

Peninsula Dental Social Enterprise CIC Quality Improvement Plan 2019-2020					
Objective 1: Patient safety					
Action	Lead	Timescale	Output	Update	Complete
PDSE will publish a quality improvement plan for each academic year	Director of Community-Based Dentistry	August 2020	Plan available to all students, PDS and PDSE staff and also available to CQC/GDC inspectors. Plan published on PDSE website.	QI plan 2018/19 actions updated 08/2019. Additional actions added for 2019/20	Complete for 2019
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 Quality Bulletin issued to all staff, students and supervisors. Actions to be discussed through merged Clinic Operations/Clinical Leads meetings as well nurse/admin team/DSCQ meetings. All incident reports regarding illness or injury to student are reported to UoP and H&S reports produced for committee.	Monthly reports sent to all staff, supervisors and students.	Continue with monthly PS&QB through 2019/2020 Significant incidents presented and discussed at DSQC
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.	Governance framework updated 2019 Quality Assurance Framework established and published on PDSE website	Ongoing

Complete regular health and safety audits and report findings	Clinical Governance and Operations Manager; Clinic 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.	Complete for 2019	Additional GDPR audit added 2019
DDA access audit	Clinical Governance and Operations Manager	Academic Year 2018/19	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	Updated 2019	
Assessment and monitoring of workplace Radon levels	Director of Community-based Dentistry & Director of Clinical Dentistry, Clinical Governance and Operations Manager Radiation Protect Advisor	August 2020	Conduct assessment of workplace Radon levels in accordance with regulations set out by Public Health England using Radon monitors. React accordingly dependent on results. Construct action pan and report of results and required actions.	Assessment of radon levels completed. Areas of risk identified and action plan constructed of remedial actions 2018	Ongoing
Objective 2: Team working					
Action	Lead	Timescale	Output	Update	
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		Ongoing – all staffing levels currently adequate.

Evaluation of care pathways and patient wait lists	Director of Community-based Dentistry & Director of Clinical Dentistry, Clinical Governance and Operations Manager; Clinic Planning and Liaison Manager; Clinic Manager	Review August 2020	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, whilst targeting areas of highest needs.	2019 - Amended triage process aimed at targeting patients without access to an NHS dentist. Reform of paediatric pathways and review of care pathways for ages 16-18.	Ongoing
Development of PDSE Clinicians team	Director of Community-based Dentistry & Director of Clinical Dentistry, Clinical Governance and Operations Manager	August 2020	Continue to develop and expand the team of PDSE Clinicians to build DCP team framework to assist with patient flow, clinical treatment of patients on waiting lists and in the provision of emergency care.	2019 - Two additional PDSE Dentists recruited to cover 2 days per week.	Ongoing
Expansion and development of PDSE Community Clinic	Director of Community-based Dentistry	August 2020	Expand community clinic to meet demand, continue to refine care pathway and clinic model.	Clinic expanded to two days per week.	On-going
Extended skills dental nurse clinical protocol and clinic sessions	Director of Community-based Dentistry & Director of Clinical Dentistry; Clinical Governance and Operations Manager; Clinic Manager; Clinic	August 2020	Continued development of additional skills for dental nurses. Continue to expand fluoride clinics.	Protocol for the application of Fluoride by additionally skilled dental nurses devised and published 08/2018 Dental Nurse led Fluoride clinics launched alongside paedics clinics.	Ongoing

	Planning and Liaison Manger			2019 – Additional training of 4 OHE nurses.	
Continued development of PDSE maintenance team – to provide in house reactive and planned maintenance across 3 sites.	Chief Operating Officer Facilities & Maintenance Manager	August 2020		Maintenance Supervisor in place 08/2018, recruitment for Maintenance Assistant to commence 10/2018.	Ongoing

Objective 3: Clinical risk management					
Action	Lead	Timescale	Output	Update	
Ensure adequate clinical policies, protocols and guidelines	Director of Community-based Dentistry; Director of Clinical Dentistry; Clinical Governance and Operations Manager; Clinic Manager	On going	A comprehensive suite of polices, 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 subject to schedule of review and allocated to appropriate owner(s) for review.	Ongoing

Ensure all complaints are monitored and actioned appropriately	Clinical Governance and Operations Manager, Director of Clinical Dentistry & Director of Community-based Dentistry	On going	All complaints will be reviewed, recorded and acted upon appropriately within timescales dictated by policy. Any key learning points will be cascaded through PS&QB or appropriate committee. Comparison and trends monitored through Clinical Dashboard.		Ongoing
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 ongoing 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 UoP Revised induction process and introduction of Clinical Supervisors audit.	Ongoing

Improve diagnostic interpretation and record keeping	Director of Community-Based Dentistry, Clinical Governance and Operations Manager/Director of Clinical Dentistry	October 2018	Implementation of recommendations to prevent missed radiographic interpretations for the future, as detailed in investigative report 08/2018 including; providing additional training to clinicians and Supervisors in radiographic interpretation during DCSQ meetings; presentation of abnormal radiographic features at DCSQ meetings; ensure checklists within the clinical records reflect the areas required to be examined and have been accurately completed; provisions for a facility to obtain further expert advice/opinion on radiographic findings.	CPD session DCSQ meeting 10/2018. Dental software radiographic report template revised to improve accuracy of reporting 10/2018 Bay checklist introduced to be completed by dental nurses acting as additional safeguard for clinical records/reporting 09/2018 Revise radiography auditing process	Completed
Review of Risk Register	Chief Operating Officer and Director of Community-Based Dentistry	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		Ongoing
Objective 4: Information Governance					
Action	Lead	Timescale	Output	Update	

Provide an up to date clinical software system that is efficient to access and incorporates adequate security to safeguard personal data.	Chief Operating Officer, ICT Project Coordinator, Clinic Liaison and Planning Manager	September 2018	Roll out of new software system Carestream Dental across all sites. Switching from the NHS server to a cloud based UoP server. Upgrade of all ICT hardware in all DEFs to install new PCs etc on the UoP network.	Software and hardware installed 09/2018	Completed 2019
Refine clinical data reporting processes to allow for accurate reporting of activity	Clinical Governance & Operations Manager; Clinic Manager; Clinic Planning & Liaison Manager.	September 2020	Collaborate with R4 to refine reporting processes. Continue with record management programme to streamline patient records. Continue reinforcing user compliance with R4 codes.		
Ensure PDSE is compliant with GDPR – GDPR was introduced in May 2018	Clinical Governance and Operations Manager	January 2019	GDPR compliance toolkit and action plan created detailing how compliance is being achieved.	Completed 2019	Ongoing
Migration of PDSE data away from static to cloud based server	Chief Operating Officer, ICT Project Coordinator, Clinic Liaison and Planning Manager	March 2019	Migration of data from old NHS database to new UoP cloud based data base Sharepoint	Completed 2019	Completed
Ensure compliance with regulatory body ICO	Clinical Governance and Operations Manager	Annual	Appoint Data Protection Officer (DPO) Ensure annual renewal of ICO registration is displayed in waiting rooms.	ICO registration renewal completed 08/2019	Ongoing
Objective 5: Infection control, prevention and decontamination					
Action	Lead	Timescale	Output	Update	

Reduce cross infection risk, share best practice and update any procedure or practice.	Clinic Manager and Clinical Governance and Operations Manager	Quarterly	Cross infection co-ordinator 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.	Annual Statement of Cross Infection completed 2019	Ongoing
Ensure decontamination facilities and equipment are adequately fit for the purpose of servicing all four DEFs requirements.	Chief Operating Officer, Director of Clinical Dentistry, Clinical Governance and Operations Manager, Clinic Manager	2021	A fit for purpose decontamination facility and service	Project Board established.	Ongoing
PDSE will ensure all visitors are reminded to comply with hygiene measures	Infection control coordinator, Clinic Team Leader	On going	Each facility has an infection control and prevention co-ordinator Each facility has hand hygiene gels available on reception for use by patients and advise posters.		Ongoing
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 Quality Bulletin. Overall rate of incidents included in Annual PS&QB.	Annual Statement of Cross Infection completed 2019	On going

PDSE to carry out infection control and prevention inspections/audits	Infection Control Co-ordinators, CTLs, Clinic Manager, 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.	IPS Audit completed for 2019	Ongoing
Annual Statement of Cross Infection to be published on PDSE website	Clinical Governance and Operations Manager Clinic Manager	August 2019	Sets out PDSE strategy in providing adequate cross infection, as well as displaying audit results and reported IC incidents in last 12 months.	Published for 2019	
Legionella programme	Clinical Governance and Operations Manager, Clinic Manager	January 2019	Develop compliancy programme for Legionella and protocols for DUWLs	Legionella policy revised 09/2018	Ongoing
Objective 6: Reporting processes					
Action	Lead	Timescale	Output	Update	

To improve quality of data input and accuracy of reported data.	Clinical Director of Community Dentistry Clinical Governance and Operations Manager Clinic Manager	Review January 2019	All reports reviewed in line with updated software system. R4 enables customised reports to be created to meet needs. Bay checklists to be used as markers for ensuring the correct treatment code are being used, templates completed accurately and courses of treatment are closed as appropriate.	Implemented 09/2018	
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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	NHS Activity Report completed for 2019	
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 review due 2019	

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	2019 report in process	
Objective 7: Patient experience					
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	Ongoing
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 PS&GB and PDSE website.	Latest survey to be published 09/2019	Ongoing

Maximise output of PDSE Clinician clinical activity	Clinical Governance and Operations Manager	Academic year 2018/19	Enables regular progress monitoring and evaluation of clinical activity of each PDSE clinician. Benchmarks set individually dependant on job role, hours worked etc Emphasis on improving patient flow where possible and capturing measurements of success.	Implemented 09/2018	
Support NHS emergency appointments	Director of Community-Based Dentistry	Academic year 19/20	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.		Ongoing
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 postdoctoral research fellow in research related PPI and patient experience in PDSE	To develop specific PPI feedback tool via tablet	On-going
Objective 8: Audit and improvement					

I.G. Toolkit – Updated to Data Security and Protection Toolkit	Clinical Governance and Operations Manager, Clinic Planning and Liaison Manager, Clinic Manager.	March 2020	To ensure the appropriate use of information (both corporate and personal) by all staff students and supervisors.	Completed for 2019 – All mandatory evidence completed 70/70 and Assertions completed 38/38	
Antibiotic resistance awareness	Clinical Governance and Operations Manager, Director of Community-Based Dentistry, Clinic Planning and Liaison Manager	Termly	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.	Amended to be completed termly, now included as part of termly audits and reports produced termly by Clinic Planning Manager.	
Radiography audit	RPS, Director of Community-Based Dentistry, Clinical Governance and Operations Manager	Termly	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	Audit cycle amended to be completed by RPS termly and reports produced termly by Governance and Operations Manager.	

Clinical audit and improvement	Clinical Governance and Operations Manager, Clinic 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.	Revised and updated 09/2018	
Quality Assurance Framework	Clinical Governance and Operations Manager	Review annually	Construct QA Framework to demonstrate clinical governance procedures in place and reporting framework. Available on PDSE website.		Completed 2019
Materials standardisation	Director of Clinical Dentistry, Clinical Governance and Operations Manager, Clinic Manager	Academic year 2018/19	To ensure standardisation of materials across all DEFs, alignment of HS consignment stock, ensure alignment with assessments and SDLE, update current 2014 clinical materials list and formalise process for requesting new materials to be added.		Ongoing
Dementia audit	Safeguarding Leads	Dec 2019	To evaluate each DEF and patient processes against criteria to produce actions to ensure all are 'dementia friendly'.	Complete 2019	
Social audit report	Finance and Business Manager	September 2019	Social audit report commissioned to evaluate and measure impact on community.		
Objective 9: Training and induction					

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.		To be carried out at start of new academic year 2019
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		To be carried out at start of new academic year 2019
Trainee Nurse programme	Clinic Manager Clinic Liaison and Planning Manager	Annual	Expand the trainee Dental Nurses programme across PDSE.	Current programme: 2 apprentice DN based at Devonport DEF until 02/20 2 Trainee DN based at Exeter DEF 03/21 2 additional TDN to be recruited for Devonport 01/20	
Level 3 safeguarding training	Clinical Governance and Operations Manager, Clinic Manager	January 2020	Expand knowledge, training for safeguarding coordinators and CQC Registered Managers.		Ongoing
Patient safety training	Clinical Governance and Operations Manager	June 2020	Training for all nurses to support and improve patient safety through increased knowledge and awareness of standards, root cause analysis and continuous improvement.		Complete for 2019

Further skills training for nurses.	Director of Community-Based Dentistry, Clinic Liaison and Planning Manager	Academic year 18/19	Dental nurses to commence further skills training such as fluoride varnish and OHE to increase capacity and improve service delivery including community dentistry.	Current achievements: 1 OHE dental nurse has completed fluoride application. 3 dental nurses have completed OHE. 5 have begun fluoride application.	
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Version control

Version	Status	Date
V8	For review by Director of Community Based Dentistry	August 2019