

NHS Friends and Family Test: UNIFY2 Data Reporting Guidance

Aims and Scope

1. This guidance sets out the requirements for national reporting on the Friends and Family Test through the UNIFY2 data return route for data collected by providers from the 1 December 2012, with the first submission on the 14 January 2013. It is initially for all acute providers of adult NHS funded care covering services for inpatients and patients discharged from A&E (type 1 and 2). Therefore, organisations completing this return include acute NHS Trusts, acute Foundation Trusts and independent sector organisations that provide acute services.

Background

2. On 25 May 2012, the Prime Minister announced the introduction of the Friends and Family Test to improve patient experience of care and identify the best performing hospitals in England. The Department of Health issued detailed implementation guidance www.dh.gov.uk/health/2012/10/guidance-nhs-fft to all providers and commissioners on 4 October 2012 and also, in a joint letter from the Department of Health and the NHS Commissioning Board, providers of NHS funded care were encouraged to commence reporting from this autumn onwards.
3. This guidance details the UNIFY2 requirements for all acute providers of NHS funded care to report nationally on the Friends and Family Test standardised question set out in the implementation guidance. Independent Sector organisations should provide returns in their own right irrespective of whether acute services are provided as part of a subcontracted service to NHS organisations, or as directly commissioned services from CCGs/PCTs.
4. ROCR approval for a monthly voluntary collection has been granted until 31 March 2013 and can be found at the following link. The ROCR reference number is **ROCR/OR/2159/001VOLU** and approval details can be found here www.ic.nhs.uk/webfiles/Services/ROCR/ROCR_ScheduleV20.pdf. Data collection and reporting will become a mandatory data item for acute providers from April 2013. Whilst approval is in place for a voluntary collection only at this stage, providers are strongly encouraged to submit data from the 14 January 2013 so that full implementation can be in place by April 2013.
5. This guidance covers the national reporting of data through UNIFY2. Scoring methodology, presentation and publication requirements will be set out in additional publication guidance to be issued shortly.

The Friends and Family Test Standardised Question and Methodology

6. This section summarises the main points of the Friends and Family Test standardised question and methodology. Full details are set out in the implementation guidance. The Test asks the following standardised question:

Ward

“How likely are you to recommend our ward to friends and family if they needed similar care or treatment?”

A&E

“How likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?”

7. Patients will use a six-point response scale to answer the question with the following response categories:
 - 1 Extremely likely
 - 2 Likely
 - 3 Neither likely nor unlikely
 - 4 Unlikely
 - 5 Extremely unlikely
 - 6 Don't know

8. Two groups of patients are to be surveyed, and more detail on precise coverage is provided in later sections of this guidance. The two groups are:
 - adult acute inpatients who have stayed at least one night in hospital

 - adult patients who have attended A&E and left without being admitted to hospital, or who were transferred to a Medical Assessment Unit and then discharged. In A&E the test applies to 100% of patients who are discharged without being admitted, in A&E types 1 and 2. If A&E patients are transferred to another ward they will not be surveyed as they will be asked the question at the end of their stay

9. Women using maternity services and patients under 16 years old are not currently included in the target groups for April 2013. The Mandate to the NHS Commissioning Board announced that women using maternity services will be included from October 2013. We would expect other groups to be included in wider roll-out plans to be clarified later.

10. All patients within the target groups will be given the opportunity to respond to the Friends and Family Test, every day of the year. Patients must be surveyed at or within 48 hours of discharge.

11. It is important that patients in the target groups can relate feedback to their personal experiences, and that the Friends and Family Test provides a mechanism to identify performance issues and encourage staff to make improvements where services do not live up to the expectations of patients. Patient responses will therefore need to be collected by site and ward and, because patients are interested in specialty information, providers will also be asked to list the top two specialties for each ward. To be able to report on ward level results, organisations will need to put in place mechanisms to link feedback from patients to the ward that they are commenting on, which for in-patients will be the ward they spent most of their time on. How this is administered should be decided locally.

12. Providers are also required to report through UNIFY2 on the mode of collection of patient responses at organisational level. Collection mode information will be reported centrally so that any statistical impact of mode of collection can be assessed.
13. Local data collection is likely to use a variety of different modes of collection (as per the following list). The options are:
 - 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
14. Providers can determine if they wish to use Third Parties for local administration of their Friends and Family Test data collection.

UNIFY2 Data Reporting Specification

15. This section sets out the UNIFY 2 data return requirements. Providers should submit two returns. One return for acute inpatients response data. One return for A&E response data which will include any patients that were referred to a Medical Assessment Unit and then discharged. Each return will be a completed Excel spreadsheet which will be uploaded to UNIFY2 in the Non-DCT (Data Collection Tool) part of Unify.
16. The screen shots below set out the UNIFY2 data specification requirements for the Friends and Family test central reporting with example data for illustration purposes.

NHS Friends and Family Test Accident & Emergency (Types 1 and 2)								
Number of responses received via each mode of collection								
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		
0	0	85	0	0	0	21		
Hospital Site Details		Total responses in each category for each A&E Department						Total number of people eligible to respond
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 or unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know	
R1HKH	Whipps Cross University Hospital - R1HKH	6	9	7	6	9	8	150
R1HNN	Newham General Hospital - R1HNN	8	12	13	2	23	3	203

**NHS Friends and Family Test
Acute In-Patients**

Number of responses received via each mode of collection						
SMS/ Text/ Smart phone 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
27	0	67	20	0	7	13

Hospital Site Details		Ward name	Total responses in each category for each ward						Total number of people eligible to respond	Main 2 Specialties on each ward	
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 or unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know		S1	S2
R1HKK	Whipps Cross University Hospital - R1HKK	Ward 1	1	2	2	1	5	3	46	320 - Cardiology	
R1HKK	Whipps Cross University Hospital - R1HKK	Ward 2	2	6	3	5	3	4	80	303 - Clinical Haematology	120 - Ear, Nose & Throat (ENT)
R1HNN	Newham General Hospital - R1HNN	Ward 1	2	5	3	4	1	5	67	301 - Gastroenterology	
R1HNN	Newham General Hospital - R1HNN	Ward 2	2	4	2	3	2	3	53	100 - General Surgery	303 - Clinical Haematology
R1H83	The London Chest Hospital - R1H83	Ward 1	1	4	2	3	2	4	53	301 - Gastroenterology	
R1H83	The London Chest Hospital - R1H83	Ward 2	1	3	5	2	4	3	60	101 - Urology	
R1H12	The Royal London Hospital - R1H12	Ward1	3	4	5	6	5	4	90	160 - Plastic Surgery	320 - Cardiology

17. The table shown in the screen shot illustrates only one line should be returned per ward per month.

18. The definitions are:

AT ORGANISATION LEVEL

Mode of collection: the mode of data collection used to collect patient responses. For each mode of collection, the total number of responses gathered across the organisation should be entered. The sum total across all modes of collection will equal the total number of returns for the organisation. This data item seeks to characterise the types of data collection that you have in place for your organisation.

AT WARD LEVEL

Site name and code: the site code is automatically populated when a site name is selected from the standard list on UNIFY2.

Ward name: this is a free-text field. The ward name should be inputted using the ward name or other identifier. Ward names should not need to be populated for every return if a provider's first return is used as a template for subsequent returns.

Total responses in each category for each ward: returns should populate the total number of patients who gave each possible category of response along the six-point response scale.

The total number of eligible in-patients/A&E attendees that could have been asked the FFT question: these are all in-patients who were discharged and A&E attendees who left without being admitted to hospital that could have been asked the FFT question during the reporting period, excluding the two major exceptions of; patients under 16, and women using maternity services. Included in this number should be A&E patients who were transferred to a Medical Assessment Unit and then discharged.

It is likely that there will be detailed queries about individual cases on the boundary of this definition, in relation to circumstances in which a patient is excluded from the FFT. We have not provided detailed Q&A in this guidance, because interpretation of the definition is guided by a simple principle of inclusiveness – therefore if in doubt, patients should be included. This means that they should be counted in the number of eligible patients, and any returns from those patients should be counted in the main body of the return

META DATA

Specialties: there is no requirement to identify specialty by individual patient, it is only the ward that is allocated up to two specialty codes. This section of the return seeks to identify the two main specialties that are most frequently used in each ward. The purpose of this is to provide a central indication of the nature or character of each ward. Returns should identify, for each ward being reported, *the two main specialties* which constitute the bulk of the ward's patients, using the [standard specialty codes](#) from the dropdown lists provided. If a single specialty covers more than 80% of activity on a ward, then only one specialty code should be selected for the ward. The specialty code drop-down list provided will list ALL specialty codes, however only those relevant to the target group should be used. Like the ward names, the specialties should not need to be populated for every return if a provider's first return is used as a template for subsequent returns and the specialty mix does not change. Providers can amend the specialties each month if required.

The specialty code will be very important since it will give the public/patients further helpful information about the nature of the ward when FFT information is published – more of which will be detailed in the publication guidance shortly. The specialty code list can be found at:

Data Return Frequency

18. Returns are based on the 'discharge date'. The date the patient gives their response to the FFT question should not be used as the basis of the return.

Providers are required to upload their reports onto UNIFY2 on a monthly basis for the previous calendar month. Patient returns will be included where their discharge date falls within the calendar month being reported. For example all patients with a discharge date in December, and where they completed their FFT questionnaire in time, will be included in the 14th January submission. Late returns may be returned in accordance with the 'Late returns' section. The deadlines for uploading each month will generally be the 9th working day of the following month. This will avoid other major collections and overload of the Unify system, and also give enough time to present the data whilst ensuring publication activity can take place before the end of the month. It will be up to each Trust to determine their local cut off date to ensure that a submission to Unify can be made by the given deadline.

Month	Provider Deadline
December	Monday 14th January
January	Wednesday 13th February
February	Wednesday 13th March

The central validation process with requisite updates to the data may take place 2 to 3 days after the submission date.

LATE RETURNS

FFT data which is not submitted by the 9th working day submission may form part of the return in the following month. The assumption is that this will be the exception, and will form a small proportion of the following months data submission. Should the late returns form more than 10% of the following months data submission, authorisation will need to be agreed with the DH in advance. The late returns will not need to be identified as such and can be an integral part of the following months submission. Data which is older than this, must not be submitted as part of a central return.

Publication of Friends and Family Test Data

19. The expectation is that data return results will be published by the end of the following calendar month.
20. It is anticipated that Friends and Family results will be published at organisation, site and ward level, also with the ability to view ward results against specialties. The intention is to publish the data through a range of routes including NHS Choices as part of standardised hospital information, a DH publication, and open data access. This will be in addition to local publications, where providers may want to include the FFT as part of wider reporting on quality.

21. The Department will issue separate guidance shortly covering publication and presentation arrangements.

Revisions Policy

21. Once published, data will not normally be revised unless in the case of substantial error.
22. Where a data issue arises due to central validation, or if providers wish to re-submit returns due to issues identified in local validation, returns should be submitted in the normal way through UNIFY2 before publication

Further Information

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For further information on the programme, please see the FAQs at

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