

Assured Clinical Excellence

ID Medical Clinical Services is committed to quality and adheres to a strong, embedded Governance Framework that guides the Quality Assurance processes across the organisation. Our Clinical Services has been awarded the Quality Mark ISO 9001:2015 in October 2019.

ID Medical is a CQC regulated healthcare provider, and we are proud to deliver regulated activities on behalf of the NHS to local patients and communities. Link to the CQC IDM page: [Here](#)

We strive to deliver standards of quality that are recommended by the NHS, British Association of Clinical Specialties such as British Association of Dermatologist (BAD), British Society of Gastroenterology (BSG), British Association of Oral and Maxillofacial Surgeons (BAOMS), British Orthopaedic Association (BOA), General Medical Council (GMC), Nursing and Midwifery Council (NMC), NICE.

Jointly Quality System ensures that ID Medical maintains its drive for continuous improvement. The Quality System is regularly reviewed by Clinical Governance Committee Group to ensure it remains appropriate to our business, and is subject to both internal and external annual audits.

All ID Medical staff and medical workforce have a mandatory responsibility to fulfil the requirements of the Quality system.

The ISO-approved Quality Policy provides a framework for setting, monitoring, reviewing and achieving our objectives, programmes and targets, and is annually reviewed internally and externally.

Quality Assurance:

1. Our robust Clinical Governance Framework - with clear lines of reporting and escalation - brings together these key elements for service improvements. The Clinical Services Governance Committee's regular meetings address incidents, complaints and risk management, audit and evidenced-based practice adopting the CQC Key Lines of Enquiry. This committee links into the quarterly Group Governance Committee, which provides oversight across all ID Medical services and reports to the ID Medical Board. The Group Clinical Governance Lead has responsibility for ensuring all services adhere to their governance and assurance responsibilities.
2. Thorough investigation of incidents and serious incidents using a patient safety system to centralise and streamline incident reporting. Processes are in place to learn from incidents and share best practice to prevent incidents from reoccurring.

3. Clinical Leads are responsible for the coordination and implementation of the annual Clinical Audit Plan within their specialties, working closely with the Head of Quality, Improvement and Optimisation and Group Clinical Governance Lead.
4. Accurate and timely data is essential to continuous improvement of service delivery. The ID Medical team meets with commissioners for regular service performance reviews to monitor Key Performance Indicators and outcomes.
5. Feedback from patients and stakeholders informs service redesign and ensures responsiveness to local needs. We use a range of tools to monitor patient satisfaction and clinical outcomes e.g. Friends and Family Test, Post-Treatment Questionnaire.
6. Professional standards are maintained and validated through clinical supervision, audit and CPD, reviewed as part of an annual appraisal. ID Medical is a Designated Body with trained appraisers.
7. Surgical Safety – ID Medical ensures:
 - A. Compliance with WHO safer surgery checklist, local safety standards for invasive procedures, BAD, BSG, BAOMS, BAO and NICE guidelines and local policies and procedures. Adherence is monitored by the Clinical Lead.
 - B. Stringent compliance with the Code of Practice on the Prevention and Control of Infections and related NHS guidance, and NHS policy.
 - C. Trained and experienced surgeons with annual accreditation to ensure competence. All clinical staff are rigorously vetted, and are required to complete professional and mandatory training in line with the requirements of their registering body.

External Audit:

Being regulated by the independent regulator of health and social services in England Care Quality Commission (CQC) we are subject to unannounced and announced monitoring visits to ensure we provide safe, effective, caring and well-led services.

An annual accreditation visit by the BSI Group, ensures that our processes are regularly reviewed and endorsed. The assessor performs a process-based audit, focussing on the significant aspects, risks and objectives as required by ISO 9001:2015. Audit methods used are interviews, observation of activities and review of documentation and records.