

Safety Climate Survey

This safety climate survey will help you gather feedback from patients on how they feel about their safety on the ward and the use of restrictive practices.

This tool was originally developed by mental health service users and carers as part of the Scottish Patient Safety Programme. We have adapted it slightly for the Mental Health Safety Improvement programme and hope you will find it helpful. The questions are designed to be asked face-to-face by a service user or peer support worker to encourage open and honest responses.

Before asking the questions, the facilitator should explain a little bit about the quality improvement work that the team is engaged in, as part of the collaborative on reducing restrictive practice. It will be important to mention that the patient's responses will not negatively impact the care they receive.

The purpose of the tool is to help you gather feedback to contribute to your improvement work. Using the tool is not mandatory and we will not ask you to share the information collected with the national programme team. We hope though that gathering this insight will help strengthen your theory and ideas about how to reduce the use of restrictive practice on your ward.

If you have any questions, please do not hesitate to contact safetyimprovement@rcpsych.ac.uk

Safety Climate Survey

Date	
Time	
Name of Hospital	
Name of Ward	
Type of Ward (high secure/open ward etc.)	

How long have you been an inpatient in this ward?	
Are you detained under the Mental Health Act?	
Is this your first admission?	

Questions

1	What does safety mean to you?						
Please rate the following by placing a tick under the response that best fits with your experiences from strongly disagree to strongly agree		Strongly disagree	Slightly disagree	Neither agree or disagree	Slightly agree	Strongly agree	Not applicable
2	I feel safe in the day time.						
	Comments						
3	I feel safe at night time.						
	Comments						
4	I feel the ward can provide a safe place for people to visit me. For example, my family, children, friends and carers.						
	Comments						

Please rate the following by placing a tick under the response that best fits with your experiences from strongly disagree to strongly agree		Strongly disagree	Slightly disagree	Neither agree or disagree	Slightly agree	Strongly agree	Not applicable
5	I feel safe when there are difficult events on the ward that involve other people.						
	Comments						
6	I feel confident that staff deal safely with difficult events on the ward.						
	Comments						
7	If I witness difficult events on the ward, staff help me make sense of them.						
	Comments						
8	I feel staff are available for me to express any concerns I have about my safety on the ward.						
	Comments						
9	If I had to be restricted (for example, by restraint, seclusion or intramuscular injection), I feel this would be done safely.						
	Comments						
10	If I witnessed this happening to somebody else, I think it would be done safely.						
	Comments						
12	I feel staff involve me when planning my care.						
	Comments						



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13	Tell us about anything you think would improve the safety of this ward.	
14	What do you do to keep yourself safe?	
15	Please describe any other experiences on the ward that you feel are restrictive.	