

# Quality Assurance and Clinical Governance Policy

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This is the quality assurance policy of The Oxford Orthodontic Centre. Our Quality Assurance Lead is Dr Sadaf Khan.

Our practice aims to provide orthodontic care of a consistent quality for all patients, meeting the high standards expected in any clinical setting. All members of the dental team should understand their role in providing our patients with high standards of orthodontic care.

The policies, systems and processes in place in our practice, reflect our professional and legal responsibilities and follow recognised standards of good practice. We provide training to ensure all team members are competent and confident to undertake the duties that are expected of them. We evaluate our practice on a regular basis through audit, peer review and patient feedback and monitor the effectiveness of our quality assurance procedures.

We work with external agencies to ensure our understanding of professional and legal requirements is up to date. These agencies include the British Dental Association, NHS England, the Local Area Team and BDA Good Practice.

## Quality standards and procedures

In providing patients with care of a consistent quality, we will:

- Provide a safe and welcoming environment
- Ensure all members of the dental team are appropriately trained
- Provide patients with information about the practice and the care available, and ensure the patient understands the terms on which care is offered
- Display indicative treatment charges
- Explain all treatment options and agree clinical decisions with the patient, explaining the possible risks involved with each option
- Provide treatment plans based on the agreed treatment with an estimate of the likely costs
- Obtain valid consent for all treatment. Written consent will be sought for all active orthodontic treatments
- Refer to specialists for investigation or treatment, as appropriate, and without undue delay
- Maintain contemporaneous clinical records with an up-to-date medical history for all patients
- Store patient records securely to ensure patient confidentiality
- Ensure information about how to provide feedback or make a complaint is readily available for patients and includes a named practice contact
- Display the BDA Good Practice Scheme plaque and have information about BDA Good Practice available to patients

For our team, we will:

- Provide a safe working environment, identifying hazards and assessing the risks of each
- Provide induction training for all new team members
- Provide job descriptions and contracts of employment for all members of staff
- Review and update job descriptions annually to reflect current duties and responsibilities
- Agree, in writing, the terms for all self-employed contractors working at the practice
- Provide ongoing training and identify development opportunities for all employees
- Maintain staff records ensuring the following information is up to date:
  - Relevant medical history information
  - Emergency contact details
  - Absence through holiday and sickness
  - Performance reviews
  - In house and external training
- Ensure that all staff are kept up to date with all practice policies and procedures, including patient charges and the relevant forms.

## **The dental team**

All team members are expected to follow the practice policies and procedures, which can be found in the policies and procedures folder in the practice office or on the shared drive on the computers.

New team members will receive training in practice-wide procedures, policies and quality assurance activities as part of their induction.

All team members should only undertake duties for which they have the skills and must understand how their role contributes to the services provided by the practice. Annual appraisal meetings provide the opportunity to assess individual training needs.

Everyone must understand their role in dealing with medical emergencies, including a collapsed patient, and are expected to participate in the annual training provided.

We expect everyone working at the practice to:

- Understand our aims and objectives
- Have an understanding of the skills and competencies required to deliver the services successfully
- Understand and participate in our quality assurance activities

Orthodontists, therapists, associates and the wider team understand the policies and procedures for:

- Referring patients
- Requesting work from laboratories
- Ordering materials and equipment
- Clinical governance requirements and CQC standards of quality and safety
- Professional and legal requirements affecting dentistry

All GDC registrants meet their continuing professional development requirements and, as required by the GDC, maintain records of their individual CPD activity. In addition, the practice maintains records of all practice-wide training it provides and training provided for individual members. We allow for and encourage CPD, staff training and development.

## **Policies and procedures**

The following policies and procedures are in place in the practice and reviewed at least annually to ensure their relevance and currency:

- Access to Information Held by the Practice
- Accessible Information
- Chaperone
- Commitment to Staff
- Complaints Handling
- Confidentiality
- Consent
- Data Privacy
- Data Protection
- Data Security
- Disability
- Emergency and Business Continuity
- Employment Policies and Procedures:
  - Adoption, maternity, paternity and parental leave
  - Annual leave
  - Bullying and harassment
  - Disciplinary procedures
  - Email, social media and internet usage
  - Equal opportunities
  - Grievance
  - Induction
  - Lone working
  - Recruitment
  - Redundancy
  - Sickness/injury absence
  - Stress
  - Staff appraisals
  - Training
  - Underperformance (whistleblowing)
- Equality and Diversity
- Failed Appointment
- First Aid
- Health and Safety Policies and Protocols:
  - Electrical appliance test records
  - Fire precautions and risk assessment
  - Health and safety

- Infection control
- Legionella testing and prevention
- Radiation protection
- Risk assessment, including COSHH
- Waste disposal
- Incident Management
- Information Governance
- Oral Health
- Patient Feedback Questionnaire
- Patient Referral
- Patient Safety
- Practice Fees and Payments
- Practice Policy and Code of Good Conduct
- Records Management
- Safeguarding
- Statement of Purpose
- Violence and Aggression
- Waste Disposal

We monitor the implementation of and adherence to our policies and procedures, and review them on a regular basis to identify opportunities for improvement.

## Audit

As part of monitoring the service we provide for patients, we undertake regular audits of our procedures and protocols and consider inputs, outputs, effectiveness, efficiency and quality:

- Inputs
  - Number of patients treated
- Outcomes
  - Oral health achievements as a direct result of our intervention
- Effectiveness
  - Patient views of effectiveness in improving their oral health
  - Patient satisfaction levels
- Efficiency
  - Patient discontinuation of treatment rate
  - Referrals to other healthcare professionals for advice and/or treatment
- Quality of service
  - Electric Visual Surveillance audit
  - Emergency Drugs, First Aid Box and Equipment audit
  - Hand Hygiene audit
  - Health and Safety audit
  - Infection Control audit
  - Information Governance audit
  - Patient Incidents and Complaints audit
  - Patient Satisfaction surveys

- Personal Protective Equipment audit
- Quality of Radiographs audit
- Record Keeping/Oral Cancer audit
- Surgery and Decontamination Room audit
- Waste audit

## Quantitative data

We routinely record the following:

- Total number of patients seen
- New patients seen
- Failed appointments
- Waiting list numbers – for assessment and for treatment
- Patient safety incidents and the outcome of investigations
- Positive feedback and compliments
- Complaints and negative comments

## Qualitative data

We record the following qualitative data:

- Results of patient and service audits and improvements
- Complaint trends and actions taken to improve the service
- Waiting times and evidence of demand management
- Staffing and staff turnover
- CPD activity on individual and practice-wide basis
- Case mix of clinical presentation and procedure outcome
- Results of patient satisfaction survey

## Clinical Governance

The Oxford Orthodontic centre uses clinical governance to ensure we deliver a consistent standard of care to our patients. Our clinical governance framework incorporates the following 12 themes of the NHS clinical governance framework:

1. Infection control
  - Infection control policy
  - Inoculation injury policy
  - Records of Hepatitis B immunization for exposure prone staff
  - Staff induction program including infection control procedures
  - Audit of policy compliance
2. Child protection
  - Identification and DBS checks for all staff
  - Child protection policy and local facilities
  - Child protection training

3. Dental radiography
  - Quality assurance system
  - X-ray malfunction plan, including management of unintended over-exposure
  - Records of staff training and updates
  - X-ray equipment maintenance records
4. Staff, patient, public and environmental safety assessment
  - Significant events analysis procedures
  - Compliance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995
  - Procedures to ensure all relevant safety alerts are disseminated
  - All medical devices are CE compliant
  - Medicines appropriately sourced, including emergency drug kit
  - Compliance with Hazardous Waste regulations 2005
  - Compliance with Health and Safety as Work Act 1974
  - Compliance with Management of Health and Safety at Work Regulations 1999
  - Compliance with Workplace (Health, Safety and Welfare) Regulations 1992
  - Compliance with Control of Substances Hazardous to Health Regulations 2002
5. Evidence-based practice and research
  - Relevant NICE guidelines followed
  - Clinical care is informed by EBD
  - Care pathways and referral protocols are followed
  - Principles of Research Governance applied
6. Prevention and public health
  - Tobacco use cessation
  - Alcohol consumption advice
7. Clinical records, patient privacy and confidentiality
  - Awareness and compliance with Data Protection Act 1998 and GDPR
  - Awareness of Caldicott Guidelines 1997
  - Compliance with Access to Health Records 1998
  - Compliance with Confidentiality Code of Practice 1998
  - Confidentiality policy and arrangements for confidential discussions
  - Data protection, data security and data privacy policies
8. Staff involvement and staff development
  - Employment policies and job descriptions
  - Appraisals and personal development
  - Staff training plan
  - Records of staff training
  - Records of practice meetings and evidence of staff involvement
  - Confidential process for staff to raise concerns about performance
  - Evidence of regular basic life support training
  - Staff surveys, seeking staff opinion about practice matters

9. Clinical staff requirements and development
10. Patient information and involvement handling, patient feedback
11. Fair and accessible care
12. Clinical audit and peer review

Each team member understands their role in delivering a patient-focussed service. We share information and encourage team members to raise concerns and suggest improvements. We also seek feedback from patients.

## **BDA Good Practice Scheme**

As a member of BDA Good Practice, we are committed to assuring the quality of the service we offer. As part of this commitment, we:

- Involve our patients in all aspects of their care and ensure that their needs and preferences are considered and that they can take informed decisions
- Ensure a safe environment by undertaking risk assessments and managing potential hazards within the practice. We follow current guidelines for infection control and decontamination
- Recruit staff that are competent to undertake the duties associated with their role and provide training where required. We encourage on-going professional development for all members of our team
- Monitor service quality and seek patients' views to identify opportunities for improvement

## **Review**

This policy will be subject to regular review and will be updated annually.

<b>Name</b>	<b>Dr Sadaf Khan</b>
<b>Date approved</b>	<b>May 2018</b>
<b>Review date</b>	<b>May 2019</b>