

Staff feedback survey template

Form | WRK-FRM-004

Document type	Form
Title	Staff feedback survey template
Document ID	{{facility.code}}-WRK-FRM-004
Version and status	1.0 Draft, for ASF Expert Committee approval
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	Standard 2E, criterion 2E.6
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.

Use this form when

Template for the annual staff feedback survey. Anonymous. Results are reported for groups of 5 or more.

1. How to complete

- Issue to all staff.
- Keep open for at least 2 weeks.
- Report results within 3 months.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	I feel safe to raise a concern at work	Scale 1 to 5	☐	☐	☐	Action and who to tell
2	I have the training I need	Scale 1 to 5	☐	☐	☐	Action and who to tell
3	My working hours and rest are fair	Scale 1 to 5	☐	☐	☐	Action and who to tell
4	I am treated with respect by colleagues and managers	Scale 1 to 5	☐	☐	☐	Action and who to tell
5	I would recommend this place to work	Scale 1 to 5	☐	☐	☐	Action and who to tell
6	One thing that would make the biggest difference	Free text	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Questions to be piloted.

EC = ASF Expert Committee consensus.

4. Change history

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