

Report to:	Public Board of Directors	Agenda item:	7
Date of Meeting:	31 January 2018		

Title of Report:	National Cancer Patient Experience Survey 2016 results
Status:	For information
Board Sponsor:	Helen Blanchard, Director of Nursing and Midwifery/ Clare O'Farrell, Deputy Chief Operating Officer
Author:	Dorothy Goddard, Consultant Breast Radiologist & Associate Medical Director Cancer Strategy RUH with Macmillan Sharon Manhi, Lead for Patient and Carer Experience
Appendices	Appendix A: National Cancer Patient Experience Survey results 2016 Executive Summary Appendix B: Cancer site scores significantly ($\geq 10\%$) higher or lower than national score with comments and action plans.

1.	Executive Summary of the Report
<p>This report provides a summary of the results of the National Cancer Patient Experience Survey 2016. The annual survey is commissioned and funded by NHS England and Quality Health, the survey provider is responsible for designing, running and analysing the survey results.</p> <p>Appendix A shows how the Trust scored for each question in the survey, compared with national results. Quality Health has adopted the CQC standard for reporting comparative performance, based on calculation of "expected ranges". This means that Trusts will be flagged as outliers only if there is statistical evidence that their scores differ (positively or negatively) from the range of scores that would be expected for Trusts of the same size. The comparability charts in the report show a bar with these expected ranges (in grey), higher than expected (in dark blue), and lower than expected (in pale blue). A black dot represents the actual score of this Trust.</p> <p>Below each table in Appendix A is the highest and lowest score by tumour site. However, in some cases, the numbers of respondents were relatively small and consequently not reported; therefore this data should be treated with some caution.</p> <p>The results from the survey were also analysed by cancer type and show how the Trust benchmarks nationally for each question. Appendix B indicates the questions where the specific cancer site score is significantly ($\geq 10\%$) higher or lower than national score: with comments and action plans.</p>	

2.	Recommendations (Note, Approve, Discuss)
The Board of Directors is requested to note the improvements identified in the report and approve the key areas of focus for 2017/18.	

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3.	Legal / Regulatory Implications
<p>The Trust is legally required to meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The Trust is currently registered with the CQC with no conditions applied. Care Quality Commission (CQC) Registration 2014/15</p> <p>NHLSA Standard 2: Learning from Experience</p>	
4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
<p>A failure to demonstrate systematic quality improvement in the delivery of patient care could risk the Trust's registration with the CQC.</p>	
5.	Resources Implications (Financial / staffing)
<p>A failure to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 could result in financial penalties.</p>	
6.	Equality and Diversity
<p>Ensures compliance with the Equality Delivery System (EDS).</p>	
7.	References to previous reports
<p>National Cancer Survey results 2015 report to the Board of Directors</p>	
8.	Freedom of Information
<p>This report is not exempt from publication.</p>	

National Cancer Patient Experience Survey 2016

1. Background

- 1.1. Establishing **patient experience as being on par with clinical effectiveness and safety is one of the six strategic priorities** identified in the Cancer Taskforce's strategy for cancer services 2015-2020.
- 1.2. The questionnaire was sent to all adults over the age of 16 years with a confirmed diagnosis of cancer, discharged from the Trust following an inpatient episode or day case attendance for cancer related treatment between April to June 2016.
- 1.3. Surveys were sent to 717 patients. **507 were returned giving a response rate of 71%.** This is higher than the national response rate of 67%.

Tumour Group	Number of respondents
Brain/CNS	1
Breast	100
Gynaecological	32
Colorectal	62
Lung	15
Haematological	141
Upper Gastro	9
Other	38
Urological	59
Prostate	36
Head and Neck	14

Table 1

- 1.4 The **59 survey questions cover the whole patient journey** from seeing the GP to home care/support and taking part in research.

2. Appendix A shows how the Trust scored for each question in the survey.

2.1. The Trust scored '**better**' than the national average on three questions.

- **Seeing your GP** '*Patient thought they were seen as soon as necessary*' **Trust score 87%/National average 83%**
- **Finding out what was wrong** '*Patient given easy to understand written information about the type of cancer they had*' **Trust score 77%/National average 72%**
- **Overall NHS care** '*Overall the administration of the care was very good/good*' **Trust score 93%/National average 89%**

2.2 The Trust has **improved on one question since 2015**

- **Taking part in cancer research discussed with patient (Q58)** was 24% in 2015 compared to 28% in 2016. The **national average is 29% (range from 19% to 38%)**

The Trust has not scored significantly lower (in overall scores) since 2015

3. **Summary of results**

3.1 Patients were asked to rate their care from zero (very poor) to 10 (very good). The **overall Trust score was 8.8 (Q59)**. This compares to the **national average of 8.7 (range from 8.6 to 8.9)**

3.2 The following questions are included in phase 1 of the Cancer Dashboard developed by NHS England and Public Health England and reflect four key patient experience domains – provision of information; involvement in decisions; care transition; interpersonal relations, respect and dignity.

- 81% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- 90% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- 90% of respondents said that it had been ‘quite easy’ or ‘very easy’ to contact their Clinical Nurse Specialist
- 89% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital
- 92% of respondents said that the hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
- 67% of respondents said that they thought the GPs and nurses at their general practice definitely did everything that they could to support them while they were having cancer treatment

4. **Patient comment analysis**

4.1 The Cancer Patient Experience Survey questionnaire included three sections where patients could make comments in their own words about the cancer care they had received. The comments were recorded under the following headings:

1. Was there anything particularly good about your NHS cancer care?
2. Was there anything that could have been improved?
3. Any other comments?

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Over 400 comments were made and these have been analysed by the Patient Experience team and assigned broad categories/themes. The positive comments, shown by cancer site are in table 2 below.

	Attitudes & behaviour	Care & treatment	Communication	Overall Experience	Resources	Timeliness	Total
Haematological	35	36	9	6	8	9	103
Breast	25	30	8	4	5	8	80
Colorectal / Lower Gastrointestinal	8	11	4	7	5	5	40
Urological	9	14	1	3	4	3	34
Prostate	6	10	1	2	2	2	23
Gynaecological	6	8	2		2	5	23
Other	5	4	1	1	3	1	15
Head and Neck	5	4	1	2			12
Upper Gastrointestinal	2	2	1	2	2		9
Lung	3	2		2			7
Brain/Central Nervous System		1					1
Grand Total	104	122	28	29	31	33	347

Table 2

Table 3 shows the negative comments by cancer site.

	Attitudes & behaviour	Care & Treatment	Communication	Facilities	Overall experience	Resources	Timeliness	Total
Haematological	2	5	5	6	1	8	26	53
Breast	3	6	14	4		2	15	44
Colorectal / Lower Gastrointestinal		7	3	2		3	3	18
Prostate	2	1	7	1			5	16
Urological		5	7			1	2	15
Gynaecological		4	3			3	2	12
Other			3	2		1	4	10
Head and Neck			4				3	7
Upper Gastrointestinal				1			1	2
Lung		1					1	2
Grand Total	7	29	46	16	1	18	62	179

Table 3

The analysis of the comments to question 1 is shown in table 4 below.

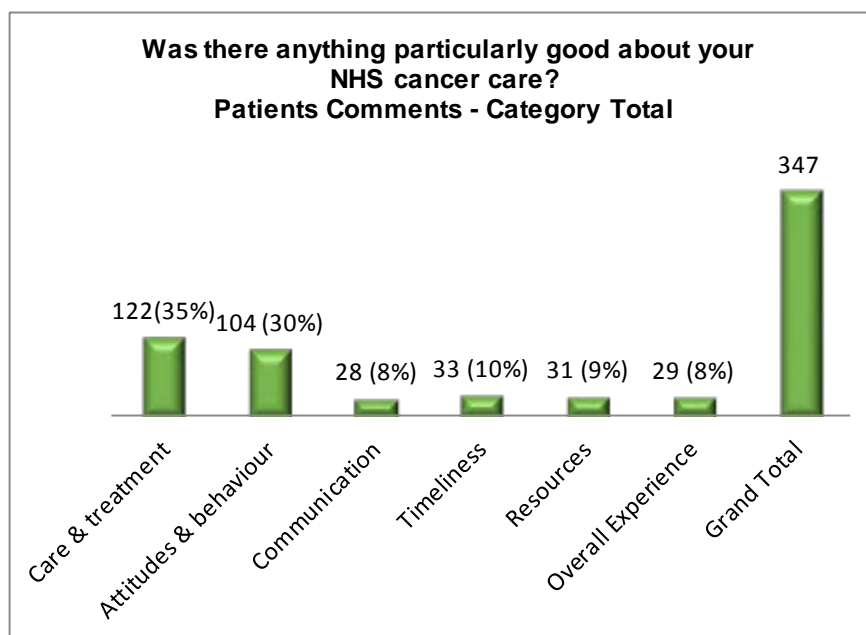


Table 4

4.2.1 Care and treatment

'The general level of care from doctors, nurses and other specialists was exceptional'

'I have nothing but praise for the way I was treated. I felt that I was an individual and not just a number, the concern, understanding and care was exceptional'

'I have been battling with Leukaemia for over 12 years. I was originally given a term of 3-5 years. The secret of my longevity is due to the care I receive in the RUH. The whole cancer treatment department is a credit to the RUH and the NHS'

4.2.2 Attitudes and behaviour

'I was made to feel that my situation was important from the start. Nothing was too much trouble to affect a cure. Everybody we met was helpful, friendly and dedicated to their job'

4.3 The response to the question 'was there anything that could have been improved' is shown in table 5 on the following page.

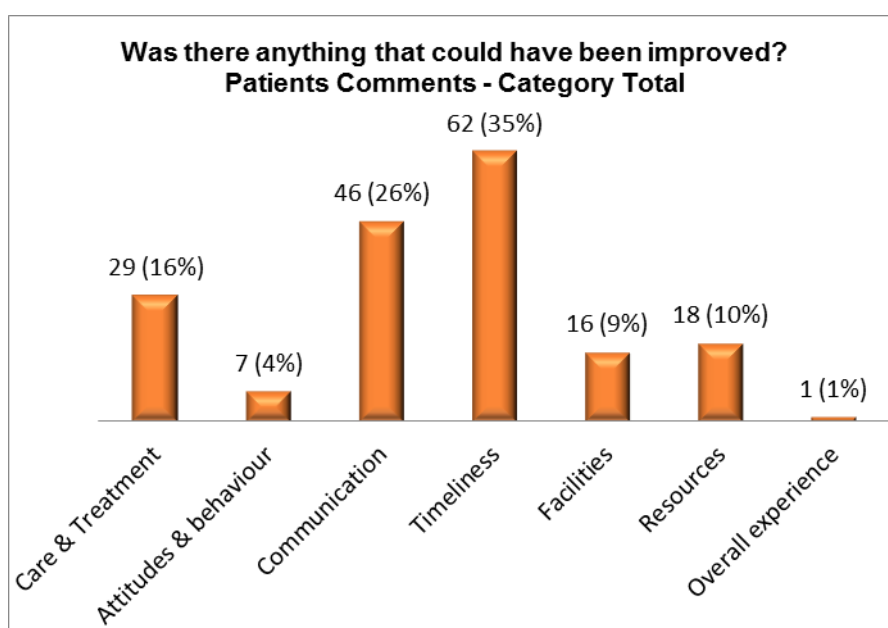


Table 5

4.3.1 Timeliness

Comments mainly refer to waiting for referral/appointment/to see consultant, waiting in clinic, time between diagnosis and treatment, test results, pharmacy

'Because I have lymphoma my immune system is not good. I pick up infections regularly. I have found that I am continually waiting for appointments, up to eighteen weeks!'

'There was a far too long wait between my CT scan and receiving my results that I had a likely cancer, I was in a lot of pain and vomiting and no one would talk to me. I ended up in hospital as an emergency admission. I feel that as I was young, fit with no risk factors, my complaints that I was unwell, was not taken seriously in the first instance'

4.3.2 Communication

Comments mainly refer to - written information pre & post-surgery, cancer related support and resources available, communication between staff, services, hospitals and with GP, unclear terminology, the way diagnosis given.

'Clearer written guidance on how to administer all the different drugs I was sent home with e.g. a drug timetable/plan. Fortisip was helpful but was told about this by my chemist, not the hospital'

'More talk about support in the area i.e. Facebook groups, breast cancer care, knitted knockers, plus more. These are things I wish I'd known about at the beginning'

'Upon being diagnosed with breast cancer I was told I would be referred to the genetics clinic as my family history was particularly strong. Six months later (and hearing nothing) I chased it up only to be told that they had not received the referral despite it having been send from the breast clinic upon my diagnosis'

5. **Appendix B** shows how the Trust benchmarks nationally for each question by cancer type. The questions where the particular cancer type was significantly (10%) more or less than the national score have been listed with comments and actions.

This information will be used to **identify areas for commendation or improvement, in discussion with the cancer teams at Cancer Strategy Board in January 2018, as summarized in Appendix B**

6. **Recommendations**

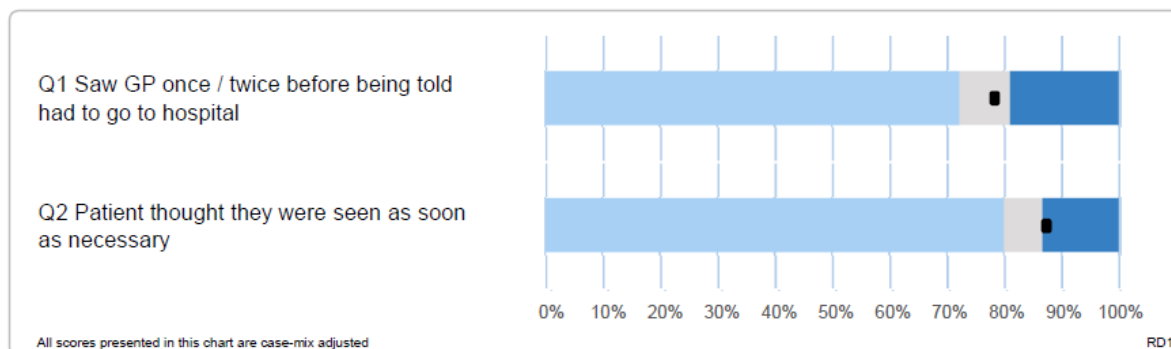
The Board of Directors is asked to note the areas of good practice highlighted in the report and **approve the areas for improvement as in Appendix B.**

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Appendix A

National Cancer Patient Experience Survey results 2016

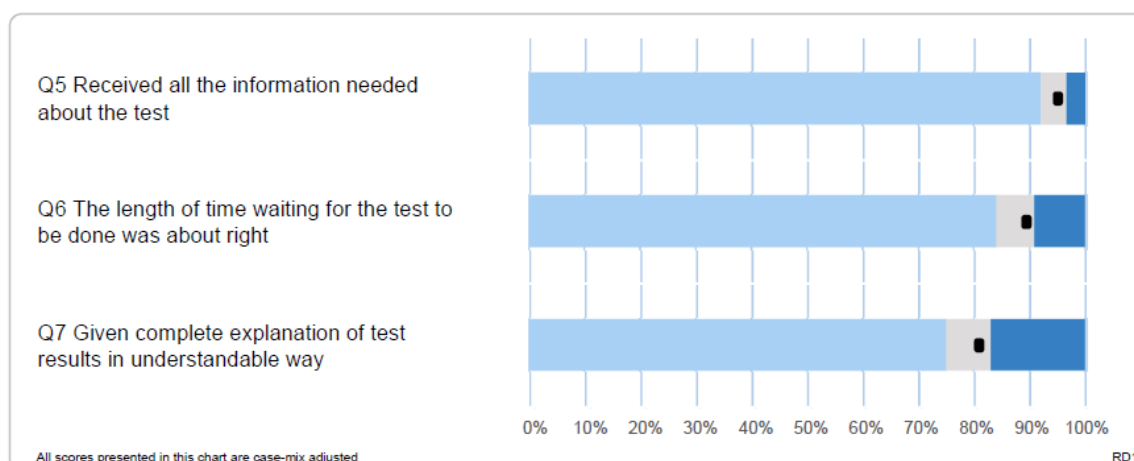
Seeing your GP



Q1 highest score 93% (breast); lowest score 66% (haematology)

Q2 highest score 97% (gynae); lowest score 84% (other)

Diagnostic Tests

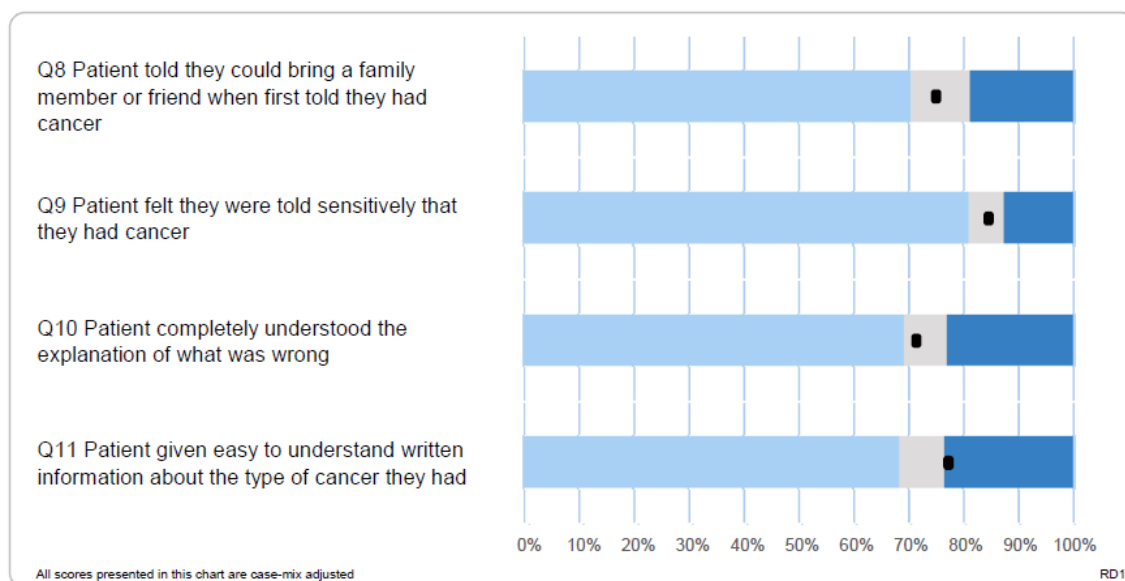


Q5 highest score 100% (colorectal); lowest score 92% (haematology)

Q6 highest score 96% (gynaecology); lowest score 84% (other)

Q7 highest score 88% (prostate); lowest score 71% (haematology)

Finding out what was wrong



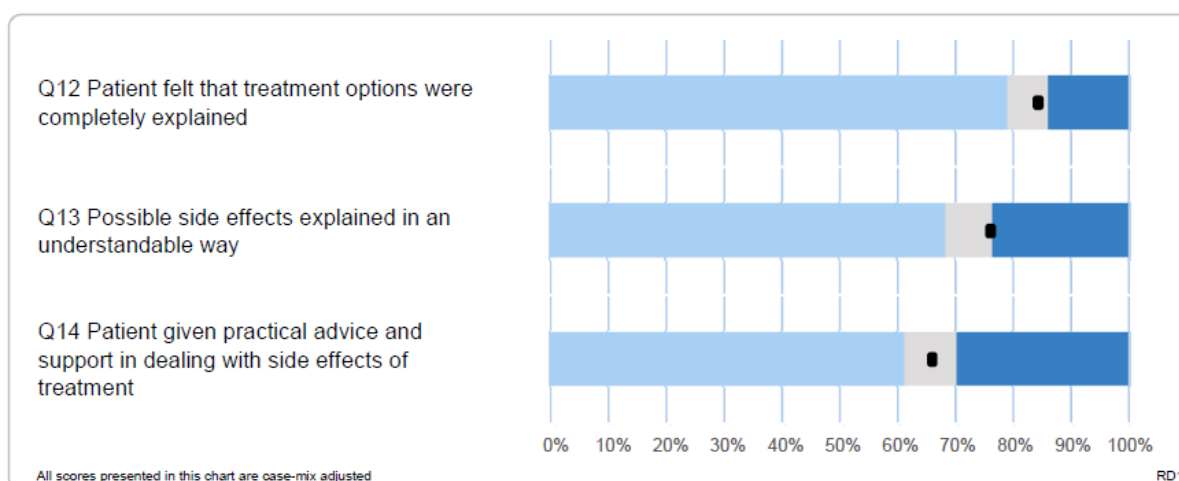
Q8 highest score 89% (prostate); lowest score 68% (haematology)

Q9 highest score 90% (gynae); lowest score 78% (haematology)

Q10 highest score 88% (prostate); lowest score 54% (haematology)

Q11 highest score 85% (gynae); lowest score 63% (other)

Deciding the best treatment

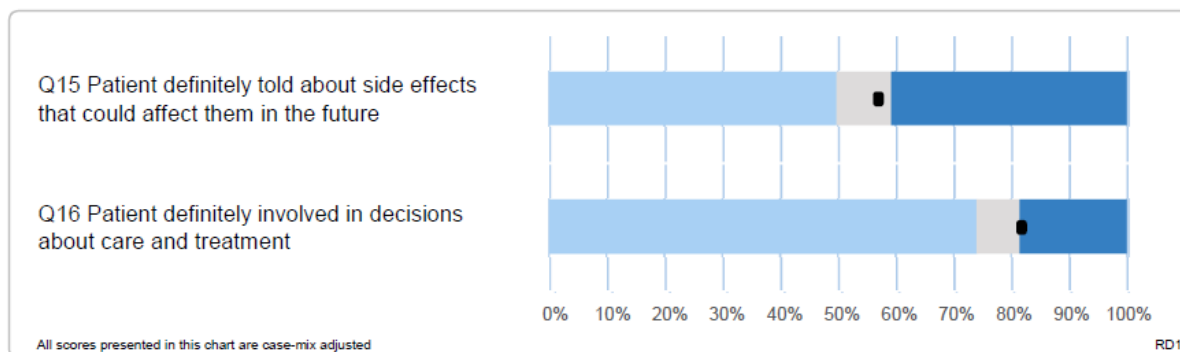


Q12 highest score 91% (colorectal); lowest score 79% (gynae)

Q13 highest score 86% (prostate); lowest score 67% (urology)

Q14 highest score 78% (prostate); lowest score 58% (urology)

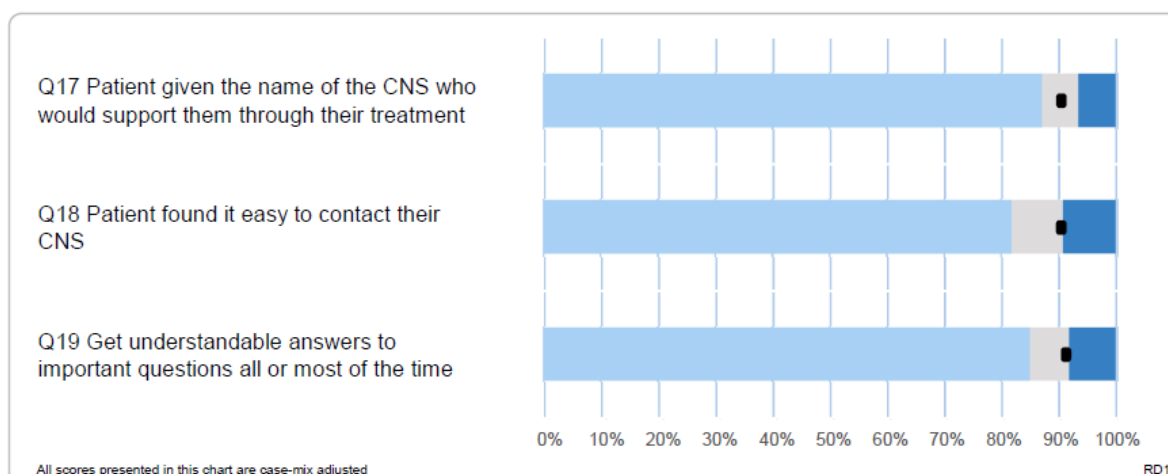
Deciding the best treatment



Q15 highest score 78% (prostate); lowest score 41% (other)

Q16 highest score 93% (gynae); lowest score 74% (haematology)

Clinical Nurse Specialist

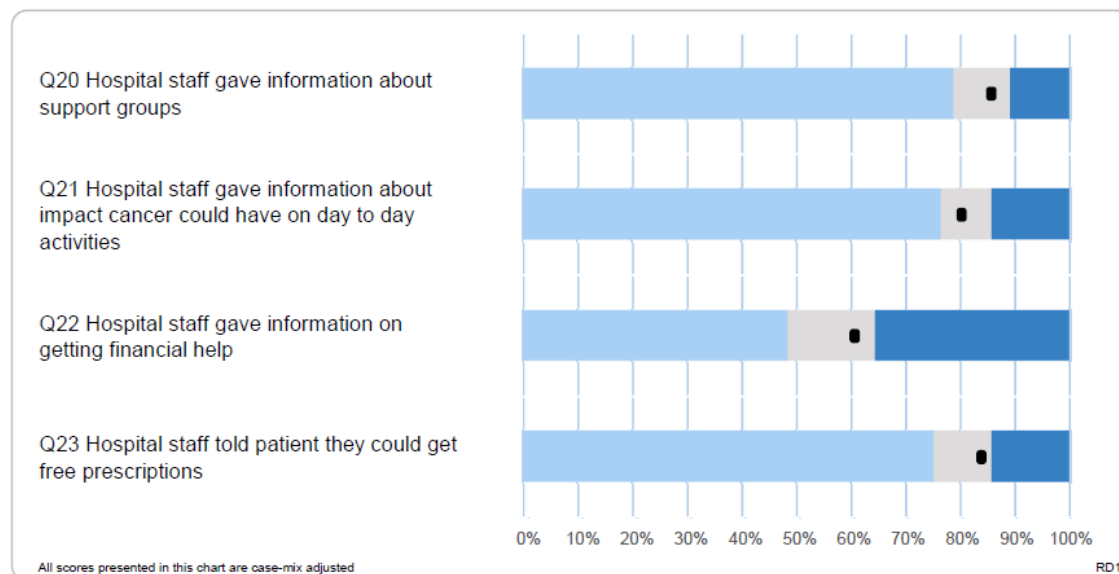


Q17 highest score 94% (prostate); lowest score 86% (haematology)

Q18 highest score 94% (haematology); lowest score 78% (gynae)

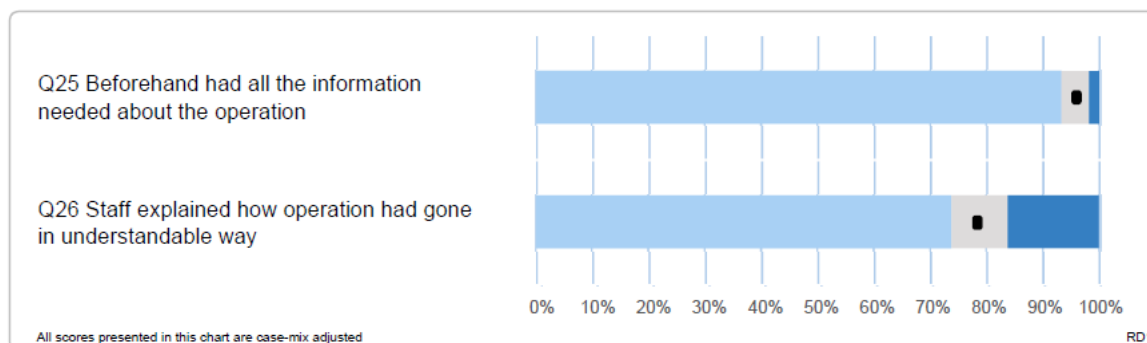
Q19 highest score 94% (haematology); lowest score 87% (breast)

Support for people with cancer



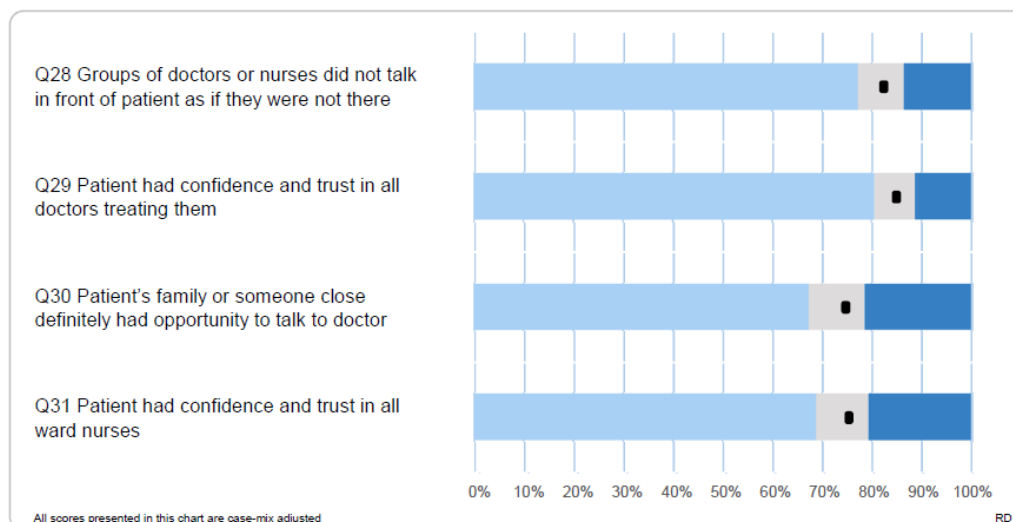
Q20 highest score 97% (prostate); lowest score 81% (breast)
 Q21 highest score 91% (colorectal); lowest score 67% (other)
 Q22* highest score 63% (breast); lowest score 52% (haematology)
 Q23* highest score 90% (breast); lowest score 87% (haematology)
 (*number of respondents too low)

Operations



Q25 highest score 100% (gynae); lowest score 94% (urology)
 Q26 highest score 82% (breast); lowest score 75% (urology)

Hospital care as an inpatient

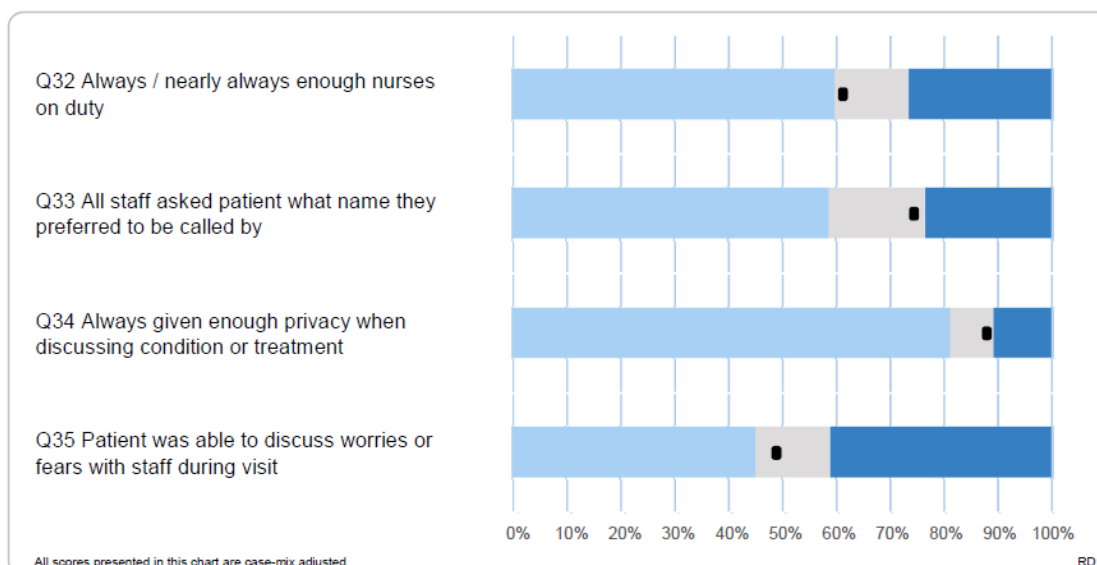


Q28 highest score 94% (breast); lowest score 71% (colorectal)

Q29 highest score 100% (breast); lowest score 70% (haematology)

Q30 highest score 79% (colorectal); lowest score 67% (haematology)

Q31 highest score 86% (gynae); lowest score 59% (haematology)



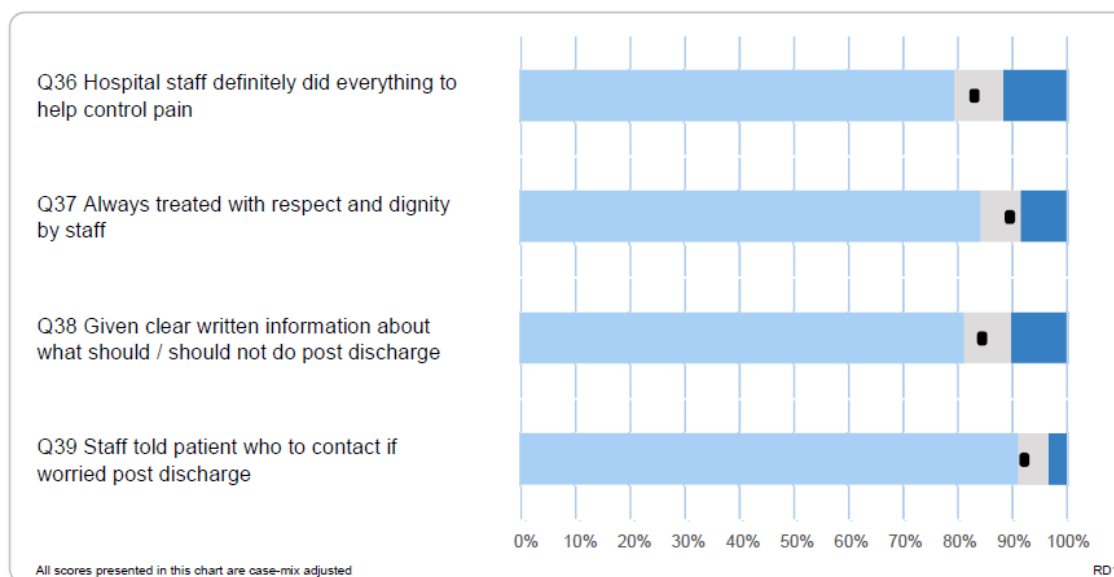
Q32 highest score 70% (breast); lowest score 47% (haematology)

Q33 highest score 95% (prostate); lowest score 67% (breast)

Q34 highest score 93% (urology); lowest score 77% (prostate)

Q35 highest score 53% (breast); lowest score 44% (colorectal)

Hospital care as an inpatient

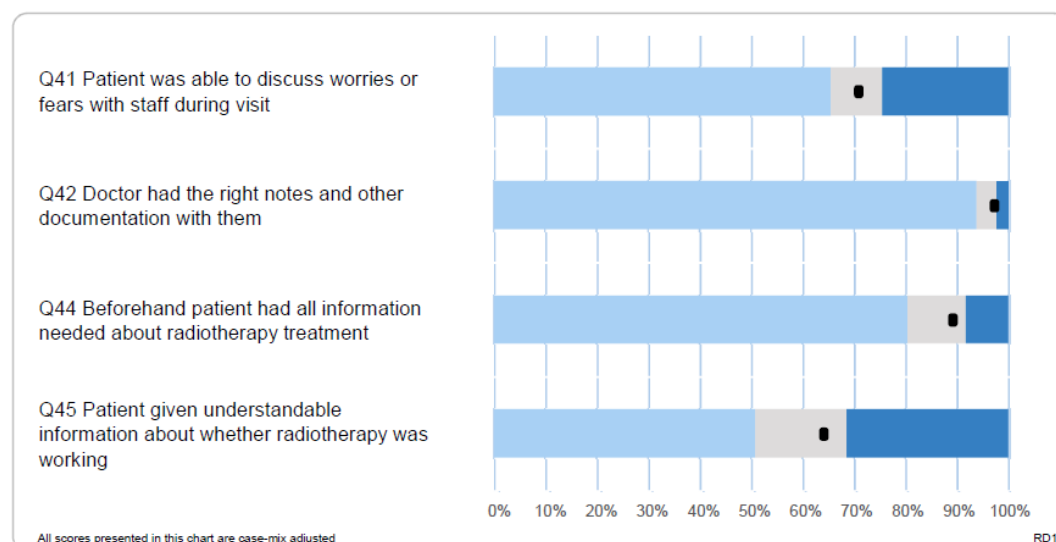


Q36 highest score 88% (breast/gynae/urology); lowest score 73% (haematology)

Q37 highest score 95% (other); lowest score 85% (haematology)

Q38 highest score 99% (breast); lowest score 67% (haematology)

Q39 highest score 97% (breast); lowest score 87% (urology)



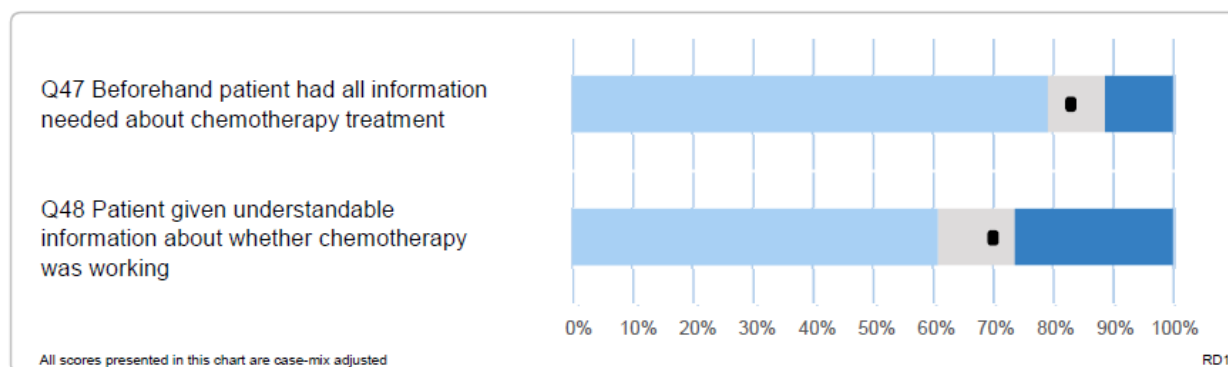
Q41 highest score 83% (prostate); lowest score 59% (other)

Q42 highest score 100% (breast); lowest score 90% (gynae)

Q44* highest score 84% (breast) – number of respondents too low for this question

Q45 highest score 57% (breast) – number of respondents too low for this question

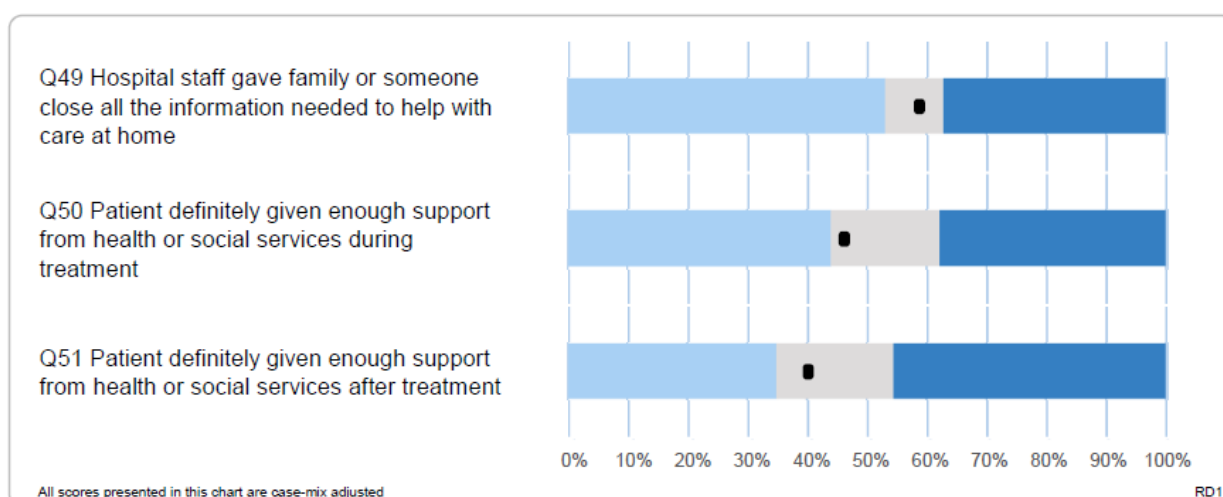
Hospital care as a daycase/outpatient



Q47 highest score 83% (haematology); lowest score 80% (other)

Q48 highest score 74% (breast); lowest score 69% (colorectal)

Home care and support

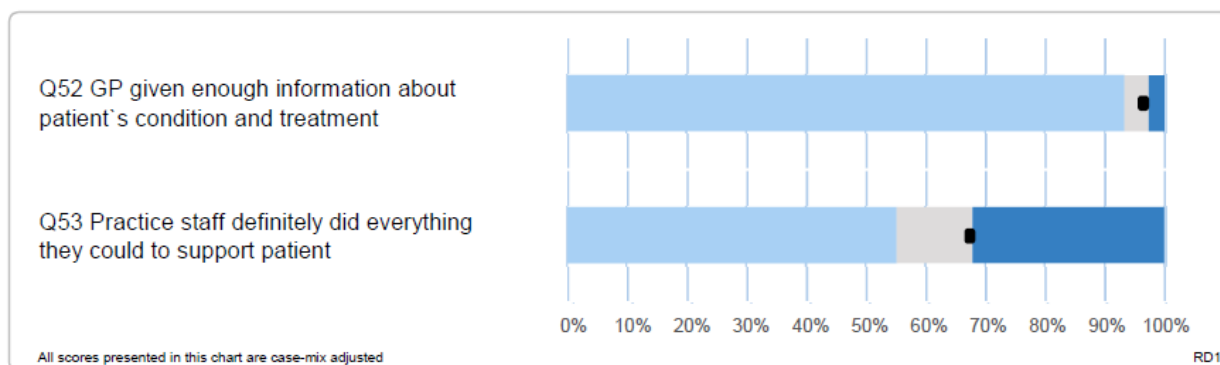


Q49 highest score 67% (prostate); lowest score 47% (other)

Q50 highest score 50% (colorectal); lowest score 32% (breast)

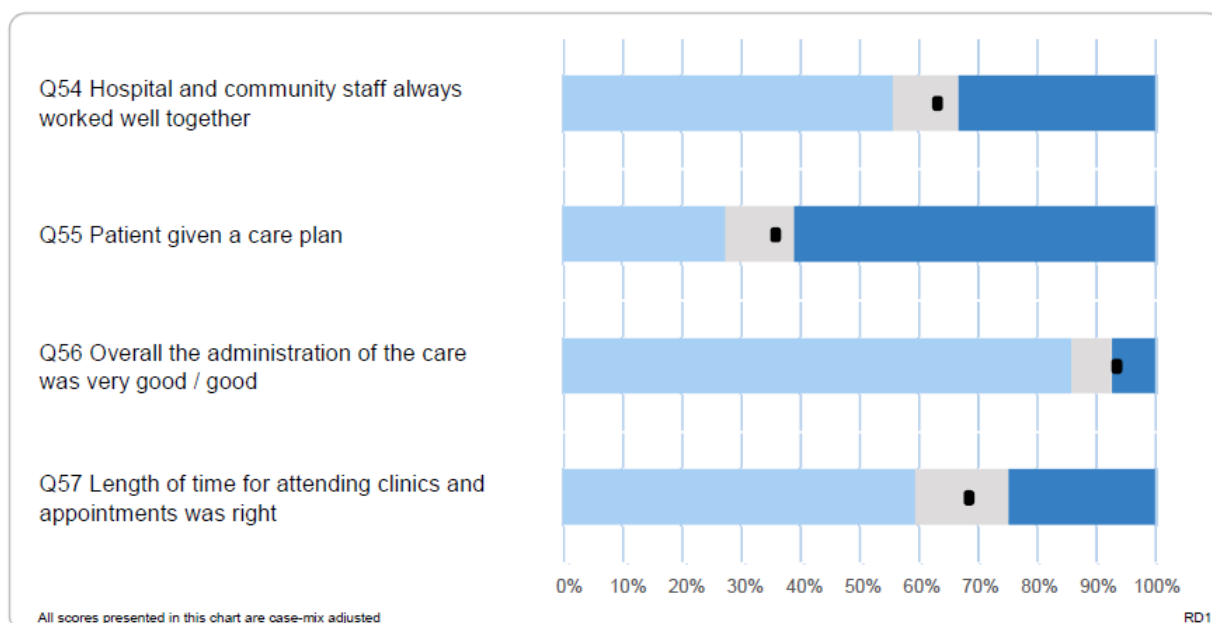
Q51 highest score 46% (haematology); number of respondents too low for this question

Care from the GP

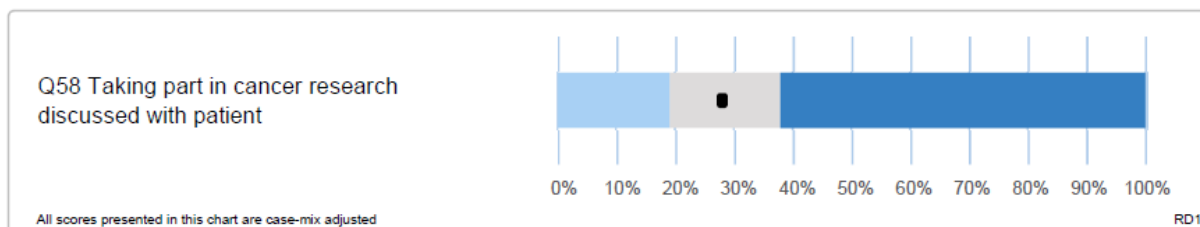


Q52 highest score 99% (breast); lowest score 93% (gynae)
Q53 highest score 86% (colorectal); lowest score 54% (breast)

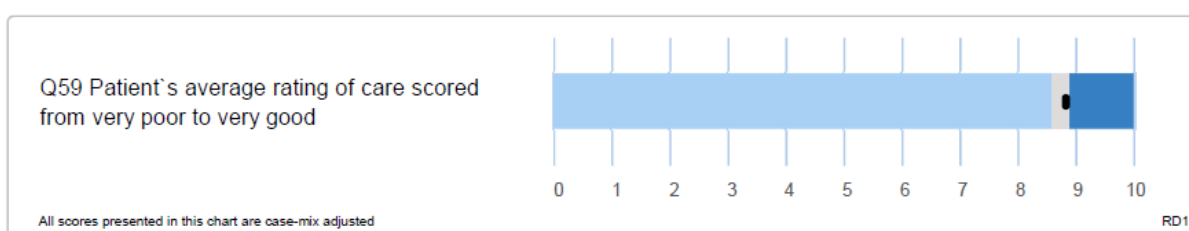
Your overall NHS care



Q54 highest score 71% (gynae); lowest score 60% (haematology)
Q55 highest score 48% (prostate); lowest score 21% (other)
Q56 highest score 97% (gynae); lowest score 86% (prostate)
Q57 highest score 78% (colorectal); lowest score 55% (haematology)



Q58 highest score 50% (prostate); lowest score 12% (breast)



Q59 highest score 9.1(breast); lowest score 8.7 (urology/other)

Appendix B: National Cancer Patient Experience Survey 2016 Action Plan

Questions where specific cancer site score significantly ($\geq 10\%$) higher or lower than national score: with comments and action plans.

Question	Cancer site	RUH score	National score	Comment	Action
Q10 Pt completely understood explanation of what was wrong	Prostate	88%	78%	Excellent CNS support	Commend and continue
Q11 Pt given easy to understand written information about type of cancer	Gynae	85%	69%	Excellent written information	Commend and continue
Q23 Hospital staff told pt they could get free prescriptions	Breast	90%	80%	Excellent CNS support	Commend and continue
Q31 Pt had confidence and trust in all ward nurses	Haematology	59%	74%	Most likely reflection of significant pressure on nursing capacity	Discussed at Cancer Strategy Board 11/01/18
Q32 Always/nearly always enough nurses on duty	Haematology	47%	62%	Reflection of significant pressure on nursing capacity	Discussed at Cancer Strategy Board 11/01/18
Q35 Pt was able to discuss worries or fears with staff during visit (on the ward)	Haematology	46%	56%	Reflection of significant pressure on nursing and consultant capacity	Discussed at Cancer Strategy Board 11/01/18 <i>New haematology consultant to be recruited</i>
Q38 Given clear information about what should/should not do post discharge	Colorectal/ Lower GI	72%	84%	This will be improved by recruitment of additional CNS support workers – from funding for LWBC (Living with and beyond Cancer)	<i>Additional resources to be recruited as per STP agreed Cancer Transformation Funding Plan</i>
Q50 Pt given enough support from health or social services during treatment	Breast – Primary Care Community Issue	32%	53%	This will be addressed partly by implementation of LWBC with improved liaison with primary care	<i>For discussion with commissioners at STP cancer group and SWAG Cancer Alliance LWBC Group</i>
Q58 Taking part in cancer research discussed with patient	Breast	12%	28%	Recent improvement with breast cancer patients being recruited for the Genome Project	Discussed at Cancer Strategy Board 11/01/18 – difficulty recruiting to trials in absence of breast metastatic CNS

National Cancer Patient Experience Survey 2016

Background

- The 2016 National Cancer Patient Experience Survey (first in 2010).
- Objectives:
 - to monitor national progress on cancer care;
 - provide information to drive local improvements;
 - to assist commissioners and providers of cancer care;
 - to inform the work of the various charities and stakeholder groups supporting cancer patients.
- 148 acute NHS Trusts who provide adult cancer services in England participated in the survey.
- All adult (aged 16 and over) NHS patients with confirmed primary diagnosis of cancer, discharged from NHS Trust after inpatient episode or day case attendance for cancer related treatment in April, May and June 2016.

General

- Survey results reported using CQC standard for reporting comparative performance (not as RAG scoring with lowest and highest 20% as previously).
- 507 questionnaires returned from 717 eligible patients 71% response rate (above national 67%). *(Same response rate as in 2015)*
- New 'overall rate of care' score (range 0-10) of 8.8 comparable to national average *(8.7 in 2015)*
- RUH outlier in 3 (of 59) questions with percentage attained *higher than expected range*. All other results within the expected range, either equivalent to national average, slightly above or below.

Survey topics

- Seeing your GP
- Home care and support
- Care from your general practice
- Your overall NHS care
- Diagnostic tests
- Finding out what was wrong with you
- Deciding the best treatment for you
- Clinical nurse specialist
- Support for people with cancer (hospital)
- Operations
- Hospital care as inpatient
- Hospital care as day patient /outpatient

Asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of **8.8**.

The following questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England*:

- **81%** of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- **90%** of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- **90%** of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist
- **89%** of respondents said that, overall, they were always treated with dignity and respect while they were in hospital
- **92%** of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
- **67%** of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment.

Detailed results for these and other questions are set out in the sections that follow.

CQC comparative results

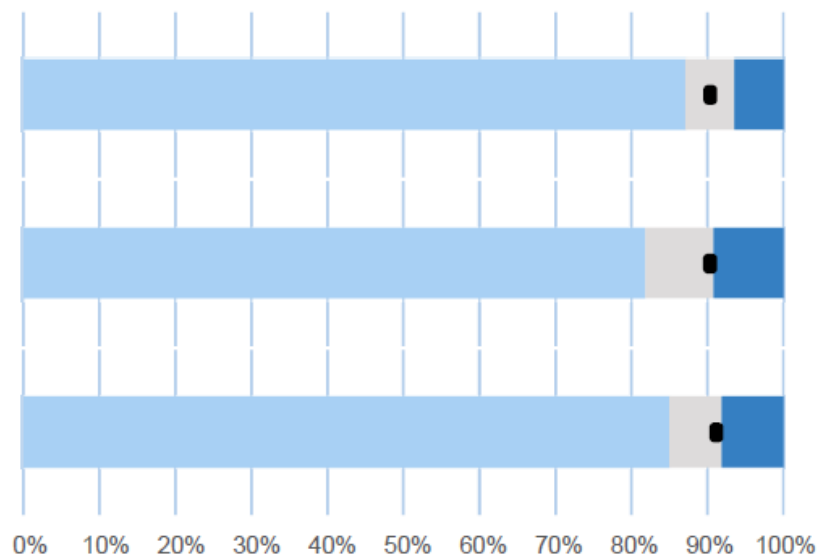
Most scores around national average *or above*

Clinical Nurse Specialist

Q17 Patient given the name of the CNS who would support them through their treatment

Q18 Patient found it easy to contact their CNS

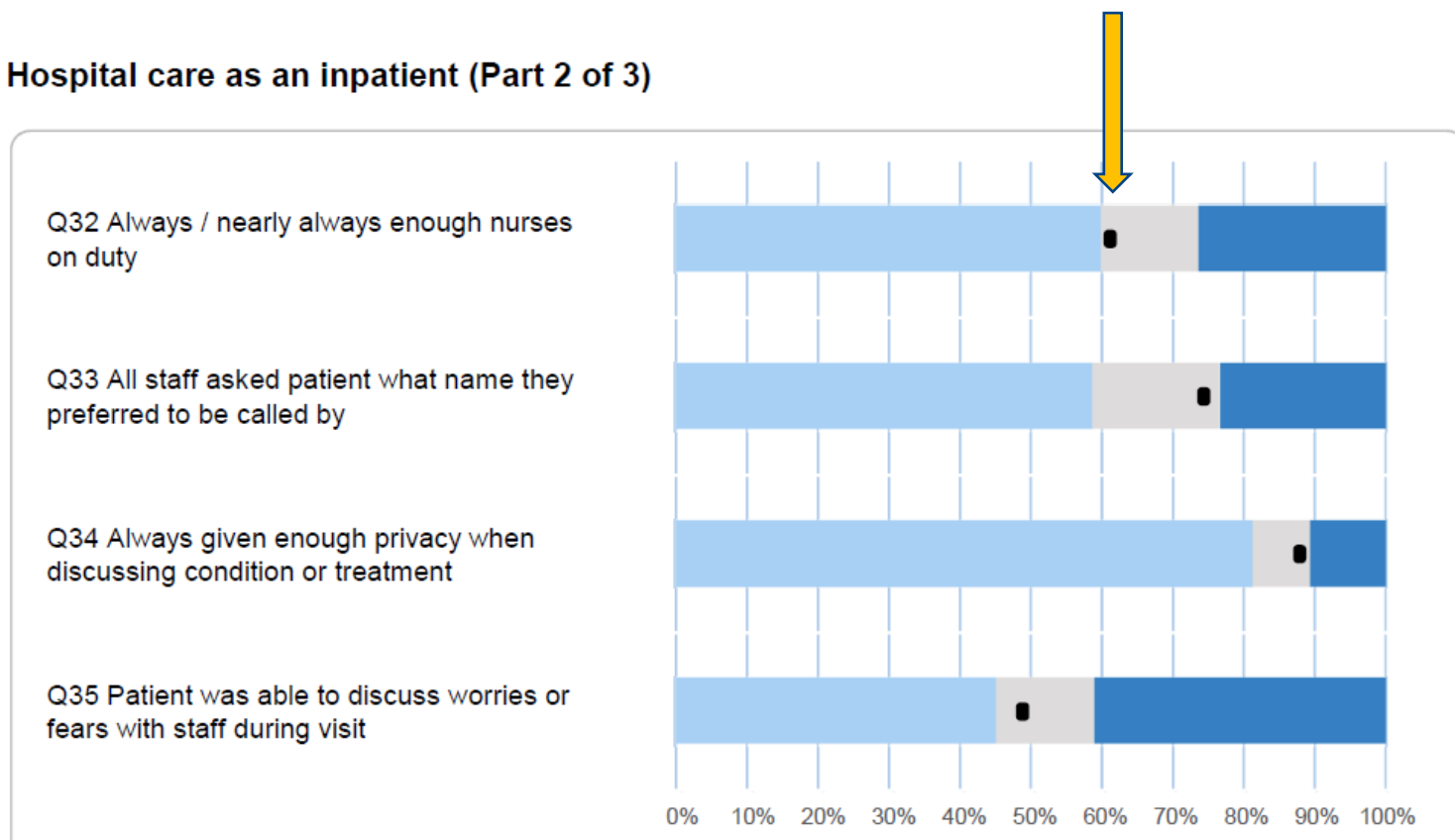
Q19 Get understandable answers to important questions all or most of the time



CQC Comparative results

Lowest score - **none** (of overall scores) **lower than expected range**

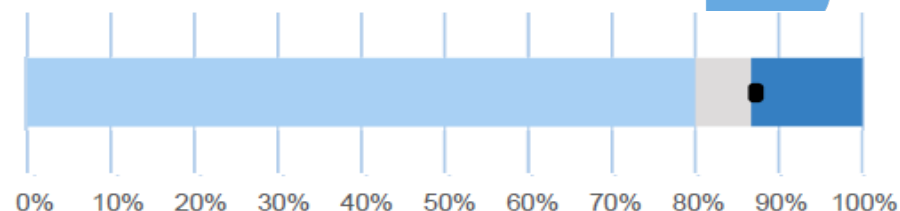
Hospital care as an inpatient (Part 2 of 3)



Scores outside expected range – higher than expected

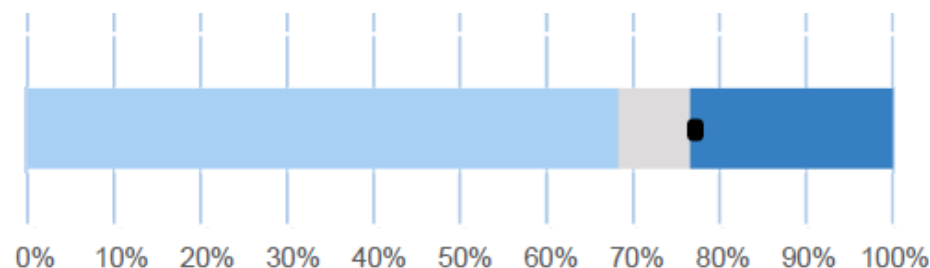
Seeing your GP

Q2 Patient thought they were seen as soon as necessary



Finding out what was wrong with you

Q11 Patient given easy to understand written information about the type of cancer they had



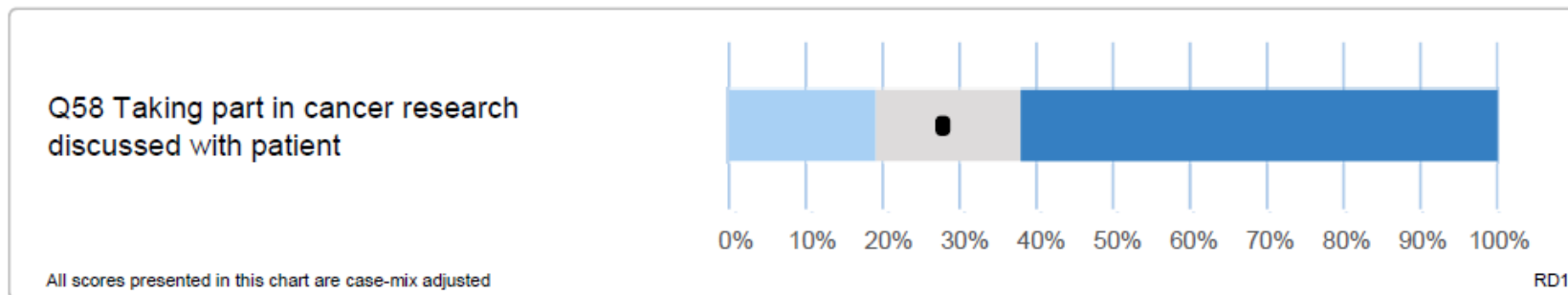
Your overall NHS care

Q56 Overall the administration of the care was very good / good



Comparison with 2015 – only 1/59 Q's show statistical difference (improved)

Your overall NHS care (Part 2 of 2)



Question		Unadjusted Scores				2016 Case Mix Adjusted			
		2015		2016		Change from 2015	2016 Case Mix Adjusted		
		Number of respondents	Score	Number of respondents	Score		2016 Score	Expected range - lower	Expected range - upper
Q58	Taking part in cancer research discussed with patient	416	24%	474	28%	↑	28%	19%	38%

Patients comments:

- Was there anything particularly good about your NHS cancer care?
- Was there anything that could have been improved?
- Any other comments?

Of the 407 total number of respondents:

- 56% submitted very positive comments, mainly about the *high standards of care and the kindness* shown by all staff.
- 27% submitted comments referring to improvements required in *communication and timeliness* (time waiting for appointments, tests etc)

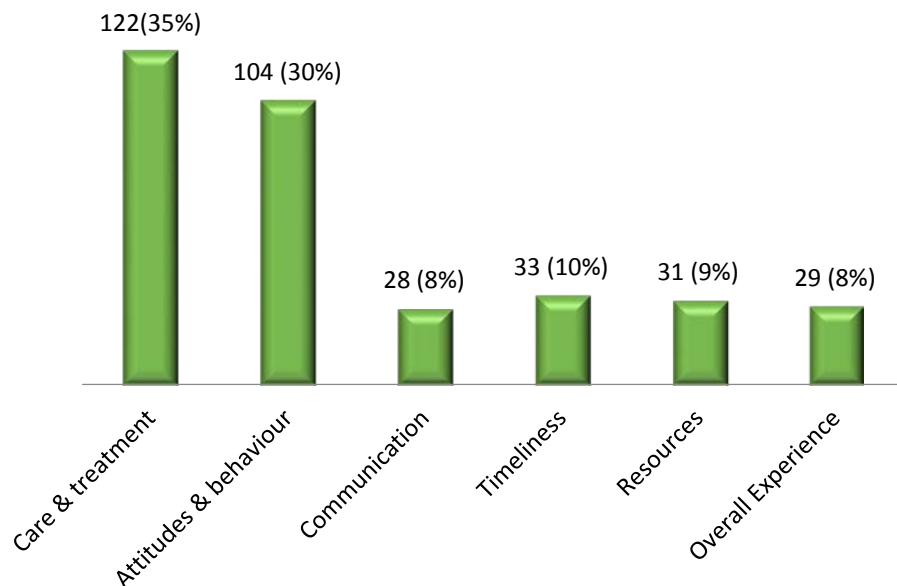
Patient comment analysis

Supporting information regarding analysis of survey 'freetext' responses - The comments have been assigned broad categories /themes: Attitudes and behaviours, Care and treatment, Communication, Timeliness, Facilities, Resources, Overall Experience.

Question: **Was there anything particularly good about your NHS cancer care?**

Was there anything particularly good about your NHS cancer care?

Patients Comments - Category Total



Care and treatment

'The general level of care from doctors, nurses and other specialists was exceptional'

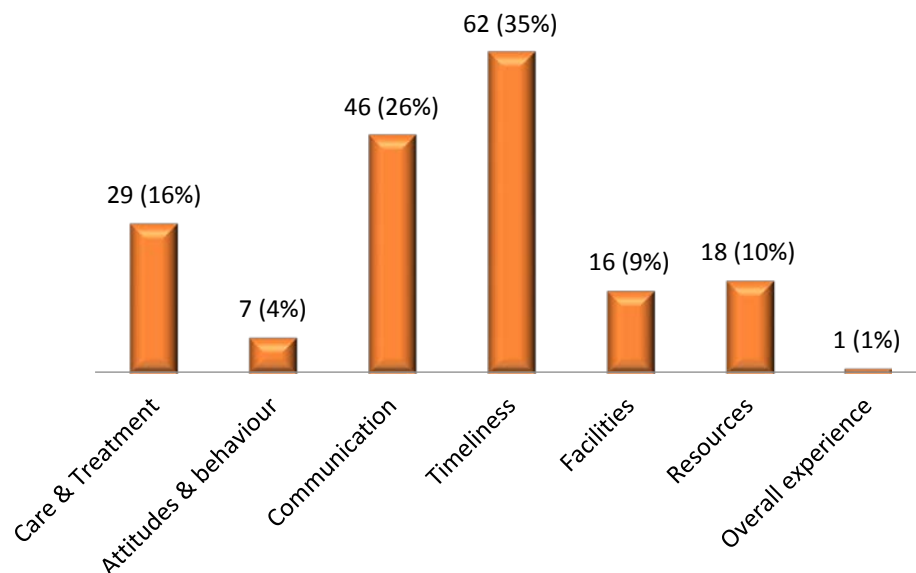
'I have nothing but praise for the way I was treated. I felt that I was an individual and not just a number, the concern, understanding and care was exceptional'

Attitudes and behaviour

'I was made to feel that my situation was important from the start. Nothing was too much trouble to affect a cure. Everybody we met was helpful, friendly and dedicated to their job'

Question: **Was there anything that could have been improved?**

**Was there anything that could have been improved?
Patients Comments - Category Total**



Timeliness

Comments mainly refer to waiting for referral/ appointment/to see consultant, waiting in clinic, time between diagnosis and treatment, test results, pharmacy

'There was a far too long wait between my CT scan and receiving my results that I had a likely cancer, I was in a lot of pain and vomiting and no one would talk to me. I ended up in hospital as an emergency admission'

Communication

Comments mainly refer to - written information pre & post surgery, cancer related support and resources available, communication between staff, services, hospitals and with GP, unclear terminology, the way diagnosis given.

'Clearer written guidance on how to administer all the different drugs I was sent home with e.g. a drug timetable/plan. Fortisip was helpful but was told about this by my chemist, not the hospital'

'More talk about support in the area i.e. Facebook groups, breast cancer care, knitted knockers, plus more. These are things I wish I'd known about at the beginning'

Appendix B – scores significantly ($\geq 10\%$) above or below national level for specific cancer type

Question	Cancer site	RUH score	National score	Comment	Action
Q10 Pt completely understood explanation of what was wrong	Prostate	88%	78%	Excellent CNS support	Commend and continue
Q11 Pt given easy to understand written information about type of cancer	Gynae	85%	69%	Excellent written information	Commend and continue
Q23 Hospital staff told pt they could get free prescriptions	Breast	90%	80%	Excellent CNS support	Commend and continue

Areas for improvement with comments and actions...

Q31 Pt had confidence and trust in all ward nurses	Haematology	59%	74%	Most likely reflection of significant pressure on nursing capacity	For discussion at next Cancer Strategy Board 7/12/17
Q32 Always/nearly always enough nurses on duty	Haematology	47%	62%	Reflection of significant pressure on nursing capacity	For discussion at next Cancer Strategy Board 7/12/17
Q35 Pt was able to discuss worries or fears with staff during visit (on the ward)	Haematology	46%	56%	Reflection of significant pressure on nursing and consultant capacity – <i>new haematology consultant recently appointed</i>	For discussion at next Cancer Strategy Board 7/12/17
Q38 Given clear information about what should/should not do post discharge	Colorectal/ Lower GI	72%	84%	This will be addressed by implementation of LWBC (Living with and beyond Cancer) programme	Implementation of Cancer Transformation Funding Plan
Q50 Pt given enough support from health or social services during treatment	Breast	32%	53%	This will be addressed partly by implementation of LWBC with improved liaison with primary care	For discussion with commissioner at STP cancer group (DAG)
Q58 Taking part in cancer research discussed with patient	Breast	12%	28%	<i>This has already been addressed (at least in part) with the numbers of breast cancer patients being recruited for the Genome Project</i>	For discussion at next Cancer Strategy Board 7/12/17

Areas for improvement with comments and actions...

Q31 Pt had confidence and trust in all ward nurses	Haematology	59%	74%	Most likely reflection of significant pressure on nursing capacity	Discussed at Cancer Strategy Board 11/01/18
Q32 Always/nearly always enough nurses on duty	Haematology	47%	62%	Reflection of significant pressure on nursing capacity	Discussed at Cancer Strategy Board 11/01/18
Q35 Pt was able to discuss worries or fears with staff during visit (on the ward)	Haematology	46%	56%	Reflection of significant pressure on nursing and consultant capacity	Discussed at Cancer Strategy Board 11/01/18 <i>New haematology consultant to be recruited</i>
Q38 Given clear information about what should/should not do post discharge	Colorectal/ Lower GI	72%	84%	This will be improved by recruitment of additional CNS support workers – from funding for LWBC (Living with and beyond Cancer)	<i>Additional resources to be recruited as per STP agreed Cancer Transformation Funding Plan</i>
Q50 Pt given enough support from health or social services during treatment	Breast – Primary Care Community Issue	32%	53%	This will be addressed partly by implementation of LWBC with improved liaison with primary care	<i>For discussion with commissioners at STP cancer group and SWAG Cancer Alliance LWBC Group</i>
Q58 Taking part in cancer research discussed with patient	Breast	12%	28%	Recent improvement with breast cancer patients being recruited for the Genome Project	Discussed at Cancer Strategy Board 11/01/18 <i>– difficulty recruiting to trials in absence of breast metastatic CNS</i>