

EXECUTIVE SUMMARY**REPORT TO COUNCIL OF GOVERNORS****HELD ON 30 APRIL 2013**

Subject	Friends and Family Test
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Status¹	N

PURPOSE OF THE REPORT

To update on progress and initial results from the Friends and Family Test (FFT).

KEY POINTS

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| <ul style="list-style-type: none"> • across all inpatient wards with the exception of Maternity, which commences on 1st October 2013 • Initial scores for February are good but response rates are poor and are not achieving the 15% required for CQUIN from 1st April • FFT results are being shared internally during the 'test' period up to 1st April. Results from 1st April will be published nationally each month commencing in July 2013. Results will be published at trust and ward level nationally and locally • Reporting process and format have been agreed and are now being finalised • Next steps include targeted actions to improve response rates, implementation in Maternity and establishing a clear process for action planning following FFT scores |
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IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	
2	Provide Patient Centred Services	√
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Council of Governors is asked to note the contents of the report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	24 April 2013	Y

¹ Status:A = Approval

A* = Approval & Requiring Board Approval

D = Debate

N = Note

² Against the five aims of the STHFT Corporate Strategy 2012-2017

1. Introduction

The new Friends and Family Test (FFT) commenced nationally on 1st April 2013. FFT provides a structured method of inviting patients to give their feedback regarding their overall experience of our services. It also allows monitoring and comparison of performance by ward and against all other hospital trusts nationally. Trust and ward level FFT results will be published nationally and locally, and will be made widely available to patients and the public.

The Trust has now implemented a FFT survey programme in accordance with the detailed Department of Health survey guidance. From 4 February FFT was fully implemented across the Surgical Services and Emergency Care Groups and from 4 March, it was rolled out across all in-patient areas with the exception of maternity, which is to join FFT from 1st October 2013. Therefore, from 4 March 2013, all eligible inpatients and patients discharged home from A&E have the opportunity to answer a simple question about their experience in hospital within 48 hours of their discharge.

In an independent assessment of our preparations for FFT, commissioned by the Department of Health and carried out by Fr3dom Health during February, all Trusts were assessed against 3 areas: overall likelihood of success, operational readiness and submission readiness. STH scored 'highly likely' in each of these areas and the report from our assessment has now been sent to the Regional FFT lead and local Clinical Commissioning Group (CCG).

The first sets of FFT results covering the period 4 to 28 February 2013, and 1 to 31 March 2013 are now available; these are being shared internally but will not be published for this 'test' period. These results show that overall the Trust's FFT scores are good although response rates are poor and we have some way to go to achieving the 15% target response rate from 1st April for both the inpatient and A&E surveys.

2. Progress in implementing FFT

Implementation of the FFT survey is now complete and has involved;

- Establishing an FFT Project Team with representation from all Care Groups and key central departments including Patient Partnership, Information Services, Communications, IT and Supplies
- Selection of an FFT partner (The Picker Institute Europe) to support data input and reporting.
- Designing survey processes to minimise the operational impact of administering the survey on staff involved in providing clinical care to patients.
- Production of FFT guidance for managers, staff and volunteers.
- Internal communications to staff about FFT supported by the communications team using a range of communication channels.
- Briefing sessions at Matron and Senior Sisters meetings for all Care Groups.
- Development of a translation sheet for non-English speaking patients and a support line (managed by The Picker Institute) to assist these patients to understand and complete the survey.

- Setting up a process to produce and use uniquely coded postcards to invite patients to give their feedback in a way that is controlled and easy to monitor.
- FFT information posters and dedicated post boxes have been located in all survey locations across the Trust to encourage patients to leave their feedback
- Arrangements for collecting FFT responses from post boxes and returning them to the survey partner in accordance with the monthly reporting timeframe have been agreed with the support of hospital main reception staff.
- Options made available for patients to respond to the survey by freepost, on-line or using a smart phone app.
- Support for on-line survey responses in the Discharge Lounge by Trust volunteers using a lap top computer that has been set up for the survey.
- Trust volunteers undertaking nutrition support and other ward based roles on certain wards are being asked to offer support to patients to participate in the FFT survey in addition to their other duties, where the need is identified by ward staff.

3. FFT scores for February 2013

Initial FFT results, including both FFT survey scores and response rates have been produced. Scores are calculated using the following formula as defined by the Department of Health. This formula provides a score of between -100 and +100.

Number of patients who <u>would be</u> extremely likely to recommend Response category – extremely likely \div total number of responses	minus	Number of patients who <u>would</u> <u>not be</u> likely to recommend Response categories – neither likely nor unlikely unlikely extremely unlikely \div total number of responses
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The overall Trust inpatient score for the FFT survey for February is **71** and ward scores range from 0 to 100. These scores are indicative at this stage as they have not been ratified by the survey partner. Individual ward scores are not due to be provided for internal circulation by the survey partner until mid April. Calculation of our scores is as follows:

(246 extremely likely responses – 12 unlikely responses \div 330 responses in total x 100)

The A&E score for the FFT survey for February is **63** and the calculation of the score is as follows:

(105 extremely likely responses – 7 unlikely responses \div 156 responses in total x 100.)

3.1 FFT response rates for February 2013

330 FFT responses were collected from the 36 inpatient wards where FFT was operational during February. The overall response rate was 6.7% and the response rate between wards ranged from 0 % to 53%.

No responses were collected from the following wards:

Brearley 3
Brearley 5
Brearley 7
Huntsman 7
Firth 6 – Frailty Unit
Hadfield 6

156 FFT responses were collected from A&E during February. During the period 4813 patients were discharged from A&E. This figure excludes 267 patients who attended as planned follow ups. Further guidance has been sought from the Department of Health about including A&E follow up attendances in the FFT survey. While awaiting further clarification, the Trust has decided to include patients who attend A&E as unplanned follow-ups but to exclude patients who attend as planned follow ups. For example to have dressings or stitches checked.

The overall response rate for A&E in February was therefore 3.2%.

3.2 FFT scores and response rates for March 2013

The Trust Inpatient FFT score improved in March to 79 and the A&E score remained at 63.

The Inpatient FFT response rate for March has also improved slightly to 8.6 %. However the A&E response rate deteriorated to 1.1 % from 3.2% in February.

The high scores are very encouraging and illustrate how highly patients regard their experience of care received at STHFT. Achieving the FFT response rate targets set by the Department of Health has been particularly challenging in light of the significant operational pressures staff have been under to deliver the clinical care required by patients in recent weeks.

Staff teams are being supported across wards and departments to review their FFT processes to find ways of conducting the survey that have the least impact on the delivery of clinical care. Delivering the clinical care required by patients remains the priority but it is hoped that, as pressures on clinical teams ease, staff will be able to further support improvements in the number of patients being asked to respond to the FFT survey to ensure response rates are optimised as far as possible so that targets are achieved.

4. Reporting FFT information

The initial set of FFT data has been submitted to the Department of Health via the Unify reporting system in accordance with the FFT plans agreed with the CCG.

The FFT survey provider supplied the raw FFT data for submission and will be providing information on free text comments and both Trust and ward level reports from April. Initial interpretation and analysis of the data has therefore been completed internally in draft form in order to provide an early indication of performance against FFT targets.

A provisional FFT reporting format has been agreed with our survey provider and this is now in the process of being finalised. FFT reports will be available to be shared internally in this form from April. These reports will mean that we will be able to monitor performance trends over time at ward and Trust level, compare performance at ward and Trust level and ensure that all comments made by FFT respondents can be fed back to staff teams to inform their action planning and improvement work.

Nationally, the first set of FFT (April) data will be published in July. Ward level data will be publicly available through NHS Choices and ward data is also expected to be published locally. Further work is being carried out jointly within the Patient Partnership and Communications teams to look at the best methods and format for sharing and publishing FFT data from April.

In addition, FFT performance information will be reported to the NHS Commissioning Board, along with other key patient experience data, via the new 'Insight Dashboard'.

5. Key risks and issues for further consideration.

The key risk is current response rates. February FFT response rates have failed to achieve the CQUIN baseline target of obtaining responses from 15 % of eligible patients.

We expect to receive a range of response rates for FFT from wards caring for different types of patients; some patients, for example, those with dementia may find it more difficult to complete the FFT survey. However there is significant variation in response rates between wards which does not appear to be entirely linked to the type of patient or the clinical care being provided.

15 wards have achieved a response rate of over 15 % which provides reassurance that the FFT process does work. However 22 wards have not achieved the baseline target and 6 wards have generated no FFT responses. This suggests that the response rate is as dependent on the extent to which the survey is being supported by clear ward level processes, taking account of patient needs, and individual staff commitment to supporting FFT.

Information, support and resources to establish FFT has been offered consistently throughout the Trust. Staff now need to be further encouraged and supported to follow the processes that have been established, and to identify any areas where there are particular barriers to delivering FFT which can then be individually worked through.

The low response rate in A&E is concerning. Anecdotal evidence suggests that low response rates to the A&E FFT survey are being seen across the Region however, response rates may be higher for Trust's in other parts of the country who have employed wide scale technological rather than paper based systems such as automatically telephoning or texting patients once they have been discharged. There are plans to install a kiosk in A&E to provide patients with a further option for responding the FFT survey. There is no guarantee that this will have a direct impact on response rates, although it will provide the Trust with a more cost effective option for collecting high volumes of survey data, assuming response rates improve as pressures on clinical teams are reduced.

In addition, in April, the A&E FFT survey will be extended to the eye casualty department at the Royal Hallamshire Hospital. It is hoped that, with the support and encouragement of the staff, patients attending this department will be more able and possibly more willing to respond to the A&E FFT survey.

In order to improve the response rate in A&E it is recommended that the department review the processes in place for inviting patients to respond to the survey before they are discharged. In addition, a process of checking A&E response numbers every 48 hours, to monitor in real time actual against target response rates, is being considered. This would provide early information on response rates and allow appropriate interventions to increase rates where necessary.

Initial FFT scores look promising. Scores from other Trust's are not yet available for comparison purposes however will be used to benchmark STHFT performance and

compare the FFT processes we have in place with others at the first opportunity. It will also be helpful and encouraging for staff to receive the generally positive and complimentary comments made by patients in response to the free text question on the FFT Survey when these are made available from April.

6. Next Steps

Having completed FFT implementation, the key aim is now to focus efforts on staff engagement to ensure the Trust achieves target response rates as described above.

In addition, further action is required to:

- Extend FFT to maternity services by 1 October.
- Finalise the FFT internal and external reporting arrangements.
- Capture information on the outcomes of FFT, specifically in relation to gathering evidence and reporting on actions taken and improvements made as a result.
- Share positive messages from FFT to further encourage stakeholder engagement.
- Consider how wards and departments could be further supported to engage in improvement activity in response to FFT results.
- Consider extending FFT to other areas of the Trust. Some departments, including Endoscopy and the Day Surgery department have expressed an interest in participating in the survey.
- Review the processes established for operating the FFT survey and consider options that might in the medium term improve the information available and reduce the costs of the survey to the Trust. This may include the appraisal of other systems including automatically telephoning patients or texting patients to invite them to respond.
- Review the contract with the Picker Institute which expires at the end of September 2013 and make recommendations on options for operating FFT from 1 October 2013.