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

# **Survey Questionnaire B:**

For completion only by members of the PCT Board (Executive & Non-Executive)
& Professional Executive Committee

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	
Position/Job Title	
Contact telephone number/E-mail address	

### B) Progress in Clinical Governance - Instructions for Completion

Listed below are twenty key statements about the effective implementation of clinical governance in PCTs. Each statement is prefixed by the phrase "In this PCT....." and you are asked to rate the extent to which you agree or disagree with each one with respect to your PCT. There are no right or wrong answers - please tick **one box** (for each statement) which best represents your own judgement and reflects your personal opinion.

In this PCT		Strongly Disagree				Strongly Agree		
	1	2	3	4	5	6	7	
Adverse incidents and errors can be freely reported without fear of reprisal								
Clinical governance systems provide assurance to the PCT Board								
Information to support evidence based medicine is available and easily accessible								
All staff are appraised against an agreed work and development programme								
Clinical care is managed and delivered using multidisciplinary teamwork								
Clinical audit is a key part of the clinical risk management strategy								
Clinical audit is used to improve patient care								
Errors and adverse events are monitored and evaluated to improve services								
Patient feedback and complaints guide clinical quality improvements								
Service provision is benchmarked against other PCT providers								
Commissioning is benchmarked against other PCTs								
Local health and social care agencies work closely together								
Performance indicators and clinical outcomes are used to review services								
Service users are involved in service development								
Care pathways are developed in collaboration with those in secondary care								
Clear action plans are developed in response to clinical risks								
Underperformance by clinical staff is addressed by clear management procedures								
All PEC members clearly understand the implications of clinical governance issues								
Leadership skills are developed at every level								
We have effective leadership								
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