

<b>Peninsula Dental Social Enterprise CIC Quality Improvement Plan 2017</b>					
<b>Objective 1: Patient safety</b>					
Action	Lead	Timescale	Output	Update	Complete?
PDSE will publish a quality improvement plan for each academic year	Director of Community-Based Dentistry	September 2017	Plan available to all students, PDS and PDSE staff and also available to CQC/GDC inspectors.	Rolling	Complete for 2017
PDSE will continue to monitor all data relevant to patient safety including all incidents. Any learning to be shared with all staff students and supervisors.	Clinical Governance and Operations Manager	Monthly	All accidents and incidents to be reported through reporting system. Monthly Safety and Governance report to be issued to all staff, students and supervisors. Actions to be discussed through merged Clinic Operations/Clinical Leads meetings as well nurse/admin team/DSCQC meetings. All incident reports regarding illness or injury to student are reported to PU and H&S reports produced for committee.	Monthly reports sent to all staff, supervisors and students.	
Professional accountability embedded throughout the organisation and visible to all through clear governance framework	PDSE Board	Updated as any changes occur	Ownership and accountability for key areas including patient safety, patient experience and staffing will be visible through governance framework and regularly reviewed to ensure appropriate.		
Change in CQC registered manager	Director of Community-Based Dentistry, Clinical Governance and Operations Manager	January 2018	Responsibility for CQC registered manager at each DEF will now reside with Clinic Team Leaders. CTL will have superior fundamental understanding of the day to day function, health and safety, staffing and clinical compliance processes in	Application to de-register/register to be completed	

			each DEF as well as having full time presence.		
Complete regular health and safety audits and report findings	Clinical Governance and Operations Manager, Clinic Team Leaders	Termly	Audit will take place to ensure consistency in operation across DEFs, safe standards of work and learning is shared across the organisation.	Rolling, complete for 2016/17	
Evaluation of mandatory training framework.	Clinical Governance and Operations Manager	Sept 2017	Web based training system has now been evaluated replaced as has provider of basic life support and defibrillator training. This will ensure compliance with regulatory bodies and promote safer working environment.	All PDSE staff now registered	
DDA access audit	Clinical Governance and Operations Manager	Academic Year 2016/17	Access audit to be completed at each site and available to all via website. This will support access and information to patients with health conditions and disabilities		Complete
Evaluation of extraction safety systems	Director of Community-Based Dentistry, Clinical Governance and Operations Manager/Director of Clinical Dentistry	Sept 2017	Current systems have now been evaluated to prevent wrong site surgery and improvements to be rolled out in new academic year.	New forms to be implemented from Sept 17	
<b>Objective 2: Team working</b>					
Action	Lead	Timescale	Output	Update	
Peer review scheme for clinical supervision	Director of Clinical Dentistry	On going	To introduce a rolling programme of peer review to ensure peer support is available and high standards of supervision are cascaded throughout the supervisory team		

PDSE will ensure there are safe staffing levels to oversee clinical placement of dental undergraduates	Director of Community-based Dentistry & Director of Clinical Dentistry	Termly	Timetables will be monitored to ensure there is the correct level of supervision and nursing support	Recruitment drive to support first full 5 year program complete	
Evaluation of care pathways and patient wait lists	Director of Community-based Dentistry & Director of Clinical Dentistry, Clinical Governance and Operations Manager, Clinic Liaison and Planning Manager	August 2018	To ensure appropriate care pathways exist for treatment and transfer of patients in and between facilities, to encourage effective team working between different professional groups. Minimise waiting times and improve patient flow.	Further work underway to evaluate and reduce wait lists and times. Significant impact from appointment of PDSE Dentists and amendment to triage process.	
Merger of Clinic Operations Group and Clinic Leads meetings.	Director of Community-based Dentistry & Director of Clinical Dentistry	September 2017	Merger of these meetings will improve communication between groups including P.U. and PDSE, provide better flow, clarity and speed of information, increase transparency and improve efficiency through reduced meetings.	First joint meeting September 2017	Complete
<b>Objective 3: Clinical risk management</b>					
<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Output</b>	<b>Update</b>	
Ensure adequate clinical policies, protocols and guidelines	Director of Community-based Dentistry, Director of Clinical Dentistry, Clinical Governance and Operations Manager	On going	A comprehensive suite of policies, protocols and guidelines to be available to all students, PDS and PDSE staff. These will be owned and reviewed in line with schedule. All PSDE policies available through website	All policies reviewed and updated March 2017	
Ensure all complaints are monitored and actioned appropriately	Clinical Governance and Operations Manager, Director of Clinical Dentistry &	On going	All complaints will be reviewed, recorded and acted upon appropriately within timescales dictated by policy. Any key learning		

	Director of Community-based Dentistry		points will be cascaded through Patient Safety and Governance Report or appropriate committee. Included in monthly Patient Safety and Governance report, as are statistics.		
Fitness to practise	Director of Clinical Dentistry	Monthly	Ensures clinical staff are compliant with various governing bodies and PDSE policy. PDSE HR to conduct an on going audit process to ensure clinicians possess the relevant certification to practice. This includes GDC registration, performer number, DBS and recommended CPD	Compliance framework in place, regularly updated and checked by PDSE HR in liaison with P.U.	Complete
Update PDSE risk register	Director of Community-based Dentistry, Clinical Governance and Operations Manager	Annually or when risk is identified	PDSE to develop comprehensive risk register to include all risk assessments at both strategic level and DEF level. This is to be shared and available to all staff	Risk register now complete and updated for 2017.	Complete
Implement new work experience and chaperone policy	Director of Community-based Dentistry	September 2017	New policy to be introduced to improve safety and experience of visitors to the DEFs	Policy now approved and implemented	Complete
<b>Objective 4: Infection control and prevention</b>					
Action	Lead	Timescale	Output	Update	
Reduce cross infection risk, share best practice and update any procedure or practice.	Clinic Liaison and Planning Manager, Clinical Governance and Operations Manager	Quarterly	Cross infection Leads appointed at each site with clear role and responsibilities. Quarterly meetings for group. Any outcome or updates to be cascaded to whole organisation through appropriate means including Clinic Operations/Clinic Leads groups.		
PDSE will ensure all visitors are reminded	Infection control lead	On going	Each facility has an infection control and prevention Lead Nurse. Each facility has hand hygiene gels		Complete

to comply with hygiene measures			available on reception for use by patients and display posters reminding visitors of the importance of hygiene and advising patients what to do should they have cold sores or gastrointestinal illness		
PDSE will monitor the frequency of contamination injuries	Director of Community-Based Dentistry, Clinical Governance and Operations Manager	Monthly	The frequency of contamination injuries will be reported and monitored. These will be shared with all staff PUPSMD Health & Safety committee. Any learning will be fed back via joint Clinic Operations and Clinic Leads/Patient Safety and Governance report		On going
PDSE to carry out infection control and prevention inspections/audits	Infection Control Leads, Clinical Governance and Operations Manager	Various on going	IPS audit to be completed every 6 months in each DEF, June and December. Further CQC audit contains surgery audit to give snapshot of cross infection compliance (completed termly). Hand washing audit completed on student induction.		
<b>Objective 5 Reporting</b>					
<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Output</b>	<b>Update</b>	
PDSE to implement quality dashboard	Director of Community-Based Dentistry, Clinical Governance and Operations Manager	Initial report Feb 2017 then monthly	Improve visibility of key quality indicators to all stakeholders, show improvement and benchmark standards.		Complete
To improve quality of reporting through SOEL Health	Clinic Liaison and Planning, Clinical Governance and Operations Manager	Review June 2018	Revised strategy to improve the accuracy of activity reporting through SOEL Health system as well as clinical record keeping including patient notes, radiography, consent, medical history and general use of	Improvements have been made in reporting of PDSE Dentists, this will be an ongoing project.	

			SOEL Health. This will be done through training, audit and support.		
To produce record of clinical activity	Director of community-based dentistry, Clinical Governance and Operations Manager	At the end of each academic year	Clinical activity report produced and shared with key stakeholders. Includes activity from students, academic staff and PDSE Dentists	2017 report now complete. Report will now be produced again in April 2018 to align with NHS financial year at request of commissioners.	
To maintain website displaying all up to date patient information, policies, and other relevant information	PDSE HR	On going	All policies should be up to date, with review date and available to all stakeholders including public.	Website updated and improved for 2017.	
PDSE to produce an annual social audit report for public and specific visibility	Central Team	End of academic year	Report shared with key stakeholders and public displaying corporate and financial information	2017 report in process	
<b>Patient experience</b>					
To regularly collect and review patient feedback	Clinical Governance and Operations Manager	Monthly	Record NHS Friends and Family Test data and submit to NHS, review monthly. Any trends identified requiring action informed through Clinic Operation meeting and Patient Safety and Governance report	Patient feedback section now added and prominent on website	
To produce patient experience survey	Clinical Governance and Operations Manager	6 monthly	Report to be made available to all relevant stakeholders and committees. Any themes or comments that require action to be raised and addressed through Clinic Operation meeting and Patient Safety and Governance report.	Latest survey to be published September 2017	

Expand team of PDSE Dentists, Therapists and Hygienists	Director of Community-Based Dentistry	Academic year 2016/17	Further recruitment of full time PDSE Dentist and part time Therapist to complement established Dentist and Hygienist. This will further support the delivery of dental care by students, increase capacity for emergency treatment where this previously would not have been available via students, reduce waiting times for patients and provide additional support with complex cases.	Impact already clear with improved patient flow and long term patients treatment completed.	
Improve triage process	Clinical Governance and Operations Manager, Director of Clinical Dentistry, Head of Patient Administration	Academic year 2016/17.	To improve triage process and patient expectation at triage. Literature to be revised in conjunction with indemnifiers and process to be refined to support waiting lists and times for patients.	Review of process undertaken, reduced number of triage in Plymouth to improve patient journey for those already in system. More targeted triage to focus on required treatments rather than 'open door' policy.	
Support NHS emergency appointments	Director of Community-Based Dentistry	Academic year 16/17	Provide support to Dental Access Centre in Plymouth by treating emergency NHS patients. This in turn supports student learning process with increased treatment types such as molar endo and extraction, by treating 'real' emergencies as would be seen in practice.		Complete

Patient recruitment drive for Exeter DEF	Director of Community-Based Dentistry, Clinic Team Leader		Recruitment drive to ensure student needs are met in terms of patient numbers. Multiple triage sessions and liaison with NHS to support.	Successful with enough patients now waiting for treatment in new term.	Complete
Dental school PPI working group	Director of Community-Based Dentistry & Director of Clinical Dentistry	Academic year 17/18	Support the dental school PPI working group with sharing of information and improvement to PPI practices. To support the PDSE post-doctoral research fellow in research related PPI and patient experience in PDSE		
<b>Audit and improvement</b>					
I.G. Toolkit	Clinical Governance and Operations Manager	March 2018	To ensure the appropriate use of information (both corporate and personal) by all staff students and supervisors.	Complete for 2017, improvement in score from 2016	
Antibiotic resistance awareness	Clinical Governance and Operations Manager, Director of Community-Based Dentistry	Annually	To ensure PSDE recognises the role in helping to reduce the spread of antimicrobial resistance through awareness and audit. Antimicrobial prescription audit complete to be completed annually. Results to be shared with all staff, students and supervisors with recommendations. Patient information now available in all waiting areas.	Audit not yet complete for 2017	
Radiography audit	RPS, Director of Community-Based Dentistry, Clinical Governance and Operations Manager	Bi-annually	To support on going quality improvement and to ensure standard of x ray is in line with guidelines from clinical bodies GDC, FGDP. Results to be shared with all staff, students and supervisors with recommendations	Complete for academic year 16/17	



Clinical audit and improvement	Clinical Governance and Operations Manager, Clinic Team Leaders	Termly	Clinic Team Leaders to complete CQC audit tool to ensure compliance with CQC regulations and fundamental standards as well as supporting on going quality improvement, highlighting any issues and allows sharing of best practice across sites.	Complete or academic year 16/17	
Materials review	Finance and Business Manager, Clinical Governance and Operations Manager	Academic year 2016/17	To improve quality and align materials usage across sites.	Now complete, revised usage of various clinical materials and sundries.	Complete
Review of burs used on clinic	Clinical Governance and Operations Manager	Jan 2017	Review of all burs used on clinic to rationalise, streamline and support standardisation across all DEFs.	Now implemented across all DEFs	Complete
Dementia audit	Safeguarding Leads	Dec 2017	To evaluate each DEF and patient processes against criteria to produce actions to ensure all are 'dementia friendly'.	In process	
Social audit report	Finance and Business Manager	September 2017	Social audit report commissioned to evaluate and measure impact on community.	In process	
<b>Training and induction</b>					
I.G. training	Clinical Governance and Operations Manager/Clinic Team Leaders	Each academic year	I.G. training will now form part of every PDSE staff member induction process. This will also be embedded into the student induction.	Complete for new intake of PDSE staff in 2017. Student induction to commence wc 11/9	
Disability awareness and training	Clinical Governance and Operations Manager	Each staff and student induction	To ensure PDSE promotes equality and inclusivity for patients with disability and health conditions. Disability awareness training now embedded in all staff induction as well as student induction	Complete for new intake of PDSE staff in 2017. Student induction to commence wc 11/9	

Revised student induction	Clinic Liaison and Planning Manager, Clinical Governance and Operations Manager	Academic year 16/17	Student induction to be revised to improve quality and consistency of delivery across all sites to include various new training topics and take into account differing year groups	Induction re-written, scheduled and delivered to all year groups. Feedback and evaluation taken place and 2017 induction to take place wc 11/9	
Trainee Nurse DPE	Clinical Educators, Clinical Governance and Operations Manager	Annual	Support the practical training of trainee Dental Nurses within PDSE	Successful placements academic year 16/17	Complete
CQC Manager training	Clinical Governance and Operations Manager	November 2017	New CQC managers will receive appropriate training on role, responsibility, fundamental standards and key lines of enquiry.		
PREVENT training and policy	Director of Community-Based Dentistry, Clinical Governance and Operations Manager	November 2017	Terrorism awareness and radicalisation policy amended and e-learning provided for all PDSE staff. Increase awareness and support for students and patients.		Complete
Level 3 safeguarding training	Clinical Governance and Operations Manager	January 2017	Improved knowledge and awareness to support safeguarding processes in all DEFs		
Patient safety training	Clinical Governance and Operations Manager	June 2017	Training for all nurses to support and improve patient safety through increased knowledge and awareness of standards, root cause analysis and continuous improvement.		Complete
Further skills training for nurses.	Director of Community-Based Dentistry, Clinic Liaison and Planning Manager	Academic year 17/18	Dental nurses to commence further skills training such as fluoride varnish and OHE to increase capacity and improve service		

			delivery including community dentistry.		
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Version control

Version	Status	Date
V6.0	For review by Director of Community Based Dentistry	September 2017