



ID Medical Group Quality Account 2022-2023



iD Medical

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Introduction to the 2022/23 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 our first Quality Account for ID Medical (IDM) and covers the reporting period 1st April 2022 to 31st March 2023. It 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 looking at:

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

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

ID Medical Group Limited was established in 2002 as a medical recruitment and workforce agency. Since then we have provided healthcare staffing to Health Boards, NHS Trusts, Primary Care and private Healthcare Organisations, working with 100% of NHS Trusts in the past 3 years.

Overall, we deliver over 8,000,000 hours of clinical and staffing services to the NHS every year, alongside workforce management solutions that help reduce costs whilst also supporting the delivery of the best possible patient care.

Having built a strong business and brand on the foundations of great people and teams, in 2021, the company was awarded its first outsourced and fully managed clinical service, and became a CQC-registered organisation. We saw over 19,000 patients in the last financial year.

Our healthcare services are expected to expand year-on-year, underpinned by one of the UK's largest healthcare recruiters, ID Medical Group, allowing for rapid growth. We have over 100,000 clinical staff including doctors, nurses, and allied healthcare professionals registered on our database, which is rapidly expanding.

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)

3. Specialty: Level 3 Intermediate Minor Surgery Service, which is a community-based care and advice service for over 16 year olds. 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 of Chief Executive Officer

Supporting the NHS for over 20 years, ID Medical is committed to working in partnership with the Healthcare System to design and build services that help solve major challenges in the delivery of safe, high-quality patient care.

Putting people at the heart of all we do, we focus on connecting and supporting the healthcare professionals and organisations who take care of our health every day. This ensures we're delivering the best patient care possible, when needed, where needed.

Over the past year, ID Medical has undergone a remarkable transformation into a full healthcare organisation from its roots in recruitment services. Our primary focus during this period has been establishing the necessary infrastructure to deliver safe and resilient services, and setting up the right infrastructure and building the right teams to deliver the provision of safe, CQC-regulated, strong clinical-led services that truly improve patient outcomes.

In addition to delivering high-quality care, we also strive to improve access to healthcare while reducing healthcare costs. Our approach involves delivering care within the community, closer to patients' homes, which effectively diminish the need for costly hospital stays and other expensive interventions. This not only aids in saving taxpayers' money but also helps alleviate the burden on secondary care resources.

Bringing care to the community offers numerous benefits for patients as well. It reduces the inconvenience and disruption associated with hospital visits, allowing patients to receive the necessary care in familiar surroundings. Additionally, this approach helps promote continuity of care and strengthens the bond between healthcare providers and patients.

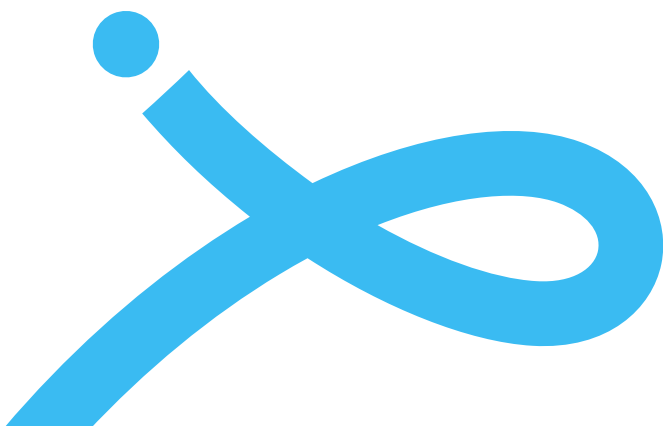
At the heart of our mission and vision lies a deep understanding that health is our most precious asset. With this guiding principle, ID Medical focuses on reducing patient waiting times, delivering excellent patient care and is also committed to bringing new services to life for the benefit of patients in the community. By adopting this approach, we're creating a sustainable patient-centred healthcare model to benefit individuals and communities.

Our patient and client feedback are testament to the excellent services we deliver, supporting the NHS and patients alike, and I am pleased to share the results of our hard work and dedication with you in this report.



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

Deenu Patel
CEO



Statement of Medical Director

As the Medical Director, I assure that the quality account reflects our commitment to delivering high quality healthcare services and maintaining the highest standards of patient care.

We have a team of highly skilled and experienced healthcare professionals who are dedicated to delivering compassionate and personalised care to each and every patient. Clinical team members undergo a thorough and comprehensive recruitment process, which includes structured interviews. We strive to continually improve the quality and safety of our services, ensuring that they are patient-centred, evidence-based, and aligned with best practices in the medical field.

We are proud to report that our patients consistently report high levels of satisfaction with the care they receive from us. We believe that this is a testament to our commitment to quality care and our focus on meeting the unique needs of each patient.

We have implemented robust quality assurance systems and processes that encompass all aspects of patient care. We actively collect and analyse data to identify areas for improvement, and we take proactive measures to address any identified issues promptly. We are particularly proud of the stability and reliability of our infrastructure. Since the initiation of our community-based contracts, we have maintained a strong and dependable foundation that enables us to consistently deliver exceptional service. Our infrastructure supports the smooth and efficient operation of our services, allowing us to meet the needs of our patients and all stakeholders. We foster a culture of continuous learning and improvement, encouraging feedback from patients, staff, and stakeholders to refine our services and processes.

At ID Medical, we believe that quality healthcare care for patients, is not just a goal, but a fundamental mission that guides everything we do. We are committed to providing our patients with the highest level of care possible. We will continue to work tirelessly to ensure that we meet and exceed our patients' expectations and provide the best possible care to those who need it most.



Professor Fahed Youssef
Medical Director



Statement of Quality by Head of Quality Improvement & Optimisation, CQC-Registered Manager

In the last 12 months, ID Medical Group introduced a new range of services for minor operations and community skin surgery. This move was seen as a significant step towards enhancing the quality of healthcare services provided by the company. The new services are designed to cater to the needs of patients who suffer from dermatological conditions which require treatment through minor operations including the removal of high-risk tumours such as Basal Cell Carcinomas.

The services are staffed with highly skilled and experienced healthcare professionals, including surgeons, doctors, registered nurses, and support staff. The focus is to ensure that patients get the best possible care in a comfortable and safe environment in their community, avoiding secondary care admissions. One of the key features of the new services is the use of minimally invasive procedures where possible. This approach minimises patient discomfort and reduces recovery time.

Another significant feature of the new services is the emphasis on patient education. Patients benefit from information about the procedures, including what to expect and how to prepare for them. This approach helps to eliminate anxiety and stress, which are common in patients undergoing any form of surgery. The new services have also been designed to provide patients with a positive experience. Patients benefit from personalised care, and the premises are designed to create a welcoming and relaxing atmosphere. Patients report feeling comfortable and at ease during their visits to our services.

At ID Medical, we believe that health is the most valuable asset that one can possess. Without good health, everything else in life often becomes much more challenging. For this reason, taking care of one's health should always be a top priority. This is precisely the mission and vision of our healthcare services. With our services, we are dedicated to helping our patients achieve optimal health by providing the most effective medical treatment and care. We believe that good health is the foundation of a happy and successful life. As such, our mission is to help our patients achieve the very best health outcomes, by providing expert medical care that is tailored to their individual needs. We recognise that the key to achieving our mission is through our team of highly motivated and happy individuals. A happy team creates a positive and friendly atmosphere that puts our patients at ease even before they receive treatment. Our staff understand that their work is not just about treating conditions but also about making a difference in the lives of our patients. As such, they strive to create an environment that is supportive, caring, and friendly.

Morale is also essential to our success. The satisfaction of our staff translates to better outcomes for our patients. We provide our team with opportunities for growth and development, often through training and professional development program. We firmly believe that a supportive and growth-oriented environment is essential to the success of our organisation.

At the centre of all our efforts is our strong commitment to quality care. We focus on providing the most advanced and effective skin surgery services, utilising the best equipment and techniques. Our teams work hard to build and maintain our reputation as a trusted and reliable provider, who delivers the highest-quality of care and services to our patients and clients every time.

In conclusion, health is undoubtedly the most treasured thing that we possess. At our community skin surgery services, we understand the importance of good health, and it is the cornerstone of our vision and mission. We recognise that achieving optimal health requires a team of highly motivated and committed staff who deliver the best quality care. We strive to create a positive environment that is supportive, nurturing, and focused on the well-being of our patients. Together, we can achieve a healthier and happier future. The locally based facilities, skilled professionals, and patient-centred approach have created a positive impact on patients' quality of life. With the increasing demand for specialised care in minor operations and skin surgery, community services are a much-needed solution.



Mrs. Sabina Grzeda-McArthur

Head of Quality,
CQC Registered Manager

Review of Services

During the reporting year 2022/23 ID Medical provided two NHS standard contracts catering for 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 1–4 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 AccurX messaging system before their appointment
- We have a dedicated administrative team available Monday–Friday 8.30am to 5.30pm
- Clinics are available during the working week and at weekends

Patient Journey Case Study

Service:

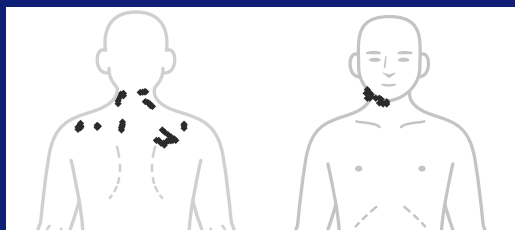
ID Medical Group –
Community Skin Surgery Service

Referral journey:

Male, 55 years referred by local GP practice

Referral received by eRS and directly bookable service used to book appointment; clinically appropriate and accepted by clinical lead.

Patient waiting time: 1 week.



Reason for referral:

Multiple pedunculated skin tags over neck and back that are catching on clothing and bleeding. Three have recently been treated with cryotherapy but many more need tending to, but that is not feasible to do within GP.

Seen by skin surgeon in clinic:

22 lesions were removed from either side of neck using diathermy (hyfrecator)

Journey through patient's eyes

How did you find the referring process to ID Medical community minor operations service?

"It was easy, I had asked my GP to remove my skin tags but it was not possible to do all of them; the Doctor only just removed two by freezing. For the rest, my GP booked me in at Grove Medical Centre with ID Medical Community Minor Operations Service. The appointment was set up within one week and I left my GP surgery with appointment details."

How did you find the premises and location of the service?

"It is local to me, and my GP practice is there, so I knew exactly where I was going."

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

"I felt welcomed, I did not feel like a piece of meat and quite frankly the surgeon went over and beyond to remove as many skin tags as possible. I think he removed over twenty, which has made a huge difference to me. Skin tags were affecting my life, making me feel insecure and they kept catching on things. They then bleed, which ruins the clothes."

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

"Yes I would - and I will return to have the rest of the skin tags removed. Thank you for the excellent service."

Priorities for Service Quality Improvement

Achievements on Priorities for Improvement for 2022/2023

IDM has identified the following quality priorities that were completed in 2022/23. These priorities cover clinical effectiveness, patient feedback, patient safety, staff well-being, and engagement. They have been rated using the 'RAG' (Red, Amber and Green) method. 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	Clinical Governance Committee Reviews to be held every 6 weeks	Priority Achieved
		Internal auditing on post-surgical complications, BCC excision completeness and clinical supervision	Priority Achieved
2 Patient Feedback	To use patient feedback to enable us to improve the service and patient care	Monthly review of patient feedback and review of NHS Friends and Family test results	Priority Achieved
		Ensuring the service responds to feedback within the national guidance timeframes	Priority Achieved
		Attend local Patient Participation Group (PPG) every 6 months	Priority Achieved
3 Patient Safety	To continuously improve patient safety, building on the foundations of a safer culture and safer systems	Achieve and maintain a 'Good' CQC rating	Priority Achieved
		Ensure incident reporting processes are in place and learnings are shared with staff	Priority Achieved
4 Staff Well-being and Engagement	To ensure our core values are met by ensuring staff well-being, health and safety, and encouraging feedback through identifying areas we can learn from and develop	Annual staff survey	Priority Achieved
		Annual appraisals	Priority Achieved
		Regular team meetings with senior management present	Priority Achieved

Summary and Key Achievements

We are proud to have met 100% of the measures set out as priorities for improvement. As this is the first Quality Account for the organisation, these measures will be used for the next year along with additional measures agreed upon internally.

The past year has seen exciting growth for the business, including procuring and implementing two services (a Minor Surgery Service and High-Risk Basal Cell Carcinoma Service).

- Successful mobilisation of services
- Implementing a secure infrastructure
- Recruiting, inducting and training a new clinical and administrative team
- Appointed two Clinical Leads within the services
- Effectively creating a clinical governance framework and team to support the 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



Quality Priorities for 2023/24

The quality priorities for 2023/24 are outlined below;

Priority	Specific	Achievements met in 2022/23	Priorities for 2023/24
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	<p>Clinical Governance Committee Reviews to be held every 6 weeks</p> <p>Internal auditing on post-surgical complications, BCC excision completeness and clinical supervision</p>	Continue to follow the annual audit plan and perform additional audits as a result of feedback or issues arising
2 Patient Feedback	To use patient feedback to enable us to improve the service and patient care	<p>Monthly review of patient feedback and review of NHS Friends and Family test results</p> <p>Ensuring the service responds to feedback within the national guidance timeframes</p> <p>Attend local Patient Participation Group (PPG) every 6 months</p>	<p>Introduce Patient Reported Outcome Measures (PROMs)</p> <p>In-depth experience review with a cohort of patients by a senior member of the team</p>
3 Patient Safety	To continuously improve patient safety, building on the foundations of a safer culture and safer systems	<p>Achieve and maintain a 'Good' CQC rating</p> <p>Ensure incident reporting processes are in place and learning are shared with staff</p> <p>Use of electronic shared records with referring GPs</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>
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 develop	<p>Annual staff survey</p> <p>Annual appraisals</p> <p>Regular team meetings with senior management present</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>

Review of Quality Performance

Clinical Effectiveness

Clinical effectiveness is a crucial aspect of any medical procedure, especially when it comes to minor operations and removal of more complex tumours such as basal cell carcinomas (BCCs). BCCs are the most common type of skin cancer, and their removal requires a high level of clinical effectiveness to ensure complete eradication and prevent recurrence. In this section, we will explore the importance of clinical effectiveness in services provided in minor operations and community based removal of BCCs.

Clinical effectiveness refers to the ability of a medical procedure to achieve its intended outcome. In the case of minor operations and removal of BCCs, clinical effectiveness is essential to ensure complete removal of the cancerous cells and prevent recurrence. This requires a combination of surgical skill, appropriate equipment, and a thorough understanding of the patient's medical history and condition. One of the significant quality priorities for ID Medical is the clinical effectiveness. We are committed to this by reviewing our services to ensure good governance is applied to all areas and consistent internal auditing is carried out:

Surgical Skills

The success of surgical procedure depends on the skill and experience of the surgeon. In the case of minor operations and removal of BCCs, the surgeon must have a high level of expertise in the specific procedure. This includes knowledge of the anatomy of the affected area, the appropriate surgical technique, and the ability to identify and remove all cancerous cells.

Appropriate Equipment

The use of appropriate equipment is also essential for clinical effectiveness in minor operations and removal of BCCs. This includes surgical instruments, such as scalpels and forceps. The use of advanced equipment can help the surgeon to identify and remove all cancerous cells, reducing the risk of recurrence.

Understanding of Patient's Medical History and Condition

A thorough understanding of the patient's medical history and condition is also crucial for clinical effectiveness in minor operations and removal of BCCs. This includes knowledge of any underlying medical conditions, medications, or allergies that may affect the procedure. It also involves a comprehensive assessment of the patient's skin, including the size, location, and type of BCC.

Other factors which have contributed towards clinical effectiveness of minor skin surgery and removal of BCCs:

- Directly Bookable Appointments meaning the referring clinician can book appointment slots directly by using electronic Referring Service eRS, speeding the booking process up and not compromising on patients' choice.
- Clinical triage by experienced clinicians who review patient referral information along with images of the problematic area, reduces the number of No Proceeds on the day and puts the patient on the most appropriate pathway for treatment.
- Use of digital record sharing between ID Medical and the referring GP Practice has enabled the improvement of service delivery and enhance communication and engagement.
- Being part of the local Skin Multidisciplinary Team (MDT) across both services has enabled a prompt review into patients' histology results ensuring they are followed up in the correct departments.
- Use of the WHO surgical checklist for each patient requiring surgery has ensured patient safety.

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) were 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. For example, if the data shows that a particular type of procedure has a higher rate of recurrence, steps can be taken to improve the surgical technique or to provide additional follow-up care to reduce the risk of recurrence.

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.

27 local clinical and non-clinical audits were conducted by IDM in 2022/23. The following actions were set to improve the processes for assurance with regards to the quality of care provided.

- To conduct further audits as a full cycle
- To communicate findings of the audits to staff involved in the audited areas.
- Discussion with staff members regarding changing practice in service
- Investigation into data or areas found in the audit which were either anomalous or unexpected
- Continuously review data in areas found in the audit to be of significance
- To provide feedback to referring GPs where necessary
- To provide training for staff members in the audited areas
- To use learnings to improve patient information leaflets

See Appendix 1 for the Annual Audit Plan that reflects the priorities for services. All audits listed in the plan have been completed for 2022/23.

Key areas of success from the audits included:

- Completely excised Basel Cell Carcinoma outcomes ensuring no unnecessary follow-up appointments
- Clinical supervision reviews showed positive feedback in regards to the quality of consultations
- 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

Staff Survey

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 November 2022. We achieved a 100% response rate. We have used the results to understand what we are doing well and where we need to make improvements.



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. Our staff survey responses tell us that staff feel confident and safe enough to be able to raise concerns should they need to. We ensure staff feel listened to and their suggestions are used as an opportunity for improvement.



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 IDM is Sabina Grzeda-McArthur, Head of Quality and Improvement. ID Medical is registered under the Health and Social Care Act 2008 to provide 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 - <https://www.cqc.org.uk/location/1-12034443901/inspection-summary>

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





CQC key findings

The service provided care in a way that kept people safe and protected them from avoidable harm.

However, sharps boxes need to be made secure



The provider had systems to keep clinicians up to date with current evidence-based guidance.



The provider had appropriate processes and systems in place to monitor risk, quality and governance.



The service encouraged feedback from patients which was positive and included timely access to the service.



The provider organised and delivered care and treatments to meet peoples' needs.

People could access their care and treatment in a manner that met their needs.



People received care and treatment that met their expectations.

The provider cared for people in a kind and respectful manner.

The areas where IDM should make improvements were:



Ensure sharps boxes are safely secured.



Since the report has been published the suggested improvements have been implemented.



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

IDM's 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 meet every 6 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 CG
- The development and maintenance of systems/processes to enable dissemination and action of National Guidance (NICE, National Confidential Enquiries, National Service Frameworks, etc)
- Producing reports to facilitate clinical effectiveness activities

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 – Accident, Incident and Near Miss Reporting (AINMs)

There have been no Patient Safety Reported Incidents to report in 2022/23.

Serious Incidents Requiring Investigation (SIRIs)

There has been 1 Serious Incident reported by ID Medical in 2022/23 but following a review with the ICB, this was downgraded to a Significant Event.

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, a Hand Hygiene Audit, Infection Control Audits, and Infection Control Training. See Appendix 2 for the 2022/23 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

Priorities for 2023/2024 include further training for the organisation's safeguarding leads to complete level 4 training.

Safeguarding Incidents

There have been no safeguarding incidents to report in 2022/23.

Patient Experience and Satisfaction

Compliments, Complaints and Concerns

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

The service has recorded 3 Complaints (1 verbal and 2 written) in the period identified.

Lessons learnt:

- Positive learning about the importance of having consenting processes in place
- Patients would like service locations closer to home
- Better explanation of the service set up and what to expect on the day

Changes made as a result of lessons learnt:

- Creation of a leaflet about use of local anesthetic and what to expect during the procedure
- To better explain how local anesthetic works

Professional Feedback and Comments



Key Performance Indicators and Friends and Family Test Results

IDM 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 2022/23, IDM saw 1868 patients. Each patient was offered the choice to complete the Friends and Family Test (FFT). 1087 (53%) patients returned their survey. On average, each month, 100% 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. This scored 100% in all but one month; 96% being the other.

Below shows a summary of our activity for 2022/23 across both services.

Combined data for 2022/23	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
No. of referrals	131	166	136	167	220	174	185	179	162	164	162	220
Accumulated number of referrals	131	297	433	600	820	994	1179	1358	1520	1684	1846	2066
No. of patients seen	84	104	153	108	130	187	176	256	112	181	177	200
Accumulated number of patients seen	84	188	341	449	579	766	942	1198	1310	1491	1668	1868
No. of patients who returned their survey	30	43	69	74	57	134	146	168	88	79	78	121
Accumulated No. of patients who returned their survey	30	73	142	216	273	407	553	721	809	888	966	1087
% of patients surveyed	23%	25%	33%	36%	33%	41%	47%	53%	53%	53%	52%	53%
% of patients who rate our service good / excellent	100%	98%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% completion rate of all patients who had an appointment during this period	36%	41%	45%	69%	44%	72%	83%	66%	79%	44%	44%	61%
How quickly were you seen on the day of your appointment? Between 0 to 10 minutes	28	37	67	69	48	120	125	164	78	67	73	113
% How quickly were you seen on the day of your appointment? Between 0 to 10 minutes	93%	86%	97%	93%	84%	90%	86%	98%	89%	85%	94%	93%
How likely are you to recommend our service to friends & family, if they needed similar care or treatment?	30	43	66	74	57	134	146	168	88	79	78	121
% How likely are you to recommend our service to friends & family, if they needed similar care or treatment?	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Annual Quality Statement 2022-23 from North East, Somerset, Swindon and Wiltshire Integrated Care Board

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the ID Medical Groups Quality Account for 2022/ 2023. 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 quality visits and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank the ID Medical Group for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the ICB that the Quality Account reflects the ID Medical Group's on-going commitment to quality improvement and addressing key improvement objectives in a focused and innovative way, utilising Improving Together methodology, and clearly aligning to the providers Vision and Strategy. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, ID Medical Group has still been able to achieve all their priorities for 2022/23 including:

1. To ensure clinical effectiveness is measured and improved upon by good governance review and internal auditing to ensure key performance indicators are met.
2. To use patient feedback to enable improvements the service and patient care through monthly reviews of feedback, attending Patient Participation Groups twice a year and ensuring all feedback is responded within the expected timeframes.
3. To continuously improve patient safety, building on the foundations of a safer culture and safer systems, this was by achieve and maintaining a 'Good' CQC rating and ensuring incident reporting processes are in place and learnings are shared with staff.
4. Ensuring core values are met by ensuring staff well-being, health and safety, and encouraging feedback through identifying areas where learn can be identified from and develop.

The ICB supports ID Medical Group identified Quality Priorities for 2023/2024. It is recognised that several of the priorities described in this Quality Account align to 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 and its focus on:

1. Continuing to ensure that clinical effectiveness is measured and improved upon by continuing to follow an annual audit plan and perform additional audits as a result of feedback or issues arising.
2. Continuing to use patient feedback to enable improvements in services and patient care by introducing Patient Reported Outcome Measures (PROMs) and carrying out an in-depth experience review with a cohort of patients by a senior member of the team.
3. To continuously improve patient safety, building on the foundations of a safer culture and safer systems by implementing and training staff on the Patient Safety Incident Response Framework (PSIRF), a review safeguarding policies and providing additional level 4 safeguarding training to the necessary roles, and implementing onward referring via the e-Referrals Service (eRS) ensuring a safer and more visible pathway for the patient
4. To continue to ensure staff wellbeing, health and safety and encourage feedback through identifying areas or learning and develop by maintaining excellent outcomes of staff survey, align timing of appraisals for all staff to be done at the same time and develop a training programme including a competency matrix for each role.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs) alignment to focus improvement in key areas.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with ID Medical Group, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

Yours sincerely



Gill May
Chief Nurse Officer
BSW ICB

Annual Quality Statement 2022-23 from Suffolk and North East Essex Integrated Care Board

The Suffolk and North East Essex (SNEE) Integrated Care Board (ICB) confirm that ID Medical Group have consulted and invited comment regarding the Annual Quality Account for 2022/2023. This has been submitted within the agreed timeframe and the ICB are satisfied that the Quality Account provides appropriate assurance of the service.

SNEE ICB have reviewed the Quality Account. 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 look 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 Group 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 2022 to 31st March 2023

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 patient and staff working within the service.



Infection Control Incidents

Results: No reported infection control incidents in 2022/23



Post-Operative Infections Reported

Results: 1 post operative infection reported in 2022/23



Hand Hygiene Audit

Results: Audit complete for quarters 1-4



Infection Control Training

Results: 100% complete for all staff. All HCSs have completed the Competency Matrix training



Infection Control Audits

Results: Annual internal and external Infection Control Audits have been carried out for SNEE and BANES

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.

Re-audit Planned:



End of year report in March 2023/24

