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CLINICAL GOVERNANCE REVIEWS

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◄ Clinical governance reviews   ◄ Information about PCT's

Primary Care Trusts - Guidance and sample questionnaires

Further information about the PCT review process and key tools such as the PCT questionnaires, and information request can be downloaded below:

Communications handbook [PDF] 88kb - to support the clinical governance review process (August 2003)
Communications handbook (Word) 432kb - to support the clinical governance review process (August 2003)

PCT clinical governance review guide [PDF] 232kb - (updated March 2003)
PCT clinical governance review guide (Word) 452kb - (updated March 2003)

Pre visit request for information [PDF] 40kb - (updated August 2003)
Pre visit request for information (Word) 128kb - (updated August 2003)

Pre visit request for information guide [PDF] 20kb - (updated October 2002)
Pre visit request for information guide (Word) 32kb - (updated October 2002)
Data and information required checklist (Excel) 116kb (August 2003)

Data request templates:

- Primary Care Contractor contact details (Excel) 64kb (September 2003)
- Primary Care Contractor profile (Excel) 64kb (September 2003)
- Committee structure chart (PPT) 24kb (September 2003)
- Committee membership (Excel) 52kb (September 2003)
- Schedule of service level agreements and contracts for purchasing support services (Excel) 64kb (September 2003)

(Excel) 64kb (September 2003)

Trust questionnaire PDF 52kb - (updated August 2003)
Trust questionnaire (Word) 212kb - (updated August 2003)

Trust questionnaire guide PDF 12kb - (updated October 2002)
Trust questionnaire guide (Word) 40kb - (updated October 2002)

Community hospital questionnaire PDF 24kb - (updated June 2003)
Community hospital questionnaire (Word) 136kb - (updated June 2003)

CHI circulates surveys to GP practices, dentists and optometrists directly at the beginning of its PCT reviews. Some PCTs have also used the surveys as a self assessment tool. If you're intending to send out any of these questionnaires directly to practices within your PCT, contact Emma doyle (email: emma.doyle@chi.nhs.uk) for guidance to ensure that practices are aware of when the surveys have to be returned to CHI and when they are for organisational use only.

Sample GP practice questionnaire PDF 44kb - (November 2002)

Sample Dental practice questionnaire PDF 36kb - (November 2002)

Sample Optometry practice questionnaire PDF 36kb - (May 2003)

Sample Community Pharmacies questionnaire PDF 36kb - (Updated January 2003)

Guidance for questionnaires for GPs, pharmacists, dentists and optometrists PDF 12kb

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XXX Primary Care Trust (PCT)

PCT community hospital clinical governance arrangements

This questionnaire should be completed for each community hospital operated by the PCT. The responses to these questions are intended to complement the main data set and information required by the Commission for Health Improvement (CHI) in readiness for the review process.

This questionnaire is divided into the different areas of clinical governance. **Each section should be completed by the lead for that area.**

Please read the guidance shown below on answering questions in the questionnaire.

This questionnaire is provided as an electronic file as well as in hard copy. Please complete and return the questionnaire **electronically** . It contains hidden codes to help CHI to process the answers: for this reason, please only enter text between the question and the question dividing line.

Once you have completed the questionnaire either:

Email to : cgr.trust@chi.nhs.uk

Or post to:

Phase 1 team
Commission for Health Improvement
Finsbury Tower
103-105 Bunhill Row
London EC1Y 8TG

The deadline for returning this document is final submission date

Name and designation of person collating this questionnaire

Name:

Designation:

Chief executive

Signature:

Date:

CHI guidance on answering questions in this questionnaire

How to answer questions that begin: 'please describe briefly the PCT's managed systems and processes for...'.

You should (as a minimum) answer this type of question using the following format:

(a)   **accountabilities and structure:**
Who is accountable for the managed system and, or process? Which directorate(s) are responsible for organising, or delivering the processes and, or activities? Which of the PCT committee is accountable for scrutinising the managed system and, or process?

(b)   **planning and priority setting:**
Who plans the activities? Who determines priorities? How are priorities set?

(c)   **communication:**
Who is responsible for communicating the priorities and plans? How are these communicated within the PCT?

(d)   **monitoring:**
Who is responsible for monitoring processes and, or activities? How are processes and, or activities monitored?

(e)   **evaluation:**
Who is responsible for evaluating outcomes? What is the PCT mechanism for evaluating outcomes? (eg What clinical governance improvements occur due to the system?)

(f)   **reporting:**
What is the mechanism for reporting activities and outcomes up through the accountability structure to the board and across the PCT?

How to answer questions that begin: ' Please describe briefly either one or two examples of...''.

This type of question also appears frequently in several sections. You should (as a minimum) structure your answer to this type of question using the following format:

1   what was the objective(s) of the initiative?

2   which staff and services were involved?

3   what activities did the initiative deliver (outputs)?

4   what clinical governance improvements occurred (outcomes)?

[nb Please do not provide the same example in different sections in the questionnaire.]

Wherever possible please describe current arrangements and examples:

Your answers should always describe your current managed systems and processes and examples of initiatives that have been completed or are well underway. Please do not provide a description of what your PCT intends to do in the future, unless a question specifically asks for this.

1.0   Services provided

1.1   Please describe the clinical services that are provided within the community hospital. Please feel free to attach a separate document.

2.0 Community hospital issues

Clinical governance

2.1   Please identify the designated lead(s) for clinical governance in the community hospital.

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 the PCT's managed systems and processes for developing clinical governance within the community hospital. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

2.3   Please describe how the PCT communicates priorities for clinical governance within the community hospital (eg newsletters, cascade briefings etc).

2.4 Please describe briefly either one or two examples of PCT initiatives to improve the quality of services provided by within the community hospital in the last 12 months.

3.0   Patient and public involvement

Name and designation of person responsible for completing this section

Name:

Designation:

3.1 Please describe briefly the PCT's managed systems and processes for involving patients, users, carers and the public in the provision of services within the community hospital 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.]

3.2 Please describe briefly either one or two examples of how the PCT has involved patients, users, carers and the public to improve the quality of services provided within the community hospital.

3.3 Please describe briefly either one or two examples of how the PCT supports staff within the community hospital who want to develop skills and, or initiatives for improving patient and public involvement.

4.0 Clinical audit

Name and designation of person responsible for completing this section

Name:

Designation:

4.1 Please describe briefly the PCT's managed systems and processes for clinical audits within the community hospital. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

4.2 Please describe briefly either one or two examples of improvements in the quality of services within the community hospital that directly resulting from clinical audits in the last 12 months.

5.0 Risk Management

Name and designation of person responsible for completing this section

Name:

Designation:

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

5.2 Please describe briefly the clinical incident report systems used within the community hospital. In particular the system of reporting serious untoward incidents (SUIs).

5.3 Please describe briefly either one or two examples of managed changes resulting from clinical risk assessments and incident reporting within the community hospital in the last 12 months.

6.0 Clinical effectiveness programmes

Name and designation of person responsible for completing this section

Name:

Designation:

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

6.2 Please describe briefly either one or two examples of initiatives on clinical effectiveness within the community hospital in the last 12 months.

7.0 Staffing and staff management

Name and designation of person responsible for completing this section

Name:

Designation:

7.1 Please describe briefly the PCT's managed systems and processes for staff management within the community hospital. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

7.2 Please describe the induction arrangements for new members of staff within the community hospital.

7.3 Please describe briefly how the PCT communicates and monitors compliance by staff within the community hospital with its HR policies, including equal opportunities, race relations and human rights.

8.0 Education, training and continuing personal and professional development

Name and designation of person responsible for completing this section

Name:

Designation:

8.1   Please describe briefly the PCT's managed systems and processes for supporting education, training and continuing professional development among staff within the community hospital. [nb Please refer to CHI's guidance above on how to structure your answer on your managed systems and processes.]

8.2   Please describe briefly how the PCT ensures cover for frontline staff within the community hospital to enable them to attend professional training and education events.

9.0   Use of information

Name and designation of person responsible for completing this section

Name:

Designation:

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

9.2   Please describe briefly one or two examples of how the PCT is developing the use of clinical information in order to improve services within the community hospital.

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

- END -

SAMPLE

CLINICAL GOVERNANCE ARRANGEMENTS QUESTIONNAIRE FOR DENTAL PRACTICES

CHI
COMMISSION FOR HEALTH IMPROVEMENT

This questionnaire asks about clinical governance in your dental practice and how your primary care trust (PCT) is supporting clinical governance in your experience.

This information is important for the CHI review because it provides us with a picture of local activity against which to assess the PCT's plans and progress. CHI is also keen to recognise and share good practice.

CHI does not assess the performance of individual professionals or staff in the course of the review, nor will we identify individual practices in the report. CHI will only provide feedback from this questionnaire to your PCT in an aggregated or anonymised form. The information gathered may be used in an anonymised form in other studies.

Your answers will be treated in confidence

About your practice

Practice name

Address

Postcode

Is your practice a Personal Dental Services pilot?   Yes [　]　No [　]

Is your practice a training practice?   Yes [　]　No [　]

How many dentists regularly work in the surgery (including part time) _____

How many other dental staff regularly work in your surgery (including part time)_____

**Please return this questionnaire in the enclosed freepost envelope
by**

XXXXXXXXXXXXXXXXX

Telephone: 020 7448 9080   Email: CGR.trust@chi.nhs.uk

[CHI Code:]   [Quest Code:]

SAMPLE

Section 1. Clinical governance in your dental practice

For each question, please tick ONE box that represents you view	Yes	No	Not yet, but planned
1. Do you have written protocols to manage clinical risk in your dental surgery?	[ ]	[ ]	[ ]
2. Does the practice have a system for recording and learning from significant events and near misses?	[ ]	[ ]	[ ]
3. Have you undertaken any clinical audit in the last year?	[ ]	[ ]	[ ]
If yes: Have you changed any aspect of your dental practice as a result?	[ ]	[ ]	[ ]
4. Is there a performance appraisal process for all dental staff (including part time)?	[ ]	[ ]	[ ]
5. Are all staff (including part time) given opportunities to develop personally and professionally?	[ ]	[ ]	[ ]
6. When locum dentists work in your surgery...			
...are there written protocols for them to refer to?	[ ]	[ ]	[ ]
...is there a system for checking their qualifications?	[ ]	[ ]	[ ]
7. Does your dental practice have a written complaints procedure for patients?	[ ]	[ ]	[ ]
8. Does your dental practice actively encourage patient comment and feedback?	[ ]	[ ]	[ ]
9. Does your practice use evidence based guidelines?	[ ]	[ ]	[ ]
10. Do practice team members have on-line access to information and evidence?	[ ]	[ ]	[ ]

11. Please rate how well developed you think clinical governance activity is in your dental practice for each of the following components of clinical governance

For each of the following, please tick ONE box that represents your view	Not at all developed	Early stage of development	Quite well developed	Very well developed
Patient & public involvement	[ ]	[ ]	[ ]	[ ]
Managing risks	[ ]	[ ]	[ ]	[ ]
Clinical audit	[ ]	[ ]	[ ]	[ ]
Use of clinical information	[ ]	[ ]	[ ]	[ ]
Staffing & staff management	[ ]	[ ]	[ ]	[ ]
Education, training & CPPD	[ ]	[ ]	[ ]	[ ]
Clinical effectiveness	[ ]	[ ]	[ ]	[ ]

2

SAMPLE

12. If applicable, please describe, up to THREE things that your dental practice is doing to develop clinical governance?

Section 2. Clinical governance support from the Primary Care Trust

13. How much support do you feel your Primary Care Trust (PCT) has offered your dental practice?

Please tick ONE box for each of the components of clinical governance listed below	None	Some, but not enough	About as much as can be expected	Excellent support
Patient & public involvement	[ ]	[ ]	[ ]	[ ]
Managing risks	[ ]	[ ]	[ ]	[ ]
Clinical audit	[ ]	[ ]	[ ]	[ ]
Use of clinical information	[ ]	[ ]	[ ]	[ ]
Staffing & staff management	[ ]	[ ]	[ ]	[ ]
Education, training & CPPD[1]	[ ]	[ ]	[ ]	[ ]
Clinical effectiveness	[ ]	[ ]	[ ]	[ ]

14. Do you have access to a dental advisor (or similar resource) at the PCT?

Yes [ ] No [ ]

---

[1] Continuing personal and professional development

SAMPLE

15. In your experience, what has been the most useful support offered by your PCT?

16. What, in your view, is the most important thing that the PCT could do to support clinical governance in your dental practice at this time?

17. Have you received clinical governance advice or support from any other organisations or bodies?Please tick as many as apply

[   ]   British Dental Association
[   ]   General Dental Council
[   ]   Dental Practice Board for England and Wales
[   ]   Faculty of General Dental Practitioners
[   ]   National Centre for Continuing Professional Education of Dentists
[   ]   Health authority or strategic health authority
[   ]   Your local dental committee
[   ]   Other local development group
[   ]   Other, please specify_____

18. Would you like to make any other comments that might be relevant to the CHI review of your PCT?

Finally

Your name: _____   Designation:_____

We are always looking to improve our review methods and we would be grateful for your feedback on this questionnaire?

- Did you find it easy to complete   Yes [   ]   No [   ]
- Approximately how long did it take to complete? _____

THANK YOU VERY MUCH FOR YOUR HELP

Clinical governance review of:

▨▨▨▨▨ Primary Care Trust (PCT)

Pre visit request for existing data and information

The request is in two parts:

- part 1 - contact detail information for practices
- part 2 - information from internal and external sources

Purpose

This information request supports the clinical governance review we are carrying out at ▨▨▨▨▨ PCT. We are collecting this information before the review week visit to enhance the value of the review and to avoid duplicating work already carried out by you or by other external reviewers.

We will analyse the data and information, with other information gathered during the review, to provide material for the review team before and during the review week visit, and for the final report.

In addition, CHI may use this information across organisations, in an anonymised and aggregated form, to help assess the implementation of clinical governance across the NHS.

Timetable for different kinds of data

There are two deadlines for the return of information:

- deadline 1: part 1 information (contact details for primary care practices and some simple contextual questions)
- deadline 2: information for part 2 is more detailed and should be returned by deadline 2

PCT contacts

As soon as possible after you receive this pack please let us know who in the PCT will be the person responsible for coordinating collection of the data and information (the PCT coordinator).

We would like one person in the PCT to be responsible for coordinating the collection of the items in part 1 and 2 of the request. We would also be grateful to know the names, telephone numbers and addresses (postal and email) of the individuals responsible for each item in case we have questions about the information sent, and so that we can ask the relevant person for any additional information.

Transmission of information

An electronic copy of the specification is provided on the enclosed floppy disk in the form of an MS Excel spreadsheet. This provides a checklist against which your information should be electronically logged by the trust coordinator. You will find a supplementary note at the end of this document, which describes how the checklist should be used.

Sharing of information by CHI

CHI has agreed to share the information received as part of its trust information requests with the Audit Commission. In addition this information may be used as part of national studies undertaken by CHI and partner organisations.

CHI contacts

There is a dedicated team (pre review team) at CHI with lead responsibility for the receipt and analysis of data and information during the information collection phase of the review:

Phase 1 team analysts	Tel: 020 7448 0812
	Tel: 020 7448 9253
	Tel: 020 7448 9080
Phase 1 team operational project managers	Tel: 020 7448 9322
	Tel: 020 7448 9081

If you have difficulties collecting any of the data or information, or you would like clarification of our request for information, please call one of the above numbers.

The email address for return of information and data is:

cgr.trust@chi.nhs.uk

When emailing to this address please include the name of your PCT in the subject line.

CHI's postal address for return of data and information is:

Phase 1 team
Commission for Health Improvement
Finsbury Tower
103-105 Bunhill Row
London EC1Y 8TG
Tel: 020 7448 9200
Fax: 020 7448 9222

Commission for Health Improvement

Part 1: Information on practice contact details

Part of the CHI review process involves surveying independent contractors; for this we need contact details of general practices, dentistal practices, ophthalmic practices, optometry practices and pharmacies in your area.

The surveys are undertaken by CHI. We will contact individual practices and ask them to complete a short questionnaire to be returned to CHI. The survey results will be made available to you with practices anonymised.

The list of practices needs to be entered onto the spreadsheet on the attached disk. The file name is: **primary care contractor contact details.xls**

> 1.1 Lists of general practices identifying:
> - the name of a key contact (principal and practice manager)
> - full address, including email where possible
> - number of partners in the practice (full time and part time)
> - number of employed GPs in the practice (salaried, assistants, PMS employed,

retainer, etc)

> 2.2 Lists of dental practices in the area identifying:
> - practice contact name
> - full address, including email where possible
> - number of qualified GDPs in the practice

> 2.3 Lists of pharmacies in the area (including dispensing general practices) identifying:
> - the name of the lead pharmacist or contact
> - full address, including email where possible

> 2.4 Lists of opticians and optometrists in the area identifying:
> - name of the lead optician or contact name
> - full address, including email where possible

Other questions

To help us prepare the contextual material for the review, please clarify the following:

1. When was the PCT created?
2. In which local authority area do the majority of PCT residents live?

Please return this information by **deadline 1** to email: **cgr.trust@chi.nhs.uk**

Part 2 : Documents from internal and external sources

Part 2 of the request is for **existing** documents and information created either by yourselves or by external reviewers. We are not asking you to generate new data or provide us with anything you do not already collect.

There are 10 sections in the part 2 specification, each with lists of specific information and documents we would like you to send to us.

We understand that PCTs manage their information in different ways and because of this you may wish to provide us with additional material that you think is relevant. If this is the case please indicate why you think this additional information is relevant in the comments section of the MS Excel document checklist.

If the information requested is based on numeric data, where possible, we would prefer it to be supplied in electronic format so that we can undertake our own analysis.

Please make sure that any information relating to individual patients or staff members is anonymised. It is sufficient to use a black, permanent marker to obliterate the name or other identifiable information on hard copies of information.

The MS Excel document checklist should be completed and an updated version returned with each batch of information that you send to us. A note on how to complete the checklist can be found at the end of this document. Please also identify on the checklist any information that you are unable to provide and state the reason in the comments section.

Format of the information that you send

We prefer that all information is sent to us in electronic format rather than hard copy. However if you only have hard copies available please supply **two copies** of each document and note that:

- it is not necessary to scan documents into electronic form if you only have hard copies available

- if information is sent in electronic format we do not need send hard copies as well

- when sending electronic files please send them to us on floppy discs or CDROMs or send them as email attachments to **cgr.trust@chi.nhs.uk**. File names of electronic documents should be preceded by the document number, for example, 7.1.01 clinical effectiveness strategy.doc

Please do not spend time and resources on the presentation of the information other than to complete the MS Excel document checklist

Commission for Health Improvement

Part 2: Information required

1a Organisation profile

PCT annual report, annual accountability agreement, and PCT business plan:	
1.1	PCT annual report for the last financial year
1.2	PCT annual accountability agreement for the current financial year
1.3	PCT business plan for the current financial year
PCT committees:	
1.4	PCT governance committees membership [NB: this information should be completed using the enclosed MS Excel spreadsheet (on disk): **committee membership.xls**]
1.5	PCT governance committee structure [NB: this should clearly show the hierarchy and reporting links between your board and those committees identified below in sections 1.6 to 1.10.7 This data can be completed using either an existing structure chart or by completed the enclosed MS Powerpoint file: **organisational committee structure.ppt**]
1.6	Minutes of the PCT board for the last 12 months (parts 1 and 2)
1.7	Minutes of the PCT professional executive committee (PEC) for the last 12 months
1.8	Minutes of the PCT management team for the last 12 months
Terms of reference (TOR) and minutes for the last 12 months for the following committees:	
1.9.1	PCT clinical governance committee
1.9.2	PCT committee directly responsible for the HIMP/ local delivery plan (LDP)
1.9.3	PCT committee directly responsible for prescribing and medicines management
1.9.4	PCT committee directly responsible for commissioning [N.B. We are particularly interested in the PCT's decision-making process for prioritizing access to treatments and services for individual patients. If this function occurs in a different committee then please provide its TOR and minutes for the last 12 months.]
Terms of reference (TOR) only for the following committees:	
1.10.1	PCT committee directly responsible for clinical audit
1.10.2	PCT committee directly responsible for clinical risk management
1.10.3	PCT committee directly responsible for clinical effectiveness
1.10.4	PCT committee directly responsible for staffing and staff management
1.10.5	PCT committee directly responsible for education, training and CPD
1.10.6	PCT committee directly responsible for patient, public involvement across the PCT
1.10.7	PCT committee directly responsible for information, communication and technology
Contextual data and information:	
1.11	Profile of primary care contractors [NB: please complete this data using the attached MS Excel spreadsheet: **primary care contractors.xls**]
1.12	Profile of service level agreements, accreditations and inspections [NB: please complete this data using the attached MS Excel spreadsheet: **SLAs-accreditations-inspections.xls**]
External reports:	
1.13	External audit management letters for the last year

1.14	Recent reports (where applicable) on health matters from local racial equality councils

Please ensure personal details relating to patients or members of staff are anonymised

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2a Clinical governance

Clinical governance planning, monitoring and reporting:	
2a.1	PCT report on clinical governance for the last financial year
2a.2	PCT clinical governance strategy/workplan for the current financial year
2a.3	Copies of all clinical governance baseline assessments carried out across the PCT

Please ensure personal details relating to patients or members of staff are anonymised

2b Commissioning

PCT commissioning of secondary / tertiary clinical services (excl. GMS and PMS contractors):	
2b.1	PCT report on commissioning clinical healthcare services for the last financial year
2b.2	PCT strategy/workplan for commissioning clinical healthcare services for the current financial year
Commissioning of GMS, PMS, PDS and ophthalmological clinical services:	
2b.3	PCT report on commissioning general medical services (GMS), personal medical services (PMS), general dental services (GDS), personal dental services (PDS), general pharmaceutical services (GPS) and personal pharmaceutical services (PPS), and ophthalmological services for the last financial year
2b.4	PCT strategy/workplan for commissioning general medical services (GMS), personal medical services (PMS), general dental services (GDS), personal dental services (PDS), general pharmaceutical services (GPS) and personal pharmaceutical services (PPS), and ophthalmological services for the current financial year
Commissioning of non clinical services:	
2b.5	PCT report on commissioning non clinical services for the last financial year [eg estates, human resources, etc]
2b.6	PCT strategy/workplan for commissioning non clinical services for the current financial year [eg estates, human resources, etc]

Please ensure personal details relating to patients or members of staff are anonymised

2c Health improvement

Health Improvement Modernisation Programmes (HIMP), Local Delivery Plans (LDP), Public Health	
2c.1	PCT report on its HIMP for the last financial year
2c.2	PCT LDP for the current financial year
2c.3	PCT public health report for the last financial year
2c.4	PCT strategy/workplan for public health for the current financial year

Commission for Health Improvement

2c.5	Latest PCT reports on health needs assessment and health inequalities across the PCT

Please ensure personal details relating to patients or members of staff are anonymised

2d Prescribing and medicines management

2d.1	PCT report on prescribing and medicines management for the last financial year
2d.2	PCT strategy/workplan for prescribing and medicines management for the current financial year
2d.3	Latest PCT report on monitoring prescribing (eg expenditure and prescribing indicators) showing trends over time

Please ensure personal details relating to patients or members of staff are anonymised

3 Patient and public involvement

3.1	PCT report on patient and public involvement for the last financial year
3.2	PCT strategy/workplan for patient and public involvement for the current financial year. N.B. This should be in accordance with Section 11 of the Health and Social Care Act (2001)
3.3	A copy of the PCT's baseline assessment. N.B. This should be in accordance with Section 11 of the Health and Social Care Act (2001)
3.4 3.3	Summary details of any PCT patient/public user surveys in the last 12 months
3.5 3.4	Community health council reports relating to the PCT in the last 12 months
3.6 3.5	Copies of the any PCT public consultation documents in the last 12 months
3.7 3.6	Number and description of patient and public compliments, comments and complaints received by the PCT in the last 12 months and actions taken by the PCT in response
3.8 3.7	Current PCT complaints handling policy
3.9 3.8	Ombudsman's reports on PCT staff, services and independent contractors in the last two years and a summary of action taken by the PCT in response to recommendation
3.10 3.9	Copies of reports of independent review panels for the last two years and actions taken

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4 Clinical audit

4.1	PCT report on clinical audit for the last financial year
4.2	PCT strategy/workplan for clinical audit for the current financial year
4.3	List of clinical audits undertaken in the PCT in the last 12 months detailing which staff were involved, and actions and changes made across the PCT
4.4	Copies of clinical audit policies/procedures

Please ensure personal details relating to patients or members of staff are anonymised

5 Clinical risk management

5.1	PCT report on clinical risk management for the last financial year
5.2	PCT strategy/workplan for clinical risk for the current financial year
5.3	Copies of any baseline risk assessments carried out across the PCT
5.4	Details of PCT clinical risk assessments in the last 12 months
5.5	Copies of clinical incident reporting forms currently in use across the PCT
5.6	Details of PCT actions in response to serious untoward incidents in the last 12 months
5.7	Health and safety executive inspection reports and action taken by the PCT in response
5.8	PCT policies for dealing with incidents about child abuse or vulnerable adults
5.9	Copies of the PCT's policies on risk management

Please ensure personal details relating to patients or members of staff are anonymised

6 Clinical effectiveness

6.1	PCT report on clinical effectiveness for the last financial year
6.2	PCT strategy/workplan for clinical effectiveness for the current financial year
6.3	Copies of clinical guidelines/policies that the PCT currently applies across both its directly employed staff and independent contractors
6.4	Copies of PCT pressure sore monitoring data for the last 12 months

Please ensure personal details relating to patients or members of staff are anonymised

7 Staffing and staff management

[N.B. For this review 'staffing' refers to workforce planning and staff management refers to other human resources functions.]

7.1	PCT report on staffing and staff management for the last financial year
7.2	PCT strategy/workplan for staffing and staff management for the current financial year
7.3	Copies of the PCT's staff policies (including equal opportunities and diversity)

Commission for Health Improvement

7.4	Current PCT policies/procedure for dealing with racial harassment of staff and patients by either staff and patients. Please numbers of reported incidents in the past 12 months
7.5	PCT ethnic monitoring data for staff (by staff group) over the last 12 months
7.6	Information on turnover, sickness and vacancy rates by staff group in the last 12 months
7.7	Information on recent staff surveys by the PCT and actions taken by the PCT in response
7.8	Numbers and percentages of staff (by staff group) appraised in the last 12 months
7.9	Copies of PCT assessment reports on Investors In People (IIP) and Improving Working Lives (IWL)
7.10	Numbers and percentage of staff (by staff group) who had mandatory training in the last 12 months
7.11	A copy of the PCT's report on annual appraisal, personal development plans and re accreditation for independent practitioners

Please ensure personal details relating to patients or members of staff are anonymised

8 Education, training and continuing professional development (CPD)

8.1	PCT report on education, training and CPD annual report for the last financial year
8.2	PCT strategy/workplan for education, training and CPD for the current financial year
8.3	External assessments of PCT education and training activities in the last 12 months
8.4	Copies of any reports on customer care training across the PCT in the last 12 months

Please ensure personal details relating to patients or members of staff are anonymised

Commission for Health Improvement

9   Use of information

9.1	PCT report on information, communication and technology for the last financial year
9.2	PCT strategy/workplan for information, communication and technology for the current financial year
9.3	Summary details of PCT inspection reports on GMS, PMS, and PDS dental practices
9.4	Latest activity and quality monitoring report on services provided by the PCT's community health services staff groups (district nurses, health visitors, therapists, etc)
9.5	A copy of the PCT's service level agreement (SLA) with its main acute hospital provider and its main mental health provider for the current financial year
9.6	A copy of the latest PCT data audit reports on data quality in the last 12 months
9.7	A copy of the current PCT patient prospectus on service provision and performance
9.8	A copy of a PMS pilot contract with one representative general practice for the current financial year
9.9	Summary details of PRIMIS or other IT initiatives in general practices across the PCT
9.10	The PCT's Caldicott report

Please ensure personal details relating to patients or members of staff are anonymised

10   Other information

10.1	PCT clinical governance arrangements questionnaire

Please ensure personal details relating to patients or members of staff are anonymised

Supplementary notes to pre visit request for existing data and information document – submission and logging of part 2 information

Excel document check list

A checklist is enclosed in Excel version 5 format; the file is titled **14c CGR_cIPCT01.xls**. Completing this form should help your information collection process and is vital for our document tracking and internal audit processes. Please therefore complete the form fully, following the guidelines below.

Guidelines for completion of Excel document checklist (14c CGR _cIPCT01.xls)

Description - The Excel workbook has 14 sheets/tabs:

- sections 1 to 10 – these correspond to sections 1 to 10 of the part 2 information detailed in the pre visit request for existing data and information document

- contacts – key to the initials of individuals identified as contacts within the check list

- example - refer to for guidance

Overview - a row should be completed on the form for EACH individual document sent, both electronic and hard copies (this includes individual minutes, etc). Rows can be inserted into the table for extra documents if required. Rows highlighted in green are for items required in stage 1 of the timetable.

Classifying – most documents should fall into one of the numbered subsections (for example, 1.1 or 5.13). Where a document may fall into two or more subsections a judgement should be made on assigning it to a single subsection. However, please note that each section also has a miscellaneous documentation subsection.

Numbering - each document should be individually numbered for reference. Hard copies should have their reference number written on the front of the document (in the top right corner if possible), and electronic copies should have their reference number incorporated into the start of the file name (for example, **1.6.01 management board 18Apr01.doc**).

Column descriptions and notes – the notes below should help when completing each column:

- document number – this should be unique to each document, for example 1.3.03 is the 3nd (third or second??? Please amend according) document logged under subsection 1.3 and 1.3.16 is the sixteenth. Where two copies of a paper document are supplied they should both have the same number

- description – this column has been completed by CHI and describes the subsection

- paper or electronic copy – format of information sent. Please enter '**NA**' for not available and enter reason in PCT comments column

- document/file name – enter the title of hard copies OR the electronic file name if supplied using the format described in numbering above

- date document sent to CHI

- initials of PCT contact name for document – the contact should be added to the contacts sheet
- PCT comments – for example, the reason documentation is unavailable
- hidden columns – the spreadsheet has some hidden columns for CHI administrative purposes

Submitting the checklist - please submit an up to date version of the checklist with each batch of information submitted. Versions are identified in the file name, for example **14c CGR _cIPCTnn.xls** (*nn* is the current version number).

GUIDANCE NOTES FOR PRIMARY CARE TRUSTS (PCTS) ON COMPLETING CHI'S INFORMATION REQUEST

This guidance note is intended to help you understand more about what we are looking for in our data request and in the trust questionnaire

You must complete the following documents:
- CGR_PCT_checklist.xls
- Trust questionnaire PCT precoded.doc   (Main trust questionnaire)
- Primary care contractor contact details.xls
- Primary care contractors.xls
- Organisational-committee-arrangements.xls
- SLAs-policies-accreditations-inspections.xls
- Committee structure chart

Guidance notes:

Guidance on submitting data as part of the PCT information request:

a) **Latest Annual Reports**

We request the latest annual reports so that we can examine your PCT's reporting of different types of clinical governance activities, outcomes and achievements. You should provide copies that were submitted to your board or your professional executive committee or your clinical governance committee. These annual reports can be either short internal business reports or formal publications. For example, the latest annual report on work on clinical audit activities.

b) **Board level Strategies/Plans**

We request board level strategies and plans to examine your PCT's written communication of strategies and plans that relate to different types of clinical governance activities and objectives. You should provide copies that were submitted to your board or to one of its sub-committees, or to your professional executive committee. These strategies and plans can be either short internal business documents or formal publications. For example, the board level strategies and plans for work on clinical effectiveness.

c) **Board level progress and monitoring reports**

We request board level progress and monitoring reports to examine your PCT's written communication of progress and the monitoring of implementation of strategies and plans that relate to different types of clinical governance activities and objectives. You should provide copies that were submitted to your board or to one of its sub-committees, or to your professional executive committee. These progress and monitoring reports can be either short internal business documents or formal publications. For

example, the board level progress and monitoring report on the PCT's work on patient and public involvement.

Please note: We are asking for documents for different types of clinical governance activity although you may have documents that cover more than one type of activity. If this is so only submit each document once but cross reference on the MS Excel document checklist (CGR_PCT_checklist.xls) to show that you are submitting a document that satisfies several items in the request.

If you have any questions please contact the pre review team for guidance.

PCT CGR Checklist

PCT NAME >>>>>>>>   **Example**

Document number e.g. 1.1.01, 1.1.02 etc. Insert rows as needed	Description	Paper or Electronic copy. Enter P or E	Document / file name		Date document sent to the Commission for Health Improvement	Initials of PCT contact name for document (contact should be added to contacts sheet	PCT comments
			Hard copy document name	Electronic file name			
1.1.01	Organisation charts showing departmental, committee and directorate structures	E		1.1.01 board structure.ppt	01/09/2000	GHR	
1.1.02		E		1.1.02 PCT meeting structure.ppt	01/09/2000	GHR	
1.2.01	Latest PCT annual report	P	Annual report 199900		02/09/2000	TF	
1.3.01	Minutes of the PCT board (part 1 and part 2) for the last 12 months	E		1.5.01 PCT board Apr99.doc	05/08/2000	YM	
1.3.02		E		1.5.02 PCT board Jun99.doc	05/08/2000	YM	
1.3.03		E		1.5.03 PCT board Jul99.doc	05/08/2000	YM	
1.3.04		E		1.5.04 PCT board Oct99.doc	05/08/2000	YM	
1.3.05		E		1.5.05 PCT board Dec99.doc	05/08/2000	YM	
1.3.06		E		1.5.06 PCT board Feb00.doc	05/08/2000	YM	
1.3.07		E		1.5.07 PCT board Mar00.doc	05/08/2000	YM	
1.3.08		E		1.5.08 PCT board May00.doc	05/08/2000	YM	
1.3.09		E		1.5.09 PCT board Jul00.doc	05/08/2000	YM	

Guidance notes on completing the attached spreadsheet data templates:

1) **Primary care contractor contact/address details:**
The attached templates are designed to collect contact and address details of your primary care trust's (PCT's) primary care contractors. These are:
- general practitioners (either sole practitioners or partnership details)
- dental practitioners (either sole practitioners or partnership details)
- optometrists (either sole practitioners, partnerships or companies)
- pharmacists (either sole practitioners, partnerships or companies. Please do not include dispensing practices in the pharmacist list)

Please add columns if necessary to show the full address details of contractors.

Primary Care Contractor Profile

GP contractors

TRUST NAME >>>>>

Please provide details of GP contractors - see additional notes below

Please provide the name and designation of person completing this data sheet.

Name:

Designation:

	Practice identifier		GP service provision						Number of patients			Closed practice lists		Screening		Immunisation rates			
	Practice code	Principal name	Number of partners (GMPs)	Number of WTE GMPs	GMS or PMS pilot?	Is it a training practice? yes/no	Is it a dispensing practice? yes/no	Is it working with a PRIMIS facilitator? yes/no	Total list size (most recent available data)	Number of patients under five	Number of patients over 65	When did the practice last close its list?	When did the practice reopen its list?	Cervical screening rates*	Preschool booster rates*	MMR < 2 rates*	DTP < 2 rates*	Pertussis <2 rates*	Percentage of patients 65 or over with flu vaccination
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* Please supply the most recent 12 months data that is available, please tell us which 12 months these are in the blue boxes at the bottom of the relevant column

For total list size please tell us what at date the information is correct

Guidance notes on submitting a primary care trust (PCT) committee structure chart:

We are requesting a committee structure chart that shows the chain of accountability and reporting of your PCT's clinical governance committees that report ultimately to the board.

If you have an existing document please send a copy. Otherwise please use the template to show, as a minimum, the relationship between the board and the Professional Executive Committee, management team, clinical governance committee, health improvement and modernisation committee, and the prescribing and medicines management committee.

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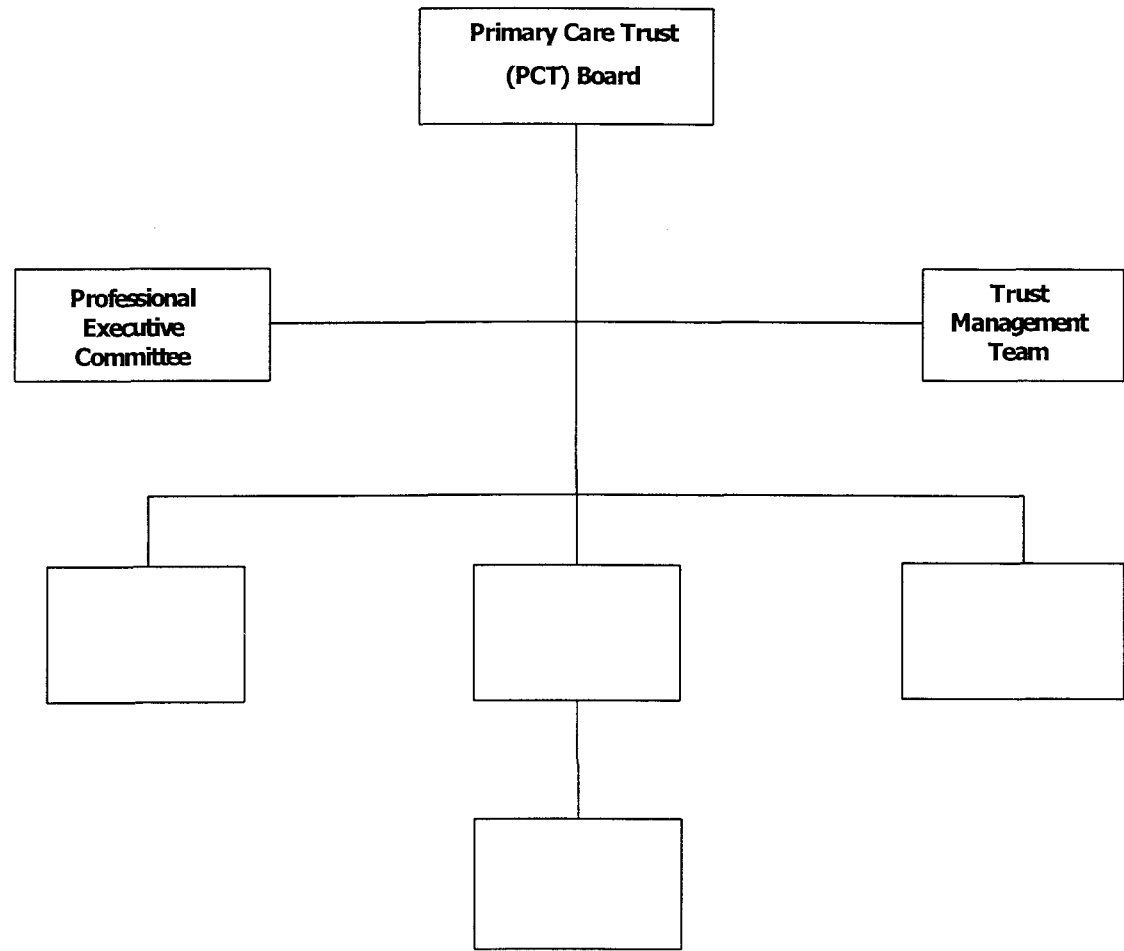
Guidance notes on completing the attached spreadsheet data templates:

1)   Committee membership:
The attached templates are designed to collect data on the members, their lead roles and their membership status for six committees within the primary care trust (PCT). These are:
- board
- Professional Executive Committee
- management team
- clinical governance committee
- health improvement and modernisation programme
- prescribing and medicines management

2)   Lead roles of committee members:
By lead role we mean either the lead role of a PCT manager, or a person's representative lead role on the Professional Executive Committee, or the shadow lead role of a non-executive director.

Primary care trust (PCT) schedule of service level agreements (SLAs) and contracts for purchasing support services

TRUST NAME >>>>>

Please provide the following details of the PCT's SLAs and contracts for purchasing support services (including other PCTs).

Please provide the name and designation of person completing this data sheet.

Name:

Designation:

	Provider organisations		Monitoring			Quality standards			Scrutiny and Reporting	
	Name of provider organisation	Is the organisation an NHS provider? yes/no	Name of organisation that leads on the SLA or contract	Total value of the SLA or contract £'million	Value of the SLA or contract solely for your PCT £'million	Does the SLA or contract specify quality standards? yes/no	Who in the PCT is accountable for monitoring the quality of the purchased service?	How frequently does the PCT monitor service quality?	Which governance committee is responsible for scrutinising the quality of the purchased service?	What is the mechanism for reporting the performance of quality standards to the responsible governance committee?
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