

1.1 Waiting list Targets in Primary Community & Secondary Care including expansion of emergency dental access.

1.0 Strategic intent

1.1 What are the PCT's main strategic priorities:

During the current year?

(Business Plan) pgs  
Better Access Improving Health  
Involving etc.

During the next three years?

LDP / Bus Plan

1.2 What are the PCT's main priorities for developing clinical governance during the next three years?

? Structure  
Process  
Outcome

1.3 Please describe briefly the financial resources in your PCT for the current year (£):

HCHS:

Other:

Provider turnover:

Code A

1.4 Please provide a brief profile of the primary and community care services provided directly by the PCT. *Please feel free to attach a separate document.*

~~check~~ FC send to SMS  
re para

1.5 Please provide a brief profile of the clinical and non clinical services hosted by the PCT on behalf of other PCTs. *Please feel free to attach a separate document.*

FC DW  
AT 2nd stage.  
JEP Tr e Educ.

1.6 Please describe briefly the clinical and non clinical services commissioned by the PCT.

IH  
AP

1.7 Please identify the committee and staff responsibilities for ensuring the PCT complies with its duties under the Race Relations (Amendment) Act. Has the PCT published a race equality scheme? [If so, when was it published and how was it disseminated to staff?]

~~JEP~~  
1.8+1.9

**2.0 PCT Wide Issues**

**Clinical Governance**

2.1 Please identify the designated lead(s) for clinical governance in your PCT.

Name:

Professional background:

What training have they received to prepare for their clinical governance role?

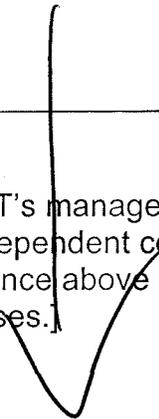
How much time is allocated for clinical governance activities in their job plan?

2.2 Please describe briefly how does the PCT communicates corporate priorities for clinical governance across the PCT (eg newsletters, cascade briefing etc).

2.3 Please describe briefly the PCT's managed systems and processes for developing clinical governance across its community health services (eg district nurses, therapists etc) and provider arms. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

*CG annual report*

2.4 Please describe briefly the PCT's managed systems and processes for developing clinical governance among independent contractors, for example GPs, dentists, etc. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]



2.5 Please describe briefly either one or two examples of PCT initiatives to improve the quality of services provided by community health service staff (eg district nurses, therapists etc) and provider arms in the last 12 months.

*DD [unclear]*

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- 2.6 Please describe briefly either one or two examples of PCT initiatives for improving the quality of services provided by independent contractors (eg GPs, dentists etc) in the last 12 months.

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**Strengths and weaknesses**

- 2.7 Please describe briefly either one or two examples of what the PCT considers to be best practice in respect of developing clinical governance.

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- 2.8 Please identify the PCT's priority areas for developing clinical governance in the next 12 months.

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**Commissioning and purchasing**

Name and designation of person responsible for completing this section

Name:

Designation:

Name and position of the designated lead(s) for commissioning

Name:

Position:

Is this a PCT lead or board level lead?

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2.9 Please describe briefly the PCT's managed systems and processes for commissioning clinical healthcare services. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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2.10 Please describe briefly the PCT's managed systems and processes for commissioning non clinical services. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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2.11 Please describe briefly one example each of how the PCT involves its community health service clinical staff and GPs in the commissioning and purchasing of:

a) general hospital care:

b) mental health services:

c) primary care services (where commissioned from another organisation):

d) support services (Estates, HR, IT, Finance, etc if appropriate):

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2.12 Please describe briefly either one or two examples of how local health needs are reflected in the Local Delivery Plan for the current financial year.

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2.13 Please describe briefly either one or two examples of PCT initiatives to improve the quality of services purchased from a general secondary/tertiary care provider in the last 12 months (eg main general hospital provider or a tertiary provider or a private sector hospital or a diagnostic and treatment centre).

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2.14 Please describe briefly either one or two examples of PCT initiatives to improve the quality of services purchased by mental health secondary/tertiary care provider in the last 12 months.

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**Strengths and weaknesses**

2.15 Please describe briefly either one or two examples of what the PCT considers to be best practice in respect of commissioning clinical and non clinical services.

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2.16 Please identify the PCT's priority areas for developing commissioning in the next 12 months.

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**Health improvement/public health**

Name and designation of person responsible for completing this section

Name:

Designation:

Name and position of the designated lead for health improvement/public health

Name:

Position:

Is this a PCT lead or board level lead?

2.17 Please describe briefly either one or two examples of PCT initiatives to assess or develop public health skills within the local community, eg health visitors, etc?

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2.18 Please describe briefly your managed systems and processes for dealing with the following. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

- a) communicable diseases in the population:
  - b) infection control within community health services:
  - c) immunisation and vaccination:
  - d) health screening programmes, eg cancer, etc:
  - e) emergency incident planning (including environmental hazards):
  - f) health needs assessment and link to commissioning
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2.19 Please describe briefly either one or two examples of how the PCT has used information on patient or population health needs to improve the quality of services provided by community health services and, or independent contractors.

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2.20 Has the PCT undertaken any recent work to assess health needs of black and ethnic minority communities or disadvantaged groups (refugees, asylum seekers,

travellers, addicts etc). Please describe and note the relevant changes to services that resulted.

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**Strengths and weaknesses**

2.21 Please describe briefly either one or two examples of what the PCT considers to be best practice in respect of health improvement initiatives.

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2.22 Please identify the PCT's priority areas for developing health improvement initiatives in the next 12 months.

**Prescribing and medicines management**

**Name and designation of person responsible for completing this section**

Name:

Designation:

**Name and position of the designated lead for prescribing and medicines management**

Name:

Position:

Is this a PCT lead or board level lead?

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2.23 Please describe briefly the PCT's systems and processes for prescribing and medicines management by community health service staff, independent contractors

and any specialist provider arms of the PCT. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

- 2.24 Please describe briefly either one or two examples of how the PCT has used prescribing and medicines management information to improve patient care across the PCT.

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**Strengths and weaknesses**

- 2.25 Please describe briefly either one or two examples of what the PCT considers to be best practice in respect of prescribing and medicines management.

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- 2.26 Please identify the PCT's priority areas for developing prescribing and medicines management in the next 12 months.

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**3.0 Patient and public involvement**

Name and designation of person responsible for completing this section

Name:

Designation:

Name and position of the designated lead for consultation and patient/service user involvement?

Name:

Position:

Is this a PCT lead or board level lead?

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**3.1** Please describe briefly both the financial (budget) and staffing resources that the PCT allocates to promote and support patient and/or carer involvement.

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**3.2** Please describe briefly the PCT's managed systems and processes for involving patients, users, carers and the public in the provision of community health services in accordance with Section 11 of the Health and Social Care Act 2001. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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**3.3** Please describe briefly the PCT's managed systems and processes for involving patients, users, carers and the public in the provision of general practitioner services in accordance with Section 11 of the Health and Social Care Act 2001. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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**3.4** Please describe briefly either one or two examples of how the PCT has involved patients, carers, users and the public to improve the quality of services provided by community health services and, or independent contractors.

3.9 Please describe briefly the PCT's managed systems and processes for patient advocacy liaison services (PALS). [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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3.10 Please describe the PCT's systems and processes for patient choice and access and for responding to the needs of individual patients (eg appeals for unusual treatment)

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#### **Strengths and weaknesses**

3.11 Please describe briefly either one or two examples of what the PCT considers to be best practice in respect of patient/service user and carer involvement.

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3.12 Please identify the PCT's priority areas for improving patient, carer, user and public experience and involvement in the current financial year.

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#### **4.0 Clinical audit**

Name and designation of person responsible for completing this section

Name:

Designation:

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3.5 Please describe briefly either one or two examples of how **the PCT supports staff and independent contractor who want to develop skills and, or initiatives for improving patient and public involvement (in accordance with Section 11 of the Health and Social Care Act 2001).**

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3.6 Please describe briefly the PCT's managed systems and processes for enabling patients, carers, users and the public to raise issues of concern or to make complaints. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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3.7 Please describe briefly either one or two examples of how **the PCT specifically caters for the needs of individuals with a disability (eg physically disables, visually impaired etc).**

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3.8 Please describe briefly either one or two examples of how **the PCT specifically caters for the needs of individuals whose first language is not English.**

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Name and position of the designated lead for clinical audit

Name:

Position:

Is this a PCT lead or board level lead?

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- 4.1 Please describe briefly both the financial (budget) and staffing resources that the PCT allocates to promote and support clinical audit.
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- 4.2 Please describe briefly the PCT's managed systems and processes for clinical audits by community health services, for example district nurses, health visitors, therapists, etc. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]
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- 4.3 Please describe briefly the PCT's managed systems and processes for clinical audits by specialist provider services of the PCT, for example specialist services that are provider arms of the PCT such as community paediatrics, mental health, child and adolescent psychiatry etc). [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]
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- 4.4 Please describe briefly the PCT's managed systems and processes for supporting clinical audits by independent contractors, for example GPs, dentists, etc. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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4.5 Please describe briefly either one or two examples of how the PCT has involved NHS and partner organisations in clinical audits across the PCT (eg other NHS trusts and, or Social Services etc).

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4.6 Please describe briefly either one or two examples of PCT multidisciplinary clinical audits in the last 12 months that jointly involved at least two of the following three areas: community health service staff and independent contractors and specialist provider services.

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4.7 What national or regional multi centre audits does the PCT participate in?

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### **Strengths and weaknesses**

4.8 Please describe briefly either one or two examples of what the PCT considers to be best practice in respect of clinical audit. Please also give details of arrangements in place to transfer these examples of good practice across the PCT.

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4.9 Please identify PCT's priority areas for improving clinical audit in the next 12 months.

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**5.0 Risk Management****Name and designation of person responsible for completing this section**

Name:

Designation:

**Name and position of the designated lead for risk management**

Name:

Position:

Is this a PCT lead or board level lead?

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**Name and position of the designated lead for clinical risk management**

Name:

Position:

Is this a PCT lead or board level lead?

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5.1 Please describe briefly both the financial (budget) and **staffing resources that the PCT allocates to promote and support clinical risk management.**

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5.2 Please describe briefly the PCT's managed systems and processes for clinical risk management. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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5.3 Please describe briefly the most important clinical risk assessment undertaken by the PCT in the last 12 months. Please also describe briefly the managed changes in the PCT that directly resulted from undertaking the clinical risk assessments.

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5.4 Please describe briefly the clinical incident report systems used by the PCT's community health services, for example district nurses, health visitors, therapists, etc. [In particular the system of reporting serious untoward incidents (SUIs).]

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5.5 Please describe briefly the clinical incident report systems used by the PCT's specialist provider services, for example community paediatrics, mental health etc. [In particular the system of reporting serious untoward incidents (SUIs).]

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5.6 Please describe briefly the clinical incident report systems used by the PCT's GPs. Please also describe briefly how the PCT supports incident reporting within general practices.

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5.7 Please describe briefly the format and frequency of reporting the following matters to the PCT's board and the professional executive committee?

- a) complaints:
  - b) critical incidents:
  - c) litigation cases in process:
  - d) litigation cases pending:
- 

5.8 Please describe briefly how the PCT shares following policies, protocol or guidelines with respect to:

- a) child protection:
  - b) mental health:
  - c) health promotion:
  - d) older people:
  - e) learning difficulties and vulnerable adults
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5.9 Please describe briefly either one or two examples of how the PCT promotes and supports an open and just culture as a basis for encouraging staff to report clinical errors.

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5.10 Does the PCT have any improvement notices, prohibition or enforcement orders from the health and safety executive either pending or current? If yes, please give details.

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5.11 Have you had any case reviews conducted in accordance with chapter 8 (enquiries into child abuse) that have reported in the last three years? If yes, what changes have you made as a result.

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5.12 Are there any services, including those provided on one of your hospital sites but managed by another organisation where health professionals also work for your PCT or closely with your PCT staff, where quality of care has caused concern or been subject to investigation (in the last three years)? Please give details.

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### **Strengths and weaknesses**

5.13 Please describe briefly one or two examples of what the PCT considers to be best practice in respect of clinical risk management. Please also describe briefly what arrangements are in place to transfer these examples of good practice across the PCT.

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5.14 Please identify PCT's priority areas for developing clinical risk management in the next 12 months.

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## 6.0 Clinical effectiveness programmes

Name and designation of person responsible for completing this section

Name:

Designation:

Name and position of the designated lead for clinical effectiveness

Name:

Position:

Is this a PCT lead or board level lead?

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6.1 Please describe briefly both the financial (budget) and staffing resources that the PCT allocates to promote and support clinical effectiveness.

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6.2 Please describe briefly the PCT's managed processes and systems for developing and supporting initiatives on clinical effectiveness across the PCT. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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6.3 Please describe briefly either one or two examples of initiatives on clinical effectiveness in the current financial year.

6.4 Has the PCT developed or adopted:

- a) evidence based co management protocols (eg screening diabetic retinopathy)?
- b) a local formulary?
- c) disease management guidelines or integrated Care Pathways across primary and secondary care

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6.5 please describe briefly the PCT's managed systems and processes for implementing, monitoring and reviewing the adoption of NICE guidelines, NSFs, and other national guidance (eg Victoria Clumbie, Bristol etc). [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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6.6 Please describe briefly any examples in the last 12 months year where the PCT has withdrawn a treatment that has been shown to be ineffective?

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6.7 What support does the PCT provide for training on evidence based practice and critical appraisal skills?

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**Strengths and weaknesses**

6.8 Please describe briefly one or two examples of what the PCT considers to be best practice in respect of clinical effectiveness initiatives in your PCT.

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6.9 Please identify PCT's priority areas for developing clinical effectiveness in the next 12 months.

**7.0 Staffing and staff management**

Name and designation of person responsible for completing this section

Name:

Designation:

**Name and position of the designated lead for staffing and staff management**

Name:

Position:

Is this a PCT lead or board level lead?

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**7.1** Please describe briefly both the financial (budget) and staffing resources that the PCT allocates to staffing and staff management.

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**7.2** Please describe briefly the PCT's managed systems and processes for staff management, including monitoring and reporting on vacancy rates, sickness rates, and staff turnover rates. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

**7.3** Please describe briefly any areas in your PCT that:

a) are particularly difficult to staff:

b) particularly attract staff:

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7.4 Please describe briefly either one or two examples of **joint planning and recruitment** of staff with other local PCTs, social services or other organisations.

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7.5 Please describe briefly either one or two examples of **workforce planning** by the PCT.

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7.6 Please describe briefly the PCT managed systems and processes for **staff appraisals**, including how appraisals are linked to the PCT's **clinical governance objectives**. [nb Please refer to CHI's guidance above on how to **structure your answer** on your managed systems and processes.]

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7.7 Please describe briefly the PCT managed systems and processes for **supporting personal development plans (PDPs), annual appraisal and revalidation for GPs**, including how appraisals are linked to the PCT's **clinical governance objectives**. [nb Please refer to CHI's guidance above on how to **structure your answer** on your managed systems and processes.]

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7.8 Please describe briefly the PCT's arrangements for **dealing with poor performance** among community health service staff (eg district nurses, therapists etc). In

particular what arrangements has the PCT for remedial education, support and monitoring for poorly performing professionals.

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**7.9** Please describe briefly the PCT's arrangements for dealing with poor performance among independent contractors (eg GPs, dentists etc). In particular what arrangements has the PCT for remedial education, support and monitoring for poorly performing professionals.

**7.10** Please describe briefly any cases of staff or independent contractors who are currently suspended or subject to investigation. (Please do not identify individuals by name).

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**7.11** Please describe briefly the induction arrangements for new members of staff (employed and independent contractors).

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**7.12** Please describe briefly the PCT's arrangement for providing staff and independent contractors with access to occupational health services. Please clarify whether this service includes independent contractors and their practice staff.

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- 7.13 Please describe briefly the PCT's arrangements for checking the registration and qualifications of all clinical staff in both community health services, specialist provider services and among GPs and dentists (eg bank/agency staff, locums etc).
- 7.14 Please describe briefly how the PCT communicates and monitors compliance by staff and independent contractors with its human resources policies, including equal opportunities, race relations and human rights.
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### Strengths and weaknesses

- 7.15 Please describe briefly one or two examples of what the PCT considers to be best practice in respect of staffing and staff management. Please also describe briefly what arrangements are in place to spread these examples of good practice across the PCT.
- 7.16 Please identify the PCT's priority areas for developing staffing and staff management in the next 12 months.
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### 8.0 Education, training and continuing personal and professional development

Name and designation of person responsible for completing this section

Name:

Designation:

Name and position of the designated lead for education, training and continuing personal and professional development

Name:

Position:

Is this a PCT lead or board level lead?

- 8.1 Please describe briefly both the financial (budget) and staffing resources that the PCT allocates to training, education and continuing professional development.

- 8.2 What other resources does the PCT make available for professional development and continuing education and training (eg libraries, learning materials etc)?

- 8.3 Please describe briefly the PCT's managed systems and processes for supporting education, training and continuing professional development among community health service staff for example district nurses, therapists, etc. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

- 8.4 Please describe briefly the PCT's managed systems and processes for supporting education, training and continuing professional development among independent

contractors eg GPs, dentists, etc. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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8.5 Please describe briefly arrangements for working with NHS, non NHS, and academic partner organisations to support education and training initiatives.

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8.6 Please describe briefly how the PCT monitors and reports on staff attendance at internal and external training courses.

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8.7 Please describe briefly what action the PCT takes if a member of staff persistently fails to attend arranged training sessions.

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8.8 Please describe briefly how the PCT ensures cover for frontline staff to enable them to attend professional training and education events

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8.9 Please describe briefly any training initiatives in managing equality and diversity within the PCT, including that received by the PCT board.

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**8.10** Does the PCT have access to NHS library services? If so at which NHS trust, and what is its latest HeLicon accreditation rating?

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**8.11** Did the NHS library Helicon accreditation find that the libraries resources in terms of budget, staffing and IT access to be adequate?

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**8.12** Which PCT staff groups have access to library services?

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**8.13** Did the Helicon accreditation find that library users had access to electronic resources, document delivery services, reference and enquiry services, and stock lending, reservation and renewal?

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**Strengths and weaknesses**

**8.14** Please describe briefly one or two examples of what the PCT considers to be best practice in respect of education, training and CPD. Please also describe briefly what arrangements are in place to transfer these examples of good practice across the PCT.

8.15 Please identify the PCT's priority areas for developing education, training and CPD in the next 12 months.

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**9.0 Use of information**

Name and designation of person responsible for completing this section

Name:

Designation:

Name and position of the designated lead for clinical information management

Name:

Position:

Is this a PCT lead or board level lead?

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9.1 Please describe briefly both the financial (budget) and staffing resources that the PCT allocates to information technology (IT).

a) IT:

b) Information analysis:

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9.2 Please describe briefly the PCT's managed systems and processes for information communication and technology (ICT). [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

- 9.3 Please describe briefly one or two examples of how the PCT is developing the use of clinical information in order to improve services in community health services (eg district nurses, therapists etc).
- 9.4 Please describe briefly one or two examples of how the PCT is developing the use of clinical information in order to improve specialist clinical services provided by the PCT (eg community paediatrics, mental health etc).
- 9.5 Please describe briefly one or two examples of how the PCT is developing the use of clinical information in order to improve services among independent contractors (eg GPs, dentists etc).
- 9.6 Please describe briefly either one or two examples of how the PCT involves different types of clinical staff in improving the quality and use of clinical information in order to improve services.
- 9.7 Please describe briefly either one or two examples of how the quality of patient care has improved as a direct result of PRIMIS facilitators or other IT / information initiatives working with general practices in the PCT.

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9.8 Please describe briefly the PCT's managed systems and processes for ensuring that employed staff are aware of and comply with Caldicott [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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9.9 Please describe briefly the PCT's managed systems and processes for ensuring that independent contractors are aware of and comply with Caldicott. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

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9.10 Please describe briefly the PCT's arrangements for sharing patient information with social services (eg around joint provision of health and social care etc).

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9.11 Please describe briefly either one or two examples of the electronic transfer of patient information between the PCT and secondary care providers (eg acute general hospitals, mental health providers etc).

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9.12 Please describe briefly the PCT's arrangements for ensuring patient consent. In particular describe the arrangements for minors and patients who have guardians (learning difficulties, mental health problems etc)

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**Strengths and weaknesses**

**9.13** Please describe briefly either one or two examples of what the PCT considers to be best practice in respect of its use of clinical information. Please also describe briefly what arrangements are in place to spread these examples of good practice across the PCT.

**9.14** Please identify the PCT's priority areas for developing clinical information in the next 12 months.

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**10.0 Overall strengths and weaknesses**

Name and designation of person responsible for completing this section

Name:

Designation:

10.1 What do you think are the strengths and weaknesses of your PCT, overall, in respect of clinical governance?

a) strengths:

b) weaknesses:

Any other comments you wish to add...

Thank you for taking the time to complete this questionnaire.  
Please return to [cgr.trust@chi.nhs.uk](mailto:cgr.trust@chi.nhs.uk)

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