outcome data, we have identified opportunities for improvement, leading to better patient outcomes and a higher standard of clinical effectiveness.

Audit Activity for 2024/25

- 24 local clinical audits
- 9 non-clinical audits

New successes and Outcomes

Improved Patient Engagement and Access

The enhanced SMS system has led to increased patient autonomy, enabling more flexible cancellations and rebookings, thereby reducing DNAs (Did Not Attends) and improving clinic efficiency.

Stronger Informed Consent Processes

Audit feedback confirmed consistently excellent record-keeping by clinicians, particularly in ensuring informed consent is obtained before any procedure — reinforcing best practice and patient trust.

Administrative Upskilling and Support

Refresher training on dermatological red flags has improved administrative staff confidence and accuracy in early identification and escalation, enhancing patient safety and service responsiveness.

More Accurate and Effective Clinical Documentation

Refinement of clinical templates has supported clearer, more comprehensive, and standardised notetaking across the service, contributing to improved continuity of care.

Enhanced Triage and Referral Quality

Collaborative review of the triaging process with clinicians has led to improvements in the quality of GP referrals, supporting more appropriate and timely patient care.

Optimised Service Delivery

Regular review of clinic utilisation has provided actionable insights, leading to better resource allocation and identification of future improvement opportunities.

Accurate and Up-to-Date Patient Resources

Revisions to patient information leaflets ensures that pre- and post-operative guidance is clear, relevant, and reflective of current best practices.

See Appendix 1 for the Annual Audit Plan that reflects the priorities for services. All audits listed in the plan have been completed for 2024/25.



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. The annual staff survey was carried out in October 2024. All staff responded giving a 100% response rate. We have used the results to understand what we are doing well and where we need to make improvements.

Here's a summary of the key insights from the National Staff Survey 2024 data:

Job Satisfaction:

57% (4 out of 7 respondents) "*always*" look forward to going to work, while others are less consistent.

57% are "*always*" enthusiastic about their jobs, while others feel this "*often*."

Work Engagement:

71% (5 out of 7 respondents) feel that time "*always*" passes quickly while working.

Role Clarity & Trust:

57% (4 out of 7 respondents) "*strongly agree*" that they know their work responsibilities, with others just agreeing.

86% (6 out of 7 respondents) "*strongly agree*" that they are trusted to do their job.

These results show high levels of enthusiasm and trust in roles, especially among frequent patient-contact employees.

Response to Freedom to Speak-Up Initiative

At ID Medical, we are proud to foster a culture rooted in openness, transparency, and trust. Our directors and senior managers maintain a genuine open-door policy, always making themselves accessible and approachable. Whether it's sharing innovative ideas or raising concerns, staff are actively encouraged and supported to speak up.

This culture is embedded from the very beginning through recruitment, induction, and ongoing professional engagement and is consistently reinforced through regular team meetings, one-to-ones, and staff briefings.

Maintaining an open and safe working environment is essential to delivering:

- An excellent service to our clients, and
- A high-quality, clinically safe service to patients.

We recognise that this can only be achieved through continuous improvement and by ensuring that all staff feel heard and protected, with no fear of victimisation.

In line with national guidance, all organisations providing NHS healthcare services are expected to adopt the Freedom to Speak Up policy as a minimum standard. ID Medical proudly implemented this national policy in January 2024, reaffirming our commitment to creating a workplace where speaking up is not only supported but normalised.

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 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.

Clinical Governance

At ID Medical, our commitment to delivering safe, effective, and high-quality care is upheld by a robust Clinical Governance Framework, led by our Clinical Governance Committee (CGC). This committee provides assurance that the care we deliver consistently meets the standards set by the NHS Constitution, CQC regulations, and national clinical frameworks.

The CGC ensures that governance structures, processes, and controls are in place and aligned to the following core priorities:

- Safety and excellence in patient care
- Effective risk management across all areas of clinical delivery
- Efficient use of resources through evidence-based clinical practice
- Protection of patients and healthcare professionals from harm
- Robust clinical and corporate systems that reflect best practice, legislation, and regulatory compliance

Oversight and Responsibility

The Clinical Governance Committee is responsible for:

- Monitoring the delivery of quality, safety, risk management, clinical effectiveness, and patient experience
- Identifying opportunities for improvement and ensuring actions are implemented
- Ensuring continuous alignment with national guidance and clinical standards

The CGC convenes every eight weeks to review governance outcomes, monitor progress, and drive accountability.

Leadership and Implementation

- The Medical Director holds overall accountability for clinical governance at ID Medical
- The Head of Quality, Improvement & Optimisation is responsible for the operational implementation and monitoring of our Clinical Governance Framework

Together, they lead on:

- Providing strategic leadership and support to clinicians, teams, and individuals
- Ensuring systems are in place to disseminate and act on national guidance, including:
 - NICE guidelines
 - National Confidential Enquiries
 - National Service Frameworks
 - Other regulatory and evidence-based standards

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 Health and Social Care Act 2008 are met in respect of 'Duty of Candour' requirements.

Patient Safety Incident Investigations

In November 2023 ID Medical has adopted a new patient safety policy reflecting requirements set out in Patient Safety Incident Response Framework (PSIRF). A patient safety investigation (PSII) is a learning response method which offers an in-depth review of a single patient safety incident or cluster of incidents to understand what happened and how. We have reported 0 PSII's in 2024/25.

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 2024/25 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, 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 head office staff



Level 3 for all clinical and patient-facing roles



Level 4 for the safeguarding leads

Safeguarding Incidents

There have been no safeguarding incidents to report in 2024/25.



Patient Experience and Satisfaction

We welcome all forms of feedback from people who use our services. And 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 services have recorded nine complaints in the period identified.

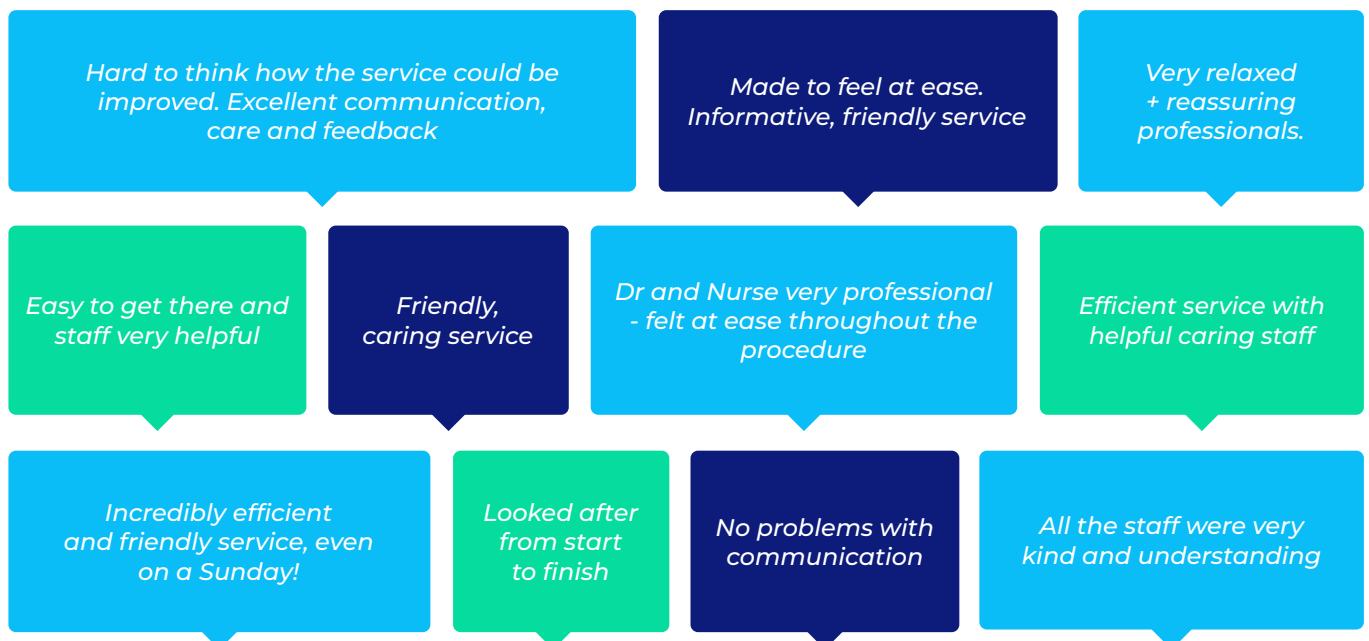
Lessons learnt:

- A review of specimens not sent for testing has been completed. Moving forward, reasons and justifications for any samples not sent will be formally documented
- Clinicians have been reminded of the importance of performing thorough checks to confirm anaesthetic effectiveness before commencing procedures
- It has been established that cysts located on the head should be scanned prior to appointment to ensure appropriate management and planning

Changes made as a result of lessons learnt:

- A further admin triage has been implemented to ensure the appropriateness of referrals into the service
- Updates to patient information leaflets and the website

Compliments From Patients



Key Performance Indicators and Friends and Family Test Results

ID Medical reports internally and externally on a monthly basis to our Commissioners. All our reporting requirements are in line with the NHS Standard Contract particulars.

During 2024/25, ID Medical saw **3004 patients**. Each patient was offered the choice to complete the Friends and Family Test (FFT) and **1512** (50%) patients returned their survey.

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

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

3004

patients offered survey

1512

patients returned their survey (46%)

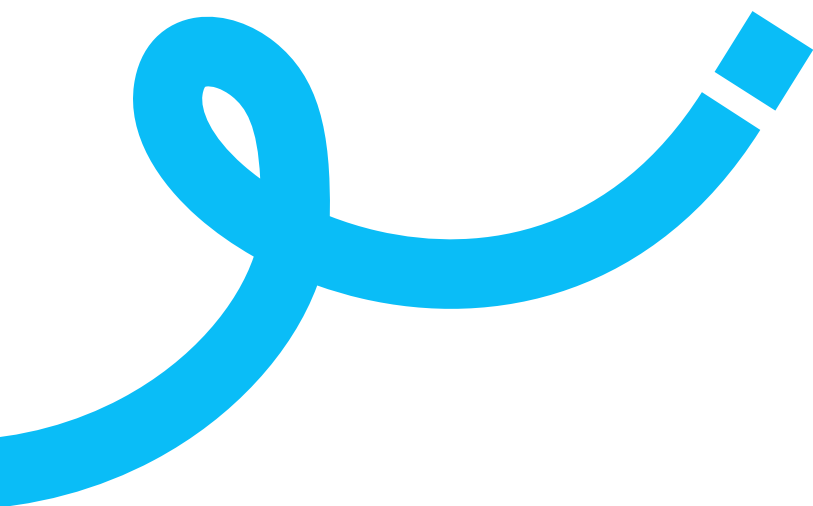
On average each month

99%

of patients rated our service as good/excellent

99%

would recommend our service to friends and family



Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on ID Medical 2024/25 Quality Account

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 2024/ 2025. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and aligns to NHSE Quality Account requirements.

BSW ICB notes the comprehensive overview of ID Medical achievements, challenges and future priorities for 2025/26.

It is the view of the ICB that the Quality Account reflects ID Medical's ongoing commitment to continuous improvement in patient care and safety, and recognises the key achievements in the following areas:

- 1. Clinical Effectiveness** – ID Medical has reported significant improvements, achieved through a robust auditing schedule. This has included enhanced referral triage and a reduction in the number of patients who Did Not Attend (DNAs) via an improved Short Message Service (SMS) system.
- 2. Patient Feedback** – has led to the introduction of varied appointment times to accommodate See and Treat patients; the updating of internal administration pathways and revised pre- and post-operative patient information leaflets.
- 3. Patient Safety** – ID Medical has described continuous improvements in approaches to patient safety, building on the foundations of a safer culture and safer systems and supported by participation in Patient Safety Incident Reporting Framework (PSIRF) meetings. The organisation is compliant with the NHS Digital Data Security and Protection Toolkit and has maintained zero data breaches. No safeguarding incidents have been reported.
- 4. Staff and Well-being Engagement** – High levels of staff engagement and trust are evidenced by a 100% response rate in the 2024 staff survey. ID Medical describes the Freedom to Speak Up initiative and well-being programmes, fostering a culture of openness and collaboration.

The ICB also recognises the areas identified for further development for 2025/26, and supports the plans to address these priorities, including:

- Expanding access to care through community-based clinics for patients living in rural areas
- Launching a dedicated wound care clinic for post-operative patients who have undergone flap and graft procedures, providing specialised follow-up closer to home and reducing hospital visits
- Streamlining of clinical protocols
- Achieving an increase in the uptake of patient surveys, which the ICB notes will further support learning from patient's experiences and continuously improve services
- Initiating Patient Reported Outcome Measures (PROMS) for each locality
- Creating a "Safety Champions" programme in each locality, with staff trained to lead safety initiatives and promote incident reporting
- Establishing a Learning Response Oversight Group to review investigations, share insights and ensure timely implementation of safety recommendations
- Further developing a staff recognition programme that celebrates and rewards achievement

The ICB looks forward to the successful implementation of these identified priorities for 2025/26 and the positive impact this will bring for patients and families.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB is committed to sustaining strong working relationships with ID Medical and together with our wider stakeholders will continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2025/26.

Yours sincerely,



Gill May

Chief Nurse Officer
BSW Integrated Care Board

Annual Quality Statement 2024-25 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 2024/2025. 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 provide support and development
Complications rate/Post-operative complications	Annual	Review of patient records and feedback from 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' records	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 for 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
PROMs	Annual	Patient reported outcome measures to be collected for each site and reviewed
Annual summary of audits	Annual	Summary of audit outcomes, actions taken

Appendix 2 – Annual Infection Prevention and Control Audit

Period audited: 1st April 2024 to 31st March 2025

Audit: Annual Infection Prevention and Control Audit

Prepared by: Rebecca Cumming, Operations Manager

Approved by: Sabina Grzeda-McArthur, Head of Quality, Improvement & Optimisation

Purpose:

To provide assurance that appropriate reviews, audits, and training have been conducted to maintain a safe environment for both patients and staff within the service.

Methodology:

The audit involved a comprehensive review of the following key areas:

1. Infection Control Incidents
2. Post-Operative Infections
3. Hand Hygiene Compliance
4. Infection Control Audits
5. Staff Infection Control Training

Findings:

Infection Control Incidents - No infection control incidents were reported during the 2024/25 audit period. Post-Operative Infections - A total of 49 post-operative infections were reported:

- SNEE: 24
- BANES: 25

Hand Hygiene Audits - Completed for all four quarters (Q1–Q4), demonstrating ongoing compliance monitoring.

Infection Control Audits - Annual internal audits were conducted and completed for both SNEE and BANES sites.

Training Compliance - 100% of staff have completed Infection Control training.

All Healthcare Assistants (HCAs) have completed their Competency Matrix training.

Recommendations:

- Present findings to the Clinical Governance Committee and Senior Management Team.
- Continue systematic data collection in the identified areas, incorporating any new learning or recommendations as they emerge.
- Provide enhanced and ongoing Infection Control training, particularly for clinical staff, to reinforce best practices and adapt to any updated protocols or guidance.

Next Steps:

Planned Re-Audit: End-of-year audit scheduled for March 2025/26.

