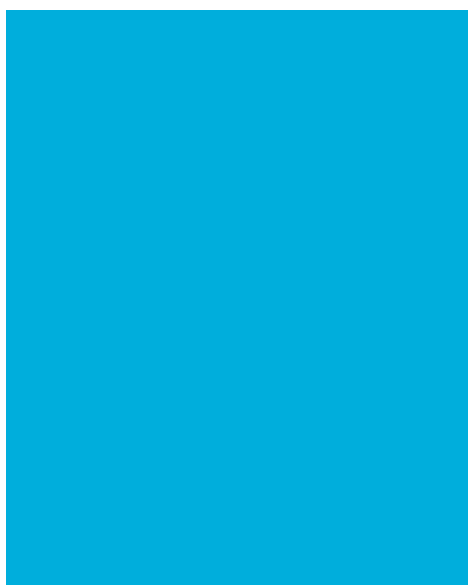


The NHS Friends and Family Test Guidance for Maternity Services

Published: May 2013



NHS England INFORMATION READER BOX**Directorate**

Medical	Operations	Patients and Information
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Publications Gateway Reference: 00117

Document Purpose	Guidance
Document Name	The National Friends and Family Test: Guidance for Maternity Services
Author	NHS England, Patients and Information Directorate
Publication Date	20th May 2013
Target Audience	Foundation Trust CEs , Medical Directors, Directors of Nursing, NHS Trust CEs
Additional Circulation List	NHS England Regional Directors, NHS England Area Directors
Description	This guidance outlines the background and requirements for implementing, reporting and publishing the national Friends and Family Test (FFT) within NHS-funded maternity services from 1st October 2013. This guidance aims to support those who will be establishing and implementing the test and is relevant to NHS trusts, Foundation trusts and independent sector organisations that provide NHS-funded maternity services.
Cross Reference	NHS Friends and Family Test Implementation Guidance
Superseded Docs (if applicable)	N/A
Action Required	Implementation by all providers of NHS-funded maternity services
Timing / Deadlines (if applicable)	Implementation by 1st October 2013
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Document Status

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This guidance is intended to be accessible and easily understood by the NHS. Please refer to the glossary and Frequently Asked Questions (FAQ's) and go to:
<http://www.england.nhs.uk/ourwork/pe/fft/>

Due regard to the public sector Equality Duty has been given throughout the production of this document.

Summary

Background

The Friends and Family Test (FFT) aims to provide a simple, headline metric which, when combined with follow-up questions, can be used across the maternity pathway to drive a culture change of continuous recognition of good practice and potential improvements in the quality of the care received by NHS patients and service users. The implementation of the FFT across all NHS services is an integral part of NHS England's Business Plan, and is designed to help service users, commissioners and practitioners.

The question

Each woman will be asked up to four FFT questions:

1. How likely are you to recommend our antenatal service to friends and family if they needed similar care or treatment?
2. How likely are you to recommend our <labour ward/birthing unit/homebirth service> to friends and family if they needed similar care or treatment?
3. How likely are you to recommend our postnatal ward to friends and family if they needed similar care or treatment?
4. How likely are you to recommend our postnatal community service to friends and family if they needed similar care or treatment?

The answers

A descriptive six-point response scale is used to answer the question:

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

Follow-up questions

Providers must ask at least one free text supplementary follow-up question at the same time as the Friends and Family Test questions described above, in order to seek more detail that can help recognise excellence and drive improvements. The number of follow-up questions can be determined locally, although a simple enquiry as to 'What is the main reason for the answer you have chosen?' is recommended. It is important to retain the simplicity of the FFT.

In addition, providers could also offer the opportunity of a follow-up conversation, to take place separately at a later date, to specifically follow-up comments in more detail. This would require women agreeing to give up their anonymity.

Women to be surveyed

Women across all four stages of the maternity pathway (antenatal, labour ward/birthing unit/homebirth, postnatal ward and postnatal community).

Response rates

There is an expectation of a 15% overall response rate. This relates to the provider and not for each individual element of the pathway.

Survey methodologies

There is no single survey methodology required and the decision should be taken locally. Options for maximising the response rate include: online feedback; sms/text message; smart phone apps; tablet devices; voting booth kiosks; telephone interviews; paper based questionnaires; postcard solutions, to be either completed on site or mailed back to the provider. Members of staff should not ask women the question directly, although this should in no way impact on usual dialogue.

When to survey women

Women will be surveyed at three touch points:

- i. Antenatal care (question 1) – to be surveyed at the 36 week antenatal appointment
- ii. Birth and care on the postnatal ward (questions 2 and 3) – to be surveyed at discharge from the ward/birth unit/following a home birth
- iii. Postnatal community care (question 4) – to be surveyed at discharge from the care of the community midwifery team to the care of the health visitor/GP (usually at 10 days postnatal)

FFT scores

Each midwifery service will receive a score (assuming they provide all these services) for antenatal services, birth (for a labour ward, birth centre/midwife led unit or homebirth), postnatal ward and postnatal community provision.

Publication requirements – local

Results must be published locally, with information available to women and partners aligning with national guidelines.

Making the data publicly available nationally

The results of the test will be made available to the public via the NHS Choices website from February 2014. The raw data will be available on the central government website at www.gov.uk.

1. Introduction

This guidance outlines the background and requirements for implementing, reporting and publishing the national Friends and Family Test (FFT) within NHS-funded maternity services from 1st October 2013. Aspects of publication that are common across all pathways can be referenced in the NHS Friends and Family Test Publication Guidance (Document Gateway Reference 18739, published on 7th February 2013).

This guidance aims to support those who will be establishing and implementing the test and is relevant to NHS Trusts, Foundation Trusts and independent sector organisations that provide NHS-funded maternity services.

1.1 Background

The Friends and Family Test is a simple, comparable test which, when combined with supplementary follow-up questions, provides a mechanism to identify both good and poor quality patient experience. This information should then be used as part of a strategic approach by providers and commissioners to celebrate success or support staff to make improvements where the experience of services does not live up to expectations.

Implementation of the national Friends and Family Test for acute in-patients and patients discharged from A&E became mandatory on 1st April 2013. Implementation across maternity services builds on this initial roll-out and will begin on a voluntary basis from May 2013, with full national implementation by 1st October 2013.

To support this, from 1st October 2013, Standard NHS Contracts will include a requirement that this work be delivered by providers of all NHS-funded maternity services. Review of Central Returns (ROCR) approval for a monthly voluntary collection of maternity services data has been granted from 1st April to 30th September 2013. The ROCR reference number is ROCR/OR/2159/FT6/002PMAND.

The process to obtain ROCR approval for the mandatory submission from October 2013 is in progress and will be in place by then.

The question and methodology outlined in this guidance have been informed by a testing phase, for which we would like to thank Liverpool Women's Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, Imperial College Healthcare NHS Trust and Portsmouth Hospitals NHS Trust. We would also like to thank the Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Mumsnet, the National Childbirth Trust for their involvement, and suppliers, early adopters of the methodology and all who have been involved, for their contributions.

1.2 Benefits of the Friends and Family Test within maternity services

The Friends and Family Test is a tool for insight into good service and is also used to support improvement. It is a quick, consistent, standardised metric that will provide organisations, employees and the public with a simple, easily understandable headline indication, based on near real-time feedback.

- It will mean that staff from community teams to wards and boards will have access to up-to-date feedback from women on their experience of maternity services and thus will

be informed and empowered to take immediate action to tackle areas of poor quality patient experience and build upon success.

- Women (both mothers and mothers to be) will be able to compare the quality of experience that their nearest provider offers against other services; they can thus engage the local provider to improve services or recognise success or they may decide to choose an alternative provider.
- Commissioners will have an up-to-date and comparable measure to use to benchmark providers, drive improvements and use in contract discussions.
- The headline nature of the test will, alongside other intelligence, enable organisations such as HealthWatch and health and wellbeing boards to be informed about local quality.
- Tracking trends will provide validation of where targeted improvements are most effective.

The FFT will work best when used alongside more local, granular information that provides insight into local issues. It acts as a 'tin-opener' and catalyst to uncover and flag up immediate opportunities and any issues that patients have experienced. Asking the standardised FFT question everywhere gives women (both mothers and mothers to be), an easy to understand way of judging the quality of services, and means care providers receive robust and comparable feedback quickly.

1.3 Policy context

On the 25th May 2012, the Prime Minister announced the introduction of the Friends and Family Test to improve patient care and identify the best performing hospitals in England. The introduction of the test was based on recommendations from the Nursing and Care Quality Forum who also made a number of other proposals after consulting frontline nurses, care staff and patients.

The Prime Minister said:

"To really make sure that patients get the right care, we're moving ahead quickly on one of their [the Nursing and Care Quality Forum] main recommendations: the Friends and Family Test. In every hospital, patients are going to be able to answer a simple question: whether they'd want a friend or relative to be treated there in their hour of need. By making those answers public we're going to give everyone a really clear idea of where to get the best care – and drive other hospitals to raise their game."

Subsequently, the FFT has been further supported by the Government and a commitment to roll-out the test in maternity services was shown in both the mandate from the Government to the NHS Commissioning Board (now NHS England), published in November 2012 and the NHS England Business Plan, published in April 2013. These commit to the implementation of the FFT in maternity services by end October 2013. Implementation in maternity services has been further incentivised through inclusion in the National Commissioning for Quality and Innovation (CQUIN) Guidance for 2013/14.

2. The NHS Friends and Family Test – the approach

2.1 The approach

In order to attribute feedback to the right part of the maternity service and the right team, providers will need to implement the FFT using the same questions, framing text and response scale at standardised points along the pathway.

The wording of the questions and appropriate framing has been informed by testing carried out by providers of NHS-funded maternity services.

The methodology needs to allow for responses to be attributed to the correct part of the pathway and the correct team providing the service.

2.2 The question(s)

Women will be asked up to four Friends and Family Test questions. Some women will not experience a post-labour ward and therefore do not need to respond to question 3 below. Each question seeks feedback about each specific part of the pathway:

1. 'How likely are you to recommend our antenatal service to friends and family if they needed similar care or treatment?'
2. 'How likely are you to recommend our <labour ward/birthing unit/homebirth service> to friends and family if they needed similar care or treatment?'
3. 'How likely are you to recommend our postnatal ward to friends and family if they needed similar care or treatment?'
4. 'How likely are you to recommend our postnatal community service to friends and family if they needed similar care or treatment?'

2.3 The answer scale

The answer scale below must be used:

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

2.4 Framing the questions

The framing text is mandatory and should be used with the corresponding question from section 2.2 above:

1. 'We would like you to think about your experiences of our antenatal service during your pregnancy'
2. 'We would like you to think about your experiences of our <labour ward/birthing unit/homebirth service> at birth'
3. 'We would like you to think about your experiences of our postnatal ward post birth'
4. 'We would like you to think about your experiences of our postnatal community service post birth'

2.5 Follow-up questions

The responses to the standard questions in 2.2 may often not provide sufficient information to act on to make improvements in women's experience without supplementary follow-up questions also being asked. Providers must ask follow-up questions at the same time as the Friends and Family Test, to give women an opportunity to provide more detailed feedback about their care, should they so choose. The number and wording of the follow-up questions is to be determined locally but there must be an opportunity for women to provide a free text response. For example, this could be worded as follows:

'What is the main reason for the answer you have given?'

or

'If we could change one thing about your care or treatment to improve your experience, what would it be?'

Further information and ideas on potential follow-up questions can be found in the 'local surveys' section of the national survey co-ordination centre website (www.nhssurveys.org/localsurveys).

Although a follow-up question can be very insightful, organisations should use a variety of data sources and intelligence to fully understand, and act upon, the responses patients give to the test. Organisations should also consider how to include a feedback loop to patients (for example "you said, we did"), where action has been taken.

The outcome of the pilot activities showed that women's experiences are different to patients in other pathways. They are more likely to provide additional feedback that attributes to part of the pathway. Providers could therefore also offer the opportunity of a follow-up conversation to take place separately at a later date, to follow-up in more detail comments provided within women's responses and in order to gain further insight into their experience. This would require women agreeing to give up their anonymity.

In addition, Trusts may wish to consider how best to capture the experiences of birth partners and/or fathers.

3. The NHS Friends and Family Test – standardisation

3.1 Why we need standardisation

The Friends and Family Test will enable women to compare maternity services, identify those who are performing well and drive others to take steps to improve. In order to ensure that the data we collect can be reliably compared we must ensure that Trusts across England are using the same questions and applying common touchpoints and following the guidance.

It is acknowledged and understood that Trusts currently use a variety of methods to collect patient experience data; these methods have been developed over time and will collect useful and beneficial information for organisations. Such methods should be used alongside the Friends and Family Test to pinpoint where and how services should be improved.

3.2 Requirements of standardisation

3.2.1 Who should be surveyed

From the 1st of October 2013 the Friends and Family Test must be used to survey all women of any age who have used NHS-funded maternity services. This is not only women beginning their maternity experience in October, but for all women already on the pathway.

3.2.2 Expected response rates

The Friends and Family Test uses a census approach therefore all women that have experienced NHS-funded maternity services must be given the opportunity to provide their feedback.

There is a minimum requirement for a 15% overall response rate for the provider and not for each individual element of the pathway (antenatal, labour ward/birthing unit/homebirth, postnatal ward and postnatal community). The 15% rate applies to the site as well as the provider. For example, data at the site level will show provider Trusts that have two or more hospitals that deliver maternity services.

3.2.3 Survey points and timeframe

Women will be surveyed at three touch points:

- i Antenatal care (question 1) – to be surveyed at the 36 week antenatal appointment
- ii Birth and care on the postnatal ward (questions 2 and 3) – to be surveyed at discharge from the ward/birth unit/following a home birth
- iii Postnatal community care (question 4) – to be surveyed at discharge from the care of the community midwifery team to the care of the health visitor/GP (usually at 10 days postnatal)

Women should be asked the relevant question at, or within 48 hours of, the touchpoint.

Women should be asked each relevant question but should not be asked any of the four FFT questions more than once. The question relating to experiences on the postnatal ward (question 3) may not need to be asked for some women – e.g. those who experienced a home birth. Any impact on scoring created by these two data collection routes will be fully reviewed at a date to be determined.

3.2.4 Attributing responses to the correct part of the pathway and the health professionals providing that service

The selection of three touch points has been designed to ensure that it is straightforward to attribute responses to both the correct part of the pathway and the organisation that provided the majority of that care.

There may be some instances where it is not clear how to collect and attribute feedback, for example:

- Transfers between sites during labour, for example midwife unit to hospital and home to hospital
- Giving birth in an ambulance
- Giving birth with no professional care

In such cases, the woman should be asked the most applicable questions, i.e. referring to the site where she spent the most time or being asked only the questions that apply to her care.

3.2.5 Systems and technologies for surveying

There are few constraints on the technology used to collect the data, and a number of different methods would be suitable, for example:

- **On-line rating:** women are given information including a web link which they can use to log on, enter a reference number and provide their feedback
- **SMS/Text message:** women are given the question at the point of discharge, and are able to text their response (providing an opportunity to send follow-up questions to responders)
- **Smart phone apps:** women are given details of the app, including a unique reference number
- **Tablet devices:** women are given the question and follow-up question(s)
- **'Voting booth' kiosks or hand held devices:** with 'voting' controlled to allow each person to only vote once
- **Paper based questionnaires:** women are given the questionnaire and follow-up question(s)
- **Telephone survey:** women are given a free phone number and a unique respondent ID to respond within a set period of time
- **Postcard solutions:** women are given a postcard at discharge with an option to complete and return on site or to complete at home and post back

Providers should consider carefully which methodology/ies to use and consider how all groups of women are encouraged to respond.

Members of staff must not ask women the question directly. However, staff members may hand out surveys or tablet devices, as long as women are left to complete questions on their own and it is made clear that their responses will not be viewed by members of staff.

Volunteers may be used at, or around, the time of discharge to invite women to take part in the survey, to direct them toward survey materials or to give advice on how to use the technology. However, it is important that women are clearly aware that their individual response is private and will not be viewed by the volunteer.

3.2.6 Survey exceptions/special circumstances

There are no exceptions; women across all stages of the maternity pathway (antenatal, labour ward/birthing unit/homebirth, postnatal ward and postnatal community) are to be asked the Friends and Family Test question.

Under 16s should be included. It is up to Trusts to ensure that surveying of under 16s meets the necessary codes of conduct and follow its consent policy.

3.2.7 Reaching all women

All women should be included and encouraged to respond.

All Trusts should be mindful of their responsibilities under the Public Sector Equality Duty in the Equalities Act 2010. There are also obligations under the NHS Constitution to ensure that the approaches chosen by the Trust meet the duty to promote equality through the services the Trust provides, and to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.

The overall approach to sampling will help to ensure that feedback is representative, but it is important that adjustments are built into the system to allow and encourage responses from groups that might otherwise not take part. It may be necessary to offer more than one technological solution to avoid under-representation of certain groups.

For women whose first language is not English, options to answer in their own language should be made available. Translations of the question into the most commonly requested languages will be made available through the FFT website (please see section 7 for the relevant link).

If a woman is unable to answer the question, their carer or guardian may assist them, (but not to answer on their behalf).

4. The NHS Friends and Family Test – data reporting

4.1 Data reporting requirements

Organisations will be required to report maternity FFT data at site (where maternity services are provided on more than one site) and at Trust level nationally. This will be through UNIFY2 following a similar process and timescales to the existing FFT return.

Organisations will need to develop internal processes that allow local reporting/publishing of site/provider level data. Trusts will need to use feedback internally in a way that enables triangulation with other local data and stimulates service improvement.

As with the acute inpatient and A&E returns, returns for the previous month will be required on the 9th working day of each month. For further information and details on the submission process, please refer to the UNIFY2 guidance, available at <https://www.gov.uk/government/publications/nhs-friends-and-family-test-data-reporting-guidance>.

Further guidance and updates will be provided via UNIFY2 on the details of submission.

An example of the UNIFY2 data collection form is provided below for illustrative purposes only.

Number of responses to Qu 1 received via each mode of collection (trust level only)										
SMS/text/Smartphone app	Electronic tablet/kiosk at point of discharge	Paper/Postcard given at point of discharge	Paper survey, sent to the patients home	Telephone survey once patient is home	Online survey once patient is home	Other	Total responses			
50	35	23	122	22	26	22	300			

Hospital Site Details		Total responses in each category for each site						Total number of people eligible to respond for each site	Total responses for each site	Response rate for each site
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	1 - Extremely Likely	2 - Likely	3 - Neither likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know			
R1HKH	Whipps Cross University Hospital - R1HKH	2	6	280	5	3	4	400	300	75.0%
Total		2	6	280	5	3	4	400	300	75.0%

5. The NHS Friends and Family Test – publication of results

5.1 Publication requirements

It is important that women can relate feedback to their own experiences, and that means reporting the results of the Friends and Family Test across all the areas of care, both locally and nationally.

The overall approach to reporting should align with that in the general publication guidance, 'NHS Friends and Family Publication Guidance'.

Areas specific to maternity services are detailed below.

Each Trust's data will be reported nationally and the intention is for each midwifery service to provide scores for the following (as long as the Trust provides these services):

- Antenatal (prenatal community provision)
- Birth – this might be for a labour ward, birth centre/midwife led unit or homebirth
- Postnatal ward
- Postnatal community provision

Scores need only be reported for those services provided by a given Trust.

Currently, there will be no granularity to ward level; in most cases the feedback will be attributed to the provider only. For some providers, feedback will need to be attributed to site-level, for example if a Trust has more than one birthing unit or has labour wards in different hospitals.

The calculation for maternity FFT is the same as for inpatient and A&E, as outlined in the publication guidance, available at <https://www.gov.uk/government/publications/nhs-friends-and-family-test-guidance-on-scoring-and-presenting-results-published>.

5.2 National publication requirements

Scores will be attributed to each of the service types for each provider (or site level if more than one maternity service). Scores will be displayed separately for maternity.

An example of the publication on the NHS Choices website is provided later in the document and is for illustrative purposes only. The raw data will be available on the central government website at www.gov.uk.

5.3 Local publication requirements

All Trusts must publish their results locally, according to the requirements outlined in section 5.1 above. Trusts must use the same data submitted via Unify and use the same calculation methodology, as outlined in the publication guidance referenced in section 5.1. The following principles apply to local publication:

- Publication of scores for each Trust must begin by February 2014 at the latest, although providers will want to act on feedback as soon as it is available
- The locally and nationally published results must be the same
- A standardised 'label' should be used to describe the Friends and Family Test result: "The Friends and Family Test score for [Month] for this [antenatal/birth/postnatal ward/postnatal community service] is [X]. This is based on [XX] responses."

All principles outlined in section 3 of the publication guidance for local publication must be adhered to.

In addition, in order to improve services and celebrate success, it will be important for Trusts to ensure that results are fed back to wards and teams.

5.4 Communicating the Friends and Family Test to women using maternity services

Public understanding of the question and why it is being asked are vital to a successful and worthwhile outcome. Trusts will want to fully utilise their communication tools, mechanisms and networks to engage the public and aid understanding. This will support the achievement of the required response rates and help women and others use the data to compare services and hold organisations to account.

Midwifery service level results will be listed individually
 (screen shot for illustrative purposes only)

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NHS choices Your health, your choices

Health A-Z Live Well Carers Direct Health news Health services near you

H Hightown Hospital
 Telephone: 0161 9987070
 Address: NHS County Side, Big Road, Small County, A1 BC4B
 Website: <http://www.uhsm.nhs.uk>

★★★★★
 Based on <ccc> ratings for this <org type>

Overview
Departments and services
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Reviews and ratings
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[Our departments and services](#) / Maternity service

Maternity service
 organisation in the NHS through providing safe, clean and personal care to every patient, every time.

We are an integrated provider of hospital, community and primary care services, including the University Teaching Hospital. Our team of 6,000 staff provide local services to the City of Salford and specialist services to Greater Manchester and beyond.

We have an excellent track record, having the highest consistent rating for service quality coupled with one of the highest sets of patient and staff satisfaction scores.

We are proud to be recognised as one of the best hospitals in the NHS and have clear plans to become the safest. We aim to provide safe, clean and personal care, to every patient, every time. We have an excellent track record, having the highest consistent rating for service quality coupled with one of the highest sets of patient and staff satisfaction scores.



Latest reviews of this hospital

☆☆☆☆☆
100% Negative experience of children's ward
 I am writing about the experience whilst my baby was admitted so whilst I was not the patient, I was living in the hospital with him at t...
 21 September 2012

★★★★☆
Best midwives
 This visit was for giving birth to my baby on 19th July at night I had a natural birth and sby was my 1st and I think my midwifes swappe...
 19 September 2012

★★★★★
Wonderful staff
 I was admitted to Htown through A&E because my GP sent me. The A&E doctor was lovely - it was difficult for her to insert a can...
 11 September 2012

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Friends and family test scores

Pre natal community service	n/a Data not available
Labour ward	Among the best (Score: 52)
Birth centre/midwife led unit	In the normal range (Score: 53)
Homebirth	Among the best (Score: 52)
Post labour ward	Among the best (Score: 52)
Post natal community service	Among the worst (Score: 41)

More information about this data

Compare with hospitals nearby

Last updated on 08 February 2012.
 Information supplied by [Salford Royal NHS Foundation Trust](#) [Report an issue with the information on this page](#)

Midwifery service level results will be displayed through a comparison tool, which will allow users to compare department/ward scores for their chosen range of providers side by side
 (screenshot for illustration purposes only)

The screenshot shows the NHS Choices website interface for a search of 'Hospitals in SE1, London'. The search results are displayed in a table format, comparing seven hospitals across various metrics. The metrics include user ratings, NHS Choices users rating, and scores for different midwifery services. The services compared are: pre-natal community service, labour ward, birth centre/midwife led unit, homebirth, and post-natal community service. The scores are displayed as icons (stars, exclamation marks, OK, or checkmarks) and text indicating the hospital's performance relative to other providers in the area.

Hospital	Topic	NHS Choices users rating	Friends and family test score: pre-natal community service	Friends and family test score: labour ward	Friends and family test score: birth centre/midwife led unit	Friends and family test score: homebirth	Friends and family test score: post-natal community service
Hightown Hospital	What women say	No ratings yet Rate it now	Among the worst (Score: 42) More detail	In the normal range (Score: 62) More detail	Among the best (Score: 90) More detail	Among the best (Score: 92) More detail	Data not available
Midtown Hospital	What women say	10/14 recommend Read reviews	Data not available	In the normal range (Score: 62) More detail	Among the best (Score: 90) More detail	In the normal range (Score: 63) More detail	In the normal range (Score: 63) More detail
Lowtown Hospital	What women say	No ratings yet Rate it now	Among the worst (Score: 42) More detail	In the normal range (Score: 62) More detail	In the normal range (Score: 62) More detail	Among the worst (Score: 41) More detail	Among the best (Score: 92) More detail
Uptown Hospital	What women say	No ratings yet Rate it now	Among the best (Score: 92) More detail	In the normal range (Score: 62) More detail	Among the worst (Score: 38) More detail	Among the best (Score: 92) More detail	Data not available
Sidetown Hospital	What women say	No ratings yet Rate it now	Among the worst (Score: 38) More detail	In the normal range (Score: 62) More detail	Among the best (Score: 92) More detail	In the normal range (Score: 62) More detail	Among the best (Score: 92) More detail
Undertown Hospital	What women say	No ratings yet Rate it now	Among the worst (Score: 42) More detail	In the normal range (Score: 62) More detail	Among the best (Score: 92) More detail	Among the best (Score: 92) More detail	Data not available

6. The NHS Friends and Family Test – implementation

6.1 Timeline

NHS England will be working with Trusts and commissioners to implement the FFT. Trusts must have mechanisms in place to collect the FFT data by 1st October 2013; reporting will commence from November 2013. However data from October 2013, November 2013 and December 2013 will not be published until January 2014. Data collected in February 2014 will be reported in March 2014 and published by end of March 2014, and so on.

National scores, source data and statistics will be published as shown in the table below:

Month FFT question asked of patients	Data uploaded to Unify2	Results published Nationally
October 2013	13 th November 2013	By end January 2014
November 2013	12 th December 2013	
December 2013	14 th January 2014	
January 2014	13 th February 2014	By end February 2014
February 2014	13 th March 2014	By end March 2014

Local results should be published as per the table below:

Month FFT question asked of patients	Data uploaded to Unify2	Results published Locally
October 2013	13 th November 2013	No later than end January 2014
November 2013	12 th December 2013	
December 2013	14 th January 2014	
January 2014	13 th February 2014	No later than end February 2014
February 2014	13 th March 2014	No later than end March 2014

6.2 Support

Implementation support will be handled through NHS England via the four regional offices and the contacts will be the regional nurse directors. The programme is supported by The Strategic Projects Team on behalf of NHS England. Contact details are included in section 7 of this document.

7. Further information

7.1 Further information is available on the FFT webpages at:

<http://www.england.nhs.uk/ourwork/pe/fft/>

FAQs are available at:

http://www.strategicprojectseo.co.uk/dh_ff_t.php?id_sec=259

Acute Inpatient and A&E Guidance is available via the following links:

Implementation Guidance – <https://www.gov.uk/government/publications/nhs-friends-and-family-test-implementation-guidance>

Publication Guidance – <https://www.gov.uk/government/publications/nhs-friends-and-family-test-guidance-on-scoring-and-presenting-results-published>

Unify Guidance – <http://transparency.dh.gov.uk/2012/11/28/nhs-friends-and-family-test-information/>

7.2 Central and programme management contacts:

General Enquiry Mailbox – msc.nationalfriendsandfamilytest@nhs.net

Strategic Projects Team

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NHS England

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7.3 Regional NHS England contacts:

North

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Ruth May, Regional Director of Nursing - ruthmay@nhs.net

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Caroline Alexander, Regional Director of Nursing - caroline.alexander@elc.nhs.uk

South

Liz Redfern, Regional Director of Nursing - liz.redfern@southwest.nhs.uk

8. Frequently Asked Questions

i. Can organisations amend the question or change the wording?

No, the question must be asked in its entirety, exactly as outlined in section 2, with no changes. In section 3 we outline the reasons for implementing a standardised and comparable methodology and the wording of the question is a key part of this.

ii. Can we survey other patient groups?

Providers should already be asking the question for acute inpatient and A&E. This guidance provides direction for the implementation of the FFT in maternity services. If organisations wish to use the Test for additional patient groups, and in additional settings, we would encourage them to do so. However, only results from acute inpatients, A&E patients who are not admitted to a ward and women who have used maternity services should be included in the FFT data returns at this stage.

iii. Should we abandon our current approaches to measuring and monitoring patient experience?

No, we would expect that the requirements of the FFT be integrated with other approaches where possible. The FFT is a headline metric which tells you if you have a problem, not how to solve it. Collection of other data will complement this work and if processes are already in place these should be continued, although organisations may want to adjust these processes following the introduction of the FFT. For those organisations that are already collecting a form of the FFT in maternity services we would ask that as soon as practical, the wording be changed to the standardised version outlined in section 3 above; this is mandatory from 1st October 2013.

iv. Will the reporting of the data compare Trusts?

Yes, all Trusts will be included in the reporting of the data.

v. Is financial support available?

For the majority of Trusts, we anticipate that the implementation of this work will only require an amendment to current systems, and there is therefore no additional financial support available to Trusts in implementing this work. Provider Trust boards should consider any desire for investment in the usual way.

vi. Are there other organisations that could help us to implement the work?

We will work with organisations to direct them to support services and suppliers which would then need to be procured by individual Trusts. We will make information available via NHS England contacts.

vii. How will the implementation of the work fit in to the new NHS structures?

The implementation of the FFT will be detailed in Standard NHS Contracts and will therefore be a core part of commissioning structures.

viii. How will the implementation fit with the mandate committing to a co-coordinating midwifery role?

The commitment is to ensure a woman's care is co-ordinated throughout her pregnancy, delivery and postnatally. One midwife will be responsible for getting to know a woman at the beginning of her pregnancy and ensuring that she has good access to the care she requires whether this is midwifery or obstetric care. The midwife will understand the woman's needs so that if she requires a referral to another service such as mental health or social services these are made and co-ordinated. This midwife will be the point of contact for the woman in case the woman has any queries. This midwife will not necessarily provide all the woman's care or undertake her delivery.

The FFT will complement work undertaken to fulfill this commitment by the provision of birthing experience feedback to the providers initially and then progressively for other parts of the maternity pathway included in the wider roll out of FFT into other settings during 2014/15.

ix. Asking the question at 36 week may exclude the experience of those who experience a premature or stillbirth. Has this been considered?

This is recognised, but at this stage of FFT development, in view of the inevitable sensitivity from such an experience, it has been decided to do further research with specialist stakeholder groups and charities working in this area. The FFT is a starting point and does not exclude local initiative as and when appropriate, in understanding other specific aspects of a pathway.

x. If data is collected face to face, particularly in the situation where women are going to have an on-going relationship with the care giver e.g. midwife, users may feel unable to give a full and frank feedback. How is this addressed?

This is recognised and while the collection methodology is as permissive as possible, seeks to avoid face to face FFT questioning. Members of staff must not ask women the question directly although this should in no way impact on usual dialogue.

xi. There are multiple experiences in the antenatal pathway, how can these all be captured in a single question?

We recognise that the maternity pathway is quite often complex and varied. However, the intention of the Friends and Family Test is one of a simple headline and initial "signpost" to allow local Trusts and service providers to explore the reasons behind a patient view. The maternity guidance however unusually outlines some four questions at three points, rather than the traditional single overarching enquiry. Providers can explore and develop a more granular approach on a local level but be mindful of the demands on both patient and practitioners.

xii. Partner feedback is important, why don't we include it?

Partner feedback is recognised as an important contribution to providing insight into the maternity experience. However, again we wish to maintain an overarching simplicity. Partner feedback can be developed at a local level, if there is a specific demand and may be formally extended as part of this guidance in the future.

9. Glossary

Adult – aged 16 and over

Antenatal – the time from conception to before birth

EqlA – Equality Impact Assessment

Face to Face Interviews – where the patient is asked the question in person by a staff member or volunteer

FFT – the Friends and Family Test

Home Birth – birth within a woman's home or another home where she chooses to give birth

Intrapartum – during childbirth/delivery

Midwife-led Unit – a midwife managed maternity unit

Postnatal – following the birth

Provider – for the purposes of this document, any provider of NHS-funded maternity services

Response Rate – defined as the percentage of respondents when compared to the total target audience

ROCR – Review of Central Returns

Survey Timeframe – refers to the timeframe in which the patient must be asked the Friends and Family question. This differs from the timeframe in which the responses must be submitted/collected, which must meet the reporting requirements outlined in section 5 of this document

Trusts – for the purposes of the national Friends and Family Test programme this refers to all providers of NHS-funded maternity services

Women – women of all ages

