Standard operating procedure (SOP) · QUA-SOP-001 · Version 1.1 · Approved by the ASF Expert Committee

Supports: 2A.7

At a glance

- Use a validated safety culture survey, not a homemade questionnaire.
- Run the survey at least every two years, with the same tool each time, and with a high response rate.
- Share the results with all staff within 60 days, including the weak areas.
- Agree a small number of actions with owners, and check progress every quarter.
- Repeat the survey and compare.
- Stop and get help straight away if: a survey is run with an unvalidated tool, results are not shared, or the actions are not followed up.

1. Purpose

To measure whether staff feel safe to report errors and concerns, and to act on what the survey shows [EC].

2. Scope

Applies to	All staff, including clinical, non-clinical, locum and bank staff
Locations	All services at the facility
When	At least every two years; results shared within 60 days; actions checked quarterly
Does not apply to	Patient experience, which is measured under CON-SOP-002

3. Definitions

Term	Meaning
Validated tool	A questionnaire tested for reliability and validity in published research
Safety culture	The shared values, attitudes and practices that determine how safety is managed
Response rate	The percentage of invited staff who complete the survey

4. Background

Absence of complaints does not show a safe culture. Staff who do not feel safe to speak up will not report errors. A validated survey measures this directly, which is what criterion 2A.7 requires [EC].

5. Responsibilities

Role	Responsibility	Competence
Quality lead	Selects the tool, runs the survey, analyses and reports results	Survey analysis competence
Chief executive	Sponsors the survey; agrees actions; reports to governing body	Executive leadership
Service heads	Share results with their teams; own actions for their area	Management training
All staff	Complete the survey honestly and confidentially	Briefing at induction

6. Materials and equipment

Item	Requirement	Condition
Validated survey tool (QUA-FRM-001)	Named tool with licence or permission to use; the committee selects it (EC)	Version and licence recorded
Action plan register (QUA-REG-001)	Current	Updated quarterly

7. Safety

- Surveys are anonymous. Do not try to identify individuals from small group results.
- Do not use the survey to discipline individuals.

8. Before you start

- Choose the tool and confirm its permission to use.
- Tell staff why the survey is run, how results will be used, and that it is anonymous.

9. Procedure

Step 1. Choose a validated tool.

- Select a validated safety culture survey from published research, with its licence or permission checked (EC).
- Record the tool name, version and source on the survey record.

Key point: Only a validated tool gives results that can be compared over time.

Step 2. Run the survey.

- Send the survey to all staff, with a clear explanation and a closing date of at least four weeks.
- Send at least two reminders.
- Aim for a response rate that the committee sets (EC).

Key point: A low response rate makes the result unreliable, so the reminder step is not optional.

Step 3. Analyse the results.

- Calculate the score for each dimension of the tool, by service and for the facility.
- Compare with the previous round and with any published benchmark, where available.
- Identify the three weakest dimensions.

Key point: The weakest areas show where the risk is. Do not only report the average.

Step 4. Share the results.

- Share the facility results with all staff within 60 days of closing.
- Give each service its own results, with a plain summary.
- Explain what will change as a result, and what will not.

Key point: Staff who never hear the results stop taking part.

Step 5. Agree actions.

- Agree no more than three to five actions for the facility, and one or two for each service.
- Enter each action on QUA-REG-001 with owner, due date and measure.

Key point: Too many actions means none are done.

Step 6. Check progress and repeat.

- Check progress every quarter with the governing body.
- Repeat the survey at the next cycle with the same tool, and compare the scores.

Key point: The repeat survey is the evidence that the actions worked.

10. Decision points

- If the response rate is below the target, extend the survey period once, and report the low rate with the results.

11. Special situations

Situation	Action
Small service with few staff	Report results only where at least five staff responded, to protect anonymity (EC).

12. Escalation

- Results that show serious concern about speaking up go to the chief executive and the governing body at the next meeting.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Survey run within the last 2 years with a validated tool	Yes	Yearly check	Quality lead	Escalate to governing body
Results shared within 60 days	100%	Each round	Quality lead	Escalate to chief executive
Actions with owner and due date, progressing	100%	Quarterly	Quality lead	Escalate to governing body

14. Records

Record	Kept in	Retention
Survey tool and licence	Quality file	Duration of the survey cycle plus the period set by the facility’s records policy years
Survey results and analysis	Quality file	the period set by the facility’s records policy years
Action plan (QUA-REG-001)	Quality file	the period set by the facility’s records policy years

15. Training

- Quality leads are trained in survey administration and analysis (EC).
- Staff receive a briefing on the survey and on how to report concerns.

16. Related documents

ID	Title	Use
QUA-FRM-001	Safety Culture Survey	Survey form
QUA-REG-001	Safety Culture Action Plan Register	Action tracking
GOV-PLN-002	Quality Improvement Plan	Actions feed the plan
SOP-N21	Whistleblowing and Speak-Up Procedure	Speak-up route

17. Evidence

Reference	Note
EC	Agency for Healthcare Research and Quality (AHRQ). Hospital Survey on Patient Safety Culture (HSOPSC). Example of a validated tool; licence and version set by the ASF Expert Committee before use.
E-009	ASF Expert Committee consensus. Response rate, survey interval and reporting thresholds 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

- **Incident Reporting, Just Culture and Open Disclosure** (T-09)
- Safety Management System & Leadership (MGMT-01)

References

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

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