

Peninsula Dental Social Enterprise CIC Quality Improvement Plan 2023-2024								
Objective 1: Patient Safety	Objective 2: Team Collaboration	Objective 3: Risk Management	Objective 4: Information Governance	Objective 5: Infection Control	Objective 6: Quality Assurance	Objective 7: Clinical Audit	Objective 8: Innovation & Improvement	Objective 9: Development & Wellbeing
1.1 Continued registration of Activity with appropriate regulatory bodies e.g., CQC, HSE	2.1 Clinical Supervision Staffing Levels	3.1 Management of Respiratory Illnesses policy framework	4.1 Patient Throughput & reporting metrics	5.1 Respiratory protocols & procedures	6.1 Quality Assurance Framework	7.1 Data Security & Protection Toolkit	8.1 Quality Improvement Plan	9.1 Mandatory CPD
1.2 Incident Reporting & Rate Monitoring	2.2 Patient Pathways	3.2 PDSE policy Framework	4.2 Accuracy of clinical data and informatics	5.2 Cross-Infection Committee	6.2 Patient Feedback	7.2 Antimicrobial Awareness	8.2 Social Audit Report	9.2 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	6.3 Patient Focus Group	7.3 Standards of Record Keeping	8.3 CBCT protocol and Reporting process	9.3 Dental Nurse Extended Skills
1.4 Professional Accountability	2.4 Provision of further care out of term time	3.4 Fitness to Practice	4.4 DPA Audit Review / GDPR Compliance	5.4 Incident Monitoring	6.4 Patient Satisfaction Survey	7.4 Quality Assurance of Radiographs	8.4 Digital Dentistry – DCB0129/DCB0160 Clinical Risk Management and CSO.	9.4 Trainee Dental Nurse Programme
1.5 Health & Safety	2.5 Community Clinic	3.5 PDSE Risk Register	4.5 ICO Registration	5.5 Infection Prevention Society Audit		7.5 Development of Clinical Audit Framework	8.5 PDSE Practice	9.5 Further Expansion of Dental Nurse Training
1.6 Safeguarding Framework, Adult & Child Protection Policies & WNB Process	2.6 Initiate Exeter Community Clinic	3.6 Risk register – Strategic Level	4.6 PDSE Website	5.6 Legionella Programme	6.5 Raising Concerns & Freedom to Speak Up Guardian	7.6 Development of PDSE Dentist Peer Review	8.5 Sustainability Action Plan, Green Impact Toolkit & ISO14001	9.6 Employee Assistance Programme
	2.7 LAC and Care Leavers Pathway	3.7 Radiation Protection, IRMER Compliance & Radon Monitoring	4.7 Develop and implement NHS KPI Dashboard				8.6 Investment in Estate	9.7 Mental Health First Aiders
	2.8 Asylum Seekers & Refugee Clinic						8.7 Dental Practice Project – Design & Build Phase	9.8 Review Staff Reward and Recognition Strategy
	2.9 PDSE Maintenance Team						8.8 PDSE Research Framework	
	2.10 Expansion of Workforce						8.9 Dental Outreach Team	

	2.11 Decontamination Team							
	2.12 Implementation of Deputy Clinical Lead role							
	2.13 Continuation of IMOS service delivery							

Objective 1: Patient Safety						
Objective	Responsible	Timescale	Actions	Updates	Status	
1.1 Registration of clinical activity and registered managers with the Care Quality Commission	Director of Community-based Dentistry / Chief Executive; Chief Operating Officer; Clinical Governance and Operations Manager; Registered Managers	Continuous	Ensure company registration and additional registered manager's status is maintained and updated in response to any changes.	<ul style="list-style-type: none"> Statutory Notification of Regulation 12(3) Statement of Purpose submitted on 13/07/2022 in relation to addition of additional services. 	Complete for 2023	
1.2 Continuous monitoring of incidents, incident rates, identification of trends and learning outcomes cascaded to staff and students	Director of Community-based Dentistry / Chief Executive; 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	<p>Addition of monthly monitoring of radiography retake rates included in monthly PSQB.</p> <p>Annual PSQB published at the end of the academic year July 2023</p>	Complete for 2023 On going	

			Analysis of incident rates and year on year comparison collated through annual Patient Safety & Quality Bulletin.		
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 Updated following rebrand.	2023 update in progress
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.	To be reviewed annually, risk register reviewed by Board quarterly	On going
1.5 Ensure high standards of health and safety throughout facilities	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry, Chief Operating Officer; 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. Comprehensive maintenance and testing schedule of all plant and equipment	Risk assessments reviewed annually, policies reviewed at set frequencies.	Complete for 2023 On going
1.6 Ensure appropriate levels of safeguarding	Director of Community-based	Annual	Safeguarding Toolkit incorporated into staff and	Process under constant review	Complete for 2023 On going

to all individuals within the DEFs, by ensuring that there is a robust and effective framework, including Adult & Child Protection Policies & WNB Process	Dentistry / Chief Executive; Clinical Governance and Operations Manager; Paediatric (Special Interest) Dentist		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.	Safeguarding Annual Safeguarding Statement updated for 2023 Review of student safeguarding training complete	
Objective 2: Team Collaboration					
Objective	Responsible	Timescale	Actions	Updates	Status
2.1 PDSE will ensure appropriate levels of staffing to safely oversee clinical supervision of undergraduate dental students on placement Increase in activity over past year and forecast to continue. As a result more posts have been allocated	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Chief Operating Officer Clinic Planning and Liaison Manager	Termly	Timetables will be created to reflect the appropriate ratio of staff to students and will be continually monitored to ensure there is the correct level of supervision and nursing support.	Clinical Supervisor Review meetings held monthly Ongoing monitoring of staffing FTE to maintain appropriate levels in line with fluctuations in clinical activity Increase of both clinical and non-clinical roles during 2023. Planned increase of trainee Dental Nurse cohorts for 2023/2024	Ongoing

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.	2023 Reporting review booked for Oct 2023 to reflect the increase in reporting for contractual KPIs including NHSE/ICB/IMOS	Ongoing
2.3 Further development of PDSE Clinician Team	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Clinical Governance and Operations Manager; PDSE Dentist	Reviewed	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.	2023 - Increase in PDSE Clinician Team across Plymouth sites, including employment of Hygiene Therapist enabling use of Direct Access.	Ongoing
2.4 Provision of further care/ emergency care out of term time	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry, Chief Operating Officer; Clinical Governance and Operations Manager; Clinic Manager	Ongoing	Further development of clinical team to enable provision of round year care including throughout summer and winter break. This will include all facilities.		Ongoing

2.5 Expansion of PDSE Community Clinic	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Clinical Governance and Operations Manager; PDSE Dentist	Annual	Continue to develop Community Clinic by expanding collaboration of partner organisations to increase access to service.	2023 –Re-award of the Complex Needs Health Inclusion Pathway clinic for 12months	Ongoing
2.6 Development of Exeter Community Clinic	Director of Community-based Dentistry / Chief Executive; Clinical Governance and Operations Manager; PDSE Dentist	January 2023	Continue to develop the delivery of community clinic in partnership with Exeter City council, and GP services in Exeter.	2023 - Re-award of 12 month funding for Exeter Community Clinic running 1 day per week.	Ongoing
2.7 Development of Looked After Children patient pathway and additional pilot of care leavers pathway	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Clinical Governance and Operations Manager; Paediatric (Special Interest) Dentist	October 2024	Development of patient pathway to enable access to dental care for Looked After Children within the locality. Additional pilot of care leavers pathway beginning November 2024 providing ongoing dental for 6 patients up until the age of 25.	2023 – Continued provision of LAC pathway to support commissioned service provider 2023- Care leavers pilot beginning November 2023	Ongoing
2.8 Development of Asylum Seekers and Refugee Clinic	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry;	October 2024	Development of patient pathway to enable access to dental care for asylum seekers and refugees within the locality.	2023 – Continued provision of service delivery in conjunction with support organisations DCRS and START	Ongoing

	Clinical Governance and Operations Manager; PDSE Dentist				
2.9 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 including expansion of team and development of PPM schedule. Development of new electronic maintenance tracking system.	2023 – Management of DCUs assumed internally by Maintenance Team (previous contracted by MEMS) Addition of Truro DCU routine and proactive maintenance Implementation of new Maintain X software system	Ongoing
2.10 Expansion of PDSE Workforce	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry, Chief Operating Officer; ; Clinic Manager; HR advisor	Annual	Increase PDSE workforce to support additional student numbers across clinical and non-clinical areas.	Ongoing monitoring of staffing FTE to maintain appropriate levels in line with fluctuations in clinical activity 2023 – Increase in clinical and non-clinical staffing groups. HR Strategy meeting held monthly	Ongoing
2.11 Development of Decontamination Team to provide effective and efficient internal processing of	Chief Operating Officer; Clinical Governance and Operations Manager; Clinic Manager	2024	Streamline in-house decontamination team to facilitate effective processing and transportation of instruments across all sites and assume responsibility for	2023 – increase in Decontamination Team in response to increased activity.	Ongoing

instruments across all sites			management of the decontamination equipment.		
2.12 Implementation of new Deputy Clinical Lead roles	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry, Chief Operating Officer; Clinical Governance and Operations Manager; Clinic Manager	September 2024	New Deputy roles to support resilience, quality of teaching, safety and student satisfaction	Roles recruited in Derriford and Devonport Review of Truro site.	Ongoing
2.13 Continuation of IMOS service in conjunction with NHSE	Director of Community-based Dentistry / Chief Executive; Chief Operating Officer; Clinical Planning and Liaison Manager	2024	Development of additional IMOS service in conjunction with NHSE, aimed at reducing the burden on local commissioned services by providing an additional referral pathway for referrals sent from GDPs to the DRSS.	Continued delivery of IMOS service following contract extension	Ongoing
Objective 3: Risk Management					
Objective	Responsible	Timescale	Actions	Update	Status
3.1 Ensure appropriate policies and protocols are in place to mitigate risks of respiratory illnesses	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry, Chief Operating Officer; Clinical Governance and Operations	Ongoing	Update policy framework using national and industry guidelines to manage the risks associated with respiratory illness	Continual review required in line with transmission rates and national guidance.	Ongoing monitoring and policy updates as required.

	Manager; Clinic Manager				
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; Chief Operating Officer; Clinical Governance and Operations Manager; Clinic Manager	Ongoing	A comprehensive framework of policies, protocols and guidelines to be available to all students, PDS and PDSE staff. These will be owned and reviewed in line with schedule.	Complete for 2023	All policies subject to schedule of review and allocated to appropriate owner(s) for review.
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	Annual	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 discussion.	2023 - Annual submission of complaints data K014b	Ongoing
3.4 Ensure all clinical staff are fit to practice professional duties	Director of Clinical Dentistry; PDSE HR	Monthly	System in place to ensure that prior to undertaking clinical work all clinical staff have current: <ul style="list-style-type: none"> • GDC registration • Registrant named on NHS Performer List 	Compliance framework in place, regularly updated and checked by PDSE HR in liaison with UoP Revised induction process and introduction of	Ongoing

			<ul style="list-style-type: none"> Occupational Health Clearance Professional Indemnity DBS clearance Mandatory CPD (BLS, Safeguarding, Data Protection, Radiography & IRMER). <p>Compliance audit undertaken and records held by PDSE HR</p>	<p>Clinical Supervisors audit conducted by PDSE HR monthly.</p> <p>Professional registration status verified by PDSE HR before staff member is authorised to commence duties.</p> <p>Inclusion on NHS Performers List confirmed by PDSE HR before staff member is authorised to commence duties.</p>	
3.5 PDSE Risk Register-Central repository	Director of Community-based Dentistry / Chief Executive, Chief Operating Officer; Clinical Governance and Operations Manager	Monthly	PDSE to develop comprehensive risk register to include all risk assessments at operational level These will be available to all staff	Redesign of risk register currently complete 2023 – RR updated	Ongoing
3.6 PDSE Risk register-Strategic Level	Chief Operating Officer; Director of Community-based Dentistry / Chief Executive,	Quarterly	PDSE to update and share strategic level risk register, shared and discussed with Board at each meeting		On going
3.7 Radiation Protection, IRMER Compliance & Radon Monitoring	Director of Community-based Dentistry / Chief Executive, Chief	Termly	Workplace Radon action plan and risk assessment, in accordance with regulations. Continuous monitoring of Radon levels.	2023 – Continual monitoring of Radon levels following installation of additional sumps evidenced Radon	Complete

	Operating Officer; Clinical Governance and Operations Manager; Maintenance and Facilities Manager		RPA audits and risk assessments completed for Plymouth and Exeter. Truro tba. Continual audit schedule of QA audits (termly) QC audits (annually) All radiography policies and Local Rules reviewed and updated annually	levels now below levels set by HSE resulting in a reduction of monitoring in line with national recommendations and in conjunction with the RPA. Appointment and training of new Radiation Safety Lead (incorporating role of RPS) for Truro DEF. IRMER updates for required staff.	
Objective 4: Information Governance					
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; Chief Operating Officer; Clinical Governance & Operations Manager; Clinic Manager; Clinic Planning & Liaison Manager	Monthly	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. 2022 - NHSE contract KPI monitoring system in place. Monthly submission of compliance with KPIs to NHSE. 2023 – Review of reporting schedule	Ongoing
4.2 Improve user accuracy and	Director of Community-based	Annual	Re-orientate Clinical Leads and Supervisors with data reporting	2023 – Honorary contract revised and	Ongoing

compliance with clinical data input	Dentistry / Chief Executive, Director of Clinical Dentistry; Chief Operating Officer; Clinical Governance & Operations Manager.		processes. Revise supervisor induction and protocols.	updated by Governance and HR	
4.3 Produce annual clinical activity report	Director of Community-based Dentistry / Chief Executive, Chief Operating Officer, 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.	2023 – NHSE Activity report and KPI tracker complete	2023 complete end of July
4.4 Undertake Data Protection Audit review to ensure organisational compliance with GDPR	Clinical Governance & Operations Manager; Clinic Planning & Liaison Manager	Monthly	Continue with GDPR compliance programme. DPA audit schedule, comprising of site specific compliance audits completed as part of termly audit, as well as central governance audit conducted annually. Audit scope areas: <ul style="list-style-type: none"> • Data protection governance and accountability; • Staff data protection training and awareness; • Security of personal data; • Individual rights requests; • Information sharing; • Records management; • Data Protection Impact Assessments and 	Complete for 2023	on going

			information risk management.		
4.5 Renewal of ICO registration for PDSE Ltd and CIC	Director of Community-based Dentistry / Chief Executive	Annual	Ensure annual renewal of ICO registration is displayed in waiting rooms.	Complete for 2023	on going
4.6 Re-evaluate PDSE website and update information	Director of Community-based Dentistry / Chief Executive; Chief Operating Officer; PDSE HR	2023	Review PDSE website design and review content of website to ensure it is up to date and promoting key aspects of organisation. Rebrand undertaken by external PR company. New website launched, continues to be tweaked and adapted for organisational needs.	Policies removed from website and stored on PDSE Policy Sharepoint, accessible to all staff and students. Rebrand and new website launched 2022 2023 – further development of website and addition of staff teams	Ongoing
4.7 Development and implementation of NHS KPI dashboard	Director of Community-based Dentistry / Chief Executive, Chief Operating Officer; Clinical Governance & Operations Manager; Clinic Manager	Monthly	Dashboard will support on going quality improvement through provision qualitative and quantitative metrics and monitoring with subsequent action planning where necessary	NHSE contract KPI monitoring system in place and data collection inputted monthly and submitted to NHSE. Contract review meeting held at mid-point. 2023 – Reporting review	On going
Objective 5: Infection Prevention and Control					
Objective	Responsible	Timeframe	Actions	Update	Status

5.1 Ensure that effective infection control routines are in place and adhered to reduce the transmission of respiratory infection	Clinical Governance & Operations Manager; Clinic Manager	2023	Updated from previous 2021 objective (5.1 COVID-19) following reduction of COVID-19 measures. Continual review required in line with transmission rates and national guidance.	Regular review of procedures in line with National guidance updates undertaken by infection control committee and overseen by Clinic Manager 2023 – Updated infection control policy to incorporate respiratory guidance for students, staff and patients	Monitoring of national guidance and development of policy and process in line with this.
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.	Complete for 2023	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.	2023 Annual Statement	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	Completed for 2023 Change of OH provider to Medigold	Ongoing

			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.		
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 2023	Ongoing
5.6 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.	Risk Assessments conducted 2 yearly and reviewed annually. Remedial actions undertaken by Maintenance Manager as identified. Routine checks incorporated into Maintain X software to provide fail-safe double check process	Ongoing
Objective 6: Quality Assurance					
Objective	Responsible	Timeframe	Actions	Updates	Status
6.1 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.	2023 – Currently under review.	Ongoing

6.2 Collection of 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 PS&QB	Patient feedback section now added and prominent on website. QR codes introduced to attempt to increase feedback submissions Questions updated to reflect NHSE KPI data collection and submitted monthly with annual overview recorded in Activity Report	Ongoing
6.3 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 groups for academic year 2022/2023 one per term for each site (Exeter, Plymouth, Truro) completed	Ongoing
6.4 Collate feedback responses, published in Patient Satisfaction Survey, Activity Report and KPI tracker	Governance & Operations Manager	Bi-annual and monthly	Patient feedback responses collated in bi-annual satisfaction survey, to monitor trends and overall patient satisfaction with services. Patient feedback collated monthly on the following: <ul style="list-style-type: none"> • Patients reporting that their oral health has improved following completion of their care plan 	Monthly feedback collated on NHSE KPI tracker.2023 – reports completed	Ongoing

			<ul style="list-style-type: none"> • Patients satisfied with the cleanliness of the facilities • Patients satisfied with the helpfulness of staff • Patients reporting that they felt sufficiently involved in decisions about their care • Patients satisfied with time taken to get an appointment • Patients were satisfied with the overall outcome of their care and treatment 		
6.5 Promote open culture and process of raising concerns amongst staff and students	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Chief Operating Officer; Clinical Governance & Operations Manager	Annual	PDSE Raising Concerns at Work policy including flowchart process available to access on sharepoint, linked with UoP process for raising concerns to ensure collaborative process. Appointment of Freedom to Speak Up Guardian for PDSE.	Policies reviewed annually. Process for investigation of concerns raised in place.	Ongoing
Objective 7: Clinical Audit					
Objective	Responsible	Timeframe	Actions	Updates	Status
7.1 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	Complete for 2023	Ongoing

			patient data is being processed securely.		
7.2 Promote antimicrobial awareness and audit compliance	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.	Audits of AB prescriptions undertaken termly and audit report shared with all staff and students. Site specific action plans developed and items actioned by Clinical Leads Complete for 2023	Ongoing
7.3 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 2023, now supported further by new NHSE KPI monitoring process	Ongoing
7.4 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. To ensure that patients	Audit updated to reflect new guidance on taking and grading radiographs Included on KPI tracker. Complete for 2023	Ongoing

			are provided with radiographs in line with FGDP guidance and as clinically appropriate.		
7.5 Further Development of Clinical Audit Framework	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Clinical Governance & Operations Manager; Clinic Manager	Termly	To ensure quality of clinical standards and quality of patient care. To enable issues and trends to be identified promptly and action taken to address areas of weakness. To measure a standard of patient care against recommended standards.	Introduction of additional audit areas: <ul style="list-style-type: none"> • Paediatric diagnosis, prevention & treatment • MOS • Periodontal treatment • Endodontic treatment 	Ongoing
7.6 Development of PDSE Dentist Peer Review	Director of Community-based Dentistry / Chief Executive; Clinical Governance & Operations Manager; Lead PDSE Clinician	Monthly	To facilitate periodic peer review group comprising of PDSE Clinicians, with the aim of: <ul style="list-style-type: none"> • Reviewing aspects of practice • Sharing experiences • Identifying areas for change. Meetings to be minuted and action plans produced.	Objective of new Lead Clinician. Initial PRG to be held in September 2023	Ongoing
Objective 9: Innovation & Improvement					
Objective	Responsible	Timeframe	Actions	Updates	Status
8.1 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. Inclusion of:	Updated in line with NHS KPIs	Ongoing

	Clinical Governance & Operations Manager; Chief Operating Officer		Clinical Audit Plan (7.2-4) Statement on revalidation Checks for GDC registered staff (3.4) DPA audit review (4.4) Statement on systems of compliance with mandatory CPD for all registrants (9.1) Statement on all Dentists being up to date and current on the Performers List (3.4)		
8.2 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.	Completion date August 2023	Ongoing
8.3 Implementation of CBCT protocol	Director of Clinical Dentistry; Clinical Governance & Operations Manager	Annual	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. Additional staff to undertake prescriber and operator training. Service for external reporting platform in process of set up.	Ongoing
8.4 Roll out of digital dentistry at Derriford DEF	Director of Clinical Dentistry Clinical Governance &	2024	Digital dentistry 'trial' running at Derriford DEF between Jan-March 2021, consisting of	Trial complete Procurement of scanners underway. Requires	Ongoing

	Operations Manager; Clinic Manager		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. Commence roll out of digital on clinic. Procurement of IT infrastructure and other hardware, develop SOPs and training package.	update to Carestream imaging software and hardware upgrade which is in progress. Consultant engaged to advise on compliance with DCB0129/DCB0160 Clinical Risk Management and duties of the Clinical Safety Officer. CSI8 installed and review of IT refresh ongoing. Negotiation of TIS SLA to provide adequate support	
8.5 Development of PDSE Dental Education Practice to enhance student experience and increase social impact	Chief Executive, Chief Operating Officer, Head of Dental School, Associate Head Teaching and Learning, PDSE Board, PDSE operations team	2024	Develop procurement strategy, refine design and engage with stakeholders to	Procurement for design team underway, stakeholder group meetings diarised	Construction commence 2024, completion 2025
8.6 Promote organisational sustainability through assessment of practices and identification of areas for improvement	Director of Chief Operating Officer, Chief Executive, Project Co-Ordinator ,	Termly	Creation of sustainability committee and appointed Green Guardians established at each site, to meet termly and review Green Action Plan.	Now being driven forward by Sustainability Lead, including travel to work, efficient buildings, recycling, carbon footprint and other initiatives. Working towards Green Impact Toolkit submission and ISO14001 including: - Cultural/behavioural	Ongoing

				<ul style="list-style-type: none"> - Evaluation of equipment/utilities - Investment in estates e.g. PVs/EVs 	
8.8 Investment in Estate	Chief Operating Officer	September 2024	Investment in estate to support delivery of quality and safe service including ventilation works, redecoration, new flooring , new plant equipment including compressors and dryers, instruments and office furniture	2023 - Replacement of Devonport Compressors Additional surgery in Derriford	Ongoing
8.9 Expansion of research studies and recruitment of Research Nurse post	Director of Community-based Dentistry / Chief Executive; Director of Clinical Dentistry; Chief Operating Officer; Clinical Governance & Operations Manager; Clinic Manager	2024	Promote research in the SW by participating in dental related research pilots Internal recruitment of fixed term Research Nurse post	2023 - Enhanced and Breathe study completed Progress study completed Research nurse contract extended.	Ongoing
8.Expansion and development of Dental Outreach Team	Director of Community-based Dentistry / Chief Executive; Chief Operating Officer;	2024	Expansion of DOT team to include additional RDN with OHI to support community outreach projects. Continue to deliver IPE module in collaboration with UoP	2023 - Collaboration with Cornwall Council – Schools initiative to provide OHE support and Floride in collaboration with Smile Together.	Ongoing
Objective 10: Development and Wellbeing					
Objective	Responsible	Timeframe	Actions	Updates	Status

<p>9.1 PDSE will ensure all staff complete annual schedule of mandatory training incorporating key topic areas in line with their job role.</p>	<p>Line Managers; PDSE HR</p>	<p>Annual</p>	<p>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 Mandatory training review undertaken 2022</p>	<p>Complete for 2023</p>	<p>Ongoing</p>
<p>9.2 PDSE will provide staff support with CPD by providing access to online CPD training platform</p>	<p>PDSE HR</p>	<p>Annual</p>	<p>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.</p>	<p>Complete for 2023</p>	<p>Ongoing</p>
<p>9.3 PDSE will promote extended skill training for Dental Nurses in line with GDC scope of practice</p>	<p>Director of Community-based Dentistry / Chief Executive; Clinic Planning and Liaison Manger; Clinic Manager.</p>	<p>Annual</p>	<p>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. Updated OHI pathway to promote multi-disciplinary care from undergraduate clinics.</p>	<p><u>Current Status:</u> TDEF: OHI=2, RADS=6 IMPS = 3 EDEF: OHI= 1, RADS=4, FLU=1 IMPS = 2 DPORT: OHI= 6, RADS=5, FLU=2 IMPS = 2 DFORD: OHI=2 , RAD=8, IMPS = 2 SED=2, 2 undertaking training course with additional 2</p>	<p>Ongoing</p>

			Identified need for impression taking training to enable nursing staff to support students. Additional sedation nurse training to support expansion in MOS services.	to be trained when current 2 complete.	
9.4 PDSE will continue with Trainee Dental Nurse programme across all sites	Director of Community-based Dentistry / Chief Executive; Chief Operating Officer; Clinic Manager.	Annual	Dental Nurse Training programme extended to Exeter and Truro DEFs.	<u>2022 Current Status:</u> TDEF = 1 EDEF: 2 PLYM: 3	Ongoing
9.5 further expansion of Dental Nurse training across PDSE	Director of Community-based Dentistry / Chief Executive; Chief Operating Officer; Clinic Manager.	Annual	Training programme to be increased across PDSE to provide further support to PDSE dentists and students.	Increased cohort intake during 2023/2024 Plymouth: 3 Exeter: 1 recruited advertising for 2	On going
9.6 Provide support to staff through dedicated employee assistance programme	PDSE HR	Annual	Provides staff access to range of wellbeing support tools including counselling services; mental health support; debt advice; family planning etc. on self-referral basis. Staff wellbeing survey conducted in 2022 identified need for additional promulgation of access to EAP amongst all staff groups.	Complete for 2023	Ongoing
9.7 PDSE will offer staff the opportunity to	PDSE HR	2 yearly	Mental health first aider training provided for a	Complete for 2023	Ongoing

participate in mental health first aider			minimum of one staff member per site to assist staff and students with mental health concerns.		
9.8 Review staff reward and recognition strategy	PDSE HR	Annual	Review current strategy, evaluate new initiatives to improve where possible.	Introduction of refer a friend scheme. Introduction of covering professional registration fees.	Ongoing

Version Control:

Version	Status	Date
Version 12	Approved by Robert Witton - Chief Executive Officer	October 2023