NAO
NATIONAL AUDIT OFFICE

hsmc

Improving Quality and Safety: Progress in Implementing Clinical Governance in Primary Care Trusts (2005)

Survey Questionnaire A:

For completion only by Chief Executives

(This questionnaire should be completed by Chief Executives but they may wish to consult with their Clinical Governance Leads in compiling their replies. N.B. Sections D & H are relevant to Chief Executives alone)

**This survey is being carried out by the Health Services Management Centre, University of Birmingham on behalf of the National Audit Office in order to review progress made in the PCTs.
Please make sure you have answered all of the questions and completed the ratings as instructed.
Please return completed questionnaire in the S.A.E. provided.**

About the National Audit Office

The role of the National Audit Office (NAO) is to report to Parliament on the use of public funds by a wide range of government departments and other bodies including the Department of Health and NHS Trusts. The NAO has a statutory responsibility to report on whether those bodies are discharging their responsibilities in an economic, efficient and effective way.

The NAO examination of Clinical Governance in Primary Care

Our current examination of the implementation of clinical governance in primary care is part of a continuing theme of our work. The NAO previously conducted a study of the implementation of clinical governance in acute trusts, which led to the publication of the report Achieving Improvements through Clinical Governance: A progress report on implementation by NHS Trusts (HC 1055, September 2003). We have also conducted a number of studies relating to patient safety and clinical governance, including Improving Patient Care by Reducing the Risk of Hospital Acquired Infection (HC 876 2004) and Reforming NHS Dentistry: Ensuring effective management of risks (HC 25 November 2004). These reports are available on the NAO website at www.nao.org.uk

Objectives of the study

Clinical governance has been at the heart of many government initiatives to improve quality in primary care during the past five years and this study will examine whether PCTs are achieving improvements in patient care through better clinical governance. It is designed to provide a comprehensive assessment of what has been achieved, what lessons have been learned and what more needs to be done. Further information on the study is available at www.nao.org.uk/publications/workinprogress/primarycare.htm.

The survey

We recognise that this study is an additional burden on you and your staff at this time and we have tried therefore to ensure that as much information as possible is gathered from secondary sources. We have consulted with the Healthcare Commission , in particular, as part of the Concordat on healthcare inspection, regulation and audit and have endeavoured to ensure that the survey questions are relevant and useful in the context of the Annual Health Check.

The survey has been developed in consultation with the Health & Social Care Information Centre (HSCIC) – Review of Central Returns (ROCR) Committee, who consider it to be useful and reasonable. (Gateway reference number 5480)

The survey is comprised of three questionnaires 'A' (for completion by Chief Executives), 'B' (for completion by members of PCT Board or Professional Executive Committee) and 'C' (for completion by other staff, not members of either PCT Board or Professional Executive Committee) Instructions for completion are contained within each questionnaire. The questionnaire will be read by an optical scanner so please ensure that your responses are clear.

Use of results

We plan to finish our fieldwork in October and prepare a draft report in late autumn. The results of the surveys will be presented in anonymised form. Should we wish to make reference to individual PCTs, to illustrate good practice for example, we would clear this with the Trust before publication..

In addition to the main report, we also plan to provide each PCT with an individual feedback report. This will allow you to benchmark your Trust's performance against the national picture and against PCTs of a similar type. We expect to report to Parliament in Spring 2006.

Contacts for further information

If you have any questions on the survey, please contact Professor Peter Spurgeon at P.Spurgeon@bham.ac.uk; telephone 0121 414 6213
or Dr Tim Freeman at T.Freeman@bham.ac.uk; telephone 0121 414 3213

Any questions about the National Audit Office or its work should be addressed to Chris Groom, the audit manager responsible for the study, at Chris.Groom@nao.gov.uk; telephone: 0207 798.7941

Thank you in advance for your co-operation in this study.

 Karen Taylor – Director, Value for Money Health Audit

A) Respondent Details

PCT name

Name of person completing questionnaire

Job title

Contact telephone number/e-mail address

[If we need to speak to someone about this survey please give contact and job title here]

B) Characteristics of Primary Care Trust

1 Approximate size of population served by PCT ⬚ (1,000's)

2 Would you describe location of PCT as
☐ Mainly urban
☐ Mainly rural
☐ Mixed   *(please tick **one** box)*

3 Does the PCT have any directly provided services (ie services provided through employed staff , not through independent contractors such as GPs)?
☐ Yes   ☐ No   (if yes, briefly describe in box below)

Briefly describe

C) Functioning of the Primary Care Trust

1a Does the PCT have a Medical Director? ☐ Yes   ☐ No

1b Does the Medical Director have responsibility for clinical governance? ☐ Yes   ☐ No

1c What is the job title of the nominated executive director leading on clinical governance at Trust Board level?

[   ]

1d Is this person also the clinical governance lead? ☐ Yes   ☐ No

1e If not, please state the job title of the clinical governance lead

[   ]

2 Which of the following (if any) constrain your organisation from implementing its clinical governance responsibilities?

	Not at all				Very much
	1	2	3	4	5
lack of time	☐	☐	☐	☐	☐
lack of resources	☐	☐	☐	☐	☐
lack of appropriate information	☐	☐	☐	☐	☐

(tick **one** box for **each** rating)

3 Which external reviews of clinical governance has your Trust had in the past three years?
(please complete the following)

Please rate the effectiveness of the review in driving clinical governance forward

			Year review undertaken	Not at all effective				Extremely effective
				1	2	3	4	5
CHI Review	☐ Yes	☐ No	[ ]	☐	☐	☐	☐	☐
NHS Litigation Authority's Clinical Negligence Scheme for Trusts	☐ Yes	☐ No	[ ]	☐	☐	☐	☐	☐
NHS Performance Reviews (star ratings)	☐ Yes	☐ No	[ ]	☐	☐	☐	☐	☐
Other (please state) [ ]	☐ Yes	☐ No	[ ]	☐	☐	☐	☐	☐

(tick **one** box for **each** rating)

4 Has your trust set any specific targets for clearly demonstrating improvements in clinical governance?

☐ Yes   ☐ No   *Please specify*

[   ]

D) Quality & Safety Assurance (This section must be completed by the Chief Executive)

1 What mechanisms and procedures does the Trust Board trust use to assure itself that Clinical Governance is improving quality & safety where needed?

> *Please specify*

2 What actions do you take to assure yourself that the Trust Board & the Professional Executive Committee understands & implements its roles?

Trust Board

a) Understands its role

> *Briefly describe your actions*

b) Effectively implements its role

> *Briefly describe your actions*

Professional Executive Committee

a) Understands its role

> *Briefly describe your actions*

b) Effectively implements its role

> *Briefly describe your actions*

E) Usefulness of Guidance & Support

(Please rate the following items)

Usefulness

Not at all useful   Extremely useful

| | | 1 | 2 | 3 | 4 | 5 |

1 Is the Department of Health providing helpful support in implementing clinical governance?

☐ Yes   ☐ No   ☐ ☐ ☐ ☐ ☐   *Please specify*

2 Is the Strategic Health Authority providing useful support in terms of PCTs developing effective clinical governance systems?

☐ Yes   ☐ No   ☐ ☐ ☐ ☐ ☐   *Please give an example*

3 Does the Strategic Health Authority monitor performance of PCTs in terms of implementing clinical governance?

☐ Yes   ☐ No   ☐ ☐ ☐ ☐ ☐   *Please give an example*

4 Has your PCT participated in the NHS Clinical Governance Support Team (CGST) Board Development Programme (ie the Strategic Leadership of Clinical Governance in PCTs programme?

☐ Yes   ☐ No   ☐ ☐ ☐ ☐ ☐   *Please specify*

5 Has your PCT participated in other programmes offered by the CGST (eg recent virtual workshop on 'The Draft Declaration on Standards Compliance and the CG role'?)

☐ Yes   ☐ No   ☐ ☐ ☐ ☐ ☐   *Please specify*

6 What other types of assistance, guidance or support would be useful and who should provide it?

Briefly describe

7 Has the implementation of clinical governance delivered benefits for the quality of patient care?

☐ Yes, clear benefits

☐ Maybe, but not yet fully assessed

☐ No measurable impact

Please provide brief explanation

8 Has the implementation of clinical governance delivered efficiency savings?

☐ Yes

☐ Maybe, but not yet fully assessed

☐ No

If yes, please give examples

F) PCT Structures and Processes for Clinical Governance - Instructions for Completion

We wish to identify the structural arrangements (i.e. committees, working groups, task groups, etc) that PCTs have in place for supporting each of the aspects of clinical governance listed below. For each, we would like you to provide the following information:

Written strategy in place / Named lead person / Structures & processes in place: Please indicate by ticking the 'Yes' or 'No' box for each issue

Overall achievement of available structures and processes: In your opinion, please estimate how effective current structures and processes are in managing risks to service delivery and improving patient experience for each aspect. Your ratings should range from 1 (completely ineffective) to 7 (fully effective). For each aspect, please provide one rating for 'managing risk' and one rating for 'patient experience' . There are no right or wrong answers - the ratings should reflect your own opinions.

Levels at which structures are available: As primary care organisations are undergoing considerable reconfiguration, we are also interested in the levels at which structures are available for each of the aspects of clinical governance identified above. Please tick the boxes to indicate the levels at which there are organisational structures designed to support each aspect: *tick as many levels as apply* .

Aspect of clinical governance	Is there a written strategy in place? (tick *one* box)	Is there a named lead person? (tick *one* box)	Are structures & processes in place? (tick *one* box)	Overall effectiveness of available structures and processes in 1. Managing risks to service delivery 2. Improving patient experience (tick *one* box for *each* rating) (**NB**: Range from 1 (completely ineffective) to 7 (fully effective))	Levels at which structures are available (tick *one or more* boxes)		
					shared across multiple PCTs	shared across an entire PCT	available at sub-PCT level
1 Ensuring effective clinical leadership	Yes ☐ ☐ No	Yes ☐ ☐ No	Yes ☐ ☐ No	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	☐	☐	☐
2 Maintaining the capacity and capability to deliver services	Yes ☐ ☐ No	Yes ☐ ☐ No	Yes ☐ ☐ No	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	☐	☐	☐
3 Pro-actively identifying clinical risks to patients & staff	Yes ☐ ☐ No	Yes ☐ ☐ No	Yes ☐ ☐ No	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7	☐	☐	☐

Aspect of clinical governance	Is there a written strategy in place? (tick *one* box)	Is there a named lead person? (tick *one* box)	Are structures & processes in place? (tick *one* box)	Overall effectiveness of available structures and processes **1. Managing risks to service delivery** **2. Improving patient experience** (tick *one* box for *each* rating) (**NB**: Range from 1 (completely ineffective) to 7 (fully effective))	Levels at which structures are available (tick *one or more* boxes) shared across multiple PCTs	shared across an entire PCT	available at sub-PCT level
4 Collecting and using 'intelligent information' on clinical care	Yes ☐ ☐ No	Yes ☐ ☐ No	Yes ☐ ☐ No	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7) Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7)	☐	☐	☐
5 Involving professional groups in multi-professional clinical audit	Yes ☐ ☐ No	Yes ☐ ☐ No	Yes ☐ ☐ No	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7) Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7)	☐	☐	☐
6 Involving patients and public in the design and delivery of PCT services	Yes ☐ ☐ No	Yes ☐ ☐ No	Yes ☐ ☐ No	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7) Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7)	☐	☐	☐
7 Ensuring the quality of the patient experience	Yes ☐ ☐ No	Yes ☐ ☐ No	Yes ☐ ☐ No	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7) Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7)	☐	☐	☐
8 Improving services based on lessons from complaints	Yes ☐ ☐ No	Yes ☐ ☐ No	Yes ☐ ☐ No	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7) Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7)	☐	☐	☐
9 Improving services based on lessons from patient safety incidents / near misses	Yes ☐ ☐ No	Yes ☐ ☐ No	Yes ☐ ☐ No	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7) Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ (1 2 3 4 5 6 7)	☐	☐	☐

G) Issues in Clinical Governance - Instructions for Completion

Listed below is a series of clinical governance related issues, identified from the broad literature on clinical governance and directly relevant to items in the 'Standards for Better Health' Core Standards. For each issue, we would like you to provide the following information:

Implementation plan / person with responsibility for implementation: Please indicate by ticking the 'Yes' or 'No' box for each issue

Coverage: Please estimate the proportion of coverage as identified in each case. Do this by providing a percentage between 0% - 100%

Overall achievement of available structures and processes: In your opinion, please rate your PCT's achievement in addressing each issue, in terms of both managing risk and improving patient experience Your estimates should range from 1 (completely ineffective) to 7 (fully effective). For each item please provide one rating for 'Managing risk' and one rating for 'Patient experience'

Clinical Governance Issue	Is there an implementation plan? (tick *one* box)	Is there someone with responsibility for ensuring implementation? (tick *one* box)	Estimate of coverage please give a percentage estimate (0% - 100%)	Overall achievement (please tick *one* box for *each rating*) (**NB**: Range from 1 (completely ineffective) to 7 (fully effective)
1 Ensuring compliance with Continuing Professional Development (CPD) requirements	Yes ☐ ☐ No	Yes ☐ ☐ No	% of clinical staff undertaking CPD ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
2 Supporting arrangements for the appraisal of clinical staff	Yes ☐ ☐ No	Yes ☐ ☐ No	% of clinical staff with annual appraisals ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
3 Developing Performance and Development Review (PDR) for staff	Yes ☐ ☐ No	Yes ☐ ☐ No	% of PCT staff with Personal Development Plans ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
4 Developing leadership at every level of the organisation	Yes ☐ ☐ No	Yes ☐ ☐ No	% of PCT staff undergoing leadership development ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7

Issue	Is there an implementation plan? (tick *one* box)	Is there someone with responsibility for ensuring implementation? (tick *one* box)	Estimate of coverage please give a percentage estimate (0% - 100%)	Overall achievement (please tick *one* box for *each rating*) (**NB**: Range from 1 (completely ineffective) to 7 (fully effective)
5 Supporting development of multi-disciplinary clinical care	Yes ☐ ☐ No	Yes ☐ ☐ No	% of clinical staff working in multi-disciplinary teams ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
6 Developing wider PEC understanding of clinical governance duties	Yes ☐ ☐ No	Yes ☐ ☐ No	% PEC members with good understanding of clinical governance ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
7 Ensuring effective clinical risk management strategies	Yes ☐ ☐ No	Yes ☐ ☐ No	% of services covered by written risk management strategies ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
8 Promoting error and adverse incident reporting	Yes ☐ ☐ No	Yes ☐ ☐ No	% of services covered by adverse incident reporting policy ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
9 Acting on patient feedbacks & complaints	Yes ☐ ☐ No	Yes ☐ ☐ No	% of services covered by complaints policy ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
10 Ensuring effective infection control	Yes ☐ ☐ No	Yes ☐ ☐ No	% of eligible services covered by infection control policy ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
11 Providing clear guidance on medicines management	Yes ☐ ☐ No	Yes ☐ ☐ No	% of eligible services covered by medicines management policy ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7

Issue	Is there an implementation plan? (tick *one* box)	Is there someone with responsibility for ensuring implementation? (tick *one* box)	Estimate of coverage please give a percentage estimate (0% - 100%)	Overall achievement (please tick *one* box for *each rating*) (**NB**: Range from 1 (completely ineffective) to 7 (fully effective))
12 Supporting access to NSF guidance	Yes ☐　☐ No	Yes ☐　☐ No	% of eligible services with access to NSF guidance [ ] %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7
13 Providing information on Evidence Based Medicine	Yes ☐　☐ No	Yes ☐　☐ No	% of services with access to appropriate information & literature [ ] %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7
14 Developing protocols and guidelines for clinical care	Yes ☐　☐ No	Yes ☐　☐ No	% of services undertaking clinical protocol development [ ] %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7
15 Facilitating local health & social care agency influence over PCT governance issues	Yes ☐　☐ No	Yes ☐　☐ No	% of statutory health/social care agencies involved in PCT governance [ ] %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7
16 Sustaining local strategic partnerships	Yes ☐　☐ No	Yes ☐　☐ No	% of services delivered in partnership with other agencies [ ] %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7
17 Developing shared vision with collaborating organisations	Yes ☐　☐ No	Yes ☐　☐ No	% corporate aims informed by collaborative work [ ] %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7
18 Involving local communities in the PCT	Yes ☐　☐ No	Yes ☐　☐ No	% of services with active involvement strategies [ ] %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 　　　　　　1　2　3　4　5　6　7

Issue	Is there an implementation plan? (tick *one* box)	Someone with implementation responsibility? (tick *one* box)	Estimate of coverage please give a percentage estimate (0% - 100%)	Overall achievement (please tick *one* box for *each rating*) (**NB**: Range from 1 (completely ineffective) to 7 (fully effective))
19 Ensuring use of QOF data in making service improvements	Yes ☐ ☐ No	Yes ☐ ☐ No	% of eligible services using QOF data in quality improvement ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
20 Promoting multi-disciplinary audit against national standards	Yes ☐ ☐ No	Yes ☐ ☐ No	% of services engaged in multi-disciplinary audit ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
21 Supporting commissioning for quality	Yes ☐ ☐ No	Yes ☐ ☐ No	% of commissioning activity with explicit service quality criteria ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
22 Ensuring that commissioning arrangements take account of clinical risk	Yes ☐ ☐ No	Yes ☐ ☐ No	% of commissioning activity with explicit risk management criteria ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
23 Benchmarking commissioning against other organisations	Yes ☐ ☐ No	Yes ☐ ☐ No	% of services benchmarking commissioning against other PCTs ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
24 Developing Practice based commissioning	Yes ☐ ☐ No	Yes ☐ ☐ No	% of practices undertaking practice based commissioning ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
25 Benchmarking provision against other organisations	Yes ☐ ☐ No	Yes ☐ ☐ No	% of services benchmarking provision against other PCTs ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7
26 Ensuring that Public Health informs PCT policy	Yes ☐ ☐ No	Yes ☐ ☐ No	% of eligible services informed by Public Health data ☐ %	Managing risk ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7 Patient experience ☐ ☐ ☐ ☐ ☐ ☐ ☐ 1 2 3 4 5 6 7

H) Progress in Clinical Governance - Instructions for Completion (This section must be completed by the Chief Executive)

The items in this section are designed to canvass your opinion on progress in clinical governance across a number of domains, including quality improvement processes, corporate accountability and collaboration with partner agencies. We seek your views on the relative importance of the elements of clinical governance, as well as your assessment of your Trust's success in integrating those elements into its working practices.

The schedule asks for your opinion of your organisation's achievement against a series of statements reflecting good practice in clinical governance. For each statement we would like you to indicate the current level of **achievement** of the organisation. We would like you to indicate the level of **importance** you attach to each statement with respect to quality of patient care.

Some questions approach the same Key topics from slightly different perspectives. This is because we need to obtain a representative and fair view of these broad areas. Please answer all of the questions even if you feel they are occasionally covering similar ground.

		Achievement	Importance
		Low ... High	Low ... High
		1 2 3 4 5 6 7	1 2 3 4 5 6 7
1	There is a 'fair and just culture' around reporting adverse events and near misses	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 1
2	Leadership skills are developed at every level	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 2
3	Organisation-wide clinical governance systems are underpinned by local systems	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 3
4	Staff are trained in evidence-based practice	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 4
5	There is a nominated clinical lead for clinical governance	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 5
6	Staff appraisal is used as an opportunity to reflect on progress and plan future development	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 6
7	Staff are trained in the use of risk management systems	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 7
8	Primary care clinical staff work as a multi-disciplinary team	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 8
9	The Local Medical Committee (LMC) are involved in clinical governance	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 9
10	There are clear criteria for establishing user involvement groups	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 10
11	Published research is used to inform quality improvement	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 11
12	Clinical audit topics are selected according to their potential impact on care quality	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 12
13	Evaluation of adverse events are used to improve service quality	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 13
14	Staff share common objectives	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 14
15	Following identification of a problem from complaints data, clinical quality is improved	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 15
16	Staff benchmark commissioning against other PCTs	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 16
17	Staff modify their care processes to reflect emerging 'best practice'	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 17
18	Service delivery plans include quality improvement activity	☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ 18

		Achievement		Importance	
		Low High		Low High	
		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
19	There are local arrangements to collate information for the clinical governance committee	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	19
20	NSF implementation is integrated with business planning and quality improvement programmes	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	20
21	Local health and social care agencies work jointly on clinical governance issues	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	21
22	There is a common vision for clinical governance	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	22
23	Clinical issues are not dominated by any single profession	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	23
24	Staff are trained in clinical audit	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	24
25	Clinical indicators are used to review services	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	25
26	All staff development plans identify training opportunities	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	26
27	There is a formal clinical governance committee, reporting to the board	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	27
28	Training identified in staff development plans matches individual needs to organisational needs	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	28
29	Service users are involved in service development	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	29
30	There is an annual staff appraisal process for most staff	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	30
31	Care pathways are developed with colleagues in secondary care	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	31
32	Partnerships with local health and social care agencies have shared purposes	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	32
33	All staff are appraised against an agreed work and development programme	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	33
34	There is an executive director with responsibility for developing the clinical governance agenda	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	34
35	Clinical teams respond to changes in their environment by reorganising their work processes	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	35
36	Local and national priorities are used to priorities service development	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	36
37	Clinicians use professional networks to identify emerging 'best practice'	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	37
38	New skills obtained through development activity are used	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	38
39	Clear action plans are developed in response to identified clinical risks	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	39
40	Service improvement activity focuses on the patient experience of care	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	40
41	Clinical leads use professional networks to build support for clinical governance	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	41
42	There are clear management processes for addressing underperformance by clinical staff	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	42
43	Staff benchmark provision against other PCTs	☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐	43

I) Impact of Clinical Governance on the Quality of Patient Care - Instructions for Completion

In this section, using your own words, you are asked to describe **up to** three examples of how changes in PCT structure or processes driven by the clinical governance agenda have impacted (directly or indirectly) on the quality of patient care. You may select any examples that you think are suitable provided the organisational changes you describe are closely and unambiguously related to the introduction of clinical governance and not to other organisational initiatives within the PCT. For each of your three selected examples, your description should fit into the framework shown below which details which aspects it would be useful for you to cover.

Example One: **Please make sure that your written descriptions are legible and fit into the answer boxes below** ↓

a) Situation Identified (Include brief background details and reasons why change was considered necessary. Were time & resources sufficient?)	
b) Actions You Took (Main aims and objectives, strategies adopted. Include stages, key events, achievements & failures. Describe any barriers you encountered.)	
c) Outcome of Change (Describe improvements in quality of patient care together with any supporting evidence of positive change. Include both quantitative & qualitative aspects of change outcomes where these are relevant.)	

Example Two: Please make sure that your written descriptions are legible and fit into the answer boxes below ↓

a) Situation Identified (Include brief background details and reasons why change was considered necessary. Were time & resources sufficient?)	
b) Actions You Took (Main aims and objectives, strategies adopted. Include stages, key events, achievements & failures. Describe any barriers you encountered.)	
c) Outcome of Change (Describe improvements in quality of patient care together with any supporting evidence of positive change. Include both quantitative & qualitative aspects of change outcomes where these are relevant.)	

Example Three: Please make sure that your written descriptions are legible and fit into the answer boxes below   ↓

a) Situation Identified (Include brief background details and reasons why change was considered necessary. Were time & resources sufficient?)	
b) Actions You Took (Main aims and objectives, strategies adopted. Include stages, key events, achievements & failures. Describe any barriers you encountered.)	
c) Outcome of Change (Describe improvements in quality of patient care together with any supporting evidence of positive change. Include both quantitative & qualitative aspects of change outcomes where these are relevant.)	

Thank you for completing this questionnaire

CEO Completion Declaration:

As Chief Executive Officer of this PCT, I confirm that this NAO Survey Questionnaire has been appropriately completed and represents the views of the PCT.

Please sign here: