



**Peninsula
Dental**
Social Enterprise

Peninsula Dental Social Enterprise (PDSE)

Annual Safeguarding Statement

Version 1.0

Date approved: March 2025

Review due: March 2026

Document classification: Public

CONTENTS		
1.	Introduction	page 3
2.	Safeguarding Toolkit 2019	page 3
3.	Safeguarding Coordinators	page 4
4.	Safeguarding Multi-Disciplinary Committee	page 4
5.	Safeguarding Training	page 5
6.	Safeguarding Reporting Procedure	page 5
7.	Safeguarding Database	page 6
8.	Safeguarding Referral Incidents Breakdown	page 6

1. Introduction

Peninsula Dental Social Enterprise (PDSE) acts as the placement provider for the University of Plymouth and delivers NHS dental services through treatment facilitated by undergraduate dental students, working under supervision of qualified registrants. PDSE operates four Dental Education Facilities (DEFs), two sites in Plymouth, one in Exeter and one in Truro.

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

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

2. Safeguarding Toolkit 2019

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

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791681/Guidance_for_Safeguarding_in_GDP.pdf

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

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

All staff are also made aware of how to access the NHS safeguarding app, containing local referral resources www.myguideapps.com/nhs_safeguarding/default/index.html

3. Safeguarding Coordinators

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

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

Dental Education Facility	Safeguarding Coordinator
Devonport	Marie Shearman RDN – Senior Safeguarding Coordinator
Devonport	Kelly Shaw RDN
Derriford	Christine Summerfield RDN
Exeter	Lorraine Shelley - CTL
Truro	Sophie Hodson - RDN

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

Role	Individual
Lead Safeguarding Officer	Dr Robert Witton – Chief Executive
Deputy Lead Safeguarding Officer	Rebecca Anderson –Clinical Governance Manager
CQC Registered Manager - Devonport	Marie Shearman – CTL
Clinical Lead - Devonport	Dr Aengus Kelly
Deputy Clinical Lead - Devonport	Dr Geraldine Kehoe
CQC Registered Manager - Derriford	Twane Parau - CTL
Clinical Lead - Derriford	Dr William Beare
Deputy Clinical Lead - Derriford	Benjamin Jones
CQC Registered Manager - Exeter	Lorraine Shelley – CTL
Clinical Lead - Exeter	Dr Chris Harper
CQC Registered Manager - Truro	Emma Severn – CTL
Clinical Lead - Truro	Dr Guy Lambourn

4. Safeguarding Multi-Disciplinary Committee

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

5. Staff and Student Induction

The safeguarding framework plays a fundamental part of both staff and student inductions. The safeguarding presentation (appendix 1) and safeguarding toolkit is issued to every new staff member and is sent out to students at the beginning of each academic year. As they progress through the course, students are inducted into each site and the safeguarding processes and procedures covered in depth during student induction.

6. Safeguarding Training

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

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

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

- Modern Slavery

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

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

All staff named as safeguarding co-ordinators or leads complete further annual training to Level 3.

7. Safeguarding Reporting Procedure

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

- Safeguarding Adult at Risk (appendix 2)
- Safeguarding Children & Paediatric was not brought (WNB) (appendix 3)

Both policies are subject to a process of regular review and are adapted in line with policy changes, as well as reflective learning experiences. Both policies include a flow chart for the management and escalation of safeguarding concerns, which are covered at every student and staff induction, as well as being displayed in the Dental Education Facilities.

8. Safeguarding Database

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

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

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

9. Safeguarding Incidents

All referrals must be subject to an incident report and followed up within 48 hours. If no response is received within 5 days or the response is deemed unacceptable, it needs to be escalated to the Lead Safeguarding Dentist for further review and possible escalation to the local Designated Professional.