



Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	24 July 2019	
Agenda Item:	P1/151/19	
Title:	Adult inpatient survey 2018 - overview	
Report prepared by:	Gill Murphy, Associate Director for Improvement	
Executive Lead:	Sheila Lloyd, Director of Nursing and Quality	
Status of the Report:	Public	Private
	x	

Paper previously considered by:	Quality Committee
Date & Decision:	17 July 2019

Purpose of the Paper/Key Points for Discussion:	<p>This paper is to inform the board of the initial findings of the adult inpatient survey results 2018.</p> <p>The findings have been benchmarked against our peers (The Christie and The Royal Marsden)</p> <p>The survey in the main demonstrates good patient experience but there are lessons to be learned and service improvement to be recognised in the feedback from patients in relation to 'leaving hospital section'.</p> <p>The full details of the report will be shared initially with the matrons to review and develop an improvement plan for CCC</p> <p>The survey findings and action plan will be managed through the new Patient Experience and Inclusion Group, a sub group of Integrated Governance Committee, with its inaugural meeting planned for 1st August 2019, and quarterly thereafter.</p> <p>The board is asked to receive this report and attached survey results for information.</p>
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Action Required:	Discuss	
	Approve	
	For Information/Noting	X

Next steps required	
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally	X	Collaborative system leadership to deliver better patient care	X
Retain and develop outstanding staff	X	Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future		Maintain excellent quality, operational and financial performance	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	X
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

Adult Inpatient Survey 2018 – Overview of Results.

	No: questions in each section	CCC	Christie	Royal Marsden	Highest score in England
Response rate		51%	54%	60%	45% (national Av)
		Section score 1 -10 with 10 bring the highest			
Waiting list or planned admissions	3	9.7	9.5	9.4	9.7
Waiting to get to a bed on the ward	1	8.9	8.8	8.9	9.5
The hospital and ward	12	8.6	8.8	8.7	8.8
Doctors	3	9.3	9.4	9.4	9.5
Nurses	5	8.8	8.8	9.1	9.1
Your care and treatment	12	8.8	8.9	9.0	9.2
Operations and procedures	3	8.7	8.9	9.1	9.1
Leaving Hospital	17	7.9	8.3	8.3	8.4
Overall views of care and service	4	4.3	4.4	5	5.5
Overall experience	1	8.8	9.0	9.1	9.1

There is no significant change either 'better' or 'worse' from results in 2017.

Compared to our peers the main difference relates to feedback from patients in their experience when leaving / discharged from hospital. This section has the greatest number of questions relating to planning for home and being discharged. We anticipate that the introduction of the Patient Flow team in Nov 2018 (after the survey) will address some of the concerns. The Patient Flow Team assist discharge in times of complex discharges, they support the nursing staff by ensuring relevant documentation is completed to assist a seamless process for the patient and liaise with patients their relatives and carers and community based services.

The full results will be shared with the matrons and an action plan for improvement developed which will include a small local audit / feedback from patients following the introduction of the patient flow team.

This will be managed through the new patient experience and inclusion group with the first meeting planned **1st August 2019**.

The full survey is attached as Appendix 1.

Patient survey report 2018

Adult Inpatient Survey 2018
The Clatterbridge Cancer Centre NHS Foundation Trust

NHS Patient Survey Programme

Adult Inpatient Survey 2018

The Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. Our role is to register care providers, and to monitor, inspect and rate services. If a service needs to improve, we take action to make sure this happens. We speak with an independent voice, publishing regional and national views of the major quality issues in health and social care.

Adult Inpatient Survey 2018

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used health services to tell us about their experiences.

The 2018 survey of adult inpatient (sixteenth iteration of the survey) involved 144 acute and specialist NHS trusts. 76,668 people responded to the survey, yielding an adjusted response rate of 45%.

Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Trusts sampled patients discharged during July 2018¹. Trusts counted back from the last day of July 2018, including every consecutive discharge, until they had selected 1,250 patients (or, for a small number of specialist trusts who could not reach the required sample size, until they had reached 1st January 2018). Fieldwork took place between August 2018 and January 2019.

Surveys of adult inpatients were also carried out in 2002 and annually from 2004 to 2018. Although questionnaire redevelopments took place over the years, the survey results for this year are largely comparable to those from previous iterations.

The Adult Inpatient Survey is part of a wider programme of NHS patient surveys which covers a range of topics, including children and young people's services, community mental health services, urgent and emergency care services and maternity services. To find out more about the programme and to see the results from previous surveys, please see the links in the 'Further information' section.

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS acute trusts in England. We will use data from the survey in our system of CQC Insight, which provides inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health and Social Care will hold providers to account for the outcomes they achieve. NHS Improvement will use the results to inform their oversight model for the NHS.

This research was carried out in accordance with the international standard for organisations conducting social research (accreditation to ISO20252:2012; certificate number GB08/74322).

Interpreting the report

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the '**expected range**' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. For more information on the expected range, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

¹39 trusts sampled additional months because of small patient throughputs.

This report shows the same data as published on the CQC website (<http://www.cqc.org.uk/surveys/inpatient>). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section.

Standardisation

People's characteristics, such as age and gender, can influence their experience of care and the way they report it. For example, research shows that men tend to report more positive experiences than women, and older people more so than younger people. Since trusts have differing profiles of people who use their services, this could potentially affect their results and make trust comparisons difficult. A trust's results could appear better or worse than if they had a slightly different profile of people.

To account for this, we 'standardise' the data, which means we apply a weight to individual responses to account for differences in demographic profile between trusts. For each trust, results have been standardised by age, gender and method of admission (emergency or elective) of respondents to reflect the 'national' age-gender-admission type distribution (based on all respondents to the survey). This helps to ensure that no trust will appear better or worse than another because of its respondent profile. It therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this standardisation will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trust. For example, they may be descriptive questions such as Q1 asking respondents if their inpatient stay was planned in advance or an emergency; or they may be 'routing questions' designed to filter out respondents to whom the following questions do not apply. An example of a routing question would be Q44 "During your stay in hospital, did you have an operation or procedure?" For full details of the scoring please see the technical document (see 'Further information' section).

Section scoring is computed as the arithmetic mean of questions' score after weighting is applied.

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the grey section of the graph, its result is 'about the same' as most other trusts in the survey;
- If your trust's score lies in the orange section of the graph, its result is 'worse' compared with most other trusts in the survey;
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph states whether the score for your trust is 'better' or 'worse' compared with most other trusts. If there is no text, the score is 'about the same.' These groupings are based on a rigorous statistical analysis of the data, as described in the following 'Methodology' section.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on an analysis technique called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it

performs significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases, there will be no orange and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (and the corresponding section²). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see 'Further information' section).

Tables

At the end of the report you will find tables containing the data used to create the graphs, the response rate for your trust and background information about the people that responded.

Scores from last year's survey are also displayed where available. The column called 'Change from 2017' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2017. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test with a significance level of 0.05.

Please note that comparative data is not shown for sections as the questions contained in each section can change year on year.

Where a result for 2017 is not shown, this is because the question was either new this year, or the question wording and/or the response categories have been changed. It is therefore not possible to compare the results as we do not know if any change is caused by alterations in the survey instrument, or variation in a trust's performance.

Comparisons are also not able to be shown if a trust has merged with other trusts since the 2017 survey, or if a trust committed a sampling error in 2017.

Notes on specific questions

Please note that a variety of acute trusts take part in this survey and not all questions are applicable to every trust. The section below details modifications to certain questions, in some cases this will apply to all trusts, in other cases only to some trusts.

All trusts

Q50 and Q51: The information collected by Q50 "On the day you left hospital, was your discharge delayed for any reason?" and Q51 "What was the main reason for the delay?" are presented together to show whether a patient's discharge was delayed by reasons attributable to the hospital.

The combined question in this report is labelled as Q51 and is worded as: "Discharge delayed due to wait for medicines/to see doctor/for ambulance."

Q52: Information from Q50 and Q51 has been used to score Q52 "How long was the delay?" This assesses the length of a delay to discharge for reasons attributable to the hospital.

Q53 and Q56: Respondents who answered Q53 "Where did you go after leaving hospital?" as "I was transferred to another hospital" were not scored for Q56 ("Before you left hospital, were you given any written or printed information about what you should or should not do after leaving

²The section score is not displayed as it would include fewer questions compared with other trusts hence it is not a fair comparison.

hospital?"). This decision was taken as there is not a requirement for hospital transfers.

Trusts with female patients only

Q11: If your trust offers services to women only, the score for Q11 "While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?" is not shown.

Trusts with no A&E Department

Q3 and Q4: The results to these questions are not shown for trusts that do not have an A&E department.

Notes on question comparability

The following questions were new questions for 2018, and it is therefore not possible to compare with previous years:

Q66. *Was the care and support you expected available when you needed it?* (section 9 "Leaving hospital")

Q69. *During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?* (section 10 "Overall views of care and services")

The following question was removed from the 2018 questionnaire (2017 numbering):

Q59. *Were you told how to take your medication in a way you could understand?*

For more information on questionnaire redevelopment and the rationale behind adding or removing individual questions please refer to the Survey Development Report, available here:

<http://nhssurveys.org/survey/2117>

Further information

The full national results are on the CQC website, together with an A to Z list to view the results for each trust (alongside the technical document outlining the methodology and the scoring applied to each question):

<http://www.cqc.org.uk/inpatientsurvey>

The results for England, and trust level results, can be found on the CQC website. You can also find a 'technical document' here which describes the methodology for analysing the trust level results:

<http://www.cqc.org.uk/inpatientsurvey>

The results for the adult inpatient surveys from 2002 to 2017 can be found at:

<http://www.nhssurveys.org/surveys/425>

Full details of the methodology for the survey, including questionnaires, letters sent to patients, instructions for trusts and contractors to carry out the survey, and the survey development report, are available at:

<http://www.nhssurveys.org/surveys/1203>

More information on the NHS Patient Survey Programme, including results from other surveys and a schedule of current and forthcoming surveys can be found at:

<http://www.cqc.org.uk/content/surveys>

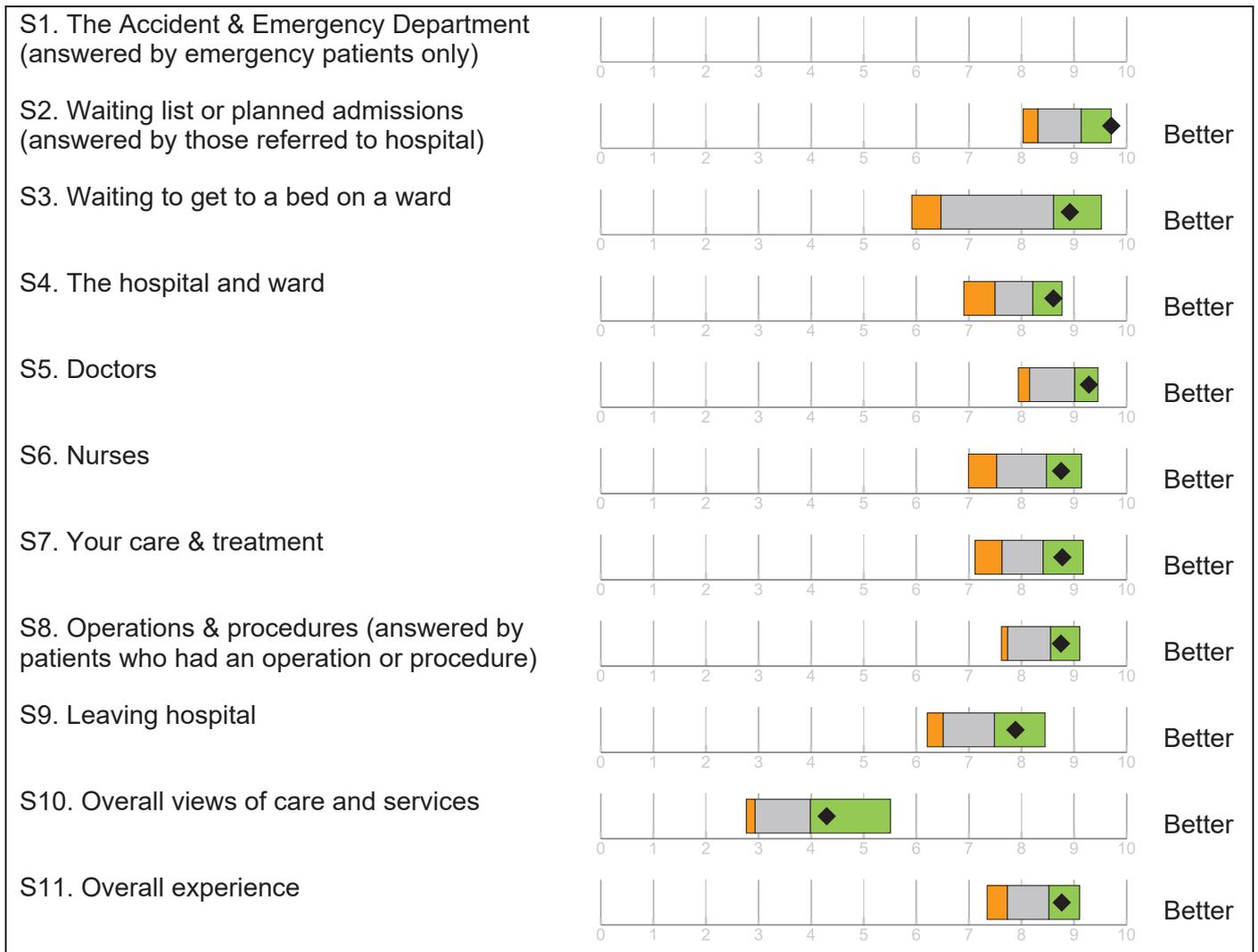
More information about how CQC monitors hospitals is available on the CQC website at:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals>

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

Section scores

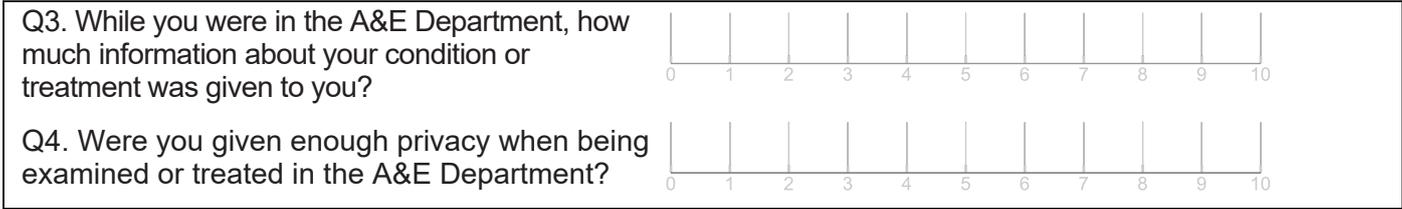


	Best performing trusts	‘Better/Worse’ Only displayed when this trust is better/worse than most other trusts ◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)
	About the same	
	Worst performing trusts	

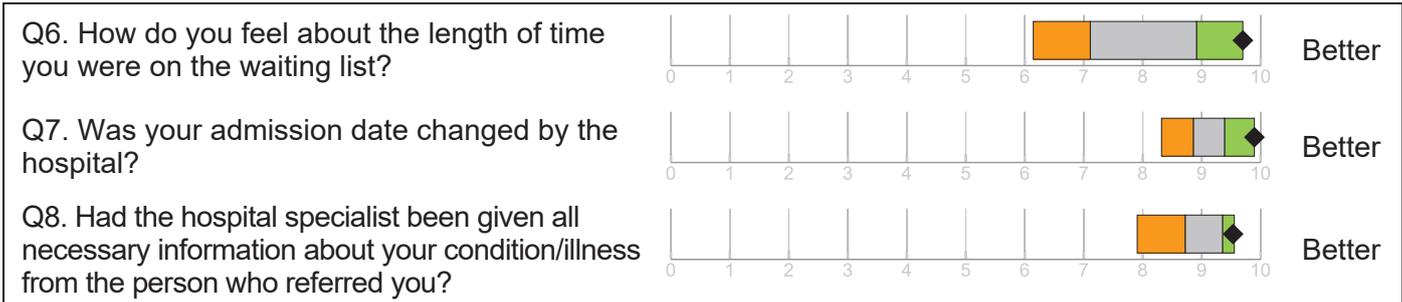
Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

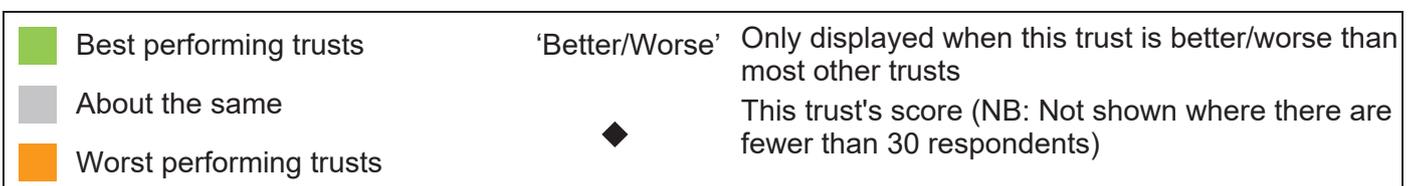
The Accident & Emergency Department (answered by emergency patients only)



Waiting list or planned admissions (answered by those referred to hospital)



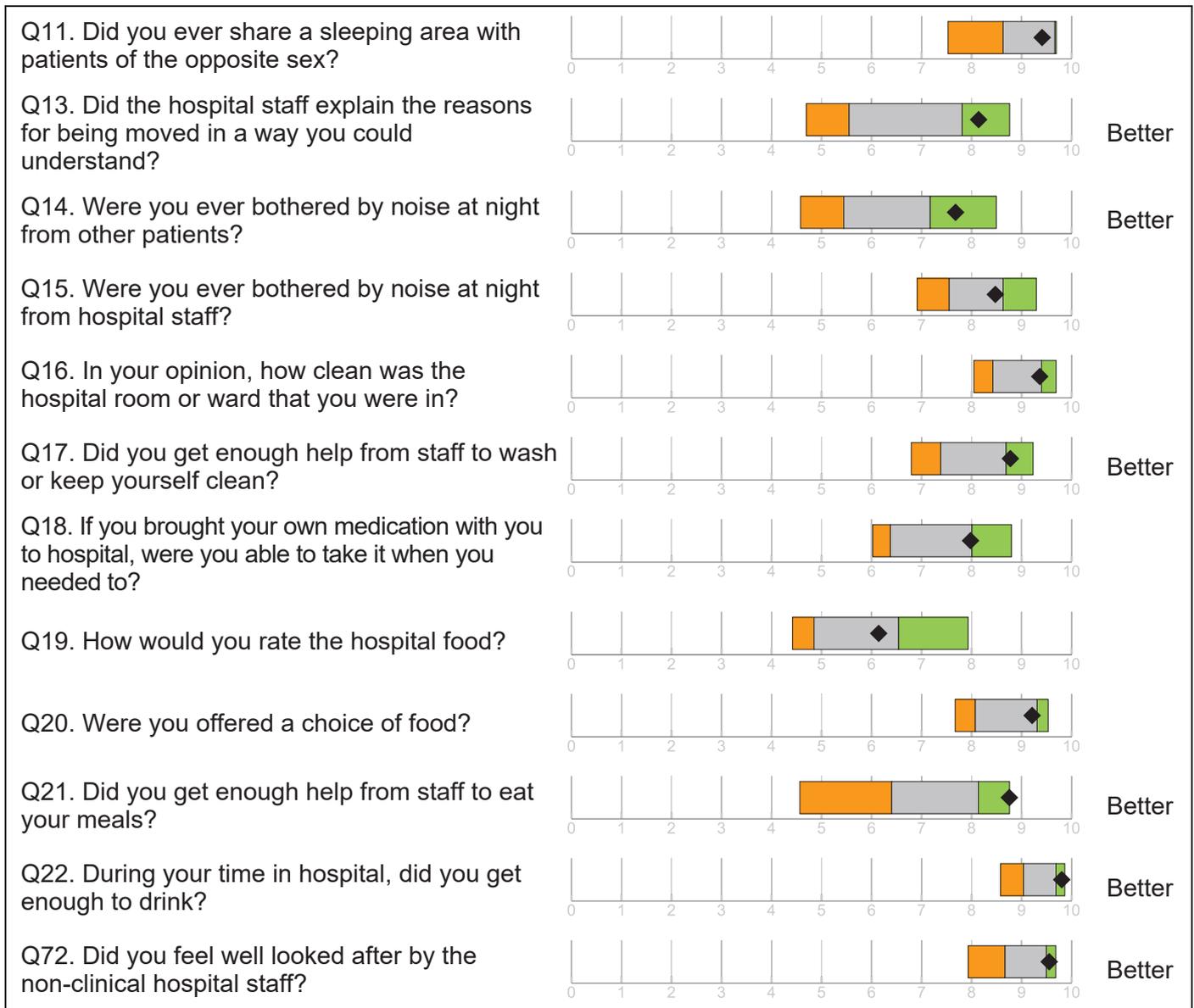
Waiting to get to a bed on a ward



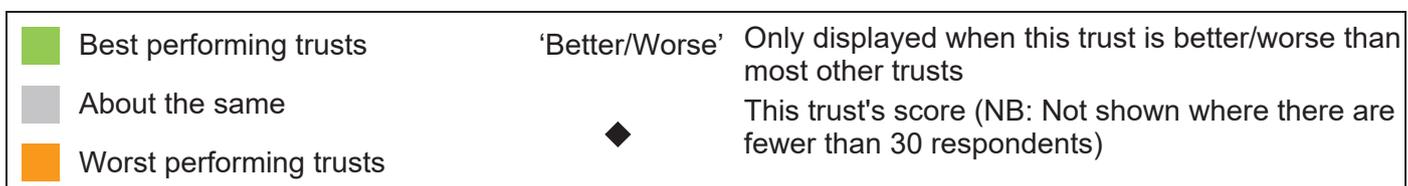
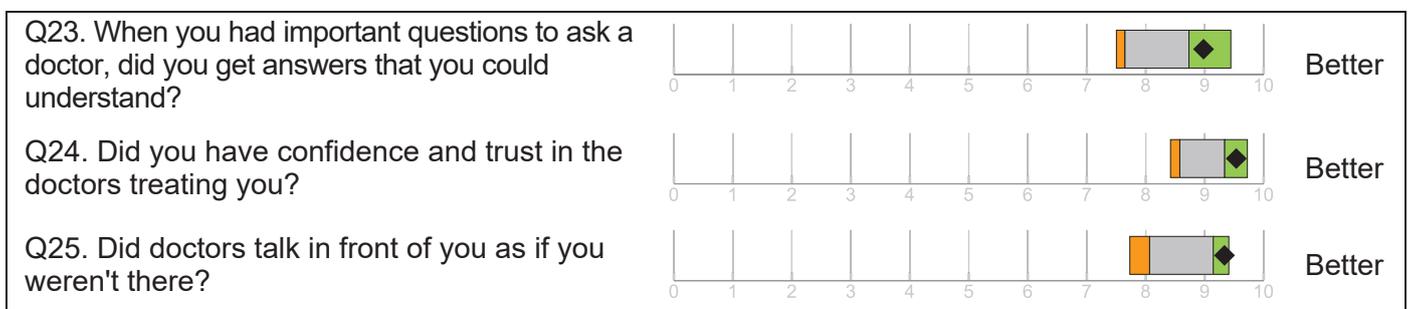
Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

The hospital and ward



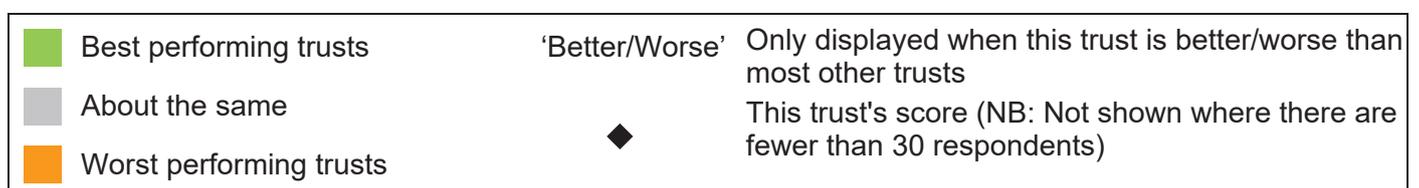
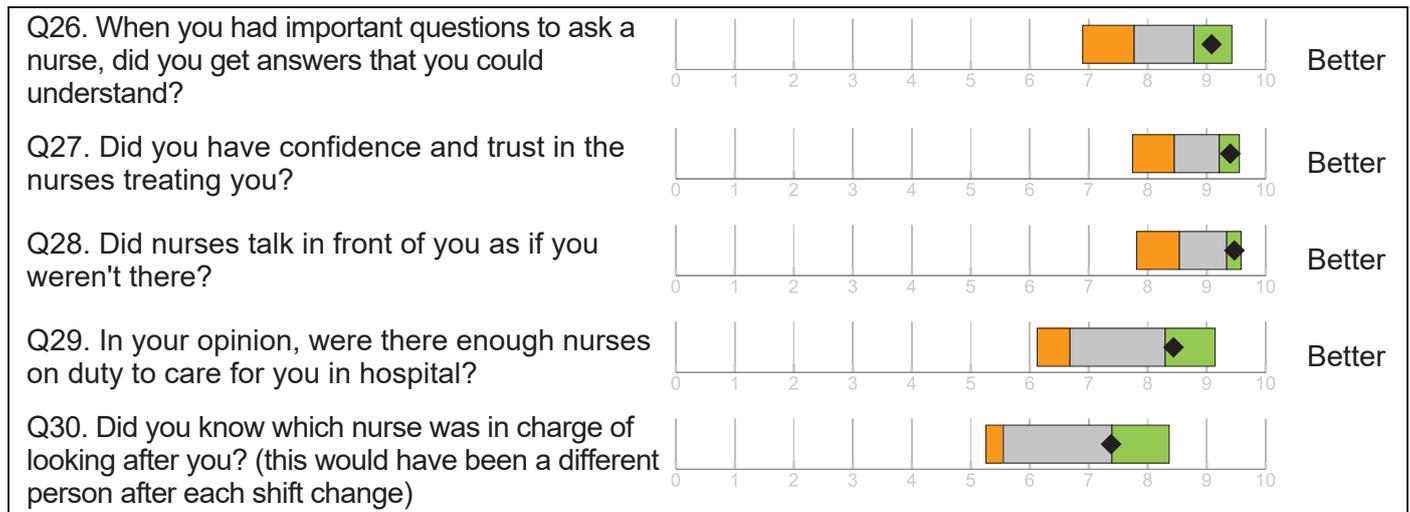
Doctors



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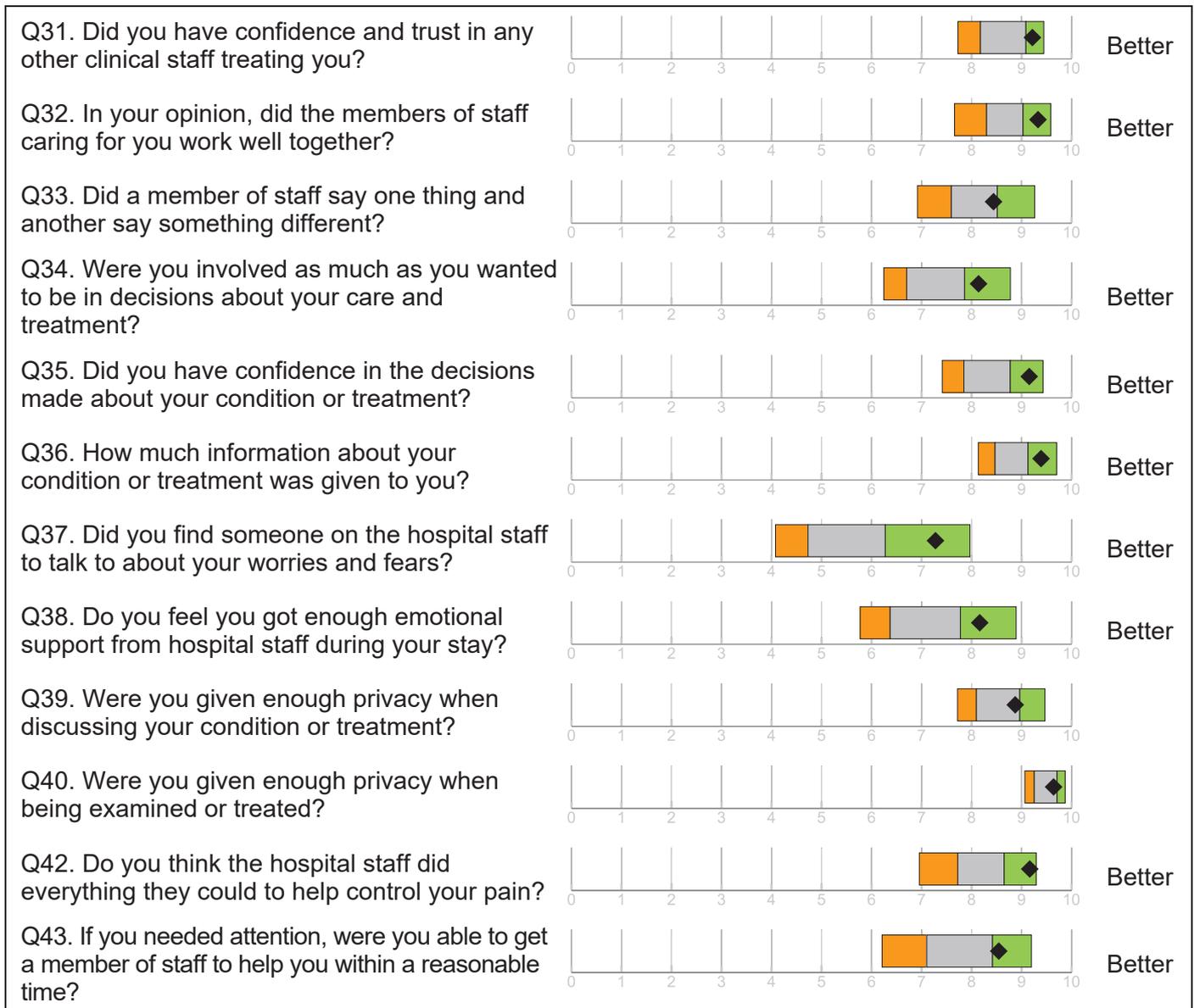
Nurses



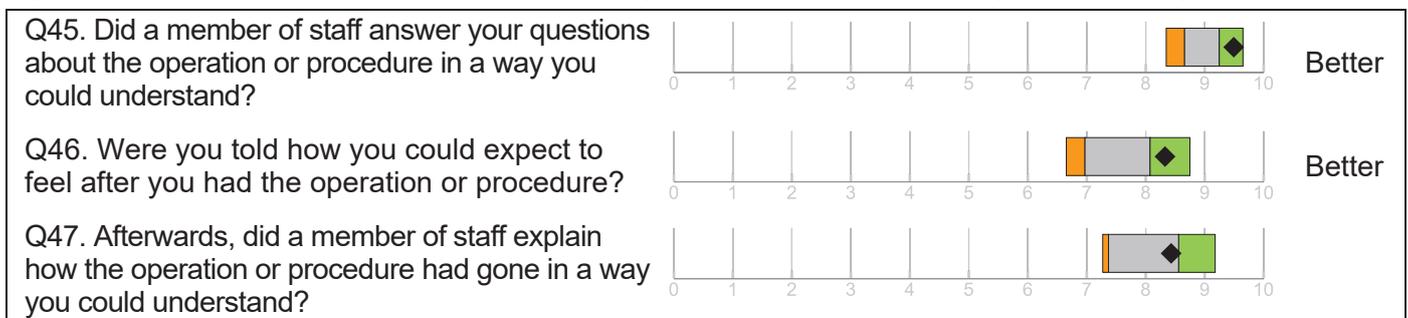
Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

Your care & treatment



Operations & procedures (answered by patients who had an operation or procedure)

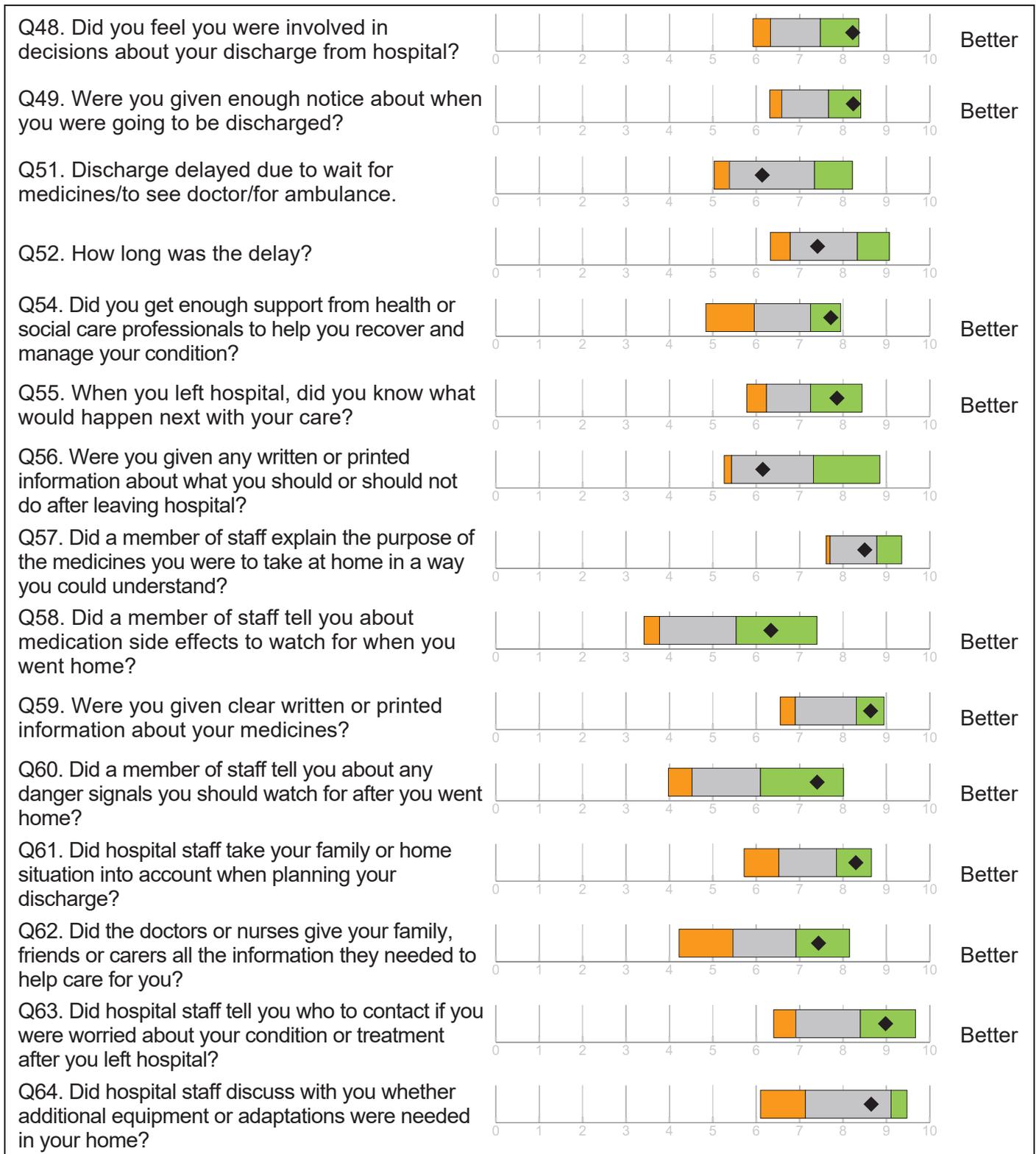


■ Best performing trusts	‘Better/Worse’ Only displayed when this trust is better/worse than most other trusts
■ About the same	
■ Worst performing trusts	
◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

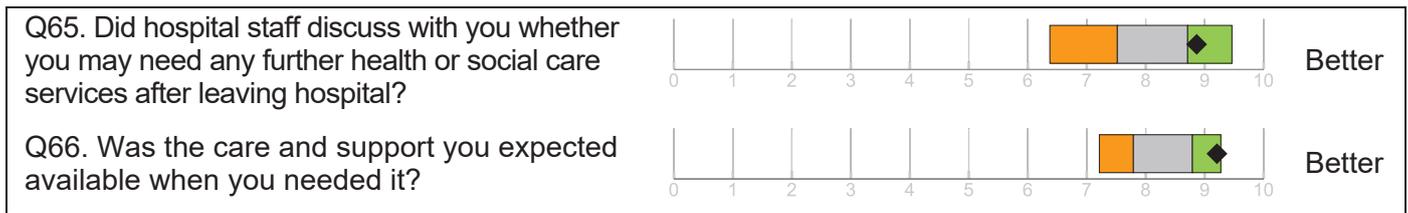
Leaving hospital



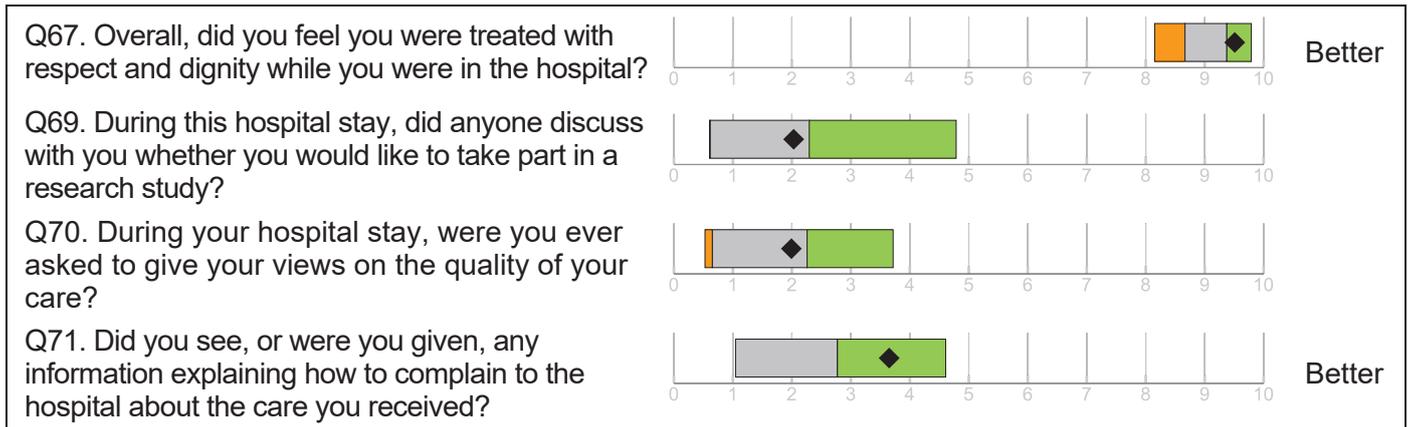
<ul style="list-style-type: none"> Best performing trusts About the same Worst performing trusts 	<p>‘Better/Worse’ Only displayed when this trust is better/worse than most other trusts</p> <p>◆ This trust's score (NB: Not shown where there are fewer than 30 respondents)</p>
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Adult Inpatient Survey 2018

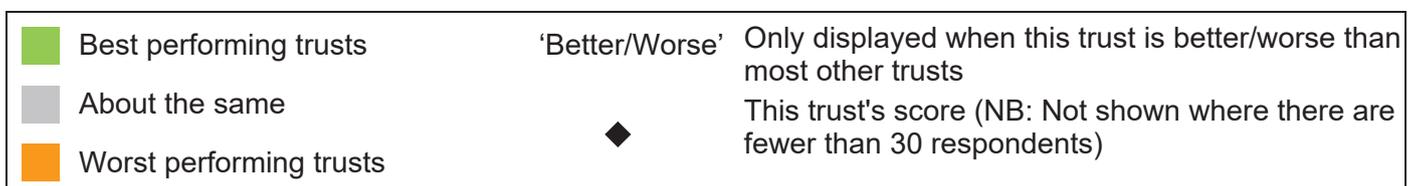
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Overall views of care and services



Overall experience



Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
The Accident & Emergency Department (answered by emergency patients only)						
S1	Section score	-	7.7	9.1		
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	-	7.4	9.0		
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	-	7.7	9.5		
Waiting list or planned admissions (answered by those referred to hospital)						
S2	Section score	9.7	8.0	9.7		
Q6	How do you feel about the length of time you were on the waiting list?	9.7	6.1	9.7	198	
Q7	Was your admission date changed by the hospital?	9.9	8.3	9.9	206	
Q8	Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?	9.5	7.9	9.6	209	
Waiting to get to a bed on a ward						
S3	Section score	8.9	5.9	9.5		
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	8.9	5.9	9.5	331	

↑ or ↓

Indicates where 2018 score is significantly higher or lower than 2017 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2017 data is available.

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
The hospital and ward						
S4 Section score	8.6	6.9	8.8			
Q11 Did you ever share a sleeping area with patients of the opposite sex?	9.4	7.5	9.7	329		
Q13 Did the hospital staff explain the reasons for being moved in a way you could understand?	8.1	4.7	8.8	35		
Q14 Were you ever bothered by noise at night from other patients?	7.7	4.6	8.5	329		
Q15 Were you ever bothered by noise at night from hospital staff?	8.5	6.9	9.3	328		
Q16 In your opinion, how clean was the hospital room or ward that you were in?	9.4	8.0	9.7	331		
Q17 Did you get enough help from staff to wash or keep yourself clean?	8.8	6.8	9.2	145		
Q18 If you brought your own medication with you to hospital, were you able to take it when you needed to?	8.0	6.0	8.8	196		
Q19 How would you rate the hospital food?	6.1	4.4	7.9	312		
Q20 Were you offered a choice of food?	9.2	7.7	9.5	325		
Q21 Did you get enough help from staff to eat your meals?	8.8	4.6	8.8	64		
Q22 During your time in hospital, did you get enough to drink?	9.8	8.6	9.9	325		
Q72 Did you feel well looked after by the non-clinical hospital staff?	9.6	7.9	9.7	311		
Doctors						
S5 Section score	9.3	7.9	9.5			
Q23 When you had important questions to ask a doctor, did you get answers that you could understand?	9.0	7.5	9.4	307		
Q24 Did you have confidence and trust in the doctors treating you?	9.5	8.4	9.7	330		
Q25 Did doctors talk in front of you as if you weren't there?	9.3	7.7	9.4	330		

↑ or ↓

Indicates where 2018 score is significantly higher or lower than 2017 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2017 data is available.

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
Nurses						
S6 Section score	8.8	7.0	9.1			
Q26 When you had important questions to ask a nurse, did you get answers that you could understand?	9.1	6.9	9.4	304		
Q27 Did you have confidence and trust in the nurses treating you?	9.4	7.7	9.6	331		
Q28 Did nurses talk in front of you as if you weren't there?	9.5	7.8	9.6	329		
Q29 In your opinion, were there enough nurses on duty to care for you in hospital?	8.4	6.1	9.1	331		
Q30 Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)	7.4	5.3	8.4	330		

↑ or ↓

Indicates where 2018 score is significantly higher or lower than 2017 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2017 data is available.

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
Your care & treatment						
S7 Section score	8.8	7.1	9.2			
Q31 Did you have confidence and trust in any other clinical staff treating you?	9.2	7.7	9.4	229		
Q32 In your opinion, did the members of staff caring for you work well together?	9.3	7.7	9.6	319		
Q33 Did a member of staff say one thing and another say something different?	8.4	6.9	9.3	328		
Q34 Were you involved as much as you wanted to be in decisions about your care and treatment?	8.1	6.2	8.8	329		
Q35 Did you have confidence in the decisions made about your condition or treatment?	9.2	7.4	9.4	331		
Q36 How much information about your condition or treatment was given to you?	9.4	8.1	9.7	320		
Q37 Did you find someone on the hospital staff to talk to about your worries and fears?	7.3	4.1	8.0	216		
Q38 Do you feel you got enough emotional support from hospital staff during your stay?	8.2	5.8	8.9	220		
Q39 Were you given enough privacy when discussing your condition or treatment?	8.9	7.7	9.5	325		
Q40 Were you given enough privacy when being examined or treated?	9.6	9.1	9.9	329		
Q42 Do you think the hospital staff did everything they could to help control your pain?	9.2	7.0	9.3	156		
Q43 If you needed attention, were you able to get a member of staff to help you within a reasonable time?	8.5	6.2	9.2	313		
Operations & procedures (answered by patients who had an operation or procedure)						
S8 Section score	8.7	7.6	9.1			
Q45 Did a member of staff answer your questions about the operation or procedure in a way you could understand?	9.5	8.3	9.6	154		
Q46 Were you told how you could expect to feel after you had the operation or procedure?	8.3	6.7	8.7	164		
Q47 Afterwards, did a member of staff explain how the operation or procedure had gone in a way you could understand?	8.4	7.3	9.2	163		

↑ or ↓ Indicates where 2018 score is significantly higher or lower than 2017 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2017 data is available.

Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
Leaving hospital						
S9 Section score	7.9	6.2	8.4			
Q48 Did you feel you were involved in decisions about your discharge from hospital?	8.2	5.9	8.4	320		
Q49 Were you given enough notice about when you were going to be discharged?	8.2	6.3	8.4	328		
Q51 Discharge delayed due to wait for medicines/to see doctor/for ambulance.	6.1	5.0	8.2	317		
Q52 How long was the delay?	7.4	6.3	9.1	316		
Q54 Did you get enough support from health or social care professionals to help you recover and manage your condition?	7.7	4.8	7.9	185		
Q55 When you left hospital, did you know what would happen next with your care?	7.9	5.8	8.4	306		
Q56 Were you given any written or printed information about what you should or should not do after leaving hospital?	6.2	5.3	8.8	314		
Q57 Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8.5	7.6	9.4	255		
Q58 Did a member of staff tell you about medication side effects to watch for when you went home?	6.3	3.4	7.4	220		
Q59 Were you given clear written or printed information about your medicines?	8.6	6.6	8.9	239		
Q60 Did a member of staff tell you about any danger signals you should watch for after you went home?	7.4	4.0	8.0	261		
Q61 Did hospital staff take your family or home situation into account when planning your discharge?	8.3	5.7	8.7	208		
Q62 Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?	7.4	4.2	8.1	224		
Q63 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	9.0	6.4	9.7	315		
Q64 Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	8.6	6.1	9.5	88		
Q65 Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.9	6.4	9.5	159		
Q66 Was the care and support you expected available when you needed it?	9.2	7.2	9.3	235		

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Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2017 scores for this NHS trust	Change from 2017
Overall views of care and services						
S10 Section score	4.3	2.8	5.5			
Q67 Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.5	8.2	9.8	331		
Q69 During this hospital stay, did anyone discuss with you whether you would like to take part in a research study?	2.0	0.6	4.8	286		
Q70 During your hospital stay, were you ever asked to give your views on the quality of your care?	2.0	0.5	3.7	266		
Q71 Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	3.6	1.1	4.6	243		
Overall experience						
S11 Section score	8.8	7.3	9.1			
Q68 Overall...	8.8	7.3	9.1	322		

↑ or ↓

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Adult Inpatient Survey 2018

The Clatterbridge Cancer Centre NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	335	76668
Response Rate (percentage)	51	45
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	53	48
Female	47	52
Age group (percentage)	(%)	(%)
Aged 16-35	4	5
Aged 36-50	10	8
Aged 51-65	32	23
Aged 66 and older	54	64
Ethnic group (percentage)	(%)	(%)
White	92	89
Multiple ethnic group	0	1
Asian or Asian British	2	3
Black or Black British	1	1
Arab or other ethnic group	1	0
Not known	5	5
Religion (percentage)	(%)	(%)
No religion	18	18
Buddhist	0	0
Christian	76	75
Hindu	1	1
Jewish	0	0
Muslim	1	2
Sikh	0	1
Other religion	1	1
Prefer not to say	3	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	97	94
Gay/lesbian	1	1
Bisexual	0	0
Other	0	1
Prefer not to say	2	4