Standard operating procedure (SOP) · CON-SOP-002 · Version 1.1 · Approved by the ASF Expert Committee

Supports: 2A.8

At a glance

- Ask each inpatient, or each day-care patient, the structured questions before discharge or on the day of care.
- Record the answers on CON-FRM-004 with the date and service.
- Look at the answers each week in each service and act on any concern the same day.
- Summarise the answers every three months and report them to the governing body.
- Tell patients what changed because of their feedback.
- Stop and get help straight away if: a patient reports a safety concern or serious unhappiness. Pass it to the ward head at once and treat it as an incident or complaint.

1. Purpose

To learn about the patient's experience while they are receiving care, so problems can be fixed before the patient leaves, not only through complaints after discharge [EC].

2. Scope

Applies to	Inpatients and day-care patients at the facility
Locations	All wards and day-care areas
When	Before discharge or at the end of day-care, and at least once in each stay for stays longer than 3 days (EC)
Does not apply to	Formal complaints, which are handled under INC-POL-002

3. Definitions

Term	Meaning
Structured feedback	Answers to a fixed set of questions asked in the same way each time

In-stay	While the patient is still receiving care

4. Background

Complaints only capture what patients are willing to raise, after the event. Structured feedback during care finds problems while they can still be fixed. Criterion 2A.8 asks for this.

5. Responsibilities

Role	Responsibility	Competence
Nurse in charge or delegate	Asks the questions and records the answers	Trained in the questions and in responding to concerns
Ward or service head	Reviews answers weekly and acts on concerns	Management training
Patient representative	Reviews the summary and advises on improvement	Patient engagement
Quality lead	Analyses the summaries and reports to the governing body	Analysis competence

6. Materials and equipment

Item	Requirement	Condition
Structured feedback form (CON-FRM-004)	Current version; in the languages patients use	Available at each ward
Feedback summary template (QUA-REG-002)	Current	Used quarterly

7. Safety

- Do not ask questions in a way that makes the patient feel pressured or unsafe to answer.
- Keep answers confidential. Share only in summary.

8. Before you start

- Check the patient can understand the questions. Use an interpreter or a read-aloud option where needed.
- Explain that the answers help improve care and are not part of their treatment.

9. Procedure

Step 1. Ask the questions.

- Ask the questions on CON-FRM-004 in the patient's language, or offer the form to complete alone.
- Allow the patient to decline any question.
- Do not ask in front of other patients where privacy is not possible.

Key point: The patient is free to answer honestly only when they are not pressured.

Step 2. Record the answers.

- Record each answer on CON-FRM-004 with the date, service and time.
- Record any concern verbatim.

Key point: Accurate answers are the basis for the summary. Do not interpret them while recording.

Step 3. Act on any concern the same day.

- If the patient reports a safety concern, pass it to the ward head at once.
- If the concern is about a clinical issue, the ward head informs the responsible clinician before discharge.
- Log the concern as an incident or complaint where it meets the policy.

Key point: The purpose of asking during care is to fix things during care.

Step 4. Review each week.

- The ward head reviews the week's answers, looks for patterns, and agrees one or two actions.
- Record the actions on QUA-REG-002.

Key point: Weekly review turns answers into actions quickly.

Step 5. Summarise and report quarterly.

- Complete the quarterly summary (QUA-REG-002) with the number of responses, the main themes, and the actions taken.
- Report to the governing body with the patient representative's comments.

Key point: The summary shows the governing body what patients say and what was done about it.

Step 6. Tell patients what changed.

- Publish a short "you said, we did" update on the ward notice board or the website every six months.

Key point: Patients who see their feedback acted on are more likely to give it.

10. Decision points

- If fewer than a set number of patients respond in a month, the ward head extends the sampling and records why (EC).

11. Special situations

Situation	Action
Patients who cannot complete the form	Ask the questions verbally, with an interpreter if needed, and record the answers as given.
Children	Ask the parent or carer, and the child where appropriate (EC).

12. Escalation

- Safety concerns go to the ward head at once.
- Any concern that suggests a patient has been treated unfairly goes to INC-POL-002.

13. Monitoring

Measure	Target	Frequency	Owner	If not met

Eligible patients asked the questions	80% (EC)	Monthly	Ward head	Review of the process within 2 weeks
Concerns acted on the same day	100%	Monthly	Ward head	Escalate to service head
Quarterly summary delivered to governing body	100%	Quarterly	Quality lead	Escalate to chief executive

14. Records

Record	Kept in	Retention
CON-FRM-004 Structured In-Stay Feedback Form	Ward file, anonymised after summary	Duration of the summary cycle plus the period set by the facility's records policy years
Quarterly summary (QUA-REG-002)	Quality file	the period set by the facility's records policy years

15. Training

- Ward staff are trained in the questions, in privacy, and in responding to concerns (EC).
- Refresher each year.

16. Related documents

ID	Title	Use
CON-FRM-004	Structured In-Stay Feedback Form	Used in step 1
QUA-REG-002	Patient Feedback Summary	Used in step 5
INC-POL-002	Complaints and Feedback	Route for formal complaints
CON-POL-003	Patient Council Terms of Reference	Council reviews the summary

17. Evidence

Reference	Note
E-009	ASF Expert Committee consensus. Survey coverage and timing are EC decisions.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	Approved by the ASF Expert Committee
1.1	the date of approval	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee

E-learning for this document

- **Complaints Handling and Patient Feedback** (T-12)

References

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF

Download this document as an editable Word file