Summary report

This report summarises patient experience data about the Ipswich Hospital NHS Trust as recorded by Healthwatch Suffolk between the period September 2016 and August 2017.

Reviews and ratings
The Ipswich Hospital NHS Trust is currently rated:

Based on 254 reviews this period

People have also rated this Trust against a number of other categories and these include:

- **Cleanliness:**
  - Extremely likely
  - Likely
  - Neither likely/Unlikely
  - Unlikely
  - Extremely unlikely

- **Staff attitude:**
  - Extremely likely
  - Likely
  - Neither likely/Unlikely
  - Unlikely
  - Extremely unlikely

- **Waiting time:**
  - Extremely likely
  - Likely
  - Neither likely/Unlikely
  - Unlikely
  - Extremely unlikely

- **Treatment explanation:**
  - Extremely likely
  - Likely
  - Neither likely/Unlikely
  - Unlikely
  - Extremely unlikely

- **Quality of care:**
  - Extremely likely
  - Likely
  - Neither likely/Unlikely
  - Unlikely
  - Extremely unlikely

Sentiment scores:
- + 59%
- +/- 21%
- - 20%

Friends and Family Test Question

This period, people responding to Healthwatch Suffolk have recorded answers to the Friends and Family Test as follows (based upon):

Q: How likely are you to recommend this organisation to friends and family if they needed similar care or treatment??

<table>
<thead>
<tr>
<th>Extremely likely</th>
<th>Likely</th>
<th>Neither likely/Unlikely</th>
<th>Unlikely</th>
<th>Extremely unlikely</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

In total, Healthwatch Suffolk has registered 726 comments about this service. Within the total figure patients have rated the Trust as follows: Five stars (364 comments), four stars (156 comments), three stars (85 comments), two stars (67 comments) and one star (54 comments).
Alerts this period: None
Alerts are raised when someone notifies Healthwatch Suffolk that they would like information about how to complain about their experience or get help to do so.

Themes
The Feedback Centre enables Healthwatch Suffolk to attribute themes and sentiment to comments.

The below circles highlight a few themes identified within feedback about this Trust. Each circle is accompanied by a table with additional information about some of the sub-topics associated with each theme.

<table>
<thead>
<tr>
<th>Sub-theme</th>
<th>Number</th>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>30</td>
<td>20%</td>
<td>0%</td>
<td>80%</td>
</tr>
<tr>
<td>Attitude</td>
<td>39</td>
<td>85%</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Capacity</td>
<td>7</td>
<td>14%</td>
<td>14%</td>
<td>71%</td>
</tr>
<tr>
<td>General</td>
<td>57</td>
<td>89%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Training and Development</td>
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<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Effectiveness</td>
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<td>75%</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>Experience</td>
<td>120</td>
<td>78%</td>
<td>3%</td>
<td>29%</td>
</tr>
<tr>
<td>Involvement in treatment</td>
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<td>0%</td>
<td>100%</td>
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<tr>
<td>Carer involvement</td>
<td>2</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Sentiment over time (Last six months)

- February 17
- March 17
- April 17
- May 17
- June 17
- July 17
What have people told us about their care?

Broadly, Healthwatch Suffolk considers that a majority of patients that have shared their experience with us are positive about their care. This is evident within the ratings recorded onto the feedback centre (four stars based on 726 comments including 354 five star reviews).

The hospital should be congratulated for comments that highlight excellent care.

Example feedback

“...a dedicated young team anxious to please and totally professional did a thorough check up, ECG's etc. I felt safe in their hands. Nothing about the visit could have been improved.”

“The quality of the nursing staff from juniors to consultants is very good. They really care about the patient and the human approach is very important to me...”

“I was very impressed with the staff at the Stroke unit in Ipswich hospital. The care they have given my father and that I observed being given to other patients on the ward was excellent. As a person trained in older people’s care and support it was apparent that they were treating the patients with a view to their recovery but also respecting their right to refuse food or treatment. Well done to all involved.”

“Care cannot be better than this experience. Amazing knowledge of staff and caring all over the department. I never felt stressed even though my wife was undergoing a caesarian section. Staff reassured and cared well. Keep it up!”

“Excellent service, friendly and efficient. Appointments are quick and all information is accurate. A bit of delay for appointments but this is understandable and acceptable”

“Always happy and they try to make you feel more relaxed. A & E have longer waits but generally everything has been ok. Was admitted for an operation and it all went well. I was offered language line but I didn’t need it.”

“Was happy with the maternity services. They were very good. The hospital was great and gave us bits and pieces that were needed. It was nice that my partner stayed overnight. Baby had a brief stay on special care but was able to go home earlier than expected.”

“I was admitted to the hospital two weeks with pneumonia and the staff were excellent. I had a very good experience during my stay.”

“All correspondence has been received well and explanations have been good. Staff are good even the consultant has pushed his wheelchair to x-ray staff. I would rather the tv had subtitles and wasn’t so loud.”

“Quick service. Was seen initially in A & E and then referred on. Been happy with how I’ve been treated and staff have been good. The TV screen works well the clinic areas and it’s nice to have something to watch while you wait.”

With the above considered, there are a number of issues evident within the patient experience data.
Communication

Thirty-two comments have been identified as relating to matters of communication within the Trust. The term relates to many issues such as staff not being familiar with patient notes, poor information exchange between the hospital and GP practices, unaccounted for patient movements and miscommunication between hospital departments.

Example feedback

"Resident was seen at A&E and was then taken to Bramford ward. My colleague phoned A&E and then Bramford as she was taken there. Bramford said they did not have any information that this lady was even there, so this lady has now NOT had her prescribed medication. No medication was returned to the care home."

"I visited the hospital yesterday but when I saw the Cardiac consultant they hadn’t been informed that I’d had a stroke and further problems. You would think this type of information should be passed on."

"The communication between departments is lacking and my notes were lost at one point. Once found, they did ensure I was treated quickly."

"Mum has been on Sproughton Ward and information has not been fed back to the family. Communication has been lacking and we’ve found out about things happening to mum after they’ve happened and almost by chance. Mum has problems eating and has allergies and on two occasions she has eaten something that she is allergic to, even though we have told staff. There is also no obvious dementia nurse on the ward."

"Sometimes you have to do a lot of chasing. You can be told one thing by a consultant and then told the situation has changed. Communication between and within departments is lacking at times and delays treatment. From having an appointment it then took a year to have an operation purely because my notes hadn’t been read."

"While my husband is receiving treatment I am trying to sort out a problem with a prescription that should have been available two days ago. There seems to be an issue with the pharmacy at the moment (Feb 2017). Staff have done all they can on different wards to help me but they don’t seem to be able to manage the system that has to be negotiated to sort problems out when they are in different departments. There is no coordination between them and no one seems to know what to do. I have had to walk all over the hospital to try and find someone to validate the prescription that should have been done days ago. I’ve had to be quite assertive to get the help I’ve had and if my husband was on his own how would he be able to do this while having treatment. It has been incredibly frustrating having all these issues to face and should be much simpler."

"The care has been good but explanations are difficult to understand as English is not our first language. Although I go with my Mum to explain what has been said I haven’t been given any info as to how to get translations."

Delays to care and waiting

Some patients have told Healthwatch that they have experienced lengthy waits for procedures to take place, even after their doctor has made an urgent referral. Reported waits for care vary throughout the comments with some patients receiving treatment relatively promptly and others waiting longer.

"...taking such wonderful care of my little girl. The pre-op appointment explained what would happen so she knew what to expect. When we came in today they went through it again and put me at ease. This is a fantastic hospital with fantastic staff."

- @emj0606
at... Ipswich Hospital NHS Trust
but also for appointments to be arranged following a referral.

There are some positive views expressed about waits within specific departments such as Accident and Emergency. Patients value visual systems that keep them informed of expected delays. There is also noticeable acceptance within the comments that waiting within the hospital is inevitable at times and simply to be expected.

Example feedback

“...Saying on the TV screen that there are delays is good and having subtitles on the screen helps as it is not too loud...”

“I did visit A & E with bleeding but ended up waiting 5 hours for a bed. When I was on the observation ward I kept asking for information but nurses said they’d be back but never came back. On other occasions it’s been brilliant though.”

“It’s a very busy department but I don’t mind waiting when I have to. On some occasions I can be seen almost immediately and on others have to wait. The staff have always been helpful and friendly”

“Delays in gall bladder operation. In May placed on urgent list for operation for removal of gall bladder (gallstones), 4 days later pre-operation assessment. In June I had an MRI scan - then no news. A month after the MRI informed operation not likely to be until September - informed there is a large backlog. Have been twice to A & E in meantime. This is inefficient use of resources and putting my life on hold & possibly in danger as it is best that the operation is performed when the patient is reasonably well.”

“Have been waiting to see a dietician for 5 years now, so it would be great if I got an appointment this year.”

“Doctors and nurses excellent. Appointment procedure poor. Urgent referral by my GP in February 2017. First appointment was in late June 2017, despite several weekly reminders/ contact by surgery staff to appointment section.”

“I injured my arm and initially went to A&E. I was told it would be better in two weeks but it didn’t so I went to see my GP and rather than him being able to refer me back to hospital I had to be seen by physio who said I’d torn a tendon. They then referred me to hospital but the delay in receiving treatment had caused muscle wastage and the quicker the treatment is received the better the prognosis. I’ve now been off work for 5 months now waiting 3 months for a post surgery check up. The operation itself was done as a day patient and went well and staff were very good but the delay in treatment was the problem.”

“Referral from GP has taken about 8 months but I’ve had treatment along the way. In between there have been long waits to be seen. Booking appointments was all straightforward. Due to pressure and demand the waits are quite long sometimes.”
"I couldn’t have been happier - everyone I came into contact with was so kind and patient. The staff on Martlesham Ward looked like they enjoyed their jobs and they made my stay very comfortable!"
- @toni_ellen0 at... Ipswich Hospital NHS Trust

Feedback has not always been positive about the care for vulnerable patients. In April 2017, Healthwatch Suffolk wrote to the Trust with concerns about care provided to patients with learning disabilities. We have listed these comments and the response received from the Trust from page nine.

**Responses to call bells**

There are several comments that refer to perceived delays in staff responses to call bells. Whilst these four comments do not amount to a significant trend, this is an issue that has been raised with the hospital some time ago; prompting it to introduce call bell audits on a particular ward.

Example feedback

"They are all doing their best but when they are all busy especially at night the call bell can go unanswered for some time. Communication is a bit of an issue. Consider language use when explaining complex medical information as it can be difficult to understand."

"Cleanliness not too bad but urine samples can be left in the toilets which isn’t very nice. Previously I have experienced problems with medication being wrong. Call bells do go off at times and are unanswered."

"General experience was good. The call bell I had was broken. I did report it and it was fixed once but it broke again and wasn’t done during my stay…"

"My Mum was in Washbrook ward for 5 weeks prior to her death in December. We feel that her care was adequate. Some nursing/HCA staff were excellent but the majority were just OK and a few gave the impression that it was all too much trouble. When Mum or a family member rang her bell there was often a long wait before help arrived. Some staff were so lovely - making sure that her hair was brushed and she had a clean nightshirt on - almost as important to her wellbeing as her clinical care, which was very good.”
**Nutrition**

A few patients have made reference to the quality of food within the hospital. Whilst some comments are relatively neutral in sentiment, there is only one person that identified clear positivity about nutrition.

**Example feedback**

"Care and support from staff is good. The bed isn’t very comfortable and controls are confusing: you end up going up instead of down. The toast really isn’t good, cold and hard by the time I get it."

"Night staff are particularly brilliant. They are friendly and approachable. I was found 2 more pillows. The staff make all the difference even when it’s embarrassing. Get all the help, support and care that I need. Toast is terrible and food isn’t very warm by the time you eat it. I’ve been told that there will be a community chemotherapy unit that I will be able to attend at Stowheath which is great."

"I can’t fault the care on this ward. They are absolutely lovely and they always remember me. If only the toast could be done on the ward; by the time it reaches here it’s cold and hard. The food isn’t bad and there is a fair amount of choice. The visiting hours work well and it’s nice to have the quiet time."

"Difficult to know what causes food to be so bad, maybe because not enough budget for good quality ingredients."

"... I was happy with the food and was even able to have seconds."

**Other comments of note**

Some comments do not share immediate similarity to other feedback but are worthy of attention for other reasons. Whilst it is not possible to generalise from such a small sample of comments, Healthwatch Suffolk considers the commentary may be indicative of wider issues.

**Feedback regarding end of life care:**

"Initially in this ward but they didn’t aid my husband in his eating (2 weeks on here) He was then moved to Capel - 5 weeks. When they knew he was close to dying they moved him to Haughley and he died a few hours later. That was very traumatic for our family who were all gathered round his bed. We did wish for him to come home and all the equipment was there but they couldn’t get carers in place quickly enough."

"Many times there was only one core member of staff on the ward with agency staff on the ward with all the agency staff. Twice Mum was left in a wet bed and a few times we came in and found her on the floor. The doctor told us that as a cancer patient she shouldn’t be on the ward and should be somewhere else. Considering this was end of life care I was shocked how they treated Mum. Not supported by staff during this time."

**Dignity, compassion and respect**

"The care on this ward was extremely lacking. I didn’t like it when my family left me, it was very worrying. At one point a nurse put her fingers in my mouth to push tablets down as I was having difficulty swallowing. Catheters were not fitted so I regularly had a wet bed as nurses didn’t come when the call button was pressed. When you are unable to move and no one comes when you need to go to the toilet and you end up in a wet bed there is no dignity at all. The HCAs were generally amazing and were extremely busy. Some nurses did not have great English so communicating was difficult and being able to understand what was being said was an issue."

"... Shirley Stroke Ward has and still is doing the very best for my dad, he’s been in hospital since Jan and is doing so well. I’m so grateful to all the consultants, doctors, nurses and physiotherapists that have helped my dad since his stroke, and would like to thank them all for there hard work and dedication..."

- @jodyannsmith at... Ipswich Hospital NHS Trust
too. The experience of having a stroke and being in hospital was made far more stressful and more scary than it needed to be.”

“They were really efficient. They saw me 5 minutes before my actual appointment. I then had to go to the Bamford assessment ward for results. The nurse had already said I have cellulitis. But when I went to Bamford it was so busy the doctor came up to me and called me and my daughter into an office as no consultation room was free. 4 administrators were in there. I was then told it wasn’t cellulitis but a form of eczema. I have cream for it but not doing great. I felt it strange and quite unheard of that I should be consulted in an office with other staff in. My daughter and I were rather surprised at this.”

“Mum has been on Sproughton Ward and information has not been fed back to the family. Communication has been lacking and we’ve found out about things happening to mum after they’ve happened and almost by chance. Mum has problems eating and has allergies and on two occasions she has eaten something that she is allergic to, even though we have told staff. There is also no obvious dementia nurse on the ward.”

“...Twice Mum was left in a wet bed and a few times we came in and found her on the floor...”

The latest comments about this service can be viewed on the Healthwatch Suffolk website. Please click the comments link button below to view them.
Matters of note...

Letters sent for formal response

Learning disability

In April 2017, Healthwatch Suffolk wrote to the Trust because it had received a number of concerns regarding care provided to people with a learning disability.

The issues highlighted described problems associated with professionals' understanding of how to implement and practice the Mental Capacity Act, resulting in what people considered to be a potential cause of harm to patients.

Healthwatch Suffolk received a response from the Managing Director of the Trust to the issues raised, which has been shared with the Care Quality Commission. It explained that, after one year involving three recruitment campaigns, the hospital had successfully appointed a learning disability and autism nurse specialist.

The Trust stated a belief that patients with a learning disability and their carers will feel supported once they have a named specialist they can contact who will help facilitate individualised patient pathways. Healthwatch Suffolk will continue to monitor such feedback with interest.

Kesgrave Ward - Issues with discharge to care homes in the county

The hospital outlined a number of actions that it will take to improve the experience of older patients that are leaving its wards to return to care homes in the county after Healthwatch Suffolk raised concerns.

A number of comments were received that raised issues such as patients becoming unwell quickly after leaving the ward, poor communication between the hospital and care home staff with regard to medications and general references to poor care.

The Trust outlined the following actions that it will take to address such issues in future:

- Collaboration with local care homes to improve communication on admission to and discharge from hospital wards.
- Investigation as to the time patients spend on hospital transport, which can reach a couple of hours without food or drink. The hospital will identify how this can be improved.

- A spot check audit will be undertaken regarding nursing documentation on Kesgrave Ward and the findings reviewed. This will ensure that patients leave the hospital having received the information they need to care for themselves post discharge (e.g. details of changes to medication).

- In response to feedback about patient privacy and general care, the issue will be discussed on the ward safety huddle and all staff reminded of the importance of maintaining privacy for patients. The Kesgrave Ward Matron will conduct a review of the intentional care rounding and observe the delivery of care within her clinical time on the ward. This will aim to ensure the needs of patients are being met promptly.

- The Ward Sister will also review Friends and Family Test feedback submitted by other patients to ascertain whether others have raised similar concerns about any delay in their care needs being met.

Healthwatch Suffolk asked if the hospital was planning to use the “Red Bag” initiative on the ward, which keeps important information about a care home resident’s health in one place. The hospital says that it is planning to offer Kesgrave Ward as a pilot area with the aim of enhancing the discharge process.

Research

Our research regarding the views of new mums and their birthing partners in Suffolk

November 2016 saw the publication of a Healthwatch Suffolk report that analysed the views of new mums and birthing partners that had accessed maternity services at hospitals within the county.

This has been an important project because there is a lack of engagement research locally and nationally for birthing partners to share their experiences. It has also encouraged the services to improve their offer of support in a number of ways.

In response to the report, the Ipswich Hospital announced that partners of women are now able to stay overnight so that they can offer vital support to their partner while bonding as a family.
Partners are welcome to stay throughout the admission, and will be 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.

The Trust also committed to make improvements in the following areas:

- **Increased patient involvement in birth planning.** Whilst the hospital provides information about where people can have their baby, our survey suggests that people often struggle to distinguish between choice of place of birth and their birth plan. It will therefore work on ensuring women and their partners have more opportunities to discuss these subjects during their pregnancy. The “Birth Options Clinic” is now in place and led by a Consultant Midwife for women who need more detailed discussions about developing their birth plan and their choice of birth place.

- **Effective communication about who to call and when.** The hospital has told us that it recognises the need to improve its offer of information and will review the content on its website about how to contact the maternity unit and in what circumstances.

- **Ensuring adequate information is available for mums and their birthing partners.** The hospital is undertaking a complete review of its website information and social media activity. The Trust said that it would also review its antenatal education provision and an offer of Hypnobirthing classes has been made available to all patients.

- **The content of antenatal classes.** 46% of the mums and 37% of the birthing partners who took part in our survey stated that they did not feel antenatal classes equipped them for labour. The hospital therefore agreed to review the classes, including its support to the team of midwives who provide the classes.

- **Keeping people informed of their babies progress.** Whilst most respondents told us they had received an update on their babies progress on the neonatal unit within 15 minutes, the hospital is aware that sometimes this does not occur. It will explore use of cot camera’s so that parents can see baby and communicate with a named nurse if they are unable to be at the bedside.

- **Information about potential emotional changes post birth.** A perinatal mental health midwife has recently started to work at the Trust, which will enable training to be provided to all midwives. The hospital will also be working on an approach to improve what is offered, the information and support available.

Click the document icon below to download the report about Ipswich Hospital NHS Trust.

**Healthwatch Suffolk engagement within the Ipswich Hospital NHS Trust**

The Trust is open to engagement by Healthwatch Suffolk and a member of the Healthwatch Suffolk Community Development Team is able to proactively engage within several departments including Accident and Emergency, the Eye Clinic, Orthopaedics and various outpatient clinics. Healthwatch Suffolk has also attended key events and activities planned within the hospital.

Regular meetings are arranged between the Chief Executive of Healthwatch Suffolk and the Managing Director of the Trust to discuss matters of relevance to the hospital or to raise issues for a response.

Following each engagement visit, feedback is provided to the Patient Experience Insight and Improvement Officer in order that it can be used to address immediate issues that may have been identified.

Where feedback of a concerning nature has been obtained during a visit, it is shared with the Patient Experience Team. If it has been possible to obtain contact information, this is shared (with the permission of the patient) so that the Trust can take steps to discuss the matter with them directly.

The Trust has identified patient/carer leads for dementia on wards. Feedback identified that patients were not aware of who those leads are and this was brought to the awareness of the Trust, which raised it with the ward concerned so that it could be addressed.

In October 2016, patients mentioned that things had been explained well to them by staff but had, on occasions, received mixed messages. They had been told that something would happen by one member of staff and then told something different by another.
People also highlighted a lack of communication with external services and that a couple of patients had been moved late in the evening/early morning, which had been unsettling.

The Matron clarified that it is possible that they as staff can receive mixed messages about next steps and that they don’t move a patient late at night unless there is a clinical need or there is an immediate need for a bed because of a new admittance. With this considered, she committed to inform the ward teams of the issues raised so that they could be more mindful of the information given to patients in future. She also wanted to ensure that staff were made aware of the impact poor communication and late movements could have on patients.

More recently, our team has received feedback that raises concern about maternity services. Examples of feedback obtained include that the services have not met the needs of individuals with additional needs. We have also identified issues regarding the tone of communication between Trust staff and mothers and their birthing partners. Patients consider that the manner in which they have been addressed was unhelpful to them at a sensitive time.

Comments have also been shared with us that there is a lack of understanding and awareness surrounding the issue of tongue-tie. In particular, some parents have expressed that they did not feel their concerns regarding the condition were taken seriously by staff and that has impacted upon their experience of breastfeeding. This might be a symptom of changes within the system or that greater effort is needed to educate new parents about the subject and what to expect from the hospital.

It is noteworthy that the Trust is an active member of our Black and Minority Ethnic and Diversity Sub-Group. The group is a forum for sharing information, networking, and gathering feedback from different communities about local health and care services.

At the April 2017 meeting of our BME and Diversity sub-group, there was a discussion about the resettlement of Syrian refugees in Ipswich, during which it was reported that some of the refugees were using the Ipswich Hospital Emergency Department inappropriately. The Patient Experience Insight and Improvement Officer undertook to speak to the department Matron. Subsequently, he reported that the hospital does make good use of translation services but that, when a patient is a walk in (as in emergency cases) it is often more difficult to provide these.

The hospital has agreed to explore options for education about the use of the emergency that is appropriately targeted at Syrian refugees. To begin with, the hospital will be producing a leaflet on the subject that will use simple language and pictures. It will be translated into appropriate languages so that staff can use it as a tool to reduce inappropriate attendances.

The Ipswich Hospital NHS Trust and Colchester Hospital University NHS Foundation Trust Merger

We think the proposed merger represents a logical step in the improvement process for Colchester and in attempts to address the current financial shortfall of both these local Acute service providers.

In partnership with Healthwatch Essex, we have been involved in this process since the outset of the discussions. We have helped to shape the limited consultation and engagement to-date but we now expect such engagement to be taken to a much wider audience, in order that the best possible outcomes for staff, clinicians, patients and their families can be realised.

It is difficult to know exactly what impact this partnership will have on both hospitals, and more importantly on patients who use their services. We understand that patients and carers may be concerned about possible changes to services and, for example, the potential need to travel further for treatment, or to see a specialist. Such changes must be for the right reasons and made with full consideration of the implications for patients and their families. Certainly, the hospitals will be reliant on suitable patient transport options and this must be examined and improved prior to the launch of any new service plans.

It will be absolutely essential that the lived experience of local people is at the very heart of plans for service change or collaboration. That is why we are actively encouraging people to share their views directly with us as the independent watchdog for health and care services. As the Chair for the partnership’s Patient Advisory Group of Ipswich Hospital and a member of key strategic forums related to this work, our Chief Executive will continue to use peoples’ views to challenge and influence the outcome of these developing plans.
Increasing feedback to Healthwatch Suffolk

Healthwatch Suffolk would appreciate the support of the Care Quality Commission in helping providers of hospital care to meet the requirements of the NHS Standard Contract Service Conditions 2017/18 which state that providers must:

"provide clear information to Service Users, their Carers and representatives, and to the public, displayed prominently in the Services Environment as appropriate, on how to make a complaint or to provide other feedback and on how to contact Local Healthwatch"

There are numerous ways through which this might be achieved including engagement visits, visible information within care environments and social media activity promoting feedback to Healthwatch. The Trust has embraced some of these methods to date as highlighted under our engagement section from page 11.

Healthwatch Suffolk is presently encouraging providers to launch the Healthwatch Suffolk widget on the home page of their websites as a patient experience accompaniment to the CQC’s own widget. It is essentially a window to the ratings shared about a provider on our Feedback Centre and aims to encourage people to review their care independently with Healthwatch Suffolk. We consider that the widget has a number of benefits for providers:

- It ensures compliance with the NHS Standard Contract service conditions (2017/18).
- It shows close working with Local Healthwatch, which should be viewed positively by NHS England, CCGs and the CQC.
- It is a clear mechanism through which service providers can demonstrate transparency and openness to the public and stakeholders.
- If it is placed in a location of high traffic and visibility, the widget should help to ensure that the Healthwatch Suffolk Feedback Centre and reports are representative of the services provided.

Whilst the value of the widget is recognised by senior staff within the hospitals, no Trust has taken action to launch it to date. Whilst engagement with Healthwatch Suffolk is broadly positive and to be commended, there is more that could be done to promote independent feedback to us.

Healthwatch Suffolk would ask the CQC to promote use of the Healthwatch Suffolk widget with providers and to support patient voice by encouraging Trusts to maximise all opportunities to make patients aware of the role of Local Healthwatch.
To download any of our reports about local services, please visit our website: [www.healthwatchsuffolk.co.uk/our-reports-2/](http://www.healthwatchsuffolk.co.uk/our-reports-2/)
Any queries about the content of this document or requests for specific report styles should be directed to the Healthwatch Suffolk Information Team using any of the methods listed below.

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We will be making this report publicly available by publishing it on our website and circulating it to the Ipswich Hospital NHS Trust, Care Quality Commission, Suffolk Clinical Commissioning Groups and other bodies responsible for monitoring the quality of health and social care in the county.

If you require this report in an alternative format please contact us on 01449 703949 or by email to info@healthwatchsuffolk.co.uk.

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