

## Case Study

# By tripling FFT response rates, the potential for ‘You Said, We Did’ improves across the Trust

Leeds Teaching Hospitals NHS Trust (LTHT) is one of the largest teaching hospitals in the UK, treating approximately 1.5 million patients a year.

The Friends and Family Test (FFT) was first introduced in 2012 for patients who stayed overnight and the Trust used paper to capture patient feedback. When FFT was later implemented across more services, including Outpatients and Paediatrics, problems soon arose with this method.

### THE ISSUES:

- Paper surveys worked well when initially introduced to 60 inpatient wards. However, when FFT rolled out across the Trust, Leeds discovered that patients in some areas require different approaches to collecting feedback.

- Staff in outpatient (OP) areas were unhappy with the extra workload and clunky processes associated with paper collection. Their engagement in the process was low, as they perceived it required determined effort to achieve success.
- OP response rates were too low to pick up on any improvement themes.
- Matching feedback to an area was difficult. There was no real way to drill down to a specific area or clinician, meaning staff found feedback analysis had little value.
- Survey bias was an issue. It was felt patients may not be totally open when staff were nearby.
- Accessibility to the feedback collected was limited. A Trust this size needed to disseminate data more efficiently.

Overall it was felt the system could be improved, leading the Trust to research alternatives to simplify internal FFT processes in some areas. Healthcare Communications was already delivering FFT text surveys in ED and Maternity with robust response rates.

It made sense to take further advantage of technology to increase feedback and streamline operations Trust wide.

“**Envoy Messenger software is so comprehensive. It’s great that within a couple of clicks wards can see patients’ comments by theme or sentiment - invaluable when time is at a premium!**”

Alison Sherry, Deputy – PCPI Manager, Patient Experience



## THE SOLUTION

Text and Interactive Voice Messaging (IVM) were added to the survey modes and response collection became automated in OP and day case areas; freeing staff from associated admin. Paper remains for patients that prefer this option, however reliance on this channel increasingly reduces with the introduction of technology.

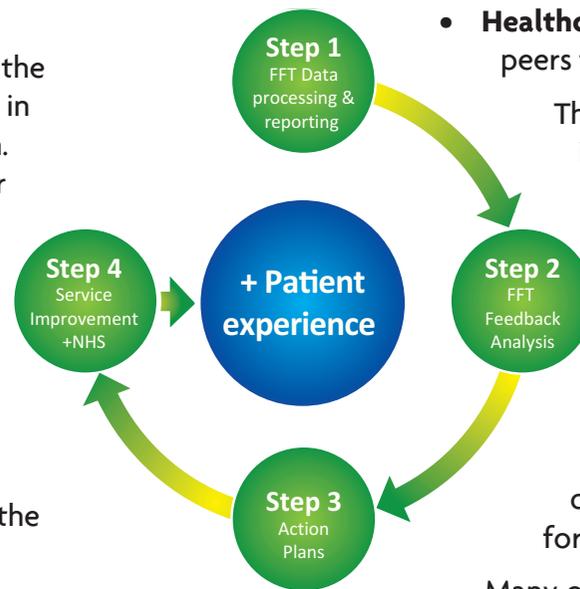
## THE RESULTS

### 1. Response rates

- OP response rates had been averaging at 1276 per month. With the Healthcare Communications solution, responses now average 3501 – that's a 291% increase!
- The total overall responses within five months of using the new solution amount to 59,128.

### 2. Benefits

- **Accuracy:** the data is pure, centralised from all survey modes and human error is virtually eliminated.
- **Intelligent hierarchy:** responses can now be linked to a clinic, ward or specific area.
- **Automation** reduces the onus on staff to collect feedback, which has hugely increased measurable engagement.
- **Onsite training and webinars** run by Healthcare Communications relieves patient experience staff from training pressures.
- **Consistency in patient communications:** if a patient receives a text reminder for their appointment, they also receive a FFT text.
- **Ownership of data:** Matrons, Ward and Service Managers can now log in and access real time data relevant to their area.
- **'You Said, We Did' posters** generated from Envoy software for public display with patient comments unique to department and ward.



- **Healthcare Communications free events:** a forum to network with peers to share solutions and overcome common challenges faced.

The improved response rates and easier access to feedback increases the potential for more 'You Said, We Did' improvements and encourages staff engagement.

### 3. You said, We did actions

A patient comment raised issues around discharge, where he was cleared to leave at 10am, but discharged at 4pm. This FFT comment contributed to the Trust changing the process by introducing a new Discharge plan to start within 24 hours of patient admission. By doing so, the whole process is much more time efficient for both the patient and consultant.

Many of the suggestions are 'simple, low budget and doable' yet have a big impact on patient experience. These include:

- Lack of inpatient drink options: this ward initiated fruit juices and flavoured tea being made available on the menu.
- No bathroom coat hooks for towels and dressing gowns: these have been installed in the area in question.
- No bathroom shelving: shelving is being installed across these bathrooms.
- In a children's ward, feedback flagged confusion around the ward layout for patients and family. It is now part of the admission process to include a quick 10-minute tour around the ward. This has a two-prong effect; by improving patient experience, this also saves clinicians' time later down the track.

The increase in responses has drawn the attention of peers too; keen to understand how Leeds significantly increased feedback in such a short period.

## WORKING TOGETHER IN PARTNERSHIP

We work with over 100 Trusts and our solution is designed exclusively for the NHS with direct input from frontline staff using it!

To find out how we can support with your Appointment Management and Patient Experience solutions, get in touch on 0845 9000 890 or email [enquiries@healthcomm.uk](mailto:enquiries@healthcomm.uk)

Calls to this number cost 7p per minute plus your phone company's access charge.

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