

# **Plymouth University Peninsula Schools of Medicine & Dentistry (PUPSMD)**

## **Peninsula Dental School (PDS) response to the Francis Report**

### **Introduction**

The Mid Staffordshire NHS Foundation Trust Public Inquiry (the 'Francis Inquiry') conducted by Robert Francis QC considered the substandard care that took place at Mid Staffordshire NHS Foundation Trust between 2005 and 2009 and reported on 6 February 2013. It contained 290 separate recommendations encompassing health care providers, regulators, Medical Schools and all individuals involved in the provision of health care.

The report recounts a story of appalling suffering by patients and blames this primarily on a serious failure by the provider Trust Board. It was deemed to have not sufficiently listened to its patients and staff, and failed to ensure that deficiencies brought to the Trust's attention were corrected. It failed to tackle a negative culture involving the tolerance of poor standards and a disengagement from managerial and leadership responsibilities. This failure was in part the consequence of allowing a focus on reaching national access targets, achieving financial balance and seeking foundation trust status to be at the cost of delivering acceptable standards of care.

In addition, the multitude of existing NHS agencies designed to scrutinise and commission care failed to identify or address these failings in the provision of care. The system which ought to have picked up and dealt with deficiencies at this level and of this scale failed in its primary duty to protect patients and maintain confidence in the healthcare system.

### **Warning signs**

The report identified a number of warning signs which, cumulatively or in isolation, could and should have alerted the system to the problems identified. The failure of these to be detected by the existing monitoring systems was attributed to the following;

- a culture focused on doing the system's business – not that of the patients
- an institutional culture which ascribed more weight to positive information about the service than to information capable of implying cause for concern
- standards and methods of measuring compliance which did not focus on the effect of a service on patients
- too great a degree of tolerance of poor standards and of risk to patients
- a failure of communication between the many agencies to share their knowledge of concerns
- assumptions that monitoring, performance management or intervention was the responsibility of someone else
- a failure to tackle challenges to the creation of a positive culture, in nursing in particular but also within the medical profession

- a failure to appreciate until recently the risk of disruptive loss of corporate memory and focus resulting from repeated, multi-level re-organisation.

A number of recommendations were made to address these issues, encompassing the implementation of the recommendations, duties of providers of care and standards required of both front line staff and regulatory bodies.

The essential aims of the recommendations were as follows:

- foster a common culture shared by all in the service of putting the patient first
- develop a set of fundamental standards, easily understood and accepted by patients, the public and healthcare staff, the breach of which should not be tolerated
- provide professionally endorsed and evidence-based means of compliance with these fundamental standards which can be understood and adopted by the staff who have to provide the service
- ensure openness, transparency and candour throughout the system about matters of concern
- ensure that the relentless focus of the healthcare regulator is on policing compliance with these standards
- make all those who provide care for patients – individuals and organisations – properly accountable for what they do and to ensure that the public is protected from those not fit to provide such a service
- provide for a proper degree of accountability for senior managers and leaders to place all with responsibility for protecting the interests of patients on a level playing field
- enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare, but in particular those in nursing and leadership positions, to integrate the essential shared values of the common culture into everything they do
- develop and share ever improving means of measuring and understanding the performance of individual professionals, teams, units and provider organisations for the patients, the public, and all other stakeholders in the system.

### Specific recommendations of note

In formulating the Peninsula Dental School response to the Francis report, the above aims and the recommendations derived from these were reviewed and the following high-level actions recommended. The response incorporates both the duties of PDS as a Social Enterprise, as a provider of healthcare, and those of the Dental School, as an educational provider.

It is noted that many future developments at a regulatory level will occur as a result of the report and so the response strategy will need to be reviewed at regular intervals to ensure fitness for purpose. It is for this reason that the term “initial actions” is used and that it must be regarded as a “living document” in recognition that the strategies employed will doubtless evolve as additional requirements are identified.

A more detailed gap analysis (included in appendix 2) has been conducted to identify a more detailed action plan to address the report's recommendations in full. Alongside this, a similar analysis has been undertaken to identify key GDC Standards and to evidence how these are met.

## **Subject - Putting the patient first**

### Recommendations

The report recommendations (numbers 3 to 8) require that the NHS constitution is the required point of reference for the common values that all staff should be required to abide by.

### **Actions taken:**

- Dissemination of the NHS constitution to all staff and students.
- Incorporation of discussion of the NHS constitution into student curriculum.
- The NHS Constitution has been placed on the student IT learning platform (EMILY) and hard copies are available in the clinical environment.
- The NHS constitution is referenced in all new staff contracts and Codes of Conduct for existing staff which they are expecting to professionally and contractually meet.
- All service level agreements and contracts place a responsibility on the provider/contractor to abide by the NHS constitution.

## **Subject - Fundamental standards of behaviour**

### Recommendations

The report recommendations (numbers 9-12) describe fundamental standards that need to be applied to all those who work and serve in the healthcare system. There is an expectation that healthcare professionals will follow guidance and comply with standards relevant to their work, such as those produced by the National Institute of Health and Clinical Excellence and professional bodies. There is a duty for managers to check compliance.

The reporting of incidents relevant to patients' safety, compliance with fundamental standards needs to be encouraged and insisted upon.

## **Actions taken:**

- PDS clinical standards and care pathways are regularly reinforced through a variety of forums and communication channels to staff, students and supervisors.
- Annually all clinical policies are reviewed by the senior consultant clinicians taking into account the latest evidence base and/or policy guidance.
- Periodic clinical audit is undertaken by clinical academic staff. There are plans to introduce a clinical audit module into the new PUPSMD curriculum for dentistry in year three.
- There is a dedicated PUPSMD and PDSE policy for the reporting of clinical incidents and all staff, students and supervisors are regularly reminded of their professional responsibilities.

## **Subject - A common culture made real throughout the system- an integrated hierarchy of standards of service**

### Recommendations

The report recommendations (numbers 13-18) describe fundamental standards for care from healthcare providers. Along with recommendation 163, it discusses the need to monitor nursing and staffing/patient ratios and required skill mixes, and the need to collect and share data regarding safety and outcomes.

## **Actions taken:**

- Staff/student ratios are carefully monitored as is the level of skill mix to provide safe supervision and encourage the ethos of team work and intra-professional engagement.
- PDS currently employs the best supervision to student ratio of any dental school.
- Specific policies have been developed when minimum requirements for clinical care are not met. A clear process of recording all clinical activity has been developed. All student work is awarded a mark based on clear clinical guidance (Excellent, Satisfactory, Borderline, Unsatisfactory). The award of a borderline grade results in immediate chair side remediation. The award of an unsatisfactory grade results in being prevented from undertaking that clinical procedure until a formal process of remediation has been completed and signed off by the clinical lead. This process undergoes routine review and clinical supervisors are subject to standardisation training and annual appraisal.

- To safeguard clinical standards there is direct observation of practice and a proactive approach taken to feedback from patients, staff and students by clinical leads in each dental education facility. This ensures that quality and standards are constantly scrutinised and maintained.
- In the longer term, investigation of the ability to collect data relating to outcomes from SOEL health and the introduction of feedback forms for a sample number of patients incorporating PROMS will be explored.

## **Subject - Effective complaints handling**

### Recommendations

The report recommendations (numbers 109 to 122) describe entitlements of patients with respect to making complaints. Many relate to commissioners but in anticipation of their adoption, actions necessary to ensure compliance have been formulated.

### **Actions taken:**

- Patient feedback is obtained via suggestion boxes, an annual survey and via 'talking walls' and is analysed periodically at the regular clinical facilities subgroup committee of the PDSE Board.
- Clear guidance has been and will be reinforced on a yearly basis to all staff and students regarding incident reporting; including triggers and processes.
- Complaints which describe events amounting to an adverse or serious incident trigger an investigation by the Director of Clinical Dentistry.
- The information gained from such complaints is shared with other bodies (such as the CQC and NHS England) as appropriate.
- Support is provided to complainants as appropriate.
- Referrals made to acute or other specialist services are periodically monitored for quality. Student referral letters are awarded a grade on the assessment database. The award and process of remediation has been discussed above.

## **Subject - Patient, public and local scrutiny**

## Recommendations

The report recommendations (numbers 145 to 151) discuss the need to monitor outside sources such as the media and local MP's for evidence of underperformance.

### **Actions taken:**

- The Head of PDS has met with regional MPs and is in routine contact, periodically requesting feedback from constituents. Staff and students are requested to report any adverse publicity that they may encounter as part of their training on reporting adverse events.
- All media reports relating to PDS are routinely monitored and all are sent to the Head of PDS.
- PDS is unique in having a dedicated community engagement team who liaise with local communities and the public directly on the services we provide. This interaction provides a mechanism for us to communicate our core patient offer to the local population but also provides a feedback route back into the school so we can shape our activities to meet community needs.

## **Subject - medical training and education**

### Recommendations

The report recommendations (numbers 152-172) discuss issues relevant to dental training. It requires that organisations which identify concerns relevant to the acceptability of training must inform the relevant trainer and that information regarding patient safety should be shared between commissioners, the Deanery, the GDC, the CQC and Monitor. It is recommended that the GMC (GDC) should amend its standards for undergraduate education to insist that providers require feedback on patient safety issues and quality of care from staff and students. It requires that the Government should urgently consider the introduction of a common requirement of proficiency in communication in the English language for all healthcare providers.

Surveys of students and trainees should be optimised to allow feedback of perceptions of the quality of care provided to patients.

### **Actions taken:**

- There is routine patient safety information gathering from staff and students. This takes place via clinical incident reporting and alerts generated on the assessment database when

a student is awarded an unsatisfactory treatment grade.

- Reassurance is given to all reporters regarding their protection and information submitted

## **Subject - Openness, transparency and candour**

### Recommendations

The report recommendations (numbers 173 to 184) discuss the need for complaints to be raised freely and without fear, for questions to be answered and the publication of information about performance and outcomes.

### **Actions taken:**

- There is a duty for everyone involved in the provision of healthcare to be honest, open and truthful in their dealings with patients. This is reinforced to all staff, students and supervisors by ensuring that they have read and accept the standards contained within the GDC guidance and the revised NHS constitution. Posters raising awareness of Standards for the Dental Team are displayed in all clinical areas. “Being Open” - the guidance produced by the National Patient Safety Agency, should also be available.
- The time requirement for reporting incidents is routinely discussed and reinforced at annual clinic inductions and more periodically at clinical debriefs.
- Reporting processes form part of induction and possibly mandatory training in the future.

## **Subject - Nursing**

### Recommendations

The report recommendations (numbers 184 to 213) discuss issues relevant to nursing, including selection of recruits and the need for practical training and experience. Recommendation 194 suggests that nurses should be required to present feedback from patients and families on the care they provide.

The recommendations relate primarily to the Nursing and Midwifery Council’s responsibilities but the aims are accepted as a model for best practice. Therefore, where relevant, the report recommendations have been adopted and modified for dental nursing.

### **Actions taken:**

- A summary of the recommendations will be forwarded to the dental nurse training team in order to allow assessment of compliance.
- Feedback on nursing performance is undertaken as part of the yearly appraisal process.

## **Subject - Information**

### **Recommendations**

The report recommendations (numbers 244 to 272) relate to information sharing and safe practice.

### **Actions taken:**

- A rolling review of the electronic patient record system is being implemented in order to assure patient safety. Dr Timothy O'Brien is the schools lead on this and is assisting with review in this area.
- All four dental education facilities operate the SoEL Health system. Information is now recorded in a standardised format across all clinical sites.
- The availability of records when patients attend will be subject to continual audit.
- Guidelines for access to clinical records by patients and other authorised bodies will be reviewed following development of recommended national guidelines. At present there is information available in waiting areas concerning access to medical records and confidentiality.

### **An update on further actions as of November 2013.**

Progress to date includes the following:

1. A formal communication to joint medical and dental students by the respective Deans, outlining the themes of *Values* and *Raising Concerns* that are central to the Francis Report's recommendations. Joint students have been re-issued a copy of the PCMD Whistleblowing Code of Practice together with copies of the Code of Practice on Student Complaints (ACP3) and a pdf version of the GMC guidance 'Leadership and Management for all doctors' (published 2012). A copy of the letter sent to joint students is included in Appendix 1.
2. While discussions around issues such as patient safety and professionalism were already on-going prior to the publication of the Francis Report, these discussions on future curriculum

enhancements should be seen as a response in the wider context. These include the inclusion/emphasis of the following subjects: -

- Patient safety
- Team working
- Clinical risk management
- Infection control and prevention

3. Presentations on incident reports, the duty of candour and the revised Standards for The Dental team have been given to staff in order to underpin the planned emphasis of these subjects in the curriculum.
4. Clinical incidents within the Peninsula Dental School are defined and reported under nine separate categories. The data are summarised and reported to senior management team of PDSE and its Board. Action plans are developed as necessary and shared with clinical leads, nurse managers, clinic support staff and students through established committee and reporting structures.
5. PDS has Clinical Progress and Review Group (CPRG), which reviews all aspects of student progression, professionalism and health and conduct.

Dear students

Most of you will have heard of the Francis Report into the Mid-Staffordshire Hospital. The report identified serious shortfalls in patient care and makes many recommendations to avoid this scenario occurring in the future. You can access the final Mid-Staffs Report here (<http://www.midstaffspublicinquiry.com/report>).

We are writing to update you on our initial response to the Francis recommendations and to remind you of existing policies and procedures. In addition, we are using our internal processes for curriculum review to carefully work through the 290 recommendations made by Francis and implement any necessary changes. I will update you if any changes are made once this process is complete.

Two of the most important issues raised by Francis relate to **Values** and **Raising Concerns**.

**Values** and professionalism lie at the heart of PCMD. You were selected using a values-based interview and we teach and assess professionalism throughout your course. We are proud of our pioneering work in this area and we will continue to strengthen it in the future.

**Raising Concerns:** We recognise that during your training you may come across behaviours, attitudes or treatment of patients that worry you. Part of professionalism is about identifying and responding to such situations. The PCMD whistleblowing policy is clearly set out, and we have attached a copy to this email. Briefly, if you wish to raise a concern, we recommend that in the first instance you should approach the Whistleblowing Lead in your locality (the Clinical Sub Dean) with your concern as soon as possible after the issue has been identified. In the event that the concern is about the Whistleblowing Lead, you should refer your report to the College Dean. Another person will then be appointed to act in place of the Whistleblowing Lead.

Please remember that you may also raise a concern via the Student Complaints procedure (attached) and you are able provide feedback to the College about any aspect of your experience via your Student Parliament representatives or by emailing [pcmdfeedback@pms.ac.uk](mailto:pcmdfeedback@pms.ac.uk).

The College recognises that reporting a concern can be unsettling and anybody requiring additional support should discuss the matter with a PCMD Pastoral Tutor. You may also contact the Students' Guild (Exeter) or the Students' Union (Plymouth).

Finally we would like to reiterate our pride in you and your professionalism and our confidence in our NHS partners and our staff.

Kind regards,

Steve Thornton, Dean for PCMD medical students

Robert Sneyd, Dean for PCMD dental students

## Appendix 2

This document identifies how the Patient Safety and Quality agenda within Peninsula Dental School (PDS) is being managed.

This is a 2-stage approach. The first stage is the creation of a 'Patient safety matrix' to ensure compliance with the recommendations in the "Francis report" and "Standards for the Dental Team" by the GDC.

The second stage is to create a positive culture towards patient safety, using a framework for measuring and monitoring safety, in order to better protect the safety and quality of patient care.

The following matrix identifies the relevant recommendations in the "Francis report" and how these are applied to dentistry.

### PDS response to the Francis report

Section	Objective	How PDS meets the objective	Outstanding requirements (the identified gap in practice)	Timeline
1	PDS must consider and respond to the report recommendations.	<ul style="list-style-type: none"> <li>• PDS has developed a formal response to the Francis report</li> </ul>		Complete
2	The NHS and all who work for it must adopt and demonstrate a culture where the patient is the priority	<ul style="list-style-type: none"> <li>• PDS has developed a common set of values and standards that all students and staff are aware of</li> <li>• Patient safety is a leadership responsibility at PDS</li> <li>• PDS has governance systems which support patient safety, transparency and openness</li> <li>• Each clinical facility has a CQC registered manager with lead responsibility for patient safety</li> </ul>		On-going
3-8	All staff should be aware of the NHS Constitution including contractors	<ul style="list-style-type: none"> <li>• The NHS Constitution is freely available to students and staff</li> <li>• Compliance with the NHS Constitution has been added to all Honorary clinical Contracts</li> </ul>	<ul style="list-style-type: none"> <li>• Reference to the NHS Constitution will form part of clinical induction</li> </ul>	Actioned

10-12	All staff should apply fundamental standards relevant to their work, such as those produced by NICE and other professional bodies and where relevant, the Care Quality Commission	<ul style="list-style-type: none"> <li>• PDS has a comprehensive series of clinical guidelines and care pathways which follow best practice guidance</li> <li>• Student assessment is linked to the above standards</li> <li>• PDS has regular meetings with clinical staff to discuss and reinforce clinical standards and to discuss areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>• PDS is introducing a rolling programme of peer review for clinical supervisor staff to further support delivery of high clinical standards</li> </ul>	On-going
14	PDS must provide and publish accurate information about compliance with fundamental standards	<ul style="list-style-type: none"> <li>• There is a rolling audit programme aligned to fundamental NHS clinical and CQC standards</li> <li>• PDS produces a monthly clinical governance report which is available to management committees and all staff/students</li> <li>• Issues identified through performance monitoring are reported to the appropriate clinical and academic committees</li> <li>• PDS is complaint with reporting of fitness to practice issues to the GDC and notifiable events to the CQC</li> </ul>	<ul style="list-style-type: none"> <li>• PDS needs to clarify the procedure for reporting serious clinical incidents to NHS England via the Local Area Team. We await guidance from NHS England to implement this</li> </ul>	Awaiting NHS England
15	PDS must adopt a single comprehensive governance standard and demonstrate it is being used	<ul style="list-style-type: none"> <li>• PDS currently meets regulatory compliance with a number of different bodies such as NHS regulations, CQC standards and the GDC standards for education</li> </ul>	<ul style="list-style-type: none"> <li>• The development of a single governance model for clinical placements across all clinical sites for PDS has been implemented. Peninsula Dental Social Enterprise (PDSE) CIC is now the responsible body for governance and is developing the appropriate management structure and systems to meet governance standards</li> </ul>	Complete
16-18	PDS must adopt guidance developed by Government,	<ul style="list-style-type: none"> <li>• PDS actively monitors new guidance through various professional channels. Any</li> </ul>		

	professional bodies and NHS England	<p>new measures are considered appropriately and action taken</p> <ul style="list-style-type: none"> <li>• PDS also actively contributes to new developments in dental policy, workforce and clinical innovation through its expertise and reputation in a number of specific areas</li> <li>• PDS is strengthening its involvement with NHS England centrally and via the Local Area Team and is actively involved in shaping dental pathway re-design via the local dental network</li> </ul>		
36	PDS must ensure all data relevant to patient safety data is continuously monitored and have it available for inspection	<ul style="list-style-type: none"> <li>• PDS routinely collects all patient safety data via a monthly clinical governance report which is considered by the senior clinical team and shared with staff and students</li> <li>• All clinical concerns are investigated by a senior clinical consultant and a log kept of actions taken by the central administration team of PDS for students and clinical staff</li> </ul>	<ul style="list-style-type: none"> <li>• A regular monthly update for students will be cascaded reminding them of essential safety standards to ensure a culture of safety is promoted</li> </ul>	Complete
39-40	PDS must consider the narrative element of complaints as well as the numbers	<ul style="list-style-type: none"> <li>• Complaints are monitored monthly as part of the clinical governance report</li> <li>• All clinical complaints are investigated by a senior clinical consultant and actions taken where necessary</li> </ul>	<ul style="list-style-type: none"> <li>• PDS will develop a system to thematically analyse the narrative of complaints to ensure important information from the patients perspective is not lost and trends can be identified</li> </ul>	On-going Action against TB
43	PDS must monitor media reports about the organisation	<ul style="list-style-type: none"> <li>• Plymouth University routinely monitors media reports about PDS and the Head of School is informed of these at the time of print</li> </ul>		
91	PDS must comply with risk management standards at least as stringent as those required by the NHSLA	<ul style="list-style-type: none"> <li>• PDSE receives risk management advice and expertise from Dental Protection Ltd via a corporate membership</li> </ul>		

95	PDS must share clinical information regarding patient safety with relevant organisations including the CQC	<ul style="list-style-type: none"> <li>• All requests for sharing of clinical information are considered by a senior consultant clinician</li> <li>• PDS has adopted the Government's guidance on "Sharing information for clinicians and managers" which is freely available to students and staff</li> </ul>		
98	PDS must report to the National Reporting and Learning System all significant adverse incidents not amounting to Serious Untoward Incidents but involving harm to patients	<ul style="list-style-type: none"> <li>• PDS reports any such incidents via the Local Area Team of NHS England</li> </ul>		
111	PDS must constantly promote to the public its desire to receive and learn from comments and complaints. PDS should encourage patients and other service users, individually and collectively, to share their comments and criticisms with the organisation	<ul style="list-style-type: none"> <li>• PDS has a clear and visible complaints and compliments procedure</li> <li>• The PDS complaints procedure is included in all patient information</li> </ul>	<ul style="list-style-type: none"> <li>• PDS is introducing patient focus groups of which consumer feedback will be a key element</li> <li>• PDS is introducing a multi-feedback tool for patients to give specific feedback on their treating clinician</li> <li>• When available the PDSE website will include information for patients on how to make a complaint</li> <li>• NHS Choices will be offered as an alternative option for patients to leave feedback and this site will be monitored regularly when it is functional</li> </ul>	Ongoing
112	PDS must ensure that patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and	<ul style="list-style-type: none"> <li>• All feedback regardless of how it is received is fully investigated by a senior clinician</li> </ul>		

	response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such			
114	PDS must ensure comments or complaints which describe events amounting to an adverse or serious untoward incident should trigger an investigation	<ul style="list-style-type: none"> <li>• A senior consultant clinician investigates all serious untoward events.</li> </ul>	<ul style="list-style-type: none"> <li>• PDS is planning to introduce root cause analysis into these investigations and we are seeking training options</li> </ul>	Complete. DCD has attended NCAS course
124	PDS will be responsible for complying with any commissioner led safety and quality standard in respect of each item of service it is commissioning	<ul style="list-style-type: none"> <li>• PDS applies high standards to the clinical education of dental students</li> </ul>	<ul style="list-style-type: none"> <li>• Safety and good governance will be a feature of any tender application to commissioners</li> </ul>	On-going
155-158	PDS must ensure other healthcare organisations offering clinical placements to students are meeting minimum regulatory standards and there is a system in place for approving and accrediting these placement providers	<ul style="list-style-type: none"> <li>• PDS ensure each external placement provider meets minimum regulatory standards</li> <li>• Each placement provider provides evidence of its CQC registration, department risk assessment and any other relevant information</li> <li>• Each placement provider is sent a copy of the PDS policy “how to raise concerns”</li> <li>• Students on placement are also advised of how to raise concerns via the student handbook</li> <li>• Student feedback is sought on placements but is not the only method used</li> </ul>	<ul style="list-style-type: none"> <li>• PDS should consider whether academic staff visit placement providers to directly observe training in practice to ensure high standards of patient care and safety</li> </ul>	Immediate action required
163	PDS must ensure there are safe staff numbers for internal and external clinical placements	<ul style="list-style-type: none"> <li>• PDS employs the best student: supervisor ratio in the country of 1:6</li> </ul>		

		<ul style="list-style-type: none"> <li>• Minimum nursing ratios are employed to ensure teaching clinics are safely operated</li> <li>• PDS through its election and accreditation process ensures that external placement providers have safe staffing levels</li> </ul>		
164-168	PDS must ensure it has approved practice settings	<ul style="list-style-type: none"> <li>• PDS does not send its students to general dental practice settings at this time, all placements are to Trusts or community providers and the above actions are taken</li> </ul>		
181	PDS must ensure there is a duty of candour throughout the organisation	<ul style="list-style-type: none"> <li>• PDS is clear with all staff and students with regard to candour and patient safety concerns.</li> <li>• A hard copy of the GDC Standards document has been sent to all students and it is freely available to staff</li> <li>• Students and staff have received presentations on Standards and the key Standards are displayed in each clinical facility</li> </ul>		Ongoing and key part of clinic induction
185	PDS must ensure a focus on a culture of caring throughout the organisation	<ul style="list-style-type: none"> <li>• PDS delivers a dental nurse training programme which emphasises the importance of care and compassion in its curriculum</li> <li>• PDS has a clear nursing structure with regular lead dental nurse meetings to discuss and maintain nursing standards</li> <li>• PDS delivers care in a holistic manner aligned to primary care and nurses are able to build a rapport with returning patients in comparison to other schools which are organised in departments</li> </ul>		
199	PDS should ensure “key nurses” have defined roles and responsibilities	<ul style="list-style-type: none"> <li>• PDS employs senior and lead dental nurses who provide vital leadership and management functions in each facility</li> </ul>		

209-213	PDS must actively monitor national guidance concerning registration of healthcare support workers	<ul style="list-style-type: none"> <li>• PDS will monitor national guidance</li> <li>• PDS will ensure healthcare support workers are fully supporting in delivering their role and provide mentorship where appropriate until their professional role is further clarified nationally</li> </ul>		
240	PDS must ensure all visitors are reminded to comply with hygiene measures	<ul style="list-style-type: none"> <li>• Each facility has an infection control and prevention lead nurse</li> <li>• Each facility has hand hygiene gels available on reception for use by patients</li> <li>• Each facility displays NHS posters reminding visitors of the importance of hygiene, flu warnings as required and advising patients what to do should they have cold sores or gastrointestinal illness</li> </ul>		
244-245	PDS must have clear data recording systems and Board accountability for data	<ul style="list-style-type: none"> <li>• PDS operates a single clinical dental software system across all sites with standardised templates for recording clinical data</li> <li>• PDSE has a senior clinician and also a Board member with responsibility for data</li> </ul>		
252	PDS must only publish anonymous data in clinical activity and quality reports	<ul style="list-style-type: none"> <li>• PDS is fully complaint</li> </ul>		

## PDS response to Standards for the Dental Team

Section	Objective	How PDS meets the objective	Outstanding requirements (the identified gap in practice)	Timeline
1.5.4	“You must record all patient safety incidents and report them promptly to the appropriate national body”.	<ul style="list-style-type: none"> <li>• There is a rolling audit programme aligned to fundamental NHS clinical and CQC standards</li> <li>• PDS produces a monthly clinical governance report which is available to management committees and stakeholders</li> <li>• PDS is complaint with reporting of fitness to practice issues to the GDC and notifiable events to the CQC</li> </ul>	<ul style="list-style-type: none"> <li>• PDS needs to clarify the procedure for reporting serious clinical incidents to NHS England via the Local Area Team. We await guidance from NHS England to implement this</li> </ul>	Awaiting NHS England
1.7.1	“You must always put your patients’ interests before any financial, personal or other gain.”	<ul style="list-style-type: none"> <li>• PDS ensures patients needs are the first priority and all care pathways are designed (despite being delivered by training students) to ensure they receive timely and effective care</li> <li>• “GDC Standards” is an integral part of curriculum and is included in clinical induction each year</li> <li>• The “core ethical principles of practice” is freely available to all students and staff via poster displays in each clinic waiting area, hard copies available in clinic and via the online learning platform</li> </ul>		
2.3.1	“You should introduce yourself to patients and explain your role so that they know how you will be involved in their care”.	<ul style="list-style-type: none"> <li>• PDS information leaflets clearly explain that care is provided by dental students under the supervision of qualified dentists</li> <li>• All patients attend for a triage appointment whereby the above information is also explained to them by a nurse and clinician</li> <li>• All clinic staff and students wear name badges at all times</li> </ul>	<ul style="list-style-type: none"> <li>• PDS is introducing standard uniforms for each staff group to more clearly delineate between staff groups</li> <li>• PDS is introducing digital display screens in each waiting room to carry important information about key staff</li> </ul>	Complete

		<ul style="list-style-type: none"> <li>• Students and staff introduce themselves to new patients and explain their role</li> </ul>	members, how student care is delivered and how to make a complaint	
2.3	“You must give patients information they need, in a way they can understand, so that they can make informed decisions”	<ul style="list-style-type: none"> <li>• PDS has a specifically designed ‘Patient agreement to student treatment form’ which comprehensively provides a clear breakdown of their treatment plan and the features of student delivered care. Each student must discuss this with the patients and ensure they have a duplicate copy to take home</li> <li>• Every patient has the opportunity to ask questions about their treatment plan, either from the student providing their care or the students supervising clinician at any time</li> </ul>	<ul style="list-style-type: none"> <li>• PDS will develop a more comprehensive suite of patient information covering routine treatments</li> </ul>	On-going
2.3.3	“You should recognise patients’ communication difficulties and try to meet the patients’ particular communication needs”	<ul style="list-style-type: none"> <li>• All students and staff receive training in equality and diversity and the mental capacity act (MCA)</li> <li>• All students undertake communication training in workshops and experientially in the community early in the curriculum before patient contact</li> <li>• All staff and students are encouraged to avoid the use of dental jargon and acronyms in patient information, and in discussions with patients about their care</li> <li>• Induction loops are available in each facility</li> <li>• Interpretation services are available and used where required via language line</li> </ul>		
2.3.6	“You must give patients a written treatment plan, or plans before their treatment starts and you should retain a copy in their	<ul style="list-style-type: none"> <li>• PDS is complaint in this standard</li> <li>• Treatment plans and consent form part of the rolling audit programme</li> </ul>		

	notes. You should ask patients to sign the treatment plan”			
2.3.11	“You should provide patients with clear information about any referral arrangements related to their treatment”	<ul style="list-style-type: none"> <li>• It is fully explained to patients when a referral is required</li> <li>• All patients receiving care in PDS are first triaged – at this appointment they are told what range of care is available from students and that onward referral may be necessary should the care they require be outside the remit of the treating student</li> <li>• We have clear discharge and recall policies (which patients are informed about at triage) and all patient information contains information on how to access routine and emergency NHS dental care</li> </ul>		
3.2.5	“You must check and document that patients have understood the information you have given them”	<ul style="list-style-type: none"> <li>• The consent from for student care requires patients to sign to confirm they understand what has been said to them</li> </ul>		
4.1.1	“Radiographs, consent forms, photographs, models, audio or visual recordings of consultations, laboratory prescriptions, statements of conformity and referral letters all form part of patients records where they are available”	<ul style="list-style-type: none"> <li>• PDS takes clinical record keeping very seriously</li> <li>• Record keeping forms part of student curriculum and students receive training in information governance, data protection and access to health records</li> <li>• Record keeping is part of the rolling audit programme and learning is disseminated to all staff groups</li> </ul>		
4.1.6	“If you refer a patient to another dental professional or other health professional, you must make an accurate record of this referral in the patient’s notes and include a written prescription when necessary”	<ul style="list-style-type: none"> <li>• Current policy is ad hoc</li> </ul>	<ul style="list-style-type: none"> <li>• This topic will form part of the audit programme</li> <li>• A standard policy needs to be developed and implemented to standardise the referral writing process</li> </ul>	Immediate

4.2	“You must protect the confidentiality of patients” information and only use it for the purpose for which it was given”	<ul style="list-style-type: none"> <li>• PDS obtains consent from all patients’ so that parts of their clinical record can be used for education and examination purposes. This is contained on every consent form and sits alongside the PDSE policies for confidentiality, data protection and mobile devices that all staff and students are expected to comply with</li> </ul>		
4.2.2	“You must ensure that non-registered members of the dental team are aware of the importance of confidentiality and that they keep patient information confidential at all times”	<ul style="list-style-type: none"> <li>• PDS has a non-clinical induction procedure which includes this provision</li> </ul>		
4.2.3	“You must not post any information or comments about patients on social networking or blogging sites. If you use professional social media to discuss anonymised cases for the purpose of discussing best practice you must be careful that the patient or patients cannot be identified”	<ul style="list-style-type: none"> <li>• PDS through PUPSMD has a clear policy on use of social media</li> <li>• PDSE has a mobile devices policy which students are made aware of at clinical induction and students receive further advice and guidance in preparing case reports</li> <li>• If social media has been used inappropriately an investigation is carried out by a senior clinician</li> </ul>	<ul style="list-style-type: none"> <li>• PDS will design a poster reminding staff and students of this requirement which will be available in staff and student rest areas</li> </ul>	Immediate
4.5.1	“You must make sure that patients’ information is not revealed accidentally and that no-one has unauthorized access to it by storing it securely at all times. You must not leave records where they can be seen by other patients, unauthorised staff or members or the public”	<ul style="list-style-type: none"> <li>• All staff and students are aware of the risk of accidental exposure of patients information and are given formal advice and guidance to minimise this risk</li> </ul>		Complete – Derriford now has secure notes storage

5.1	<p>“You must make sure that there is an effective complaints procedure readily available for patients’ to use, and follow that procedure at all times”</p>	<ul style="list-style-type: none"> <li>• The PDS complaints policy is available in each waiting area and on each patient information leaflet</li> <li>• Complaints are managed in line with NHS regulations</li> </ul>	<ul style="list-style-type: none"> <li>• PDS is introducing patient focus groups of which consumer feedback will be a key element</li> <li>• PDS is introducing a multi-feedback tool for patients to give specific feedback on their treating clinician</li> <li>• When available the PDSE website will include information for patients on how to make a complaint</li> <li>• NHS Choices will be offered as an alternative option for patients to leave feedback and this site will be monitored regularly when it is functional</li> </ul>	Complete
5.1.6	<p>“Complaints can be an opportunity to improve your service. You should analyse any complaints that you receive to help you improve the service you offer, and share lessons learnt from complaints with all team members”</p>	<ul style="list-style-type: none"> <li>• Complaints are monitored monthly as part of the clinical governance report</li> <li>• All clinical complaints are investigated by a senior clinical consultant and actions taken where necessary</li> </ul>	<ul style="list-style-type: none"> <li>• PDS will develop a system to thematically analyse the narrative of complaints to ensure important information from the patients perspective is not lost and trends can be identified</li> </ul>	On-going
5.1.7	<p>“You should keep a written record of all complaints together with your responses. This record should be separate from your patient records so that patients are not discouraged from making a complaint. You should use your record of complaints to monitor your performance in handling complaints and identify any areas that need to be improved”</p>	<ul style="list-style-type: none"> <li>• PDS is compliant and all complaints are kept separate to clinical records</li> <li>• Trends in complaints are examined and investigations and/or actions taken where necessary</li> </ul>		

6.1.5	“You must ensure that patients are fully informed of the names and roles of the dental professionals involved in their care”	<ul style="list-style-type: none"> <li>• All students and staff wear name badges</li> <li>• All students and staff introduce themselves</li> <li>• All patients throughout their clinical journey are made aware that care is provided by dental students under the supervision of qualified dentists.</li> </ul>	See section 2.3.1	
6.1.6	“As a registered dental professional, you could be held responsible for the actions of any member of your team who does not have to register with the GDC (for example, receptionists, practice managers or laboratory assistants). You should ensure that they are appropriately trained and competent”	<ul style="list-style-type: none"> <li>• PDS employs a non-clinical induction for such staff and provides regular mentoring and update training</li> </ul>		
6.6.1	<p>“You should make sure that all team members, including those not registered with the GDC, have:</p> <ul style="list-style-type: none"> <li>- a proper induction</li> <li>- performance management, including appraisals</li> <li>- opportunities to learn and develop</li> <li>- a hygienic and safe working environment</li> <li>- a work environment that is not discriminatory</li> <li>- opportunities to provide feedback</li> <li>- a way to raise concerns”</li> </ul>	<ul style="list-style-type: none"> <li>• PDS is fully compliant</li> </ul>		
6.6.5	“You must encourage, support and facilitate the continuing	<ul style="list-style-type: none"> <li>• PDS is fully compliant</li> </ul>		

	professional development (CPD) of your dental team”	<ul style="list-style-type: none"> <li>• PDS provides annual mandatory training for all its clinical staff</li> <li>• PDSE has an annual away day</li> </ul>		
6.6	“You must demonstrate effective management and leadership skills if you manage a team”	<ul style="list-style-type: none"> <li>• All PDS and PDSE managers have received leadership and management training commensurate with their role</li> </ul>		
6.6.10	“You should display information about the members of your team (including their registration number where appropriate), in an area where it can be easily seen by patients”	<ul style="list-style-type: none"> <li>• Information about key personnel is available but due to the scale of the clinics and that facts student rotate between them it is only feasible to include key personnel</li> </ul>	<ul style="list-style-type: none"> <li>• In due course a digital information screen will show this information in the waiting areas</li> </ul>	
8	“You must act promptly if patients or colleagues are at risk and take measures to protect them”	<ul style="list-style-type: none"> <li>• There are clear policies in place for staff and students that place patient safety at the heart of the organisation</li> <li>• How to raise concern is part of curriculum and is also part of clinic induction each year</li> <li>• PDS and PDSE both have raising concern policies which are freely available to all staff</li> <li>• PDS routinely collects all patient safety data via a monthly clinical governance report which is considered by the senior clinical team and shared with staff and students</li> <li>• All clinical concerns are investigated by a senior clinical consultant and a log kept of actions by the central administration team of PDS</li> <li>• PDS has a nominated patient safety lead in each facility which is the clinical lead and also has Director’s with Board level accountability for safety</li> </ul>	<ul style="list-style-type: none"> <li>• PDS will be developing a system to collect data continuously for internal and external inspection</li> <li>• A regular monthly update for students will be cascaded reminding them of essential safety standards to ensure a culture of safety is created</li> </ul>	Complete
9.1.3	“You should not publish anything that could affect patients’ and the public’s confidence in you, or the	<ul style="list-style-type: none"> <li>• All student publications are checked by an academic member of staff before being publicly available</li> </ul>		

	dental profession, in any public media, unless this is done as part of raising a concern”.	<ul style="list-style-type: none"> <li>• All students have received guidance on this topic and it is written in to all staff contracts</li> </ul>		
--	--	---	--	--

## Stage 2 - Development of a “Safety culture”

Supplement the above with further methods of monitoring Safety and Quality (see below). The WHO framework can be used, but the Health Foundation model provides a more practical and comprehensive approach. These can be discussed more fully in due course.

### A framework for the measurement and monitoring of safety in PDS

