

Clinical Governance & Quality Assurance Policy

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Summary

All team members working for Pav Dental have responsibility and accountability as registered managers and registered professionals with the General Dental Council or Irish Dental Council to ensure that our patient care is of the highest standards, safe and of the best quality.

This Policy will outline our processes for clinical governance and quality assurance.

Purpose

This policy is set out to ensure that we are abiding and following effective and safe systems of clinical governance on a daily basis, to ensure we give our patients the best standard of care.

This is achieved by:

- Having systems to measure the quality and effectiveness of care.
- Having good standards of risk management
- Ensuring clinical care is focused and driven by improvement.
- Having systems that are able to correctly use regulatory engagement and identify regulatory change.

Scope

This policy applies to all persons working in our practice.

The 7 Principles of Good Clinical Governance

Audit

Auditing evaluates existing practice against the gold standard of practice. Through this, we try to identify any shortcomings and develop methods to improve our outcomes. Ultimately, this aims to improve the quality of care we provide. An example of this would be auditing radiographs using the CGDent standards of Grade A or N (Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment) .

Carrying out an audit involves identifying a particular area of interest/concern; researching a standard to compare it to; collecting the data to compare; analysing the data and identifying shortcomings; implementing methods of change and, finally, re-auditing after a time period to close the loop and assess improvements.

Patient Experience

Enhancing the patient experience is a key aspect of clinical governance. By capturing patient feedback, measuring patient satisfaction, and optimising care delivery processes, we ensure patients receive the best possible experience throughout their journey.

Risk Management

Mitigating and managing clinical risks is central to clinical governance, We have structures and processes to ensure we can identify, and reduce risks where possible.

Clinical Effectiveness

We ensure that we use the best available evidence and research to provide the best possible outcomes for patients. We always work in the best interests of the patient and this aspect ensures we provide the best care. Examples of this include:

- Carrying out evidence-based practice when deciding treatments and decision-making
- Using standards and guidelines to help inform care e.g. CGDent radiograph guidelines, NICE guidelines on wisdom tooth extraction. These are all backed by evidence.
- Conducting new research to inform new guidelines, papers and standards to continually improve care
- Implementation of new standards and guidelines as they are developed.

Learning and Development

A dental career is a career of continual learning. In the UK, the GDC requires dental professionals to carry out CPD. This ensures that professionals remain up to date with the latest skills, knowledge, and research – linking into Clinical Effectiveness and Research. This may involve:

- Work appraisals with employed colleagues to assess competency and areas of improvement/further training.
- Completing further training e.g. certificates, diplomas or degrees
- Attending courses, conferences and lectures to help further knowledge and skills

Conclusion

Clinical governance serves as the cornerstone of modern healthcare, ensuring patient safety, quality of care, and organisational excellence. Our advanced software aligns perfectly with the seven pillars of clinical governance, offering healthcare organisations the tools and capabilities to navigate the complex healthcare landscape successfully. By embracing our cutting-edge technology, healthcare providers can elevate their clinical governance practices, enhance patient outcomes, and drive continuous improvement.

General Quality Assurance in our Dental Practice

Our dental practice shall establish and operate a practice-based quality assurance system which is applicable to any dental practitioner or person employed/engaged by the contractor, who performs services under the dental contract.

We shall ensure that with respect to its practice-based quality assurance system, it has nominated a person to be responsible for operating that system and will ensure:

- effective measures of infection control are used;
- all legal requirements relating to health and safety in the workplace are satisfied;
- all legal requirements relating to radiological protection are satisfied;
- any requirements of the General Dental Council in respect of the continuing professional development of dental practitioners are satisfied; and
- the requirement to display in a prominent position the written statement relating to the quality assurance system.

Our practice aims to provide dental care of a consistent quality, for all our patients. We will have management systems to help us define each practice member's responsibilities when looking after patients.

In proposing treatment, we will consider patients' own wishes. We will explain options, where appropriate, and costs so that patients can make an informed choice. We will always explain what we are doing. We will do all we can to look after dental health. We will ask about the patient's general health, and about any medicines being taken. This helps us treat patients safely. We will keep all information about patients confidential.

Contamination control is also essential to the safety of our patients. Every practice member receives training in practice systems for contamination control. All staff joining the practice are given training in practice-wide procedures. Once a year there is an individual review of training needs for everyone in the practice.

We ask and advise patients about tobacco and alcohol use because they increase the risks of dental intervention and oral cancer risk.

Practice working methods are reviewed regularly at meetings. We encourage all staff to make suggestions for improving the care we give patients. We regularly ask patients for their views on our services and we have systems for dealing promptly with patient complaints and for ensuring that lessons are learned from any mistakes we make.

All dental professionals in the practice take part in continuing professional development, meeting GDC requirements. We aim to keep up to date with current thinking on all aspects of general dentistry, including preventative care, which reduces a patient's need for treatment.

All members of the practice know of the need to ensure that dentists are working safely. In the unlikely event that a dentist in this practice becomes unfit to practice, we have systems to ensure that concerns are investigated and, if necessary, acted upon.

A compressed version of the Quality Assurance Statement can be sourced in the DCME Compliance Suite > Practice Logs & Checklists > Documents to display.

England Guidance

Reporting, learning and improvement from incidents

RIDDOR

All RIDDOR reportable injuries to staff and visitors to the practice will be reported under the usual RIDDOR reporting systems:

Online

Via the website, <https://www.hse.gov.uk/riddor/report.htm#online> and by completing the online report form. The form is then submitted directly to the RIDDOR database. A copy of the form returned by HSE will be retained by Pav Dental.

Telephone

Telephone reporting will be for fatal and specified injuries only. The contact number is 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

Inoculation Injuries

Staff at Pav Dental will make a record of any sharps injury and governance arrangements will be enacted to investigate the circumstances and causes of the incident and take any action required.

The extent of the accident investigation will be proportionate to the potential severity of the incident. For example, where an employee has injured themselves with a clean needle as they take it out of the packet it will usually be enough to record the details and ensure they receive any first aid required.

Injuries involving a used needle will involve a more detailed analysis and an appropriate record will be kept of the findings of the investigation because of the health implications to the employee with respect to Hepatitis B and HIV. Sharps injuries must be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) if:

- an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g. hepatitis B or C or HIV. This is reportable as a dangerous occurrence;
- the employee receives a sharps injury and a BBV acquired by this route seroconverts. This is reportable as a disease;
- if the injury itself is so severe that it must be reported.

If the sharps is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable to HSE, unless the injury itself causes an over-seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.

Adverse Drug Reactions

Hassan Bhojani will ensure that any patient-reported drug reactions as well as those that occur during clinical treatment are reported through the Yellow Card website or by post using the form obtainable from the Yellow Card website

MHRA Reporting

For problems associated with medical devices within or without laboratory-made appliances, Hassan Bhojani uses the MHRA online reporting system.

An investigation post medical emergencies in the dental chair

Following any medical emergency, a full investigation will be undertaken to examine any underlying causes that relate to adverse drug reactions or COSHH issues.

Duty of Candour under Regulation 20 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014

Hassan Bhojani will follow the spirit of this regulation by ensuring that we are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment received at our practice. This will be facilitated by informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Reliable safety systems and processes (including Safeguarding)

First and foremost, all staff who will be working with children and vulnerable adults will be required, before being appointed to work, a criminal record or DBS check undertaken by the Disclosure and Barring Service (DBS) as part of their assessment of suitability for employment. The records of these checks will be viewed by the responsible named person at the practice, and a copy of the application date and number will be stored in each Staff Member's personnel file. The original copy should not be stored at the practice and should be given back to the individual.

To ensure that staff fully understand safeguarding issues with respect to children and vulnerable adults, staff will be required to undergo update training on a three-yearly basis.

The practice will hold a copy of the Department of Health's 'Child Protection and the Dental Team' Handbook for reference and the practice team will be able to gain access to the Child Protection and the Dental Team website for the latest changes and updates to the guidance.

Other references we refer to are:

The Care Act 2014 – Relates to training.

Regulation 13: Safeguarding service Users from abuse and improper treatment.

As part of the regular team meetings, 'safeguarding' will be a standing item. Whereby practice team members will be able to bring to the attention of the whole team, any situations that may be related to safeguarding issues to enable whole team discussions to take place and to share any learning.

Prominently displayed in the practice will be the local flow charts with contact numbers for the local child and vulnerable adult protection team. As part of induction, all new staff will be required to familiarize themselves with the local arrangements.

Domiciliary

If any domiciliary visits are to be carried out by the practice, due regard will be taken to the guidelines from the British Society for Disability and Oral Health. A risk assessment will be carried out of the patient's residence before undertaking any treatment. At this assessment, any potential safeguarding issues can be highlighted and discussed with the local safeguarding team.

Safeguarding and Was Not Brought

Children who repeatedly fail to attend appointments for dental treatment or who present with dental neglect or with facial or other injuries that are not concomitant with the presenting history may require advice from the local child protection team following the Was Not Brought Protocols. At the very least staff will contact the service for advice as to how to proceed. Likewise, if vulnerable adults present with obvious signs of neglect or facial or other injuries that are not concomitant with the presenting history local adult safeguarding services will be contacted.

Sharps

Other reliable safety systems will include compliance with the EU Safer Sharps Directive 2010/32/EU and the Health and Safety (Sharps Instruments in Healthcare) 2013.

Medical Emergencies

To prevent medical emergencies the practice will ensure that it conforms to the guidance as set out by the current Resuscitation Council UK and British National Formulary guidelines for emergency equipment and medicines.

Respectively Pav Dental has in place the following emergency medicines:

- Adrenaline injection (1:1000, 1 mg/ml)
- Aspirin dispersible (300mg)
- Glucagon injection 1mg
- Oral glucose solution/tablets/gel/powder
- Glyceryl trinitrate (GTN) spray (400 micrograms / dose)
- Midazolam (buccal) pre-filled syringes
- Oxygen Cylinder (CD size recommended)
- Salbutamol aerosol inhaler (100 micrograms / actuation)

The following minimum equipment list is in place:

- Protective equipment – gloves, aprons, eye protection
- Pocket mask with oxygen port
- Portable suction e.g. Yankauer
- Oropharyngeal airways sizes 0,1,2,3,4
- Self-inflating bag with reservoir (adult)
- Self-inflating bag with reservoir (child)
- Clear face masks for self-inflating bag (sizes 0,1,2,3,4)
- Oxygen cylinder (CD size)
- Oxygen masks with reservoir Adult and Paediatric (High concentration masks)
- Oxygen tubing (spares)
- Automated external defibrillator (AED)
- Adhesive defibrillator pads

- Razor
- Scissors

A Quality Assurance Process

Expiry dates for emergency medicines and equipment and availability of oxygen will be checked at least weekly.

Visual checks of the Defibrillator and Oxygen will be conducted daily.

Team-based BLS training will be undertaken at least on a yearly basis.

Staff recruitment

All staff recruitment will be underpinned using Schedule 3 of Regulation 18 ensuring that staff are qualified, registered where necessary with the General Dental Council and have undergone essential pre-employment checks including DBS checks, health declaration, having in place indemnity insurance and 2 written references where applicable to the requirements of the regulation.

Monitoring health & safety and responding to risks

The practice has in place systems and processes that satisfy the Health and Safety at Work Act 1974 with respect to:

- Electrical Safety
- Fire precautions
- Pressure Vessels
- Radiation
- Mercury and amalgam
- The control of Legionella
- Clinical waste control
- Manual handling
- Welfare arrangements for staff and patients
- Display screen equipment
- COSHH

Infection control

The practice will use guidance from:

NICE Healthcare-associated infections: prevention and control in primary and community care Health and Social Care Act 2008: code of practice on the prevention and control of infections.

HTM 01-05 Decontamination in primary care dental practices

Relating to CQC Regulations 12 & 15

The practice will be compliant with HTM 01 05's Essential Quality Requirements. The governance system in relation to infection control will cover the following areas:

- A local infection control policy
- A nominated lead member of staff responsible for infection control and decontamination

- Storage, preparation and use of materials used in decontamination conform to COSHH regulations
- Clear procedures in place for ensuring appropriate management of single-use and reusable instruments
- Reprocessing of dental instruments must be undertaken using dedicated equipment
- Dedicated hand-washing facilities must be available
- Cleaning and inspection are key parts of satisfactory dental instrument reprocessing
- Instrument reprocessing procedures are separated from other activities, including clinical work i.e. obvious zoning demarking clean from dirty areas
- Appropriate instrument storage and wrapping procedures are in place
- Equipment used to decontaminate dental instruments must be maintained, tested, validated and be fit for purpose
- Staff involved in decontamination must have current immunization for Hepatitis B
- Processes for the management and disposal of clinical waste
- A quality assurance system and audit of decontamination procedures.
- Infection control Audits will be carried out every 6 months.
- Policies and processes in relation to the use of safer sharps
- Safe procedures for the transfer of contaminated items from the treatment area to the decontamination area/facility

Clinical Waste

The practice will be compliant in line with the HTM 07 01's guidance on Healthcare waste, the newest version for 2022 supersedes the 2006 & 2013 Guidance.

Equipment and medicines

Related to regulation 12.

All equipment will be maintained according to the manufacturer's instructions. Included in this equipment inventory will be:

- Decontamination equipment
- X-ray Sets
- Electrical Testing regimes including PAT/Fixed Wire
- Fire equipment
- Small dental equipment

Medicines used in the practice will be prescribed according to the Faculty of General Dental Practice guidelines and supplied in accordance with current guidelines from the British Pharmacological Society.

Radiography (X-rays)

Dental radiography will comply with the Ionising Radiation Regulations 2017 and Ionising Radiation Medical Exposure Regulations 2017.

The practice will have a named Radiation Protection Advisor: This person is usually a member of a local hospital medical physics department or various dental equipment supply companies can fulfil the role.

The practice will have a Radiation Protection Supervisor: This person is normally a dentist at the practice but dental nurses who hold an appropriate additional qualification in dental radiography can fulfil the role.

The practice will demonstrate a well-maintained radiation protection file.

The essential features of a radiation protection file:

- Names of Radiation Protection Advisor, Radiation Protection Supervisor
- Local rules*
- Contingency arrangements to address foreseeable accidents.
- Inventory of all X-ray equipment
- HSE notification
- A list of staff using the X-ray sets in the practice
- Critical Examination packs for all x-ray sets used in the practice.
- Acceptance Test
- Current maintenance logs (**within the last 3 years as a minimum**)
- CPD in relation to dental radiography for all staff
- Current audit of radiography within the last 6-12 months.

*In accordance with the Guidance notes for dental practitioners on the safe use of x-ray equipment 2020, Section 2.16 states:

Local rules are mandatory for any work that takes place in a controlled area. The local rules must be drafted following consultation with the RPA, set down in writing and brought to the attention of all employees and other persons who may be affected by them (see section 2.21). The current version of the local rules should also be readily accessible by the staff to whom they relate. This may be achieved by saving the document in an accessible electronic form, placing a printed copy in a central 'radiation protection file' or displaying copies in the practice.

When radiographs are taken the clinical record should contain the following criteria:

- A justification
- An x-ray report detailing the findings.
- A quality assurance score (QA) of A (diagnostically acceptable) or N (diagnostically unacceptable)

The Effective Practice

Monitoring and improving outcomes for patients

Dentists working at the practice will use current professional guidelines including NICE guidelines to guide their clinical practice.

Hassan Bhojani will operate a system whereby clinical performance and quality are monitored on a regular basis. This system will include using the regular team meeting as a vehicle where all of the staff take ownership of clinical performance and quality within the practice. Examples of this are:

Health promotion & prevention

Oral health promotion and preventative interventions will be aligned with the principles as set out in the Department of Health 'Delivering Better Oral Health Toolkit'.

Staffing

Hassan Bhojani will ensure that staff have the appropriate qualifications, skills and knowledge to carry out their role effectively. To facilitate this aim:

- All employees are appropriately qualified and competent to do their jobs or agree to acquire the necessary skills and qualifications.
- Trainees are given tasks that are appropriate to their stage of training and competence.
- All those new to working in the practice will be required to read, understand and agree to adopt the standards, policies and procedures within the practices' clinical governance framework.
- Details of the induction procedure undertaken should be kept in individual training files to be updated by each team member.
- Qualifications, knowledge and skills are reviewed on a regular basis to ensure they are up to date with current practice.
- Staff will be encouraged to obtain additional qualifications to improve the care for patients.
- A regular individual appraisal will be made and a personal development plan can be agreed upon wherever possible.

Hassan Bhojani ensure staff are suitable for their role by:

- Following effective recruitment and selection procedures to ensure they are able to perform their role.
- Temporary staff, and others providing specific services, are subject to the same level of checks and selection criteria as staff recruited for permanent positions.
- Where staff are provided through an agency, written confirmation is obtained from the Agency that all the necessary checks have been undertaken.

Working with other services

The practice will refer patients to other providers if the patient's clinical care requires it. Patients will be referred to other primary, secondary and tertiary care providers using referral protocols developed by either the relevant Managed Clinical Networks or the providers themselves.

Consent to care and treatment

Consent to care and treatment will be based on the principle of valid informed consent. The practice has in place a consent policy and clinicians will use the criteria under the Mental Capacity Act and Gillick Competency to underpin their decision-making.

Oral Cancer

It is key that all primary care practitioners are aware of the signs and symptoms of oral cancer. They should know when and where to refer. Effective collaboration between practitioners will optimise care. It can lead to better patient outcomes. For GPs, that means providing support, advice and information to patients. This is so patients can get a dental assessment and dental care before starting radiotherapy (where necessary). General dental practitioners (GDPs) should also communicate with and notify GPs when referring a patient through the suspected cancer pathway.

The Caring Practice

Respect, dignity, compassion & empathy

Clinical and Information Governance/records:

Regulation 17.

The management of personal and sensitive data of patients and others will comply with the GDPR 2018. The quality of clinical record-keeping will be maintained through the rolling programme of clinical audit which will include an audit of each clinician's record-keeping standards at least twice yearly.

Involvement in decisions about care and treatment

Regulation 9

Patients will be provided with adequate information so that they can make informed decisions about their care. Included in this information will be the costs for private treatment. Patients will also be given information on the risks and benefits of treatment.

The Responsive Practice

Responding to and meeting patients' needs

Patients will be provided with information about the practice through the patient information leaflet. This will detail how to make a complaint, the dentists working at the practice and out-of-hours information.

Tackling inequity and promoting equality

The premises will comply as far as is practically possible with the Equality Act 2010.

The staff at the practice will ensure that all members of the community will be treated fairly and equitably the principles under the Equality Act 2010 by ensuring that people are not discriminated on the grounds of age, disability (which includes mental health and people diagnosed as clinically obese), race, religion or belief, sex, sexual orientation, gender reassignment (people who are having or who have had a sex change, transvestites and transgender people), marriage and civil partnership, and pregnancy and maternity, also known as 'protected characteristics'.

From a practical point of view, this will involve:

- Identifying whether communication aids are required, including the use of interpreters, to ensure that the patient fully understands the dentist's explanations and discussions and can make informed choices
- Patients will be freely invited to ask questions and their views about their care, treatment needs and options are considered which may include the use of interpreters.
- Appropriate explanations in simple non-technical jargon will be given to patients about the need to undertake any special investigations (such as radiographs, pulp vitality tests, study models etc.).
- Results and implications of all such tests will be discussed in simple non-technical jargon and recorded in the clinical record.
- Explaining the care, treatment and support choices available to patients in simple non-technical jargon.

- Enabling patients to express their views, so far as they can do so, and are involved in making decisions about their care, treatment and support.
- Patient's privacy, dignity and independence are always respected.
- Patient's views and experiences are considered in the way the service is provided and delivered.

Access to the service

Patients will be able to access care with minimal waiting times during normal working times. Emergency slots will be available for patients requiring urgent care during normal surgery hours. Patients requiring out-of-hours care will do so through the out-of-hours contact number.

Concerns & complaints

Relates to Regulation 16.

At Pav Dental, we will ensure patients' comments and complaints are listened to and acted on effectively. There will not be discrimination against making a complaint. This is because Hassan Bhojani will comply with the regulations by:

- Having a system in place to deal with comments and complaints, including providing patients with information about that system.
- Supporting patients or others acting on their behalf to make comments and complaints
- Consider fully, respond appropriately and resolve, where possible, any comments and complaints.

The culture in the practice will be that patients will be listened to and that action will be taken when needed. All staff will be required to undergo updated training on how to deal with complaints to ensure that they understand the principles of correct complaint handling. Staff will endeavour to follow some simple rules when dealing with complaints in an empathetic way.

- Don't suggest deferring making the complaint or going away to write it down!
- Suggest you find a suitable area to sit face-to-face with the patient where a conversation is not overheard
- Smile and try to help the patient to help you understand
- Listen carefully and do not interrupt.
- Allow them to finish what they want to say
- Repeat some of the key parts using their words. This helps to show you have listened and understand the nature of the complaint
- Empathise, you can be genuinely sorry that this has happened to them. It is perfectly acceptable to say that you are sure that the particular dentist would be sorry to hear they feel this. But you should not blame anyone or make an undeliverable promise
- Explain how you propose to gather more information and talk to those involved first
- Explain how long it will take to gather information and therefore when you will come back to them with an answer
- Check with them the best way of contacting them
- Always follow up, preferably sooner than you promised, but never later
- Check that they are satisfied and haven't just left the practice nursing their grievance
- Write it up and keep a complaints tracker. Analyse complaints to check for any recurring trends and discuss them at a practice meeting to ensure you have prevented recurrence.

The Well Led Practice

Governance arrangements

Hassan Bhojani will be the person responsible for providing day-to-day responsibility for the quality of care provided by the practice. Hassan Bhojani will provide the clinical and business leadership to drive the improvement agenda forward. To assist with the discharge of these duties will be an empowered practice manager.

Leadership, openness and transparency

Hassan Bhojani will adopt an open-door policy and will afford staff due regard with respect to any whistleblowing allegations. Staff reporting adverse incidents or situations that give rise to concern will be listened to without prejudice. Staff will be encouraged to report any instance where there is a safety issue for both staff and patients alike.

The culture within Pav Dental will be that there will be a 'no blame culture' with respect to adverse incidents. Adverse incidents will be treated as an opportunity for insight, learning and reflection to be gained so that staff and patients can benefit in terms of improved safety within the practice.

Learning and improvement

Underpinning the quality of clinical care will be a rolling programme of clinical audits which will include regular audits of:

Infection Control – Infection Control audit tool carried out every 6 months. What are the results? Where do we need to improve?

Dental Radiography - Are we meeting IR(ME)R 2017 guidelines? What are the percentages of grade A or N images? If the % of N-graded films is more than 5% for digital images & 10% for standard film imaging, what is the action plan/introduction of new systems/training needs?

The employer's QA programme should incorporate a clearly defined regime to ensure that image quality is rated and the results analysed to permit comparison with the agreed performance targets. The image quality rating and analysis should be undertaken by an operator who is adequately trained and experienced in taking dental radiographs (or dental CBCT images) of the types being rated or audited. Two alternative approaches are suggested:

- a) A prospective evaluation whereby image quality ratings are assigned and recorded for all radiographs as they are being viewed.
- b) A retrospective evaluation whereby a suitably representative sample of radiographs is drawn from clinical records at regular intervals, the image quality ratings are assigned and recorded, and the results analysed.

Clinical Record Keeping; Carried out at least 6-12 monthly. What are the results? Are the records meeting basic requirements?

Reasonable clinical records should demonstrate the following:

1. The patient's complaint/purpose of appointment
2. An assessment
3. A diagnosis

4. Treatment options/advice
5. Details of the treatment carried out

Adverse Incidents - How many? Did they require formal reporting?

Medical Emergencies - How many? What was the cause? Action plan/learning

If there are any instances of underperforming with respect to dentists, this will be addressed through a system of individual clinical discussions and peer review with Hassan Bhojani in the first instance. Other members of staff including dental nurses will undergo a system of annual appraisal and performance reviews. The practice manager will keep detailed minute records of staff meetings and maintain a log of outcomes and progress of the standing items of the practice meetings to ensure that that momentum is not lost.

The practice seeks and acts on feedback from its patients, the public and staff

At Pav Dental, we will use a variety of methods for receiving patient and public feedback. The most commonly used examples will be:

- Bespoke in-house patient survey forms which will gather the patient experience around cleanliness of the practice, staff attitude, appointment waiting times and the quality of the care provided. These will be carried out on an ongoing basis.
- Suggestion boxes placed in the waiting area.

Whatever method is chosen, the important point will be that the results will be analysed, discussed and acted upon. Results of the outcomes of patient feedback will be discussed at each practice team meeting. Everyone will be able to share in praise where feedback is positive and, where feedback is not so good, offer suggestions for improvement. Any adverse feedback will result in an appropriate action plan with improvement actions being implemented within reasonable time frames.

Notes of the team meeting discussions will facilitate the development of any action plans so that everyone who is involved knows what areas they will be responsible for. Improvements as a result of patient feedback will be displayed clearly within the practice to demonstrate the commitment of the practice to improving services to patients. Records will be retained to demonstrate to commissioners and the Care Quality Commission as evidence that the practice takes seriously the voice of the patient with respect to improving services.

Pav Dental shall establish and operate a practice-based quality assurance system which is applicable to any dental practitioner or person employed/engaged by the contractor, who performs services under the dental contract.

We shall ensure that with respect to its practice-based quality assurance system, it has nominated a person to be responsible for operating that system and will ensure:

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- all legal requirements relating to health and safety in the workplace are satisfied;
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- any requirements of the General Dental Council in respect of the continuing professional development of dental practitioners are satisfied; and
- the requirement to display in a prominent position the written statement relating to the quality assurance system.

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All dental professionals in the practice take part in continuing professional development meeting GDC requirements. We aim to keep up to date with current thinking on all aspects of general dentistry, including preventative care, which reduces a patient's need for treatment.

All members of the practice know of the need to ensure that dentists are working safely. In the unlikely event that a dentist in this practice becomes unfit to practice, we have systems to ensure that concerns are investigated and, if necessary, acted upon.

Northern Ireland Guidance

Northern Ireland follows the guidance above, the same as England, the only additional requirement is that practices also conduct audits on the topics of Incidents, Accidents and Complaints.

Wales Guidance

Health Boards are asked to take note of and use this guidance. In doing so they are advised to:

- Share it with the Board, the Quality and Safety Committee, the Audit Committee and other key assurance committees to provide them with up-to-date information on the systems and processes in place for quality and safety assurance in general dental services (GDS) in Wales.
- Ensure that it informs health board quality and safety assurance systems and is used by health board personnel working with general dental services.
- Identify a suitable health board group, such as a Dental Quality and Safety Group, which will collate and discuss evidence relating to quality and safety assurance in GDS and ensure adequate mechanisms are in place to communicate the findings of this group to the Quality and Safety Committee, Primary Care Leads/Head of Primary Care and ultimately a named Executive Director and the Board.
- Work with providers of GDS services regarding issues relating to quality and safety. Annual contract review meetings should include discussion of patient safety and quality

improvement within the practice, in addition to administration of the dental contract.

- Maintain clear and transparent processes for the management of GDS contracts and the identification, investigation and management of dental professionals whose performance is causing concern.
- Receive professional advice from Dental Practice Advisors (DPAs) as laid out in WHC (2008) 057 - Provision of Dental Public Health and Dental Practice Advice to Local Health Boards and other NHS Organisations in Wales.
- Continue to work collaboratively with other agencies such as Healthcare Inspectorate Wales (HIW), NHS Wales Shared Services Partnership (NWSSP) Primary Care Services, General Dental Council (GDC), NHS Business Services Authority (NHSBSA), Community Health Councils and Health Education and Improvement Wales (HEIW) to share information relating to quality and safety assurance.
- Work with their Consultant in Dental Public Health to receive objective evidence-based advice on quality and safety issues as well as dental public health advice.
- Liaise with wider Public Health Wales teams to assess risk to patients and put in place appropriate measures to prevent patient harm if they identify health protection issues relevant to GDS.
- Outline in Local Oral Health Plans how they intend to embed quality and safety assurance within service planning, describe monitoring procedures currently in place and outline action to be taken if concerns arise. This in turn should inform Health Boards' Integrated Medium Term Plan (IMTP).
- Include issues relating to quality and safety assurance in GDS on appropriate risk registers and ensure accountability and responsibility for the management of risk are clearly recorded.
- Include issues relating to GDS Primary Care in Annual Reports (particularly the Primary Care report) and Annual Quality Statements.

Frameworks for safety assurance in Wales

The Health and Care Standards (2015) set out the Welsh Government's framework of standards to support the NHS and partner organisations in providing effective, timely and quality services across the NHS in Wales.

The Governance e-Manual supports NHS organisations in defining, implementing and maintaining their governance arrangements. It provides direction, guidance and support to Board members and NHS staff to enable them to fulfil their own responsibilities and ensure their organisations meet the standards of good governance set for the NHS in Wales. The manual provides detailed information to support delivery of the Health and Care Standards including issues relating to dental services.

All Welsh health organisations work to a shared quality assurance framework, Safe Care, Compassionate Care: A National Governance Framework. This sets out the responsibilities of health care bodies and outlines what needs to be in place to seek and provide assurance about the quality and safety of health care services.

Putting Things Right is NHS Wales' integrated processes for raising, investigating and learning from concerns.

Safety Assurance Principles in Wales

Inspection of dental practices

HIW provides the public with independent and objective assurance of the quality, safety and effectiveness of healthcare services and makes recommendations to healthcare organisations to promote improvements.

During each inspection, HIW reviews practices against the Health and Care Standards 2015:

- Quality of the patient experience
- Delivery of safe and effective care and
- Quality of management and leadership

Quality assurance self-assessment (QAS)

The QAS for Dental Practitioners is an all-Wales self-assessment tool designed for use within NHS dental practices developed by the All Wales Dental Public Health Team in conjunction with the Primary Care Quality and Information Service of Public Health Wales and HIW. Its key purpose is to support dental practitioners to comply with the NHS contractual requirement to submit an annual quality assurance report, although HIW has also used a version of the QAS with wholly private practices. A revised version of the QAS was issued in 2017: it requires practices to describe how they meet the standards and prompts the team to consider where improvements are needed.

The QAS is completed on an annual basis by NHS dental providers, with non-respondents followed up by DPAs. It encourages practices to reflect and assess the quality and safety assurance systems they have in place in order to facilitate safe and effective clinical practice. Results are compiled into an annual report sent to the Welsh Government and local reports sent to health boards. Health Boards may provide practice QAS reports to HIW to inform practice inspections.

In-practice quality assurance system

As outlined in The National Health Service (General Dental Services Contracts) (Wales) Regulations 2006 all dental practices holding a GDS contract are required to have a practice-based quality assurance system in place to monitor and if necessary, improve the quality and safety of care provided. This should ensure:

- Effective measures of infection control are used
- All legal requirements relating to health and safety in the workplace are satisfied
- All legal requirements relating to radiological protection are satisfied and
- Any requirements of the GDC with respect to the continuing professional development of dental practitioners are satisfied

In addition, contractors must comply with any local arrangements for assuring quality and safety that health boards may establish.

Patient complaints, concerns and incidents

Patient concerns may be recruited by the dental practice, Health Board or Community Health Council. Each service should have a robust system for recording, investigating and responding to incidents aligned to the advice provided in "Putting Things Right"

Risk of transmission of Blood Borne Viruses (BBV)

Healthcare Workers (HCWs) who carry out Exposure Prone Procedures (EPPs) are at greater risk of acquiring or passing on BBV to patients or other HCWs.

In 2019 the Welsh Government published WHC 2019 – 023 with updated guidance on the clearance and management of healthcare workers living with a blood-borne virus.

Safeguarding

The *All Wales Safeguarding Children Supervision Strategy 2014* provides a safeguarding supervision framework which can enable NHS organisations in Wales to develop and maintain a confident and competent workforce in safeguarding and promoting the welfare of children.

In 2016 PHW published updated Guidance for Dental Teams on Safeguarding Children and adults at Risk

Evidence-based prevention of oral disease

Delivering Better Oral Health is an evidence-based toolkit to support dental teams to deliver preventive dental care.

Supporting dental teams to provide high-quality and effective care

The CDO and her team publish guidance and letters to support dental teams. Examples include advice on the use of amalgam following a change to Mercury Regulations and Preventive dental advice, care and treatment for children from 0-3 years

Improving Quality Together (1000 Lives)

Improving Quality Together (IQT) describes ways in which all dental team members can contribute to quality improvement in the dental practice.

Health Education and Improvement Wales (HEIW)

HEIW came into being in October 2018.

<http://www.heiw.wales/>

HEIW has continued the work of Wales Dental Deanery and continued to build on the support provided to dental teams in Wales.

National Clinical Assessment Service (NCAS)

NCAS provide expert advice and support, clinical assessment and training to the NHS and other healthcare partners and is available to support health boards who have concerns about dentists in their area.

Scotland Guidance

The Scottish Dental Clinical Effectiveness Programme (SDCEP)

- provides user-friendly, evidence-based guidance with recommendations and advice presented in a form that can be interpreted easily and implemented
- provides practical implementation advice to clarify changes in legislation, professional regulations or other developments
- supports dental teams to provide high-quality healthcare that is safe, effective and person-centred

SDCEP works in partnership with the other three Clinical Effectiveness Workstream programmes:

- Translation Research in a Dental Setting (TRIADS) collaboration
- Scottish Dental Practice-Based Research Network (SDPBRN)
- Quality Improvement in Practice Training (QliPT) team

These comprise the Clinical Effectiveness workstream of NHS Education for Scotland's Dental Directorate. SDCEP also collaborates with Cochrane Oral Health.

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Change History				
Version	Status	Date	Author / Editor	Details of Change (Brief detailed summary of all updates/changes)
0.1	Draft	12/12/22	PG	Update to contact phone number and website for HSE/RIDDOR Reporting. Update to legislation date for RIDDOR to 2013 Update in storage of disclosure checks at practice level Update to duty of candour regulation number
0.2	Final	13/04/23	PG	Update to add in specific references to CQC regulations.
0.3	Final	02/10/23	PG	policy added to testing site ready to go live
0.4	Final	03/11/23	DCME	Approved policy ready to go live

The latest approved version of this document supersedes all other versions, upon receipt of the latest approved version all other versions should be destroyed, unless specifically stated that previous version(s) are to remain extant. If in any doubt, please contact the document Author.

Approved By: Hassan Bhojani, Waleed Javed
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