

Cover page	
Meeting	Trust Board
Paper No.	15
Paper Title	National Cancer Survey 2017
Date of meeting	7 th February 2019
Date paper was written	17 th October 2018
Responsible Director	Deirdre Fowler, Director of Nursing, Midwifery & Quality
Author	Jessica Greenwood, Lead Cancer Nurse
Executive Summary	
<p>The aim of the NCPES is to help individual Trusts to understand their performance and identify areas for local improvement.</p> <p>The National Cancer Patient Experience Survey 2017 is the seventh survey carried out. It has been designed to monitor national progress on cancer care, to provide information to drive local quality improvements, to assist commissioners and providers of cancer care and to inform the work of the various charities and stakeholder groups supporting cancer patients. The survey is commissioned and managed by NHS England. The results show how our Trust performed compared to the national average so that we can understand our performance and identify areas for local improvement.</p> <p>The results are very positive with 32 out of the 52 questions scoring higher than the national average score. 10 questions were the same as the national average score and 10 questions were lower than the national average score. Of these 52 questions, 5 were statistically significantly higher than the SaTH 2016 scores and a further 2 questions saw significant change overall (2015, 2016, 2017). The full report can be found here:</p> <p>http://www.ncpes.co.uk/reports/2017-reports/local-reports-2/trusts-2/3929-the-shrewsbury-and-telford-hospital-nhs-trust-2017-ncpes-report-rxw/file</p> <p>In addition 3 of the 52 questions scored higher than the expected range: These were questions relating to supports groups, being told patient can get free prescriptions and right length of time for attending clinics and appointments.</p> <p>These are the Trusts' best results to date and show sustained improvement in areas of previous poor performance.</p> <p>The sample for the 2018 NCPES (to be published in 2019) is being taken from patients accessing our services between April to June 2018. As this time period has already passed, any improvement work put into place now will not be evidenced until the NCPES results published in 2020.</p>	
Previously considered by	23/01/19 - Quality and Safety committee

The Board is asked to:

<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well-led
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Link to strategic objective(s)	<input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	RR1186

Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	

The Shrewsbury and Telford Hospital NHS Trust - National Cancer Patient Experience Survey (NCPES) Results 2017

Author	Jessica Greenwood, Lead Cancer Nurse, October 2018
Executive Summary	<p>The aim of the NCPES is to help individual Trusts to understand their performance and identify areas for local improvement.</p> <p>The National Cancer Patient Experience Survey 2017 is the seventh survey carried out. It has been designed to monitor national progress on cancer care, to provide information to drive local quality improvements, to assist commissioners and providers of cancer care and to inform the work of the various charities and stakeholder groups supporting cancer patients. The survey is commissioned and managed by NHS England. The results show how our Trust performed compared to the national average so that we can understand our performance and identify areas for local improvement.</p> <p>The results are very positive with 32 out of the 52 questions scoring higher than the national average score. 10 questions were the same as the national average score and 10 questions were lower than the national average score. Of these 52 questions, 5 were statistically significantly higher than the SaTH 2016 scores and a further 2 questions saw significant change overall (2015, 2016, 2017).</p> <p>In addition 3 of the 52 questions scored higher than the expected range: These were questions relating to supports groups, being told patient can get free prescriptions and right length of time for attending clinics and appointments.</p> <p>These are the Trusts' best results to date and show sustained improvement in areas of previous poor performance.</p> <p>The sample for the 2018 NCPES (to be published in 2019) is being taken from patients accessing our services between April to June 2018. As this time period has already passed, any improvement work put into place now will not be evidenced until the NCPES results published in 2020.</p>

<p>Cancer Dashboard results</p>	<p>Asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of 8.9.</p> <p>The following questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England *:</p> <ul style="list-style-type: none"> • 79% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment • 89% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment • 86% 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 • 93% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital • 65% 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. <p>* www.cancerdata.nhs.uk/dashboard</p> <p><i>The questions were selected in discussion with the national Cancer Patient Experience Advisory Group and reflect four key patient experience domains: provision of information; involvement in decisions; care transition; interpersonal relations, respect and dignity. The figures presented above are all case-mix adjusted.</i></p>																																	
<p>Results Outside Expected Range</p>	<table border="1"> <thead> <tr> <th></th> <th></th> <th>No of SaTH responders</th> <th>SaTH's 2017 result</th> <th>Lower expected limit</th> <th>Upper expected limit</th> <th>National average</th> </tr> </thead> <tbody> <tr> <td>Q20</td> <td>Hospital staff gave information about support groups</td> <td>434</td> <td>92%</td> <td>81%</td> <td>90%</td> <td>86%</td> </tr> <tr> <td>Q23</td> <td>Hospital staff told patient they could get free prescriptions</td> <td>249</td> <td>90%</td> <td>77%</td> <td>86%</td> <td>81%</td> </tr> <tr> <td>Q57</td> <td>Length of time for attending clinics and appointments was right</td> <td>547</td> <td>78%</td> <td>60%</td> <td>78%</td> <td>69%</td> </tr> </tbody> </table>								No of SaTH responders	SaTH's 2017 result	Lower expected limit	Upper expected limit	National average	Q20	Hospital staff gave information about support groups	434	92%	81%	90%	86%	Q23	Hospital staff told patient they could get free prescriptions	249	90%	77%	86%	81%	Q57	Length of time for attending clinics and appointments was right	547	78%	60%	78%	69%
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Areas of Improvement	10 results were below the national average but not below the lower expected limit. In total 11 questions nationally elicited a negative response from more than a third of patients and these will be the focus areas for improvement moving forward.
Methodology	The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2017. The patients included in the sample had relevant cancer ICD10 codes (C00-99 excluding C44 and C84, and D05) in the first diagnosis field of their patient records, applied to their patient files by the Trust, and were alive at the point at which fieldwork commenced. Deceased checks were undertaken on up to three occasions during fieldwork, to ensure that questionnaires were not sent to patients who had died since their treatment.
Redevelopment of the 2017 Survey	There have been no changes to the questionnaire compared to 2016.
Assurance	All MDTs are given a copy of their results along with the patient comments. Each MDT is required to produce an action plan for areas which require improvement. As a Trust, the 11 areas which scored less than 66% nationally have been identified as areas for all MDTs to improve upon so that there is collaborative working across MDTs to create an overall uplift for the Trust. For MDTs who did not receive percentage scores due to insufficient sample sizes, areas for improvement were identified from aspects of care that scored poorly nationally. Action plans are agreed within MDTs and are monitored by MDT Leads, Operational Managers, Lead Cancer Clinician and Lead Cancer Nurse at the quarterly cancer performance meetings. Exception reports are presented and discussed at Cancer Board meetings.