Employee empowerment underpinned by community interest

Most people agree that the traditional way of delivering dentistry is past its sell-by date. The model of care developed by a Community Dental Service in Central and

Eastern England offers an exciting new paradigm.

Caroline Holland finds out more.

I imagine a dental business where the thoughts and views of the dental care professionals are as valid as those of the dentists and managers.

- Imagine a dental business which actively seeks the hardest-to-reach patients – the elderly, marginalised, neglected or imprisoned
- Imagine a dental business which gives work to the socially challenged
- Imagine a dental service which reinvests all profits in equipment and resources to benefit patients
- Imagine a dental service on a social mission with support from 96% of employees
- Imagine a service establishes a charity that has donated £175k to organisations which share its social purpose.

Ladies and gentlemen, let me introduce you to CDS-CIC!

In 2011, as Primary Care Trusts were being disbanded, the workforce of the Community Dental Service (CDS) were told their choices were to continue in their roles and possibly be at risk of redundancy or they could leave the NHS and form a social enterprise.

A ballot was held and the majority - 70% - decided to transition out of the NHS and become an employee-owned social enterprise. Employee ownership was a founding principle and has been key to how the business has grown. Since then, they have operated as contractors working for the NHS but also in partnership with other services – schools, businesses and community groups. They called themselves CDS-CIC, standing for Community Dental Service Community Interest Company (CIC). Everyone in the service became a shareholder making the service a wholly employee-owned social enterprise with special care and paediatric dentistry at its core.

Eight years later, their courageous decision appears to have paid off. They have won funding to develop the service – and now operate across eight counties, employing more than 280 people in 38 clinics, and beyond. The teams who work for CDS-CIC are not necessarily anchored to clinics but with four mobile vans they deliver valuable services to hard-to-reach patients. They have a particular focus on the vulnerable and marginalised. As an employee led organisation, staff members are voted onto the Board as directors and are involved in strategic decision-making. One of these is

Paula Dynes who tells her story in this issue.

There is also a Representative Employee Group (REG) which feeds ideas into the board. To further ensure employee led governance, a Joint CDS Consultative Forum drives communication between employees and management to promote good decision making in HR, Health & Safety and HR policy reviews.

CDS-CIC has been commercially successful. In 2017/18, turn-over increased by £4m and £1.2m was reinvested into the business. They have been able to develop other services off

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the back of their growth, such as a screening programmes, epidemiology services and oral health improvement schemes. CDS-CIC has won several awards: In the Employee Ownership Association awards in 2018 it won Public Service Mutual award and in the Social Enterprise UK awards, it was the winner in the Employee Engagement category and it has also been Bedfordshire Community Business of the Year.

By diversifying, the team have been able to reach out further. An example is a programme of work with asylum seekers which led to a sustainable programme.

It's not just the staff who are happy. Patients appear to appreciate the service and deliver warm testimonials and patient satisfaction rates are 98%.

From bored to board

A job as a dental nurse not only gave **Paula Dynes** a vocation, it gave her a voice. **Caroline Holland** finds out more:

Less than 14 years ago, Paula had no idea what she wanted to do. Her three children were all at school and she was on the look-out for a job close to home which involved an element of caring.

'I knew what I wanted to do was help people. I had been a healthcare assistant, a mum and a cleaner. But I was bored and wanted to do something different, like a veterinary or dental nurse. Then I ruled out being a veterinary nurse because I thought I would bring all the animals home!'

She applied to the Community Dental Service but they gave the job to someone who already had experience. The first dental nurse job she got was in a private practice as a trainee. Then Paula saw another job come up at the CDS and this time she was lucky. 'I was ecstatic. It was the ethos that attracted me to the community.'

Initially working in a clinic in Bedford, she got her dental nurse qualification from the NEBDN, doing evening classes once a week, and then additional qualifications – sedation, fluoride application and radiography. She climbed the ranks, moving up to senior dental nurse and then operations manager, the role she holds today.

She now oversees 9 clinics across Bedfordshire and has responsibility for clinical governance, health and safety and audits. The promotion she least expected occurred in 2011 when she was asked if she would like to be considered for a place on the board. She was staggered to be voted on as an employee-elected member. 'I was really shocked. It has been a complete eye-opener.'

Re-election is a rolling process and she has twice been voted back onto the Board. Her husband, she says, has been her rock, pushing her to go outside of her comfort zone.

'He said to imagine that I was going

Paula Dynes

to put on some new shoes to replace my comfy slippers. At first the new shoes would not fit but in time, I would get used to them. He was right.'

Initially she was worried about asking the wrong question but she gained in confidence. 'It was unusual to begin with but I have a greater feeling of ownership. I now have more knowledge and understanding of what's involved in running a service, particularly the financial aspects.'

She added: 'We are so well informed about the finances, I know exactly where we are. And we are very well supported by the management team.'

The experience of the patient is hugely important, she says, and they do their best to get feedback from patients and their parent or carers. The service also works to improve the working lives of employees. One dental nurse was looking for more responsibility and so she was invited to organise peer review meetings. Ideas are discussed and then the group would put forward ideas to the board.

Now Paula is in management and on the board, is she tempted to let her dental nursing skills go? 'I keep my GDC registration and if colleagues need me, I will still nurse. I have all these skills and I don't want to lose them now.'