

Report to: Board of Directors

Date: 20th December 2012

Subject: 'Friends and Family Test' Requirements and Implementation Plan

Status: To receive and approve

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1. EXECUTIVE SUMMARY

The purpose of this paper is to advise the Board of the forthcoming mandatory 'Friends & Family Test' and our implementation plans to achieve full coverage of prescribed areas (In patients and A&E) by April 2013 when we will be required to submit data returns which will be published nationally. The main route for completion is anticipated to be via our recently purchased touch pads available on request on the day of discharge or on line within 48 hours of discharge. These options are resource neutral however we are currently exploring texting and Freephone options to ensure we have maximised the routes available (particularly for those who do not want to utilise technology and may have literacy issues) though these will require additional financial cost.

2. ACTION REQUIRED BY THE BOARD

2.1 The Board are asked to receive the report and approve the actions proposed noting the potential resource implications

3.

ITY IMPACT ASSESSMENT

EQUAL

Are there any Equality Impact Assessment (EIA) implications **Potentially if maximum access to the survey cannot be promoted.**

4. Background & Process adopted

4.1 **This paper** aims to ensure that Board members are fully briefed regarding the forthcoming 'Friends & Family Test' (F&FT) and TRFTs plans to implement it to meet the Department of Health guidance issued in October 2012.



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4.2 The **F&FT Survey** is explained in a Question and Answer format in Appendix 1

4.3 A **TRFT F&FT Implementation Task Group** has been set up and met fortnightly since early October under the leadership of the Deputy Chief Nurse. See Appendix 2 for membership. The group has focused on 4 areas

- Survey Methods
- How and where patients will be approached
- Reporting Arrangements
- How to inform staff, patients and the public about the F&FT survey

4.4 There is also a **North of England F&FT Implementation Task Group** and in addition to participating in the teleconferences they have organised we have been required via NHSR to provide monthly status update reports to them.

5. Options considered for conducting the survey

5.1 The Department of Health guidance highlighted the following approaches-

5.1.1 On-line rating utilising a web link

5.1.2 SMS/Text message: patients are given a number they can text to receive and complete the survey by text

5.1.3 Smart phone apps: patients are given details of the app (or Q square) to access the on line survey by phone.

5.1.4 'Voting booth' kiosks or hand held devices: positioned in the location from which the patient is discharged

5.1.5 Telephone survey – patients can be given a freephone number to utilise within 48 hours of discharge

5.1.6 Postcard solutions: patients are given a postcard at discharge with an option to complete it then and there or return via a freepost option.

5.2 Whilst it is clear from the North of England teleconferences that many Trust's are adopting one methodology we felt that in order to maximise our response rate from an as representative as possible sample **we need to adopt more than one approach** and the following options appraisal was been undertaken:-

5.2.1 In the context of our current financial pressures and our recently procured Patient

Experience Data Capture contract with Meridian we felt that should promote 5.1.4 and 5.1.1 as much as possible (the F&FT will be an additional question we can add to our existing suite).

- 5.2.2 Whilst a significant amount of Trust's appear to be procuring complete packages utilising postcards (5.1.6) we excluded this on the basis of cost and concerns re literacy (Indicative costs from one supplier were £7,850 per annum (based on 15% sample of eligible patients) rising towards £11,000 if patients were offered and chose a freepost option.
- 5.2.3 The option of access to a Freephone survey was considered to be the best way to encourage uptake, within 48 hours of discharge, from people who do not have IT or mobile phone access and/or may have literacy limitations. Whilst other Trusts appeared to be exploring automated pre-recorded outgoing surveys we considered that although patients would be giving their numbers for this to happen it would be tantamount to cold calling and therefore possibly detrimental to the task in hand and our reputation. Unfortunately as most suppliers are offering complete packages we have had some difficulty in identifying information about such a service and it's indicative costs. The most fruitful line of inquiry has been with a company with whom we already have an existing contract (for the telephony system in the Contact Centre) and indicative costs have been obtained for utilisation of incoming interactive voice recognition (IVR) Freephone calls **INSERT**
- 5.2.4 We have encountered similar problems with regard to sourcing a texting (5.1.2) supplier (despite this being stated as the preferred mode for organisations in the Northwest) **INSERT**
- 5.2.5 Technical advisors on the group have advised that collating data from different repositories should not be problematic providing the format is specified to be compatible with our on line data. In order to proceed with both the Freephone and Texting options we need to secure additional resources. Unfortunately no provider we have yet spoken to has been able to identify the likelihood of uptake of these options as part of achieving the target of a 15% response rate (for TRFT this equates to 1000 patients per month (1200 (A&E) + 600 (in patients) = 1800 per week)).
- 5.2.6 Whilst there are currently no financial incentives or penalties identified in relation to the F&FT it is anticipated that Clinical Commissioning Groups will be identifying CQUINs in relation to it.

5.3 Timescales and Engagement

- 5.3.1 Further to the roll out of the touch pads in December the Group will work with wards and A&E to start data collection in these areas from 7th January 2013.
- 5.3.2 Whilst we are not required to report data until April 2013 we have stated that we aim to report our February data in March 2013.
- 5.3.3 Our plans for sharing this information with staff, patients and the public are identified in Appendices 1 and 3.

6. RECOMMENDATIONS

The Board are asked to

- Receive the paper and discuss the contents and proposed actions.
- Approve the proposed implementation plan with guidance regarding additional resources required



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Friends and Family Test Question & Answers

Background

- **What is the Friends and Family Test?**

It is a stand alone short survey completed upon discharge, or within 48 hours of discharge, to ascertain the patients rating of care about the ward/department they have spent the most time in. The main question is :-

‘How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?’

And the response must be selected from

- Extremely Likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

The main question will be followed by an optional follow up question ‘Please can you tell us the main reason for the score you have given?’ which is to be answered using free text and a request to complete demographic details (though patient identifiable data is not required).

- **Is the Friends and Family Test mandatory and when does it start?**

From 1st April 2013, all providers of NHS funded acute inpatient services and A&E departments will have to undertake the Friends and Family Test and report results.

- **Which patients does the Trust have to survey?**

All inpatients (aged 16+) who have stayed at least one night in hospital and patients (aged 16+) who have attended A&E and left without being admitted to hospital. From October 2013, the Test will include maternity services. It is expected that the Test will be extended to include other patient groups.

- **How ready are we to undertake this?**

We have had a small working group focusing on this since October and feel that we are in a strong position to build on the ethos we already have that patient experience matters. Whilst for this survey staff can not directly approach or assist patients we are confident, because of their existing experience in asking patients about care experiences’, in their ability to highlight our desire to know how patients rate us and the ways patients can do this. Most importantly will be what we do with the results to

reinforce good practice and remedy any shortfalls identified and that links into our existing framework for Patient Experience.

- **Do we have to achieve a certain response rate?**

The Department of Health has stated in its guidance that a 15% response rate is expected. Although this is not mandatory, trusts should aim to achieve this.

Data collection

- **When should the survey be completed?**

Either at the point of discharge or within 48 hours of it.

- **Is there a standard survey methodology that all trusts have to use?**

No. Trusts decide which methodologies to use. We will aim to use more than one approach to ensure as many as possible of our patient population have appropriate access though our main approach will be using our current Patient Experience Data capture contract with Meridian which is on line and accessed via either on site (using the Touch Pads) or within 48 hours via our Website (please see draft poster).

- **Can it be completed whilst the patient is in bed?**

No. As the Department of Health guidance discourages completion at the bedside staff need, where ever possible, to highlight a quieter less clinical area where patients can utilize the touch pad if that is the method they wish to use. We are mindful though that this may not always be possible in which case, provided the patient's in patient care is completed and their discharge imminent (i.e. they are awaiting transport) then at their request the touch pad can be brought to them when they are seated by their beds.

- **Do we involve members of staff?**

Not directly – the guidance is clear that we should not directly ask the questions however via the posters and flyers patients are encouraged to approach staff if they wish to utilise our touch pads on site.

- **What should we do if a patient asks us to complete the survey on their behalf?**

If a patient wishes to complete the survey on our touch pads before they leave the ward/department and for any reason are unable to do so (a range of reasons are possible including considerations of literacy or mental capacity which need to be handled sensitively) then a nominated family member/friend may do so on their behalf; alternatively it may be that wards may have access to volunteers who could assist though clearly they are not always available.

- **How do we find out why patients gave a specific response?**

We hope that patients will also elect to respond to the follow-up free text question, asking them the reasons for their response to the Friends and Family Test question.

- **How representative will the results be of our patients?**

We plan to advertise the test widely using posters and flyers and will be relying on staff to reinforce these to maximise take up. In addition we hope that by having more than one mode of response and having access to relevant translations that as many patients as possible will be able to complete the survey and if they also elect to respond to our optional demographic questions (anonymously) we will be able to monitor the uptake across age, gender, ethnicity, religion and sexuality. Given the prescriptive nature of the Department of Health Guidance we are describing this survey as the 'closest to fairest way of obtaining wide scale patient views in real time and comparing a ward with other wards, A& E with other A&Es, and the hospital with other hospitals.'

- **Is there any survey publicity?**

Yes. In addition to the poster we have designed (which will be used as a poster and a flyer) we will be utilizing Newsweek, Team Talk and opportunities to raise this at staff meetings. We also plan to raise awareness within Rotherham via the local media early in 2013.

- **How will patients know which ward they were on for most of their stay?**

The survey will require them to identify this and so it is vital that we assist them in identifying this before they are discharged.

- **How can we be sure that patients are not answering the survey more than once?**

Some Trusts are utilizing a unique reference number which ensures that patients can only answer the survey once, using only one mode of completion. This is not a requirement of the Department of Health and as yet we have not yet elected to adopt this as we do not anticipate this being a major risk.

- **Will this replace the CQUIN surveys we currently undertake?**

No. The CQUIN questions need to continue and will be adapted in negotiation with our Commissioners, it is important that the Friends & Family Test (F&FT) is kept separate so if patients are choosing to complete the CQUIN survey at the same time this is undertaken after they have completed the F&FT. As identified in our Patient Experience Strategy our approach to staff surveying patients is key to reinforce how important their views are and an opportunity for them to raise any issues which we can then resolve in real time.

- **What about patients who are on the End of Life pathway?**

Whilst we expect staff to highlight access to this survey to all patients clearly it is important to be sensitive to the needs of each individual patient, and their family. In addition to noting that the choice to complete the survey must always be the patient's we should never make assumptions as to any patient's wishes or expectations as

this could lead to a patient/family feeling disenfranchised which we actively want to avoid.

- **How will the test be surveyed in A&E ?**

The approach will be the same as for in patients though the question will refer to A&E and a secure Touch Pad will be located 'kiosk' style within the department to promote on site completion prior to patients leaving the department

Reporting

- **Does the Department of Health intend to report nationally on the Friends and Family Test?**

Yes. We will be required to submit our data each month from April 2013; we will be making pilot returns in February and March.

- **What level will the reports be?**

The Department of Health requires ward level data.

- **Can we track our progress in real time?**

Yes – for the on line surveys completed each Ward will be able to view their results in real time – the total results will be compiled by our Performance Team on a monthly basis and shared with wards requiring them to display them in a corporate format for the public to view, this data will also be available on our Trust website for the public to access and closely monitored by The Board of Directors.

Membership of the TRFT F&FT Implementation Group

Deputy Chief Nurse (Chair)
Performance Team representative
Business Intelligence Team representative
IT representative
Communications Team representative
A&E Representative
Elective Care Pathway Representative
Urgent Care Pathway Representative
NHS R Representative
Finance Representative

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Tell us what you think...

Would you recommend us to friends and family if they needed similar care or treatment?

Your feedback is really important to us. You can do this by:

- Asking a member of staff to use our touch pad here

Alternatively (within 48 hours of discharge)

- Texting INSERT
- Accessing via our website INSERT
- Freephone INSERT

Your health, your life, your choice, our passion