

Scottish Patient Safety Programme. Mental Health.

Safety Climate Resource: Patient Safety Climate Tool

February 2022

Finding out about your experience

Date	
Time	
Name of Hospital	
Name of Ward	
Type Of Ward (For Example High Secure/Open Ward)	

As part of a national programme working to improve safety in mental health in Scotland, we would like to invite you to participate in a survey. The survey will gather your views and experiences on different aspects of safety on the ward to help us make improvements for everyone.

01 What does safety mean to you?							
Comments							
Please rate the following by placing a tick under the response that best fits with your experiences from strongly disagree to strongly agree		1 Strongly disagree	2 Slightly disagree	3 Neither agree or disagree	4 Slightly agree	5 Strongly agree	X Not applicable
02.	I feel safe in the day time.						
	Comments						
03.	I feel safe at night time.						
	Comments						
04.	I feel safe in the shared areas of the ward.						
	Comments						
05.	I feel safe when staff are obviously not visible. For						

	example, handover times or meal times.						
	Comments						
06.	I feel the ward is a safe place for people to visit me. For example, my family, children, friends and carers.						
	Comments						
07.	I feel safe with the mix of patients on this ward.						
	Comments						
08.	I feel safe when there are difficult events on the ward that involve other people.						
	Comments						
09.	I feel confident that staff deal safely with difficult events on the ward.						
	Comments						
10.	If I witness difficult events on the ward, staff help me make sense of them.						
	Comments						
11.	If I become upset staff support me.						
	Comments						
12.	I feel able to express any concerns I have.						
	Comments						

Please rate the following by placing a tick under the response that best fits with your experiences from strongly disagree to strongly agree		1 Strongly disagree	2 Slightly disagree	3 Neither agree or disagree	4 Slightly agree	5 Strongly agree	X Not applicable
13.	If I have concerns, I would know who to go to.						
	Comments						
14.	If I have concerns, I feel staff would provide me with the appropriate support.						
	Comments						
15.	If I had to be restrained I feel this would be done safely.						
	Comments						
16.	If I witnessed somebody else being restrained I think this would be done safely.						
	Comments						
17.	I am involved in making decisions about my medication.						
	Comments						
18.	I have received enough information about why I take my medication.						
	Comments						

Please rate the following by placing a tick under the response that best fits with your experiences from strongly disagree to strongly agree		1 Strongly disagree	2 Slightly disagree	3 Neither agree or disagree	4 Slightly agree	5 Strongly agree	X Not applicable
19.	I have received enough information about the side						

	effects my medication may cause.						
Comments							
20.	I feel staff address my physical health issues as well as my mental health.						
Comments							
21.	I feel staff work with me when planning my care.						
Comments							
22.	I feel there is something about my particular circumstances or lifestyle that affects how safe I feel on the ward. For example, my race, religion, gender, age or sexuality						
Comments							
23.	I feel infection control measures affect how safe I feel on the ward. For example, staff wearing masks (face being covered) or visible ward cleaning.						
Comments							
24.	Can you let us know anything you think would improve the safety of this ward?						
25.	What do you do to keep yourself safe?						

On behalf of the Scottish Patient Safety Programme for Mental Health, thank you for all your help.

Additional information (to be provided by the facilitator or volunteer)

Your name and organisation:	
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Equality and Diversity Demographics

The information you provide in this part of the form is for information purposes and will be separated from the questionnaire. **Please tick the relevant box.**

How old are you?	Under 18		45-64	
	18-24		65+	
	25-44		Prefer not to say	

Which one of the following best describes your gender?	Male		Female	
	Prefer not to say			

Do you consider yourself to be transgender?	Yes		No	
	Prefer not to say			

Which of the following best describes your sexual orientation?	Heterosexual/straight		Bi/Bisexual	
	Gay		Lesbian	
	Prefer not to say			

Do you consider yourself to be disabled?	Yes		No	
	Prefer not to say			

If you answered yes, please provide information about your disability:	
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What is your religion or belief?	None		Sikh	
	Church of Scotland		Hindu	
	Roman Catholic		Jewish	
	Other Christian		Muslim	
	Buddhist		Prefer not to say	
	Other, please write in:			

What is your ethnicity?				
White	Scottish		Other British	
	Irish		Gypsy/Traveller	

	Polish	
	Other, please write in:	
Other ethnic group	Any mixed or multiple ethnic groups	
	Arab, Arab Scottish, Arab British	
	Other, please write in:	
Asian	Pakistani, Pakistani Scottish or Pakistani British	
	Indian, Indian Scottish or Indian British	
	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
	Chinese, Chinese Scottish or Chinese British	
	Other, please write in:	
African, black or Caribbean	African, African Scottish or African British	
	Black, Black Scottish or Black British	
	Caribbean, Caribbean Scottish or Caribbean British	
	Other, please write in:	
Prefer not to say		

Acknowledgements

We would like to thank all those who have worked with us to produce the Scottish Patient Safety Programme for Mental Health Patient Safety Climate Tool.

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You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.scot

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