

# 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; we strive to meet the high standards expected in any clinical setting. We expect all members of our dental team to work to these standards to help us achieve our aim of providing a quality service. Our management systems define each practice member's responsibilities when looking after patients.

The policies, systems and processes in place in our practice, reflect our professional and legal responsibilities and follow recognised standards of good practice.

At the Oxford Orthodontic Centre, we aim to achieve the best results for our patients through clear policies and systems and appropriately trained and competent team members. 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, including the British Dental Association, NHS England and the Local Area Team.

## Quality standards and procedures

The Oxford Orthodontic Centre has effective procedures for assuring and enhancing the quality of the services we provide for our patients.

In providing our 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
- Supply 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
- Provide secure storage of patient records to maintain patient confidentiality
- Explain the procedure to follow for raising a complaint about the service, identifying the practice contact

- Display the BDA Good Practice Scheme plaque and have information about the scheme available to patients

For our dental team, we undertake to:

- Provide a safe working environment through hazard identification and risk assessment
- Provide induction training for all new team members
- Provide job descriptions and contracts of employment to all members of staff
- Review and update job descriptions 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 opportunities for development 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 members of staff are kept up to date with all practice policies and procedures, including patient charges and the relevant forms.

## The dental team

Team members implement and adhere to the practice policies and procedures which are readily accessible in the practice office.

All new members of the team receive training in practice-wide procedures, policies and quality assurance activities as part of their induction. Appraisal meetings take place annually and include an assessment of training needs.

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
- Know how to deal with emergencies, including a collapsed patient

Orthodontists, therapists, 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.

## 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:

- Accessible Information
- Child Protection/Safeguarding
- Commitment to Staff
- Complaints Handling
- Confidentiality
- Consent
- Data Protection and Data Security
- 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
  - Grievance
  - Lone working
  - Recruitment
  - Redundancy
  - Sickness/injury absence
  - Stress
  - Staff appraisals
  - Training
  - Underperformance (whistleblowing)
- Equality and Diversity
- 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
- Payments
- Practice Policy and Code of Good Practice

- Violence and Aggression Policy

## Audit

We undertake regular audits of our procedures and protocols to monitor our service to our patients. On a regular basis, we consider:

- 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
  - Emergency drugs and equipment
  - First aid box
  - Hand hygiene audit
  - Health and safety audit
  - Infection Prevention Society self-assessment audit
  - Mobile computing equipment monitoring audit
  - Patient safety/incidents/complaints
  - Patient satisfaction surveys
  - Personal protective equipment audit
  - Quality of radiographs audit
  - Record keeping/oral cancer 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
  - 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 and security policy
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

In relation to clinical governance:

- Everyone understands what the practice is supposed to do
- Everyone understands their role in delivering the service
- We monitor all our policies and procedures and how these are implemented
- We review our policies and procedures on a regular basis to identify where improvements can be made
- We conduct internal audits
- We share information and encourage staff members to raise any issues
- We allow for CPD, staff training and development
- We allow for (and encourage) patient suggestions.

## **BDA Good Practice Scheme**

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

1. Aim to provide dental care of a consistently good quality for all patients

2. 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
3. Aim to make our patients' treatment as comfortable and convenient as possible
4. Ensure a safe environment by undertaking risk assessments and managing potential hazards within the practice
5. Follow current guidelines for preventing cross-infection
6. Check for mouth cancer and tell patients what we find
7. 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
8. Ensure every member of the practice is aware of the need to work safely under GDC guidelines
9. Welcome feedback and deal promptly with any complaints
10. Monitor the quality of the service we provide and seek the views of our patients 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>December 2017</b>
<b>Review date</b>	<b>February 2018</b>