Report to: Board of Directors  
Date of Meeting: 30 November 2016  
Report Title: Improving Friends and Family Test Response Rates – update

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<tr>
<th>Status</th>
<th>For information</th>
<th>Discussion</th>
<th>Assurance</th>
<th>Approval</th>
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Prepared by: Helen Roberts, Patient Information Officer  
Executive Sponsor (presenting): Jill Asbury, Interim Director of Nursing  
Appendices (list if applicable): |

**Purpose of the Report**  
To update the Board following the report in July 2016, about the actions taken to improve response rates.

**Key points for discussion**

- Comparative response rate data from April 2016 to date  
- Some areas have made improvements in the response rates  
- Actions taken already and further work planned to achieve improved response rates.

**Recommendation**  
**Action required by the Board of Directors**

To note and receive.  
To acknowledge work already undertaken and future work that is planned.
Improving Friends and Family Test Response Rates: Update October 2016

1. Background:
The purpose of this report is to provide an update to Board about progress since July 2016 in improving response rates to the Friends and Family Test (FFT).

2. Context:
2.1. Since April 2015 there have been no national targets set for the response rate for FFT across different services.
2.2. The Trust sets its own local targets for response rates as follows:
   - ED 15%
   - Inpatients (including day cases) 25%
   - Maternity (labour ward & homebirth) 25%
2.3. There are no targets set for outpatient or community response rates.
2.4. The performance of different services against these targets is now presented in a monthly Trust wide report. From April to September 2016 onwards, there has been some improvement in some areas, the response rates are as follows:

![Graphs showing response rates for A&E, Daycases, Inpatients, and Maternity]

**Fig 1: Trust wide response rates April to September 2016 (source: Direct Data Analysis)**
2.5. A breakdown of the Trust’s response rates from April to September 2016 is provided for comparison in Table 1.

2.6. In the month of October 2016, the total number of FFT responses received was 2082.

- 2034 – received by feedback card
- 22 – QR codes
- 3 – online
- 23 – by post
- 6 – via the booth. (The booth was relocated during October, was therefore unavailable for use for the whole month).

2.7. The Trust’s response rates across these services are also compared to the national data, as well as data from Bradford Teaching Hospitals Foundation Trust, Harrogate & District Foundation Trust, Leeds Teaching Hospitals Trust and Salford Royal Foundation Trust in figs 2-4.
<table>
<thead>
<tr>
<th>Ward</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
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<tr>
<td>Inpatient wards (excl daycases)</td>
<td>25%</td>
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<td>33%</td>
<td>32%</td>
<td>31%</td>
<td>30%</td>
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<tr>
<td>Daycases</td>
<td>12.1%</td>
<td>14.1%</td>
<td>11.9%</td>
<td>15.6%</td>
<td>14.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>All inpatients (incl daycases)</td>
<td>17.7%</td>
<td>20.2%</td>
<td>20.8%</td>
<td>22.8%</td>
<td>21.2%</td>
<td>24.5%</td>
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<tr>
<td>Labour Ward/ Homebirth</td>
<td>11.9%</td>
<td>8.6%</td>
<td>9.7%</td>
<td>6.0%</td>
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<td>11.3%</td>
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<td>7.4%</td>
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Table 1 Breakdown of Trust response rates by service April to September 2016
(source: Direct Data Analysis)
Fig 2 Comparative inpatient response rates (including day cases) 2016/17 (source: NHS England dataset)
Comparative ED response rates

Fig 3 Comparative ED response rates (source: NHS England dataset)
Fig 4 Comparative maternity (birth) response rates (source: NHS England dataset)
3. Progress with actions to improve response rates by area:

3.1. The touchscreen kiosk has been relocated from ED to the main landing outside Patient Information (Zone B, location B1), therefore was unavailable for use for a limited amount of time. The kiosk has been updated to enable patients to give feedback about all Trust services and is now in use. Use of the kiosk will be monitored.

3.2. The response rate in ED remains a challenge. The team have allocated the role of champions each shift to individual members of staff.

3.3. In the surgical group, the ward improvement plans include a focus on keeping FFT response rates above 25% by giving out FFT cards with all discharge letters. This has not yet had time to feed through into improvements on all wards and full data for October is not yet available.

3.4. In response to declining outpatient responses, and with effect from July 2016, the FFT cards are now made available in every clinic and the clinic nurse encourages patients to complete them. This has resulted in higher numbers of outpatients completing the FFT. However response rates have never been calculated for outpatients and there is no local response rate target.

3.5. Completion of the FFT is now an integral part of the discharge process on Ward 20 and in the Dales suite following eye surgery. This has begun to improve day case response rates.

3.6. The Labour Ward is planning to include FFT cards in admission packs, and new mums are also given a card with their tea and toast on the Labour Ward.

3.7. The immediate actions being taken by the Emergency Department to improve their response rates are:

3.7.1 Reception have been reminded that they must actively offer the cards and not just have them available for use if the patient or relatives feel they wish to partake.

3.7.2 FFT cards will now be stapled to all CasCards from triage, with the clinical decision maker who takes responsibility for that patient offering the card to patients.

3.7.3 The Senior Sister for ED will re-invigorate the FFT champions within the B3/2, and increase their numbers to allow cover 24/7 for the trolley areas.

3.7.4 The Nurse in Charge will be accountable for the management of the above through their shift, and through the twice daily Safety Briefs reaffirm the expectations to those staff coming on duty.
4. Overarching Trust Actions:
The Trust’s FFT contract with Direct Data Analysis expires at the end of March 2017 and is currently under review. The key issues identified include the methods used to offer the FFT to patients, the timeliness of the data and access to the data for management and quality improvement purposes. Therefore changes to the contract specification are under consideration and include:

- trialling text messaging in outpatients and/or ED;
- developing an online survey for under 16s;
- reviewing whether the kiosk offers value for money;
- reducing the time taken from completion of an FFT card by the patient to the publication of the FFT data;
- reviewing how we can make the FFT data more directly and easily accessible to staff;
- scoping the potential for FFT data to be triangulated with other patient feedback.

5. Further Actions:
We continue to review the actions taken and the progress being made, and are aware that we are not where we want to be when compared to neighbouring organisations. Further actions to take are:

1. Establish how Harrogate is achieving their response rates for completion by the end of November 2016.
2. Request a specific action plan from ED for improved response rates and monitor via the DAG process with the initial paper going to the December 2016 meeting.

6. Recommendations:
For the Board to receive the paper and acknowledge work already undertaken, the immediate steps the Emergency Department are taking to improve their position and note the future work that is planned.

Author: Helen Roberts, Patient Information Officer
November 2016