Our Passion, Your Care.

Quality Account 2016/17
The Ipswich Hospital NHS Trust—Quality Account 2016/17

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Who was involved in the development of our Quality Account?

The Trust consulted with the following in the development of its Quality Account and the content within:
- our commissioners, Ipswich and East Suffolk Clinical Commissioning Group;
- Suffolk Health & Wellbeing Board;
- Healthwatch Suffolk; and
- staff, volunteers, carers and members of the public.

The Ipswich Hospital NHS Trust would like to thank those who contributed to the development and publication of this Quality Account.

Our front cover shows staff from the four hospitals which form The Ipswich Hospital NHS Trust. From the top: Aldeburgh Community Hospital, Bluebird Lodge Community Hospital, Ipswich Hospital and Felixstowe Community Hospital.
This is our account to you about the quality of services provided by The Ipswich Hospital NHS Trust in 2016/17. It looks back at our performance over the last year and gives details of our priorities for improvement in 2017/18.

This year has been one in which we have seen the organisation continue to deliver good performance despite some significant challenges, and we have taken the opportunity to review the many innovations and initiatives we have implemented. Our staff have again demonstrated tremendous effort, motivation and energy to ensure we continue to achieve our ambitions for this organisation, and I thank them for their hard work.

In December the Associate Medical Director at NHS Improvement, visited the organisation having undertaken a review of patients who had been in hospital for more than 14 days. It was clear from his findings that there is still more we can do to facilitate an earlier return to home and to prevent deconditioning of patients whilst in hospital (see page 10).

He also talked about his reflections of the clinical leadership of this organisation and the many people he had had the opportunity to meet prior to his presentation, and was encouraged by the extent to which we were open to new ideas and the desire to implement new approaches through innovation.

This is the end of our second year of our joint venture with West Suffolk NHS Foundation Trust to deliver community services with the management of a range of services sitting with our Trust. Whilst this has been a positive step forward in delivering integrated services, there is more we need to do to enable the delivery of seamless care pathways across acute and community services and meet diverse needs collaboratively. At the end of 2016 we became a member of an alliance of local health and social care organisations and see this as the start of a joint approach to delivering integration, sustainability and transformation. More on the work of our community services can be found on pages 4 and 5.

I am leading the local Sustainability and Transformation Plan (STP) for Suffolk and North East Essex. Over time, this will deliver the significant transformation needed to allow the system to manage the increasing demand. The ambition of the STP process is to align services and resources so that by working differently, we will find a way to manage the increasing demand on health and care services. The right investment in primary, community and social care along with redesign, will reduce reliance on acute services. However the STP is not an immediate solution. Within the organisation we have been looking at reducing waste and we have also been making sure our staff are freed up to concentrate on direct patient care. Our IT teams are bringing us the latest technology, which is good for patients and good for staff.

In February 2017, we published our new five-year Trust strategy “Writing the next chapter”, which sets out our vision to be an outstanding provider of health services for our population. The strategy is available on our website at www.ipswichhospital.nhs.uk/aboutourhospital/our-strategy-2017-2022.htm

On the recommendation of the Care Quality Commission and NHS Improvement, we have formalised our partnership with Colchester Hospital University NHS Foundation Trust. The Trusts share myself as Chief Executive and David White as Chairman, and staff with clinical and leadership expertise work across both organisations to share their experience for the benefit of patients in Ipswich & East Suffolk and North East Essex. Further information about our partnership can be found in our annual report.

The Trust is registered without conditions by the Care Quality Commission (CQC) from 1 April 2010 when the current system of regulation became law. The CQC made no visits to the Trust between April 2016 and March 2017. More details on progress of our action plan following previous visits by the CQC can be found on page 23. The direct actions arising from the CQC’s inspection have been completed, but we continue to work on key areas for the organisation.

I remain grateful to our many partners for their contributions to the services we manage. We could not deliver the high quality of care of which we are rightly proud without the support of health, social care and voluntary organisations throughout the town and county.

To the best of my knowledge, the information contained in this Quality Account is accurate.

Nick Hulme, Chief Executive
Trust Services

We are an organisation with a proud history and one that has long adapted and responded to changes in health needs and circumstances. We are recognised by our patients and peers as a provider of good quality healthcare with a reputation for delivering caring and compassionate services. We provide a full range of acute services to the people of Ipswich and East Suffolk, and manage a range of community services.

Background

Every day over 3,000 patients rely on us to improve their lives. Our services include accident and emergency; critical care; planned medical and surgical care; consultant and midwifery-led maternity, neonatal and paediatric care; diagnostic and therapy services; and since October 2015 community hospitals and specialist community services.

Suffolk community services are delivered under one contract by a consortium led by Ipswich Hospital Trust and West Suffolk Hospital Foundation Trust, and including Norfolk Community Health and Care, Medequip and Bartrams.

Ipswich Hospital has formed an alliance with Suffolk County Council, the Suffolk GP Federation and Norfolk and Suffolk NHS Foundation Trust to deliver community services from October 2017.

This section specifically highlights the community services we provide, as we have not made explicit statements to separate acute and community service provision within the Quality Account

Community services directly managed by Ipswich Hospital

Community hospitals:
Aldeburgh Community Hospital
Bluebird Lodge Community Hospital, Ipswich
Felixstowe Community Hospital

Community services:
Interface Geriatrics
Falls & Fragility Fractures
Minor Injuries Unit
Foot and ankle surgery
Continence care
Heart Failure
Cardiac rehabilitation
COPD & Pulmonary rehabilitation
Stoma care
Crisis Action Team
Care Coordination Centre

Support services:
Finance
Information Technology
Workforce

Community services in summary
• Delivers community based services to people of all ages across Suffolk.
• Serves an estimated population of 700,000 people in Suffolk, with the exception of the Waveney area.
• Delivers services in a variety of settings including people’s own homes, care homes, community hospital inpatient units and clinics, schools, day centres, GP surgeries and health centres.
• Employs around 1,200 staff across the consortium, including nurses, healthcare assistants, occupational therapists, physiotherapists, specialist clinicians, generic workers, technicians, support staff and administrators.

• Provides community equipment and wheelchairs to enable patients to live in their chosen residence and have as good a quality of life as possible.

The community hospitals in east Suffolk offer inpatient beds for rehabilitation, management of long term conditions and end of life care.

Patients in community hospitals are regularly reassessed and will receive inpatient care until they are clinically fit for discharge back home or to a nursing or residential home. This care is provided by nurses, occupational therapists, physiotherapists, generic workers, doctors, specialist nurses and matrons plus in-house domestic staff.

Our community hospitals are hubs for local community health teams, specialist services and other healthcare providers. They also offer clinics and outpatient services, often in partnership with other providers.
Interface Geriatrics:
Consultants in the care of older people work across community and hospital-based services. They provide a service to each of the community hospitals, undertake ward rounds, hold multi-disciplinary team meetings and run community clinics which community health teams and GPs can refer patients into. The service works in partnership with the Frailty Assessment Base (FAB) at Ipswich Hospital, admission avoidance services, community matrons and also GPs. More information on FAB is on page 6.

Falls & Fragility Fractures:
A specialist nursing service with a focus on osteoporosis and fragility fractures. Working with our GP colleagues to identify patients at risk of fracture, and offering home visits to assess and advise patients on lifestyle, plus bone-strengthening medication.

Minor Injuries Unit at Felixstowe Community Hospital:
Provides a general minor injuries service (such as sprains, cuts and burns), injections and screening, telephone and drop-in advice, as well as outpatient and clinic services in partnership with other organisations.

Foot and Ankle Surgery:
Provides a full range of surgical interventions to help relieve pain and improve function and mobility.

Continence Care:
Specialist clinicians working with people who have continence problems, which can be experienced at any age, for example after having a baby. The team visit people in their home to assess their needs, offer advice and practical solutions, and support patients and their relatives/carers in dealing with the challenges they face.

Heart Failure:
Specialist team supporting people with a diagnosis of heart failure, ensuring they can have the best possible quality of life, with appropriate treatment and medication, as well as helping people to manage their condition.

Cardiac Rehabilitation:
Works closely with the heart failure and other teams, helping patients who have had a heart attack. This specialist team offers a combination of information, advice and tailored exercise to help people get back to everyday life and adopt a healthy lifestyle.

Chronic Obstructive Pulmonary Disease (COPD):
Specialist nurses supporting patients with COPD to manage at home, and prevent hospital admission. Offers care for any patients requiring oxygen at home.

Pulmonary rehabilitation:
Offers physiotherapy and exercise courses to help people maintain their independence and enjoy an improved quality of life.

Stoma Care:
Specialist service for patients living with a stoma (a surgically created opening allowing waste to leave the body).

Crisis Action Team (CAT):
Nurses and therapists work jointly with social care and the voluntary sector to avoid unnecessary hospital admission by supporting patients in the community in crisis to remain at home with MDT support, or supporting patients being discharged from the Emergency Department to go home with a range of health and social support to meet their needs.

Care Coordination Centre (CCC):
An Ipswich-based centre open 24 hours a day, 365 days a year. Staff in the CCC receive referrals, schedule appointments, send reminders and collect patient and carer feedback. They are also able to prioritise care and can arrange support to help patients who have been discharged from hospital. This helps free up time for clinicians to spend more time with patients, and also gives our community-based staff an added resource, for example, if they are held up on one visit, the CCC can contact patients and rearrange appointments.

“The Cardiac Rehabilitation team all seemed to be genuinely concerned for my wellbeing while at the same time gently encouraging and motivating me in exercising correctly. After my 12 sessions I am pretty well back to being fully recovered. I think I am now fitter and stronger than even before the surgery and without a doubt my speedy recovery has been aided by the rehab classes.”

Patient comment

Trust Services
Part 2 - Priorities for improvement and statements of assurance

2016/17 quality improvement priorities
Progress against the priorities agreed

Patient safety priority: To continue to develop services to support patients who are elderly and frail.

Why was this a priority?
Older patients who require health services are often physically, cognitively or socially frail. By expanding pilot services already in place we aim to keep patients well and reduce their dependency on health services by supporting them to maintain their independence and functional ability.

Lead Director
Medical Director.

2015/16 performance
Number of patients using the Frailty Assessment Base (FAB) service - (October 2015-March 2016): 222.
Admission avoidance after using FAB (October 2015-March 2016): 79%.

What was our target?
- To increase the number of patients using the FAB service.
- To reduce the length of stay in both the acute and community setting for those patients who need to be admitted following assessment.
- To increase the percentage of patients who have managed to avoid admission and remain at home.
- To expand service to become available seven days a week.
- To further integrate with community services and social services.

What did we do to improve our performance?
- Expanded capacity of the current Frailty Assessment Base (FAB).
- Increased links with the Emergency Department to enable more patients to benefit from a comprehensive geriatric assessment.
- Launched the Crisis Action Team (CAT) admission prevention service, a 24/7 multi-agency team (health, social care and voluntary care).

How did we measure and monitor our performance?
- Monitored the progress of actions managed by the Portfolio Board emergency care workstream covering:
  - number of patients using the service;
  - length of stay of those patients who required admission following assessment;
  - the number of admissions avoided;
  - availability of services; and
  - integration of services.

Did we achieve our intended target?
We achieved our target.

How and where was progress reported?
Regular reports and updates to: Patient Safety & Clinical Effectiveness Group.

Our key achievements
- Appointment of a dedicated team with support from colleagues in Social Care and the Ipswich & East Suffolk CCG to enable a sustainable reduction in the numbers of Delayed Transfers of Care (DToCs) (15.4% of delays against bed base in early November 2016, to 4.6% in March 2017).
- Evidenced a 7% reduction in emergency admissions for patients over 75 when comparing February 2016 with February 2017, bucking the national trend.
- Discharge planning team working closely with ward areas and community providers, with the philosophy of admitting by exception.
- Launch of the Crisis Action Team 24/7 service to support adults experiencing a ‘crisis’ to remain in their own home, with 961 referrals to the service between September 2016 and March 2017.
- Development of a reablement programme across all ward areas ensuring patients where appropriate are up for breakfast and mobilised throughout the day, avoiding deconditioning.
- Expansion of the successful FAB service having moved to a purpose-built location, and delivered an increase in activity and admissions avoided.
- Geriatrician and Nurse Specialist based in the Emergency Department focusing on elderly patients with a view to avoiding unnecessary admission.
- Appointment of Nurse Consultant for Frail Older People in emergency surgery.
- Commencement of frailty quality improvement project, to include multidisciplinary goal setting with patients.
- Positive patient experience: >99% of patients would recommend the FAB and CAT services (320 responses).
- Won the Patient Experience Network (PENNA) awards for ‘continuity of care’ and ‘friends and family test and patient insight - accessibility’ (see page 51).
- Won the Health Service Journal Value in Healthcare award for the impact on improving patient care and efficiency.

The new Frailty Assessment Base.
Clinical effectiveness priority: To continue to improve our care to those at the end of their life and support patients who have limited treatment options.

Why was this a priority? There is only one chance to get end of life care right. In the final stages of illness, care priorities shift with the focus often changing to palliative care for the relief of pain, symptoms, and emotional distress. Compassionate, high quality care enables us to make a loved one’s final weeks or days as comfortable as possible by offering the person at end of life, and those identified as important to them, choice around decisions concerning treatment and care wanted, and an individual plan of care tailored to the needs, wishes and preferences of the dying person; agreed, coordinated and delivered with compassion.

Lead Director Director of Nursing.

What was our target?
- To deliver high quality, compassionate and dignified end of life care for all patients.

What did we do to improve our performance?
- Ensured patients identified as in the last year of their life had an individualised care plan.
- Raised the profile of palliative and end of life care across the Trust.
- Used national and locally recognised tools, ie the regional Do Not Attempt Cardiac-Pulmonary Resuscitation (DNACPR) form, the yellow folder, treatment options form and the individualised end of life care plan.
- Facilitated palliative and end of life care training and education for staff.
- Provided access to specialist palliative care assessments, seven days a week.
- Improved bereavement support for families of patients who have died.

How did we measure and monitor our performance?
- Audited use of individualised care plans to ensure best possible practice.
- Monitored results from DNACPR and national end of life audits to highlight themes for improvement.
- Monitored attendance at palliative and end of life care training sessions.
- Expanded post bereavement follow up service with families.
- Monitored themes from feedback relating to end of life care.

Did we achieve our intended target? Whilst we have improved our provision of end of life care, as indicated by the improved results of the national end of life care audit, we acknowledge there is still more we can do for our patients and their families.

How and where was progress reported? Regular reports and updates to: End of Life Care Group, Patient & Carer Experience Committee, Quality Committee and Trust Board.

Our key achievements
- Level 2 enhanced end of life care training to support the implementation of the Individualised Care Plan, delivered on a regular basis for all relevant clinical areas, decided through a prioritisation process.
- ‘Link Nurse’ training sessions for ward-based end of life care skills to ensure patients receive dignified, respectful end of life care.
- Palliative care study days held twice a year - positive feedback received, with plans to run more study days.
- Experiential Learning: individual staff (medical students, allied health professionals, clinical nurse specialists, and any staff with a professional interest in enhancing end of life care) spending time working with the Specialist Palliative Care team.
- Increased the number of staff within the Palliative Care team from 2.4wte to 4.8wte to meet the palliative care needs of patients across the Trust, to include managing the care of patients who have conditions other than cancer.
- Regular DNACPR audits undertaken with results fed back to all areas, to drive improvement and awareness.
- Participated in national end of life audit, which showed improvements particularly in regard to DNACPR discussions, use of holistic care plans and the availability in the use of ‘just in case’ medication.
- Any complaints mentioning end of life care are immediately passed to the Palliative Care team for review so that any necessary improvements can be addressed.
- Staff participation and awareness-raising at the Schwartz Round in July 2016 Coming back to work after a bereavement. Personal staff stories linking to professional interactions with patients/families (see page 77).
- Launch of the ‘Just in Case policy’ in response to local demand from community and acute providers. Patients near the end of their lives may experience new or worsening symptoms for which they require urgent medication. The policy enables ‘pre-emptive’ or ‘just in case’ availability of medications in a patient’s home and aims to reduce delays at the time of need. The policy is a collaboration by community, acute hospital and local hospice services.
Part 2 - Priorities for improvement and statements of assurance
2016/17 quality improvement priorities
Progress against the priorities agreed

Patient experience priority 1: To avoid delays in transfers of care of a patient from hospital or community beds to other care environments.

Why was this a priority? Delayed transfers, where patients are ready to return home or transfer to another form of care but still occupy a bed, are a symptom of a system failing to provide the right care, in the right place, at the right time. By ensuring patients are transferred from the ward environment as soon as they are medically stable to be discharged, improves wellbeing and gives them back their independence.

Lead Director
Chief Operating Officer.

2015/16 performance
Number of bed days lost due to delayed transfers of care from Ipswich Hospital wards: 6,467 days.

What was our target? To reduce the number of patients who have to stay in hospital beyond the date when they are medically stable for discharge. This has been agreed as a high priority ‘system-wide’ urgent care project as part of the sustainability and transformation programme.

What did we do to improve our performance?
Working with our commissioners and Social Services, we planned to improve our services by:
- optimising use of community beds, following detailed review and proposal around evidenced usage, forecasted growth and incorporation of impacts from:
  - implementing delirium/ dementia best practice pathways; and
  - working up and implementing the Discharge to Assess model.

How did we measure and monitor our performance?
Progress against this priority was measured by:
- current robust reporting of delayed transfers of care (DToCs); and
- key performance indicators as detailed within the ‘DToCs/Pull based discharge’ project documentation.

Did we achieve our intended target?
The number of DToC days delays reached a monthly peak at 1,863 days for acute beds, and this reduced to a low of 796 days in March 2017, a reduction of nearly 60%.

How and where was progress reported?
Regular reports and updates to: Patient & Carer Experience Committee, Quality Committee, Trust Board, Emergency Care Programme Board, Sustainability &Transformation Programme and System-wide Urgent Care Reactive Group.

Our key achievements
- Launched a system-wide intensive DToC task force in November 2016 to jointly tackle the increases in DToCs to provide system sustainable solutions. This is evidenced in the DToC figure of 15.4 % (82 patients) in November 2016, having reduced to 4.6% in March 2017 (22 patients).
- Following several presentations from Dr Ian Sturgess (Associate Medical Director at NHS Improvement), significant work performed focusing on unblocking barriers for patients who have remained in hospital more than 7 and 14 days. This includes embedding peer to peer clinical and therapy support across all ward areas, weekly ‘deep dives’ into this patient cohort and daily tracking by ward of patients who are staying longer than 7 days. In November 2016, our length of stay over 14 days was 170 patients, in April 2017, this was 120 patients.
- Formed strong links with care home providers, liaising on weekly DToCs to jointly support ongoing care for these patients.
- Remove the blocks and barriers which stand in the way of providing the best patient care, reducing the number of delayed transfers of care to 3%.
- Formed a multi-agency emergency assessment team to provide post-take wraparound support.
- Implemented the ‘ticket home’ and more information for setting expectations.
- Introduced ‘traffic light’ system, to immediately identify the estimated date of discharge and patients’ care needs.
- Commenced improved communication and education.
- Nursing teams launched a new initiative ‘get up for breakfast’.
- Shared best practice on wards to promote greater discharge planning.
- Successful launch of early supportive discharge service called CATPlus. This links health and social care together, supporting patients with effective safe discharge.

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2016/17 quality improvement priorities
Progress against the priorities agreed

Patient experience priority 2:
To continue to expand our dementia-friendly environment.

Why was this a priority?
Each year the number of people living with dementia is growing and this number is expected to double during the next 30 years. It is estimated that over 40% of people aged over 65 in general hospitals have a dementia diagnosis or a cognitive impairment. Being in an unfamiliar environment such as a hospital can be very frightening and distressing, and can reduce the person’s level of independence.

Lead Director
Director of Nursing.

What was our target?
To increase the number of dementia-friendly wards.

What did we do to improve our performance?
- Creatively refurbished two further wards to provide a shared clinical and social environment using The Kings Fund’s Enhancing the Healing Environment and other existing research in the design process.
- Shared the learning from creative refurbishments with other areas.

How did we measure and monitor our performance?
- Tracked progress of works to improve ward environments to ensure all work is completed within the agreed timescale.
- Measured the numbers of incidents of violence and aggression in these areas.
- Patient, carer and staff experience findings.

Did we achieve our intended target?
This year we completed the re-design to be a dementia-friendly environment for another two of our acute wards - Washbrook ward and Woodbridge ward. The key aspects of our dementia-friendly improvements were developments to include providing more activities for patients, navigation guides and learning how to adapt the wards to reflect some of the work that has been undertaken by Ipswich Hospital.

Community inpatient units have Dementia Champions who are kept up to date with new and innovative ways of supporting patients in our community hospitals.

How and where was progress reported?
Regular reports and updates to: Patient & Carer Experience Committee, Quality Committee and Trust Board.

Our key achievements
✓ Two more wards re-designed to be dementia-friendly, ensuring that people with dementia are cared for in an environment that is adaptable to their needs and preferences.
✓ Community inpatient units continue to audit their wards to ensure we create a dementia-friendly environment as possible.
✓ Provision of more activities for patients, navigation guides, and learning how to adapt the wards to reflect some of the work that has been undertaken by the Trust.
✓ Dementia Champions keep up to date with new and innovative ways of supporting patients in our hospitals.
✓ Creation of a purpose-built dementia-friendly Frailty Assessment Base (see page 51).

The new dementia-friendly Washbrook (left) and Woodbridge (above) wards which opened this autumn.
Quality improvement priorities for 2017/18

Qualitative information from a number of sources including patient surveys, staff surveys, complaints, compliments and the views of users and user groups has helped inform the Trust’s priorities for 2017/18.

The priorities chosen for 2017/18 are an extension of our internal achievements in 2016/17. We will continue to work with system partners to take forward care for the frail elderly and patients at the end of their life on a system basis this year.

Patient safety priority: To continue to develop services to support patients who are elderly and frail.

Why is this a priority? Older patients who require health services are often physically, cognitively or socially frail. By expanding services already in place we aim to keep patients well and reduce their dependency on health services by supporting them to maintain their independence and functional ability and so reduce the incidence of hospital-based deconditioning (the process of physiological or functional change as a result of inactivity or bedrest). The aim is to eliminate assessment waits to shorten hospital admissions and reduce the consequences of prolonged admission. Patients at risk of deconditioning need to be identified on admission, and expect zero tolerance of unnecessary delays to prevent deconditioning along with very proactive management, early mobilisation and prevention of unnecessary ‘bed rest’.

Lead Director
Director of Operations.

2016/17 performance
Number of emergency admissions for patients aged 75 years and over = 11,626 patients (11,695 patients in 2015/16, showing a decrease across the full year of 0.6%, bucking the national trend and despite increasing ED attendances.

DTOC numbers = 17,691 total bed days occupied by patients who are medically stable but delayed either home with care or to another care setting, equating to an average of 47 beds across the year.

This is split approximately as follows:
- Q1 2016: 8.0% (average of 44 patients at any one time)
- Q2 2016: 9.9% (average of 55 patients at any one time)
- Q3 2016: 8.8% (average of 49 patients at any one time)
- Q4 2017: 6.1% (average of 35 patients at any one time)

What is our target?
- To achieve patients with a length of stay over 14 days, sustained at 105 patients.
- To reduce the number of admissions required.

What will we do to improve our performance?
- Increase capacity of the current FAB.
- Increase links with the Emergency Department to enable more patients to benefit from a comprehensive geriatric assessment.
- Extend hours of cover for the emergency therapy team in ED and emergency assessment unit to 7 days a week, 8am - 8pm.
- Prevent deconditioning in hospital.

How will we measure and monitor our performance?
- Monitor the number of patients referred to the FAB and CAT services, and of those seen, monitor how many patients subsequently avoid admission to hospital.
- Monitor the length of stay of those patients who require admission following assessment by the FAB.
- Emergency admission levels.
- Patients in hospital over 7 and 14 days.
- % of patients discharged via Pathway Zero and Pathway One via new Discharge to Assess model.
- Number of beds occupied in acute and community hospitals in accordance with detailed bed model.

How and where will progress be reported?
Regular reports and updates to: Urgent & Emergency Care Reactive Group (system-wide group), Quality Committee and Trust Board.

Clinical effectiveness priority: To continue to improve our care to those at the end of their life and support patients who have limited treatment options.

Why is this a priority? There is only one chance to get end of life care right. In the final stages of illness, care priorities shift with the focus often changing to palliative care for the relief of pain, symptoms, and emotional distress. Compassionate high quality care enables us to make a loved one’s final weeks or days as comfortable as possible by offering the person at end of life, and those identified as important to them, choice around decisions concerning treatment and care wanted, and an individual plan of care tailored to the needs, wishes and preferences of the dying person; agreed, coordinated and delivered with compassion.

Lead Director
Director of Nursing.

2016/17 performance
We achieved our target of improving end of life care for patients and their families, as evidenced by the results from the national end of life care audit.

What is our target?
- To deliver high quality, compassionate and dignified end of life care for all patients.
- Patients will receive the right care in the right place.
- To increase the number of patients dying in the place of their choice.

What will we do to improve our performance?
- Recognise timely identification of patients in the last year of life.
Quality improvement priorities for 2017/18

- Facilitate patients and their families with making advance decisions and prioritising levels of care.
- Work with system partners to improve end of life care at home provision.
- Recognising individual’s needs and wishes to ensure they live well until they die.
- Use national and locally recognised tools, ie the regional DNACPR form, the yellow folder, treatment options form and the individualised end of life care plan.
- Promote co-ordinated care for discharge planning, enabling patients to die in their preferred surroundings, be that at home, hospital or hospice.
- Facilitate palliative and end of life care training and education for staff using innovative and creative approaches to learning.
- Provide access to specialist palliative care assessments, seven days a week.
- Improve bereavement support for families of patients who have died.

**Patient experience priority:**

To avoid delays in transfers of care of a patient from hospital or community beds to other care environments.

**Why is this a priority?**

Delayed transfers, where patients are ready to return home or transfer to another form of care but still occupy a bed, are a symptom of a system failing to provide the right care, in the right place, at the right time. By ensuring patients are transferred from the ward environment as soon as they are medically stable to be discharged, improves wellbeing and gives them back their independence.

**Lead Director**

Director of Operations.

**2016/17 performance**

Number of delayed transfers of care from Ipswich Hospital wards = 17,691 bed days.

**What is our target?**

- To reduce the number of patients who have to stay in hospital beyond the date when they are medically stable for discharge. This is a high priority ‘system-wide’ urgent care project.
- To achieve and sustain DToC rate of 3.5%.
- Fully implement the system-wide Discharge to Assess model.
- To achieve and sustain number of patients with a length of stay over 14 days at 105.

**What will we do to improve our performance?**

Working with our commissioners, Social Services and other partners, we plan to improve our performance by:

- improving the current discharge model, with Ipswich Hospital and social services staff working together to provide multidisciplinary team ‘early supported discharge’ to support patients to safely return to their home setting;
- Optimising utilisation of community beds, following detailed review and proposal around evidenced usage, forecasted growth and incorporation of impacts from:
  - reviewing the delirium/ dementia best practice pathways; and
  - delivering the Discharge to Assess model, including revised pathways for patients with delirium and non-weight-bearing patients.

**How will we measure and monitor our performance?**

Progress against this priority will be measured by:

- reporting DToCs;
- Reporting readmission rates;
- reporting the number of patients in the hospital with length of stay over 7 and 14 days; and
- Reporting the % emergency admission rate for patients over 75 years.

**How and where will progress be reported?**

Regular reports and updates to: Patient & Carer Experience Committee, Quality Committee, Trust Board, Accountability Framework Oversight and Performance, Sustainability and Transformation Programme and System-wide urgent care reactive group.
Quality improvement priorities for 2017/18

**Patient experience priority:**
*To continue to expand our dementia-friendly environment.*

**Why is this a priority?**
Each year the number of people living with dementia is growing and this number is expected to double during the next 30 years. It is estimated that over 40% of people aged over 65 in general hospitals have a dementia diagnosis or a cognitive impairment. Being in an unfamiliar environment such as a hospital can be very frightening and distressing, and can reduce the person’s level of independence.

**Lead Director**
Director of Nursing.

**2016/17 performance**
Creatively refurbished two adult acute wards, designed to be dementia-friendly. Continue to create a dementia-friendly environment in community inpatient areas.

**What is our target?**
To increase the number of dementia-friendly wards in the hospitals managed by The Ipswich Hospital NHS Trust.

**What will we do to improve our performance?**
- Creatively refurbish two further wards to provide a shared clinical and social environment using The Kings Fund’s Enhancing the Healing Environment and other existing research in the design process.
- To share the learning from creative refurbishments with other areas.

**How will we measure and monitor our performance?**
- Track progress of works to improve ward environments to ensure all work is completed within the agreed timescale.
- Measure the numbers of incidents of violence and aggression in these areas.
- Patient, carer and staff experience findings.

**How and where will progress be reported?**
Regular reports and updates to: Patient & Carer Experience Committee, Quality Committee and Trust Board.

**Patient Experience Priority:**
*Work with all clinical partners to identify the most appropriate service for children and young people needing unplanned medical advice and care.*

**Why is this a priority?**
The local population is rising at around 1% per annum, with a large rise in the number of children aged 5-9 years. An increasing challenge is the rising number of children and young people coming to the Emergency Department with medical conditions, some of whom report attending because they feel unable to access other forms of advice. The challenge is to ensure that children and young people can access the right care in the right place.

This age group is the only patient cohort, which has shown increased admission rates in 2016/17 compared with 2015/16, (having taken into account the ED attendance growth). In comparison, all other age groups have shown significant decreases in admission rates when comparing the same period, hence why a focus on children and young people is a key priority for 2017/18.

**Lead Director**
Director of Nursing.

**2016/17 performance**
Number of attendees to ED aged 18 and under = 19,901 (2.5% increase from 2015/16)
Number of emergency admissions of patients aged 18 and under = 5,214 (3.7% increase from 2015/16)

**What is our target?**
Needs discussion for 2017/18

**What will we do to improve our performance?**
- Carry out analysis to understand what is driving the need for unplanned medical advice and care.
- Develop a local strategy (with our healthcare partners) to deliver care services in the right place at the right time for children and young people; setting an implementation plan for the first two years for delivery.
- Work with children and young people, their families and healthcare partners to improve the education/information offering for managing minor childhood illnesses.

**How will we measure and monitor our performance?**
- Monitor the number of attendances in ED and emergency admissions to hospital by children and young people.

**How and where will progress be reported?**
Regular reports and updates to: Children’s Services Project Board and Quality Committee.

*please note that this is a priority for 2017 - 2019.*
Provided and sub-contracted services

During 2016/17 The Ipswich Hospital NHS Trust provided and/or sub-contracted 100 relevant health services.

The Ipswich Hospital NHS Trust has reviewed all the data available to them on the quality of care in 100 of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant health services by The Ipswich Hospital NHS Trust for 2016/17.

The data reviewed covers the three dimensions of quality: patient safety, clinical effectiveness and patient experience. All relevant data has been reviewed and a number of contract monitoring systems are in place.

Ipswich Hospital Commendation winner

Ipswich Hospital Commendation is a staff recognition scheme which says thank you to colleagues who live the hospital values. The nominations are judged by a panel of colleagues and patients.

A healthcare assistant determined to help a patient in need has won an Ipswich Hospital Commendation. Julie Pilcher, who works in the Outpatient clinics, was concerned for a gentleman who had not been coping at home and arrived in clinic unkempt. Unable to help in Outpatients, Julie asked the staff on Grundisburgh Ward if they would help her to shower him. She also went to Social Services to get him clean clothes, and to arrange a home follow-up.

The Grundisburgh Ward team and Outpatients nurse Margaret Scott, who arranged a lunch box for the patient, were both also shortlisted for a commendation.

Julie, who has worked at the hospital for 36 years, said: “I just couldn’t walk away from him.”

Ipswich Hospital Commendation winner

A healthcare assistant who came in on her day off to help a homeless patient has won an Ipswich Hospital Commendation award.

Jo Topple went over and above the call of duty when she came into work on a day off to give a homeless patient she had met on Stradbroke Ward a sleeping bag, clothes and snacks.

Her nomination described her as ‘kind and compassionate’ and ‘a real credit to our hospital’. We agree!
During 2016/17, 33 national clinical audits and 3 national confidential enquiries covered relevant health services that The Ipswich Hospital NHS Trust provides.

During 2016/17 The Ipswich Hospital NHS Trust participated in 94% of the national clinical audits and 100% of the national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Ipswich Hospital NHS Trust was eligible to participate in during 2016/17 are as follows:

### Clinical Audits

<table>
<thead>
<tr>
<th>Heart and Circulatory System</th>
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<tbody>
<tr>
<td>1. Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)</td>
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<tr>
<td>2. Cardiac Rhythm Management (CRM)</td>
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<td>3. Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions</td>
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<td>4. National Cardiac Arrest Audit (NCAA)</td>
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<td>5. National Heart Failure Audit</td>
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<td>6. National Vascular Registry</td>
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</tbody>
</table>

### Acute

| Asthma (paediatric and adult) care in emergency departments |  |
| Case Mix programme (CMP) (ICNARC) |  |
| Falls and Fragility Fractures Audit Programme (FFFAP) |  |
| Major Trauma Audit (TARN) |  |
| National Emergency Laparotomy Audit (NELA) |  |
| National Joint Registry (NJR) |  |
| Severe Sepsis and Septic Shock - care in emergency departments |  |

### Women and Children

| Diabetes (Paediatric) (NPDA) |  |
| Neonatal Intensive and Special Care (NNAP) |  |
| Paediatric Pneumonia |  |

### Older People

| National Audit of Dementia |  |
| Sentinel Stroke National Audit Programme (SSNAP) |  |

### Long Term Conditions

| Adult Asthma |  |
| Inflammatory Bowel Disease (IBD) programme |  |
| National Chronic Obstructive Pulmonary Disease (COPD) Audit programme |  |
| National Diabetes Audit - Adults |  |
| Nephrectomy audit |  |
| Percutaneous Nephrolithotomy (PCNL) |  |
| Renal Replacement Therapy (Renal Registry) |  |
| Rheumatoid and Early Inflammatory Arthritis |  |

### Cancer

| Bowel Cancer (NBOCAP) |  |
| National Lung Cancer Audit (NLCA) |  |
| National Prostate Cancer Audit |  |
| Oesophago-gastric Cancer (NAOGC) |  |

### Haematology

| National Comparative Audit of Blood Transfusion: Audit of Patient Blood Management in Scheduled Surgery |  |

### Other

| Elective Surgery (National PROMs Programme) |  |
| National Ophthalmology Audit |  |

### National Confidential Enquiries

| Child Health Clinical Outcome Review Programme |  |
| Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE) |  |
| Medical and Surgical Clinical Outcome Review Programme |  |
The national clinical audits and national confidential enquiries that The Ipswich Hospital NHS Trust participated in during 2016/17 are as follows:

The national clinical audits and national confidential enquiries that The Ipswich Hospital NHS Trust participated in, and for which data collection was completed during 2016/17, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

1 The TARN audit compliance percentage was lower than would normally be expected due to a period of staff absence.
Participation in clinical audit

The reports of 33 national clinical audits were reviewed by the provider in 2016/17 and The Ipswich Hospital NHS Trust intends to take the following actions to improve the quality of healthcare provided:

National Diabetes Foot Care Audit (NDFA)
The National Diabetes Footcare Audit enables all diabetes footcare services to measure their performance against NICE clinical guidelines and peer units, and to monitor adverse outcomes for people with diabetes who develop diabetic foot disease.

The NDFA looks at the following key areas:
1. Structures: are the nationally recommended care structures in place for the management of diabetic foot disease?
2. Processes: does the treatment of active diabetic foot disease comply with nationally recommended guidance?
3. Outcomes: are the outcomes of diabetic foot disease optimised?

Actions planned in response to the NSFA are:
- published data so far shows we are not always reviewing patients quickly after first presentation to a healthcare professional. This is due to slow referral to the foot clinic and lack of capacity within the foot clinic to see patients within 24 hours of referral. We aim to offer all patients an appointment within 24 hours and will be working with primary care to improve appropriateness of referrals and referral times to the foot clinic.
- work with Radiology to improve access to CT scans;
- review the number of patients who have had an emergency laparotomy and plan to increase the number who go to Intensive Care after their operation;
- continue the enhanced recovery programme for NELA patients;
- increase the involvement with patients of the pain team after surgery.

National Prostate Cancer Audit
This is the first national clinical audit of the care men receive following a diagnosis of prostate cancer. It is designed to collect information about the diagnosis, management and treatment of every man newly diagnosed with prostate cancer in England and Wales, and their outcomes. The findings from the audit will contribute to changes in clinical practice ensuring men receive the best care possible and experience an improved quality of life.

The report was published on 14 December 2016 and presents results of the first year of the prospective audit for men diagnosed with prostate cancer between April 2014 and March 2015 in England.

In response to the recommendations, the Trust plans to:
- develop a new prostate cancer pathway to include use of a different type of MRI scan in line with new national best practice;
- improve the quality assurance process for approving data to be submitted.

Oesophago-gastric Cancer audit
The oesophago-gastric team offers an excellent service, providing timely, efficient and most importantly, patient-centred care. We have been scored as above the national standard for most of the standards in the audit.

The team have processes in place to ensure all the new patients are discussed at the MDT meeting, all follow-up patients are monitored with discussions about any ongoing treatment plans.

Our nurse specialist has a specific role to support patients when they are given their cancer diagnosis, and works closely with the team at Broomfield Hospital in Chelmsford, which is the regional centre for oesophago-gastric cancer care. The working relationship between Ipswich Hospital and Broomfield Hospital is key to providing the level of service our patients receive, with a holistic approach to the care provided.

The MDT regularly reflects on the services provided, incorporating best practice into our MDT, with staff working closely for the benefit of patients.

We strive for excellence and continue to look at ways to improve our care and pathways for patients, working with other professionals where this may be of benefit to patients.

Information on our performance in the Sentinel Stroke National Audit Programme (SSNAP) can be found on page 43.
The reports of the 235 local clinical audits were reviewed by the provider in 2016/17 and The Ipswich Hospital NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Epidural Starvation Audit
This audit was undertaken following a trend of complaints relating to oral intake in labour for women with an epidural. Women were generally nil by mouth following epidural placement. The aim was to audit the current practice of oral intake of patients in labour following an epidural, the objective being to introduce uniform guidance for patients following the placement of an epidural in labour. A guideline and literature search was performed to identify evidence relating to oral intake during labour.

Results: 41 patients were audited during one month. The average length of time from epidural placement to delivery was 7 hours, 18 minutes. Of these, 14 patients had no additional pain relief; 10 patients ate a light diet in labour following epidural placement, the rest were nil by mouth.

Conclusion: There is a need to standardise the information given to patients following epidural placement. 17% of patients stated they would have preferred to eat following epidural placement, 21% wanted to drink, but not all of these patients had been allowed free fluids. Current labour management guidelines suggest that epidural anaesthesia is a high-risk patient group and that these patients should be managed with clear fluids only. Looking at the evidence relating to intake in labour there is no clear advice specifically regarding those with an epidural. The most recent Cochrane review in 2013 suggests there is no good evidence to restrict food and drink in those with low risk of complications but does not specifically discuss those with an epidural. In 2002, a study showed that isotonic sports drinks reduced ketosis but with no increase in gastric volumes, presumably therefore not increasing their risk of aspiration. A survey search revealed that many departments are already following this regime. For further discussion within the obstetric anaesthetic team regarding light diet following epidural for those at low risk with no other complicating factors in their labour.

Action Plan
- Create a guideline regarding oral intake in labour following epidural placement, to include the recommendation that patients in a low or moderate risk group be allowed to drink isotonic drinks as well as clear fluid.
- Further discussion on whether low risk women to be allowed a light diet.
- To re-audit once these actions have been achieved.

Audit to determine the frequency, causes and resolution of missed doses and whether these involved critical medicines
A missed dose (MD) is a scheduled dose of a medication that a patient does not receive. Doses can also be omitted or delayed for a number of reasons. Ensuring there are no MDs is key part of medicines management and medication safety ensuring the 'five rights' of medication use: right patient, right drug, right time, right dose and right route.

A rapid response alert was released by the National Patient Safety Agency (NPSA) in February 2010 which highlighted that omission or delay in doses, especially of critical medications or for critical conditions, can lead to serious harm or even death. Between September 2006 and June 2009, the NPSA received reports of 27 deaths, 68 severe harms and 21,383 other patient safety incidents relating to omitted/delayed medicines. Missed doses accounted for 32% of medication errors reported at Ipswich Hospital during the first six months of 2016/17, hence the need to audit missed doses.

Findings showed that whilst none of the standards were being fully met, there was an improvement since the previous audit with only 10.11 +/-1.33% of MDs attributed to drugs being unavailable compared to 34.9% the previous year. This could be due to the updating of stock lists to ensure medicines commonly used on each ward are available.

There has also been an improvement with critical medicines MDs now only making up 0.53 +/-0.24% of all prescribed medicines compared to 10.7%. However, this is likely due to changes to the critical medicines list between the audits.

The percentage of ‘drug not available’ that were preventable was quite high and ensuring ward stock is replenished frequently should reduce this. Faster dispensing could help to decrease the current time taken for omitted doses being given later than planned.

Actions taken or planned:
- all stock lists reviewed and updated at least every 6 months; data collected can be used to determine adjustments to stock lists to ensure medications are added to reduce missed doses, and rarely used medications are removed; and
- the critical medicines list is placed on all drug trolleys or as a poster on the ward to act as a reminder to staff so if missed doses occur they can be followed up as a matter of urgency.
Participation in clinical audit

The introduction of electronic prescribing, planned for 2017/18, will reduce the time taken for medicines to be available from Pharmacy. Patient refusal of medication could be highlighted to the pharmacy so they can review the reason for refusal. Education packages will be put in place via lunchtime talks, presentations and education sessions.

Feverish illness in children under 5 years
This audit measured the Trust’s performance in relation to a NICE publication Feverish Illness in Children (NICE CG47) published in May 2007. The audit assessed whether children attending the Paediatric Assessment Unit in March 2016 received care in line with best practice.

The conclusion was that compliance with best practice standards was partially achieved and it was agreed provide teaching sessions to staff, which took place as part of the introduction of ‘Sepsis 6’ for children. The topic has also been added to medical staff induction/education programmes in Child Health and ED. A re-audit is planned in 6 months.

Audit of investigations in suspected Non-Accidental Injury (NAI)
The aim was to review current clinical practice against the national standards for radiological investigation of non-accidental injury set by the Royal College of Paediatrics and Child Health. The Radiology Department provided hospital numbers of all children who had a skeletal survey performed between November 2015 and October 2016.

The results showed that clinical practice was in line with requirements in regard to time from request to scan, required views performed and double reporting. However, standards were not met for documentation of reports in the notes. The results were shared with the Radiology Department. The standards required were fully discussed and education provided at the time of presentation. We will prepare an information leaflet for skeletal surveys.

Audits in community services

Record keeping
The updated, more detailed, audit tool has a clear focus on recording next of kin contact details and special needs, such as allergies. Next of kin information is requested at the point of referral, and this has showed improved results.

Patient wristbands
The strengthened audit tool has more focus on making sure that each patient’s allergy status is recorded.

Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR)
Audit results demonstrate the need for improved recording of DNACPR discussions of decisions within the multidisciplinary team and with relatives. Staff are reminded of the importance of involving family in these discussions.

Secure and Safe Handling of Medicines
This quarterly audit is alternately carried out by the clinical staff on the wards and a Trust Pharmacist accompanied by the Clinical Effectiveness Manager. Carrying out a peer audit validates the results which in turn has improved compliance.

Ipswich Hospital Commendation winner
Kirton Ward nurse Val Norman has won a Commendation for her volunteer work helping patients with respiratory disease.

Val set up a rehabilitation group called ‘Lung at Heart’ in Felixstowe two years ago with her now late husband Chris. The group gets patients with long-term lung conditions together for regular exercise as part of their pulmonary rehabilitation (exercise and education programme). The group is so popular it has gone from one session a week to three a week to allow more people to attend. Inspired by Val and Lung at Heart, other groups have been set up in Ipswich and Stowmarket.

Respiratory consultant Doctor Jonathan Douse said: “Val has empowered patients to help themselves. The sessions have made a great difference to the people who have attended them. I have seen the impact they have made to the mood, morale and exercise capacity of the people with chronic lung disease.”

Val Norman was presented with her Commendation by Director of Nursing Lisa Nobes
Commitment to research as a driver for improving the quality of care and patient experience.

The number of patients receiving relevant health services provided or sub-contracted by The Ipswich Hospital NHS Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 3,742.

The organisation remains committed to supporting clinical research in order to improve the quality of care we offer and to making our contribution to wider health improvement.

The Ipswich Hospital NHS Trust was involved in conducting 90 clinical research studies during 2016/17, examples of which include:

CONCEPTT Study: Continuous Glucose Monitoring in Women with Type 1 Diabetes in Pregnancy Trial
The Ipswich Diabetes Centre has been one of the leading UK centres for this multicentre international randomised controlled trial of women with type 1 diabetes. 325 women with diabetes who were planning or in early pregnancy, were randomised to receive either conventional glucose monitoring or continuous glucose monitoring.

The aim is to work out whether newer technologies for monitoring glucose levels before and during pregnancy will help more mothers-to-be improve their blood sugar control and have healthier babies. 15 UK sites took part. The Ipswich Hospital NHS Trust recruited 8 pregnant and 5 pre-pregnant women, with a total of 13 women making it the third highest UK recruiter.

PAIPMS Study - Psychological Adjustment in Progressive Multiple Sclerosis (MS) is a nationwide research project organised by researchers at City, University of London, and King’s College London, and funded by the UK MS Society. The aim of the study is to explore how people living with progressive MS adapt to their illness and the impact it has on their lives.

Multiple sclerosis is an unpredictable neurological disease which varies greatly from person to person and can have a huge impact on quality of life. At present, there is no cure and, for people with the relatively uncommon progressive form of the disease, there are few treatment options. While promising new drugs are being developed, people have to find their own ways of managing the challenges of this illness. In this study, 444 people with progressive MS are being asked to share their experiences of doing so, including what enables them to cope better with their illness and what they find more difficult to manage. This information will be used to develop a model of understanding adjustment processes in progressive MS and to design a therapeutic intervention to support people in maintaining their wellbeing as they adapt to the progression of the illness.

In order to recruit such a large number of people with this relatively uncommon form of MS, the researchers have relied upon the help of specialist MS nurses and neurologists throughout the UK. The team at Ipswich Hospital NHS Trust in particular, impressed the researchers by not only by identifying potential participants for the study, but also in taking the time and care to explain the research process to patients and support their engagement in the study. So far, the hard work of our generic team has set the record for the study by exceeding their expected recruitment six times over - the research team at City, University of London is extremely grateful to the study collaborators at Ipswich Hospital NHS Trust for their excellent work in encouraging research participation among a group of patients whose voices are not often heard in MS research.

Horizon Study Ipswich is one of five hospitals from across the country to pilot a new research project which aims to improve the experience of patients who are living beyond cancer. The Macmillan Survivorship Research Group study, called HORIZONS, will explore the way patients recover from treatment and cope with the emotional and physical impact of the illness for up to five years after diagnosis. Its aim is to identify any gaps or areas for improvement so that the NHS can do more to help.

The research is initially concentrating on breast cancer, non-Hodgkin lymphoma and gynaecological cancers. Around ten patients every month will be recruited to the study, and will be asked to fill in questionnaires at regular intervals during and after their treatment. Paul Ridley, clinical trials practitioner at our hospital, said: “Advances in treatment mean that more and more people are now being cured, going into lengthy remission or living for longer with cancer. This study aims to improve the lives of those people by helping us to better understand how patients cope in the longer term so that we can address any gaps in service or provide additional support. None of this would be possible without the patients who so generously sign up to take part, many of whom are more than happy to do something to help others.” The study is being funded by Macmillan Cancer Support and
Participation in clinical research

sponsored by University Hospital Southampton NHS Foundation Trust.

Other research news
A diabetes researcher from our hospital has picked up a top international prize in recognition of the significant contribution he has made in developing a new technique to help diagnose diabetes early and monitor nerve damage. Dr Sanjeev Sharma, who is a consultant in endocrinology and diabetes, was presented with the GØran Sundkvist prize for clinical research at the European Association for the Study of Diabetes - Neuromedi conference in Bucharest during September 2016.

It comes following his research using a technique called the LDIFLE and involves heating of the foot skin and scanning with a laser camera to allow precise detection of the small nerve fibre function, including the early stages of nerve damage caused by diabetes. The technique also allows researchers to closely monitor the progression of the condition, as well as the impact which various diabetes interventions have on nerve health. This work also includes using a confocal microscope to measure changes in nerves of the eye to detect early diabetes neuropathy. This research has now also been extended to see nerve damage in hypothyroidism, chemotherapy-induced peripheral neuropathy and hypertriglyceride-aemia.

These examples demonstrate that a commitment to clinical research leads to better treatments for patients.

Ipswich Hospital Commendation winner
A nurse who has led our diabetes research unit to become one of East Anglia’s leading research centres has won an Ipswich Hospital Commendation.

Jo Rosier is the lead nurse for adult diabetes research. Under her leadership, the diabetes research unit has grown to become the highest recruiter of patients to commercial and academic research studies in the eastern region. The service is now taking on more studies than ever before. Jo also played a major part in preparing the hospital for a clinical trials inspection (carried out by the Medicines and Healthcare Products Regulatory Agency, MHRA).

Research and Development manager Frances Farnworth said: “Jo is always reliable, diligent and dedicated but her attention, time and work on the preparation for the MHRA inspection surpassed all expectation.” Endocrinology and Diabetes consultant Dr Sanjeev Sharma added: “Jo is a successful leader but is open to feedback and always working to improve standards. As a research nurse, her professionalism in maintaining ethical research standards on behalf of the Trust is exemplary.” Endocrinology and Diabetes consultant Dr Gerry Rayman said: “The recent MHRA inspection and an independent external audit both remarked on the accurate and detailed record keeping, protocol compliance and the high ethical standards within which the unit worked, which they independently said distinguished the unit from others they have inspected. Patients report being very well supported in studies and are only too keen to volunteer for additional studies.”

Jo was surprised with the award by Managing Director Neill Moloney at a Diabetes team meeting. She was quick to praise and thank her team. Diabetes nurse specialist Sue Mitchell said: “Jo is an inspiration to us all. Her philosophy is ‘patient first’ and she always goes the extra mile, coming in early and staying late to accommodate patient appointments at their convenience.”
When we talk about quality care we mean care that is safe, responsive to people’s needs and contributes to a positive patient experience. Our vision reflects our position as a provider of healthcare for both local people and the wider population and we provide care in many ways and locations. To deliver this ambition we know that we will always seek to improve the healthcare we provide and we will be flexible and responsive to future demands so that we can make sure patients get great care when and where they need it.

In order to ensure we consistently deliver high quality care, we monitor and regularly report on a wide range of quality indicators at all levels within the organisation. This information is displayed for the public on noticeboards in ward and clinic areas, on the website and on the staff intranet site. Our performance on quality is discussed at staff meetings and at each meeting of the Trust Board, as well as being reported to a number of groups and committees, including our user groups. Close monitoring of quality enables us to take action to make improvements if this is required. Monitoring of community-based services is managed via a joint board with West Suffolk Hospital.

**Quality Metrics**

Our approach to quality monitoring in clinical areas links to the Trust accountability framework providing a view of quality and performance at both Trust and clinical area level. Review of existing, and the addition of more relevant specialised quality metrics, takes place annually.

**Use of the Commissioning for Quality and Innovation (CQUIN) payment framework**

The CQUIN payment framework enables our commissioners to reward excellence and innovation, by linking a proportion of the Trust’s income to the achievement of locally-agreed quality improvement goals.

The Ipswich Hospital NHS Trust’s income in 2016/17 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the agreed goals formed part of a block contract agreement.


**Table 1 overleaf demonstrates the actual performance for the CQUIN indicators for 2016/17 for The Ipswich Hospital NHS Trust.**

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### Ipswich Hospital Commendation winner

Kelly Turner, a respiratory physio team leader, was recognised for going over and above for patients, particularly when it comes to safe and effective discharges. The judges heard that Kelly has a great rapport with patients and relatives, making them feel supported and informed. Kelly was nominated by her colleague Sue Ramsey who said: “If I had to pick one value that Kelly displays above all others it would be kindness. [She is] fully committed to healthcare as all of us would like to receive it.

“As a team leader she is extremely approachable and very human in her decisions displaying empathy and equity to staff. This in turn earns respect and loyalty from all who work with her.”

Director of Nursing Lisa Nobes surprised Kelly on Kirton Ward.
Monitoring quality

### Table 1 – Actual performance for the CQUIN indicators for 2016/17

The total payment represents 2% of Actual Outturn Value of Contract.

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<thead>
<tr>
<th>CCG</th>
<th>Scheme</th>
<th>Sub-scheme</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>1</td>
<td>NHS Staff Health and Wellbeing</td>
<td>a (i) Introduction of Health and Wellbeing Initiatives - Option B</td>
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<td></td>
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<td>b Healthy food for NHS staff, visitors and patients</td>
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<td></td>
<td></td>
<td>c Improving uptake of ‘flu vaccinations for frontline staff</td>
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<td>2</td>
<td>Timely identification and treatment of sepsis</td>
<td>a Timely identification and treatment for sepsis in emergency departments</td>
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<td></td>
<td></td>
<td>b Timely identification and treatment for sepsis in acute inpatient settings</td>
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<td>3</td>
<td>Antimicrobial resistance and antimicrobial stewardship</td>
<td>a Reduction in antibiotic consumption per 1,000 admissions</td>
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<tr>
<td></td>
<td></td>
<td>b Empiric review of antibiotic prescriptions</td>
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<td>Transformation work</td>
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### Specialist Commissioning Scheme

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<th>Q3</th>
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<td>✧</td>
<td>✧</td>
<td>✧</td>
</tr>
<tr>
<td>Women &amp; Children</td>
<td>Neonatal Intensive Care Unit (NICU) 2 Year Follow up</td>
<td>✧</td>
<td>✧</td>
<td>✧</td>
<td>✧</td>
</tr>
<tr>
<td></td>
<td>Neonatal Intensive Care Unit (NICU) Hypothermia Reduction</td>
<td>✧</td>
<td>✧</td>
<td>✧</td>
<td>✧</td>
</tr>
<tr>
<td>Armed Forces</td>
<td>1a Review and Revision of provider Waiting List/Access Policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1b Staff Awareness of Armed Forces Covenant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1c Making the Armed Forces Covenant Operational</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1d Embedding the Armed Forces Covenant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TR3</td>
<td>TR3 Spinal Surgery Networks, providers of specialised spinal surgery</td>
<td>✧</td>
<td>✧</td>
<td>✧</td>
<td>✧</td>
</tr>
<tr>
<td>CA2</td>
<td>CA2 Dose Banding</td>
<td>✧</td>
<td>✧</td>
<td>✧</td>
<td>✧</td>
</tr>
<tr>
<td></td>
<td>BMT and JACIE accreditation</td>
<td></td>
<td></td>
<td>✧</td>
<td>✧</td>
</tr>
<tr>
<td>WC7</td>
<td>WC7 Implement ACM reporting</td>
<td>✧</td>
<td>✧</td>
<td>✧</td>
<td>✧</td>
</tr>
</tbody>
</table>

**Key**
- **Green**: Standard achieved
- **Amber**: Standard partially achieved
- **Red**: Standard not achieved
- **Grey**: Development, implementation or not deliverable for this Quarter
The Ipswich Hospital NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is full registration. The Ipswich Hospital NHS Trust has the following conditions on registration - no conditions.

The Care Quality Commission has not taken enforcement action against The Ipswich Hospital NHS Trust during 2016/17.

The Ipswich Hospital NHS Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

The CQC did not undertake any inspections of the Trust’s acute or community services during 2016/17.

CQC monitoring and inspection process

The CQC’s surveillance model is built on a suite of indicators which relate to the five key questions - are services safe, effective, caring, responsive, and well-led?

The indicators are used to raise questions about the quality of care but are not used on their own to make final judgements. Judgements will always be based on a combination of what is found at inspection, national surveillance data and local information from the Trust and other organisations. The judgement is based on a ratings approach using the following categories:

- Outstanding
- Good
- Requires Improvement
- Inadequate

Inspections are carried out using an expert team of inspectors over several days and includes listening events. The following areas are assessed during an inspection:

- Emergency Department;
- Surgery;
- Medicine;
- Outpatients;
- Critical Care;
- Paediatrics;
- Maternity;
- End of Life Care; and
- Community services.

Following an inspection, the CQC will judge the Trust as either Outstanding, Good, Requires Improvement or Inadequate. Following the inspection in January 2015, the Trust received a rating of ‘Good’.

The report of this inspection, published on 10 April 2015, detailed 8 ‘must do’ and 12 ‘should do’ recommendations for improvement. The Trust developed an action plan to address these recommendations, and progress was monitored monthly by the Quality Committee. The action plan has now closed, however, we continue to strive to make improvements to our services, and are continuing our improvement work in a number of areas such as end of life care and paediatric services.

The full report can be viewed on the CQC website at www.cqc.org.uk/directory/RGQ02
Statements relating to the quality of relevant health services provided

NHS number and General Medical Practice Code validity
The Ipswich Hospital NHS Trust submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient’s valid NHS number was:
- 99.39% for admitted patient care;
- 99.78% for outpatient care; and
- 98.77% for accident and emergency care.

The percentage of records in the published data which included the patient’s valid General Medical Practice Code was:
- 99.32% for admitted patient care;
- 95.15% for outpatient care; and
- 96.88% for accident and emergency care.

Data Quality
The Ipswich Hospital NHS Trust will be taking the following actions to improve data quality:

<table>
<thead>
<tr>
<th>Data Quality Indicator</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consolidation and Coordinating Commissioner sign off of the reporting into the Provider’s Accountability Framework including source data file.</td>
<td>16/1/17 CCG to respond to IHT by end of January 2017 15/3/17 On-going (part of overall reporting review 2017-18). Action CCG.</td>
</tr>
<tr>
<td>Schedule 6A will be reviewed and any material challenges, omissions and errors as well as consolidation of reporting lines shall be reviewed. Provider shall use best endeavours to report Schedule 6A requirements. In the event there are reports requested by the Coordinating Commissioner that are subject to review under this DQIP, Coordinating Commissioner agrees not to invoke Service Condition 28 until this DQIP review is complete.</td>
<td>16/1/17 CCG - Complete.</td>
</tr>
<tr>
<td>Develop metrics to measure the success of CAT, ARAS and FAB (or their successors).</td>
<td>16/1/17 Meeting with IHT; metrics agreed, CCG to confirm. 8/3/17 CCG agreed SV for 16/17 &amp; 17/19 for Chief Officer and Provider signature.</td>
</tr>
<tr>
<td>Referrals CDS (patient level) for outpatient referrals. Complete dataset to reflect all outpatient attendances and to be consistent with the outpatient CDS.</td>
<td>16/1/17 Template agreed, awaiting Trust response as to when dataset to be submitted to DSCRO. 8/3/17 IHT submitted M10. CCG to validate 14/3/17 Additional IHT work required to include other referral datasets within dataset ie CAT.</td>
</tr>
<tr>
<td>Provider to work towards supplying specialty information for drugs and devices either using by combination of the drug and indication or using the internal cost centre which is the consultant/clinical department who has requested the drug to be dispensed.</td>
<td>16/1/17 Complete - Closed.</td>
</tr>
</tbody>
</table>

Information Governance Toolkit attainment levels
The Ipswich Hospital NHS Trust Information Governance Assessment Report overall score for 2016/17 was 85% and was graded satisfactory (Green).

Clinical coding
The Ipswich Hospital NHS Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.
Core Quality Indicators

The data given within the Core Quality Indicators is taken from the Health and Social Care Information Centre Indicator Portal (HSCIC), unless otherwise indicated.

Please note that HSCIC has recently become known as NHS Digital.

**Indicator: Summary Hospital-Level Mortality Indicator (SHMI)**

SHMI is a hospital-level indicator which measures whether mortality associated with a stay in hospital was in line with expectations. SHMI is the ratio of observed deaths in a Trust over a period of time divided by the expected number given the characteristics of patients treated by the Trust. SHMI is not an absolute measure of quality, however, it is a useful indicator to help Trusts understand mortality rates across every service provided during the reporting period.

<table>
<thead>
<tr>
<th>The data made available to the Trust by the HSCIC with regard to:</th>
<th>Reporting period</th>
<th>Ipswich score</th>
<th>National average</th>
<th>Highest score</th>
<th>Lowest score</th>
<th>Banding</th>
</tr>
</thead>
<tbody>
<tr>
<td>The value and banding of the SHMI for the Trust for the reporting period</td>
<td>Oct 13 - Sept 14</td>
<td>1.049</td>
<td>1</td>
<td>1.198</td>
<td>1.541</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Oct 14 - Sept 15</td>
<td>0.983</td>
<td>1</td>
<td>1.177</td>
<td>0.652</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Oct 15 - Sept 16</td>
<td>0.983</td>
<td>1</td>
<td>1.164</td>
<td>0.692</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period (the palliative care indicator is a contextual indicator)</th>
<th>Reporting period</th>
<th>Ipswich score</th>
<th>National average</th>
<th>Highest score</th>
<th>Lowest score</th>
<th>Banding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oct 13 - Sept 14</td>
<td>22.5</td>
<td>24.6</td>
<td>42.1</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Oct 14 - Sept 15</td>
<td>11.7</td>
<td>26.5</td>
<td>53.5</td>
<td>0.2</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Oct 14 - Sept 15</td>
<td>14.6</td>
<td>29.7</td>
<td>56.3</td>
<td>0.4</td>
<td>-</td>
</tr>
</tbody>
</table>

The Ipswich Hospital NHS Trust considers that this data is as described for the following reason:

- the Trust is banded as a ‘2’ which is ‘as expected’ mortality. This correlates with the information gained from local morbidity & mortality meetings.

The Ipswich Hospital NHS Trust is taking the following actions to improve this score, and so the quality of its services, by:

- refresh of processes to align with participating in the recently-launched national mortality review programme;
- reviewing our pneumonia care pathway as this has flagged in the Trust’s Hospital Standardised Mortality Ratio (HSMR); and
- ongoing surgical improvement audit to reduce mortality associated with emergency and elective surgical care.
Core Quality Indicators

**Indicator: Patient Reported Outcome Measures (PROMs) scores**

PROMs measures a patient’s health-related quality of life from the patient’s perspective using a questionnaire completed by patients before and after four particular surgical procedures. These questionnaires are important as they capture the extent of the patient’s improvement following surgery.

<table>
<thead>
<tr>
<th>The data made available to the Trust by the HSCIC with regard to:</th>
<th>Reporting period</th>
<th>Ipswich score</th>
<th>National average</th>
<th>Highest score</th>
<th>Lowest score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Trust’s patient reported outcome measures scores for groin hernia surgery during the reporting period</td>
<td>2014/15</td>
<td>0.578</td>
<td>0.585</td>
<td>7.714</td>
<td>0.036</td>
</tr>
<tr>
<td></td>
<td>2015/16</td>
<td>0.488</td>
<td>0.57</td>
<td>8.0</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>2016/17</td>
<td>Data expected to be published summer 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Trust’s patient reported outcome measures scores for varicose vein surgery during the reporting period</td>
<td>2014/15</td>
<td>0.543</td>
<td>0.395</td>
<td>1.726</td>
<td>0.036</td>
</tr>
<tr>
<td></td>
<td>2015/16</td>
<td>0.332</td>
<td>0.323</td>
<td>1.918</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>2016/17</td>
<td>Data expected to be published summer 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Trust’s patient reported outcome measures scores for hip replacement surgery during the reporting period</td>
<td>2014/15</td>
<td>0.504</td>
<td>0.858</td>
<td>4.692</td>
<td>0.139</td>
</tr>
<tr>
<td></td>
<td>2015/16</td>
<td>0.648</td>
<td>0.861</td>
<td>12.87</td>
<td>0.153</td>
</tr>
<tr>
<td></td>
<td>2016/17</td>
<td>Data expected to be published summer 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Trust’s patient reported outcome measures scores for knee replacement surgery during the reporting period</td>
<td>2014/15</td>
<td>0.472</td>
<td>0.95</td>
<td>7.918</td>
<td>0.165</td>
</tr>
<tr>
<td></td>
<td>2015/16</td>
<td>0.736</td>
<td>0.959</td>
<td>7.730</td>
<td>0.035</td>
</tr>
<tr>
<td></td>
<td>2016/17</td>
<td>Data expected to be published summer 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Ipswich Hospital NHS Trust considers that this data is as described for the following reason:

- the varicose vein data is within control limits but shows some room for improvement. The groin hernia scores are similar to other Trusts. The hip replacement and knee replacement scores are above the national average. Knee replacements show exceptional outcomes and levels of satisfaction.

The Ipswich Hospital NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- continuing to make every effort to support patient completion of PROMs and the results are regularly monitored and discussed.
**Core Quality Indicators**

**Indicator: Responsiveness to the personal needs of patients during the reporting period**

The data made available to the Trust by the HSCIC with regard to:

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Ipswich score</th>
<th>National average</th>
<th>Highest score</th>
<th>Lowest score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>69.0</td>
<td>68.9</td>
<td>86.1</td>
<td>59.1</td>
</tr>
<tr>
<td>2015/16</td>
<td>68.1</td>
<td>69.6</td>
<td>86.2</td>
<td>58.9</td>
</tr>
<tr>
<td>2016/17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Ipswich Hospital NHS Trust considers that this data is as described for the following reason:
- Reviewing ward administration roles, releasing clinical staff to focus on direct clinical care;
- Increasing the number of Healthcare Assistant training places in order to minimise the number of vacancies in this staff group; and
- Implementing Helping to Empower Loved ones and Patients (HELP). The nurse in charge of every ward/clinic is identifiable with a red ‘Nurse in Charge’ badge. If at any time patients or relatives/carers feel the care given is not safe, clean or personal, they can alert the ward staff so that they can quickly review and resolve the concerns. If concerns remain patients/carers can escalate their concerns to the matron or PALS, and then if concerns remain they can contact a dedicated HELP line and a senior manager will review the concerns within the hour. The senior manager is contactable through the hospital’s main telephone switchboard.

**Publication due August 2017.**

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**Indicator: Readmission rates**

The percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Ipswich score</th>
<th>National average</th>
<th>Highest score</th>
<th>Lowest score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>13.2%</td>
<td>No data available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015/16</td>
<td>10.7%</td>
<td>No data available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>10.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Ipswich Hospital NHS Trust considers that this data is as described for the following reason:
- As national data for readmissions within 28 days has not been made available through NHS Digital, the Trust has provided the local metric for readmission rates within 30 days. This is monitored at both a divisional level and Trust level through the Accountability Framework.

The Ipswich Hospital NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:
- Putting a pilot in progress on two medical wards to undertake post discharge telephone calls; and
- The COPD community team in-reaching into the inpatient areas to ensure smooth transition on discharge.

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Core Quality Indicators

Indicator: Staff recommendation (Friends and Family Test)
Taken from Question 21d of the NHS staff survey

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Ipswich score</th>
<th>National average</th>
<th>Highest score (best)</th>
<th>Lowest score (worst)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>65%</td>
<td>66%</td>
<td>89%</td>
<td>38%</td>
</tr>
<tr>
<td>2015</td>
<td>76%</td>
<td>69%</td>
<td>89%</td>
<td>46%</td>
</tr>
<tr>
<td>2016</td>
<td>75%</td>
<td>69%</td>
<td>91%</td>
<td>48%</td>
</tr>
</tbody>
</table>

The Ipswich Hospital NHS Trust considers that this data is as described for the following reason:
- responses to the NHS Staff Survey are independently reviewed.

The Ipswich Hospital NHS Trust is taking the following actions to improve this score, and so the quality of its services, by:
- focussing our priorities under the cultural change ambitions, recommending the organisation as a place to work, care, and train;
- establishing a staff experience group;
- reviewing the delivery of the streamlined mandatory training programme to ensure it continues to meet the needs of our staff;
- delivering a staff engagement programme of work; and
- continuing the programme of work to ensure staff emotional wellbeing and resilience.

Indicator: Patient recommendation (Friends and Family Test)

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Ipswich score</th>
<th>National average</th>
<th>Highest score (best)</th>
<th>Lowest score (worst)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>95.2%</td>
<td>94.01%</td>
<td>100%</td>
<td>78.18%</td>
</tr>
<tr>
<td>2015/16</td>
<td>95.82%</td>
<td>95.4%</td>
<td>100%</td>
<td>83.3%</td>
</tr>
<tr>
<td>2016/17*</td>
<td>95.87%</td>
<td>95.39%</td>
<td>100%</td>
<td>75.55%</td>
</tr>
<tr>
<td>Inpatients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>90.49%</td>
<td>86.84%</td>
<td>98.61%</td>
<td>57.78%</td>
</tr>
<tr>
<td>2015/16</td>
<td>79.04%</td>
<td>87.69%</td>
<td>98.9%</td>
<td>49.3%</td>
</tr>
<tr>
<td>2016/17*</td>
<td>74.56%</td>
<td>86.16%</td>
<td>100%</td>
<td>47.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Ipswich score</th>
<th>National average</th>
<th>Highest score (best)</th>
<th>Lowest score (worst)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>90.49%</td>
<td>86.84%</td>
<td>98.61%</td>
<td>57.78%</td>
</tr>
<tr>
<td>2015/16</td>
<td>79.04%</td>
<td>87.69%</td>
<td>98.9%</td>
<td>49.3%</td>
</tr>
<tr>
<td>2016/17*</td>
<td>74.56%</td>
<td>86.16%</td>
<td>100%</td>
<td>47.8%</td>
</tr>
</tbody>
</table>

The Ipswich Hospital NHS Trust considers that this data is as described for the following reasons:
- results are monitored by the Information Department, Divisions, Patient & Carer Experience Group and Trust Board using the Integrated Performance Report; and
- any outlying scores trigger a review.

The Ipswich Hospital NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:
- reviewing results within the relevant CDG and Divisional meetings and at Patient & Carer Experience Group meetings, and any actions required to improve responses are taken;
- teams working with wards and clinics to review feedback to make improvements - see ‘You said, we did’ on page 61;
- emphasising the importance of submission of good returns and the satisfactory outcome scores achieved in multidisciplinary team meetings;
- developing with our user group Patient & Carer Experience and Involvement objectives to define improvements; and
- flexing staffing to manage waiting times; ensuring good communication with patients to explain reasons for waiting times in A&E and encouraging the use of feedback such as using the touchscreens to record feedback.

*Data relates to the period April 2016 - February 2017 (the latest published data)
Indicator: Risk assessment for venous thromboembolism (VTE)

The data made available to the Trust by the HSCIC with regard to:

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Ipswich score</th>
<th>National average</th>
<th>Highest score (best)</th>
<th>Lowest score (worst)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>96.9%</td>
<td>96.1%</td>
<td>100%</td>
<td>88.9%</td>
</tr>
<tr>
<td>2015/16</td>
<td>94.1%</td>
<td>95.7%</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>2016/17 Q1-Q3</td>
<td>78.7%</td>
<td>95.5%</td>
<td>100%</td>
<td>78.7%</td>
</tr>
</tbody>
</table>

The Ipswich Hospital NHS Trust considers that this data is as described for the following reason:

- In 2016/17 the Trust moved from a paper-based VTE assessment to an electronic solution. During initial implementation of the new electronic solution the reporting of VTE risk assessments was considered to be unreliable, therefore no data was submitted for quarter 1 in respect of this indicator. The technical issues related to the new electronic solution were addressed part-way through quarter 2, which meant that data submitted for quarter 2 is inaccurate.

The Ipswich Hospital NHS Trust is taking the following actions to improve this score, and so the quality of its services, by:

- A full review of the use of the electronic tool (for all applications) is being undertaken at the end of 2016/17 which will include an assessment of the continued use for the recording VTE risk assessments.

Indicator: Clostridium difficile infection rate

The data made available to the Trust by the HSCIC with regard to:

The rate for 100,000 bed days of cases of Clostridium difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Ipswich score</th>
<th>National average</th>
<th>Highest score (worst)</th>
<th>Lowest score (best)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>13.8</td>
<td>15.1</td>
<td>62.2</td>
<td>0</td>
</tr>
<tr>
<td>2015/16*</td>
<td>20.1</td>
<td>14.9</td>
<td>66.0</td>
<td>0</td>
</tr>
<tr>
<td>2016/17**</td>
<td>18.6</td>
<td>29.9</td>
<td>62.0</td>
<td>0</td>
</tr>
</tbody>
</table>

The Ipswich Hospital NHS Trust considers that this data is as described for the following reasons:

- the accuracy of the data is checked thoroughly before submission; and
- the data is cross-checked with laboratory data and is subject to external assurance by the Ipswich & East Suffolk Clinical Commissioning Group.

The Ipswich Hospital NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- undertaking post-infection review for each hospital-apportioned case and learning shared amongst the clinical divisions;
- purchasing a Vaporised Hydrogen Peroxide decontamination system for environmental decontamination of single rooms (including equipment) and other segregated areas; and
- sharing experiences and learning with other local trusts and the community sector via Community Infection Control Network meetings.

* Includes Clostridium difficile cases at community hospitals managed by The Ipswich Hospital NHS Trust from 1 October 2015 to 31 March 2016.
** Includes Clostridium difficile cases as community hospitals managed by The Ipswich Hospital NHS Trust.
## Core Quality Indicators

### Indicator: Patient safety incident rate

The data made available to the Trust by the HSCIC with regard to:

- **Reporting period**
- **Ipswich Score**
- **National average**
- **Highest score**
- **Lowest score**

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Number</th>
<th>Rate</th>
<th>Number</th>
<th>Rate</th>
<th>Number</th>
<th>Rate</th>
<th>Number</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>October 13 - March 14</strong></td>
<td>2,497</td>
<td>5.83</td>
<td>3,083</td>
<td>8.02</td>
<td>5,495</td>
<td>14.76</td>
<td>1,048</td>
<td>2.41</td>
</tr>
<tr>
<td><strong>April 14 - September 14</strong></td>
<td>2,348</td>
<td>25.88</td>
<td>4,257</td>
<td>26.38</td>
<td>12,020</td>
<td>74.96</td>
<td>35</td>
<td>0.24</td>
</tr>
<tr>
<td><strong>October 14 - March 15</strong></td>
<td>2,664</td>
<td>26.67</td>
<td>4,538</td>
<td>37.1</td>
<td>12,784</td>
<td>82.21</td>
<td>443</td>
<td>3.57</td>
</tr>
<tr>
<td><strong>April 15 - September 15</strong></td>
<td>2,954</td>
<td>32.90</td>
<td>4,125</td>
<td>38.25</td>
<td>12,080</td>
<td>74.67</td>
<td>1,559</td>
<td>18.07</td>
</tr>
<tr>
<td><strong>October 15 - March 16</strong></td>
<td>3,331</td>
<td>38.68</td>
<td>4,817</td>
<td>39.6</td>
<td>3,426</td>
<td>75.91</td>
<td>2,394</td>
<td>18.19</td>
</tr>
<tr>
<td><strong>April 16 - September 16</strong></td>
<td>3,486</td>
<td>35.44</td>
<td>4,955</td>
<td>40.76</td>
<td>3,620</td>
<td>71.81</td>
<td>2,305</td>
<td>21.15</td>
</tr>
<tr>
<td><strong>October 16 - March 17</strong></td>
<td>Data not available at time of publishing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(please note that the reporting period changed to ‘per 1,000 bed days’ in April 2014)

The number and rate of patient safety incidents reported within the Trust during the reporting period.

The number and percentage of such patient safety incidents that resulted in severe harm or death during the reporting period.

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Number</th>
<th>%</th>
<th>Number</th>
<th>%</th>
<th>Number</th>
<th>%</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>October 13 - March 14</strong></td>
<td>12</td>
<td>0.5</td>
<td>20.1</td>
<td>0.7</td>
<td>72</td>
<td>2.3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>April 14 - September 14</strong></td>
<td>15</td>
<td>0.7</td>
<td>4.88</td>
<td>1.48</td>
<td>27</td>
<td>3.05</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>October 14 - March 15</strong></td>
<td>12</td>
<td>0.4</td>
<td>22.5</td>
<td>0.5</td>
<td>128</td>
<td>1.53</td>
<td>2</td>
<td>0.02</td>
</tr>
<tr>
<td><strong>April 15 - September 15</strong></td>
<td>21</td>
<td>0.7</td>
<td>17</td>
<td>0.14</td>
<td>89</td>
<td>1.12</td>
<td>0</td>
<td>0.03</td>
</tr>
<tr>
<td><strong>October 15 - March 16</strong></td>
<td>19</td>
<td>0.5</td>
<td>19.4</td>
<td>0.4</td>
<td>94</td>
<td>1.3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>April 16 - September 16</strong></td>
<td>27</td>
<td>0.77</td>
<td>18.5</td>
<td>0.37</td>
<td>98</td>
<td>1.73</td>
<td>1</td>
<td>0.02</td>
</tr>
<tr>
<td><strong>October 16 - March 17</strong></td>
<td>Data not available at time of publishing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued...
The Ipswich Hospital NHS Trust—Quality Account 2016/17

Core Quality Indicators

Indicator: Patient safety incident rate

The Ipswich Hospital NHS Trust considers that this data is as described for the following reasons:

We are pleased to note that our incident reporting rate has increased in line with the national average for Trusts in our cohort (organisation patient safety incident reports, NHS Improvement). All patient safety incidents are reviewed and investigated to ensure lessons are learned to safeguard future patient care. Patient safety incidents (irrespective of the level of harm) are uploaded to the NRLS, to enable NHS-wide learning.

We have reported performance of 0.77 percent in respect of the ‘percentage of patient safety incidents that resulted in severe harm or death’ indicator. The nature of the process for investigating patient safety incidents and assessing the severity means that the severity of a case may be amended following the initial upload of the details to the national database. The national database has data freeze points during the year which prevents any amendments post these points in time being reflected in the published data. Four of the reported severe harm or death patient safety incidents were subsequently re-graded to lower harm levels which is not reflected in the published data. As a result, the published figure of 27 has subsequently changed and using most up to date data would give a percentage of patient safety incidents resulting in severe harm or death for April – September 2016 is 0.66 percent.

25% of our patient safety incidents resulting in severe harm or death were related to patient falls leading to injuries requiring medical interventions. The Trust in 2017/18 will continue to focus in the prevention of falls and will continue to work with health and social care colleagues locally to support the elderly and frail members of our community. See page 42 for the improvements we intend to make.

The Ipswich Hospital NHS Trust is taking the following actions to improve this score, and so the quality of its services, by:

The Trust Board has stated a commitment to improving our reporting rate, with the ambition stated within our strategy to be in the top 25% of reporters on the NRLS data base within the next five years.

We will continue to engage our staff to report all types of incidents to enable learning and changes to our service models to reduce the risk of adverse events for our service users.

Ipswich Hospital Commendation winner

A long-serving nurse has won a staff award for using her three decades of experience to help colleagues and patients. Critical Care nurse Alison Wright has worked in the NHS for 29 years and was surprised with an Ipswich Hospital Commendation by Managing Director Neill Moloney.

Alison was nominated by colleagues who had a long list of reasons why she deserved the award - from befriending a newly-recruited nurse from Italy, to always being on hand to help junior colleagues.

Alison said: “A huge amount has changed over those 29 years, but it’s still the same things that matter.”
Part 3 - Other information

Patient safety

Harm free care

The primary focus for all healthcare organisations is to keep patients safe. Our staff participate in a number of patient safety initiatives, both national and local, led by the Head of Patient Safety.

Sign up to Safety

'Sign up to Safety' is a national patient safety campaign with the intention to strengthen patient safety in the NHS and make it the safest healthcare system in the world. Its ambition is to halve avoidable harm in the NHS over three years, and save 6,000 lives as a result. This is supported by a campaign that aims to listen to patients, carers and staff, learn from what they say when things go wrong and take action to improve patient safety, helping to ensure patients get harm free care every time, everywhere.

Organisations who ‘Sign up to Safety’ commit to strengthen patient safety by:

- setting out the actions they will undertake in response to the five Sign up to Safety pledges and agree to publish this on their website for staff, patients and the public to see; and
- committing to turn these actions into a safety improvement plan to show how organisations intend to save lives and reduce harm for patients between 2015 and 2017.

The Safety Improvement Plan is a living document, the intention being to improve patient safety for all patients who come into contact the organisation.

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**Aim**

Reduce avoidable harm in our targeted areas by 2017

**Primary Drivers**

- Leadership
- Supporting Infrastructure
- Consistent, reliable clinical care
- Our Targeted Areas: Pressure Ulcers, Falls, Deteriorating Patient/Sepsis, Improving outcomes, Increase seven day working

**Secondary Drivers**

- Clinical leadership
- Driving up standards
- Availability & suitability of equipment
- Cost effective treatment
- IT Systems & Informatics
- Education and Training
- Specialist clinical support
- Care Bundles and Pathways
- Risk Assessments & planning
- Measurement of specific harm
- Specialist Training & Knowledge
What have we done to support ‘Sign up to Safety’?

Pledge 1 - Put Safety First: Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally.

✓ Introduced multidisciplinary ‘board rounds’ on each ward to give an update on each patient’s status, using e-whiteboards at least daily, which ensures all staff are aware of a patient’s current status.
✓ Introduced Therapy Team 7-day working in the emergency areas to ensure patients are seen and treated as quickly as possible.
✓ Introduced Nervencentre software to record patient’s observations onto iPod devices.

Pledge 2 - Continually Learn: Make our organisation more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are through:

✓ Increasing the number of care bundles in use to standardise patient care in all areas;
✓ Fully developing case review of patient deaths to identify and share learning;
✓ Continuing to use data for improvement, available at a ward level;
✓ Proactively using feedback from patients - friends and family test, patient surveys, complaints, feedback stations on all clinical areas, external listening events in order to make changes where needed;
✓ Using learning from incidents and other feedback throughout the Trust;
✓ Continuing to promote audit and research activity; and
✓ Using multi-professional simulation training, either in the Simulation Suite or in clinical areas to train staff.

Pledge 3 - Honesty: Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.

✓ Any serious incident is notified and discussed with the patient and carer/relative as appropriate and a copy of the report and/or a face to face meeting offered to them.
✓ All serious incidents are reviewed by a multi-professional group and learning disseminated across the organisation.
✓ Continue to involve patients in improvement activity - audits, patient surveys, patient information and Patient-Led Assessment of the Care Environment (PLACE) inspections.
✓ Continue to listen and learn from patient stories at Trust Board and similar events.
✓ Encourage staff to raise concerns and report safety incidents and near misses.
✓ Designing a patient information leaflet which explains the process of how a SIRI is undertaken and how patients/ their families can get involved.
✓ Allocation of a family liaison link as a key point of contact for patients during an investigation.

Pledge 4 - Collaborate: Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.

✓ Increase use of IT to improve the level and access of information between organisations eg SystmOne clinical record viewer in ED and emergency assessment areas.
✓ Continue to work with Ipswich & East Suffolk CCG and other providers to develop greater integration of care and improve patient pathways through Clinical Transformation Groups.
✓ Continue to work with partners, including the voluntary sector, on improving services eg Breakthrough service pledge, Norfolk and Suffolk Dementia Alliance, Suffolk Family Carers and Healthwatch Suffolk.
✓ Participate in the Eastern Academic Health Sciences Network patient safety collaborative to share learning.
✓ Provide a leadership role in the development of the accountable care system through our participation in the Ipswich & East Suffolk alliance for community services.
✓ Work collaboratively to manage delayed discharges to improve patient experience and efficiency.
✓ Deliver on our commitments in our clinical strategy to develop out of hospital care where appropriate.

Pledge 5 - Support: Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

✓ Integrate the staff values and culture improvement work through the #TeamIpswich initiative.
✓ Extend the use of Schwartz rounds for reflective learning (see pages 76 and 77).
✓ Further implement professional standards.
✓ Provide multi-professional training for staff to learn lessons for safe practice.
✓ Encourage staff to nominate colleagues for awards to celebrate achievements.

Patient safety
Harm free care
Patient safety
Infection prevention and control

Infection prevention and control is a high priority for the Trust, our patients and visitors. Limiting the spread of infection can be as simple as making sure everyone washes their hands, uses the antibacterial hand gel, does not visit hospital when feeling unwell and everything is clean, to caring for patients who need complex clinical care.

What is MRSA bacteraemia?

MRSA stands for meticillin resistant Staphylococcus aureus. It is a strain of the Staphylococcus aureus family of bacteria, which cause a number of infections, some of which are serious. The reason that MRSA is such a problem for hospitals, and why it has become known as a superbug, is that it is resistant to common antibiotics.

Bacteraemia is when MRSA is in the bloodstream. MRSA can enter the normally sterile bloodstream either from a local site of infection (wound, ulcer, abscess) or, for example, via an intravenous catheter (placed there for the patient’s medical care).

MRSA bacteraemia

Chart 1 shows our performance in rates of MRSA bacteraemia compared with the other hospitals in the East of England. The last case of MRSA bacteraemia assigned to the Trust was January 2015.

The rates are calculated using the total number of cases from 1 April 2016 to 31 March 2017, the average daily number of available and occupied beds and expressed as rates per 10,000 bed days.

Chart 1 – The performance of Ipswich Hospital in rates of MRSA bacteraemia, compared with the other hospitals in the East of England region for 2016/17

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of cases of MRSA bacteraemia</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>1</td>
<td>Zero cases</td>
</tr>
<tr>
<td>2015/16</td>
<td>0</td>
<td>Zero cases</td>
</tr>
<tr>
<td>2016/17</td>
<td>0</td>
<td>Zero cases</td>
</tr>
</tbody>
</table>

MRSA screening

As per the Department of Health paper Implementation of modified admission MRSA screening guidance for NHS, published in 2014, the Trust screens patients in high risk areas such as Critical Care Unit, surgical and oncology wards, and screens high risk patients such as renal patients and past MRSA-positive patients, but does not routinely screen medical patients, emergency admissions or day cases.

This targeted approach to screening, implemented since May 2015 has not resulted in any identified increase in MRSA bacteraemia.

• Patients previously identified as colonised with MRSA will be isolated and offered decolonisation if identified positive on current admission or within the last 3 months.

• Patients currently colonised with MRSA will be cared for in isolation room or cohort. Daily risk assessment (Monday-Friday) by a member of the infection control team for those patients who cannot be isolated due to other demands for single rooms eg patients receiving end of life care.

• Patients identified as colonised with MRSA will be offered decolonisation treatment.
Patient safety
Infection prevention and control

*Clostridium difficile*

Chart 2 shows our performance in rates of *Clostridium difficile* compared with the other hospitals in the East of England. The rates are calculated using the total number of cases from 1 April 2016 to 31 March 2017, the average daily number of available and occupied beds and expressed as rates per 10,000 bed days.

Each case of *Clostridium difficile* is subject to a post-infection review. If all care is in place and appropriate, the Infection Control lead for the commissioners may designate a case as ‘non-trajectory’.

20 of the 29 cases were identified as non-trajectory by commissioners. The table below shows the total number of cases, both apportioned to The Ipswich Hospital NHS Trust (trajectory) and those where all care had been appropriate and there was nothing further that could have been done to prevent the infection (non-trajectory), such as the patient’s need for antibiotics being greater than the risk of acquiring a *Clostridium difficile* infection, or having other underlying diseases.

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Total number of cases of <em>Clostridium difficile</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>No more than 23 cases</td>
<td>25</td>
</tr>
<tr>
<td>2015/16</td>
<td>No more than 18 cases</td>
<td>32+5 cases from the three community hospitals (October 2015 onwards)</td>
</tr>
<tr>
<td>2016/17</td>
<td>No more than 18 (trajectory) cases</td>
<td>9 trajectory 20 non-trajectory</td>
</tr>
</tbody>
</table>

Three cases of *Clostridium difficile* were identified as being linked to Debenham Ward (two of the cases were identified from patients in the community who had previously been on the ward at the same time). The three cases were all ribotype 001, suggesting that transmission had occurred within the ward. This was investigated and reported as a Serious Incident Requiring Investigation (SIRI) with lessons learned shared widely.

*What is C.difficile?*

*C.difficile* is an abbreviation of *Clostridium difficile* and it is the major cause of antibiotic-associated diarrhoea and colitis, an infection of the intestines. It is part of the *Clostridium* family of bacteria, which also includes the bacteria that cause tetanus, botulism and gas gangrene. It is an anaerobic bacterium (it does not grow in the presence of oxygen) and produces spores that can survive for a long time in the environment. It most commonly affects elderly patients with other underlying diseases.
Patient safety
Infection prevention and control

Norovirus
Norovirus is measured in number of outbreaks rather than the number of cases. This is because of its ability to affect the optimal management of a hospital (outbreaks may cause ward or hospital closures).

A maximum number of six samples will be sent from an affected area if Norovirus is suspected, so there may be a large number of patients affected in an outbreak but only six will be tested to enable identification of the causative organism.

There were 8 outbreaks of Norovirus during 2016/17, all of which were partial ward closures. Visitors can help to stop the spread of norovirus by not visiting the hospital if they feel unwell or have vomiting and/or diarrhoea.

<table>
<thead>
<tr>
<th>Number of outbreaks of Norovirus at Ipswich Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
</tr>
<tr>
<td>2015/16 (includes community services from October 2015)</td>
</tr>
<tr>
<td>2016/17 (includes community services)</td>
</tr>
</tbody>
</table>

Multidrug resistant Acinetobacter baumanii
Three patients connected to the Critical Care Unit were identified with multidrug resistant Acinetobacter baumanii (MDRAC) with indistinguishable profiles confirmed by the Centre for Infectious Diseases, Colindale, London in August 2016.

The index case was identified from a patient repatriated to the UK and was identified on admission to Ipswich Hospital in April 2016.

The second case was identified in August 2016. Samples from both cases were sent to the reference laboratory for typing and were found to be indistinguishable and transmission had occurred within the Critical Care Unit. The reference laboratory also identified a third case of a patient who had been swabbed in May 2016 but had subsequently had negative swabs. This patient had also spent some time on the Critical Care Unit.

Actions taken:
- cleaning and disinfection of bed spaces had occurred on the Critical Care Unit but the organism can survive in the environment and has caused major outbreaks in other hospitals; and
- hydrogen peroxide vapour technology was used, patients were screened and no further cases have been identified. This was reported as a SIRI and a detailed investigation undertaken with a report written and actions completed.

Key achievements
- Early identification and treatment of patients if identified with Clostridium difficile, optimising patient outcomes.
- Timely identification of periods of increased incidence/outbreaks is due to the diligent surveillance undertaken by the infection control team detecting potential links between community onset cases and hospital stay.
- Installation of the new ICNet computer system to enable the infection control team to monitor patients who have infections.
- 3 month audit of catheter-associated urinary tract infections audit (CAUTI) showed a 1.6% infection rate of the 306 catheter insertions audited, which is below the expected average for an acute Trust. Urinary tract infections are the second largest group of healthcare associated infections with a point prevalence in England of 17.2%. Of these infections, 43% occur in patients with an indwelling device present prior to the onset of infection. (reference: Health Protection Agency - national point prevalence survey 2012)
- Purchase of vaporised hydrogen peroxide technology to enhance cleaning of rooms where patients identified with Clostridium difficile and Carbapenemase-resistant or producing organisms have been treated.
Patient safety
Prevention of pressure ulcers which develop in hospital

What is a pressure ulcer?
A pressure ulcer is damage that occurs on the skin and underlying tissue.

Pressure ulcers are caused by three main things:
- pressure - the weight of the body pressing down on the skin;
- shear - the layers of the skin are forced to slide over one another or over deeper tissues, for example when you slide down, or are pulled up, a bed or chair or when transferring to and from a wheelchair; and
- friction - rubbing the skin.

How do you recognise a pressure ulcer?
The first sign that a pressure ulcer may be forming is usually discoloured skin, which may get progressively worse and eventually lead to an open wound.

Where do you get a pressure ulcer?
The most common places for pressure ulcers to occur are over bony prominences (bones close to the skin) like the bottom, heel, hip, elbow, ankle, shoulder, back and the back of the head.

Our key achievements
- Development of a wound care formulary to reflect best practice, ensuring patients receive the best product to treat their wound.
- Streamline care for patients between acute and community settings.
- Each community hospital inpatient unit has a named pressure ulcer link champion who attends Pressure Ulcer Assurance Group meetings and disseminates information to colleagues to ensure everyone works to the same required standard of care. Pressure ulcer link champions attend additional pressure ulcer prevention training sessions. Training provided includes Introduction to Pressure Ulcer Prevention & Equipment, SSKIN bundles, Pressure Ulcers vs Moisture Lesions, and Pressure ulcer classification.
- Referral process available for inpatient staff to refer patients to a Tissue Viability nurse for assessment of complex wounds and advice on wound management.
- Provision of support to ward managers and clinical teams when undertaking root cause analysis of pressure ulcer development. Support is through:
  - enhanced support and visibility to areas where there are greater numbers of pressure ulcers; and
  - pressure ulcer panels with clinical expertise to ensure learning and actions are disseminated to wards and services to improve patient care.

Notwithstanding our key achievements, we remain concerned regarding the number of pressure ulcers developed in our care (see chart 3 overleaf). To understand the root causes we have commissioned a thematic review of pressure ulcers that have occurred, and once the report has been received, we will take forward the recommendations for action.

Our Quality Committee has set a priority to oversee progress during the year. In the meantime, the weekly Pressure Ulcer panels continue with peer to peer review from ward managers with Tissue Viability Service oversight.
Patient safety
Prevention of pressure ulcers which develop in hospital

Aims for 2017/18

- Strengthen local leadership for tissue viability to include pressure ulcer management.
- Development of a service to provide wound management in an outpatient setting.
- Wide use of vacuum dressings for patients with open wounds so that they can have their wound treated at home rather than having to stay in hospital.
- Reduce the number of patients developing a pressure ulcer whilst in hospital, including those patients who have pressure ulcers on their nose or ears as a result of the use of nasogastric tubes or face masks.
- Standardise wound care product selection as per Carter recommendations.
- Develop and roll out to clinical staff competency packs for safe and appropriate use of pressure relieving equipment.
- Continued review and replacement of older equipment on a rolling basis.
- Run community study days to continue education and support. The study days are available to all community care providers including residential and nursing home staff and will be run every six months.
- We are part of the national research study Pressure 2 to make sure that we are using evidence based equipment rationales.
- Collaborative working with community services and other partners.

How pressure ulcers are graded

**European Pressure Advisory Panel (EPUAP) Classifications**

<table>
<thead>
<tr>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-blanchable erythema of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin.</td>
<td>Partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion or blister.</td>
<td>Full thickness of skin involving damage to, or necrosis of, subcutaneous tissue that may extend down to but not underlying fascia - the skin may be unbroken.</td>
<td>Extensive damage, tissue necrosis or damage to muscle, bone or supporting structures with or without full thickness skin loss.</td>
</tr>
</tbody>
</table>

Chart 3 – Our performance over the last three years: Avoidable pressure ulcers per 1,000 bed days
Patient safety
Learning from incidents, SIRIs and Never Events

Reporting incidents helps us to learn from them and decide whether we need to change the way we do things to improve patient safety, as well as identifying areas where we need to focus resources, such as training. We report our patient safety incidents to the National Reporting and Learning System (NRLS) so that information can be reviewed nationally for trends or problems.

Learning from incidents
All reported incidents are investigated and lessons that can be learnt are shared by Clinical Delivery Group governance meetings, at Divisional Board meetings, at morbidity & mortality meetings and discussed at the Trust’s Risk Oversight Committee.

It is important that when serious incidents occur, they are reported and investigated in a timely manner, not only to ensure that the correct action can be taken, but to enable the Trust to learn from the incident to prevent it happening again and to reassure the patient involved that such incidents are taken seriously and thoroughly investigated.

The higher level incidents are categorised as Serious Incidents Requiring Investigation (SIRIs) and are reported to the Ipswich & East Suffolk Clinical Commissioning Group. These incidents are investigated, a comprehensive report written and actions implemented, and the learning shared both within the organisation and with the patient and/or their family.

The percentage of patient safety incidents resulting in severe harm or death is subject to an external limited assurance opinion. The detailed definition for this performance indicator is presented on page 30.

Changes we have made as a result of lessons learnt:

- Information on the management of the febrile child has been added to the induction programme for staff in the Paediatric Emergency Department.
- Safety checklists written for a range of procedures carried out within and outside of the theatre environment to ensure every step of the patient pathway is checked as being correct, in line with NatSSIPs national guidance.
- New cleaning processes and procedures put in place at Felixstowe Community Hospital to prevent the spread of infection.
- Small swabs have been removed from delivery and suture packs and replaced with larger 30cm x 30cm swabs to prevent these being unintentionally retained.
- Processes around safe dispensing of medication on discharge have been revised.
- Introduction of an additional ‘time out’ check to allow the theatre team to verify the implant to be used for example during joint replacement surgery.
- Introduction of the use of nationally recognised assessment tools for patients who require anticoagulation therapy but have a high risk of stroke.
- Allocation of a family liaison officer to act as a key point of contact and advocate for patients during a SIRI investigation.

Duty of Candour
Open and honest communication with patients is at the heart of healthcare.

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 sets out some specific requirements which providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

As part of the Trust’s process, patients or their relatives are informed of any such incidents. The Trust continues to work to improve the timeliness of follow up letters to patients, their families or carers.

Failure to meet this regulatory standard may result in financial penalty. The Trust has not been subject to any penalties relating to Duty of Candour.

What are we doing to make improvements?

- Design and then make available a patient information leaflet to be given to patients or their relatives who have been the subject of a serious incident (SIRI). The leaflet explains the process for investigating a SIRI and how patients and their families can get involved.
Patient safety
Learning from incidents, SIRIs and Never Events

Table 2 – Adverse events and SIRIs reported
For the year 2016/17, there have been the following adverse events (categorised as low harm to severe harm) reported on the Datix risk management computer system. The adverse events recorded below are all adverse events, not only those related to patients.

<table>
<thead>
<tr>
<th>Type of adverse event</th>
<th>No. of adverse events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abusive, violent, disruptive or self-harming behaviour</td>
<td>265</td>
</tr>
<tr>
<td>Access, Appointment, Admission, Transfer, Discharge</td>
<td>1,564</td>
</tr>
<tr>
<td>Accident that may result in personal injury</td>
<td>2,219</td>
</tr>
<tr>
<td>Anaesthesia</td>
<td>13</td>
</tr>
<tr>
<td>Clinical assessment (investigations, images and lab tests)</td>
<td>432</td>
</tr>
<tr>
<td>Consent, Confidentiality or Communication</td>
<td>282</td>
</tr>
<tr>
<td>Diagnosis, failed or delayed</td>
<td>58</td>
</tr>
<tr>
<td>Financial loss</td>
<td>7</td>
</tr>
<tr>
<td>Implementation of care or ongoing monitoring/review</td>
<td>2,634</td>
</tr>
<tr>
<td>Infrastructure or resources (staffing, facilities, environment)</td>
<td>330</td>
</tr>
<tr>
<td>Labour or Delivery</td>
<td>432</td>
</tr>
<tr>
<td>Medical device/equipment</td>
<td>330</td>
</tr>
<tr>
<td>Medication</td>
<td>1,166</td>
</tr>
<tr>
<td>Other - please specify in description</td>
<td>252</td>
</tr>
<tr>
<td>Patient Information (records, documents, test results, scans)</td>
<td>470</td>
</tr>
<tr>
<td>Security</td>
<td>63</td>
</tr>
<tr>
<td>Treatment, procedure</td>
<td>231</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>10,748</strong></td>
</tr>
</tbody>
</table>

Of these adverse events, 87 were reported as Serious Incidents Requiring Investigation (SIRIs) on the national Strategic Executive Information System (StEIS):

<table>
<thead>
<tr>
<th>Type of adverse event</th>
<th>No. of SIRIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse media coverage or public concern</td>
<td>2</td>
</tr>
<tr>
<td>Allegation against staff</td>
<td>2</td>
</tr>
<tr>
<td>Diagnostic incident including delay meeting SI criteria</td>
<td>12</td>
</tr>
<tr>
<td>Infection control incident meeting SI criteria</td>
<td>5</td>
</tr>
<tr>
<td>Information Governance breach</td>
<td>4</td>
</tr>
<tr>
<td>Maternity/Ostetric incident meeting SI criteria (mother/baby)</td>
<td>6</td>
</tr>
<tr>
<td>Medication incident meeting SI criteria</td>
<td>4</td>
</tr>
<tr>
<td>Pressure ulcers Grade 3 or 4</td>
<td>22</td>
</tr>
<tr>
<td>Screening issues meeting SI criteria</td>
<td>1</td>
</tr>
<tr>
<td>Slip/trip/fall meeting SI criteria</td>
<td>16</td>
</tr>
<tr>
<td>Suboptimal care of the deteriorating patient meeting SI criteria</td>
<td>3</td>
</tr>
<tr>
<td>Surgical/Invasive procedure incident meeting SI criteria</td>
<td>5</td>
</tr>
<tr>
<td>Treatment delay meeting SI criteria</td>
<td>5</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>87</strong></td>
</tr>
</tbody>
</table>

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

The list of Never Events for 2016/17, as defined by NHS Improvement (Revised Never Events Policy and Framework, 2015), are:

1. Wrong site surgery
2. Wrong implant/prosthesis
3. Retained foreign object post-procedure
4. Mis-selection of a strong potassium containing solution
5. Wrong route administration of medication
6. Overdose of insulin due to abbreviations or incorrect device
7. Overdose of methotrexate for non-cancer treatment
8. Mis-selection of high strength midazolam during conscious sedation
9. Failure to install functional collapsible shower or curtain rails
10. Falls from poorly restricted windows
11. Chest or neck entrapment in bedrails
12. Transfusion or transplantation of ABO-incompatible blood components or organs
13. Misplaced naso- or oro-gastric tubes
14. Scalding of patients

There are exclusions to each Never Event.
Patient safety

Learning from incidents, SIRIs and Never Events

Never Events at The Ipswich Hospital NHS Trust

<table>
<thead>
<tr>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Regrettably, four Never Events occurred in 2016/17:
- retained foreign object post-procedure;
- wrong implant/prosthesis;
- overdose of methotrexate for non-cancer treatment; and
- retained swab.

Serious case review
In February 2017, the Suffolk Safeguarding Children Board published the Independent Overview Report into the death of Baby E who died in January 2016 aged 17 months from Sudden Unexpected Death in Epilepsy. Baby E was taken to Ipswich Hospital by ambulance but attempts to resuscitate him were not successful.

The purpose of a Serious Case Review is not to apportion blame following the death of a child but to set out key areas of learning for professionals and agencies to improve safeguarding practice.

The Suffolk Safeguarding Children Board is a partnership of all the agencies who work together to protect children. Jane Held, an experienced independent person, led the review, supported by a multi-agency review panel. The Suffolk Safeguarding Children Board has accepted all the recommendations to improve practice.

Ipswich Hospital contributed to the serious case review and welcomed the recommendations.

The report highlighted that staff working in 'early help' services should be given more support to assess risk, including more effective supervision and case management where practitioners working with families have increasing concerns.

The report, while setting out key learning for agencies and how they will be held to account to deliver improvements, found overall practice met required standards and there was some good, effective professional work in difficult circumstances. There were many individual examples of good communication between professionals about practical and environmental factors and frontline practitioners communicated and discussed actions regularly. There were further examples of good practical advice, sound record keeping and positive support from the NHS. The work of the School and the Family Support Practitioner were highlighted as examples of the tenacious and committed efforts made to work with and support the family of Baby E.

The report recommends that it is essential to ensure that staff in all partner agencies have access to a coherent framework to support them to work effectively with families without recourse to Child Protection systems, with helpful tools, systems and processes and which gives the same weight to the importance of Early Help as it does to Child Protection systems.

The importance of supervision and management where practitioners are working with families where the practitioners have growing concerns was made clear.

In the management of neglect cases, the rationale for professional judgements should be clear, based on research and evidence-based practice, ensuring the use of screening or risk assessment tools which could provide a strong evidence based analysis of a family’s situation and a strong focus on the children within a family.

As a result of the report, the Suffolk Safeguarding Children Board has updated its neglect strategy and assessment guidance for practitioners. All partner agencies are required to produce implementation plans by March 2017.

Safeguarding
All newly appointed staff receive Level 1 Safeguarding Children training as part of their Core Induction programme via a workbook. Level 2 or 3 face to face safeguarding children training is also provided for those who require it for their role.

Safeguarding adults training is via a mandatory handbook and e-learning to all staff. Face-to-face training is provided to medical staff on induction and available to all other staff groups on request.

A teaching programme is in place to provide refresher training at all levels throughout the year as part of the annual mandatory training programme. We also provide regular supervision sessions to staff.

Celebrities and dignitaries are supervised when they visit the Trust. Consent is obtained from wards and departments before a visit is made and, if visiting children’s areas, consent is obtained from the children and parents.
Patient safety
Prevention of patient falls

What are patient slips, trips and falls?
There will always be a risk of falls in hospital given the nature of the patients that are admitted, and the injuries they may sustain could be serious.

However, there is much that can be done to reduce the risk of falls and minimise harm, whilst at the same time properly allowing patients freedom, mobilisation and rehabilitation during their stay in hospital and beyond discharge.

What can contribute to the cause of patient slips, trips and falls?
- badly fitting or no footwear;
- not using the correct walking aids, if needed;
- cluttered areas;
- problems with vision, hearing or balance
- loss of muscle strength;
- dehydration;
- medication;
- not calling for assistance;
- confusion;
- acute medical illness.

Prevention of patient falls

Preventing falls must be balanced with patients' rights to dignity, privacy, independence, rehabilitation and their choice about the risks they are prepared to take. A ward where no patient falls is likely to be a ward where no patient can regain their independence and return home. This does not stop the Trust from wanting to provide the best quality and safest care for our patients.

There has been a changing demand on community hospitals, with an ever increasing cohort of frail patients. There is a concerted effort to tackle these challenges whilst continuing to maintain patient safety. Ward staff continue to assess falls risk and manage patients who repeatedly fall using individualised care plans. We continue to investigate innovative and collaborative ways of working with other organisations to streamline resources.

What are we doing to make improvements?
- Patients at high risk of falling are monitored and patients who fall repeatedly receive enhanced care. The Falls Prevention Group reviews all falls.
- Attendance at East of England Falls Collaborative meeting in October 2016 to share best practice with colleagues around the region.
- Launch planned of a ‘heat and hydration’ awareness campaign to minimise risk of dehydration.
- Scheme to ensure all patients admitted without correct footwear have an opportunity to access suitable slippers.
- Launch of re-ablement programme in April 2017 consisting of: awareness and engagement campaigns; and a training and competency framework for nursing staff.

Our key achievements
- Purchase of additional alarm mats to alert staff when patients at risk of falling have moved.
- Pilot of continence assessment and care plan in response to findings from national falls audit, to be rolled out Trust-wide later this year.
- Piloted use of delirium care plans to improve care for patients with delirium.
- Expansion of the successful Frailty Assessment Base service, with a dedicated location (see pages 6 and 51).
- Geriatrician and Nurse Specialist based in the Emergency Department for early assessment to determine most appropriate pathway for patients at risk of falling.
- Appointment of Nurse Consultant for Frail Older People in emergency surgery.
- Commencement of frailty quality improvement project, to include multi-disciplinary goal setting with patients.
- Piloting the use of static cycles and pedometers to encourage mobility and reduce loss of muscle strength to reduce the risk of falling.

Chart 4 – Our performance over the last three years: Falls per 1,000 bed days
Specialist stroke care - the impact on recovery

Data has shown that stroke patients at our hospital benefit from fast access to specialist treatment and assessment, in turn giving them a better chance of making a good recovery.

Since October 2015 the Ipswich Hospital Stroke Team has shown consistency in achieving a high national audit scores. The audit is the most comprehensive medical audit in use, charting the patient’s journey from the time they call an ambulance to the time they leave the stroke service. We have inputted over 500 patients’ details over a 12 month period covering 10 domains of care ranging from scanning, intervention both medical and therapy, multidisciplinary (MDT) working and discharge processes.

The most recent SSNAP (Sentinel Stroke National Audit Programme) data places the hospital among the country’s best across a variety of criteria designed to measure the quality of care patients receive.

Our most recent grading is an A - scoring 83 out of 100. This places us amongst the top 19% in the country, there being 219 sites in total.

- Our therapy domains are consistently achieving the desirable patient contact time where appropriate and are amongst the top 10% nationally.
- We are consistently applying acute intervention, thrombolysis, to all 100% appropriate and eligible patients based on the Royal College’s Stroke guidelines.
- Standards of discharge and discharge processes consistently reach the highest levels.

Areas for improvement include improving our scanning times. There is an action plan to try and identify patients earlier in the Emergency Department (ED) and scan all patients where appropriate within 12 hours of arrival. Work continues in order to achieve the adequate levels of a sustainable specialist stroke workforce. This a priority for reducing mortality and reaching the priority standards set out in the 7 Day Hospital Services Programme.

We acknowledge that performance during Q4 for admitting patients to the specialist stroke unit within 4 hours, and treating patients on this unit for more than 90% of their inpatient stay fell below the standards we had previously achieved. The reasons for the drop in performance were: a) delay in recognition of symptoms as requiring stroke team assessment on arrival at the emergency department (ED), and b) increased activity in Q4 with increasing demand for stroke beds. In addition the unusual presentation of some strokes led to patients being admitted to medical wards, rather than direct to the stroke unit.

In order to address these issues we have put the following actions in place:

- working to maintain senior nurse presence 8am - 8pm every day to support early review and management of patients.

These measures have enabled our performance in Q1 of 2017/18 to be back to the levels we had previously achieved.

We are actively working with regional specialist interventional sites to offer the latest and most significant treatment for reducing disability amongst stroke patients, part of the specialist commissioning process. The ambition is for every stroke patient to receive a specialist assessment and access the best specialist care as soon as possible from the onset of stroke symptoms.

Overall we are heartened by the high standards of care being provided, not just in Ipswich but also at the sites of our STP partners Colchester and West Suffolk Hospitals.


- meeting with ED to look at supporting the triage system; and

- working to maintain senior nurse presence 8am - 8pm every day to support early review and management of patients.

These measures have enabled our performance in Q1 of 2017/18 to be back to the levels we had previously achieved.

We are actively working with regional specialist interventional sites to offer the latest and most significant treatment for reducing disability amongst stroke patients, part of the specialist commissioning process. The ambition is for every stroke patient to receive a specialist assessment and access the best specialist care as soon as possible from the onset of stroke symptoms.

Overall we are heartened by the high standards of care being provided, not just in Ipswich but also at the sites of our STP partners Colchester and West Suffolk Hospitals.
Clinical effectiveness

Stroke care

Acute Stroke Symposium
We hosted an Acute Stroke Symposium for stroke nurses, therapists, medical staff and other stroke colleagues recently. It was attended by 60 delegates from across East Anglia. Stroke sister Diane Coe said: “It was a very successful day with very positive feedback and we are hoping to do future events.

"Stroke nurse Hannah Griggs from our Shotley Stroke Unit was one of the speakers and gave a case presentation of a patient she had assessed and the acute management and care she had initiated out of hours. This generated a discussion around the room and Hannah was praised highly by medical staff and her peers for the prompt actions she had taken."

We look forward to building on this success with future symposiums and training opportunities for local healthcare professionals.

Stroke Specialist Nurses
Dr Alam (stroke consultant) collaborated with the radiology department to facilitate enhanced training for stroke nurses, meaning our specialist nurses can now further improve and influence the care stroke patients receive, by being able to request CT Head scans. In addition he has organised the team to manage pre alerts from the ambulance service more effectively, so thrombolysis times are reduced further. Our nurses offer advice and guidance to colleagues and now provide additional cover across the hospital from 8am to 8pm, seven days a week. The team provides an outreach service and can take referrals from anywhere in the hospital, including from colleagues in the Emergency Department who are looking after patients with a suspected stroke, and staff on other wards who have concerns about a patient already in hospital.

We are looking at how we extend the cover across 24 hours and how to increase the ratio of trained stroke nurses to patients. There is evidence to show specialist nurse input improves patient outcomes and mortality rates.1

Waiting a long time for treatment may impact on clinical outcomes and does not result in a good patient experience.

Since 2002, the measure for successful and timely treatment of patients who need emergency care has been the 4 hour target. This can only be achieved if Emergency Department (ED) capacity matches demand; beds and length of stay are sufficient; and patients are not delayed leaving hospital when they no longer need acute hospital care. Achievement of this standard is a barometer for how the hospital is functioning across all services.

National achievement of this target has consistently fallen below 95% since 2012. The NHS in England has been set a target to again achieve 95% by March 2018. It is recognised that the whole system needs to be well resourced and organised to achieve safe and timely care for our patients.

These same national pressures are felt in Ipswich Hospital, and since 2016 achievement of this standard has fallen below 95%.

To address this, a number of changes have been made to improve our processes so that we can once again achieve this target, and these changes have started to improve care for patients in ED, elsewhere in the hospital and in the local community, helping patients to avoid or delay the need for acute care.

This work is managed by the ED Delivery Board and Integrated Care Network System Resilience Group who coordinate the actions needed to make improvements. Those involved in this work include Ipswich Hospital, Ipswich & East Suffolk CCG, Adult Community Services, Norfolk & Suffolk Foundation Trust, East of England Ambulance Service and voluntary groups.
Clinical effectiveness

Emergency care

**Key achievements**

- Implementation of enhanced Rapid Assessment and Treatment process and earlier senior clinical decision making which has shown to be effective in improving timeliness and safety for patients.
- Organisation of patients into two distinct streams; those arriving by ambulance and those arriving by other means, and flexibly allocating staff between these patient streams.
- Appointment of a new management team for ED to lead the service.
- Additional consultant cover in ED between 9am and 5pm, 5 days a week.
- Appointment of additional staff working directly in ED - Nurse lead, senior nurses for ED paediatrics, pharmacist, GPs and geriatricians.
- Out of hours appointments for the FAB (Frailty Assessment Base) available via ED.
- Use of the nursing assessment tool to assess patients’ needs.
- Revised ED trigger score implemented, which predicts demand for services.
- Thorough review of staff training needs.
- Senior nursing staff training programme commenced.
- 5 topics of nursing handover are now embedded, ensuring wider knowledge of incidents, risks and complaints.
- Greater sharing of lessons learned within and outside of the department.
- Installation of a tannoy system throughout the department, which enables staff to be called quickly rather than having to look for an individual member of staff when needed.
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- Senior nursing staff training programme commenced.
- 5 topics of nursing handover are now embedded, ensuring wider knowledge of incidents, risks and complaints.
- Greater sharing of lessons learned within and outside of the department.
- Installation of a tannoy system throughout the department, which enables staff to be called quickly rather than having to look for an individual member of staff when needed.

**Minor Injuries Unit (MIU)**

The Minor Injuries Unit at Felixstowe Community Hospital is open from 7am to 10pm every day and goes from strength to strength.

All key performance indicators are being met and patient satisfaction results are excellent.

A new clinic is being held in collaboration with the outreach Chemotherapy clinic to enable patients to come to Felixstowe for routine maintenance of lines.

The MIU is also working with the GP Federation to facilitate the ‘on the day’ appointments and GP+ clinic service.

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**New service takes care into patients’ own homes**

Patients can now receive intravenous antibiotics in the comfort of their own homes thanks to a new service which has saved 1,765 bed days in just over five months.

The Outpatient Parenteral Antibiotic Therapy service gives patients who need a long course of medication, for conditions such as infected bones or joints, the chance to return home while they have the treatment rather than remaining in hospital. As well as allowing the patient to continue with their normal life, the service is also helping to free up hospital beds as it means people who are otherwise fit for discharge no longer need to stay on the wards while they receive their antibiotics. So far, 1,765 bed days have been saved since it launched in November.

Patients using the service are fitted with a line and visited at home each day by a nurse from the admission prevention team who connects an infusion device to administer the antibiotics at a set rate. The patient’s blood results are reviewed remotely by hospital staff to make sure they are receiving the right dose, which prevents them from having to travel back to hospital for monitoring.

Dr Lauren Hoare, consultant in acute medicine and clinical lead for the acute medicine unit, said: “We are really pleased that this service has made such a big difference and is further improving the care our patients receive while allowing them to return home more quickly. The service is ideal for patients who require a long course of antibiotics several times a day, but would otherwise not need to remain in hospital. Receiving treatment at home means that they can continue to live a normal life while also freeing up beds in the hospital for those who do need an admission.”
Clinical effectiveness
Summary Hospital-level Mortality Indicator (SHMI)

What is SHMI?
The Summary Hospital-level Mortality Indicator is a ratio of the observed number of deaths to the expected number of deaths for a trust. The SHMI differs from some other measures of mortality by including both in-hospital deaths and deaths of patients occurring within 30 days of discharge from hospital.

Why is SHMI important?
We need to know what our ratio of actual deaths against expected deaths is, in order to assess and measure how good the care and treatment is.

How does SHMI work?
SHMI, like the HSMR, is a ratio of the observed number of deaths to the expected number of deaths. The calculation is the total number of patient admissions to hospital which result in a death either in hospital or within 30 days of discharge. Like all mortality indicators, the SHMI shows whether the number of deaths linked to a particular hospital is more or less than expected, and whether that difference is statistically significant.

What is HSMR?
The Hospital Standardised Mortality Ratio is the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups, which represent approximately 80% of in-hospital deaths.

Chart 10 - Crude mortality: March 2016 - March 2017
Crude mortality showed significant seasonal variation with winter months higher than the summer. Predicted mortality rates (HSMR) where available are within normal limits. For more information about our performance with regard to SHMI, please see the SHMI Core Quality Indicator on page 25.
The monitoring of in-hospital and post-discharge mortality is a key component of safe and effective health care. By using a range of indicators, the Trust can be assured there are no significant areas of unexpectedly high mortality and continue to provide care to a high standard.

The Mortality Review Group is overseeing the establishment of the national mortality review programme as laid out by NHS England. The Mortality Review Group meets every month to review the mortality statistics and oversee the review of patient deaths.

**HSMR analysis: Rolling 12 months (January - December 2016)**

The Trust’s HSMR is 104.7 and within the ‘as expected’ range.

Pneumonia has flagged as having higher than expected deaths. However, the current Hospital Standardised Mortality Ratio for pneumonia is at 77.6 which is within expected range.

There is an active plan for the targeted reduction in pneumonia mortality.

### Table 3 - Results summary for February 2016 - January 2017

In-hospital mortality, for all in-patient admissions to The Ipswich Hospital NHS Trust for the period February 2016 - January 2017 has been reviewed. The SHMI is updated and rebased quarterly.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSMR</td>
<td>104.7 ‘as expected’ range.</td>
</tr>
<tr>
<td>HSMR position vs. East of England peers</td>
<td>The Trust is 1 of 6 within the peer group of 17 that sit within the ‘as expected’ range.</td>
</tr>
<tr>
<td>HSMR diagnosis groups attracting higher than expected deaths</td>
<td>Pneumonia has flagged as having higher than expected deaths, however, current Hospital Standardised Mortality Ratio for pneumonia is at 77.6 which is within expected range.</td>
</tr>
<tr>
<td>HSMR Weekday/Weekend Analysis</td>
<td>There is no significant difference between the weekday and weekend HSMR for emergency admissions.</td>
</tr>
<tr>
<td>SHMI (October 2015 to September 2016)</td>
<td>98.2 ‘as expected’ (band 2).</td>
</tr>
</tbody>
</table>

### References

**SHMI**

The SHMI is like the HSMR, a ratio of the observed number of deaths to the expected number of deaths. However, this is only applied to non-specialist acute providers. The calculation is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge. Like all mortality indicators, the SHMI shows whether the number of deaths linked to a particular hospital is more or less than expected, and whether that difference is statistically significant.

**HSMR**

The Hospital Standardised Mortality Ratio is the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups, which represent approximately 80% of in hospital deaths. It is a subset of all and represents about 35% of admitted patient activity.
Clinical effectiveness

Summary Hospital-level Mortality Indicator (SHMI)

Weekday vs Weekend mortality for emergency admissions

**Weekday HSMR (Emergency Admissions) = 96.9 (79.0 - 117.8) ‘as expected’**

**Weekend HSMR (Emergency Admissions) = 127.4 (93.6 - 169.4) ‘as expected’**

Both weekend and weekday Hospital Standardised Mortality Ratios, although different, lie within expected ranges.

**Table 4 - Weekday vs Weekend admissions, emergency only**

Weekday HSMR (Emergency Admissions) = 96.9 ‘as expected’

Weekend HSMR (Emergency Admissions) = 127.4 ‘as expected’
Patient experience
Improving the patient and carer experience

Key achievements
✓ Monthly ‘Tea with Matron’ initiative to speak with patients and visitors in an informal setting.
✓ Kissing it Better launched on all wards and outpatients.
✓ Dedicated patient transport lounge created.
✓ Support for further roll out of Ipswich Hospital User Group’s (IHUG) ‘Adopt a Ward’ programme.
✓ Partners of women who are having babies are now able to stay overnight to enable support for mum and family bonding.
✓ Transformation of two additional wards, Washbrook and Woodbridge, into dementia-friendly environments.
✓ Pharmacy has appointed a pharmacy assistant to support earlier discharge across the hospital and reduce nursing time for collecting medicines.
✓ Carer Friendly Hospital status awarded.
✓ UNICEF’s baby-friendly initiative for breastfeeding awarded.
✓ Private breastfeeding rooms already. It’s fantastic that something so simple can have such a positive impact on patient care and patient experience, and makes me very proud to work at Ipswich Hospital.”

I wanted to thank you for your hospitality last Friday (11 November 2016), it was great to engage with so many staff and patients who were passionate about what they do.

I was impressed with lots of things we saw, but particularly with:
- leadership - explicit support from the CEO and other senior leaders, and leadership of the patient experience team and work;
- the systematic embedded approach - engaging staff at all levels in the organisation, and supporting them to engage with, and use feedback;
- the work of IHUG (Ipswich Hospital User Group) as an example of real partnership working, and particularly the way the group reach out to both patients and staff to capture a diverse range of views;
- The approach to triangulating a wide range of patient experience data sources, and enabling this data to be used in lots of ways to improve services and quality; and
- the partnership approach with the local authority to support carers.

Julia Holding
Head of Patient Experience, Nursing Directorate
NHS Improvement
Patient Experience Network National Awards (PENNA)

**Frailty Assessment Base (FAB)**
The Frailty Assessment Base initiative won the ‘continuity of care’ and ‘friends and family test and patient insight - accessibility’ categories. It comes shortly after the team were presented with a Health Service Journal Value in Healthcare award for the impact they have had on improving patient care and efficiency.

The FAB team, made up of admin support, therapists, nurses, a pharmacist and a consultant geriatrician, works closely with dietitians and diagnostic teams. It receives referrals from GPs, community teams and ED and will carry out a full assessment of frail patients before developing a care plan to help them to maintain their independence and remain at home when possible. This could include lifestyle advice, changes to medication, provision of specialist equipment, linking with community teams or social support.

Becky May, matron for medicine, said: “We are delighted that this fantastic initiative has been recognised nationally. To receive two accolades is an outstanding achievement and our staff should be justifiably proud, especially as one of those awards is based on the experience our patients have when accessing the service.

“FAB has a ‘home first’ ethos, and staff work very closely together as a team to focus on putting the right support in place to help patients return home while preventing admissions wherever possible. This is much better for our patients and their families and helps them maintain their independence.”

**Voice 4 Change (V4C)**
The Children and Young People Involvement Group, V4C, were finalists in the ‘Strengthening the foundations’ category and were recognised for their innovative approach to intergenerational activities including bingo sessions for patients and carers on the Constable Suite and for their film nights with young people on the children’s ward. Successes have also been personal, with group members joining our workforce and entering our medical/clinical training programmes.

**Adopt A Ward**
IHUG has been hailed for its innovative work for ‘Adopt a Ward’, which was a finalist. The scheme continues to go from strength to strength, with more people being trained to take part, to enable more wards to be covered.

The scheme involves two fully trained members of IHUG spending time with inpatients to gain feedback on their experiences of waiting times, food and whether they have had adequate pain relief during their stay. These results are then shared anonymously with staff so that any issues can be resolved immediately.

Gill, IHUG Chair said, “We are really pleased with how well the scheme has been received. We often spend half an hour with patients, getting to know them and listening to what they have to say. Unlike traditional surveys, it gives us real time narrative which allows us to take action straightaway wherever it is necessary. The ward sisters of the wards we currently cover all tell us that the feedback we give is very useful as they can take action on anything we highlight straight away.”

For more information about the awards, visit http://patientexperiencenetwork.org/awards/

The winner and finalists from the PENNA awards: Frailty Assessment Base (top); Voice 4 Change (middle) and Adopt A Ward (bottom).
Baby-friendly Initiative

Our hospital has been awarded the prized ‘Baby Friendly’ award in recognition of the high standards of care which mothers receive.

The hospital has been given the accreditation by UNICEF (United Nations Children’s Fund) after demonstrating policies are in place to support breastfeeding and help mothers build a strong relationship with their babies.

UNICEF representatives visited the hospital twice to carry out assessments, and looked in detail at the training given to staff to give them the necessary practical skills and knowledge to help mothers and their families receiving care in hospital, at home or on the neonatal unit. Parents using the maternity and neonatal services were also asked about the care they received.

Linda Page, breastfeeding coordinator, said: “We are absolutely delighted that we have achieved full Baby Friendly status. It shows that parents who have their babies at Ipswich Hospital are receiving the right help to make sure their children get the best possible start in life.

“Breastfeeding protects babies against a wide range of serious illnesses, including gastroenteritis and respiratory infections in infancy as well as allergies and diabetes in childhood. It can also help protect mum too, by reducing the risk of some cancers.

“Breastfeeding isn’t always easy and lots of new mothers need support. We’re committed to making sure they get the help they need and are pleased that has been recognised by UNICEF.

“But however a mother chooses to feed her baby, she can be sure that she will be supported to form a strong loving relationship with her newborn. through having maximum skin-to-skin contact and understanding how her baby communicates with her and needs her to respond.”

The Baby Friendly Initiative is a global programme which provides a practical and effective way for health services to improve the care provided for all mothers and babies. In the UK, the initiative works with health professionals to ensure that mothers and babies receive high-quality support to enable successful breastfeeding and strong mother and baby relationships.

“We are delighted that Ipswich Hospital has achieved full Baby Friendly status,” said Sue Ashmore, programme director for the Baby Friendly Initiative. “Surveys show us that most mothers want to breastfeed but don’t always get the support they need. Mothers in the Ipswich area can be confident that their midwives will provide high standards of care.”

Mum Emily Ruegg, who works at the hospital, with baby Monty celebrating the award with colleagues from the Neonatal and Maternity teams.
Patient experience
Improving the patient and carer experience

HealthWatch maternity survey - birthing partners

Ipswich Hospital approached Healthwatch Suffolk about leading on an engagement project to gather birthing partners’ views about the maternity pathway at Ipswich Hospital. Healthwatch Suffolk expanded the project to collect new mums’ views of the maternity pathway too. To the research team’s knowledge this was the first time that engagement work had been conducted with birthing partners within the Healthwatch network and in Suffolk.

The findings showed that more than half of mums wanted their partner to stay overnight with them but couldn’t, and many birthing partners would have liked to stay overnight but were not given the opportunity to do so.

As a result of Healthwatch’s research, partners are now welcome to stay throughout the admission, and are offered a reclining chair, blanket and pillow to make them comfortable. Previously, they needed to leave at 9pm, which meant that anyone whose baby was born in the evening could only spend a short time with them before having to go home.

Sharon Edwards, lead midwife, said: “We are pleased that we are now able to welcome partners to stay overnight on our maternity wards as extra support can help women to feel relaxed during labour and throughout their hospital stay. Giving partners the chance to be by the bedside can help them feel actively involved in the birth while encouraging them to bond with their baby in those all-important first few hours of life.”

The full report can be found at: www.healthwatchsuffolk.co.uk/wp-content/uploads/2015/02/Maternity-Report-Suffolkwide-Final-LQ.pdf

Supporting mothers to breastfeed

Our hospital now offers private and quiet feeding rooms to support mothers to breastfeed when visiting hospital.

The hospital is breastfeeding-friendly and women are welcome to breastfeed in all public areas of the hospital. However, some mothers have asked for private spaces to be provided. Hospital breastfeeding coordinator Linda Page said: “We are committed to promoting, protecting and supporting breastfeeding. There are now designated rooms across the hospital and our receptionists know where they are so if mums would like privacy, they just need to ask.” Posters are displayed around the Outpatient areas and Emergency Department to let mothers know about the rooms.

The World Health Organisation recognises that babies need nothing other than mother’s milk for the first six months of life. Breast milk contains all the nutrients a baby needs and it is only when a baby reaches six months that he or she needs to begin to receive solid food in addition to breast milk. Evidence shows breastfed babies are generally healthier in both the short and long term.

This winter the hospital was given UNICEF’s ‘Baby Friendly’ award in recognition of the support it offers to mothers for feeding and building strong relationships with their babies.

Breastfeeding has a whole host of benefits for mum and baby. Here are just a few:

- breastfed babies are much less likely to get diarrhoea and vomiting and chest and ear infections;
- they are less likely to become obese or develop diabetes or heart disease in later life;
- it’s free;
- breast milk is the right temperature and available whenever and wherever your baby needs;
- breastfeeding lowers a mother’s risk of getting breast and ovarian cancer; and
- it helps mothers by naturally using up to 500 calories a day.

A new mum with her baby in one of the new feeding rooms located around the hospital.
Patient experience
Improving the patient and carer experience

Kissing it Better (KiB)
Kissing it Better is recognised nationally and their vision of constantly exceeding a patient’s expectation of their care environment - simple ideas, small acts of kindness, harnessing the energy and goodwill of the community, mirrors the Trust’s own values.

The aim is to provide a range of compassionate caring services over and above traditional healthcare. For example; music, art, theatre, reminiscence, social visiting, hairdressing, manicures, make-up etc. The services are provided in partnership with organisations such as local colleges, charities and societies. Kissing it Better allows the Trust to create a programme which sets the hospital apart from others - with a focus on the patient as a person and the hospital being truly a part of the community.

- Better patient experience
  Addresses patient needs, including emotional needs, in a holistic way, and responds to patient feedback that it is the small things which matter and make a difference. Visitors and family carers can also take part.

- Better staff experience
  Improves staff morale by enabling staff to do something with and alongside patients over and above the traditional healthcare interaction which facilitates a shared experience; enhancing empathy and compassion.

- Better quality of care
  Enhances the whole patient experience.

- Partnerships
  Mobilising students from colleges and universities to bring in their skills to benefit patients, providing professional development alongside kind, compassionate care; and increasing joint working with community partners such as the Co-op and Suffolk Artlink.

What improvements have been made?
- Over 100 students from the National Citizens Service visited the wards to chat and reminisce.
- Suffolk New College beauty therapy students visit to provide hand massage and manicures.
- Ipswich Hospital Community Choir take part in supportive singing.
- Ipswich High School drama and music students sing, act and read poetry.
- Stowupland High School visit to chat and share stories.

Kissing it Better launch
Afternoon Tea with Matron

Monthly one hour ‘Afternoon Tea with Matron’ sessions have been set up on several wards.

On a different ward each month, a group of patients and their families and carers informally meet to have afternoon tea and cakes with an opportunity to sit and chat.

The first one on Debenham Ward proved very successful, having a positive impact on staff, patients and their families and carers.

The Lavenham Ward team has opened a carers’ kitchen. Matron Tracey Wakeling said: "Our caring for carers kitchen is for our patients’ relatives to make a drink and have biscuits whilst they join their loved one during their hospital stay. This will allow them to remain on the ward when not wanting to leave their loved one."

Help is out there

Esther Pacitti and Debbie Reeve, Suffolk Family Carers (SFC) support workers, walk the wards each day in search of family carers who may need help. They are from local charity Suffolk Family Carers and are also on the lookout for carers who themselves are patients. Their message is ‘Don’t struggle alone.’ Esther and Debbie provide awareness raising and education opportunities for staff both 1:1 and on the wards.

SFC also provided a young carers information stand along with a visit from their bus for Carers’ Rights Day in November.

579 family carers have been supported directly by Debbie and Esther during the year. This takes the number supported since the service started in November 2014 to 1,462. Many more have received information packs and leaflets.

Number of family carers supported

<table>
<thead>
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<th>Quarter</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>124</td>
</tr>
<tr>
<td>Q2</td>
<td>116</td>
</tr>
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<td>Q3</td>
<td>176</td>
</tr>
<tr>
<td>Q4</td>
<td>163</td>
</tr>
</tbody>
</table>

Carer Friendly Hospital Initiative

In conjunction with the Caring for Carers group, SFC has developed a self-assessment tool based on the Carers Trust/Royal College of Nursing Triangle of Care. The tool covers:

- identification of family carers - how this is done and recorded;
- carer awareness - how are staff made ‘carer aware’ and what training is offered;
- policies, involvement and practice;
- defined posts and roles within the organisation to support family carers;
- what information is provided;
- what support is available during the patients stay;
- how is discharge managed; and
- what support is available post-discharge.

SFC has assessed the Ipswich Hospital and awarded their very first hospital award to the Trust. The accolade recognises work done by the Trust to support relatives. The charity’s head of adult services, Hayley Hancock, said: “We are delighted to be presenting this award to Ipswich Hospital. Family carers are often not recognised but Ipswich Hospital works hard at ensuring their practices and policies include identifying and supporting family carers alongside that of the person they care for.” Overall the Hospital received ‘Silver’ with several wards achieving ‘Gold’.

Suffolk Family Carers chief executive Kirsten Alderson presents the award to Ipswich Hospital chief executive Nick Hulme.
Patient experience
Caring for people with dementia

Daily life for patients on the complex care unit (the Constable Suite) has been improved thanks to a new activities programme.

Activity coordinators Teresa Connolly and Vilma Reyes are spending time with patients on activities ranging from painting, gardening and games to singing, dancing and manicures. Teresa, who has been a healthcare assistant for 30 years, said: "It’s amazing what patients can do once you find something they are interested in. We had a gentleman who would only walk a few steps each day. Then one day we put on some music and before long he was jiving. The activities not only bring the patients happiness, but can help their recovery, encourage them to be more settled, to take medications, and to sleep better. Most of all it’s about remembering they are people with interests, hobbies and stories, and trying to make their stay in hospital a little better.”

Teresa and Vilma host a group activity in the morning, followed by social dining, then quieter, one-on-one activities in the afternoon, such as playing cards or looking through a book.

Vintage shop fronts on wards
Older patients at our hospital are being given extra help to reminisce thanks to two old-fashioned mock up shop fronts on the wards.

The grocers shops include old-style packages for family favourites such as teabags, tapioca, cocoa and broken biscuits, all from days gone by. The items have been donated by the Co-op, and are used to trigger memories and conversations in older patients with dementia, in turn helping them to feel safer and more comfortable during their hospital stay. The first shop opened on the Constable Suite, the hospital's complex care unit, a few years ago. It proved so successful that a second has recently been added in a day room shared by the Woodbridge and Washbrook wards, both of which have been recently refurbished to make them dementia-friendly.

Julie Sadler, senior nurse for dementia care, said: "We are really pleased with our shop fronts and very grateful to the Co-op for lending us such a wide variety of traditional and familiar packaging. We have also received some fantastic donations from colleagues, including a Goblin Teasmade from the 1960s complete in its original packing. The displays are really helping provoke memories so that people can find common ground, trigger conversations and make their hospital stays more interesting.

“Coming into hospital can be unsettling for people with dementia, which is why we try and find simple yet innovative ways to help them feel as safe and as comfortable as we can. The shop fronts are doing just that by providing something familiar which they can chat about to their relatives or our staff. The memories shared by these patients can also help us to understand the person and look beyond their diagnosis.”

Both Washbrook and Woodbridge wards were refurbished to dementia-friendly standards in the autumn with money from a £1.5m legacy left to the hospital by former patient Peter Gibbons. As part of the project, social areas and calming artwork was added, lighting was improved, bed areas were decluttered and pictorial signs and colour-coded walls were introduced to help patients find their way.

Teresa at the dining table with a patient in the dementia garden. Patients are encouraged to pick flowers from the garden before lunch for the centre piece and then dine together. Fruit juice served in plastic wine glasses, old-fashioned music playing and the chance to socialise while eating - most people do not want to dine alone! One patient said: "We love lunchtime when we all get together. No one has to say anything, we all know the time and make our way to the table. It makes me feel good, having something to do.”

Patients enjoying a version of the ‘parachute game’ with Teresa - working together to try to pass the ball around without it falling on the floor.
Measuring and reporting the patient experience

National Patient Surveys

Patients are asked to answer questions about different aspects of their care and treatment. Based on their responses, each NHS trust is given a score out of 10 for each question (the higher the score the better). The question scores presented here have been rounded up or down to a whole number. There is no single overall rating for each NHS trust. This would be misleading as the survey assesses a number of different aspects of people’s experiences (such as care received from doctors and nurses, tests, views on the hospital environment eg cleanliness) and performance varies across these different aspects.

Each trust also receives a rating of ‘Above’, ‘Average’ or ‘Below’.

- Above (Better): the trust is better for that particular question than most other trusts that took part in the survey.
- Average (About the same): the trust is performing about the same for that particular question as most other trusts that took part in the survey.
- Below (Worse): the trust did not perform as well for that particular question as most other trusts that took part in the survey.

National Inpatient Survey

The results from the CQC survey of inpatient experiences of acute trusts 2016 was published on 31 May 2017.

This survey looked at the experiences of 77,850 people who received care at an NHS hospital in July 2016.

Between August 2016 and January 2017, a questionnaire was sent to 1,250 recent inpatients at each trust. Responses were received from 595 patients at The Ipswich Hospital NHS Trust, a response rate of 47.6%. The national response rate was 44%.

People were eligible for the survey if they were aged 16 years or older, had at least one overnight stay in hospital as an NHS patient, and were not admitted to maternity or psychiatric units.

The National Inpatient Survey 2016 results for Ipswich Hospital show the hospital as being ‘about the same’ as all other hospitals overall.

The full report can be found at www.cqc.org.uk/provider/RGQ/surveys

Table 5 - Based on patients’ responses to the Care Quality Commission’s National Inpatient Survey, this is how Ipswich Hospital compared with other Trusts

<table>
<thead>
<tr>
<th>Service</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Emergency/A&amp;E Department (answered by emergency patients only)</td>
<td>8.5 / 10</td>
</tr>
<tr>
<td>Waiting lists and planned admissions (answered by patients referred to hospital)</td>
<td>9.1 / 10</td>
</tr>
<tr>
<td>Waiting to get a bed on a ward</td>
<td>7.3 / 10</td>
</tr>
<tr>
<td>The hospital and ward</td>
<td>7.9 / 10</td>
</tr>
<tr>
<td>Doctors</td>
<td>8.6 / 10</td>
</tr>
<tr>
<td>Nurses</td>
<td>7.6 / 10</td>
</tr>
<tr>
<td>Care and treatment</td>
<td>7.7 / 10</td>
</tr>
<tr>
<td>Operations and procedures (answered by patients who had an operation or procedure)</td>
<td>8.6 / 10</td>
</tr>
<tr>
<td>Leaving hospital</td>
<td>7.0 / 10</td>
</tr>
<tr>
<td>Overall views of care and services</td>
<td>5.6 / 10</td>
</tr>
<tr>
<td>Overall experience</td>
<td>8.0 / 10</td>
</tr>
</tbody>
</table>
**Patient experience**

**Measuring and reporting the patient experience**

**Friends and Families Test (FFT)**

Inpatients FFT (including daycase patients)
30% return rate target was agreed as part of our contract with commissioners. This was consistently exceeded throughout the year. The ‘recommender rate’ has been circa 95%.

Emergency Department FFT
20% return rate target was agreed as part of our contract with commissioners. The return rate has fluctuated throughout the year. The ‘recommender rate’ has fluctuated throughout the year; analysis shows this is often related to times of peak activity.

Outpatients FFT
The percentage return rate has generally been above 10%. The percentage of patients recommending the hospital has stayed circa 96%.

Maternity FFT - antenatal, birth ward, post birth ward and post birth community
The FFT question is asked at four ‘touch points’ along the patient maternity journey - antenatal, birth, postnatal ward and postnatal community. The Trust scores are on a par with the national FFT % recommending scores for each.

Community hospitals FFT
The community contract has continued to report on the friends and family test results and feeds this back into the community hospital inpatient units to provide learning.

There has been a drive this year to focus on the discharge to assess pathway 2 within two of the community hospitals with the aim for patients to rehabilitate and make decisions about their ongoing needs outside of the acute environment. This is still in the pilot phase and results are being collated.

**FFT results for 2016/17 are given below.**

<table>
<thead>
<tr>
<th>Inpatient FFT return %</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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<tbody>
<tr>
<td></td>
<td>38.1</td>
<td>38.4</td>
<td>40.5</td>
<td>40.9</td>
<td>43.5</td>
<td>40.7</td>
<td>43</td>
<td>42</td>
<td>40.8</td>
<td>43.7</td>
<td>48.1</td>
<td>38.6</td>
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<tr>
<td>Inpatient recommenders %</td>
<td>94.6</td>
<td>95.7</td>
<td>94.9</td>
<td>95</td>
<td>94.35</td>
<td>94.3</td>
<td>95.5</td>
<td>94.9</td>
<td>95.4</td>
<td>95.9</td>
<td>94.7</td>
<td>97.8</td>
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<tr>
<td>ED FFT return %</td>
<td>11.0</td>
<td>12.6</td>
<td>17.5</td>
<td>15.1</td>
<td>13.5</td>
<td>11.0</td>
<td>12.5</td>
<td>15.3</td>
<td>16.1</td>
<td>12.4</td>
<td>11.4</td>
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<td>79.6</td>
<td>76.3</td>
<td>70</td>
<td>68.3</td>
<td>72.6</td>
<td>75</td>
<td>75.9</td>
<td>81.1</td>
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<td>6.72</td>
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<td>11.6</td>
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<td>97.21</td>
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<td>Maternity FFT return %</td>
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<td></td>
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<tr>
<td>Antenatal return %</td>
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<td>31.5</td>
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<tr>
<td>Birth return %</td>
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<td>36.2</td>
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<td>99.2</td>
<td>98.1</td>
<td>96.9</td>
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<td>97.3</td>
<td>97.1</td>
<td>97.9</td>
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<tr>
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<td>99</td>
<td>95.6</td>
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<td>Postnatal community %</td>
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<td>100</td>
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</table>
Hamlet is a beautiful porcelain pig owned by Wyards Removal Company of Ipswich. Hamlet was one of the 40 pigs designed by artists from East Anglia and beyond as part of the interactive art trail *Pigs Gone Wild* in Ipswich during the summer of 2016. The pigs were then auctioned to raise funds for Ipswich’s St Elizabeth Hospice. Thanks to great support from Paul, Vince, and matrons and staff in Medicine, Hamlet is now taking pride of place in the garden outside The Constable Suite.
Compliments are always welcome and they are passed on to the staff in the areas involved. They are an equally important method of identifying trends which enable good practice to be shared widely, as well as a morale boost for staff. Many compliments are sent directly to the wards, usually in the form of cards, chocolates and biscuits.

When letters of compliment are sent to the Chief Executive, these are always responded to with a letter of thanks. All compliments are shared with the staff concerned. Over the course of a year there are many more compliments received than the number of formal complaints.

Feedback from ‘Comments and Compliment’ cards: With the new patient and carer experience boards up around the Trust we are encouraging comments and compliments posted through the numerous post boxes. The table below outlines the number of comments received.

The comment cards are generally full of praise for an individual or a team across the Trust who has given exceptional care. The themes/trends emerging from the negative comments are perceived lack of staffing and the long, poorly communicated waiting times across the Outpatient Clinics.

Social media and online feedback

Feedback left on the NHS Choices and Patient Opinion websites is monitored and responded to with prompt, detailed responses and are highlighted to the relevant ward, clinic or area. Stories from NHS Choices also appear on Patient Opinion. Comments are also recorded from Google, Iwantgreatcare, Healthwatch Suffolk, Instagram, Twitter and Facebook feedback sites.

The Patient Experience team has been working closely with a number of departments who have been offering responses online directly to comments, queries and concerns relevant to their area/ward.

Twitter and Facebook  The Trust has an active presence on Twitter and Facebook and receives stories/comments via these profiles.

Healthwatch Suffolk has recently launched its own on-line feedback via their website. This is being monitored and will be reported in quarterly patient experience reports. Discussions are ongoing with Healthwatch Suffolk regarding collaborative working and their new service.

The Disability Focus event took place in October 2016. The patient experience team and IHUG attended. The key query for the Trust was about the training provided to staff to ensure they are aware and have the appropriate skills to work with patients with a range of disabilities. This has been brought to IHUG who will keep it on their radar. In addition the idea of a ‘health passport’ was explored. This is being followed up by the Suffolk Disability Health Action Group.

Ongoing attendance and engagement continued with:
- Healthwatch Suffolk BME/ Diversity Group; and
- the Suffolk Disability Health Action Group.

<table>
<thead>
<tr>
<th>Comments and compliments</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
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<tbody>
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<td>Cards/gifts direct to wards</td>
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<td>43</td>
<td>150</td>
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<td>Your Views Matter</td>
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<td>122</td>
<td>98</td>
<td>107</td>
<td>421</td>
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<td>238</td>
<td>264</td>
<td>323</td>
<td>257</td>
<td>1,082</td>
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Patient experience
Patient and public involvement, community engagement and patient feedback

The Ipswich Hospital NHS Trust—Quality Account 2016/17

‘You said, we did’
Using feedback to make a difference in 2016

You said:
“Sitting in the chairs by the window you can feel a draft around your shoulders and neck.”

We did:
We asked the estate team to check all the windows and window seals. Once completed, any that are damaged or worn will be replaced to reduce the draft.

You said:
“Can we have some more information on the medicines that are being used?”

We did:
We have developed medicine information sheets for parents—please ask a member of staff.

You said:
“It would be nice to be able to sit back in the chairs.”

We did:
We repurposed some reclining chairs from a redundant area so patients can be more comfortable and relaxed when sitting in the chairs for long periods.

You said:
“It would be nice to have access to cold drinks and/or ice during the day and night.”

We did:
Working with the Cardiology User Group and the Director of Nursing, we have installed an ice machine so cold drinks and ice are available 24/7.

You said:
“The closest to the clinic can be difficult to open for some patients.”

We did:
We now have automatic doors operated by a touchpad for easier access to the department.

You said:
“It would be nice if my partner could stay with me overnight.”

We did:
Working with Healthwatch Suffolk, we undertook a public engagement exercise. The results of the exercise show that more than half of new mums wanted their partner to stay overnight with them but couldn’t, and 44% of birthing partners would have liked to stay the night but were not given the opportunity. Partners are now welcome to stay throughout the birth and this development has been introduced on all three of the hospital’s maternity wards—Orwell, Brook and Deben.

You said:
“Would be great to be able to ask senior staff questions in a relaxed environment.”

We did:
We have introduced ‘Tea with Sister’ to enable carers, visitors and relatives to speak with senior members of staff.

You said:
“It can be difficult to read the log-in screen if you have a visual impairment.”

We did:
The screen closest to the Eye Clinic has had the colours changed to aid people with a visual impairment, the other screens can be changed by touching the eye logo.

You said:
“It can get really hot on the ward.”

We did:
From charitable funds we have purchased some personal fans that patients can use during the warmer months.

You said:
“You said: “Can we have something to break up the daytime routine?”

We did:
From our charitable funds we have purchased equipment and arranged activities that are scheduled on the ward, breaking up the day and actively encouraging patient participation.

You said:
“The orthopaedic and fracture waiting area isn’t very child friendly. It would be nice to have a specific area and items to keep them occupied.”

We did:
Working with the paediatric ward and paediatric outpatients, we now have a low table and new toys for children to play with while waiting.

You said:
“The ward is very busy, it is difficult to get rest sometimes.”

We did:
We have introduced quiet times for patients, where visiting and ward duties are kept to a minimum to ensure that patients can rest if desired.
Patient experience
Ipswich Hospital User Group (IHUG)

IHUG is made up of the chairperson or a representative from all the user groups.

Meetings are held every six weeks to discuss a wide variety of issues; members of the Trust Board also attend, with key Trust staff members attending as and when the agenda requires. When members raise an issue at IHUG it is often resolved quickly, as the issues are taken straight to the people who can implement the changes needed, or who are able to take the issue to the correct department for resolution. All members share the same passion to help improve the lives of all patients, whether they are outpatients or inpatients, children or adults.

Our volunteers’ contribution to the life of the hospital, helping us to make improvements large and small, is so important and very much appreciated. We currently have 14 user groups and are always seeking new members.

- Cancer Services User Group
- Cardiology User Group
- Diabetes User Group
- Endoscopy User Group
- Eye Clinic User Group
- Hearing Services User Group
- Hotel Services Group (cleaning, food etc)
- Inflammatory Bowel Disease (IBD) Patient Panel
- Joint Action in Musculoskeletal Services (JAMS) User Group
- Maternity User Group
- Older People’s User Group
- Pain Management User Group
- Stroke Services User Group
- Voice 4 change - children and young people involvement group

Additional information about IHUG can be found on the notice boards in the hospital corridors, or on the Ipswich Hospital website at www.ipswichhospital.nhs.uk/getinvolved/join-a-user-group.htm

IHUG award winner
The 2016 East of England NHS Leadership Recognition award ceremony, run by Health Education England, was held on 24 November 2016.

Sarah Higson, Patient Experience lead, was a finalist in the ‘excellence in patient experience’ category, while Gill Orves, chair of the Ipswich Hospital User Group (IHUG) was a winner for ‘patient leader of the year’. Sarah was nominated by Gill for the support she has given to IHUG to drive through improvements while making sure the voices of patients are heard. She said: “It was really nice to be nominated for this award, and especially heart-warming that the nomination came from Gill, who I respect hugely as a patient leader within our organisation. It’s fantastic to have your work recognised in this way.”

Gill was nominated by Lisa Nobes, the hospital’s Director of Nursing, for the passion she shows for further improving the experience of fellow patients and the innovations she has introduced since becoming chair of IHUG in April 2015. This includes the ‘adopt a ward’ initiative, which sees patient representatives visit wards to gain real-time feedback so that simple changes can be made, such as improving lighting and staff ID badges. “I was absolutely over the moon and really surprised,” she said. “I was delighted when I found out who had nominated me as it shows a real level of appreciation from the trust board for the work which IHUG does. It also highlights just how much the hospital values the voice of patients, and for that I think we are very lucky.”
Patient experience
Ipswich Hospital User Group (IHUG)

Improvements initiated by IHUG and user groups
- Adopt a Ward initiative launched
- Cinema night held on Bergholt Ward.
- Games afternoon held on the complex care wards.
- Voice 4 Change members helped with nail painting for carers week in the Carers Cabin.
- Dimmer switches installed as lighting too bright.
- Family/Carers’ kitchen on Lavenham Ward.
- Attendance to showcase ‘Adopt a Ward’ in March 2017.
- PENNA award for Adopt A Ward.
- ‘You Made A Difference’ awards given to staff by IHUG.
- East of England Patient Experience seminar co-designed and led by patient leaders.
- NHS Improvement patient experience week conference.

East of England Patient Experience Seminar
A collaboration with Princess Alexandra Hospital, Harlow (PAH). IHUG and the PAH Patient Panel joined forces to co-design a seminar on co-production - working together. The two groups of patient leaders worked with their patient experience teams to pull together a fun and informative day for patient leaders and staff involved in engagement, experience and re-design across the East of England.

NHS Improvement Patient Experience Conference
IHUG was invited to present on their collaborative work at the event which formed part of the national patient experience week activities. They showcased their nationally recognised Adopt A Ward scheme as well as their innovative work on Human Factors training in partnership with the hospital’s Simulation Suite.

Raising the profile of partnership working

IHug - A critical friend, a keen eye, a sense of HOPE
Involving patient teachers with staff training
Initiated using patient teachers with staff training
Involving patient teachers with staff training

Ihug - A critical friend, a keen eye, a sense of HOPE

Lights too bright
Dimmer switch
No place for family or carers to get a drink, etc.
Access to kitchen
Care of deteriorating patient and more human factors planned

Staff invite us onto wards
Unique position to get ideas from staff
Viewed as an asset
We appreciate you as colleagues – senior ward

Ihug works because...
Key staff members
Patient leaders
Board members
Key local people
Co-production in action... working together in key areas
All staff at all levels
Not a GANICO culture
but a GANICO solution-based culture

Junior ITU 2017
Ihug
Fracking bad news training for junior doctors

Ihug - A critical friend, a keen eye, a sense of HOPE

Patient experience
Ipswich Hospital User Group (IHUG)
Patient experience
Learning from complaints

What are complaints?
Complaints and concerns can be written or verbal communications from patients and/or relatives who are unhappy regarding an aspect of their interaction with Ipswich Hospital. These are a valuable tool to identify trends which enable us to improve the service where it may be necessary.

The Ipswich Hospital NHS Trust is committed to providing a complaints service that is fair, effective and accessible to all. Complaints are a valuable source of feedback about our services. We undertake to be open and honest and where necessary, make changes to improve our service.

Complaints service
Complaints are always taken seriously as they highlight the times we let down our patients and their families. Each complaint is treated as an opportunity to learn and improve the service we provide. The Trust listens and responds to all concerns and complaints which are treated confidentially and kept separately from the complainant’s medical records. Making a complaint does not harm or prejudice the care provided to the complainant.

How complaints are managed within the hospital
We aim to respond to complaints within 28 working days from receiving the complaint. This year, 100% of complaints received were responded to in 28 working days or a revised timescale agreed with the complainant, against a Trust target of 100%. Every effort is made to contact each complainant within 24 hours of the complaint being logged by the complaints team. These calls, known as 24 hour courtesy calls, are made by a senior manager and are seen as an opportunity to:

- gain insight to understand the key issues that need to be resolved;
- take time to understand the exact nature of the complaint as this will help to ensure a thorough and meaningful response;
- explain the 28 working day timeframe for our response and establish the method in which the complainant would like to receive our feedback, for example a letter or a face to face meeting; and
- help build relationships with the complainant, help them to feel part of the process and demonstrate that we take their concerns seriously.

Reopened complaints
During the year 2016/17, 28 (5%) of the complaints received were reopened. One of the main reasons for reopening a complaint has been identified as poor or inaccurate investigation. To address this, the Trust has developed a more robust process for ensuring all matters raised within a complaint are adequately addressed. The Trust has a process whereby each reopened complaint is reviewed and where necessary, a Non-Executive Director is involved in the subsequent investigation.

Complaints are categorised in three ways, depending on their severity:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>High level</td>
<td>Multiple issues relating to a longer period of care including an event resulting in serious harm.</td>
</tr>
<tr>
<td>Medium level</td>
<td>Several issues relating to a short period of care including, for example, failure to meet care needs, medical errors, incorrect treatment, attitude of staff or communication.</td>
</tr>
<tr>
<td>Low level</td>
<td>Simple, non-complex issues including, for example, delayed or cancelled appointments, lack of cleanliness, transport problems.</td>
</tr>
</tbody>
</table>
Complaints to the Parliamentary and Health Service Ombudsman (PHSO)

During 2016/17, 8 cases were investigated by the Ombudsman as the complainant was unhappy with the response received from the Trust. Of these, 2 cases are still being investigated, 5 cases were not upheld; and 1 case was partially upheld. The Ombudsman now publishes data on an annual and quarterly basis. This data is published to give statistical insight into the complaints the Ombudsman receives and investigates to encourage discussions and help organisations assess the efficiency of their own complaints handling process.

What are we doing to make improvements to complaints handling?

Following the feedback from the complaints survey undertaken in 2014 following which a number of changes were implemented, we now undertake an annual survey of 100 complainants to understand their experience of the complaints procedure and make changes to our processes where appropriate.

Learning from complaints

While information drawn from surveys and other forms of patient feedback is important, every complaint received indicates that for that person or their family, they did not receive the high quality care they rightly expected.

Complaints and informal concerns raised through the PALS service are an important method by which the Trust assesses the quality of the service it provides. We take patient complaints very seriously and have responded to them in various ways to improve the quality of care we provide, as the examples on the next page show.

Chart 12 – Our performance over the last three years:
Patient experience
Learning from complaints

Top three subjects of complaints

<table>
<thead>
<tr>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspects of care</td>
<td>Elements of treatment</td>
<td>Elements of treatment</td>
</tr>
<tr>
<td>Elements of treatment</td>
<td>Poor communication</td>
<td>Aspects of care</td>
</tr>
<tr>
<td>Communication and information</td>
<td>Attitude of staff</td>
<td>Attitude of staff</td>
</tr>
</tbody>
</table>

Complaint | Action taken
---|---
Lack of appropriate changing facilities in the Diagnostic Imaging (X-Ray) Department. | Diagnostic Imaging - Fold down chair installed in changing cubicle. Shelf installed in changing rooms. Coat hooks put up at suitable height for seated patients. Dressing sticks to be ordered.
Poor attitude of reception staff. | Emergency Department - A dedicated line manager and team leader have recently been assigned to the reception staff in the Emergency Department to monitor and ensure that all behaviour is appropriate for the environment in which they work.
Despite asking a number of times, a family were not given the opportunity to speak with a consultant | Lavenham Ward has introduced a new process for arranging meetings between the families of inpatients and consultants.

For the period April 2016 - March 2017, our PALS team dealt with the following queries

**PALS Level 1 Enquiry/Concern**
Matters that simply require straightforward information or signposting other service providers such as dentists, mental health services and GPs. 1,407

**PALS Level 2 Enquiry/Concern**
Matters that simply require resolution such as concerns relating to the quality of care received, pain management, discharge arrangements and difficulties experienced in trying to communicate with ward staff, chasing appointments or test results. 1,171

Total 2,578

**Patient Advice and Liaison Service (PALS)**
The PALS team handles queries and concerns in a practical way, resolving and addressing issues at source to prevent matters escalating. This is seen as a positive step towards taking more responsibility for issues as they arise.

PALS contacts are graded as either PALS 1 or PALS 2:

PALS 1 are contacts that require straightforward information or signposting.

PALS 2 are contacts relating to a matter which needs to be resolved or addressed.

PALS offer patients, carers and visitors:
- advice and signposting - helping to navigate the hospital and its services;
- compliments and comments - PALS can pass on compliments and ideas to improve services; and
- PALS can address a non-complex issue informally, often preventing a formal complaint being raised.

Typical matters raised with PALS include:
- patients chasing test results;
- patients chasing appointments;
- families and carers raising concerns regarding elements of inpatient care;
- patients being unable to contact clinics by telephone; and
- messages left not being returned.
Good environments matter, and every patient should be cared for with compassion and dignity in a safe and clean environment. PLACE assessments provide a clear message, directly from patients about how the environment or services could improve. Patients must make up at least 50% of the assessment team. Anyone who uses the service can be a patient assessor, including patients, their family, visitors, carers or patient advocates. The assessment teams go into hospitals to assess how the environment supports patients’ privacy and dignity, food, cleanliness and general building maintenance. The assessments take place every year, and results are reported publicly.

Patient-Led Assessment of the Care Environment (PLACE) is a self-assessment of a range of non-clinical services by local volunteers (patient assessors) which contribute to the environment in which healthcare is delivered in both the NHS and independent healthcare sector in England.

The annual PLACE assessment involves local volunteers (patient assessors) going into hospitals to assess how the environment supports delivery of care. The assessments focus entirely on the environment and do not cover clinical care provision. The role of the assessors is to:

- assess what matters to patients/the public;
- report what matters to patients/the public; and
- ensure the patient/public voice plays a significant role in determining the outcome.

Trusts have six weeks’ notice of the specified timeframe during which the PLACE assessment must occur.

The purpose is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care against criteria which represent aspects of care that patients have identified as important, and identified good practice.

The assessment falls into five categories:

- cleanliness;
- food and hydration;
- privacy, dignity and wellbeing (how the environment supports delivery of this);
- condition, appearance and maintenance of premises;
- disability (new for 2016); and
- dementia-friendly environment.

It is recognised that hospital buildings vary in age and design; which may limit their ability to meet the criteria. However, it is important that the assessment is based on standard criteria and no allowances are made for such factors. The scores awarded reflect what was seen on the day.

The assessments take place annually, and results are reported publicly by the Health and Social Care Information Centre (HSCIC) to drive improvement. Comparison between assessments is difficult due to changes in methodology.

The PLACE process requires organisations to respond formally to their assessments and develop a plan for improvement.

Support for assessors

The term ‘patient assessors’ covers people whose experience of the hospital is as a user, including relatives, carers, friends, patient advocates and volunteers. The number of patient assessors should always be at least equal to the number of hospital staff.

PLACE assessors were drawn from the pool of Trust volunteers, user representatives, Healthwatch Suffolk and for this year, representatives from youth’ groups already actively engaged with the Trust.

Training sessions were held for assessors in the weeks leading up to the assessment, which took place on 6 April 2016. All of the patient assessors attended for training, with ‘new’ assessors being accompanied by a patient assessor who had previous PLACE experience.

There were five assessment teams consisting of at least two patient assessors, accompanied by other members of staff. Staff members included members of the Patient Experience team, Estate and Facilities team, senior nursing staff, infection control, and hotel services contractors, with one member of each team acting as ‘team leader’.

Scope of the assessment

A minimum of 25% of wards (or ten, whichever is the greater) and a similar number of non-ward areas must be assessed. Each area assessed must be:

- sufficient to allow the PLACE team to make informed judgements about those parts of the hospital it does not visit;
- where possible, focus on areas of the hospital not included in recent PLACE assessments so that over a period of time all areas will be assessed;
- include all buildings of different ages and conditions; and
- include departments/wards where a high proportion of patients have dementia or delirium.
Patient experience
Patient-Led Assessment of the Care Environment (PLACE)

Each team makes the final decision on which patient areas they will inspect, but they must ensure that the wards and areas chosen are reflective of the range of services and buildings across the hospital. Different areas are selected each year so that all areas are assessed over a period of time.

Scoring
Scores are based on the conditions seen at the time of the assessment. It is made clear to assessors that they must score the hospital on how it delivers against the defined criteria and guidance. No allowance is made for infrastructure, age or design of the Trust’s buildings.

To achieve a pass, all aspects of all items must meet the definition/guidance as set out in the assessment criteria. There is no margin whereby an item can fail to meet the required standard but still achieve a pass.

Assessment teams need to exercise judgement, and will discuss and agree which score to apply where it is obvious that a fail is not appropriate. As an example, a small amount of fluff on a floor would not be deemed as a fail, but fluff under every bed and/or in every corner would be a fail.

Food audits
Teams must base their scoring on what is observed and said rather than rely on assertions of what usually happens. Assessors must:
- undertake the assessment on the ward, from the same food as provided to patients;
- if possible, assess both the lunchtime and evening meal services to obtain a rounded view and to improve the accuracy of the assessment;
- taste all food on offer to patients;
- taste food at the end of patient meal service to ensure that temperatures have been maintained at an acceptable level for the last patient to be served;
- watch how food is served to check for the care taken in presentation; and
- observe how staff are involved in the meal service and how they provide help for those patients who require it.

Areas assessed in 2016
The following areas were assessed in 2016:

Wards:
- Bergholt Ward
- Brook Ward
- Claydon Ward
- Framlingham Ward
- Grundisburgh Ward
- Kesgrave Ward
- Lavenham Ward
- Saxmundham Ward
- Sproughton Ward
- Woodbridge Ward

Outpatient Clinics:
- Clinic F (Oral Surgery and Orthodontics)
- Dermatology Clinic
- Eye Clinic
- Fracture Clinic
- Garrett Anderson Centre Eye Suite
- Lymphoedema Clinic
- Pain Clinic/Gynaecology Physiotherapy
- Pre-operative Assessment
- Radiotherapy Department
- Renal Unit
- Rheumatology Department
- South Gym/Chest Physiotherapy
- Trauma & Orthopaedics
- Urology Investigation Suite

Findings

Food audits were conducted on:
- Brook Ward
- Grundisburgh Ward
- Lavenham Ward
- Saxmundham Ward
- Sproughton Ward

General areas (these must be assessed every year):
- Emergency Department
- communal areas inside the hospital building
- external grounds.

An action plan following the 2016 PLACE survey has been written, but below are some key comments made by the patient assessors during the assessment.

Cleaning
- Light dust on some of the ward equipment.
- Alcohol hand gel not available at every bedside.

Condition and appearance
- Many areas require redecoration or refurbishment - vinyl flooring, paint scuffed, furniture worn.
- No facilities for patients to lock away valuable property.
- Inadequate variety of seating in dayrooms and waiting areas.
- Some bathrooms not fitted with modesty curtain inside door.
Patient experience

Patient-Led Assessment of the Care Environment (PLACE)

Dementia
- Inappropriate vinyl flooring.
- Mirrors not able to be covered or removed.
- Doors not painted to either emphasise or disguise them.
- No displays of calendars, clocks, ward and hospital name.

Disability - new criterion for 2016
- No assistance in reception/clinic areas for visually/hearing impaired.

Catering
- Main course and dessert not served separately.
- Lack of separate dining areas away from bedside on most wards.
- Protected mealtimes not in universal operation.

Privacy & Dignity
- No private rooms on wards for confidential conversations.
- Patients cannot leave most outpatient areas without passing back through the waiting room.
- Lack of communication aids for hearing/visual impairment.

Next steps
All trusts are required to formally respond to the findings of a PLACE assessment and develop an action plan for improvement. Each hospital, ward and department audited was given the results of the assessment in order to create an action plan for improvement. These are monitored through Divisional governance processes.

What are we doing to make improvements?
- Provision of water coolers to all wards so that chilled water is available at all times.
- Implementation of a backlog maintenance and redecoration programme.
- Removal of smoking shelters and bins in line with guidance issued by Public Health England.
- Repair/replacement of fixtures and fittings as required.
- Provision of a range of seating availability in waiting areas.
- Improvement of signage in waiting areas.
- Dementia-friendly flooring being laid in new builds.
- Repainting all public toilet doors.
- Repainting all ‘staff only’ doors in public places.
- Explore availability of free services with current provider.
- Removal and clearance of gutters across the site.
- Repair pot holes across the site.
- Apply high visibility nosing to stairs where required.
- Ongoing replacement of pavements across the site.

Chart 13 – Ipswich Hospital PLACE audit scores 2016
Patient experience
Patient-Led Assessment of the Care Environment (PLACE)

The annual PLACE self-assessment of community hospitals took place on 30 March 2016 at Bluebird Lodge, on 21 April 2016 at Aldeburgh, and on 15 March 2016 at Felixstowe.

What are we doing to make improvements in the community hospitals?
Each community hospital was given an action plan based on the issues noted during the PLACE assessment and the following actions have been completed:

✓ reviewed the provision of appetisers with main meals;
✓ the quiet room is now more appropriate for use by patients, relatives and visitors;
✓ advice on allergies is now more readily available to patients and their relatives and visitors;
✓ external signage has been repaired where required;
✓ cleanliness standards have been improved by reviewing staff rotas and shift patterns to ensure sufficient cleaning staff are available;
✓ a plan has been developed to replace all shower drains in community buildings;
✓ local signage and how it is displayed has been reviewed to assist patients with way-finding; and
✓ car park lining has been repaired where required.

Chart 14 — Community Hospital PLACE audit scores 2016

Aldeburgh Community Hospital

Bluebird Lodge Community Hospital

Felixstowe Community Hospital
The Trust continues to work towards the achievement of the NHS pledges as outlined in the NHS Constitution to ensure that all staff feel trusted, actively listened to, provided with meaningful feedback, treated with respect at work, have the tools, training and support to deliver compassionate care, and are provided with opportunities to develop and progress.

As part of our cultural change, we have an ambition that our staff will highly recommend Ipswich Hospital as:
- a place to work;
- a place to receive treatment; and
- a place to be trained.

National NHS Staff Survey
The 13th national NHS staff survey took place in Quarter 3 with a random selection of staff from all Trusts required to participate. Of the 1,216 staff invited to take part, 559 responded. The response rate of 46% was above average for acute trusts in England and comparable to the 49% response rate in the 2015 survey.

Key Findings
Our staff engagement and motivation score showed a slight decrease from 3.85% to 3.81% (1 being poorly engaged staff to 5 being highly engaged staff). This is an average score when compared with other acute trusts. However, we continue to encourage further engagement and to increase staff ability to contribute towards improvements at work.

Staff recommendation of the organisation as a place to work or receive treatment remains above average.

There are no statistically significant changes in the scores from last year. However, after last year when the Trust improved in 24 areas, it was disappointing to have 5 improved scores, 4 remain the same and some slight decreases. This has affected our performance against the average comparator for all acute trusts where we now have 21 comparators below average, 5 equal to the average and 6 above as opposed to the 28 equal to and above in 2015.

The Trust has 3 scores in the top 20%:
- believing the Trust provides equal opportunities for career progression;
- feeling unwell due to work related stress in last 12 months; and
- experiencing physical violence from staff in last 12 months.

These along with the next 2 scores, form the 5 top ranking scores where Trust percentages compare most favourably with other acute trusts:
- staff/colleagues reporting most recent experience of violence; and
- reporting errors, near misses or incidents witnessed in the last month.

Areas to address
A new appraisal process Improving Together was launched in April 2016 and was half way through its first year when the staff survey was undertaken. Feedback about the new process has been positive but still needs to be fully implemented and embedded before outcomes can be evaluated.

In December 2016, we appointed a Freedom to Speak Up Guardian to ensure there was a dedicated ‘go to’ person when staff need to speak up and other avenues are not suitable. We will also be looking at all ways in which to improve this score (see pages 74 and 75).

Taking care of health and wellbeing is a key priority in the challenges we face going forward. Appointing a specialist partner in 2016 to provide an Employee Assistance Programme for support and advice was a key driver for this agenda. In addition, we are working with Suffolk Mind to implement a plan to train and support staff on emotional

Table 6 – Staff recommendation of the organisation as a place to work or receive treatment

<table>
<thead>
<tr>
<th>Questions - Key Finding</th>
<th>Staff recommendation of the organisation as a place to work or receive treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of patients/service users is my organisation’s top priority.</td>
<td>2016 score 77%</td>
</tr>
<tr>
<td>My organisation acts on concerns raised by patients/service users.</td>
<td>My organisation acts on concerns raised by patients/service users.</td>
</tr>
<tr>
<td>I would recommend my organisation as a place to work.</td>
<td>I would recommend my organisation as a place to work.</td>
</tr>
<tr>
<td>If a friend or relative needed treatment, I would be happy with the standard of care provided by the Trust.</td>
<td>If a friend or relative needed treatment, I would be happy with the standard of care provided by the Trust.</td>
</tr>
<tr>
<td>Staff recommendation of the organisation as a place to work or receive treatment.</td>
<td>Staff recommendation of the organisation as a place to work or receive treatment.</td>
</tr>
</tbody>
</table>
Workforce

need, effective communication and stress management. This is a programme of personal development to support and improve emotional wellbeing amongst all grades of staff.

As part of the workforce strategy review and non-mandatory training provisions, we will be looking at training, information, and communication needs.

Recruitment of staff
Recruitment drive initiatives have also been undertaken to address difficult to fill posts and to reduce the number of times that staff are required to work extra hours. We have held three international nurse recruitment campaigns and taken a number of actions to address our ‘difficult to recruit to’ posts.

Listening to and engaging with our staff
The Trust’s vision and values were developed by staff, patients and key stakeholders and apply to all with crucial linkage between good patient and workforce experiences.

We plan to have a stronger focus on having conversations with staff on what matters to them.

The findings from the staff survey will help inform targeted, robust actions for continuous improvement as essential steps to restore our workforce position and ensure the Trust is a good place to work and train. The Trust’s corporate strategy for 2017 - 2022 Writing the next chapter has recently launched, and patient experience and workforce strategies are being prepared which will underpin the actions we are taking to address the findings from our staff survey. We will ensure this is a key priority including fully addressing the linkage between staff experience and patient experience.

Good communication between senior managers and staff has been a common theme raised by staff in recent years and this will be one of areas for focus during 2017/18.

Workforce Race Equality Standard (WRES)
The NHS WRES was introduced in 2015 to help enable Black Minority Ethnicities (BME) to have equal access to career opportunities and fair treatment in the workplace after research indicated potentially less favourable treatment of these groups in the NHS.

The Trust measures progress against 9 indicators of workforce race equality which focus on any differences between the experience and treatment of White and BME staff. This also marks the level of BME representation at senior management and board level and helps to plan evidence based action. A national database will be benchmarking national and local progress.

There is a substantial improvement for the Trust in metric KF26 for BME staff experiencing poor conduct from other staff which has decreased from 43% to 26% in 2016.

The full and summary survey reports for Ipswich Hospital are available at www.nhsstaffsurveys.com

Table 7 – Our performance over the last two years

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>2015 score</th>
<th>2015 Average for acute trusts</th>
<th>2016 score</th>
<th>2016 Average for acute trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>KF21 percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.</td>
<td>White 92%</td>
<td>89%</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>BME 67%</td>
<td>75%</td>
<td>62%</td>
<td>76%</td>
</tr>
<tr>
<td>KF26 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</td>
<td>White 23%</td>
<td>25%</td>
<td>28%</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>BME 43%</td>
<td>28%</td>
<td>26%</td>
<td>27%</td>
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Equality and Diversity

Equality is about fair and inclusive treatment. It is protected in law with the aim that we can all live and work in a society where everyone can participate, have opportunity to fulfil potential and fair access to services and employment.

Diversity supports equality, recognising and understanding the broad range of differences which makes someone unique such as their culture, belief, gender, age, physical or mental abilities, and also their experiences, needs, expectations or responsibilities.

Being fair and inclusive means valuing and respecting a person’s diverse requirements, thoughts and contribution. Equality and diversity work in unison to achieve all this.

Why this agenda is important

The people we serve and employ are becoming increasingly diverse with varied needs, but everyone needs to feel valued and included and treated fairly and respectfully. The Trust, our patients, staff and stakeholders have all identified and made a commitment to this within our shared values and our expectations of conduct. Everyone is responsible for supporting this agenda.

Our responsibilities and ensuring delivery

Equality, firmly underpinned in the Equality Act 2010, ensures people do not receive unfair treatment or be subjected to discrimination or harassment due to their age, race, gender, belief, sexual orientation, transgender, in marriage or civil partnership or in pregnancy or maternity. To ensure we meet these responsibilities, the Workforce, Development and Education Committee overviews this agenda for the workforce, whilst the Quality Committee reviews service provision.

NHS Equality Delivery System

Like all NHS organisations, the Trust uses the Equality Delivery System (EDS2) to implement equality and diversity strategies and the Public Sector Equality Duty. There are four overarching goals:

1. better health outcomes;
2. improved patient access and experience;
3. a representative and supported workforce; and
4. inclusive leadership


Engagement and involvement with patients, staff and stakeholders

A key part of EDS2 is the identification of stakeholders from patients, staff, or local interest groups to secure meaningful engagement to help assess and evaluate where we are and how to progress. This partnership approach to engagement and involvement with communities helps us focus on what matters most for our patients, communities and staff.

Embedding equality and diversity

EDS2 helps identify, develop and implement objectives to continue to make real, sustainable improvement to our services and working conditions whilst delivering better outcomes and benefits to meet the needs of staff and service users. The equality objectives and priorities are also aligned to the Trust’s organisational priorities to ensure relevance and to realise full benefits within the Trust’s corporate, workforce and patient strategies. This helps embed the agenda into our governance structure and into all activities for effective implementation.

NHS Accessible Information Standard (AIS)

Application of the AIS helps to meet needs in relation to a disability, impairment or sensory loss which affects the ability to communicate.

The AIS applies to patients, carers or parents. We try to address any information/communication support needs to enable better access to services and care to give a better patient experience.

Commitment to promoting equality and diversity in the workforce, and inclusive leadership is crucially associated with increased patient-centred innovation, care, staff morale and access to a wider talent pool.

Workforce Race Equality Standard (WRES)

EDS2 covers all areas of diversity across services and the workforce. The WRES focuses on workforce and race as a particular NHS need to improve performance in this area where there is potentially less favourable treatment and experience of BME staff in the NHS.

Workforce Disability Equality Standard (WDES)

The WDES is a new development to improve performance. We will also be looking to improve services for those with a disability.

Care Quality Commission (CQC)/ equality diversity and human rights agenda

Equality and diversity is inspected by the CQC as part of the ‘well led’ domain of the NHS inspection programme. This includes analysis of EDS2 and WRES reports, action plans and how issues arising from equality data are addressed.

Our commitment continues

The Trust aims to achieve a diverse workforce reflective of and sensitive to the needs of the community. We will work towards eliminating discrimination, promoting equal opportunity and removing barriers to fair and equal treatment of staff and patients. Support from the Trust Board ensures full ownership and accountability for this agenda. The Board is involved in and approves equality developments and understands their role, and legal requirements.
Workforce

Freedom to Speak Up Guardian

Our first Freedom to Speak Up Guardian, Tom Fleetwood, took up his post on 1 December 2016. Tom is working across both Ipswich and Colchester Hospitals for three days each week.

Guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.

Tom grew up around the Colchester area and was a non-executive director of Colchester Hospitals University NHS Foundation Trust until taking up the Guardian role. He had a long career in the Army, the last three years of which were spent as the Commander of Colchester Garrison.

Tom said: “I am very honoured to be appointed to this role and to be given the opportunity to support all staff, at every level. This will be a challenging job, but with considerable opportunity and I am looking forward to it.”

The Freedom to Speak Up Guardian role was developed as a recommendation of the Francis Review, looking at failings in care at Mid-Staffordshire NHS Trust to make sure that hospitals have a dedicated ‘go to’ person for when staff need to speak up and other avenues are not suitable.

Acting in a genuinely independent capacity, Tom will work alongside both boards of directors and executive teams to continue developing both organisations as open and transparent places to work.

Guardian of Safe Working Hours (GSWH)

The Guardian of Safe Working Hours has been introduced to protect patients and doctors by making sure doctors and dentists are not working unsafe hours.

The Guardian of Safe Working Hours is responsible for protecting the safeguards outlined in the 2016 terms and conditions of service for doctors and dentists in training. It is a role intended to be undertaken by a consultant or someone of equivalent seniority. The guardian reports directly to the Trust Board and is independent of the management structure within the organisation. Dr Mark Garfield, a consultant anaesthetist, has been appointed to this role for the Trust.

To fulfil this role, the Guardian will:

- act as the champion of safe working hours;
- receive exception reports and record and monitor compliance against terms and conditions;
- escalate issues to the relevant executive director, or equivalent for decision and action;
- intervene to reduce any identified risks to doctors/dentists or to patient safety;
- undertake a work schedule review where there are regular or persistent breaches in safe working hours; and
- distribute monies received as a consequence of financial penalties, to improve training and service experience.

The Guardian attended the launch meeting in July 2016, and is a member of the regional network, the first meeting of which was held in February 2017. He also attended the second national Guardian event in March 2017. The networks will support the development of the GSWH role and the sharing of best practice.
The 2016 contract went live on 3 August 2016. Within the Trust the FY1 doctors in general surgery, trauma & orthopaedics, anaesthetics and psychiatry transitioned on 7 December 2016. This comprises a total of 16 doctors. On 6 March 2017, 7 paediatric registrars transitioned to the new contract.

The Trust uses an electronic exception reporting system (Allocate) which enables doctors to submit exception reports from any IT device. The system also supports the management of exception reports and work schedule reviews so the Guardian can monitor progress with resolving issues. A doctor can submit an exception report if their working pattern varies from the work schedule or they have missed educational opportunities. To date, no exception reports have been submitted.

Engagement
The Guardian of Safe Working Hours and the Post-Graduate staff have worked with the Educational Supervisors and met with the Medical Staff Committee to explain the new role and its requirements.

Junior Doctors Forum
The Guardian and the Director of Medical Education have established the Junior Doctor Forum which is a requirement of the 2016 contract. The inaugural meeting was held in mid-January. There was limited attendance from junior doctor representatives, however, this is comparable to the experience of other trusts. Methods to improve junior doctor engagement have been discussed with the Local Negotiating Committee.

Terms of reference and membership have been approved and the Forum will meet quarterly. The junior doctors elect their Forum representatives and they have been encouraged to widen their membership to include a more diverse representation across the Trust.

Rota gaps
There are a number of gaps in rotas across the Trust due in part to vacancies. These are being proactively managed and covered in a number of different ways, including the appointment of Trust doctors, use of temporary staff (bank and locums) and the reassignment of some medical roles to nurse specialists, in order to limit the impact on patients.

Our key achievements
✓ Appointment of Dr Mark Garfield as Guardian of Safe Working Hours.
✓ Task and finish group initiated to ensure compliance with national timescales for implementation of new junior doctors’ contract.
✓ Establishment of a Junior Doctors Forum to assist the GSWH in carrying out his role.
✓ Transition of junior doctors to the new contract according to the national timeline, with phased implementation until October 2017.
✓ Quarterly Board reports submitted in January 2017 and April 2017, for Q3 and Q4.
✓ Guardian attendance at the Local Negotiating Committee meeting to report on and discuss issues.
✓ Training events held on the exception reporting and work schedule review process with junior doctors, and presentation about the role to the Medical Staff Committee.
✓ Support and on line training provided to educational supervisors regarding their role regarding work schedules and exception reporting.
✓ Development of the Exception Reporting and Work Schedule Review Policy.
✓ Review of junior doctor rotas to ensure compliance with the 2016 contract requirements.
✓ Appointment of a champion of flexible training to provide support and advice to less than full time trainees.
✓ Completion of the Equality Impact Assessment for the implementation of the new contract in accordance with the Public Sector Equality Duty obligations.
Our Schwartz Journey:
Helping to build #teamipswich

Workforce

Some of our topics:
- 'End of Life Care— caught between the patient and their family
- ‘The challenge of respecting culture in a crisis, coping when behaviour is scary and intimidating’
- ‘Care giving at work, care giving at home – the juggling act’
- ‘What makes for a compassionate patient / carer relationship’
- ‘A complaint I’ll never forget’

Yikes! A hard act to follow?
- The first 6 months – 259 attendees.
- Second 6 months – 507 attendees.

Highs?
- The amazing start and commitment shown by the whole organisation.
- Hearing people’s stories and seeing how Schwartz brings people together – building bridges across the organisation.
- Feedback from individuals who have experienced positive change after attending a round.
- SS engagement – poster on the panel for ‘Praise & Positivity – reflecting on the impact of ‘Thank you’.
- Tracy investigating innovation – setting up Pop-Up Schwartz in Critical Care and joining our facilitator team.
- ‘Coming back to work after a bereavement’ – an amazing round – superb panel and sharing from the audience made this truly memorable and moving.

Quotes from audience members:
"Really helpful having other peoples experience when not just beginning my journey."
"What people said made a lot of sense – support each other. No one comes to work to do a bad job – they just have a bad day!"
"Did not expect trust to be discussed as much which is brilliant. Trust and support within the team! Thank you."

Staff survey improvements
- The willingness to recommend the Trust as a place to work or receive treatment – Better than the 2014 survey and above average compared with all acute trusts.

What our panelists said:
"It’s not often that we get an opportunity to reflect upon our practice and to share our experiences with the wider hospital community. Over the last few months I have attended several of the Schwartz Rounds. I have found that they give an opportunity to acknowledge that we can have a mixture of excellent at work, sometimes we can get frustrated, worried, angry or upset but, at other times, we are proud of both a job well done and of being part of an effective team that cares for our patients.
"I found it to be both an excellent and empowering experience and an amazing forum in which to share my experiences and challenges with a vast range of fellow colleagues.
"It was very nervous initially, but I have thoroughly enjoyed it. I’m very grateful to be part of this organisation."

Lows?
- All tiring and needing to find our new clinical lead.
- Doctors strikes leading to cancellations!

Stepping out: Round 1 – one we’ll never forget!
- Topic – ‘A patient I’ll never forget’.
- Panel – Nick Hulme (CEO), Aamah Syed (doctor) and Frances Bolger (Head of Nursing).
- 120+ attendees: standing room only – no pressure then!!!
- Comments:
  - ‘Delighted to participate and well facilitated’
  - ‘Very powerful’
  - ‘Excellent first round’

Our Schwartz Journey:
Helping to build #teamipswich

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"It was very nervous initially, but I have thoroughly enjoyed it. I’m very grateful to be part of this organisation.”

What next?
- Involving our community partners and linking with Colchester Hospital.
- New clinical lead to find and expand the group of facilitators.
Schwartz Rounds

Schwartz Rounds are structured, monthly one-hour meetings open to all staff in the organisation. The purpose is to reflect on the experience of working in healthcare, rather than to solve problems or look for answers. Evidence shows that staff who attend Rounds feel more supported, valued and connected with others.

The Trust was shortlisted for two awards at The Point of Care Foundation’s inaugural Schwartz awards. We are proud to be recognised by The Point of Care Foundation, who share our values of looking after ourselves and each other to better care for our patients.

Our Trust was shortlisted in the ‘Most powerful Schwartz Round’ and ‘Best Schwartz Round innovation’ but unfortunately was not selected as a winner.

Most powerful Schwartz Round

We have experienced Rounds with varying degrees of emotional content and audience sharing and noted how people are becoming more willing to connect their personal experiences and the professional boundaries between ‘them’ (the patients) and ‘us’ (the professionals). This became clearest at our Round in July 2016: ‘Coming back to work after a bereavement or other life-changing experience’.

We identified this as a topic in response to feedback from previous attendees and identified four panel members with relative ease. Unfortunately two withdrew, leaving us with just two. This caused the facilitators some anxiety as they worried about how the time and space would be filled! However, the two remaining panellists had such compelling and well-presented stories that provided the basis for a truly interactive and engaging Round with 57 attendees.

The panellists’ experiences were powerful emotionally in their content but also how they arrived at the overlap and interface between personal and professional with little or no prompting with phrases such as ‘now I understand more deeply how my patients/their relatives might be feeling’ and ‘I can use my own experience to really empathise with patients’. They talked of the deepening of their understanding of their work and relationships with patients/families and talked in detail and with honesty about the challenge to come back to a workplace after bereavement. And yet, their gratitude and appreciation for the support shown to them by colleagues was immense and uplifting. One panellist talked about her ‘corridor friends’, many of whom had no idea what she had been through. She valued these snippets on the corridors as opportunities for normality, and to not be defined by her loss.

Their stories held the room and in turning to open out the discussion the facilitators were struck by the feeling of warmth emanating towards the panel - there was a brief period of silence where it was clear people were digesting the stories and gathering thoughts; there were some tears. Personal experiences of the audience were recounted; these experiences were respected and ‘held’ by those in the room with connections made between personal stories and experiences and how every day we choose to come to work in a place where ‘all this is going on’ for our staff as well as patients.

“Thank you for helping me, it was a privilege to attend and talk about my experience and it has made me a stronger person and helped me to get some closure. You guys are amazing and do such a great job. I truly find it a great honour to work for The Ipswich Hospital NHS Trust and I feel so proud to be part of this fantastic organisation. I find I can now fully appreciate and understand the difficult emotions our patients go through in this difficult time and not just to show compassion but to really listen with empathy and assist them in the best way possible.”

Satnam Kaur, ward clerk, and panellist for July 2016 Schwartz Round “Coming back to work after a bereavement or other life-changing experience”
Workforce

Appraisal & Revalidation

Medical staff

The Trust is required to provide assurance to the Board, our regulators and commissioners that we have effective systems in place to ensure we meet with nationally agreed standards for medical appraisal and revalidation.

Licensed doctors are required to have a formal link known as a prescribed connection with a single organisation, identified as the designated body, which will provide support with their appraisal and ultimately their revalidation.

Following the launch of Medical Revalidation in 2012 the Trust has been committed in strengthening its processes and ensuring that all doctors with a prescribed connection are in the system of an annual appraisal and revalidation.

Revalidation is the process by which a doctor’s licence to practise is renewed and is based on local organisational systems of medical appraisal and clinical governance. The Trust is required to provide assurance to the Board, our regulators and commissioners that we have effective systems in place to ensure we meet with nationally agreed standards for medical appraisal and revalidation.

The Annual Organisational Audit (AOA) Report is a tool used to achieve a robust consistent system of revalidation compliant with the Responsible Officer Regulations. The mandatory audit contained within the AOA report provides a process by which every Responsible Officer, on behalf of their designated bodies, provides a standardised return to the higher-level Responsible Officer. The collated audits then form the basis of a report to Ministers and ultimately the public, on the overall performance of revalidation across England.

The Trust currently has 302 doctors with a recognised prescribed connection and for the 2016/17 appraisal year reported compliance of 91%. In the last 4 years the Trust has successfully revalidated 225 doctors.

Nursing staff

Every three years nurses and midwives are required to renew their registration with the Nursing and Midwifery Council (NMC) by demonstrating they have met certain requirements showing they are keeping up to date and actively maintaining their ability to practise safely and effectively. They are also required to pay an annual fee to remain on the register.

As at 31 March 2017, Ipswich Hospital employs 1,595 NMC registrants who will need to undergo revalidation, including central bank staff. All NMC registrants, hospital and community based, who have a revalidation date between February-August 2017 have now been contacted and offered support and all confirmers have been offered training. Registered Nurses (RNs) approaching revalidation are sent monthly reminders to their home address and via email in the 3 months preceding their revalidation date.

To date, 650 registrants have been contacted in regards to their revalidation requirements, either via drop in sessions, team meetings or 1:1 sessions.

As at 31 March 2017, 470 RNs have undergone the revalidation process successfully and 10 RNs have been granted exceptional circumstances due to maternity and sick leave. Whilst there have been no unexpected lapses, two RNs arranged for a lapse of their registration due to change in their employment.

The NMC Revalidation intranet site has been kept up to date with extra help guides and templates. This will continue to be updated as new information emerges.
Colorectal surgeon wins European award

One of our consultants has become one of the most qualified colorectal surgeons in the country after scoring the highest marks in Europe in an advanced specialist exam.

Arshad Malik has received the Lars Påhlman medal after out-scoring more than 100 candidates who sat the European Board of Surgery Qualification (EBSQ) in Coloproctology during 2015.

Mr Malik, who is a consultant laparoscopic colorectal and general surgeon, has become the first person to ever receive the medal, which is named after late EBSQ honorary member Professor Lars Påhlman. He was presented with the award during a ceremony in October 2016 at an educational conference in Milan, which was attended by thousands of colorectal surgeons from all over the world.

The EBSQ exam is the first of its kind looking at the colorectal sub-specialty in Europe and the UK. To pass, candidates must complete a written paper, discuss specific patient problems, assess 10 to 12 patient scenarios, examine specimens and critically appraise a paper written by one of their peers.

Following his success, Mr Malik is working with colleagues and using his expertise to increase the range of specialist treatments available to patients choosing to come to Ipswich Hospital.

“I was very pleased when I heard I had scored the highest in Europe and the UK, and would partly like to dedicate my award to Ipswich Hospital. I have received excellent support from colleagues throughout,” said Mr Malik. “I also hope that this success will further enhance the growing reputation of our department. By working well as a team, we are helping Ipswich to become one of the country’s best hospital for colorectal care. I carry out 95% of suitable cancer operations by keyhole surgery compared with a UK average of 40 -50%, which means patients can recover more quickly and with fewer complications.”

“We are also bringing in some specialist operations which are only carried out in selected hospitals across the UK, such as minimally invasive procedures for cancer. This is great news for our patients as it means they do not have to stay in hospital as long, can recover faster and have less chance of developing infections or other complications. It also means that anyone who needs chemotherapy after their surgery can begin their treatment sooner.”

Looking after our staff

In October, the Trust launched a new wellbeing support programme including a new counselling service.

The Trust has joined forces with national organisation CiC. The new service includes access to 24/7 telephone counselling and aims to support staff experiencing pressure, bullying and harassment, performance at work, marital, family and relationship difficulties, stress, anxiety and depression, alcohol/substance misuse and addictive behaviour, bereavement and work-life balance issues.

As CiC is an external, independent organisation, staff are assured the support and advice is confidential. As well as emotional support, CiC can also help with practical matters on debt management, legal and tax advice and child, elder and disability care issues.

The work we have started with Suffolk Mind will enable a culture of emotional support and resilience, awareness of mental health issues, how to spot them and how to implement the solutions to improve mental health wellbeing.
Volunteers

Every one of our volunteers makes a real difference to people in hospital.

It has been a year of change in Voluntary Services. The recruitment process has been updated and streamlined, the website now gives would-be volunteers the chance to see which roles we are recruiting to and then apply directly from the website by downloading the application forms. The re-introduction of the Volunteers’ Forum has provided a platform for two-way communication, sharing of ideas and problem solving. We have hosted two celebration events, the Conference is planned for June 2017 to tie in with Volunteers’ Week and a new Guide to Volunteering magazine has just been published to help us promote volunteering.

Our team of volunteers’ commitment and dedication to our patients and staff remains strong. We have volunteers in the Welcoming Service, Ward and Clinic Support roles, the Chaplaincy, the Carers’ Cabin, Hospital Radio Ipswich, the Emergency Department, the Cancer Information Centre, Administration Support and more besides. Every volunteer, regardless of their role, makes a difference to our patient and staff experience.

Our volunteers are well placed within the Trust to enhance our patients’ experience because they can offer something unique - lots of time. Through volunteers Gordon Carless and Phil Gooding collaborating with each other, an elderly but immobile couple who were both recently patients in the hospital at the same time, but on separate wards, were re-united and able to visit one another twice during their stay. Phil, who put his wheelchair training to good use to help make it happen said, “I was very pleased to be able to go above and beyond for our patients and got a lot of satisfaction from helping out, it probably wouldn’t have happened if it wasn’t for volunteers.” This is a great example of our volunteers using their time and skills to go the extra mile, and bring our values to life.

Going forward, 2017 will be a year of re-engagement with colleagues and departments across the Trust and see us begin to re-build our existing teams of volunteers. If you would like to join the team, please visit the volunteering pages of the website at www.ipswichhospital.nhs.uk/volunteers/, email volunteers@ipswichhospital.nhs.uk or phone 01473 704473.

Staff volunteering

After the successful launch of the Staff Volunteering Programme last winter, and a nomination for the HPMA awards in the Aston OD Team Based Working category, there was the HPMA Awards ceremony in June 2016. Although we didn’t win the award, we were very proud to represent the Trust as finalists in recognition of our Staff Volunteers who participate in

Ipswich Hospital Commendation winner

A volunteer who has spent more than 1,000 hours making memory bags for families on the Neonatal Unit is the winner of an Ipswich Hospital Commendation.

Joan Rogers has created 943 beautiful memory bags for families to use while in hospital, and then to take home with them, to fill with keepsakes from their stay.

This is an amazing achievement for Joan who is partially blind and deaf. Joan’s bags begin as rectangles of fabric and she uses an overlocker machine to stitch and tidy the edges. She buys embroidery patterns on CDs and downloads them onto her computer before saving the pattern on a memory card. The card is then inserted into her embroidery machine which automatically stitches the intricate patterns. Joan then finishes them off with drawstring and ribbon on her sewing machine. The detailed bags can take over an hour to do. Joan only gives us perfect bags - if they aren’t quite right she starts again. Joan decorates every bag and tailors them to the season.

Neonatal sister Sheila Gauld said: “These bags are loved by parents and kept for lifetimes. They have such an impact and show families we care about all the ‘little’ things too.”

Joan is pictured receiving her commendation from Managing Director Neill Moloney, Sheila Gauld and neonatal nurse Alison Taylor.
The Trust is committed to providing a multifaceted learning environment for all staff and trainees to ensure it has a high quality workforce which is committed, engaged, trained and supported to deliver safe, effective, dignified and respectful care.

One of the Trust’s key aims is for people in training to recommend us as a place to train.

Postgraduate medical education

All of our junior doctors in training post are allocated by Health Education East of England (HEEoE) (previously known as the East of England Deanery). They set how many posts we have in each specialty and at each level (Specialty, Core and Foundation). This process is delegated to regional specialist training committees (STC) for each specialty.

There are about 180 trainees at any one time in Ipswich; this fluctuates a little, as there may be doctors here for an incomplete year or posts may be unfilled. About 60 of these posts are Foundation training (the first two years after graduation) and around 20 posts are GP specialist training (18 months of the 3 year GP training programme is spent in hospitals).

In each specialty there will be a set overall number of training posts, controlled by HEEoE and allocated across the different Trusts in the region. For example in urology we have 2 Specialty and 1 Core training posts. If there are less trainees than posts in the region (eg a doctor on maternity leave or taking year out for research) HEEoE cannot appoint more trainees and so posts are not filled. This is also the case where there are insufficient applicants, then there will be unfilled vacant posts. HEEoE fund 50% of the basic salary for training posts plus an additional training tariff. The Trust pays the other 50% of basic salary and any additional payments. The identifiable training tariff is specifically for training such as educational supervisor Planned Activities, library and support staff in the Education Centre.

Trainees are given some choice as to where they want to go within the region. More senior trainees expect, and would be expected, to take posts in teaching hospitals as there will be opportunities not offered in other trusts (for example neurosurgery anaesthesia or more specialised surgery), but this is not the case for all specialties and we do have senior specialist trainees at Ipswich, however the majority of senior trainees will go to Norwich and Cambridge. The above is one of the reasons for rota gaps.

Trainee perception

“Ipswich is perceived as a great place to train.”

Yes it is. This is not just a sound-bite, there is evidence. Doctors who have been here as medical students have chosen to return; junior doctors have chosen to come back as Consultants. The GMC survey is not a good assessment tool for overall satisfaction, but Ipswich scores well in comparison with local peers. The key to good training is the learning environment. If it is a good place to work then it will be a good place to train. Ipswich is a friendly hospital. There is a culture of staff wanting to support and help trainees, and they are approachable, making trainees feel valued. Medical staff are keen to teach and enjoy training and give up time to do this. The Doctors Mess is popular and always mentioned; it is accessible and enables development of community which is an important component for wellbeing and overall satisfaction. This is a large busy hospital which means there is lots to see and lots of opportunities for training. Like all Trusts there is a heavy workload, but no more than others.

The future

There will be very major changes in healthcare delivery over the next 5-10 years with a shift to more care being delivered in the community. This will require changes in how and where we deliver education and training, with flexibility and adaptation of the education we provide to fit with the new models as they evolve. Overall these are exciting times. There are many changes about to happen; we cannot predict all, and will need to adapt and prepare ourselves to move with these; ensuring that we promote the highest standards of medical education for the benefit of all our patients.

Physician Associates

Ipswich Hospital works in partnership with the University of East Anglia (UEA) to train a new role of healthcare professional known as Physician Associates. Once qualified the Physician Associates will work alongside doctors providing medical care as part of a multidisciplinary team with a defined scope of practice and limits of competence. Physician Associate students will already have an undergraduate degree in a life science and will be undertaking a two-year full-time intensive postgraduate course in medical science and clinical reasoning. They will be on placement in a clinical environment for 50% of their course and must pass a national examination at the end of the course in order to qualify and practice as a Physician Associate. The first cohort of UEA students are due to qualify in January 2018, and we hope to welcome some of these into the Ipswich Hospital workforce.
Undergraduate medical education

Ipswich Hospital NHS Trust plays host to student doctors from the two regional medical schools; University of Cambridge School of Clinical Medicine and Norwich Medical School, and annually will have in excess of 250 student doctors on placement. The two medical schools offer very different styles of learning. Cambridge students are on placement in the Trust from anything between four and nine weeks at a time and are attached to the clinical teams, learning whilst working alongside the clinicians. Norwich students undertake one of four placements offered at Ipswich; urology, renal, neurology or obstetrics & gynaecology. These placements vary from two to four weeks in length and involve both classroom based and experiential learning.

Ipswich Hospital is highly regarded by the students that come on placement and is thought to be the best district general hospital in the region for student doctor teaching and learning. This is due in part to the commitment of the staff involved in the teaching but also the warm and friendly environment provided by the staff in general in all departments. One of the many rewards of having such a good reputation is that many of the students who have been on placement return as junior doctors and later in their careers, as consultants.

Pre-registration nursing

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<th>Number of students, 2016/17:</th>
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<tr>
<td>Return to Practice</td>
</tr>
<tr>
<td>Child Health</td>
</tr>
<tr>
<td>General Nursing</td>
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<td>Midwifery</td>
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This year saw a widening of access into Registered Nurse training with staff undertaking Foundation degrees and work-based learning programmes with the aim of qualifying as a Registered Nurse. The first two students who have gone through this route will qualify in 2018.

Preceptorship

A new preceptorship programme has been rolled out to all newly-qualified healthcare professionals including nurses, midwives, physiotherapists and occupational therapists with the aim of supporting them through their first year as qualified practitioners. This ensures the Trust meets the national preceptorship standards.

Allied Health Professionals

Our AHPs have continued to professionally develop their skills this year. This has enabled them to take on advanced roles such as non-medical prescribing, working as advanced clinical practitioners in the Emergency Department and running therapist-led clinics such as respiratory physiotherapy clinics.

Practice education-based learning in Suffolk (PEBLS)

PEBLS is a coaching methodology for educating student nurses in practice. Using this methodology, students are empowered to think critically about the care they provide. This differs from current models of education, which use an apprentice methodology. The PEBLS pilot project is now coming to an end and has been evaluated as an excellent way of enabling learning in the practice environment. PEBLS is now being embedded throughout the Trust with all areas using coaching techniques with undergraduate students.

Healthcare Assistant training

All Health Care Assistants and Maternity Care Assistants now undertake the Care Certificate. This is seen as an indicator of quality by the Care Quality Commission. The Trust is in the process of rolling this training out to all unregistered staff who have contact with patients such as therapy assistants, imaging assistants and porters.

Action Learning for Leaders Programme

This is a 12 month programme for new ward leaders using action learning sets and service improvement projects as a framework for them to explore their new role and develop the leadership and human factors skills they need to lead a successful ward team. This year’s service improvement projects include work on team dynamics.

Left to Right: Sarah Hunter Clinical Educator adult nursing, Rowena Harland Lead Clinical Educator pre-registration, Vicki Nunn Clinical Educator adult nursing
Support staff

Our Trust has signed up to a national pledge which helps widen access to working in the NHS and then provides support to develop through apprenticeships and employment opportunities. Ipswich Hospital NHS Trust is included on the national list of organisations who have signed the pledge which was signed by Chief Executive Nick Hulme and Estates colleague Trevor Hodgkins, chairman of the of the hospital’s Joint Union Committee.

The Talent for Care programme, which looks at widening access to working in the NHS, undertaking apprenticeships and education whilst working (earn as you learn), and going further into professional qualification (growing your own workforce), is now embedded within the Trust with a group of staff coming together on a bi-monthly basis to develop opportunities for support staff regarding skills acquisition and progression through the organisation. Progress is monitored through the Clinical Education Group and Workforce Development and Education Committee.

Apprenticeships

Number of apprentices, 2016/17:

| Number of apprentices | 37 |

2016/17 saw us further develop the opportunities for integrating apprenticeships across the health and social care sector and enabling all departments within the hospital to welcome apprentices to their teams.

The Trust is preparing for the implementation of the Apprenticeship Levy in April 2017 which includes the communication of apprenticeship opportunities both internally and externally. We are working on this in partnership with Colchester Hospitals University NHS Foundation Trust and our community colleagues.

Work experience

This year we have welcomed a wide variety of people seeking work experience prior to undertaking a clinical training programme such as nursing, midwifery, pharmacy, radiography, physiotherapy and medicine. We have also supported international students on the ERASMUS programme, all of whom have evaluated their experience at Ipswich Hospital as a positive learning experience.

Quality Improvement Performance Framework

The QIPF is a process to quality-assure the education commissioned by Health Education England (HEE) delivered on behalf of employers providing NHS commissioned care in the East of England. Non-medical education is reviewed annually using this process.

In 2016/17 we have maintained eight key performance indicators as ‘green’ and have received recognition for development of the clinical educators team, management of risk in education and development of capacity for training undergraduate students.

HEE have informed the Trust that the QIPF process will be changing in 2017/18. We await further details.

Quotes from students on placement:

“They bring out the best in you.”

“Whilst on my placement in theatres, met very helpful consultants who explained everything they did.”

“Thank you for everything you have done to support pre-registration learners at Ipswich Hospital. It is very much appreciated.”

“The clinical practice facilitators are very supportive of students, approachable and present on the wards.”

“The educational facilitators are very approachable and supportive (PEBLS).”
Celebrating service to the NHS

A celebration of service to the NHS to recognise colleagues who have 25 years’ continuous service in the NHS was held on 5 December 2016. Staff members enjoyed afternoon tea with music and a quiz and received a gift of their choice and a framed certificate.
Statements from key stakeholders

Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group, as the commissioning organisations for The Ipswich Hospital NHS Trust, confirm that the Trust has consulted and invited comment regarding the Quality Account for 2016/2017. This has occurred within the agreed timeframe and the CCGs are satisfied that the Quality Account incorporates all the mandated elements required. The CCGs have reviewed the Quality Account data to assess reliability and validity and to the best of our knowledge consider that the data is accurate. The information contained within the Quality Account is reflective of both the challenges and achievements within the Trust over the previous 12 month period. The priorities identified within the account for the year ahead reflect and support local priorities.

Ipswich and East Suffolk Clinical Commissioning Group and West Suffolk Clinical Commissioning Group, are currently working with clinicians and managers from the Trust and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and good patient/care experience is delivered across the organisation. This Quality Account demonstrates the commitment of the Trust to improve services. The Clinical Commissioning Groups endorse the publication of this account.

Barbara McLean, Chief Nursing Officer

Healthwatch Suffolk has reviewed the Quality Account as it was submitted to us by the Ipswich Hospital NHS Trust (IHT). Our review has also taken account of the patient and carer feedback provided to us during our engagement with the people of Suffolk. The review reveals that the Trust is providing generally good care to the patients who have need of its services. The reviewer found the document easy to read and to understand, and this was helped by the use of the standard headings in the description of each of the Trust’s priorities.

The CQC have rated Services at the Trust as “Good” overall with an “Outstanding” rating for “Urgent and Emergency Services”. Unfortunately the Trust was rated “Requires Improvement” in “Services for Children and Young People.” It should however be noted that this was one of the best ratings in the Eastern Region. It is pleasing to note that staff were rated as caring and compassionate, and that they treat patients with dignity and respect.

Healthwatch Suffolk has received 324 Comments from the patients and carers who have had experience of treatment within the Trust. Comments received by Healthwatch Suffolk from patients and carers are generally supportive of the Trust. Of these comments 56% were positive with 24% negative and the remainder neither positive or negative. Of the comments that have been submitted to Healthwatch Suffolk, the highest ratings were for “Cleanliness” and “Attitude of Staff.” The quality of treatment provided was unfortunately not so well rated by patients. We recommend that the Trust regards these comments as opportunities to learn. This said, we found that most patients were either Likely or Extremely Likely to recommend the Trust to a friend.

The patient experience as measured in the national survey shows that the Trust has remained “about the same” when compared with the previous year. The Trust has an active patient group, The Ipswich Hospital User Group. This Group has been praised by the Head of Patient Experience at NHSi.

The Trust has published its performance against the Quality Priorities for the year 2016/17. They achieved their target in the case of one priority, which was, to continue to develop services to support patients who are elderly and frail. However, the Trust acknowledges that there is more to do in the others.

There are many examples of excellent care by members of staff. Some of these examples show staff working above the requirements of their duties, to provide additional care to patients, and to newer members of staff. Staff and management of the Trust are to be congratulated on their achievements and the care they provide.

Andy Yacoub, Chief Executive
Statements from key stakeholders

Suffolk Health Scrutiny Committee

As has been the case in previous years, the Suffolk Health Scrutiny Committee does not intend to comment individually on NHS Quality Accounts for 2017. This should in no way be taken as a negative response. The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year. The Committee has taken the view that it would be appropriate for Healthwatch Suffolk to consider the content of the Quality Accounts for this year, and comment accordingly.

County Councillor Michael Ladd
Chairman of the Suffolk Health Scrutiny Committee

Response to stakeholder comments

The Ipswich Hospital NHS Trust thanks its stakeholders for their comments on the 2016/17 Quality Account.

The Trust is proud of its staff and all they have achieved in order to deliver, high quality, compassionate care for our patients and their families, but accepts there is always more we can do to make consistent, sustainable improvement.

This Quality Account aims not only to provide the regulated requirements, but to share our achievements and we have strived to give a transparent and honest account of our services.

Since the stakeholder comments have been received, typographical errors have been corrected, and where data was unavailable at the time of issuing the draft Quality Account to stakeholders, this has now been added.
Statement of assurance from the Board of Directors

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (in line with requirements set out in Quality Accounts legislation).

In preparing the Quality Account, directors should take steps to assure themselves that:

- the Quality Account presents a balanced picture of the Trust’s performance over the reporting period;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measurement of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.

The Quality Account has been prepared in accordance with any Department of Health guidance.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Board

David White, Chair
Date: 30 June 2017

Nick Hulme, Chief Executive
Date: 30 June 2017
Glossary

**Glossary**

**ACS** Adult Community Services

**Bed days** The measurement of a day that a patient occupies a hospital bed as part of their treatment.

**Care Quality Commission (CQC)** The regulatory body for health and social care organisations in England. It regulates care provided by the NHS, private companies, voluntary organisations, and independent organisations, aiming to make sure better care is provided for everyone in hospitals, care homes and people’s own homes.

**Clinical** The translation of medical terminology as written in a patient’s medical records to describe a problem, diagnosis, treatment of a medical problem, into a coded format.

**Clinical Commissioning Group (CCG)** Sub-divisions of the Trust's three clinical divisions. Each CCG is accountable to its Divisional Governance Board for all aspects of performance, including patient safety, patient and carer experience, operational standards, financial performance and staff engagement.

**Clostridium difficile** A spore-forming bacterium present as one of the normal bacteria in the gut. *Clostridium difficile* diarhoea occurs when the normal gut flora is altered, allowing *Clostridium difficile* bacteria to flourish and produce a toxin that causes watery diarhoea.

**Colonisation** The presence of bacteria on a body surface (such as the skin, mouth, intestines or airway) without causing disease in the person.

**CQUIN** The CQUIN (Commissioning for Quality and Innovation) framework enables commissioners to reward excellence by linking a proportion of the Trust’s income to the achievement of local quality improvement goals.

**DATIX** A Trust-wide computer system used to record and aid analysis of all incidents, claims, complaints and PALS enquiries.

**Deconditioning** A complex process of physiological change following a period of inactivity, bedrest or sedentary lifestyle. It is often associated with hospitalisation in the elderly and has been linked to falls, functional decline, increased frailty, immobility and ability to accomplish activities of daily living.

**Delayed Transfer of Care (DToC)** Occurs when a patient who is ready to leave hospital is still occupying a bed. A patient is ready for transfer when a clinical decision has been made that they are ready for transfer and it is safe to do so.

**Dementia** A set of symptoms which include loss of memory, mood changes, and problems with communication and reasoning.

**Division** The Trust is divided into three distinct clinical divisions: Medicine, Therapies and Community Services; Surgery and Gastroenterology; and Cancer, Pathology, Women and Children. An additional division manages corporate functions (Governance, Operations, Human Resources, Education, Finance and Performance, and Information). Each Divisional Board is managed by a consultant (Clinical Director), nurse and operational lead. The Associate Director of Nursing/Midwifery provides senior nursing and quality of care expertise, with the Head of Operations providing expert operational advice to the Divisional Boards.

**Dr Foster** Provides information on health and social care issues.

**ED** Emergency Department, also known as A&E, Accident and Emergency or Casualty.

**GMC** General Medical Council.

**Harm-free care** National patient safety initiative targeted at high impact areas such as pressure ulcers, catheter care, venous thromboembolism (VTE) and falls.

**HealthWatch** Champions the views of local people to achieve excellent health and social care services in Suffolk.

**HSMR** Hospital Standardised Mortality Rate. An indicator of healthcare quality that measures whether a hospital’s death rate is higher or lower than expected.

**Ipswich and East Suffolk Clinical Commissioning Group** The main commissioner of services provided by The Ipswich Hospital NHS Trust.

**MEWS** Modified Early Warning Score. A system of recording vital signs observations which gives early warning of a deteriorating patient.

**M&Ms** Morbidity and Mortality meetings. M&M meetings are held in each CCG. The goal of such meetings is to derive knowledge and insight from surgical error adverse incidents. M&M meetings look at: What happened? Why did it occur? How could the issue have been prevented or better managed? What are the key learning points?

**NatSSIPs** National Safety Standards for Invasive Procedures. Development of detailed standardised procedures for invasive procedures, including those performed outside the operating theatre.

**NCEPOD** National Confidential Enquiry into Patient Outcome and Death.

**Never Centre** A wireless patient observation, escalation and task management system.

**Never Events** Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

**PALS** Patient Advice and Liaison Service. For all enquiries to the hospital such as cost of parking, ward visiting times, how to change an appointment etc.

**PLACE** Patient-Led Assessment of the Care Environment. Annual self-assessment of a range of non-clinical services by local volunteers.

**Q1 or Quarter 1** April - June 2016

**Q2 or Quarter 2** July - September 2016

**Q3 or Quarter 3** October - December 2016

**Q4 or Quarter 4** January - March 2017

**Quality Committee** The Trust Board sub-committee responsible for overseeing quality within the Trust.

**RCA** Root Cause Analysis. A structured investigation of an incident to ensure effective learning to prevent a similar event from happening.

**SHMI** Summary Hospital-Level Mortality Indicator. An indicator for mortality. The indicator covers all deaths of patients admitted to hospital and those that die up to 30 days after discharge from hospital.

**SIRI** Serious Incident Requiring Investigation.

**SLA** Service Level Agreement. A contract to provide or purchase named services.

**Suffolk Family Carers** A registered charity working with unpaid family carers across Suffolk, supporting family carers with information, advice and guidance.

**SUS** Secondary Uses Service. Provides anonymous patient-based information for purposes other than direct clinical care such as healthcare planning, public health, commissioning, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

**STP** Sustainability and Transformation Plan. Each STP in England, led by a named individual, covers a population averaging 1.2 million people. The five year plans cover all aspects of NHS spending, aiming to improve quality and develop new models of care; improve health and wellbeing; and improve efficiency, with a focus on integration with social care and other local authority services.

**The King’s Fund** A charity that seeks to understand how the health system in England can be improved and helps to shape policy, transform services and bring about behaviour change.

**UoS** University of Suffolk.

**WTE/wte** Whole-time equivalent staff.
We have been engaged by The Ipswich Hospital NHS Trust to perform an independent assurance engagement in respect of The Ipswich Hospital NHS Trust’s Quality Account for the year ended 31 March 2017 (“the Quality Account”) and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Accounts) Regulations 2010, the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012 (“the Regulations”).

Scope and subject matter
The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following:

- Percentage of patients risk-assessed for venous thromboembolism (VTE); and
- Percentage of reported patient safety incidents resulting in severe harm or death

We refer to these two indicators collectively as “the indicators”.

Directors’ responsibilities
The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust’s performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors’ responsibilities within the Quality Account.

Our responsibilities
Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 (“the Guidance”) as supplemented by the Quality Accounts: Reporting Arrangements 2016/17 letter dated 6 January 2017; and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.
Appendix A
Independent Chartered Accountant’s Limited Assurance Report to the Directors of The Ipswich Hospital NHS Trust on the Annual Quality Account

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2016 to June 2017;
- papers relating to quality reported to the Board over the period April 2016 to June 2017;
- feedback from the Commissioners dated 17/05/2017;
- feedback from Local Healthwatch dated 25/05/2017;
- the Trust’s quarterly Patient and Carer Experience reports on complaints;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated 31/05/2017;
- the latest national staff survey dated 07/03/2017;
- the Head of Internal Audit’s annual opinion over the trust’s control environment for 2016/17;
- the annual governance statement for 2016/17.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the “documents”). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of The Ipswich Hospital NHS Trust as a body in accordance with the terms of our engagement letter dated 19/05/2017. Our work has been undertaken so that we might state to the Directors those matters we have agreed with them in our engagement letter and for no other purpose.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and The Ipswich Hospital NHS Trust for our work or this report or for the conclusions we have formed save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed
We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations
Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.
The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by The Ipswich Hospital NHS Trust.

**Basis for qualified conclusion in respect of indicator**

For one of the indicators subject to testing (percentage of patients risk assessed for venous thromboembolism) the Trust was unable to provide sufficient evidence to support the accuracy, validity, reliability, timeliness, relevance and completeness of the values reported for the full period under review. In respect of evidence that was provided our testing detected a number of errors.

In view of the limitation on the scope of our review we are unable to form a conclusion, based on the limited assurance procedures undertaken, on whether anything has come to our attention that causes us to believe that this indicator is not reasonably stated in all material respects. Our conclusion is qualified on this basis.

**Qualified conclusion**

Based on the results of our procedures, with the exception of the matter(s) reported in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

BDO LLP
Chartered Accountants
Ipswich, UK
30 June 2017
Definitions for performance indicators subject to external assurance

**Percentage of patients risk-assessed for venous thromboembolism (VTE)**

**Detailed descriptor**
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.

**Data definition**
Numerator: Number of adults admitted to hospital as inpatients in the reporting who have been risk assessed for VTE according to the criteria in the national VTE risk assessment tool during the reporting period.

Denominator: Total number of adults admitted to hospital in the reporting period.

**Details of the indicator**
The scope of the indicator includes all adults (those aged 18 at the time of admission) who are admitted to hospital as inpatients including:

- Surgical inpatients;
- Inpatients with acute medical illness (for example, myocardial infarction, stroke, spinal cord injury, severe infection or exacerbation of chronic obstructive pulmonary disease); trauma inpatients;
- Patients admitted to intensive care units;
- Cancer patients;
- People undergoing long-term rehabilitation in hospital;
- Patients admitted to a hospital bed for day-case medical or surgical procedures; and
- Private patients attending an NHS hospital.

The following patients are excluded from the indicator:

- People under the age of 18 at the time of admission;
- People attending hospital as outpatients;
- People attending emergency departments who are not admitted to hospital; and
- People who are admitted to hospital because they have a diagnosis or signs and symptoms of deep vein thrombosis (DVT) or pulmonary embolism.

**Timeframe**
Data produced monthly for the 2016-17 financial year.

**Detailed guidance**
More detail about this indicator can be found on the NHS England website. The data collection standard specification can be found here.

Source: NHS England

Data relating to the percentage of patients risk-assessed for venous thromboembolism (VTE) can be found on page 29.

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**Percentage of patient safety incidents resulting in severe harm or death**

**Detailed descriptor**
Percentage of reported patient safety incidents resulting in severe harm or death during the reporting period.

**Data definition**
Numerator: Number of reported patient safety incidents resulting in severe harm or death at a trust reported through the National Reporting and Learning Service (NRLS) during the reporting period.

Denominator: Number of reported patient safety incidents at a trust reported through the NRLS during the reporting period.

**Details of the indicator**
The scope of the indicator includes all patient safety incidents reported through the NRLS. This includes reports made by the trust, staff, patients and the public. From April 2010 it became mandatory for trusts in England to report all serious patient safety incidents to the Care Quality Commission. Trusts do this by reporting incidents on the NRLS.

A case of severe harm is defined in ‘Seven steps to patient safety: a full reference guide’, published by the National Patient Safety Agency in 2004, as “(a)n y patient safety incident that appears to have resulted in harm to one or more persons receiving NHS-funded care”, “Permanent harm directly related to the incident and not related to the natural course of the patient’s illness or underlying condition is defined as permanent lessening of bodily functions, sensory, motor, physiologic or intellectual, including removal of the wrong limb or organ, or brain damage.”

This indicator does not capture any information about incidents that remain unreported. Incidents with a degree of harm of ‘severe’ and ‘death’ are now a mandatory reporting requirement by the CQC, via the NRLS, but the quality statement states that underreporting is still likely to occur.

**Timeframe**
Six-monthly data produced for April to September and October to March of each financial year.

**Detailed guidance**
More detail about this indicator and the data can be found on the Patient Safety section of the NHS England website and on the HSCIC website in NHS Outcomes Framework > Domain 5 Treating and Caring for People in a Safe Environment and Protecting Them From Avoidable Harm > Overarching indicators > 5b Severity of harm.

Source: NHS England

Data relating to the percentage of patient safety incidents resulting in severe harm or death can be found on pages 30 & 31.