



Quality Assurance Framework

Statement of Compliance

2026

Introduction

Peninsula Dental Social Enterprise (PDSE) is committed to ensuring the highest standard of service delivery throughout the Dental Education Facilities. PDSE aims to satisfy the requirements of our students, as well as exceeding the expectations of our patients, through the quality of service that we provide.

In order to achieve the high standards of service expected and to ensure continuous improvement PDSE has established a structured quality management framework, which is embedded into every aspect of the organisation.

The quality management framework adopted by PDSE encompasses a range of different processes, procedures and protocols that are structured to ensure continual compliance with standards, as well as to measure and improve organisational performance.

All internal procedures are subject to a process of ongoing periodic review, which is aimed at ensuring regulatory compliance and conveying situational changes adopted through experiences.

The PDSE quality management framework fundamentally consists of three principle elements:

- Strong governance – to define organisational aims and translate them into action;
- Robust systems of assurance – to ensure effective operations;
- Culture of improvement – to demonstrate continual achievement.

Governance

Efficient and effective governance procedures are an integral of the organisational operation of PDSE, acting as the cornerstone of the quality framework.

Roles and Responsibilities: All members of the organisation have a level of responsibility to ensure that governance principles are continually upheld.

In order to ensure that professional accountability is embedded throughout the organisation, established levels of responsibility and clearly define roles within a visible governance structure a number of corporate documents, are all available on the PDSE website. Any amendments or updates are communicated to staff and students via the monthly Patient and Quality Bulletin.

- **Corporate Governance Structure:** This describes the interconnected function of the PDSE structure and the Peninsula Dental School and how they operate together.
- **Organisational Chart:** This identifies the framework of roles within PDSE and demonstrates how they connect with each other.
- **Governance Appointments and Responsibilities:** This details specific roles within PDSE and individuals with appointment responsibility.

Policies and Protocols: The framework of policies and protocols developed by PDSE are vital to ensure that standards are applied consistently across all DEFs. The policy framework covers a wide range of essential topics aimed at providing guidance to staff, students and patients.

The comprehensive subject areas covered by the policy framework are devised and allocated to appropriate experts in the relevant subject fields and follow a standardised schedule of review.

Policies under the following headings are accessible on the PDSE Policy Sharepoint:

- Clinical Guidelines e.g. Caries risk assessment; Hypochlorite policy; Extraction Management etc.
- Clinical Governance e.g. Clinical Note Taking guidelines; Complaints and Concerns policy; Confidential Information Handling policy; Consent to Treatment policy; Data Protection policy.
- Health and Safety e.g. COSHH policy; Fire Safety policy; First Aid policy; Health and Safety policy etc.
- Human Resources e.g. Social Media policy; Sickness Absence policy etc.
- Infection Control e.g. Waste policy; Hand Hygiene policy; Disposal of Sharps policy etc.

Staff and Committee Meetings: PDSE recognises the importance of effective communication being the key to ensuring a strong system of governance. Enabling appropriate forums for discussing issues and conveying updates and arising actions is facilitated via a range of different meetings that are held on a regular basis. These include monthly team meetings; monthly clinic operations and clinical leads meetings; termly safeguarding co-ordinator meetings; termly infection control meetings; termly radiation safety advisor meetings; quarterly health and safety committee meetings etc.

Incident Reporting and Management Systems: The continual monitoring of incidents is a key factor in maintaining adequate levels of safety. PDSE adopts an online incident management system that allows incident access to reporting by all staff and students and is

covered at all induction sessions. This process enables the appropriate degree of root cause analysis to take place and any learning or trends to be identified.

This was recently highlighted by the reporting of reoccurring incidents where patients reported the taste of hypochlorite during root canal treatment, which was able to be linked to a lack of formative assessment for the application of caulking. The identification of incident trends was then able to be used to influence student teaching, which led to a reduction in this type of incidents being reported.

A breakdown of all incidents and annual statistical comparison of data can be found in the monthly Patient Safety and Quality Bulletin (PS&QB) that is available to all staff and students.

Complaints and Concerns Process: PDSE has developed a clear process for reporting complaints and concerns which is detailed in our policy. All complaints received are reviewed and recorded in line with the timeframes stipulated. Key learning points are then cascaded through the monthly PS&QB.

Regulatory Compliance and Inspection: The operational activity carried out by PDSE means that it is accountable to standards set out by the General Dental Council; the Care Quality Commission; HSE and the Information Commissioners Office. In order to provide visibility of our registration with relevant bodies we prominently display our registration details on our website and our waiting room screen presentations. All routine inspections reports undertaken by regulators are displayed in the [Governance](#) section of the PDSE website.

Performance Reporting Framework: A number of regular reports are produced to monitor and communicate performance levels throughout the year. This allows for comparisons to be made between data sources, as well as accruing broad perspectives of data from a variety of sources.

The schedule for the PDSE reporting framework is as follows;

Report	Frequency	Content	Recipients
Patient Safety and Quality Bulletin	Monthly	<ul style="list-style-type: none"> - All clinical and non-clinical incidents reported in the preceding month - Incident trend data - Updates to PDSE protocols and clinical policies - National policy / clinical guideline updates - Regulatory updates from GDC, CQC, IC and NHS England - Patient feedback 	<ul style="list-style-type: none"> All PDSE staff All students All clinical academic staff All clinical supervisor staff

Patient Safety and Quality Bulletin	Annual	As above	As above
Patient Experience	Monthly	Patient feedback gathered from electronic links in reception, on the PDSE website and sent out via text message after appointments	PDSE Board Dental School SMT All clinic user groups
Patient Focus Group	Termly	Focus group inviting patients to feedback on their experience of using the service.	As above
Serious Patient Safety Incidents	Occurrence based	As defined by PSIRF and internal policy	LFPSE Incident Recording - Home
Clinical Activity Report	Annually	Clinical activity of: students, clinical academics and PDSE clinical staff	NHS England SW PDSE Board PDSE website Dental School SMT
Quality Improvement Plan	Annual	Action plan across five governance domains	PDSE Board PDSE website Dental School SMT All clinic user groups
PDSE Infection Control and Prevention Statement	Annual	Annual return to CQC of contamination injuries, risk assessments, audit and training	CQC PDSE website
PDSE Safeguarding Statement	Annual	Overview of safeguarding procedures	PDSE website
Health and Safety	Quarterly	All student related clinical and H&S incidents	UoP Health and Safety Committee / PDSE Management
Water Safety	Quarterly	Water safety compliance	UoP Health and Safety Committee / PDSE Management
PDSE Newsletter	Quarterly	Sharing news across facilities	All PDSE staff
WT&E return	Annual	DSIFT governance	WT&E PDSE Board

Quality Assurance Systems

A robust system of quality assurance has been developed in order to demonstrate that the processes we have in place are effective and fit for purpose. This allows for the identification of areas that are less than adequate to be highlighted as soon as possible and actions to be planned to rectify issues.

A breakdown of the audit framework is detailed below, following completion of each audit a report is produced and published via the PS&QB. This allows for comparisons of trends to be established, and necessary actions implemented.

Audit Schedule

Audits	Frequency	Content	Recipients
Quality Assurance of Radiographs (66 intra oral radiographs, 10 OPGs and all CBCTs per site)	Termly	Record keeping fields Quality Assurance Further analysis of images graded N Action plan	All PDSE staff All students All clinical academic staff All clinical supervisor staff
GDPR / Data Protection	Termly	Randomised audit of student compliance with GDPR in relation to patient data.	PDSE Management
Record Keeping Audit (20 random records)	Termly	Consent completed & signed correctly Electronic records matching paper MH updated Treatment planned Appropriate item codes used Patient details completed Charting correct	All PDSE staff All students All clinical academic staff All clinical supervisor staff
Prescription Audit (10 random prescription records)	Termly	Diagnosis & justification MH checked Appropriate signature Logged out from safe Prescription number	All PDSE staff All students All clinical academic staff All clinical supervisor staff

Antimicrobial Prescription Audit	Termly	Audit of prescriptions issued for antibiotics.	All PDSE staff All students All clinical academic staff All clinical supervisor staff
Health & Safety Audit	Monthly	Equipment and building checks Compliance with safety signage / FF&E / Workplace First Aid / Waste management and segregation / Kitchen safety Lab safety (Devonport and Truro)	PDSE management
Treatment Audit (Extraction and RCT)	Termly	Compliance with standards / monitoring of outcomes	PDSE Management
Infection Prevention and Control (IPS Audit)	Bi-annual	Compliance with infection control standards	Infection Control Group / PDSE Management
Hand Hygiene Audit	Termly	Compliance with standards	Infection Control Group / PDSE Management
Surgery Audit	Termly	Compliance with IC procedures / reporting processes / PPE / Materials and Waste.	Infection Control Group / PDSE Management
Cleaning Audit	Monthly	Compliance with standards and contractual KPIs	PDSE Management
Was Not Brought Audit	Termly	Compliance with safeguarding 'was not brought' protocol	Safeguarding Leads and PDSE Management

Patient and Student Feedback: This is an important indicator for levels of performance from both a patient and student perspective. Feedback is collected via a number of different sources and where appropriate used to influence organisational operations.

All patients are encouraged to complete feedback at the reception desks of each DEF using questions based on the NHS Family & Friends Test. This data is then downloaded and

statistics reported through the monthly PS&QB. Recent emphasis in this area has seen the volume of positive data collected rise significantly, with almost all of our patients (98%) stating that they are happy with our service and would recommend us to family and friends.

Feedback is collected from students through regular feedback forums, which is then fed back to PDSE allowing for changes to be implemented or for an explanation to be given of why the request is unable to be authorised. This has previously resulted in the University of Plymouth being rated the top university in the country for levels of student satisfaction and allows PDSE to ensure that it is meeting the needs of students.

Data Security and Protection Standards for health and care: PDSE is committed to ensuring compliance with data protection standards and undertakes annual submission of the Data Security and Protection self-assessment toolkit to ensure that it is meeting the standards required. This year the evidence submitted resulted in all mandatory requirements being satisfactorily fulfilled.

Disability Access Audits: In order to provide clear information to patients and ensure that access to facilities is suitable for all, PDSE completes an audit of access to each individual site.

Culture of Improvement

PDSE continually strives to improve the standard of delivery across all areas of the organisation and is committed to promoting a culture of continuous improvement at every possible level.

Quality Improvement Plan: This is reviewed and updated annually and is designed to monitor both completed and ongoing actions identified to improve standards of service across the organisation. The most recent version of the PDSE QI plan can be accessed via the corporate information section of the PDSE website.

Mandatory Training Programme: In order to ensure that all staff are equipped with the necessary level of skills required to fulfil their roles PDSE has invested in a comprehensive staff training programme that covers a range of training topics including; Equality and Diversity; Safeguarding Level 1 & 2; Radiography and IRMER (where applicable); Infection Control and Information Governance. Compliance with mandatory staff training is monitored via a training matrix which is periodically reviewed by line managers. This allows for early identification of any individuals failing to meet the required standards and support to be put in place where needed.

Staff Appraisals and Performance Management: PDSE has a dedicated HR department who are available to provide support and guidance to staff and managers on a variety of employment issues. A regular appraisal process is in place which reviews the competence levels of staff on an annual basis. This framework enables performance of individuals to be



continually monitored and any issues identified to ensure high standards are delivered by all staff members.

Extended Skills Training: In order to demonstrate our commitment to improving standards all staff members have the option to request additional training to expand their skills in a variety of different areas. This is facilitated via completion of a training request form which is submitted to a training panel for deliberation and authorisation. Training requests authorised includes radiography for dental professionals; oral health educators and fluoride varnish application.