



Intelligent Information

Market Research Report

Clinical Governance In Primary Care

Among Primary care nurses in England

National Audit Office Study

December 2005

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History

Started: 29 Nov 2005 14:43
Finished: 2 Dec 2005 09:44
Duration: 3 days
Responded: 54
Deferred: 0
Refused: 0
Offered to: 54
Refusal Rate: 0%
Acceptance Rate: 100%

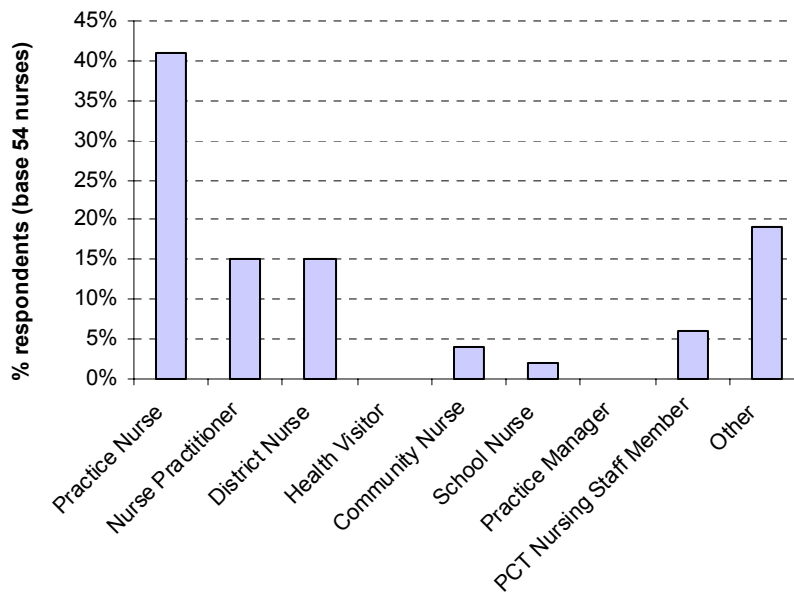
Results

A. ABOUT YOU AND YOUR PRACTICE

Q1 What is your principle role?

	All	
	N	%
Practice Nurse	22	41%
Nurse Practitioner	8	15%
District Nurse	8	15%
Health Visitor	0	0%
Community Nurse	2	4%
School Nurse	1	2%
Practice Manager	0	0%
PCT Nursing Staff Member	3	6%
Other, please specify	10	19%
Base	54	

Figure 1: Principle role



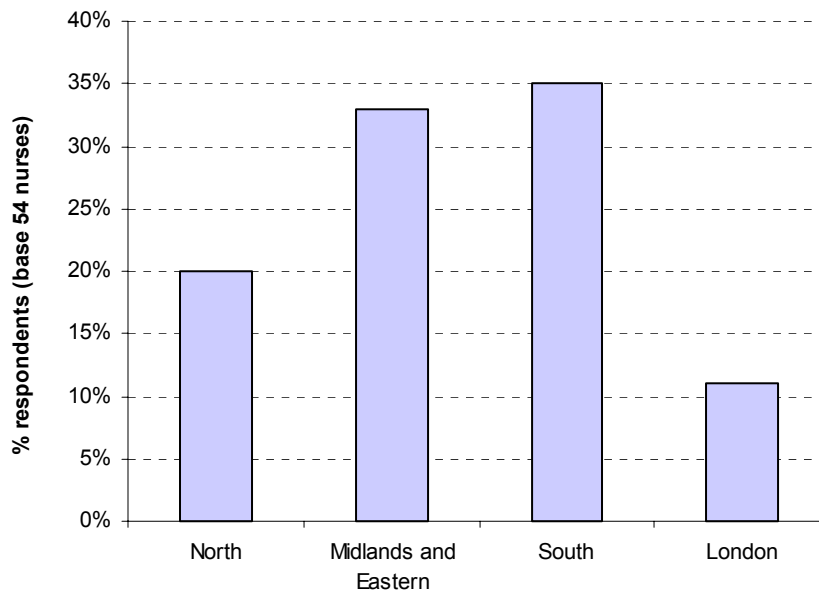
Q1 Other, please specify

Free-text response
Clinical lead district nurse
Clinical Risk Manager
Community Matron for Children
Community Nurse Manager
Community Services Mgr
Occupational health
Ophthalmic nurse
Practice nurse lead
Research / Project Nurse
Specialist Nurse

Q2 In which part of England is your organisation/ practice?

	All	
	N	%
North	11	20%
Midlands and Eastern	18	33%
South	19	35%
London	6	11%
Base	54	

Figure 2: Location of organisation/ practice



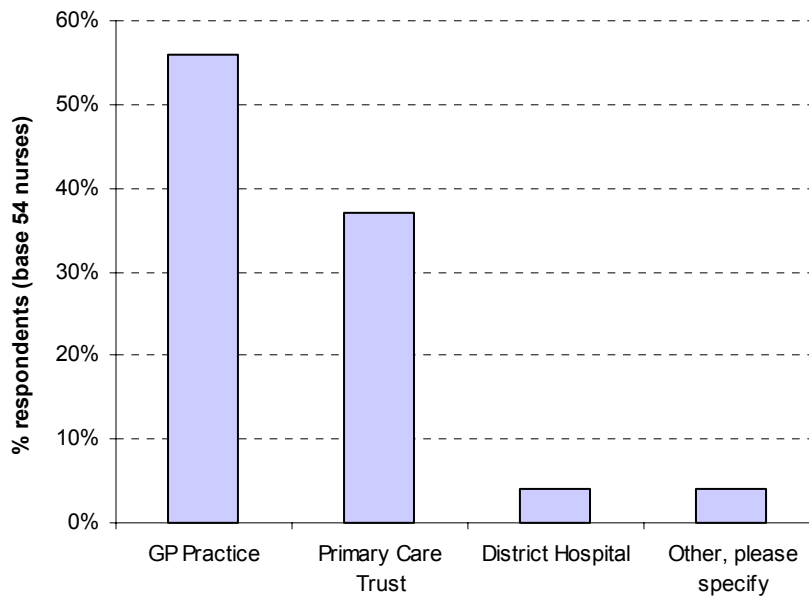
Q3 In which Primary Care Trust are you based?

Free-text response
Barts and the London NHS Trust
Blackwater valley and Hart
Canterbury and Coastal
Castle point and Rochford
Central Cheshire
Cheshire West
Crawley
Darlington
Dudley South PCT
East Devon
Eastcamb and Fenland PCT
Frimley Park Foundation Trust
Greenwich Teaching Primary Care Trust
Hillingdon
Ipswich PCT
Kingston
Maldon and South Chelmsford
North Devon Primary Care Trust
Northampton
Northampton
Nottingham City
Oldham pct
Sandwell PCT
Scpct
South Birmingham
South Manchester
South Norfolk
South West Kent
South west oxon pct
South Wiltshire PCT
St Albans & Harpenden
Wam pct
West Cumbria
West Lincolnshire
Wolverhampton
Wyre

Q4 From which of the following do you primarily work?

	All	
	N	%
GP Practice	30	56%
Primary Care Trust	20	37%
District Hospital	2	4%
Other, please specify	2	4%
Base	54	

Figure 3: Primary work location



Q4 Other, please specify

Free-text responses
Acute Trust
Leased offices

Q5 Please answer the following questions

	N	0-5 years ago	6-10 years ago	11-20 years ago	more than 20 years
When did you first qualify as a nurse?	54	1 2%	3 6%	13 24%	37 69%
How long have you worked in your current practice/organisation?	54	24 44%	15 28%	11 20%	4 7%

Figure 4: Length of time qualified

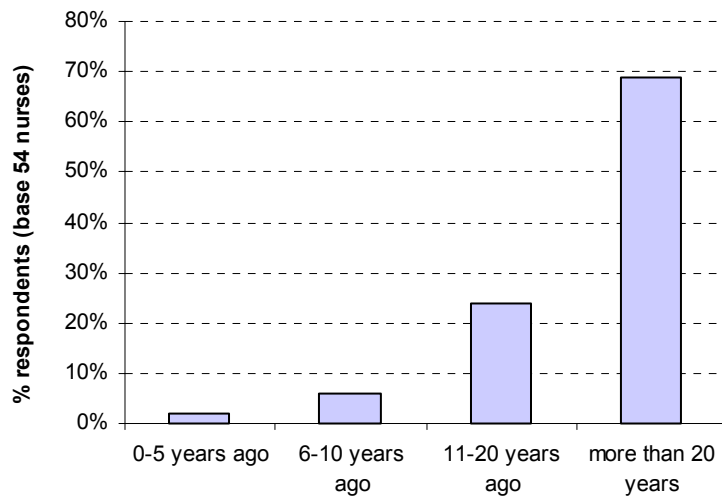
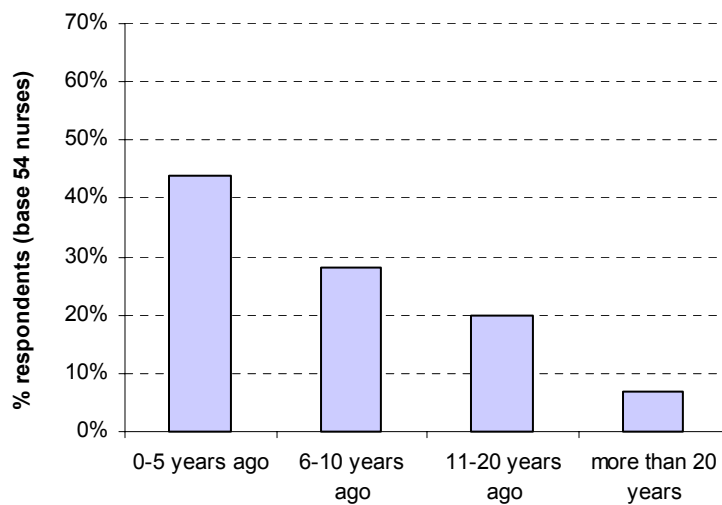


Figure 5: Time spent in current practice/organisation

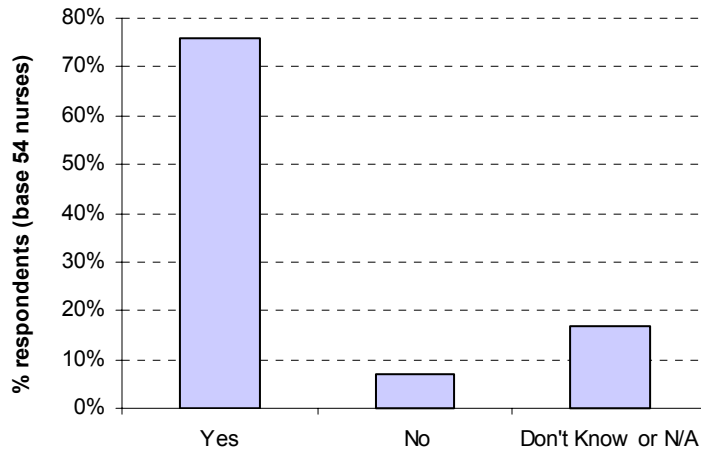



B. YOUR PRACTICE/ORGANISATION

Q6a Has your practice/organisation allocated specific responsibility for clinical governance to a named individual in the practice/organisation?

	All	
	N	%
Yes	41	76%
No	4	7%
Don't Know or N/A	9	17%
Base	54	

Figure 6: Allocation of specific responsibility for clinical governance



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Q6b What is their position?

Analysed responses:

Code frame	All	
	N	%
GP	11	27%
Don't know	6	15%
Clinical Governance Lead	5	12%
Practice Manager	3	7%
Clinical Governance Facilitator	2	5%
Clinical Governance Manager	2	5%
(Lead) Practice Nurse	2	5%
Other responses	11	27%
Base	41	

Other responses
Assistant Director of Nursing
Clinical Governance and Risk Manager
Clinical lead district nurse
Director
Director of Clinical Governance Learning and Development
Director of nursing
Head of Clinical Governance
PCT clinical governance team
Professional Adviser Practice Nursing
Quality assurance clinical lead
Senior Partner

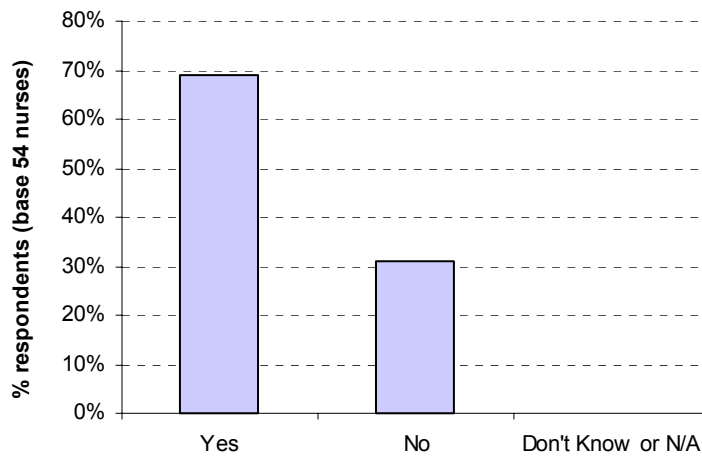
Q7 Please answer the following questions

	N	Yes	No	Don't Know or N/A
Does your practice/organisation have a complaints process in place?	54	⁵⁴ 100%	⁰ 0%	⁰ 0%
Does your practice/organisation have a process for learning from patient complaints?	54	⁴⁶ 85%	¹ 2%	⁷ 13%
Have you been informed of the outcome of complaints?	54	³⁹ 72%	¹³ 24%	² 4%
In the last year, has your practice/organisation undertaken a patient satisfaction survey?	54	⁴³ 80%	¹ 2%	¹⁰ 19%
Has your practice/organisation had a visit by your local Patient and Public Involvement Forum?	54	²⁵ 46%	⁵ 9%	²⁴ 44%
Does your practice/ organisation have other formal interaction with patients and the public?	54	²⁷ 50%	¹⁶ 30%	¹¹ 20%
Does your practice/organisation have a risk management policy?	54	⁴³ 80%	² 4%	⁹ 17%
Do you have an incident reporting system in place?	54	⁵² 96%	¹ 2%	¹ 2%

Q8a Have you ever reported an incident?

Response	All	
	N	%
Yes	37	69%
No	17	31%
Don't Know or N/A	0	0%
Base	54	

Figure 7: Have you ever reported an incident?



Q8b How many incidents have you personally reported in the last 12 months?

Analysed responses:

Code frame	N	%
0	20	37%
1	12	22%
2	10	19%
3	3	6%
4	2	4%
5	1	2%
6	1	2%
6	1	2%
8	2	4%
12	1	2%
15	1	2%
Base	54	

Q8c Has anything changed in your clinical practice as a result of reporting incidents?

Analysed responses:

Code frame	All	
	N	%
Yes	37	69%
No	17	31%
Base	54	

Verbatim responses:

Verbatim Responses
Clinical errors/incidents have changed nursing practice performance issues re staff seem not to have changed, and seem difficult to address
Increased awareness and measures to reduce direct harm
More detailed information is given to patients about support systems; and reasons for delay in being seen by dr.
More staff
Most were related issues in my last team in another organisation. the last 2 related to theft - I now have a key for my door but as the last incident involved my reading glasses being stolen it is difficult to know what else could be done
Practice has been tightened up protocols have been updated
Record keeping improved
Staff safety measures put in place as a result of incident
Training for staff in drug errors
Yes - a new protocol has been developed
Yes changes to process and accommodation
Yes needed to check immunisation screen not just template
Yes the item of equipment has been withdrawn from use
Yes we have changed the type of venepuncture device to reduce potential for needlestick injury from contaminated sharps
Yes we have monthly critical incident meetings and change practice accordingly
Yes, shared patient held records
Yes, written questionnaire now used prior to travel consultations
Yes. Clinical record review.
Yes. We have a no blame culture and aim to ensure any incidents do not reoccur.

Q9 Please answer the following questions

	N	Yes	No	Don't Know or N/A
Do you routinely report adverse incidents to your Primary Care Trust?	54	30 56%	14 26%	10 19%
Do you routinely report adverse incidents to the National Patient Safety Agency?	54	10 19%	29 54%	15 28%
Have you participated in any clinical audit activity?	54	48 89%	5 9%	1 2%
Have you participated in any multi-disciplinary clinical audit activity?	54	29 54%	23 43%	2 4%
Did you receive appropriate induction training?	54	33 61%	18 33%	3 6%
Are you provided with protected time to attend training courses?	54	42 78%	9 17%	3 6%
Do you get appropriate training in respect of the roles you are asked to perform?	54	48 89%	5 9%	1 2%
Have your Continuing Professional Development (CPD) requirements been identified?	54	44 81%	9 17%	1 2%
Are arrangements in place to meet your CPD requirements?	54	41 76%	11 20%	2 4%
Have you received specific clinical governance training?	54	24 44%	28 52%	2 4%
Do you receive a performance appraisal at least annually?	54	46 85%	8 15%	0 0%
Do you think that your practice/ organisation has adequate leadership in place to implement clinical governance?	54	41 76%	8 15%	5 9%
Does your practice/organisation have arrangements for addressing poor performance?	54	36 67%	6 11%	12 22%
Is your practice/ organisation a clean and safe environment to provide patient care?	54	53 98%	1 2%	0 0%

Q10 Please answer the following questions

	N	1 = Not at all effective	2	3	4	5 = Extremely effective	Not in place	Don't know	Mean score
How effective are your practice's/organisation's arrangements for taking action to address clinical risks?	54	1 2%	1 2%	11 20%	24 44%	10 19%	2 4%	5 9%	3.9
How effective is your practice/organisation at learning lessons from patient safety incidents?	54	1 2%	3 6%	6 11%	22 41%	16 30%	0 0%	6 11%	4.0
How effective is your practice's/organisation's performance appraisal process?	54	5 9%	7 13%	10 19%	20 37%	12 22%	0 0%	0 0%	3.5
How effective are your practice's/organisation's arrangements for addressing poor performance?	54	2 4%	9 17%	13 24%	20 37%	3 6%	0 0%	7 13%	3.3
How effective is the training you receive in respect of the roles you are asked to perform?	54	1 2%	5 9%	13 24%	17 31%	18 33%	0 0%	0 0%	3.9
How effective is your practice/organisation at supporting your training?	54	3 6%	8 15%	7 13%	12 22%	24 44%	0 0%	0 0%	3.9

C. YOUR COMMENTS

Q11 What have been the three main elements of clinical governance in your practice/organisation that have improved the quality and safety of care?

Analysed responses:

Code frame	All	
	N	%
Improved reporting procedures	19	35%
Training / Courses	17	31%
Improved guidelines / policies	17	31%
Improved support / meetings	16	30%
None / don't know	14	26%
Audit	10	19%
Improved communication / teamwork	9	17%
Patient evaluation	5	9%
Risk assessment	4	7%
Base	54	

Verbatim Responses:

1
?
Access to nurse prescribing courses
All staff involved - at all levels
Appraisals for all staff
Asthma audit
Audit
Audit
Clinical guidelines
Clinical Supervision
Consideration of training needs for all levels of staff
Do not know
Drug reviews
Evidence based practice
Formalised many procedures already in place
Harmonizing and updating policies and procedures
Implementation of revised and new guidelines, policies and procedures

1

Improved training opportunities

Incidence reporting

Incident reporting

Incident reporting system

Infection control audit

Multidisciplinary discussions

Nice guidelines

Nil

Patient evaluation audit

Patient Forums

Patient group directives

Policy review and update

Production of policy documents

Regular meetings

Risk management being culturally embedded

Robust incident reporting system

Robust system for reviewing new evidence and research

Safety re computerised records

Safety

Significant event recording

Significant events discussion

Survey

Training

Use of the computer for record keeping

2

?

Adverse incident reporting

Audit

Awareness of need to report all incidents at all levels

Clearer guidelines

Clinical risk training for staff - also risk both clinical and non-clinical is part of induction for staff

Clinical Supervision

Computer templates

Diabetes audit

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2
Do not know
Education training
Good communication
Good risk management and training
Improved team work
Improving the complaints procedure
Incident investigation raining
Introducing new policies
Learning from critical events
Near miss reporting
Nil
Peat
Performance review
Prescribing initiatives
Protected time to discuss
Quality and outcomes visits
Quarterly clinical governance meetings
Regular audit and patient care improvements
Regular in house study days
Req staff meeting
Risk assessment process
Risk management policy
Significant event meetings with representative from admin, nursing & GP teams
Significant event reviews
Sorry unable to identify any more!
Thorough training system and identification of needs
Training
Training
Use of disposable speculae

3
?
Appraisal
Better recall systems for chronic disease and imms. and vacs cytology
Clear lines of responsibility within the organisation
Clinical audit/effectiveness process

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3
COPD audit
Daily outcome diaries
Do not know
Educational meetings
Excellent communication
Forward planning
Guidance on clinical issues
Improved reporting procedures
New build
Nil
No blame culture
No blame culture and encouragement to share incidents
Patient survey
Professional advisory group
Protected learning time
Risk Assessment
Robust health and safety committee
Root cause analysis
Self directed learning
Sorry unable to identify any more!
Standards
Training for all staff
Training for clinical supervision
When PCTs set up we had a sense of ownership - our voices and ideas and concerns could be heard and acted on
Whistle blowing


Q12 What are the main barriers to implementing clinical governance in your practice/organisation?

Analysed responses:

Code frame	All	
	N	%
Time	30	56%
None / don't know	12	22%
Lack of interest	11	20%
Lack of staff	11	20%
Costs	9	17%
Lack of expertise	9	17%
Communication	3	6%
Inadequate premises	3	6%
IT system	3	6%
Lack of resources	3	6%
Other	3	6%
Base	54	

Verbatim Responses:

1
Change
Communication in a organisation that is widely spread
Do not know
Fear of blame
I don't feel that there are any barriers, the organisation has made everyone aware and so it is up to the individual to implement it and if they don't know what to do there are people who will help
Isolated offices from HQ
IT system - local intranet is not user friendly - some staff have limited access to computers
Lack of appropriate IT
Lack of interest from some staff
Lack of Nurses providing cover for training
Lack of resources
Lack of time
Lack of time

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1
Low staffing levels
Money
None
None
None
Not all members of staff available for clinical governance
Not always able to access funding for training from PCT
Not enough time to do audits
Prolonged and drawn out decision making
Resources
Shortage of staff
Small department
So much information, sometimes difficult to prioritise
Some staff members
Staff are too busy
Temporary premises - storage, clinical facilities
The difficulty of knowing what is being done
The ever expanding role that does not come with expanding staff numbers
Time
Time
Time
Time
Time
Time
Time
Time
Time factor
Time out
Time restraints

2
Allocated time for administration
Bullying culture
Communication to 'ground staff'
Cost
Costs
Culture of reactivity

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2
Do not know
Expertise
Financial restraints
Inadequate premises
Lack of clarity about what is required from Standards for Better Health
Lack of control due to impending imposition of larger structure - lost our voice and feed-back mechanism
Lack of medical staff
Lack of time
Lack of training for clerical staff in inputting data
Mentorship
Money
Money
Money
No identified clinical governance lead
Non clinical manager
Partnership issues that prevent clinical gov sessions taking place
Small work group
So many changes all at once
Some lack of interest in older GPs
The difficulty of measuring complex activities
Time
Training
Wide geographical area
Workload

3
Apathy - not 'my' role
Backfill
Better working arrangements with social services and mental health
Communication
Data collection
Degree of lack of understanding about what clinical governance is
Do not know
Funding
Lack of support

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3
Lack of time for clinical staff to undertake regular audit
Lack of volition by staff
Low value attached to service by managers
N/a
Other agendas
Poor understanding of clinical governance by non-nursing staff
Resources i.e. staff, fund, etc
Staff shortages
The lack of resources, especially time
Time
Time
Uncertainty

Q13 What help do you require in developing clinical governance in your practice/organisation?

Analysed responses:

Code frame	All	
	N	%
None / don't know	18	33%
Training / Education	16	30%
Support from management	14	26%
Time	12	22%
Better teamwork / communication	10	19%
Funding / Resources	10	19%
Staffing Levels	7	13%
Base	54	

Verbatim Responses:

1
Adequate staffing levels
Aims from HQ
Clearer guidance on Standards for Better Health
Do not know
Education of importance to all staff
Educational sessions
Effective leadership would be a start
Effective Nursing bank
Even better communication and raising awareness
Extra clinical governance facilitators
Individual to instigate
Managerial support
Managers Support
More clinical staff
More input from PCT
More staff to implement or carry out recommendations
More time
More dedicated time
New building
None

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1
Not sure what can be done
Our organisation have a clinical governance department which is well organised
Protected time
Resources
Staff training
Stop PCT reorganisation
Support from management
Support from peers
The organisation addressed this area very well a couple of years ago and are keeping it going through the staff induction programme
Time
Time
Time
Time
Time to monitor performance
Training specifically in what is clinical governance
Unsure

2
Adequate staffing levels
Adequate training for all nursing staff
Appropriate IT support
Attendance of rep of Board at appropriate committee meetings to take things forward
Awareness of relevance
Colleagues Co-operation
Do not know
Funding to implement changes
Money
Money
Money
More staff
More staff
Need to understand exactly what it is and how it affects my work
Protected time for meetings
Regular team meetings
Resources

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2
Time
Time
Time out in staff rotas
Training and support for clerical staff
Training in effective methods of monitoring (are we monitoring the most significant things)
Visits from Chief exec

3
Adequate leadership skills of managers
Backfill for training
Do not know
Education of other members of the team
Funding
Knowledge and Skill
Local nurse forums
More funding/support staff
More input from employer
More intensive and effective education regarding expanding roles: more training / newsletters updating us across the whole gamet of conditions we are expected to manage
Resources
Resources to make effective and sustained changes to improve service
Skills
Support
Time
Time - or better/ easier access to latest research/evidence
Training/mentorship
Value attached to service

Comments about the questionnaire

Comments about the questionnaire

Appeared well structured

Good questionnaire but does exclude some issues relevant to present and possibly ongoing financial problems within the NHS.