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

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

<table>
<thead>
<tr>
<th>PCT name</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
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<tbody>
<tr>
<td>Position/Job Title</td>
<td></td>
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<tr>
<td>Contact telephone number/E-mail address</td>
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</table>
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.

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

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

19 Colleagues are dishonest with each other  [Strongly disagree]  [Strongly agree]
20 Good practice stays isolated in pockets  [Strongly disagree]  [Strongly agree]
21 Identified clinical risks simply remain unaddressed  [Strongly disagree]  [Strongly agree]
22 Clinical risks are examined in a systematic way  [Strongly disagree]  [Strongly agree]
23 People share practice issues with others in different parts of the organisation  [Strongly disagree]  [Strongly agree]
24 There is no support to deliver service changes  [Strongly disagree]  [Strongly agree]
25 There is no clear vision of what it is that the organisation is trying to achieve  [Strongly disagree]  [Strongly agree]

26 We work in an atmosphere of blame  [Strongly disagree]  [Strongly agree]
27 We don't collect information on the clinical risks that matter most  [Strongly disagree]  [Strongly agree]
28 There is no training available in searching for research evidence  [Strongly disagree]  [Strongly agree]
29 There are lots of quality improvement initiatives, but little real change  [Strongly disagree]  [Strongly agree]
30 There is no common approach to risk management  [Strongly disagree]  [Strongly agree]
31 Teams from different parts of the organisation share their good practice  [Strongly disagree]  [Strongly agree]
32 People devote time to disseminating good practice  [Strongly disagree]  [Strongly agree]

33 The first we know of quality improvements elsewhere in the organisation is when we feel their effects  [Strongly disagree]  [Strongly agree]
34 Service improvements tend to be crisis-led  [Strongly disagree]  [Strongly agree]
35 When a clinical risk is identified, there is always action to address it  [Strongly disagree]  [Strongly agree]
36 Quality improvement is imposed from above rather than built from below  [Strongly disagree]  [Strongly agree]
37 We systematically assess clinical risks  [Strongly disagree]  [Strongly agree]
38 There is no time to get together to share ideas  [Strongly disagree]  [Strongly agree]
39 People share a common vision of service delivery  [Strongly disagree]  [Strongly agree]
In the part of the organisation where I work...

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

Thank you for completing this questionnaire