

Annual patient feedback procedure

SOP | PFB-SOP-001

Document type	SOP
Title	Annual patient feedback procedure
Document ID	{{facility.code}}-PFB-SOP-001
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Basis B2.7 (Patients Are Asked for Feedback at Least Once a Year)
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Every patient who uses the service is asked for feedback at least once in each 12-month period.
2. The feedback is collected with the survey form (PFB-FRM-001), in a way that allows the patient to answer privately.
3. The results are analysed, shared with staff and patients, and produce at least one action each year.
4. Patients who cannot read or who need help are supported to give their feedback.

Stop and get help straight away if: the service has not asked its patients for feedback in the last 12 months.

1. Purpose

To hear directly from patients about their experience each year, and to act on what they say (B2.7).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Patient feedback	What a patient says about their experience of care, collected with a survey or structured interview.
Sample	The patients chosen to be asked. It must include a range of services and ages, and patients who are unable to read or speak the service's language.

4. Background and rationale

To hear directly from patients about their experience each year, and to act on what they say (B2.7).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Quality lead	Plans the annual survey, runs it, analyses the results, and reports them	Accountable person
Accountable person	Receives the results and makes sure at least one action is taken each year	Governing body
Ward and department leads	Help patients complete the survey and share the results with their teams	Quality lead

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Plan.	- Set the survey period, the services included and the sample size each year. - Make sure the survey is available in the languages patients use.	Survey planned.
2	Ask.	- Give each patient in the sample the survey form (PFB-FRM-001), and help those who need it. - Let the patient return it privately, for example in a sealed box or online.	Patients asked.
3	Analyse.	- Count the responses and summarise the results by service and theme. - Record the response rate and the main findings.	Results analysed.
4	Act and share.	- Agree at least one action from the findings, with an owner and a due date. - Share the results with staff, and publish a short summary for patients.	Actions agreed and results shared.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Patients in the sample asked for feedback in the last 12 months	100%	Annually	Quality lead	Repeat the survey for the missed services
Response rate	At least 30% (draft)	Annually	Quality lead	Review the survey method and the access for patients
Results with at least one action agreed	100%	Annually	Accountable person	Escalate to the governing body

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff who help patients complete the survey are briefed on how to do it without influencing the answers.

15. Related documents

ID	Title	Relationship
PFB-FRM-001	Patient feedback survey form (existing)	Form

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval