



# Annual Safeguarding Statement

August 2020

<b>CONTENTS</b>		
1.	Introduction	page 3
2.	Safeguarding Toolkit 2019	page 3
3.	Safeguarding Coordinators	page 4
4.	Safeguarding Multi-Disciplinary Committee	page 4
5.	Safeguarding Training	page 5
6.	Safeguarding Reporting Procedure	page 5
7.	Safeguarding Database	page 6
8.	Safeguarding Referral Incidents Breakdown	page 6
	Appendix A – Incident Report Breakdown 2018/2019	

## 1. Introduction

Peninsula Dental Social Enterprise (PDSE) operates a similar model to an NHS dental practice however the majority of care is being delivered by dental students under the supervision of qualified dentists. There are 4 Dental Education Facilities (DEFs), 2 sites in Plymouth, one in Exeter and one in Truro.

PDSE is committed to safeguarding all individuals within the DEFs, by ensuring that there is a robust and effective network of safeguarding processes and procedures in place.

All employees have a duty for safeguarding and promoting the welfare of adults and children, and are required to act in such a way that at all times safeguards the health and wellbeing of adults and children alike within our facilities.

## 2. Safeguarding Toolkit 2019

Public Health England released a safeguarding toolkit in April 2019 aimed at providing guidance to the dental team, copies of the toolkit are available to access on clinic or via the link below:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/791681/Guidance\\_for\\_Safeguarding\\_in\\_GDP.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791681/Guidance_for_Safeguarding_in_GDP.pdf)

The toolkit enforces the concept of 'professional curiosity' and the need for 'critical evaluation of information and the maintenance of an open mind' (page 8). The toolkit specifies recommended actions to be demonstrated by the dental team.

In order to ensure all staff are aware of their responsibilities, the Toolkit was introduced as a mandatory resource in April 2019. This concept has also been incorporated into both staff and student inductions.

All staff are also made aware of how to access the NHS safeguarding app, containing local referral resources:

[www.myguideapps.com/nhs\\_safeguarding/default/index.html](http://www.myguideapps.com/nhs_safeguarding/default/index.html)

### 3. Safeguarding Coordinators

Named safeguarding coordinators are situated in each DEF and act as the recognised point of contact for safeguarding matters.

Further details of the roles and responsibilities of the safeguarding coordinator can be found within the Job Description and signed copies held for the following:

Dental Education Facility	Safeguarding Coordinator
Devonport	Marie Shearman RDN – Senior Safeguarding Coordinator
Devonport	Kelly Shaw RDN
Derriford	Christine Summerfield RDN
Exeter	Marsha Hughes RDN
Truro	Deborah Drew RDN

The above individuals are supported by the following multi-disciplinary team:

Role	Individual
Lead Safeguarding Officer	Dr Robert Witton – Director of Community Based Dentistry
Deputy Lead Safeguarding Officer	Rebecca Anderson – Governance & Operations Manager
Paediatric Safeguarding Lead	Dr Jemma Facenfield
CQC Registered Manager - Devonport	Marie Shearman – CTL
Clinical Lead - Devonport	Dr Andy Harris
CQC Registered Manager - Derriford	Tracey Ruff – CTL
Clinical Lead - Derriford	Dr William Beare
CQC Registered Manager - Exeter	Lorraine Shelley – CTL
Clinical Lead - Exeter	Dr Matt Jerreat / Dr Tim O'Brien
Temp CQC Registered Manager - Truro	Aimee Matthews – Clinic Manager
Clinical Lead - Truro	Dr Guy Lambourn

### 4. Safeguarding Multi-Disciplinary Committee

The Safeguarding Committee convenes every term to discuss changes to policy and procedures; reflection of safeguarding incidents; as well as any other relevant matters arising. The minutes of these meetings are circulated to the wider team via the monthly Patient Safety and Quality Bulletin, as well as being discussed at the monthly Clinic Operations and Clinical Leads meetings.

## 5. Safeguarding Training

PDSE is committed to investing in training to ensure that staff are fully equipped to meet the required standard of safeguarding procedures throughout the delivery of their roles.

The following training matrix is in operation and courses accessible for all PDSE staff. Compliance with the annual training specified within the matrix is monitored by the associated DEF CQC Registered Manager, which is further supported by the Clinic Manager.

- Safeguarding Adults Level 1 & 2
- Safeguarding Children Level 1 & 2
- Prevent Strategy
- Mental Capacity Act
- Female Genital Mutilation
- Domestic Violence & Abuse
- Modern Slavery

All staff employed by PDSE on an honorary contract basis are required to provide proof of completion in the following subjects on a 3 yearly basis:

- Safeguarding Adults Level 1 & 2
- Safeguarding Children Level 1 & 2

## 6. Safeguarding Reporting Procedure

PDSE sets out the safeguarding reporting procedures for adults and children within the following two policies:

- Safeguarding Adults
- Safeguarding Children & Paediatric was not brought (WNB)

Both policies are subject to a process of regular review and are adapted in line with policy changes, as well as reflective learning experiences. These policies are available to publicly download via the PDSE website:

<http://peninsuladental.org.uk/about-us/corporate-information/policies/>

Both policies include a flow chart for auctioning safeguarding concerns, which are visibly displayed around the Dental Education Facilities.

## **7. Safeguarding Database**

The PDSE Safeguarding Database was set up in order to track minor occurrences or instances where there is a potential for concern, but that at present, does not warrant a formal safeguarding referral.

The Safeguarding Coordinator for each DEF is responsible for entering applicable information onto the Database; which can range from a paediatric DNA to a patient appearing on clinic unkempt. This allows for multiple occurrences of single instances to be connected and can be accessed across all four sites.

The databased is regularly reviewed by the Senior Safeguarding Coordinator, who will liaise with the site Safeguarding Coordinator and escalate as appropriate. Further action taken prior to making a formal referral includes, issuing a sharing of information letter to the patients GP informing them of potential concerns.

## **8. Safeguarding Incidents**

Throughout the academic year 2019/2020 there were 8 incident reports raised, as a result of the Safeguarding Coordinators making a referral to the Local Authority.