

# **Clinical Governance Report**

**Sussex Community Dermatology Service  
Medical Clinics Ltd  
Worthing Skin Clinic Ltd  
R&F Emerson LLP**

**Combined Report  
February 2018  
12-Months Service Operation**

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## **1. Executive Summary**

The organisation prides itself in delivering safe and effective services for patients at all levels with high standards in clinical governance.

For the past 2-years, a single high-level management team has been introduced to support clinical services and overall service operation.

The management team is built around the experience of key clinical, nursing, administration and management staff to underpin all aspects of service operation and provide support to Responsible Managers, Clinical Directors, Contracting Managers, and team members across the organisation

New contracting opportunities across the organisations have required significant expansion in staff numbers at all levels and the new management team has become necessary to support the organisation as a whole

The organisation works closely with many key stakeholders across NHS and private sectors learning from shared good practice and dissemination of information

Services provided are generally considered to be extremely low-risk as extended primary care services but nevertheless high standards of care are provided to ensure that they are as safe as possible

The organisation benefits from close scrutiny and regular monitoring of contract performance by multiple NHS clinical commissioning groups

Clinical services have a proven track record in safe service delivery exceeding 10-years with high levels of compliance to clinical governance measures

## 2. Key Management Structure

All administration, clinical staff and management are shared across a single unified structure for the following organisations:

- Medical Clinics Limited
- Sussex Community Dermatology Service Ltd
- R&F Emerson LLP
- Worthing Skin Clinic Ltd

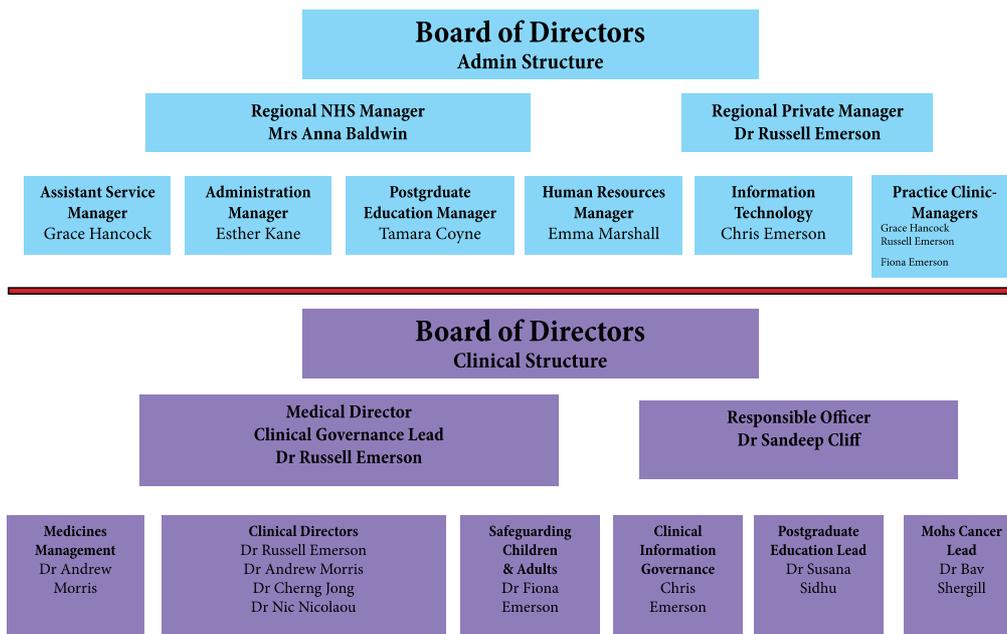
The same management and clinical teams run all four business legal entities as a single organisation operationally for the provision of private and NHS services across several locations. The three key Care Quality Commissioned registered locations are:

- Worthing Laser and Skin Clinic – 51 Chesswood Road Worthing BN11 2AA
- Hove Laser and Skin Clinic – 13 New Church Road Hove East Sussex BN3 4AA
- Brighton Laser and Skin Clinic – 56A Marine Parade Brighton BN2 1PN

Longer-term all four structures will merge to form two single providers that will comprise of Medical Clinics Ltd to run private services and Sussex Community Dermatology Service Ltd to run NHS services. The private services run under the brand name of “Laser and Skin Clinics” with three separate private locations: Worthing Laser and Skin Clinic, Hove Laser and Skin Clinic, and Brighton Laser and Skin Clinic.

Separate legal and individual registrations are required until this time for all four organisations as they are all different legal entities commercially. CQC registrations require both commercial entities to be registered as well as locations complicating this process across three main clinical locations. NHS contracting is separated from private contracting for logistical reasons and to ensure that there are no conflicts of interest between NHS and private care. Separation is also required for the operation of NHS pensions for NHS employees who work predominantly on NHS contract work vs private employment. Staff are employed by either Medical Clinics Limited or Sussex Community Dermatology Service Ltd.

The legal ownership of the organisations rests with a handful of individuals all of whom have agreed to run a shared structure clinically for clinical services and team management. Agreements are in place so that the company management structure is fully accountable across all of the organisations.



Medical services are co-ordinated by the Medical Director and Responsible Officer working closely with administration. Clinical Directors, Nurse Managers, Safeguarding Leads, and the Information Governance Lead all work together to deliver high standards of clinical care seamlessly across the organisation.

Clinical teams of Consultant Dermatologists, Dermatology Nurse Specialists, and General Practitioners with a Specialist Interest all work together seamlessly to deliver similar service types in all geographical locations.

The same operational policies and procedures are used across all three clinical locations unless differences are required based on building infrastructure type.

Clinical services types that are registered with the Care Quality Commission comprise of:  
Diagnosis and treatment of a disorder or injury

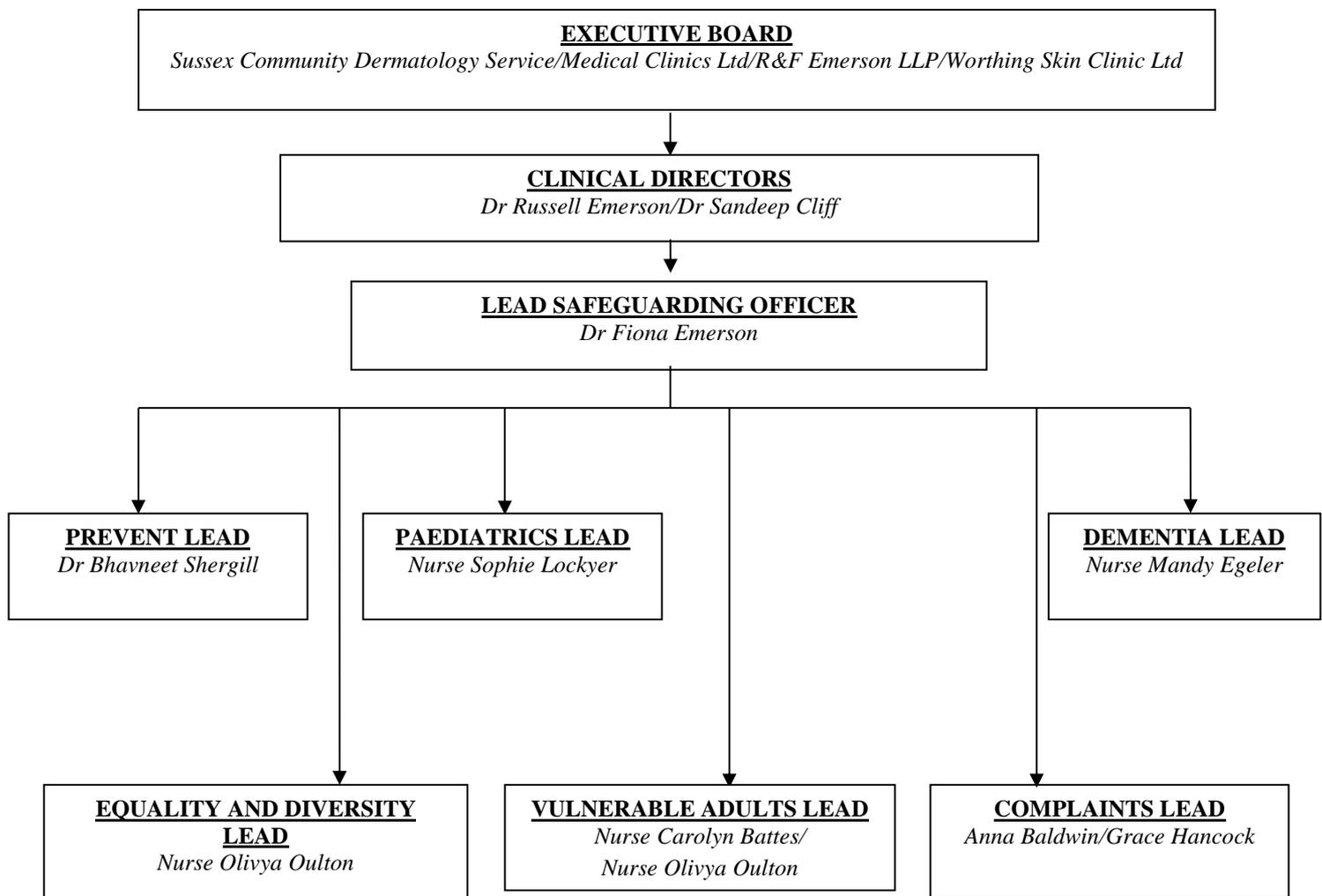
The Responsible Officers for the three locations are Dr Russell Emerson & Dr Fiona Emerson. Both clinicians are heavily supported by a team of managers and the team function as a single group operationally. Over the next 2-3 years, the plan is to expand the number of Care Quality Commissioned Responsible Managers once full training has been provided internally and externally with key staff members.

### 3. Key Nominated Leads for the Combined Organisations

Clinical Governance Lead/Caldicott Guardian	Dr Russell Emerson
Service Manager	Mrs Anna Baldwin
Senior Information Risk Owner	Dr Andrew Morris
Data Protection Officer (DPO)	Tamara Coyne
Assistant Service Manager/NHS Contracting Manager	Miss Grace Hancock
Practice Manager – Worthing	Miss Grace Hancock
Practice Manager – Hove	Dr Russell Emerson
Practice Manager – Brighton	Dr Fiona Emerson
Information Technology/Information Governance Lead	Mr Chris Emerson
Business Intelligence Lead	James Lloyd
Nurse Managers	Sister Carolyn Battes/Sister Olivya Oulton
Medical Clinical Directors	Dr Nic Nicolaou Dr Andrew Morris Dr Jonathan Slater Dr Sandeep Cliff
Medicines Management Leads	Mr Ramiz Bahman (Pharmacist) Dr Andrew Morris
Complaints/Plaudits	Grace Hancock/Anna Baldwin
Adult Safeguarding Lead	Dr Fiona Emerson
Child Safeguarding Lead	Sister Sophie Lockyer (Paediatric RGN)
Prevent Lead	Dr Bav Shergill
Dementia Lead	Mandy Egeler
Infection Champion/Lead	Sister Carolyn Battes
Health & Safety Lead	Sister Olivya Oulton
COSHH Lead	Megan McKenna
NHS Service Administration Lead	Esther Kane
Cancer Tracking Officer	Kirstyn Parratt
Cancer Services Administrator	Lizzie Hughes
Human Resources Manager	Emma Marshall

#### 4. Safeguarding Service Structure

As an extended primary care service, we benefit from employment of a wide-range of primary care staff and consultant specialists. All staff have worked and trained providing clinical care to a wide-range of age groups, ethnic groups, and disabilities across primary care, community and hospital locations. The same team members have underpinned safeguarding for many years and have local knowledge of policies and procedures based on geographical catchment population.



All staff are trained in safeguarding issues:  
 Administration Staff – Level I  
 Nursing Staff – Level II  
 Medical Staff - Level III

We have nominated ‘Safeguarding Leads’ in all key areas including Children’s Services that we provide for diagnosis and advice on management of specific dermatoses that includes vascular birthmarks, baby rashes, atopic eczema, undiagnosed skin disease, childhood lumps and bumps, and skin infections. We have a Registered Paediatric Nurse

who is also our Child Safeguarding Lead. At a Consultant level, all of the team are trained in Specialist Paediatric Dermatology and two Consultants have held regular paediatric dermatology clinics for in excess of 10-years in community and NHS trust locations (Dr Nic Nicolaou/Dr Emerson). All of our community locations are GP primary care clinics that regularly receive and see children as a part of normal primary care services. The overall Safeguarding Lead is Dr Fiona Emerson, who has many years experience in safeguarding and case conference meetings. She regularly attends local update meetings and disseminates good practice amongst the clinical staff. Training is achieved through induction core training modules, face-to-face training, clinical presentations, online educational training through Educare® modules, and external attendance at local Safeguarding meetings held by CCG's and other bodies.

## **5. Clinical Governance Structure**

The overall responsibility for Clinical Governance rests with the Responsible Manager (Dr Russell Emerson) who is also the Clinical Governance Lead. In reality, clinical governance is provided by the whole team including Nurse Managers (Carolyn Battes/Olivia Oulton), Service Managers (Mrs Anna Baldwin, or Miss Grace Hancock), Clinical Directors (Dr Andrew Morris, Dr Nic Nicolaou, Dr Sandeep Cliff) and administration management team.

All staff members are encouraged to report any issues to the administration team and service manager. Where possible we identify areas of concern very rapidly and act to remove any risk to patients, staff members or carers. Systems are put in place to minimise risk and constantly improve patient care as an ongoing commitment to service improvement.

Monitoring of all clinical governance is undertaken on a weekly basis by the combined management team and formally documented on both weekly reports and quarterly postgraduate meeting agendas. We also have a duty to provide clinical governance reports to local NHS Clinical Commissioning Groups (CCG's) and have been doing this for in excess of 8-years.

The organisation overall has an excellent record in clinical governance operating enhanced primary care services. The scope of services we provide is relatively limited and we can focus on high-class delivery minimising risks to patients. As a bespoke, clinically-led provider, we can change processes, pathways and systems very responsively. The combined management team works together to ensure patient and staff safety at all times across the whole organisation and clinical locations.

Clinical Governance of the organisation as a whole also benefits from shared working arrangements and contracting with local acute trusts in the area. This disseminates good medical practice and supports services with new innovations keeping the team updated with new recommendations/policy changes/guidelines.

Policies and procedures for clinical governance are regularly assessed and updated as a part of scheduled reviews. As an organisation providing independent NHS care we have Clinical Governance systems monitored and assessed in formal NHS tenders and for all contracts that we hold. This involves compliance with many different NHS organisations and assessment of policies/procedures by independent teams as a part of 'Any Qualified Provider' registration requirements. We have successfully been approved for AQP status by three separate CCG's in the past 2-years.



## 6. Clinical Governance Operational Policy and Procedures

- All four organisations operate the same clinical governance structure at an operational level. In preparation for a new clinical building and third registered location, teams have been working towards a single seamless structure for the past 3-years.
- Each clinical location has regular 'Location Meetings' to discuss operational clinical activity, local governance, and clinic specific issues. These meetings are led by:
  - Dr Fiona Emerson - Brighton – informal weekly and quarterly clinical governance/audit/complaints/plaudits)
  - Dr Russell Emerson - Hove – formal fortnightly meetings with minutes
  - Miss Grace Hancock/Anna Baldwin - Worthing – weekly meetings with Clinical Directors
- Management meetings include a review of any clinical governance issues, incidents, complaints, safeguarding issues, medicines management problems, infection control issues and plaudits that are documented and actioned if considered necessary.
- Minutes of meetings are circulated to the Management Teams and Clinical Directors
- Urgent action on issues that arise through discussion amongst clinical leads and management leads are acted on immediately in the interests of patient and staff safety
- Staff receive induction and mandatory training and education to promote good medical practice and good clinical/information governance
- Policies and procedures are regularly reviewed to ensure that they are up-to-date and relevant to services provided
- The organisation is registered with a number of NHS regulatory and independent bodies. Such registration usually involves compliance with policies and procedures.
- Good practice is disseminated across the organisation as a whole

## 7. Independent External Monitoring of Clinical Governance and Reporting

- The organisations have relationships with many acute stakeholders that include other private providers, private hospitals, community service providers, acute NHS trusts, and the voluntary sectors. We share information about quality with other stakeholders and discuss ways of improving good medical care and improving on ‘best practice’.
- All NHS contracting and service provision is underpinned by independent assessment of policies and procedures, clinical pathways, service models, monthly ‘Key Performance Indicator’ assessment and incident reporting
- Formal independent reviews of policies and procedures have been undertaken on several occasions by NHS commissioning teams as a part of comprehensive detailed assessments made before the award of AQP (Any Qualified Provider) contracts that are held with five separate Clinical Commissioning Groups:
  - **NHS Coastal West Sussex Clinical Commissioning Group**
  - **Horsham & Mid-Sussex Clinical Commissioning Group**
  - **Crawley Clinical Commissioning Group**
  - **Guildford and Waverley Clinical Commissioning Group**
  - **Surrey Heath Clinical Commissioning Group**
  - **West Kent Clinical Commissioning Group**
- Patient safety, incident reporting, safeguarding, medicines management reports, and complaints are all scrutinised on a monthly basis both internally and externally through formal legal contracting mechanisms required with external stakeholders
- Management, clinical and nursing teams work alongside acute trust services with Brighton & Sussex University Hospital NHS Trust delivering joint contracting for dermatology services. This disseminates good practice between both organisations and supports good clinical governance through shared learning
- All service types and organisation are based around the shared experience of management and clinical teams working across both the NHS and private sector
- The organisations have relationships with many acute stakeholders that include other private providers, private hospitals, community service providers, acute NHS trusts, and the voluntary sectors. We share information about quality with other stakeholders and discuss ways of improving good medical care and improving on ‘best practice’.
- The recruitment, employment, induction, training, appraisal and revalidation of medical staff has been recently reviewed by the General Medical Council. The organisation was deemed compliant with recommended national policies and procedures on assessments undertaken at a face-to-face level in 2016. The organisation is regularly visited by the GMC – last visit March 2019.

## **8. Registration with External Independent Organisations**

As an organisation delivering contracts to multiple stakeholders, we are required to be registered and achieve compliance with many different NHS and independent organisations. Invariably this involves scrutiny of policies, procedures and compliance with recommended guidelines.

We are registered with the following organisations across the four organisations that work together:

NHS 'Connecting for Health' – All information governance policies and procedures have to be updated and reviewed to achieve compliance

NHS RA Manager Approval – To issue NHS smartcards to new staff members

NHS Staff Pensions – Staff have NHS pension entitlements

NHS Litigation Authority Registration – Registered for Medical Negligence

NHS Business Services Authority Registration – To issue NHS prescriptions

General Medical Council 'Designated Body Registration' to appraise and revalidate medical staff

Fraud Registration – We have registered managers to monitor fraud within the organisation

## 1. Serious Incidents, Never Events and Clinical Incidents – 12 month report

<b>Classification</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Serious Incidents</b>	<b>0 cases</b>	<b>0 cases</b>	<b>0 cases</b>
<b>Never Events</b>	<b>0 cases</b>	<b>0 cases</b>	<b>0 cases</b>
<b>Significant Incidents Resulting in Patient Harm</b>	<b>0 cases</b>	<b>0 cases</b>	<b>0 cases</b>
<b>Significant Incidents Resulting in Staff Harm</b>	<b>0 cases</b>	<b>0 cases</b>	<b>0 cases</b>
<b>Sharps Injuries</b>	<b>1 case</b>	<b>3 cases</b>	<b>2 cases</b>
<b>Laser Burns/Adverse Reactions</b>	<b>0 cases</b>	<b>1 case</b>	<b>2 cases</b>

The services we provide are based around a limited range of services as an 'Extended Primary Care Service Provider'. Clinical care is provided by a highly trained specialist team and medical staff all with many years experience in delivering services. We do not employ temporary staff or agency staff. All staff are trained in specialist dermatological care, use of medical equipment, and take part in quarterly educational programmes.

Surgical services are essentially limited to medical consultations, minor surgical procedures (curettage, skin biopsies, excisions, flaps), laser therapy, and low-risk medical care. The same clinical teams deliver care across all three premises and service locations using the same equipment, techniques, skill knowledge, and supporting operational policies and procedures. As a result of both the scope of service provision and high care standards, the same low levels of serious adverse events have been reported for 10-years.

The two sharps injury in 2015 related to the incorrect placement of a top on a sharps bin and was addressed with one-to-one corrective training with the staff member concerned. Previous sharps injuries related to inadequate disposal of surgical instruments in sharps boxes post-procedure by medical staff. This was addressed through further training to medical staff, discussion of clinical responsibilities for sharps disposals, and an insistence that all medical staff take responsibility for sharps disposal. Sharps injuries have reduced through implementation of better processes. This is an example of how identification of risks and action has improved staff and patient safety.

Laser therapy is only provided by a select number of highly trained staff. All registered users of laser equipment are highly trained and very experienced with many staff members having 20-years experience in delivering patient care. Despite several hundred laser treatments, the incidence of adverse reactions was less than 1%. The overall incidences of adverse reactions was very low (<1%) and consistent with previous reports. Laser therapy comprises of regulated medical treatments and unregulated cosmetic treatments. We adopt the same policies and procedures regardless for patients. We have never been subject to any successful medical litigation for laser adverse reactions and the majority of adverse reactions relate to redness, pigmentation, and swelling that typically resolves over a few days or weeks. Several team members are recognised national and international experts in laser therapy.

In 2018, we expect to roll out the 'WHO Checklist' for excisional surgery across clinical services as a part of good medical practice and recent recommendations. This is being built into clinical record screens and staff training will commence in March 2018. We will only use the surgical checklists for excisional surgery as this represents the highest risk area for services in terms of 'wrong-site surgery'. As procedures are all undertaken when patients are conscious and we only provide local anaesthetic procedures, the overall risks of these type of events is extremely low. We have not recorded any previous Serious Incidents in this area despite performing over 15,000 surgical procedures across the organisation. In 2014, we introduced assessment of 'WHO performance status' for all patients undergoing excisional surgery. Such data is now captured routinely on patients undergoing surgery and fed into local cancer data sets as a part of cancer reporting for NHS and private patients discussed on local trust hospital MDT's.

## 2. Medicines Management- 12 Month Report 2018

<u>Report Event</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
Significant Prescribing Errors	0 cases	0 cases	0 cases
Minor Prescription Errors	5 cases	4 cases	4 cases
Isotretinoin Pregnancy	0 cases	1 case	0 cases

The service has an appointed external Pharmacist and Medicines Manager who review medicines management, storage of medicines, safe handling, and safe prescribing. All policies and procedures have been reviewed as a part of successful tendering contract awards for NHS AQP contracts and regular internal scheduled reviews.

All clinicians use a very limited range of medicines that specifically relate to dermatology. We do not prescribe controlled drugs of any kind or store any on our premises. The organisations use the same prescribing formulary across NHS and private services that is held on electronic patient record systems and captures all recorded prescriptions. This is updated from time-to-time with new medications, withdrawal of unused medicines, and changed according to local policy guidelines. The organisation holds a registration with the NHS Business Authority for NHS prescribing on FP(10) prescription pads, which are stored safely when not in use. All prescriptions are printed with GMC numbers and stored electronically on a different password protected electronic patient record system. Prescribing is audited across the service on a regular basis. Any medicines management issues or updates are discussed at quarterly postgraduate meetings or disseminated to clinical staff via email updates. Private prescriptions are stored on the EPR system and we do not hold any blank prescriptions.

In 2017, there were 5 minor errors reported in recording incorrect drug doses of medication on printed prescriptions, none of which were issued to patients and were picked up by local pharmacists prior to dispensing. Four of these were clinical errors and a fifth was associated with incorrect dosage registered on the computerised formulary (Protopic 0.1% instead of 1%). These errors are similar to previous years reports. Clinical staff have prescribing updates and audit built into the postgraduate educational programme.

There was also a single pregnancy on Isotretinoin in a female who was registered on the 'Pregnancy Prevention Programme' in 2016. She admitted to forgetting to take her contraceptive pill and was not using two methods of contraception despite recommended advice given to her at consultations. She underwent a termination of pregnancy as recommended because of the risk of teratogenicity. A review of her case did not result in any change to clinical practice as all the correct procedures had been followed and adhered to with good clinical record keeping and evidence of adherence to recommended MHRA practice.

Isotretinoin is the highest risk area of prescribing for Consultant Dermatologists within dermatology second to systemic medications. MHRA recommendations are followed in all patients for consent, information provided, pregnancy prevention, and monitoring. We have a structured electronic clinical pathway for prescribing that is followed for all patients requiring clinicians to adhere to MHRA recommendations and this captures this in significant detail for audit/governance purposes. We issue several hundred Isotretinoin prescriptions per annum and have robust policies and procedures in place that exceed that of local NHS trusts.

In 2016-2017, the most significant issue associated with Medicines Management was that of a shortage of some commonly used topical steroid creams made by Glaxo®Pharmaceuticals. Shortages of commonly prescribed medicines included Betnovate, Trimovate and Dermovate resulting in patients being unable to get hold of prescribed medication. To manage this issue, the electronic patient formulary was changed to recommend a specific topical steroid name or generic equivalent on the prescription. This is under ongoing review and clinicians are all emailed if there are any identified local shortages of medicines.

NHS patients were not affected by these changes as they are predominantly prescribed generic prescriptions.

Worthing Skin Clinic Ltd, Medical Clinics Ltd, R&F Emerson LLP & Sussex Community Dermatology Service Ltd

In 2014/2015 we introduced local guidelines and recommendations with regards to the safe and responsible prescribing of antibiotics to reduce antibiotic resistance levels across the population. Local CCG guidelines were disseminated to clinical staff and discussed at postgraduate meetings with clinicians. The use of topical 'Fusidic Acid' preparations has been discouraged for skin infections and acne patients all have topical Benzoyl Peroxide preparations added to treatments to minimise bacterial resistance.

**Local NHS Trusts/National Benchmarking**

We are not aware of any dermatology departments reporting specifically on Medicines Management incidents, complaints, or prescribing errors at a local or national level. Isotretinoin prescribing is not monitored within acute trusts and audited locally. As a clinical service, we have far more robust systems in place for medicines management particularly in relation to Isotretinoin.

### 3. Infection Reports and Wound Complication Rates- 2018 12-Months

<b>Report Event</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Infections Resulting in Hospital Attendance/A&amp;E Visits</b>	<b>1 case</b>	<b>0 cases</b>	<b>0 cases</b>
<b>MRSA Infections</b>	<b>0 cases</b>	<b>0 cases</b>	<b>0 cases</b>
<b>Clostridium Difficile Infections</b>	<b>0 cases</b>	<b>0 cases</b>	<b>0 cases</b>
<b>IV Antibiotics Required for Infections</b>	<b>1 case</b>	<b>0 cases</b>	<b>1 case</b>
<b>Skin Infections Following Surgery</b>	<b>0.3%</b>	<b>0.6%</b>	<b>0.5%</b>
<b>Wound Ruptures (Skin Surgery)</b>	<b>0.1%</b>	<b>0.1%</b>	<b>&lt;0.1%</b>

Serious clinical infections resulting in significant patient harm, incapacity or death, are rare for dermatology services. Surgical procedures that are undertaken typically comprise of minor surgical biopsies, excisions, flaps or small skin grafts. We record wound infection rates continually on the electronic patient record system. All administration and clinical staff are encouraged to record any infections reported by the patient or clinical staff. The single case of a hospital admission was related to a Streptococcal Group A infection for a small BCC excision (<8mm defect) and there were no causes identified. The incident was recorded and an investigation did not reveal any underlying clinical or patient factors that led to the infection. The patient has not made a complaint and was adequately managed by the hospital and clinical service afterwards with no long-term harm.

<b>Summary - Investigations and Procedures 31/12/2017</b>			
<b>Classification</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Cryotherapy Head & Neck	1449	880	728
Cryotherapy Trunk	724		
Shave Biopsy Head & Neck	344	287	1
Shave Biopsy Trunk	405	260	1
Curettage Head & Neck	449	283	1
Curettage Trunk	2	24	132
Punch Biopsy Head & Neck	242	287	0
Punch Biopsy Trunk	405	222	0
Injection Steroid Head & Neck	57	60	0
Skin Excision Head & Neck	922	753	2
Skin Excision Trunk	1050	749	1
Skin Excision NOS	299	875	1664
Skin Flap	124	238	217
Skin Graft	4	21	32
<b><u>Total Surgical</u></b>	<b><u>6476</u></b>	<b><u>4939</u></b>	<b><u>4777</u></b>
<b><u>Infections</u></b>	<b><u>20</u></b>	<b><u>31</u></b>	<b><u>27</u></b>
<b><u>%Procedures</u></b>	<b><u>0.3%</u></b>	<b><u>0.6%</u></b>	<b><u>0.5%</u></b>

Surgical infection rates have been consistently low for many years despite increasing patient volumes. If patients do experience any surgical wound infections, the most frequent cause relates to infection of pre-existing colonised skin lesions (ulcerated skin cancers, infected cysts, biopsy of colonised open leg ulcers, eroded pyogenic granulomas), skin sites associated with higher rates of bacterial colonisation pre-surgery (post-auricular skin, axillary skin, genital area) or in patients with skin diseases colonised by higher rates of bacteria (Staphylococcal

colonisation of eczema/psoriasis/excoriated itchy skin). Some complex flaps also have higher rates of skin infection due to skin tension (required because of large defects due to tissue removal for skin cancer removal) or poor wound healing due to compromised vascular supply (e.g. lower leg procedures or patients on oral corticosteroids). Complete eradication of infection in skin surgery is neither possible nor attainable because of these factors. Any skin infection is usually treated with a limited range of recommended antibiotics which result in rapid resolution of symptoms/signs within 3-5 days.

MRSA is not a significant risk to individual patients or people receiving care within the service, as none of the environments expose patients to invasive surgery that may cause serious joint or major cavity infections. It is an exceptional rare cause of cutaneous skin infections and we have not detected any cases for in excess of 10-years in services we have provided locally apart from 1 single case of a hospital acquired infection in a leg ulcer patient 8-years ago

Whilst we perform over 6,000 minor surgical procedures per annum, we have only had 1 patient admitted to hospital in the past 5-years.

#### Local Trust Dermatology Infection Rates

No local departments collect any specific data on infection rates within dermatology units.

#### National Comparative Benchmarking Infection Rates

The 'Gold-Standard' benchmark national rates for skin infection following dermatological surgery are 2-5% (source: British Society for Dermatological Surgery Guidelines). Reported rates within our service remain at lower than reported nationally and have been consistently low for in excess of 10-years with over 30,000 procedures performed.

### 4. Staff-Related Issues 2018

<b>Classification</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Staff subject to referral to the GMC	1	0	0
Staff undergoing internal disciplinary procedures	1	1	0
Staff undergoing external disciplinary procedures	0	0	0
Staff subject to serious professional complaints	0	0	0
Staff failing DBS checks	0	0	1
Medical staff reported to the GMC	1	0	0
Nursing staff reported to the Nursing and Midwifery Council	0	0	0
Staff subject to restrictive practice	0	0	0
Staff subject to medical litigation	0	1	0
Staff reports racial harassment/bullying/abuse	0	0	0
Long-term staff sickness	1%	1%	0

In 2017, we had a single doctor reported to the GMC as a result of a third party compliant to the GMC about the professional conduct of their own GP. The case was dismissed within 2-weeks as it was over 5-years since clinical care had been completed in the service. The case was dropped by the GMC registrar as procedures had not been correctly followed by the Case Officer. The GMC complaint was fully declared to the organisation and RO.

We also held a formal disciplinary proceeding against a Consultant Dermatologist for a missed cancer lymph node diagnosis and abrupt behavior with patients/high complaint record. There was no delay to patient care or harm done to the patient. This was formally investigated and subject to a disciplinary hearing after which a formal warning was issued. The doctor has subsequently retired in February 2018 after some initial re-training.

We employ approximately 200 staff members across the organisation and have a dedicated Human Resource Manager (Emma Marshall). Staff retention rates have been consistently high for many years and we support staff wherever possible. Administration staff, management and clinical staff are all integrated into a single team to

provide patient care. Each quarter, the whole team meets to discuss service issues, clinical governance, and for education. This helps to focus staff on the key customer of the service i.e. the patient. Outside of these meetings, there are additional meetings held amongst teams or at practice locations with Practice Managers.

The management team reports weekly on any staff issues, problems, disputes amongst team members, and identifies potential problems before they become a serious issue. This is reflected by low rates of staff sickness, low rates of staff discipline, and staff harmony. Staff well-being is considered important within the organisation and is supported by a pro-active management team. All staff members have clearly defined roles and responsibilities, are trained to support such roles, and undergo annual appraisal. This includes appraisal for all administration, medical, nursing and management staff. Constructive feedback is given on a regular basis and we consider ourselves to be a fair employer who treats staff with respect, dignity and listens to their views.

The only induction employment issue we have had in the 3-years related to the termination of employment of a new administrator who was unable to produce identification for a DBS check. Their employment was terminated as a result of this as we only employ staff who satisfy this requirement as access to the NHS database is required. Interestingly, they had been employed in a local trust for the previous 12-months with no such checks performed as they were recruited through an agency!

### **Local NHS Trusts/Benchmarking**

The majority of local trusts have significant problems with staff-related issues including internal disciplinary hearings, industrial tribunals, race claims, and staff reported to the GMC. Staff long-term absence rates are typically 3-4% with up to 12% staff off work on any single day. The majority of UK acute trusts have in excess of 30 medical staff under investigation for serious complaints or negligence. Thankfully, none of these issues apply to the services we run across any location.

## 5. Complaints Report 2018

<b>Complaint Classification</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Written Complaints Received	12	8	2
Verbal Complaints Received	15	9	11
Unresolved Complaints	0	0	0
Plaudits	>120	>100	>60
New Patient Volumes Seen	34,000	24,000	20,000

All staff members are encouraged to report all complaints. These are then discussed and captured at weekly management meetings and put together as quarterly reports. We take any form of complaint seriously and always look at any specific learning points that arise. Action is taken to improve system processes and the handling of specific administration, clinical or other pathways to improve care if considered reasonable. The management team has full authority to change systems or processes that improve care.

In the past 10-years we have not received few complaints despite seeing over 76,000 new patients and >150,000 episodes of care. In 2017, we saw a significant increase in new patient volumes due to taking on a large contract in West Kent. A single practitioner in West Kent led to 6 written and 5 verbal complaints resulting in a formal disciplinary hearing. The doctor was transferred under TUPE and had previously been subject to a high compliant record. They have now retired.

Complaints related to clinical care are rare. The majority of complaints relate to administration errors, delays in other supporting acute trust onwards referrals, and transport issues. This low complaint record is attributable to service design (dedicated patient helplines), effective communication (patients all receive self-management plans, copies of GP letters, and patient information), high caliber clinical staff (professional training in handling patients needs), and high-quality clinical care. Patients also experience fast, responsive access to services across multiple geographical locations all within 3-4 weeks or less regardless of whether they are NHS or private patients. Despite seeing over 30,000 new NHS and private patients we have a waiting list of less than 4-weeks across 45 clinical locations.

All written complaints are responded to within 48 hours with written acknowledgement and typically a written response is issued within 5-7 working days after review with a Service Manager, Clinical Director, and staff member if considered appropriate. Any change to practice resulting from a complaint made is rapidly incorporated into service administration or clinical care. Examples of this relate to changing the wording on letters sent to patients for appointments, changes to any printed information that is misinterpreted/misleading, and staff training.

From 2016, staff have received training in the new 'Duty of Candour' policies and procedures. Advice on how to make complaints is distributed on service brochures, in waiting areas and on websites.

### **Local and National Benchmarking**

No local dermatology departments or other departments report or publish on specific dermatology services. We know from anecdotal evidence of working in NHS acute trusts that the complaints record on services we provide compare very favorably with other local and national organisations.

## 6. Adult and Child Safeguarding Report 2015

<b>Classification of Safeguarding Event</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Child Safeguarding Issues	2	0	1
Adult Safeguarding Issues	0	0	0
Female Genital Mutilation	0	0	0
Prevent/Other Safeguarding issues	0	0	0

All staff are trained in adult and child safeguarding issues:

Administration Staff – Level I

Nursing Staff – Level II

Medical Staff - Level III

We have nominated ‘Safeguarding Leads’ in all key areas including Children’s Services that we provide for diagnosis and advice on management of specific dermatoses that include vascular birthmarks, baby rashes, atopic eczema, undiagnosed skin disease, childhood lumps and bumps, and skin infections. We have a Registered Paediatric Nurse who is also our Child Safeguarding Lead (Sophie Lockyer). We also have 38 General Practitioners working within the service who are all used to the child protection issues and fully trained to Level III.

At a Consultant level, all of the team are trained in Specialist Paediatric Dermatology and two Consultants have held regular paediatric dermatology clinics for in excess of 10-years in community and NHS trust locations (Dr Nik Nicolaou/Dr Emerson). All of our community locations are GP primary care clinics that regularly receive and see children as a part of normal primary care services. The overall Safeguarding Lead is Dr Fiona Emerson, who has many years experience in safeguarding and case conference meetings. She regularly attends local update meetings and disseminates good practice amongst the clinical staff. Training is achieved through induction core training modules, face-to-face training, clinical presentations, online educational training through Educare® modules, and external attendance at local Safeguarding meetings held by CCG’s and other bodies.

We had two minor safeguarding reports initiated by patients and their relatives in 2014-5. All of these were reported and discussed amongst the teams as per local procedures. None related to staff issues or child protection issues associated with care provided by the service. They involved parents/carers who were raising concerns about their home environment. All such cases were discussed with the Safeguarding Lead and acted according to policies and procedures with local safeguarding teams.

## 7. Information Governance

<b>Classification of Breach</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Data Protection Breaches 2015	1	0	1

The organisation takes data protection very seriously and we are registered with both National and NHS Data Protection Agencies with a nominated Caldicott Guardian, Senior Information Risk Owner, and Information Governance Lead. We do not share any patient identifiable information with any external agency or external organisation unless it is necessary for clinical care or required legally. All staff receive induction training and ongoing training in patient confidentiality. Ongoing training is provided through Educare® modules online, group educational sessions, and in postgraduate meetings.

The organisation completes annual assessments on compliance each year and recently scored 97% on the Information Governance Toolkit Version 14.1 for 2017/18. The organisation has updated all of its policies and procedures in line with the new General Data Protection Regulations (GDPR) and will be completing the new Data Security Protection Toolkit (DSPT) in the coming year when it launches in April 2018. As administration staff and clinical staff have access to the National NHS Patient Database, all staff are vetted on employment and access restricted according to need. We use secure encrypted nhs.net email for all communications within NHS services.

All computer systems are protected with usernames, passwords and NHS smartcard logins with secondary protection enabled to patient information systems for both NHS and private services. Logins can be monitored across all systems and passwords are automatically changed on all systems every 3-months. NHS smartcard access is controlled by our appointed RA Manager, Chris Emerson, who has undergone training at a national level with the Department of Health.

We have only experienced two minor data protection breach in the past 10-years. The 2017 breach was due to patient sensitive information being disclosed to an incorrect email address. The email address was not thought to be live. The staff member was subject to an investigation and an informal meeting to address any training issues/patient confidentiality concerns. We had another breach in 2015 when a Clinical Lead disclosed patient identifiable information to a prescribing lead in a CCG in error. The email was withdrawn immediately and destroyed by the CCG prescribing lead.

We have in excess of 40 Information Governance 'Policies and Procedures'.