This newsletter brings you news from our user groups together with details of other activities around the Trust which aim to improve the patient and carer experience.

Your contribution to the life of the hospital, helping us to make improvements large and small, is so important and very much appreciated.

Please contact Pam Talman if you have anything you would like to be considered for inclusion in the next edition of UserView.

Patient Experience Office
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We currently have several user groups and are always seeking/welcoming new members. If you would like more information or are interested in becoming a member of a group, please contact the Patient Experience Office (contact details above).

- Cancer Services User Group
- Cardiology User Group
- Diabetes User Group
- Endoscopy User Group
- Eye Clinic
- Hotel Services Group (cleaning, food etc)
- Inflammatory Bowel Disease (IBD)
- Learning Disabilities (LDAG)
- Liver Disease
- Musculoskeletal Action Group
- Maternity Voices Partnership
- Older People
- Pain Management Unit User Group
- Parents and Carers Group
- Stroke Services User Group
- ‘Voice for change’ – young people’s group
IHUG ‘You Made a Difference’ Award

On 12 October 2017 we held our second ‘You Made a Difference’ award at the Town Hall, Ipswich by kind invitation of the Mayor Sarah Barber.

We were delighted that Managing Director Neill Moloney and Director of Nursing Lisa Nobes were able to attend and assist with the prize giving. The winners were treated to a cream tea and a guided tour. Patients, relatives and carers nominate members of staff for exceptional acts of kindness and for showing compassion. We had over 70 nominations, from which members of IHUG chose 15 winners as follows:

Laura Barham, Midwife
Nominated by a patient for providing “a lot of reassurance” at a very difficult time during pregnancy and for staying with the patient and husband long after she should’ve gone home.

Jennifer Bolt, Nurse
Nominated by a patient because “she showed great compassion towards not just me but all the patients I witnessed her come into contact with on Stour ward. She demonstrated awareness of privacy when patients got upset and respected their dignity.”

Petra Claxton, Nurse
Nominated by a carer for the care received on the Woolverstone Day Unit “Petra is outstanding, she always provides us with an excellent standard of care. It was noticeable that she aimed to succeed, not simply deliver.”. Petra is our first double winner, having received an ‘I made a Difference’ badge in our first awards a year ago..

Halty Davis, Physiotherapist
Nominated by a relative for the difference Halty made to her daughter who had suffered two strokes. “My daughter has autism and doesn’t trust very easily, but Halty went out of her way to help. She explained everything and reassured. Used reward charts and stickers.” Halty sung and danced with the patient to get her moving again.

Julia Degutis, Ward Clerk
Nominated by a relative/carer for the “comfort and support” she showed to the relative and patient on Stradbrooke ward. “Julia has been the one person on the spot who has been so kind and supportive and whom I have been able to seek help and advice from. She has been there over and above her duty to offer help and understanding when needed.”

Ross Harrington, Chief Orthodontic Technician
Nominated by a patient who said Ross “Has great communication skills and put me at ease. He did my impression in his lunch time and went out of his way to bring it to me on the ward (the nominator is a nurse) so I could start treatment right away.” The patient was extremely distressed and in considerable pain. She felt that Ross went the extra mile and provided kindness and reassurance in a very caring manner.

Leanne Logan-Smith, Nurse
Nominated by a patient on Shotley ward who said “She made me feel important and that I mattered. She REALLY listened to me. She explained to me in a way I could understand everything about having a stroke. If she hadn’t stuck with me I would probably have given up, when I got a bit negative she would remind me that I could do things. She is AMAZING!”

Lisa Mann, Oncology Nurse
Nominated by a patient who said “Lisa is a rock and her bubbly personality and empathy is amazing. She is so conscientious and very positive and understanding. She takes the scary and frightening ‘stuff’ out of the illness. When we as a family are floundering she gives such strong support and I have been privileged to know her.”
and IHUG news

Anne Oliver, Midwife
Nominated by a patient who said “No matter how worried and tired I was, seeing Anne made me feel reassured and calmer. She is totally professional, but kind, compassionate and gentle” When the patient was “very anxious” she felt that Anne went “over and above her job” to make extra visits to check she was okay. “Seeing a familiar face was so important at such a traumatic time.”

Andy Page, Porter
Nominated by a patient who said “At a time when I felt very nervous and bewildered, Andy took time to reassure me. Andy is a man on a mission when pushing a trolley. He does a lot more than just fulfil his job description. He has a lovely sense of humour and I actually forgot to be worried for some of the time.”

Fran Vale, Outpatients Nurse
Nominated by a relative who said “She is a superstar. She took over in a horrible situation. She was calm, helpful and she listened. She even gave up her lunch time to assist us further. I had my terminally ill Dad struggling to breathe, my Mum struggling to cope and we needed an angel – we got one!”

Nikki Williams, Nurse
Nominated by a relative for the amazing care she had shown to the patient and the family when the patient passed away on Somersham ward. “The care and compassion for Mum and her four daughters was above and beyond the call of duty.” “When the inevitable happened her presence and compassion eased Mum from this world and supported us four girls beyond measure.” The family wanted to express their thanks for all the support Nikki gave them.”

We also had winners who were not able to attend the awards and who were given their awards at an IHUG meeting:

Dr Ben Scoones, HD Theatres Unit
Nominated by a relative whose disabled daughter had an operation and developed serious complications. “Ben took charge of the whole situation, which was moving quite fast. He explained everything and spoke to my daughter who has learning difficulties at all times, at her level of understanding. He was quietly efficient. Having stabilised my daughter he then explained everything slowly and thoroughly and reassured me when I was in a state of high panic.” “A brilliant doctor, who really impressed. He had an understanding of keeping everything simple. He made a real difference to my daughter, who is frightened of doctors.”

We still have one award outstanding which we’ll cover in our next issue.

Members of IHUG have been involved in lots of different things, including taking on more wards and departments to cover our ‘Adopt a Ward’ scheme where we chat to patients, relatives and carers to find out more about their experience which provides useful real time feedback for the staff. We are involved in the Simulation Suite on a regular basis assisting with staff training by role playing the part of patients and relatives. We sit on various committees to provide the patient perspective and one of our members ran an End of Life workshop for user group members and staff.

Gill Orves, Chair of IHUG

Gill Orves, Chair of IHUG

Left to right: Satnam Kaur and Dr Ben Scoones.
User Group News

Endoscopy Patient User Group (EPUG)

Although the pros and cons of more frequent meetings were discussed at a recent meeting, EPUG continues to meet twice a year, in the spring and late autumn.

The most recent meeting took place on 10 October 2017 and attendees heard a well-received presentation from Sarah Higson, Patient Experience lead at Ipswich Hospital on ‘Why Patient Groups Matter’. She noted that we are fortunate at Ipswich as staff and management have demonstrated a genuine commitment to improving the patient experience and understand that medical care is more than just the clinical aspects; the patient experience is also paramount. Collectively the user groups that feed into the Ipswich Hospital User Group (IHUG) presently comprise 191 people. Sarah noted patient-led assessments and involvement in the Simulation Suite training as examples where IHUG members have made a direct contribution to both clinical education and the patient experience.

EPUG has struggled to maintain member numbers and a discussion on this touched on several options that could be pursued. Some of these seem to have been productive but we shall know more at the next meeting, to be held on 20 March.

Attendees at the meeting also provided input as to how the leaflet, ‘Preparing for Your Colonoscopy’, might be improved – a further example as to how patient input can support the experience of others.

The EPUG meetings generally provide talks or presentations that it is hoped will be helpful or informative for those attending. In the recent past we have had presentations on colonic polyps, Barrett’s oesophagus, a tour of the decontamination facility, and an introduction to the bowel scope screening programme. In the near future we are hoping to arrange a demonstration of the training mannequin and a presentation about the Digestive Diseases Foundation.

Furthermore, in light of the upcoming merger of Ipswich and Colchester hospitals, we have recently started to consider how we might facilitate a mutually supportive environment for endoscopy service users at both hospitals. However, it is as yet very early days.

On a personal note the next meeting will be my last as I shall be stepping down due to an impending family relocation. I would like to say a profound thank you to everyone associated with EPUG as it has been a real joy to be involved – thank you.

Seamus MacMillan, Chair

Parents and Carers User Group

March 26 2018 sees the first parents and carers of people with learning disabilities group. The group will discuss how to improve service from a parents and carer perspective. This has been advertised on Twitter and in the local press and received a lot of interest.

Roger Blake, Trust lead

Diabetes User Group (DUG)

Who are we?

We are a group of patients and carers who meet 10 times a year. Our purpose is to give support from diagnosis onwards; to provide information, share experiences and difficulties and encourage and uplift.

Our next newsletter is in production for Easter publication.

Gordon Scopes, Chairman
Musculoskeletal Action Group (MAG)

MAG represents patients and users of the Rheumatology, Trauma & Orthopaedic and Physiotherapy departments. We meet every two months and are well supported by user members and hospital staff; however, new members are always welcome.

Our recent activities have included:

**Working to reduce delays with follow-up appointments**

We know that this continues to be an ongoing issue for patients and have raised this with the MSK management on a number of occasions. However, there does not appear to be a simple solution. We have recently asked that musculoskeletal patients should be kept better informed on the status of their follow-up appointments.

**Musculoskeletal Service patient survey**

We have been working with members of the Ipswich Hospital Patient Experience team to organise patient surveys. Members of MAG will be taking an active part in gathering feedback to enable the hospital to improve the service.

**Responding to feedback from members**

MAG members regularly report back on any issues they observe around the various clinics in the musculoskeletal services area to prompt the hospital to take the necessary remedial action.

*John E Abbott, Chair of MAG*

**Liver Disease**

We are a newly formed group of service users who have been diagnosed with Liver Disease. It was recognised that there had been an increase with the number of patients diagnosed with some form of liver disease at Ipswich Hospital, and an unmet need of peer support not being available, hence our clinical nurse specialist, Kelly Lambert, identifying this and wanting to develop a patient user group. She contacted me and other people who were only too happy to be part of this.

We have a few ideas on where we may be of help and support to other patients who have a diagnosis of liver disease, but as mentioned, we are very much in our infancy in this field and we would greatly appreciate any advice or guidance from more established user groups and for people to spread the word of our existence.

I am very pleased to say that Tracey Boon, Stradbroke Ward sister, has very kindly taken time out from her very busy schedule to come along to meet with us to discuss some of our ideas, with the hope this could be implemented on our gastroenterology ward this year. I would like to thank Tracey in advance on behalf of the group for this opportunity.

*Stephen Pryke, Chair*

**Hotel Services User Group**

The group continues to be involved in the preparation and execution of the annual PLACE assessment (Patient Led Assessment of the Care Environment). NHS England recently issued their requirements for the 2018 assessment but we have yet to learn the date on which data is to be submitted. In addition to the formal annual review, we regularly carry out internal assessments of various areas of the hospital, the results of which are presented to Trust management.

We also analyse patient views on hospital food as recorded on the Trust’s Meridian database and have a voice on both the Nutrition Steering Group and the Infection Control Committee.

*Cliff Oakley, Chair of Hotel Services*
Stroke Services

It has been another uncertain year for the Stroke Services group. After several months without a chair we now have Grant Ingle as the new chair and hopefully he will soon settle into the role. The merger with Colchester has left us uncertain as to how the two stroke units will work together, especially the effect on the two Hyper-Acute Stroke Units. The reduction of the Early Supported Discharge service by the CCG, to the detriment of stroke survivors, may be partly offset this year by the introduction of the Discharge 2 Assess service, for suitable patients, but this is yet to be seen. Despite all this, Shotley Ward stroke unit remains one of the best with the staff continuing to receive praise by patients, relatives and carers alike.

Richard Wall, member

The Learning Disability Action Group (LDAG)

The Learning Disability Action Group (LDAG) is a group comprising solely of people with learning disabilities or autism that attend Ipswich Hospital. We meet every 6–8 weeks and discuss a range of subjects on how to improve the service people receive.

We have already discussed how to make blood tests more accessible to people with learning disabilities and will be discussing how to do the same for ED and the dietetic department. The chair of LDAG, Harriet Lucas, has fed back to IHUG and is a fantastic representative for people with learning disabilities.

Roger Blake, Trust lead

Cancer Services User Group

We continue to meet monthly to try to improve life for patients and carers who have experience of cancer.

In the past we held ‘open forums’ but they do not seem to be popular anymore – 29 replies from 600 invites.

We continue to support initiatives such as Health and Wellbeing days organised by the Cancer Information Centre. The pilot 28-day faster diagnosis initiative is another way we have been heavily involved. As well as attending the monthly steering group meetings, members have been part of the associated working group on patient engagement. This has been central in the development of effective and supportive communication between the patient and all staff involved in diagnosis at both the hospital and the GP surgery. Only patients and those affected by cancer can give vital feedback on the impact of being told they need an urgent appointment or that they do have cancer.

It is an important part of CSUG’s role to be that voice.

We continue to attend various locality groups within the new areas. Recently some of us have made contact with the User Group at Colchester and find that they are the only group in existence at present.

Two new members have joined us but as usual we would like some more with recent experience.

Jenny Pickering, Vice Chair

Are you interested in joining one of Ipswich Hospital’s user groups?

If you are, please contact Pam Talman Patient Experience coordinator on 01473 702101 or email pam.talman@ipswichhospital.nhs.uk
‘You said, we did’
Using feedback to make a difference

You said: “It can take ages for the food to arrive once service has started.”

We did: We have looked at the way the food is delivered as we now have extra beds. The hostess from the neighbouring ward will serve food to the extra patients, making sure they have a choice, it is at the correct temperature and it is served in a timely manner.

You said: “The gym is totally unsuited for the class, far too hot, not sufficient ventilation.”

We did: Short term solutions: The class has moved to 9.30 am when the gym is cooler, additional fans have been installed and four mobile air conditioning units have been hired for the summer.

You said: “It is an extremely busy ward, staff are overstretched, but do their best.”

We did: We are currently having a refurbishment, once this is completed the environment will be improved we will review our staffing and ensure adequate staff available.

You said: “Can you put stickers on the call buzzers for patients which say ‘Call the nurse’?”

We did: We have labelled the call bells so patients know how to call for assistance.

You said: “I felt that I could go home earlier.”

We did: Working with the surgeons and physiotherapists we have introduced ‘enhanced recovery’, were possible. This enables patients to become mobile and on the road to recovery quicker, reducing the patients time in hospital and aiding recovery.

You said: “There is a lack of breastfeeding facilities, particularly in the Emergency Department.”

We did: There is currently a Trust-wide initiative to identify areas within the hospital that can accommodate mothers who wish to breastfeed their babies. The Emergency Department is adopting this scheme and is identifying areas within the department to support this.

You said: “The corridors can be very boring and clinical looking.”

We did: Matron has met with charge nurse for CCU and visited the area. The interview room is used infrequently, therefore this is not expected to regularly occur; however, we are reviewing the configuration of the waiting room to try to improve privacy.

You said: “There is a lot of information on the wall.”

We did: We have had pictures mounted in a corridor brightening up the décor.

You said: “You said: ‘I needed more pain relief to suit my level of pain.”

We did: We have started to review ED cards from nurses in triage to highlight any issues to help them to become better skilled at triage. One area is pain relief and pain control. We are looking at whether pain has been assessed and appropriate pain relief prescribed. We are also going to be looking at whether nurses are going back to the patient to review and document their pain and whether further pain relief is required.

You said: “There is currently a Trust wide initiative to identify areas within the hospital that can accommodate mothers who wish to breastfeed their babies. The Emergency Department is adopting this scheme and is identifying areas within the department to support this.”

We did: We have had pictures mounted in a corridor brightening up the décor.

You said: “The disabled toilets in the changing area are tatty.”

We did: We have put new lockers into the changing cubicles.

You said: “Am I able to vote in the upcoming election?”

We did: We organised a suitable chaperone so the patient could place their vote.

You said: “It can get really noisy at times, especially at night.”

We did: We installed noise meters to monitor the noise levels, with the aim of reducing noise.

You said: “You said: ‘Can you put stickers on the call buzzers for patients which say ‘Call the nurse’?’”

We did: We have labelled the call bells so patients know how to call for assistance.

You said: “I understand that sometimes clinics overrun, but it would be good to be informed of the delay.”

We did: With the new Clarity booking system we are able to display messages on all the TV screens in waiting rooms and in Central Outpatients informing patients of any delays in clinics. Going forward we will be displaying hospital information on the screens.

You said: “There is so much information displayed all over the walls and it looks so untidy. Can’t you use the TV screens for this?”

We did: We are now using the TV screens to display some information for patients, where appropriate.

You said: “There is a very limited supply of magazines in outpatients.”

We did: In main outpatients and clinics A, C & B we have installed magazine racks, and have new magazines delivered monthly.
Support for Family Carers

Carers’ Cabin - drop in for:
• rest and respite, free refreshments and relaxation;
• emotional support and a listening ear;
• information - leaflets etc; and
• signposting and referral.

Location: Look for the striped cabin near the Garrett Anderson Centre, bus stops and South Wards (Entrance 2).

Opening times (subject to volunteer availability):
Monday: 10.30am - 4.30pm,
Tuesday to Friday: 2pm - 5pm (open from 11am on the 2nd and 4th Wednesday of the month)
Alzheimer’s Society Drop-in at the Cabin: 1st and 3rd Wednesdays of the month, 9.30 am – 12 noon.

Spotlight

Mandy Jordan, Head of Charity and Fundraising at The Ipswich Hospital Charity

Mandy is a qualified Legal Executive and had been in local practice for many years but family experience of cancer brought a career change that she hadn’t expected. Starting at Macmillan as a volunteer fundraiser alongside her legal role, she made the move to the charity sector after a glass of wine (or two!) with friends who persuaded her it was time for a change. She cut her teeth in local fundraising as the Regional Fundraising Manager for Macmillan before becoming Area Manager for Norfolk and Suffolk and heading up a Capital Appeal for the new Woolverstone Centre at Ipswich Hospital. Following five years at Macmillan, Mandy became Head of Charity and Fundraising at The Ipswich Hospital Charity in September 2016. In her role, amongst other things, Mandy now leads on charity and fundraising strategy, oversees the fundraising and grants expenditure of the Charity and liaises with the Trustees and Charitable Funds & Sponsorship Committee to ensure the charity is well governed.

Leading from the front, Mandy has completed a number of challenge events in the last few years including cycling from London to Paris, skydiving and abseiling and will be taking part in the Yorkshire Three Peaks Challenge for the Ipswich Hospital Charity in 2018! Her best fundraising memory was in seeing the cancer centre open its doors to patients – having worked on the project for many years before it was public knowledge to seeing the faces of the patients and staff when it was completed, knowing it was a result of a lot of hard work and the fantastic community spirit that exists for both Macmillan and Ipswich Hospital.

In her spare time she enjoys cooking, baking, wine, travelling and being with her grown-up family. Her favourite holiday was to Riviera Maya in Mexico where she enjoyed swimming with turtles in their natural habitat, taking on South America’s longest zip-line and swimming in the icy-cold fresh waters of the cenotes – she’ll be returning this year with her family to celebrate her 25th wedding anniversary.

The Suffolk Family Carers support and information workers provide:
• a key point of contact;
• support for you whilst the person you care for is in hospital;
• a link with you for support when the person you care for is discharged from hospital; and
• information and guidance.

Call Debbie and Mandy on 01473 703756