

Peninsula Dental Social Enterprise CIC Quality Improvement Plan 2020 - 2021								
Objective 1: Patient Safety	Objective 2: Team Collaboration	Objective 3: Risk Management	Objective 4: Information Governance	Objective 5: Infection Control	Objective 7: Quality Assurance	Objective 8: Clinical Audit	Objective 9: Innovation & Improvement	Objective 10: Development & Wellbeing
1.1 Resumption of clinical activity following COVID-19	2.1 Clinical Supervision Staffing Levels	3.1 COVID-19 policy framework	4.1 Patient Throughput & reporting metrics	5.1 COVID-19 protocols & procedures	7.1 Quality Assurance Framework	8.1 Data Security & Protection Toolkit	9.1 Quality Improvement Plan	10.1 Mandatory CPD
1.2 Incident Monitoring	2.2 Patient Pathways	3.2 PDSE policy Framework	4.2 Accuracy of clinical data and informatics	5.2 Cross-Infection Committee	7.2 Patient Feedback	8.2 Antimicrobial Awareness	9.2 Social Audit Report	10.2 CPD Platform
1.3 DDA Access Audits	2.3 PDSE Clinician Team	3.3 Complaint Monitoring	4.3 Clinical Activity Report	5.3 Statement of Cross Infection	7.3 Patient Focus Group	8.3 Standards of Record Keeping	9.3 CBCT protocol	10.3 Dental Nurse Extended Skills
1.4 Professional Accountability	2.4 Community Clinic	3.4 Fitness to Practice	4.4 GDPR Compliance	5.4 Incident Monitoring	7.4 Patient Satisfaction Survey	8.4 Quality Assurance of Radiographs	9.4 Digital Dentistry	10.4 Trainee Dental Nurse Programme
1.5 Health & Safety	2.5 LAC Care Pathway	3.5 PDSE Risk Register	4.5 ICO Registration	5.5 Infection Prevention Society Audit	7.5 Patients As Educators		9.5 Sustainability	10.5 Employee Assistance Programme
1.6 Safeguarding	2.6 Asylum Seekers & Refugee Clinic	3.6 Radon Monitoring	4.6 PDSE Website	5.6 Decontamination Facilities				10.6 Mental Health First Aiders
	2.7 PDSE Maintenance Team	3.7 Restructure of building to create additional AGP areas		5.7 Legionella Programme				
	2.8 Decontamination Team	3.8 Re-validation of AHU						

Objective 1: Patient Safety					
Objective	Responsible	Timescale	Actions	Updates	Status
1.1 Resumption of clinical activity during the COVID-19 pandemic	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry, Clinical Governance and Operations Manager; Clinic Manager	2021	<p>Establish a framework of guidelines governing the resumption of clinical activity. This will include a number of measures aimed at protecting both staff, students and patients.</p> <ul style="list-style-type: none"> <li>• Standard Operating Procedure - Resumption of Clinical Activity</li> <li>• Special Measures to Support Safe Working Practice</li> <li>• COVID-19 Workplace Risk Assessment</li> </ul>	<p>PDSE COVID-19 related resources available on PDSE <a href="#">website</a></p> <p>Documents subject to regular review and updated following any change in internal or external policy or guidance.</p>	Ongoing
1.2 Continuous monitoring of incidents, identification of trends and learning outcomes cascaded to staff and students	Clinical Governance and Operations Manager	Monthly	Incidents reported through online incident reporting platform. Staff and student awareness included at every induction. Key incidents discussed at monthly Clinical Operations Meeting/Team Meetings/DSCQ Key incident categories reported in Patient Safety & Quality Bulletin and reviewed at the PDSE Board	Analysis of incident rates and year on year comparison collated through annual Patient Safety & Quality Bulletin.	Completed for 2020
1.3 Inclusive access to all facilities	Clinical Governance and Operations Manager	Annual	Individual access guides available for each site to be completed for each site, to enable inclusivity of access. Available on the website to enable access to information prior to visiting a site.	Updated annually	Complete for 2020

1.4 Professional accountability embedded throughout the organisation and identified through governance framework	PDSE Board	Annual	Accountability for key areas assigned to individuals to ensure organisational responsibility is upheld. Identified through governance framework and available on PDSE website. Board regularly review all risks including clinical performance.	Reviewed and updated 12/2020	Completed for 2020
1.5 Ensure high standards of health and safety throughout facilities	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry, Clinical Governance and Operations Manager; Clinic Manager	Annual	Health and safety included in all staff/student inductions. H&S policy and regular audit reviews to ensure standards are achieved. Fire risk assessments reviewed and updated annually.	Reviewed and updated 12/2020	Complete for 2020
1.6 Ensure appropriate levels of safeguarding to all individuals within the DEFs, by ensuring that there is a robust and effective network of safeguarding processes and procedures in place.	Director of Community-based Dentistry / Chief Executive; Clinical Governance and Operations Manager; Paediatric (Special Interest) Dentist	Annual	Safeguarding Toolkit incorporated into staff and student inductions. Named safeguarding coordinators are available in each DEF and act as the recognised point of contact for safeguarding matters. Termly Safeguarding Committee meetings to discuss policy updates, reflect on incidents and areas for improvement. Annual Safeguarding Statement published on PDSE website.	Reviewed and update 12/2020	Complete for 2020
<b>Objective 2: Team Collaboration</b>					
<b>Objective</b>	<b>Responsible</b>	<b>Timescale</b>	<b>Actions</b>	<b>Updates</b>	<b>Status</b>
2.1 PDSE will ensure appropriate levels of staffing to safely oversee	Director of Community-based	Termly	Timetables will be created to reflect the appropriate ratio of staff to students and will be continually	Review meetings held monthly.	Ongoing

clinical supervision of undergraduate dental students on placement	Dentistry / Chief Executive; Director of Clinical Dentistry; Clinic Planning and Liaison Manager		monitored to ensure there is the correct level of supervision and nursing support.		
2.2 Evaluation of care pathways and patient wait lists	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry, Clinical Governance and Operations Manager; Clinic Planning and Liaison Manager; Clinic Manager	Termly	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. 2020 – Updated attendance policy and triage paperwork. Introduced paediatric WNB procedures.	Ongoing
2.3 Development of PDSE Clinician Team	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Clinical Governance and Operations Manager; PDSE Dentist	August 2021	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. 2020 – Increase of the above to 3 days per week. 2020 – Paediatric Special Interest Dentist appointed	Ongoing
2.4 Expansion of PDSE Community Clinic	Director of Community-based	August 2021	Continue to develop Community Clinic by expanding collaboration of partner	2020 - Development of Community Clinic	Ongoing

	Dentistry / Chief Executive; Director of Clinical Dentistry; Clinical Governance and Operations Manager; PDSE Dentist		organisations to increase access to service.	Failure to Attend policy 2020 – Refined record keeping processes to aid data reporting systems.	
2.5 Development of Looked After Children patient pathway	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Clinical Governance and Operations Manager; Paediatric (Special Interest) Dentist	August 2021	Development of patient pathway to enable access to dental care for Looked After Children within the locality.	2020 – Development of external referral pathway and internal policy protocol. Developing evaluation framework	Ongoing
2.6 Development of Asylum Seekers and Refugee Clinic	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Clinical Governance and Operations Manager; PDSE Dentist	August 2021	Development of patient pathway to enable access to dental care for asylum seekers and refugees within the locality.	Developing evaluation framework	Ongoing
2.7 Development of internal PDSE Maintenance Team to provide services to Plymouth and Exeter sites.	Chief Operating Officer; Maintenance and Facilities Manager	Ongoing	Continued development of PDSE maintenance team – to provide in house reactive and planned maintenance across 3 sites.	Maintenance Supervisor appointed 08/2018. Maintenance Technician appointed 10/2018. Maintenance Assistant appointed 12/2019 2020 – planned and preventative	Ongoing

				maintenance schedule developed	
2.8 Development of Decontamination Team to provide effective and efficient internal processing of instruments across all sites	Chief Operating Officer; Clinical Governance and Operations Manager; Clinic Manager	Ongoing	Streamline in-house decontamination team to facilitate effective processing and transportation of instruments across all sites and assume responsibility for management of the decontamination equipment.	Recruitment for Decontamination Team leader in progress 2020	Ongoing
<b>Objective 3: Risk Management</b>					
Objective	Responsible	Timescale	Actions	Update	Status
3.1 Ensure appropriate policies and protocols are in place to mitigate COVID-19 risks	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry, Clinical Governance and Operations Manager; Clinic Manager	2021	<p>Establish a framework of guidelines governing the resumption of undergraduate clinical activity. This will include a number of measures aimed at protecting both staff, students and patients.</p> <ul style="list-style-type: none"> <li>• Standard Operating Procedure - Resumption of Clinical Activity</li> <li>• Creation of micro-motor protocol</li> <li>• Special Measures to Support Safe Working Practice</li> <li>• COVID-19 Workplace Risk Assessment</li> </ul>	<p>Documents subject to regular review and updated following any change in to internal or external policy or guidance.</p> <p>Additional micro-motors purchased; additional training sessions held for year 3 DTH and year 4 BDS</p>	Ongoing
3.2 Ensure adequate clinical policies, protocols and guidelines are in place to support clinical practice	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Clinical Governance and Operations Manager; Clinic Manager	Ongoing	A comprehensive framework 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 policies subject to schedule of review and allocated to appropriate owner(s) for review. 2020- Policies not applicable to the public moved to	Ongoing

				dedicated PDSE policy Sharepoint allowing access for all PDSE staff; Clinical Supervisors and students.	
3.3 Ensure all complaints are monitored and actioned appropriately	Clinical Governance and Operations Manager; Director of Clinical Dentistry / Chief Executive; Director of Community-based Dentistry	Ongoing	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. Any complaints that cannot be resolved or are of a serious nature are reported to the Board for further discuson.	2020 - Complaints Procedure reviewed and updated. Complaint rate to be reported in the annual PS&QB to allow for yearly comparison.	Ongoing
3.4 Ensure all clinical staff are fit to practice professional duties	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
3.5 PDSE Risk Register	Director of Community-based Dentistry / Chief Executive, Clinical Governance and Operations Manager	Monthly	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.	2020 – Redesign of risk register currently underway.	Ongoing

3.6 Workplace Radon Monitoring	Director of Community-based Dentistry / Chief Executive, Clinical Governance and Operations Manager; Maintenance and Facilities Manager	Ongoing	Ongoing workplace Radon action plan and risk assessment, in accordance with regulations. Continuous monitoring of Radon levels.	Remedial actions implemented 2018. Risk Assessment updated August 2020. Further remedial work implemented October 2020.	Ongoing
3.7 Restructure of building to create additional AGP areas following COVID-19	Director of Community-based Dentistry / Chief Executive, Director of Clinical Dentistry, Chief Operating Officer	2021	Restructure of clinical bay areas to provide additional enclosed space to carry out Aerosol Generating Procedures and increase capacity to provide AGP treatments.	Creation of 4 'pods' utilising 2 chair spaces on bays 1 and 2 of Derriford DEF	Ongoing
3.8 Revalidation of AHU systems throughout all sites following COVID-19	Director of Community-based Dentistry / Chief Executive, Director of Clinical Dentistry, Chief Operating Officer	2021	Commissioning work undertaken to revalidate AHU systems across all sites following the requirement for fallow time after AGP treatments	Currently underway	Ongoing
<b>Objective 4: Information Governance</b>					
Objective	Responsible	Timeframe	Actions	Update	Status
4.1 Improve patient throughput through PDSE by refining key reporting metrics	Director of Community-based Dentistry / Chief Executive, Director of Clinical Dentistry Clinical Governance & Operations Manager; Clinic Manager; Clinic	2021	Refine reporting processes to focus on patient throughput. Segregate reporting fields for students; PDSE Clinicians and Academic clinics.	Clinical Dashboard revised to demonstrate key metrics. Reminders of processes and protocols to be included in PS&QB.	Ongoing



	Planning & Liaison Manager				
4.2 Improve user accuracy and compliance with clinical data input	Director of Community-based Dentistry / Chief Executive, Director of Clinical Dentistry Clinical Governance & Operations Manager.	2021	Re-orientate Clinical Leads and Supervisors with data reporting processes. Revise supervisor induction and protocols.		Ongoing
4.3 Produce annual clinical activity report	Director of Community-based Dentistry / Chief Executive, Clinical Governance and Operations Manager	End of academic year	Produce report detailing clinical activity and output of students, PDSE Clinicians and Academics throughout the academic year.	NHS Activity Report completed for 2020 Report structure to be revised for 2021. Reinforce compliance of data recording system.	Ongoing
4.4 Ensure organisational compliance with GDPR	Clinical Governance & Operations Manager; Clinic Planning & Liaison Manager	Monthly	Continue with GDPR compliance programme. Regular review of data processing agreements and IAR	IAR updated 2020	Ongoing
4.5 Renewal of ICO registration	Director of Community-based Dentistry / Chief Executive	Annual	Ensure annual renewal of ICO registration is displayed in waiting rooms.	Renewal completed 08/2020	Ongoing
4.6 Re-evaluate PDSE website and update information	Director of Community-based Dentistry / Chief Executive; PDSE HR	2021	Review PDSE website design and review content of website to ensure it is up to date and promoting key aspects of organisation.	Policies removed from website and stored on PDSE Policy Sharepoint, accessible to all staff and students. Website review/revamp due 2020	Ongoing

<b>Objective 5: Infection Prevention and Control</b>					
<b>Objective</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Actions</b>	<b>Update</b>	<b>Status</b>
5.1 Ensure that effective infection control routines are in place and adhered to reduce the transmission of COVID-19 and ensure DEFs remain COVID-19 secure	Director of Community-based Dentistry / Chief Executive, Director of Clinical Dentistry; Clinical Governance & Operations Manager; Clinic Manager	2021	Screening procedures in place across all sites. Non-contact thermometers purchased. Automatic hand gel dispensers installed at entrances. Separation of staff/student/visitor entrances across sites. Segregation of clinical and non-clinical staff.	Regular review of procedures in line with National guidance updates.	Ongoing
5.2 Reduce the risk of cross infection risk, share best practice and update any procedure or practice through termly infection control committee meetings	Clinic Manager, Infection Control Leads	Termly	Forum for discussion relating to infection control policy and protocol updates, analysis of incidents and trends and staff training. Related themes inputted back from the group through Clinic Operations meetings.	Completed 2020	Ongoing
5.3 Produce Annual Statement of Cross Infection	Clinic Manager, Infection Control Leads	Annual	Provides overview of DEF audits, staff training and incidents throughout the academic term. Related themes inputted back from the group through Clinic Operations meetings.	Completed 2020	Ongoing
5.4 Continual monitoring of contamination injury incidents	Clinical Governance & Operations Manager; Clinic 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.	Completed 2020	Ongoing

5.5 Complete Infection Prevention Society Audit to assess infection control compliance	Clinic Manager; Infection Control Leads	Bi-Annual	Each site completes IPS audit bi-annually to assess compliance of infection control policies and procedures. Internal IC audit incorporated into Termly Audit.	Completed 2020	Ongoing
5.6 Refurbishment of Decontamination Facilities to provide resilient internal processing operation	Chief Operating Officer; Maintenance & Facilities Manager; Clinical Governance and Operations Manager	March 2021	Reconfiguration of building and replacement of equipment completion date 02/2020. Restructure of policies and processes in line with new equipment.		Ongoing
5.7 Legionella compliance programme	Chief Operating Officer; Maintenance & Facilities Manager; Clinical Governance and Operations Manager	Ongoing	Engage external provider to carry out annual legionella risk assessments. Continue with DUWL regime and periodic testing across Plymouth and Exeter. Programme of remedial works underway at Derriford DEF including isolation of additional water tank; assessment of TMV valves.		Ongoing
<b>Objective 7: Quality Assurance</b>					
<b>Objective</b>	<b>Responsible</b>	<b>Timeframe</b>	<b>Actions</b>	<b>Updates</b>	<b>Status</b>
7.1 Review Quality Assurance Framework and update as required	Clinical Governance and Operations Manager	Annual	Quality Assurance Framework sets out key principles for quality assurance and identifies how PDSE policies and processes demonstrate compliance. Published on PDSE website.	Complete 2020	Ongoing
7.2 Collection patient feedback through friends & family test	Clinical Governance and Operations Manager; Clinic Team Leaders	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 PQ&	Patient feedback section now added and prominent on website. QR codes introduced to attempt to increase feedback	Ongoing

				submissions during COVID-19	
7.3 PDSE will work in partnership with UoP to facilitate patient focus groups	Director of Clinical Dentistry; Clinical Governance & Operations Manager	Termly	Randomised selection of patients who have received treatment invited to discuss their experiences. Conducted on a rotational basis around all 4 sites. Outcomes shared in report cascaded to all staff and shared with UoP.	Focus group booked for 02/2020 at Exeter DEF postponed due to COVID-19. This will be reinstated when possible.	Ongoing
7.4 Collate feedback responses, published in Patient Satisfaction Survey	Governance & Operations Manager	Bi-annual	Patient feedback responses collated in bi-annual satisfaction survey, to monitor trends and overall patient satisfaction with services.	Feedback submissions drastically effected by COVID-19 pandemic.	Ongoing
7.5 Collaborate with UoP to implement Patients As Educators feedback stream in	Director of Clinical Dentistry; Clinical Governance & Operations Manager	Termly	Introduction of additional feedback stream where feedback is collected directly from patients on clinic using uniquely designed application, facilitated on i-Pads.	Postponed due to COVID-19, to be reinstated when possible.	Ongoing
<b>Objective 8: Clinical Audit</b>					
Objective	Responsible	Timeframe	Actions	Updates	Status
8.1 Submission of Data Security and Protection audit	Clinical Governance & Operations Manager; Clinic Planning and Liaison Manager	Annual	Complete and submit online self-assessment tool to measure performance against the National Data Guardian's 10 data security standards. Provides assurances that patient data is being processed securely.	Completed 2020	Ongoing
8.4 Promote antimicrobial awareness and audit compliance	Clinical Governance and Operations Manager, Director of Community-Based	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	Antibiotic guardianship pledge completed 2020 Participation in the ADH antimicrobial	Ongoing

	Dentistry, Clinic Planning and Liaison Manager		completed annually. Results to be shared with all staff, students and supervisors with recommendations. Patient information now available in all waiting areas.	prescribing audit 02/2020	
8.5 Maintain high standards of record keeping and record management	Director of Community-based Dentistry / Chief Executive, Director of Clinical Dentistry Clinical Governance & Operations Manager; Clinic Manager	Termly	Assess record keeping standards across all sites through randomised audit of clinical records. Audit report identifies emerging trends and themes. Action plans circulated to Clinical Leads and Clinic Team Leaders to oversee action implementation at individual sites.	Completed 2020	Ongoing
8.6 Clinical audit to ensure Quality Assurance of Radiographs	Director of Community-based Dentistry / Chief Executive; Clinical Governance & Operations Manager	Termly	To ensure consistently adequate diagnostic information, whilst radiation doses to patients (and other persons) are kept ALARP, taking into account the relevant requirements of IRMER17 and IRR17.	Audit updated to reflect updated <i>Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment, 2<sup>nd</sup> Ed:</i> <ul style="list-style-type: none"> <li>- Image Quality Rating</li> <li>- Image Quality Analysis</li> <li>- Rejected Image Recording</li> </ul>	Ongoing
<b>Objective 9: Innovation &amp; Improvement</b>					
Objective	Responsible	Timeframe	Actions	Updates	Status
9.1 Review and revise Quality Improvement Plan published on PDSE website	Director of Community-based Dentistry / Chief Executive;	Annual	Quality improvement plan published to outline key organisational objectives and strategy for delivery throughout the academic year.	Updated format of QI plan implemented 2020	Ongoing

	Clinical Governance & Operations Manager				
9.2 Produce Social Audit Report and publish on PDSE website	Director of Community-based Dentistry / Chief Executive; Chief Operating Officer; Finance & Business Manager	Annual	Report outlines key financial and highlights operational achievements throughout the academic year.	Completed 2020	Ongoing
9.3 Implementation of CBCT protocol	Director of Clinical Dentistry; Clinical Governance & Operations Manager	March 2021	Implementation of CBCT protocol at Derriford DEF to enable scans to be taken following internal referral.	CBCT action plan produced. Internal referral process created. Staff training completed. Risk assessment updated. Awaiting sign of from Medical Physics for QC testing.	Ongoing
9.4 Creation of digital dentistry trial at Derriford DEF	Director of Clinical Dentistry	May 2021	Digital dentistry 'trial' running at Derriford DEF between Jan-March 2021, consisting of comparison trail of two intra oral scanners (itero/Carestream) to identify most appropriate equipment for further role out. To enhance student teaching by providing digital scans.	Derriford Clinical Lead and 2 Dental Nurses	Ongoing
9.5 Promote organisational sustainability through assessment of practices and identification of areas for improvement	Director of Community-based Dentistry	Termly	Creation of sustainability committee and appointed Green Guardians established at each site, to meet termly and review Green Action Plan.	Organisation carbon offset completed 2020	Ongoing

Objective 10: Development and Wellbeing					
Objective	Responsible	Timeframe	Actions	Updates	Status
10.1 PDSE will ensure all staff complete annual schedule of mandatory training incorporating key topic areas in line with their job role.	Line Managers; PDSE HR	Annual	Mandatory training schedule implemented by PDSE HR and updated as required, to ensure skill sets are maintained. Compliance monitored by Line Managers termly. Additional training provided for role specific leads e.g. Safeguarding Level 3 for CTLs and Safeguarding Leads		Ongoing
10.2 PDSE will provide staff support with CPD by providing access to online CPD training platform	PDSE HR	Annual	Full access to dental CPD platform provided to all staff free of charge to enable skills and knowledge base to be updated and maintained. Platform provides comprehensive range of CPD topics.		Ongoing
10.3 PDSE will promote extended skill training for Dental Nurses in line with GDC scope of practice	Director of Community-based Dentistry / Chief Executive; Clinic Planning and Liaison Manger; Clinic Manager.	Annual	Additional training for Dental Nurses to enhance their skill sets and to provide additional support to clinical and student services. Topics include Radiography; OHI and Fluoride Application. Fluoride and OHI clinics established on referral from clinician.	<u>Current Status:</u> TDEF: OHI = 3 RADS = 4 EDEF: OHI = 1 RADS = 3 DER: OHI = 4 RADS = 5 DPORT: OHI = 3 RADS = 4	Ongoing
10.4 PDSE will continue with Trainee Dental Nurse programme across all sites	Director of Community-based Dentistry / Chief Executive; Clinic Manager.	Annual	Dental Nurse Training programme extended to Exeter and Truro DEFs.	<u>Current status:</u> 2 x TDN in Plymouth, 1 in Truro, 1 in Exeter	Ongoing
10.5 Provide support to staff through dedicated	PDSE HR	Annual	Provides staff access to range of wellbeing support tools including counselling services; mental health		Ongoing

employee assistance programme			support; debt advice; family planning etc. on self-referral basis.		
10.6 PDSE will offer staff the opportunity to participate in mental health first aider	PDSE HR	2 yearly	Mental health first aider training provided for a minimum of one staff member per site to assist staff and students with mental health concerns.	Training renewed 2020	Ongoing

Version Control:

Version	Status	Date
Version 8	Approved by Director of Community-based Dentistry / Chief Executive	December 2020