**Clinical**

**Governance**

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**Clinical Governance**

Clinical governance was introduced to the NHS in 1998 and was designed to bring about a systematic approach to the delivery of high-quality care. New quality standards, introduced by the Healthcare Commission, impose fresh obligations on dentists as well as on other healthcare providers. Dentists of all types – private, NHS or mixed practice – are now required to undertake a wide range of activities to demonstrate that they are complying with the standards.

The values behind clinical governance (CG) are not new – accountability, transparency and openness. What is new, however, is the jargon and in particular the creation of a framework, which brings together how we design and deliver professional services.

Clinical governance sets out to ensure that:

* Systems to monitor the quality of clinical practice are in place and are functioning properly.
* Clinical practice is reviewed and improved as a result.
* Practitioners meet standards, such as those issued by the national professional regulatory bodies.
* Practitioners adhere to best practice guidelines.

The idea is to raise standards generally which means pushing up the profession’s whole performance profile. As dentists recognise something as good practice, and define it as a guideline, so more dentists will adopt the practice, pushing up standards generally.

**Definitions of clinical governance**

The most widely used definition of clinical governance is:

‘a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.’

Roy Lilley, author of The Clinical Governance Toolkit, put forward a simpler definition when he described it as ‘doing anything and everything required to maximise quality’.

The Care Quality Commission define clinical governance as: a systematic approach to maintaining and improving the quality of patient care. It provides a framework for drawing together the different strands of quality improvement which includes [clinical audit](https://www.cqc.org.uk/node/1672), clinical leadership, evidence-based practice and the dissemination of good practice, ideas and innovation and addressing poor clinical performance.

**Clinical Governance Requirements**

The standards of clinical governance require that practice-based quality assurance systems cover the following elements:

* Nomination of one person responsible for clinical governance in each practice.
* A system to ensure that all dental care provided is of a consistent quality.
* A system to ensure that effective measures of infection control are used.
* Compliance with radiological protection regulations.
* A system to ensure that all legal requirements relating to general dental practice are satisfied.
* A system to ensure that good practice guidelines are routinely being followed.
* A system to ensure that any requirements of the General Dental Council in respect of the continuing professional development of dentists are satisfied.

**Practice Protocols**

To comply with Clinical Governance requirements, practices are required to have written protocols for all practice procedures and it is usually helpful to store them in a practice manual.

Written policies and clearly defined practice procedures are essential for reducing the risk of problems and disputes within the practice and staff should understand and embrace them.

A draft clinical governance policy is included in this manual and a whole series of policies and procedures can be found in the online policies and procedures manual. These can be downloaded and used to produce a personalized practice manual.

The protocols included in these manual are reviewed, modified and updated as necessary. Further protocols are added when appropriate.

**Clinical Governance and Denplan**

Member dentists who satisfactorily undergo a full practice assessment or who complete a self-administered practice assessment, are ensuring compliance with several of the requirements of clinical governance.

The Denplan Quality Programme provides a practical framework to help every member stay abreast of the changes. The redevelopment of the programme will help members to comply with the many CQC standards. Those practices that are Denplan Excel Accredited receive even more tools and guidance to help them comply with the changes to legislation and the evolution of accepted good practice.

**Implementing Clinical Governance**

In order effectively to implement a comprehensive clinical governance programme, practices need to:

* Develop leadership skills and knowledge amongst clinicians
* Develop mechanisms to ensure the ‘audit loop’ is closed i.e. ensure that change in clinical practice takes place in the light of audit, evidence, risk management and complaints findings.
* Develop appropriate accountability structures within the practice.
* Implement evidence-based practice across the practice.
* Improve the quality of clinical information.
* Integrate continuous professional development into any quality improvement programmes.

**Healthcare Regulators**

All countries within the UK have their own healthcare regulatory organisations. Simplyhealth Professionals provide a suite of comprehensive guidance documents to support practices in complying with the requirements of the Care Quality Commission (England) and the Regulatory and Quality Improvement Authority (Northern Ireland).

**Governance Policy**

**Oak House Dental Practice**

***In accordance with the requirements of Regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014 (“the Regulations”)***

**The Oak House Dental Practice commits to the adoption of an effective and comprehensive Policy of Governance for the benefit of its staff, patients and other relevant stakeholders, in the interest of providing care and treatment of good quality and in furtherance of its aim to constantly monitor and improve the quality of services provided.**

Overall responsibility for the fulfilment of this commitment rests with: *Andrew Ridout*

**Effective Systems and Processes**

In accordance with the requirements of the Health and Social Care Act 2008 and the Regulations, the practice will maintain and regularly review and amend as appropriate, systems and processes for:

**Staffing and employment:**

* The recruitment, selection, induction and training of all staff.
* The provision of appropriate written staff contracts of employment.
* Regular communication with and feedback from staff through staff meetings followed by the recording and dissemination of matters raised and decisions made.
* The provision of staff appraisals at regular intervals. (no longer than one year)
* Adherence to the requirements of the Health and Safety at Work Act 1974, etc., and all Regulations made under it for the health, safety and welfare of staff and workers.
* Adherence to the provisions of the Employment Acts including the maintenance of full, accurate, up-to-date records of employment for all staff.
* Monitoring and regularly reviewing Personal Development Plans for all employees and workers including their compliance with the requirements of the General Dental Council, continuing professional development and training.
* Grievance and disciplinary procedures.
* The use of personal protective equipment and adherence to infection control procedures by all staff and workers.

The responsible person for employment and related matters is:

Andrew Ridout*.*

**General Governance of the Service:**

* A policy of Quality Assessment and Improvement in connection with all aspects of the provision of the regulated services.
* Monitoring and assessing the service provided against Regulations 4 to 20A of the Regulations through regular audits and feedback including:
	+ The commissioning of regular feedback by patients, including their carers or parents, patient groups and other relevant stakeholders and the reporting of outcomes, learning and improvements resulting from such feedback.
* The maintenance of an accessible policy for recording, acting upon, learning from and responding promptly to any concerns or complaints raised by patients, their carers or parents, staff or other individuals or bodies in relation to the provision of the regulated services.
* The confidentiality, privacy and rights of patients, staff and other workers.
* Adherence to the requirements of the General Data Protection Regulations (GDPR), The Data Protection Act 2018 and relevant advice from the Information Commissioner’s Office (ICO).
* Compliance with the Equality Act 2010.
* Compliance with guidance issued by professional and regulatory authorities including the National institute for Healthcare and Clinical Excellence (NICE), the Medicines and Healthcare Regulatory Authority (MHRA) and the Health and Safety Executive (HSE).
* Adherence to contemporary standards in the control of healthcare related infections, including HTM 01-05.
* Compliance with the Mental Capacity Act 2005 and all relevant guidance concerning valid patient consent for all care and treatment provided and including the documentation of consents.
* The maintenance of full, contemporaneous and accurate patient records in connection with all advice, care and treatment provided in accordance with contemporary professional standards and guidance.
* The safe and confidential storage, back-up and deletion or destruction (when appropriate) of patient and staff records relating to the practice.
* The maintenance and updating as necessary of an organisation chart, role profiles and responsibilities relating to the practice.

**Practice Compliance Calendar**

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| **Frequency** | **Item** | **Nature of requirement** | **Date/period** |
| **Daily** | Autoclave/s: fill water, wipe seals | HTM 01-05; SDCEP Sterilization of dentalInstruments | Beginning of theday |
| Autoclave Automatic Control Test (Key stages of the cycle are checked either manually, bychecking a printout or checking a data logger) | HTM 01-05 SDCEP Sterilization of dental Instruments | Beginning of the day |
| Autoclave Steam Penetration Test (for Type Band S autoclaves) | HTM 01-05 SDCEP Sterilization of dentalInstruments | Beginning of theday |
| Run test cycle on Ultrasonic to disperse gases  | HTM 01-05  |  |
| Washer-disinfector/Ultrasonic Cleaning efficacy(Visual examination of load) | HTM 01-05 SDCEP Cleaning of dentalinstruments | Beginning of theday |
| Inspect instrument packs and re-process any thatare out of date | HTM 01-05; Scottish Decontaminationguidance | Daily |
| Flush all handpiece and triple syringe tubing fortwo minutes | HTM 01-05; Scottish Decontaminationguidance | End of the day |
| Dispose of clinical waste from surgeries and bagappropriately | HTM 01-05; Scottish Decontaminationguidance | End of the day |
| Decontaminate all surgery and LDU surfaces | HTM 01-05; Scottish Decontaminationguidance | End of the day |
| Clean through central suction lines | HTM 01-05; Scottish Decontaminationguidance | End of the day |
| Clean sinks and computer covers | HTM 01-05; Scottish Decontaminationguidance | End of the day |
| Flush through units, remove Unit Water Bottle. Empty, rinse and store inverted overnight, unlessmanufacturer's instructions state otherwise | HTM 01-05; Scottish Decontamination guidance | End of the day |
| Set aside unused trays and other unbagged instruments stored in the surgery for re-processing | HTM 01-05; Scottish Decontaminationguidance | End of the day |
| Washer-disinfectors: clean strainers and filters | HTM 01-05; SDCEP Cleaning of dentalInstruments | End of the day |
| Empty ultrasonic baths, clean and dry | HTM 01-05; SDCEP Cleaning of dentalInstruments | End of the day |
| Drain autoclave and wipe chamber; leave dooropen | HTM 01-05; SDCEP Sterilization of dentalInstruments | End of the day |
| Check Temperature of processing solutions | As per manufacturer's instructions | Before processing |

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| **Weekly** | Legionella: flush infrequently used water outlets.Flush through for two minutes | HTM 04-01 | Monday morning |
| X-ray equipment - visual test | NRPB: "Guidance notes for Dental Practitioners on safe use of x-rayequipment" 2001 5.16 | Weekly Monday |
| Check unwrapped instruments stored away from clinical areas and re-process (Type N sterilizeronly) | HTM 01-05; Scottish Decontamination Guidance | Weekly Monday |
| Cleaning: window blinds, sills and shelves,radiators, vents | HTM 01-05; Scottish DecontaminationGuidance | Weekly Monday |
| Autoclave/s: inspect; auto control and leakagetests; steam penetration test (vacuum) | HTM 01-05; SDCEP Sterilization of dentalInstruments | Weekly Monday |
| Washer-disinfector/s: protein residue test | HTM 01-05; SDCEP Cleaning of dentalInstruments | Weekly Monday |
| Check Emergency drugs are indate, secure and allpresent | GDC,CQC, NHS Scotland, Resus councilguidance | Weekly Monday |
| Check Oxygen cylinder level | GDC,CQC, NHS Scotland, Resus council | Weekly Monday |
| Ensure DEFIB in working order and pads are indate | Resus council guidelines | Weekly Monday |
|  | Ultrasonic cleaner/s: safety test, protein residuetest | HTM 01-05; SDCEP Cleaning of dentalInstruments | Weekly Monday |
|  | Fire alarm test | Good practice | Weekly Monday |
|  | Ensure emergency lighting is in full working order | Good practice | Weekly Monday |
|  | Drain compressor | Good practice, manufactures guidance | Weekly Monday |

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| **Every Two Weeks** | Change Chemicals and wash transport mechanism and tanks in automatic film processor(Log) | Manufacturer’s instructions/workload | Every two weeks Date: |
| Stepwedge Test or Sensometric test of x-ray equipment | NRPB: "Guidance notes for Dental Practitioners on safe use of x-rayequipment" 2001 | After every Solution Change |

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| **Monthly** | Legionella temperature monitoring: sentineloutlets; outlet from hot water boiler | HTM 04-01 | .....day of month |
| X-ray equipment: remove outdated film, cleanintensifying screens (analogue) | IR(ME)R 2000 | Monthly |
| Check quality of computer monitors used for viewing Xray images using SMPTE or TG-18 test patterns |  | Monthly |
| Check dates of bagged instruments | HTM 01-05 | Monthly |
| Check expiry dates of materials | Good practice | Monthly |
| Check Denplan website member portal for anyupdates to Manuals | Good practice | Monthly |

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| **Quarterly** | Washers-disinfectors: safety, auto control,efficacy thermometric disinfection tests | HTM 01-05; SDCEP Cleaning of dentalInstruments | Quarterly |
| Ultrasonic cleaner/s: auto control, calibration;cleaning efficacy; ultrasonic activity tests | HTM 01-05; SDCEP Cleaning of dentalInstruments | Quarterly |
| Legionella tests: dismantle shower heads, cleanand de-scale | Legionella Regulations L8 | Quarterly |

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| **Every Six Months** | Carry out decontamination audit (IPS Audit in England and NI) (Annual in Wales) (regularly inScotland) | HTM 01-05; Scottish Decontamination Guidance | .....months |
| Fire Drill | Fire precautions (Workplace) Regulations1997 | Every six moths |
| Portable electric appliances - visual checkrecorded | Electrical Equipment (Safety) Regulations1994 | Recommendedevery six months |
| Audit radiography quality (Acceptable, Not acceptable) | NRPB: "Guidance notes for Dental Practitioners on safe use of x-rayequipment" 2001 | Every six months |

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| **Annually or Longer** | GDC registration for dentists | Dentists Act | December |
| GDC Registration for dental care professionals | Dentists Act | July |
| Indemnity for all registrants | Dentists Act | According torenewal date |
| Practice policies reviewed/updated | Best practice | Annual |
| X-ray Electromechanical testing | Manufacturers guidelines | Annual |
| X-rays - manual/analogue - check light leakage (coin test) | NRPB: "Guidance notes for Dental Practitioners on safe use of x-rayequipment" 2001 | Annual |
| Automatic Film Processor Servicing | RPA advice/Manufacturer’s instructions | Annual/ Manufacturer’sinstructions |
| Review handwashing training | HTM 01-05; Scottish decontaminationGuidance | At least once a year |
| CPD completed and up to date (recorded) for allregistrants | GDC guidance | Annual |
|  | Review practice health and safety policy as ateam | HSW Act | Annual |
|  | Review practice risk assessment as a team (recordif more than five employees) | CQC recommendation | Annual |
|  | Review practice sharps risk assessment andincident log | HSE/EU Directive Safer Sharps | Annual |
|  | Autoclaves: routine servicing and testing | HSW (Pressure vessels); Manufacturer’sguidance; HTM | Annual |
|  | Washer-disinfectors: routine servicing and testing | HTM; Manufacturer’s guidance | Annual |
|  | Legionella: visually inspect storage tanks andheaters for cleanliness and condition | Legionella Regulations L8 | Annual |
|  | Compile annual decontamination and infectioncontrol statement | Code of practice on infection prevention | Annual |
|  | Ultrasonic baths: Carry out full validation tests | HTM 01-05; Scottish decontaminationGuidance | Annual |

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|  | Fire extinguisher check and service | Regulatory Reform (Fire Safety) Order 2005 | Annual |
| Review COSHH Assessments for relevance andupdate as required | COSHH Regulations | Recommendedevery year |
| PRS and PPL licences renewal | Copyright, Designs and Patent Act 1988 | Annual |
| First aid and CPR training | First Aid at Work Regulations | Annual |
| Sedation equipment servicing | Good practice | Annually or manufacturer’sadvice |
| Data protection Registration - renewal | Data Protection Act 1998 | Annual |
| Employers Liability Insurance - renewal | Employers Liability Act 1969 and 1999 | Annual |
| Practice buildings/contents/consequential lossinsurance | Good practice | Annual |
| Appraisals | Good practice | Annual |
| Check for any patient records exceedingrecommended retention period | Data Protection Act 1998 | Annual |
| Denplan fee-setting | Denplan Rules | May - July eachyear |
| Compressor: routine servicing and re-certification | HSW Act (pressure vessels); Manufacturer’s guidance | Recommended every year. As per written scheme |
| Portable Appliance testing | Electricity at Work Regulations 1989 | Every 2-3 years asper risk assessment |
| Check waste contractor carrier licence | Waste Duty of care code of practice | Every three years |
| X-ray equipment routine testing | IRR 1999 IR(ME)R 2000 | At least every three years or manufacturer’sadvice |
| Radiography training "Core of Knowledge" | NRPB: "Guidance notes for Dental Practitioners on safe use of x-rayequipment" 2001 | Every Five Years |
| Safe guarding training | CQC guidelines, GDC Standards | Every Three Years |

**Change History**

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