Safety Climate Survey (UK version)

Organisations working to develop or improve a culture of safety need a reliable measure to monitor the success of their initiatives. Using this survey tool, an organisation can gain information about the perceptions of front-line clinical staff about safety in their clinical area and management's commitment to safety. The survey also provides information about how perceptions vary across different departments and disciplines. As the team tests and implements changes to improve the culture, such as Safety Briefings and Patient Safety Leadership WalkRounds™, it can repeat this survey periodically to assess the impact of those changes.

Section 1 - Overview

Organisations working to develop or improve a culture of safety need a reliable measure to monitor the success of their initiatives. Using the Safety Climate Survey, an organisation can gain information about the perceptions of front-line clinical staff about safety in their clinical area and management's commitment to safety. The survey also provides information about how perceptions vary across different departments and disciplines. As the team tests and implements changes to improve the culture, it can repeat this survey periodically to assess the impact of those changes.

A group of researchers led by Bryan Sexton and Robert Helmreich at the University of Texas developed the original survey tool that this one is based on. This was then adapted for use in UK Mental Health Settings by Noleen Devaney as part of the Health Foundation's Developing Safety Work in Mental Health Programme. This guidance is an amended version of the guidance that goes with the original tool. The SPSP-MH programme is currently in liaison with IHI and the Health Foundation with regards to what copyright statements are attached to both the tool and the guidance. In the interim we have left the copyright statements in place from the original tool.

The original tool has been well tested by many hospitals in several countries, in both the United States and Europe. Organisations using this tool successfully first collect a baseline measurement and then re-survey periodically (semi-annually or annually) to assess the impact of changes they are making. Improvement in staff perceptions of the safety climate has been linked to decreases in actual errors, patient length of stay, and employee turnover.

Permission to Use Statement Attached to Original Tool

The Safety Climate Survey was provided to IHI by the developers for unlimited use on the IHI website. Registered users of IHI.org may download the survey and associated tools for photocopying and distribution within their organizations without obtaining permission from IHI. Appropriate attribution to IHI and the survey developers should always be cited. These files may not be reproduced for sale.

Users who wish to modify the wording of survey questions prior to using the survey in their organizations are free to do so without obtaining permission from IHI. However, since the validity of the tool is based on the current questions, users who modify wording should be aware that the validity of the survey and the data collected cannot be guaranteed in such cases.

Section 2 - Instructions for Person Administering the Survey

Step 1: Select Units for Survey

This tool is being tested as part of the SPSP-MH Patient Safety Programme. It is recommended that NHS Boards use it with all wards involved in the Phase One pilot work.

Step 2: Identify Staff to Participate in the Survey

The safety climate in a ward is affected by and experienced by everyone who works on that unit. This includes employees from various disciplines who may be frequently assigned to that unit, such as pharmacists, physiotherapists, occupational therapists, social workers, psychologists and dieticians. It also includes doctors of all grades who frequently care for patients on that unit. All individuals who regularly work on the ward should be included in the survey.

Here are some general guidelines for determining which staff members to include:

- Select staff members who regularly work at least 20 hours per week on that unit. Do not include staff members who work there only occasionally.

- Select staff members from other departments who are assigned either primarily to the ward or who are assigned there at least three days per week.

- Make sure all survey participants have worked in the unit for at least six weeks.

Step 3: Agreeing how to categorise responses and customising the form

- Preserving anonymity is essential with surveys, but it is helpful to compare responses between disciplines. Therefore the current survey asks individuals to identify which of five groups of staff they belong to: Medical, Nursing, Healthcare Assistants/Support Workers, Other Direct Care Staff and Administrative/Support Staff. Depending on the number of individuals falling into each category, you may need to change these groupings to protect anonymity.

- Once you have agreed your local groupings you then need to amend the form if your groupings are different to the ones suggested.

- You also need to amend the form to include details on who to return the form to, and a timescale for returning.

- Then send one survey form to each person being surveyed together with any background information you want to send out with it.

Step 4: Track Response Rates

A good response rate is essential for meaningful results. It is recommended that you have a response rate of at least 65 percent before analyzing and using the results.

Explaining the survey's purpose and analysis methods before you distribute the surveys may help you achieve a high response rate. Therefore, you will want to think about how you brief the ward staff on the purpose of this survey and what information, if any, you send out with the survey forms.

Ideally you want to ensure that the same numbers of people are re-surveyed in each category in the future (and will help you compensate for respondent attrition as people leave the organization). For example, if 12 nurses and three doctors respond to the first survey, you will want to get roughly the same number of responses from each in future surveys.

Step 5: Calculate Results

Assign a numerical value to the response to each question (except for #18) as follows:

DISAGREE STRONGLY	= 1
DISAGREE SLIGHTLY	= 2
NEUTRAL	= 3
AGREE SLIGHTLY	= 4
AGREE STRONGLY	= 5
NOT APPLICABLE	No Score
No Response	No Score

Reverse the scoring for Question #18 only, due to the wording of the question, as follows:

DISAGREE STRONGLY	= 5
DISAGREE SLIGHTLY	= 4
NEUTRAL	= 3
AGREE SLIGHTLY	= 2
AGREE STRONGLY	= 1
NOT APPLICABLE	No Score
No Response	No Score

The SPSP-MH programme is developing an automated scoring spreadsheet for this tool. NHS Boards might like to develop this further on a local basis to ease scoring. To ensure any development work is not duplicated, it would be useful if NHS boards could liaise with the SPSP-MH National team. Further, in the spirit of a collaborative programme, we would be keen to then make it available to other wards participating in the Phase One work.

Step 6: Monitor the Results Over Time

The results that should be tracked over time are the Percent of Respondents Reporting a Positive Safety Climate. You may also want to look at the mean scores for individual questions as this can help you analyse the areas of your organisation that need improvement. It may also be helpful to compare results across disciplines or from different units.

Step 7: Conduct Repeat Surveys

Remember that changing the climate of an organisation takes a long time. Do not re-survey too frequently. Results don't change quickly. Moreover, if staff members are surveyed too often, they will become desensitised to the process and the results will be affected. We suggest you obtain a baseline safety climate measure, and then conduct follow-up surveys at 6 months and 12 months.

Scottish Patient Safety Programme for Mental Health Safety Climate Survey

Ward:
Date:

Please answer the following items with respect to your specific area. Choose your responses using the scale below: Please also indicate ward name.	A	B	C	D	E	X
	Disagree Strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly	Not Applicable
1. The culture of this ward makes it easy to learn from the mistakes of others.						
2. Clinical errors are handled appropriately in this ward						
3. The senior leaders in the Mental Health Directorate listen to me and care about my concerns.						
4. The medical and nursing leaders in my ward listen to me and care about my concerns.						
5. This leadership is driving us to be a safety-centred organisation.						
6. My suggestions about safety would be acted upon if I expressed them to management.						
7. Management does not knowingly compromise the safety of patients.						
8. I am encouraged by my colleagues to report any safety concerns I may have.						
9. I know the proper channels to which I should direct questions regarding patient safety.						
10. I receive appropriate feedback about my performance.						
11. I would feel safe being treated as a patient in this ward						
12. Briefing staff before the start of a shift (i.e., to plan for possible contingencies) is important for patient safety. (Safety Briefings)						
13. Safety briefings are common here.						

Please answer the following items with respect to your specific area. Choose your responses using the scale below: Please also indicate ward name.	A Disagree Strongly	B Disagree Slightly	C Neutral	D Agree Slightly	E Agree Strongly	X Not Applicable
14. I am satisfied with the availability of clinical leadership in this area(please respond to all three): Medical						
Nursing						
Pharmacy						
15. This organisation is doing more for patient safety now, than it did one year ago.						
16. I believe that most adverse events occur as a result of multiple system failures, and are not attributable to one individual's actions.						
17. The staff in this ward take responsibility for patient safety.						
18. Staff frequently disregard rules or guidelines that are established for this ward.						
19. Patient safety is constantly reinforced as the priority in this ward						

Staff Group (please tick only one)

☐ Medical Staff

☐ Nursing Staff

☐ Healthcare Assistant/Support Worker

☐ Other Direct Care Staff (Social Worker, Occupational Therapist, Psychologist, Physiotherapist, Speech Therapist, Pharmacist, Dietician)

☐ Administrative/Support Staff (Ward clerk, Receptionist, Domestic Assistant etc)

Thank you for taking part in this survey.
Please return it to (insert who) by (insert date)

This survey is based on the IHI Safety Climate Survey and has been adapted for use in UK Mental Health Settings by Noleen Devaney as part of the Health Foundation's Developing Safety Work in Mental Health Programme.