NAO
NATIONAL AUDIT OFFICE

hsmc

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

Survey Questionnaire C:

For completion _only_ by Staff in Provider Organisations Delivering Services

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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

Position/Job Title

Contact telephone number/E-mail address

B) Working in the organisation

We would like to know what it is like to work in your organisation. Thinking of the part of the organisation where you work, indicate whether you agree or disagree with each of the following statements.   Please rate all the statements on the 7-point scale by ticking the box which best represents your opinion. Your ratings should range from 1 (strongly disagree) to 7 (strongly agree)

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.

Level of Agreement

In the part of the organisation where I work...

	Strongly disagree						Strongly agree	
	1	2	3	4	5	6	7	
1 When things go wrong, there is an automatic assumption that 'someone is to blame'	☐	☐	☐	☐	☐	☐	☐	1
2 Good practice ideas are shared with others outside the organisation	☐	☐	☐	☐	☐	☐	☐	2
3 Error reporting systems are basically a stick to beat clinicians with	☐	☐	☐	☐	☐	☐	☐	3
4 Critical appraisal skills training is available to those who want it	☐	☐	☐	☐	☐	☐	☐	4
5 People involved in clinical incidents are made to feel guilty	☐	☐	☐	☐	☐	☐	☐	5
6 Career development needs are addressed alongside strategic needs of the service	☐	☐	☐	☐	☐	☐	☐	6
7 Staff appraisals are used to punish staff	☐	☐	☐	☐	☐	☐	☐	7
8 People have a good knowledge of the skills of their colleagues	☐	☐	☐	☐	☐	☐	☐	8
9 We have protected time for quality improvement activity	☐	☐	☐	☐	☐	☐	☐	9
10 It is unsafe to be open and honest with colleagues	☐	☐	☐	☐	☐	☐	☐	10
11 The emphasis is on **how** an incident happened, not **who** made the mistake	☐	☐	☐	☐	☐	☐	☐	11
12 People who make mistakes are supported	☐	☐	☐	☐	☐	☐	☐	12
13 We work together across teams to make quality improvements	☐	☐	☐	☐	☐	☐	☐	13
14 We collect information on clinical risks	☐	☐	☐	☐	☐	☐	☐	14
15 Technical help with evidence based practice is available	☐	☐	☐	☐	☐	☐	☐	15
16 When there is an error, we look for failures in systems rather than blame individuals	☐	☐	☐	☐	☐	☐	☐	16
17 Appraisal does not identify the real development needs of staff	☐	☐	☐	☐	☐	☐	☐	17
18 Long-term planning for quality improvement gets lost in the day-to-day	☐	☐	☐	☐	☐	☐	☐	18

Level of Agreement

In the part of the organisation where I work...

Strongly disagree — Strongly agree

	1	2	3	4	5	6	7	
19 Colleagues are dishonest with each other	☐	☐	☐	☐	☐	☐	☐	19
20 Good practice stays isolated in pockets	☐	☐	☐	☐	☐	☐	☐	20
21 Identified clinical risks simply remain unaddressed	☐	☐	☐	☐	☐	☐	☐	21
22 Clinical risks are examined in a systematic way	☐	☐	☐	☐	☐	☐	☐	22
23 People share practice issues with others in different parts of the organisation	☐	☐	☐	☐	☐	☐	☐	23
24 There is no support to deliver service changes	☐	☐	☐	☐	☐	☐	☐	24
25 There is no clear vision of what it is that the organisation is trying to achieve	☐	☐	☐	☐	☐	☐	☐	25
26 We work in an atmosphere of blame	☐	☐	☐	☐	☐	☐	☐	26
27 We don't collect information on the clinical risks that matter most	☐	☐	☐	☐	☐	☐	☐	27
28 There is no training available in searching for research evidence	☐	☐	☐	☐	☐	☐	☐	28
29 There are lots of quality improvement initiatives, but little real change	☐	☐	☐	☐	☐	☐	☐	29
30 There is no common approach to risk management	☐	☐	☐	☐	☐	☐	☐	30
31 Teams from different parts of the organisation share their good practice	☐	☐	☐	☐	☐	☐	☐	31
32 People devote time to disseminating good practice	☐	☐	☐	☐	☐	☐	☐	32
33 The first we know of quality improvements elsewhere in the organisation is when we feel their effects	☐	☐	☐	☐	☐	☐	☐	33
34 Service improvements tend to be crisis-led	☐	☐	☐	☐	☐	☐	☐	34
35 When a clinical risk is identified, there is always action to address it	☐	☐	☐	☐	☐	☐	☐	35
36 Quality improvement is imposed from above rather than built from below	☐	☐	☐	☐	☐	☐	☐	36
37 We systematically assess clinical risks	☐	☐	☐	☐	☐	☐	☐	37
38 There is no time to get together to share ideas	☐	☐	☐	☐	☐	☐	☐	38
39 People share a common vision of service delivery	☐	☐	☐	☐	☐	☐	☐	39

Level of Agreement

In the part of the organisation where I work...

Strongly disagree   Strongly agree

		1	2	3	4	5	6	7	
40	There is mutual respect for everyone's contribution	☐	☐	☐	☐	☐	☐	☐	40
41	There is pressure to 'solve' problems quickly rather than take time and do it properly	☐	☐	☐	☐	☐	☐	☐	41
42	We don't address the accidents waiting to happen	☐	☐	☐	☐	☐	☐	☐	42
43	Clinical risk policies are shared throughout the organisation	☐	☐	☐	☐	☐	☐	☐	43
44	Clinical risk information is used routinely to inform decisions	☐	☐	☐	☐	☐	☐	☐	44
45	People don't know what their colleagues expect of them	☐	☐	☐	☐	☐	☐	☐	45
46	People don't seem to have shared service goals	☐	☐	☐	☐	☐	☐	☐	46
47	There is time to reflect on practice	☐	☐	☐	☐	☐	☐	☐	47
48	People don't know about good practice taking place in other parts of the organisation	☐	☐	☐	☐	☐	☐	☐	48
49	Development needs are regularly assessed	☐	☐	☐	☐	☐	☐	☐	49
50	Immediate pressures are always more important than quality improvement	☐	☐	☐	☐	☐	☐	☐	50
51	Quality improvement activity is largely a response to external pressure	☐	☐	☐	☐	☐	☐	☐	51
52	Risk assessment processes are updated in the light of clinical incidents	☐	☐	☐	☐	☐	☐	☐	52
53	Colleagues don't seem to understand each others role's	☐	☐	☐	☐	☐	☐	☐	53
54	When something fails, it is used as a learning opportunity	☐	☐	☐	☐	☐	☐	☐	54
55	Everyone has the same standing, regardless of professional background	☐	☐	☐	☐	☐	☐	☐	55
56	We react to problems, rather than try to prevent them	☐	☐	☐	☐	☐	☐	☐	56
57	People are motivated to improve quality	☐	☐	☐	☐	☐	☐	☐	57
58	There are few opportunities to use new skills learned as part of development	☐	☐	☐	☐	☐	☐	☐	58
59	People are forced into making service changes, rather than encouraged to make them	☐	☐	☐	☐	☐	☐	☐	59
60	People are highly motivated to make changes to clinical practice	☐	☐	☐	☐	☐	☐	☐	60

Thank you for completing this questionnaire