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Michelle Baker Chairman's Office  
The Ipswich Hospital NHS Trust  
Heath Road Ipswich Suffolk IP4 5PD Tel 01473 703867

This Annual Report has been prepared with support of an  
Editorial Forum. The forum includes people who use hospital  
services, and people who work within the hospital.

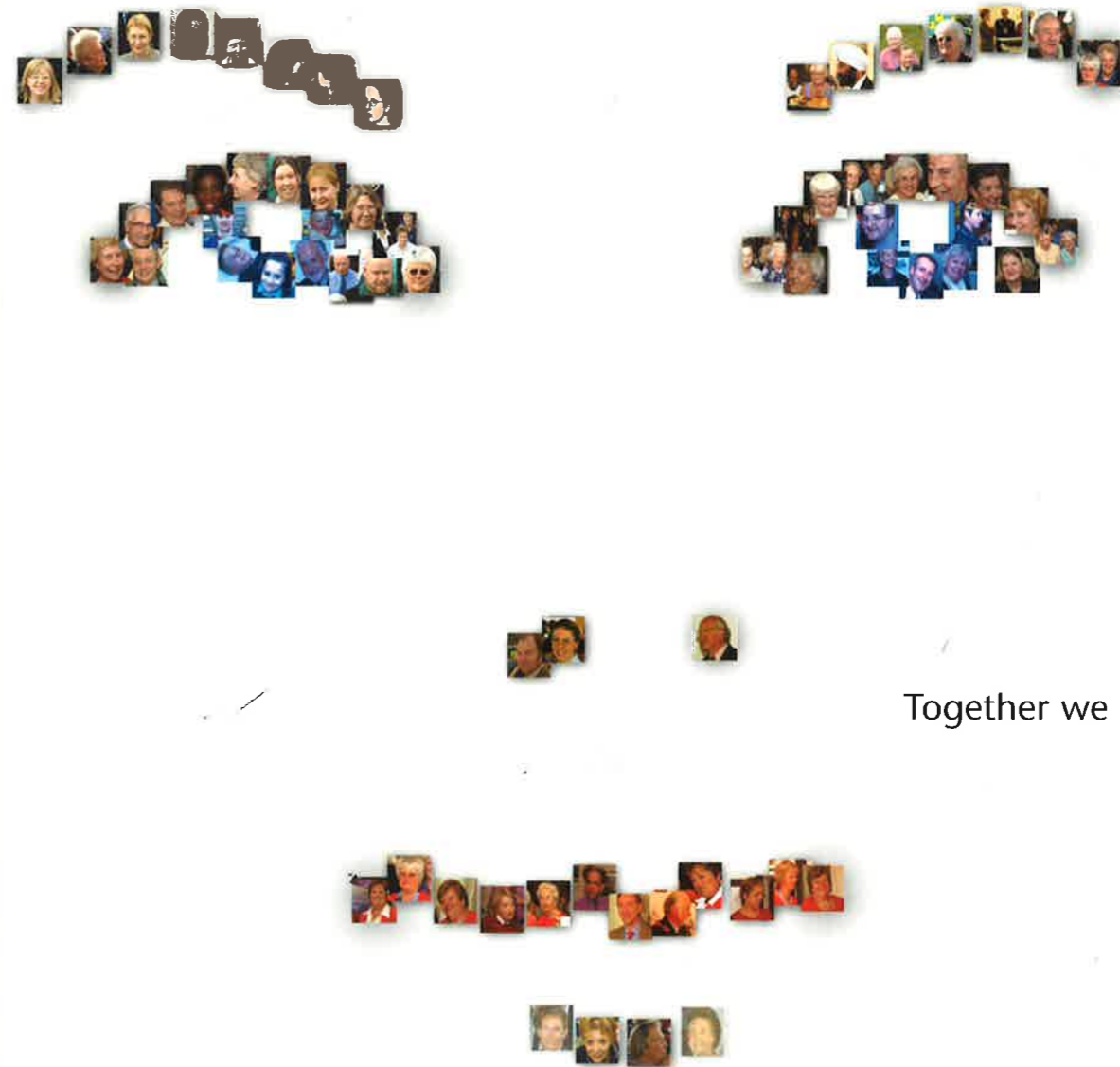


*The Trust is working towards Equal Opportunities*


The Ipswich Hospital NHS Trust  
Heath Road Ipswich Suffolk IP4 5PD Tel 01473 712233

**September 2003**

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Together we make the difference

Annual Report 2002/3 The Ipswich Hospital   
NHS Trust

# It's your NHS



This is our report to you about your hospital The Ipswich Hospital NHS Trust. We are one of the largest and busiest NHS Trusts in the East of England providing hospital-based health care to more than 400,000 people who live in Ipswich and East Suffolk.

**B**etter, faster treatment and care is at the heart of the NHS Plan - a plan for investment and reform.

The way health services are managed and delivered is changing to make sure that patients are at the centre of everything we do. This is the clear focus of the 10-year NHS plan, which was launched in 2000.

We have much stronger partnerships between everyone involved in managing health services, local communities and people who use services. Clinicians – doctors, nurses, and therapists, together with dentists, opticians and pharmacists and all support staff, are actively involved in how services should be developed and are represented on Trust Boards and through Professional Executive Committees.

In Suffolk there are five Primary Care Trusts – Central Suffolk Primary Care Trust, Ipswich Primary Care Trust, Suffolk Coastal Primary Care Trust, Suffolk West Primary Care Trust and Waveney Primary Care Trust. Each are committed to securing the highest calibre of healthcare for their communities.

Central Suffolk, Ipswich and Suffolk Coastal work together in partnership with The Ipswich Hospital NHS Trust, West Suffolk Hospitals NHS Trust, Local Health Partnerships NHS Trust – which specialises in mental health care, and Suffolk County Council Social Services.

The Ipswich, Central Suffolk and Suffolk Coastal Primary Care Trusts, The Ipswich Hospital NHS Trust, and Social Services, work together as one close-knit partnership – known as the 'East Health and Social Care Economy'.

This means that the way care is delivered is changing and becoming more integrated, to make sure patients have a faster, easier 'journey' through the different elements of NHS care.

Listening to and acting on the viewpoints of people who use services and to the dedicated staff who work within the NHS, is vitally important if we

are going to be able to really put people at the centre of what we do. Community and voluntary groups are closely involved with the work of each Trust, and there are patient partnerships (or user groups) for each different service (such as older people, and cancer services for example), which influence and shape how services are planned and delivered. Together we make the difference.

There are clear and shared aims for us all, we all want to:

- Improve the health and wellbeing of our communities.
- Involve patients, carers and the community in how services are planned and delivered.
- Bring the very best of health care to people
- be at the forefront of health innovation and technology.
- Make sure that all of the resources we have (staff, money, buildings) are used in the best way to bring real health benefits for everyone.

A clear plan about how to do this has been drawn up called a Local Delivery Plan. This forms the basis of all our objectives for the year ahead and is how we will measure our performance.

In the pages that follow, you'll find out more about the year of progress which The Ipswich Hospital NHS Trust has made and how you can get involved with your NHS. We tell the story of our year in news and pictures for the first part of the report, and then give a more detailed profile of the Trust and a summary of key financial information at the end of the Report.

# What we're here to do

Our purpose is to provide high quality diagnosis, treatment and care and to work in partnership with other organisations and agencies to improve the health of our community. We are dedicated to providing fair, equal and prompt access to our services for all.

We have five clear objectives:

- To nurture a culture where increasing focus is placed on improving the patient experience and developing staff within a learning organisation.
- To deliver an all-round level of performance that ensures the Trust progresses towards recognition as a three-star hospital.
- To develop the hospital in line with the NHS Plan with an emphasis on quality.
- To work in partnership with, and support, other organisations to develop the local health and social care economy and promote Ipswich Hospital as the secondary care provider of choice.
- To create a framework of Governance that integrates corporate, financial, clinical, estates & facilities and information issues, using a risk management approach.

The way that we will do this is based on our principles which are to:

- Strive for excellence in everything we do.
- Invest in our staff.
- Work for and alongside our patients, their families and carers.
- Be active partners in promoting better health in our community.
- Be accountable for our performance and governance.

More than 60 members of staff who were nominated by their colleagues, attended a special Chairman's Lunch in the spring.



## Unsung heroes celebrated

**T**he lunch for 'unsung heroes' gave Christine Smart, Trust chairman and Trust Board Directors the chance to talk to everyone about their work and roles within the hospital, as well as the opportunity to thank them for all their hard work, effort and loyalty throughout the years.

# New partnership at the Top for Trust

A new leadership partnership at The Ipswich Hospital NHS Trust began last summer with the appointment of Christine Smart as Chairman and Paul Forden as the new Chief Executive.

Christine Smart, appointed by the NHS Appointments Commission, had been Deputy Chairman of the Trust for the past three years and its Acting Chairman since late May.

An academic and organisational development specialist, Christine has extensive knowledge and experience of the NHS and the public sector having worked as a senior manager within the health service and as a Chartermark Assessor for the Cabinet Office. She set up her own change management consultancy in 1997.

Changing the way the NHS works to bring faster treatment and shorter waiting times for patients is a major priority for the Trust. "It is a very exciting time for the NHS locally as we have the opportunity to radically improve services for people by working in close partnership with the three Primary Care NHS Trusts and Social Services colleagues in East Suffolk", said Chairman Christine Smart.

The Trust's new Chief Executive is Paul Forden. He has recently spent six months as Acting Chief Executive of King's College Hospital in London. He began his NHS career at Ipswich Hospital in 1993 as Deputy Director of Finance. Two years later, Paul joined Addenbrooke's Hospital in Cambridge and became Director of Operations in 1998. In 2000 he joined King's College Hospital, London – a 1,000 bed hospital with an international reputation for excellence – as Director of Finance and Information. Paul joined the Trust at the end of September.

*"I am delighted to be back at the Trust and want Ipswich to be the hospital of choice for patients, and the hospital of choice for our workforce. It is very progressive with many strengths including clinical excellence and tremendous commitment to patient care," commented 42-year-old Paul who is married with three children.*



# Changing the face of health care

A £24 million development which will transform healthcare has been given the go-ahead by the Norfolk, Suffolk and Cambridgeshire Strategic Health Authority.

This news has delighted staff working throughout the hospital. The development to build a new critical care unit and planned treatment centre, is supported and endorsed by all three Primary Care Trusts in East Suffolk in partnership with The Ipswich Hospital NHS Trust.

This is great news for the NHS in East Suffolk and for the community we care for. We are very excited and delighted.

We'll be able to treat even more people, more quickly and put an end to many of the challenges we currently face such as immense pressure on beds, a cramped, outdated critical care centre and major front-line departments such as Accident and Emergency not able to develop because of lack of space.

At the moment, people waiting for a planned or 'routine' operation have to ring and check that there is a bed available for them on the day they are due to come into hospital. Sometimes, because of the number of emergency and urgent admissions, we do not have a bed and have to reschedule operations. The new Planned Treatment and Critical Care Centre means that we can 'safeguard' beds and change the way we work to meet the needs of the people we serve. The new Centre will include:

- A much more spacious and specially designed critical care centre with space to create more intensive and high dependency beds in the future.
- A short-stay surgery centre and day surgery centre with four day case theatres, recovery area and 30 beds for day case patients and 40 short stay beds (specially for 'elective' or routine surgery).
- A pre-admission centre to prepare patients for their operations.
- Specialist clinics

The new Centre will also mean that the Trust can develop services in the existing hospital buildings to:

- Create 72 emergency care beds
- Reduce the overall 'bed occupancy' rate (this means the number of beds which are full at any one time) from the current 97% to the recommended level of 85%, which in turn reduces cancellations.
- Develop Accident and Emergency services so that staff can treat minor and major injuries separately, including a separate children's treatment centre.
- Provide a ward available for use when other wards are unavailable (being refurbished or refitted for example), or when the hospital is very busy (such as during the winter months).

The priority for the hospital and all three Primary Care Trusts in East Suffolk is to develop new 'pathways' of care for patients. These care pathways will mean that more people can be treated more quickly through greater access to first class services.

The hospital and its partners have been developing a very comprehensive business case including a full design and building specification. A steering board chaired by Tony Schur (Vice Chairman of the Trust) including the Chief Executives of the Primary Care Trusts, clinicians and people who use health services, has been set up and is overseeing this work. The steering board reports to the main Board of the Trust.

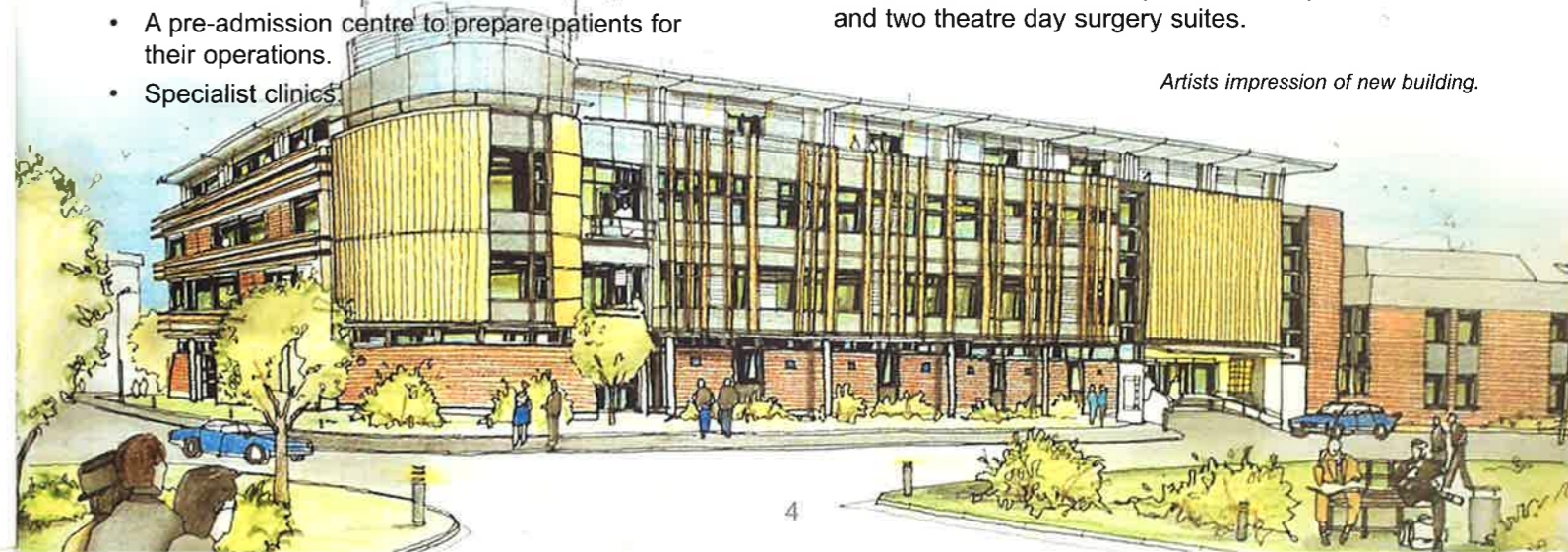
This is the biggest development the Trust has ever undertaken since the hospital at Heath Road was created back in the early 1970's. It means we will be able to transform health care for local people.

The calibre of clinical care in the NHS in East Suffolk is superb. Now we will be able to build a centre, which will give patients and staff a first class environment.

Briefings, presentations and talks to groups throughout our community have been taking place to promote partnerships and highlight the benefits the state-of-the-art new healthcare facilities will bring to people and the local economy.

The major new investment programme includes the £24 million planned treatment and critical care centre, which is due to be completed in late 2005 / early 2006. It also includes developments happening now such as our new ward, which will open in mid-September 2003, and two theatre day surgery suites.

Artists impression of new building.



## Faster treatment for more people

Clinicians and staff in the hospital in April celebrated their achievement in meeting all of the key national waiting time and waiting list targets.

The news that the Trust treated more people, more quickly within national targets set out by the Department of Health, has delighted the 3,700 members of staff at the hospital who pulled out all the stops to make sure that:

- Everyone who needed in-patient or day case treatment was seen within 12 months by the end of March 2003, and no-one waited for more than 15 months for in-patient / day case treatment throughout the year
- All new out-patients were seen within 21 weeks by the end of March 2003, and all new out-patients were seen within 26 weeks throughout the year.
- There was a 100% achievement in seeing everyone with a suspected cancer in the 11 cancer types currently monitored, since November 2002.
- 96% of people attending the Trust's Accident and Emergency department during the last week of March were seen within four hours, and 90% of people attending the department throughout March 2003 were seen within four hours.

We believe this is excellent news as we know that no-one wants to wait for treatment and care. These figures show that we are treating more people much more quickly.

The background to these achievements – immense pressure on beds and the increasing number of emergency and urgent admissions - makes them even more impressive. We work in close partnership with our three Primary Care Trusts – Ipswich, Suffolk Coastal and Central PCTs and Social Services, and it is thanks to our partners and all of the staff who work for the NHS in East Suffolk, that these achievements have been possible.

More very good news for the Trust came in July 2003, when the Trust was awarded two stars in this year's Star Ratings. This brings us one star closer to fulfilling our ambition to become a three-star Trust by July 2004. We are all delighted to have gained two stars and this is a tribute to everyone who works at the Trust.

## WRVS Kindness



The hard work and kindness of WRVS volunteers working in the Hayward Unit was celebrated when four specialist chairs and a bed were presented to the Trust.

More than £6,300 was raised to buy the chairs and bed. Staff in the Hayward Unit and Paul Forden, our Chief Executive thanked the dedicated volunteers for their kindness at a celebration gathering.

## Strong partnerships better care

Patient partnership groups, also known as 'user' groups, play a vital role in how the Trust develops and delivers health care.

Each partnership group, or forum, is made up of people who have first-hand experience of healthcare services. The groups meet regularly to discuss all aspects of healthcare services in specific areas, these include:

- Cancer Services.
- Cardiology (heart) Services.
- Older people.
- Children and young people.
- Maternity Services.
- Readers Panel (which looks at information for patients and Trust publications)
- Disability Forum
- Ethnic, Cultural and Religious Issues
- Carers
- Stroke Services
- Diabetes
- Hearing services

Members of all of these groups come together in The Ipswich Hospital Users Group (IHUG). The work of the East Suffolk Community Health Council is also highly valued by hospital staff. Members of the Council have been closely involved in the developing new and improving current services. Listening and learning together was the focus of a special event in the Spring, when members of each group highlighted their work.



## See and treat



A new fast-track minor injuries service in the Accident and Emergency Department is proving to be a huge success for patients, with faster treatment and shorter waiting times.

The idea to set up the 'see and treat' service with a team of dedicated clinicians, came from a pioneering project called IDEA – the Ideal Design of Emergency Access.

Staff working in the busy Accident and Emergency service pulled out all the stops to achieve this year's national target of treating 90% of patients within four hours of their arrival.

New suggestion boxes to encourage people to comment on accident and emergency services are also in place in the department.

A flagship service has been transformed to bring much faster treatment and care for patients throughout the NHS in East Suffolk.



## Flagship service bringing faster care

Ear, Nose and Throat services at The Ipswich Hospital NHS Trust, and in three Primary Care Trusts – Ipswich, Suffolk Coastal and Central Suffolk – now offer much greater access for patients, thanks to an innovative Action On project. This project is part of the national Government initiative to bring the NHS up to date, putting the needs of patients at the centre of services and finding practical solutions to delivering responsive, quicker care.

The starting point for the project, which included almost £1 million of funding to buy state-of-the-art equipment and bring the Ear, Nose and Throat clinic at the hospital completely up-to-date, was an in-depth look at the 'journey' patients went through when they came to the specialist clinic.

This 'mapping' of the journey and the 'processes' within the clinic directly informed the way the clinic was changed physically and the new design of services so that the journey for patients was much easier and far more efficient.

More treatment rooms were created, complete with leading edge technology and two new audiology rooms were developed. The children's audiology room includes screening equipment featuring much-loved cartoon characters to make the whole experience less daunting for young patients.

The layout of the whole clinic was changed to create a much more spacious and welcoming centre.

Audiology (specialist hearing) services are also now more available in the community as further funding from the Action On ENT project meant that more services could be developed. These include the community audiology service and:

- A one stop see and treat clinic for facial skin lesions
- A nurse triage clinic at the Ear Nose and Throat clinic.
- A community Ear Nose and Throat service provided by Dr Ayache Fayez, a General Practitioner with a special interest.

All of the new services have proved to be highly successful. Direct referrals to the GP led service, and to the audiology service have led to a 30% reduction in the number of routine referrals made to consultants. More than 700 patients were seen in the clinic during 2002 – a 10% increase from 2001.

Waiting times for treatment at the specialist Ear Nose and Throat Clinic have been dramatically reduced. Now, no-one waits more than eight weeks for an outpatient appointment, and for more than nine months to be admitted as an in-patient or as a day-case patient. Before the project started, some patients were waiting more than 21 weeks for an outpatient appointment.

Matthew Yung, Lead Consultant for Ear Nose and Throat Services at the Ipswich Hospital NHS Trust, said: "We are delighted that we have been able to meet all of our aims particularly reducing waiting times and bringing much greater access to services, through working closely with the Modernisation Agency.

"We now have a first class environment, with leading edge technology to deliver high calibre clinical care to the people in our community," he added.

*"More people are being seen more quickly and the work of the community based services means that often people are seen much closer to where they live. Hospital-based colleagues now have more time to devote to patients who are most in need of specialist investigations, diagnosis and treatment," said Mr Yung, who is Clinical Director for Specialist Services at the Trust.*



## Bringing greater choice through partnership

The first home blood transfusion service in East Anglia began recently offering people more choice, convenience and privacy by having the chance to have transfusions in their own home.

The new service is a partnership between the Ipswich Primary Care Trust and the hospital Trust.

Specially trained nurses, who are part of the Ipswich Primary Care Trust's Rapid Response Team, will go to people's own homes and stay with them while they are having a blood transfusion. The nurses will be supported by Dr Debo Ademokun, Consultant Haematologist, Sharon Kaznica, Blood Transfusion Nurse Specialist, and Allan Morrison, Chief Biomedical Scientist, of The Ipswich Hospital NHS Trust.

"Transfusions have traditionally always been given in hospitals," explained Dr Ademokun. "We felt that some people may prefer to have their blood transfusions at home and a survey carried out last spring in our cancer centre found that 30% of patients said they would prefer a home blood transfusion

service. It also showed that 35% of patients travelled more than 10 miles for their transfusions.

"We've developed this safe home blood transfusion service after much consultation with colleagues in Primary Care. The service is designed for people who have had previous transfusions and who choose to have specialist staff come to them, rather than coming into hospital for their transfusion," Dr Ademokun continued.

Red blood cell transfusions are used to raise the haemoglobin concentration and increase the oxygen carrying capacity of blood in patients with acute or chronic anaemia. Blood platelet transfusions are given to raise the platelet count, and treat or prevent bleeding episodes in some patients with low platelet counts as a result of disease or drug therapy.

*It's very exciting to be launching this new service within the community and we hope it will enhance patient comfort and bring many benefits for people who need blood transfusions," commented Sister Sue Deas, of the Rapid Response Team.*

## Respect for others



A new campaign to crack down on violence and assaults against hospital staff was launched in November by The Ipswich Hospital NHS Trust, Suffolk Police, and the Criminal Justice Service.

"The vast majority of the 400,000 people the hospital cares for each year, do show great respect and consideration for staff. This campaign is aimed at the small minority of people who knowingly behave badly. There is a clear distinction between these people and those patients whose illness causes them to behave in a way they would not do if they were well. We are asking everyone who uses the hospital – a centre of care - to show respect, the same respect we give to patients and to each other," Caroline added.

The launch of the campaign is part of a major boost to security throughout the Trust. This includes a much stronger security presence on the hospital's 46 acre site, 24 hours a day, seven days a week, more closed circuit television cameras, alarm systems for staff and more training for staff in personal safety.

We now have a police presence at the hospital thanks to a partnership with Suffolk Police. Police Constables Caroline Sayer and Jane Corbett took up their roles in May 2003.

**"We are really pleased to be one of the first hospitals in the country to have this sort of service. The idea is to improve the whole profile of security on site. With around 8,000 people a day coming through the doors, the hospital is like a small town," Caroline said.**

The initiative called **Respect for others**, is the first of its kind ever to be launched in the UK, bringing together the NHS, the police, Crown Prosecution Service and magistrates courts. A protocol drawn up by Suffolk Constabulary, the Crown Prosecution Service, South East Suffolk Courts and the Trust was signed at the launch day. This sets out a fast-track policy and includes reporting all abuse and assaults on staff to the police.

It sends a clear message that violent, abusive or threatening behaviour used towards Trust staff, visitors or fellow patients, will not be tolerated.

"Working in the front line of health care is difficult and stressful enough, without the added risk of being wilfully attacked, assaulted or abused by the very people we are trying to help," commented Caroline Stewart, Trust Security Adviser.

## Car- parking

More car-parking spaces have been created at the Trust and all possible avenues of developing even more spaces are being explored with our partners especially Ipswich Borough Council.

A new short-stay car park is now available. The car park in front of the Trust's Accident and Emergency department, allows visitors who intend to stay for less than two hours, to pay for the actual time they are in the car-park. The short stay car-park was developed after feedback and comments from patients and the wider community.

"We are also planning to create more spaces in the coming year and investigate the practicalities of developing a multi-storey car-park," explained Stephen Harrup, Director of Estate and Facilities.

"All other ways of freeing up car-parking spaces such as encouraging park and ride schemes, and cycling for example, are also being explored," he added.

## Gifts of kindness

A safer way of giving babies and young children life-saving drugs and fluids is now up and running on the children's wards at The Ipswich Hospital NHS Trust, thanks to the kindness of fundraisers.

The Friends of Ipswich School and the Old Ipswichians held a joint hog roast and an auction of promises to raise the £1,200 needed to buy a special syringe driver for the Bergholt Ward for children at the hospital.

Sister Lesley McGhee explained the benefits of the new syringe drivers. "We are able to give drugs and fluids to children over a period of time using the syringe drivers, and it is a much safer way of doing this. We are all very pleased to have the new syringe driver," she said.

Kate Sanders of The Friends of Ipswich School added that the fundraising event was supported by parents, pupils, teachers, staff and former pupils of Ipswich School. Raising money for children's services at the Trust was the favourite choice of all involved.



# Life-saving gift

One of the busiest Accident and Emergency departments in the region at The Ipswich Hospital NHS Trust, now has a new life-defibrillator, used to treat patients with heart problems, thanks to the kindness of businessman Howard Brunt, his family and colleagues.



The Felixstowe business man who runs HB Commercial Ltd, has raised more than £7,000 to buy this vital piece of equipment, with the help of family, friends and customers. In November 1998 Mr Brunt had a bad car accident after skidding on black ice. This meant that he was in Intensive Care for a week and in hospital for eight weeks with multiple injuries. Recently, Mr Brunt and his daughter Nicola made a sponsored Tandem Parachute jump from 1300ft at Netheravon Airfield at Salisbury. Mr Brunt said that he wanted to thank hospital staff for the excellent care and treatment he received.

# The league of friends



The latest major appeal launched by the League of Friends is the Bobby Robson Jubilee Appeal. This is to buy a specialist piece of equipment for oral surgery. Sir Bobby Robson has delighted staff and patients by coming to the hospital to launch the appeal and giving regular media briefings about the progress with the campaign during the past year.

The dedication and hard work of The League of Friends of the hospital is very much appreciated by staff and patients. Hundreds of thousands of pounds has been raised by the League to make life easier for people in hospital and for everyone who works here.

# Walking back to confidence

People with Multiple Sclerosis, Parkinson's Disease and other neurological problems are benefiting from a special 'treadmill' designed to help people gain their confidence in walking again.

The low-speed treadmill at The Ipswich Hospital NHS Trust is now being used in the physiotherapy gym. This is thanks to the kindness and generosity of a self-help support group, two national charities and a hospital charitable fund. The SHIMS (Self Help in M.S – a support group set up by patients and their families who attend the hospital), the M.S. Society, the Parkinson's Disease Society and the Trust's Neurology Department Charity Fund all contributed to the £5,000 cost of the treadmill. Louise Kenworthy, Superintendent Physiotherapist for Neurology, at the Trust, said: "We are delighted to have the treadmill. Most commercial treadmills start

at 1.5 miles per hour, which is too fast for our patients. The slow start speed of this treadmill means that people can benefit earlier and therapists can help people with their walking while they are on the treadmill. It has extra safety features and extended hand rails. "A lot of research is being carried out which shows that treadmill training is an important part of 're-educating' patients' walking. It also helps people with their balance and engages central pattern generators in the central nervous system, which stimulates a more normal, fluid walking pattern over greater distances. There are also cardio-vascular benefits," Louise added.



# O2 from BT



Stewart Davies, CEO of BTextact Technologies visited Children's Services to present a portable oxygen monitor. Ed Ogden, a nine-year-old patient on Boxford Ward was very happy to demonstrate its benefits!

Ed is pictured here with Stewart, Christine Smart, our Chairman, Paul Forden, Chief Executive, Julie Spice, Ward Sister, Jackie Harrup, Service Manager and Gina Dawson from BTextact.

The chance to develop careers and take part in lifelong learning, which is available to everyone employed by the Trust, was highlighted at a Moving On and Moving Up event.



## Moving on and moving up

The wide range of learning and development opportunities was promoted at the day held to launch the new Training and Education Division, in November 2002.

Everyone working for the Trust also has the chance to have a personal development plan which sets out their individual goals and the development or learning they need for their current role and what they would like to do in the future.



## Essence of Care



This national programme aims to improve care by paying attention to all the essential details which can transform a patient's experience in hospital.

The national programme includes specific benchmarks in six areas including privacy and dignity, cleanliness and food and nutrition.

When staff carried out a survey for the food and nutrition benchmark they found that the Trust needed more special cutlery and crockery to help people with arthritis in their arms or hands, and for people with neurological conditions.

The Ipswich Arthritis Foundation generously agreed to fund this equipment for Capel Ward.

Our photographs show Junè Klaschka, treasurer of the Foundation, and members of staff who have been leading the Essence of Care initiative.

National acclaim for the way in which staff are working to improve patient care, came when we were selected as finalist in this year's Nursing Times Award for Essence of Care.



# Music for health

Life in hospital is made much more cheerful for patients thanks to a unique band. The Ipswich Hospital Band began in 1976 when hospital staff, all talented musicians, decided to set up their own band.

The Band has raised hundreds of thousands of pounds in the past 27 years, which have benefited many hospital services and other health-related charities. This year the Band has been fund-raising for The League of Friends Bobby Robson Jubilee Appeal.

The much-loved Band, which encourages new members and offers people the chance to learn to play an instrument, has brought festive cheer to the hospital ever since it was formed. The Band visits every ward on Christmas morning and delight patients with playing traditional carols.

## A chance to say Thank You

Many of our 400 volunteers at the Trust attended a special lunch held to say thank you for the immense contribution which each and everyone of our volunteers make to the life of this hospital.



## Sharing experience to bring hope in Mozambique

Senior clinicians and staff are taking forward a proposal from Dr John Day, Consultant Physician Emeritus, to 'twin' the Trust with a new medical school at the Catholic University and the Central Hospital in Beira, Mozambique.

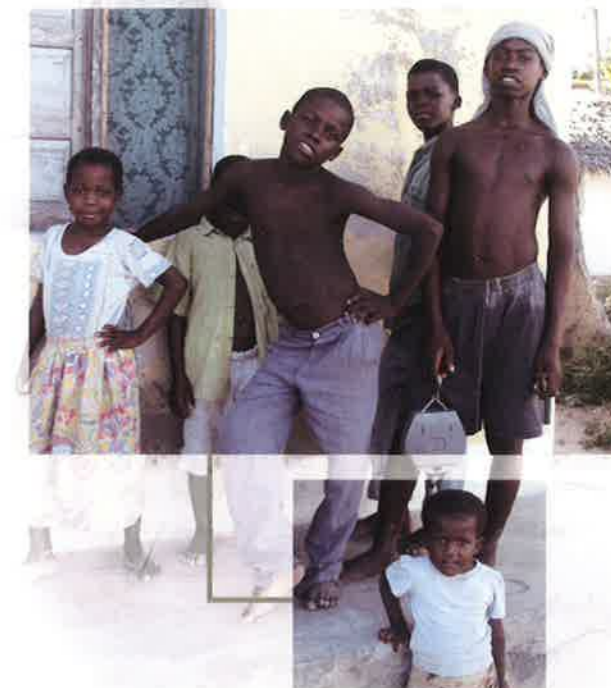
This development in Beira is urgently required. Mozambique has a population of 17 million people and only 500 doctors, of whom half come from other countries. Beira hospital itself has 40 doctors providing secondary care for a population of 1.5 million. Compare this with our hospital with around 300 doctors for a population of around 400,000.

Clinicians and staff throughout the Trust who want to support this exciting initiative have formed a small working group with Dr Day, who was Clinical Director of Medicine at the Trust until February 2002. He has since taken on an honorary position with the Faculty of Medicine at the University in Beira.

The group includes staff from the Tropical Health Education Trust (THET), a charitable trust which has extensive experience of supporting health care developments in Africa.

"We are now exploring how we can support the new medical school and the central hospital. Sharing experiences and learning together is our focus. A fact-finding visit took place in late February 2003 so that we can fully understand how best we can support our colleagues in Mozambique," explained Dr Day.

*"The opportunity to be involved in the programme will be open to all Trust staff who feel that they have a contribution to make. The intention is for small multi-disciplinary groups to travel to Mozambique to spend time with colleagues there to support their work in developing the medical school and hospital. They might also spend time with us here in Ipswich," Dr Day added.*



## A brighter welcome for new arrivals

Our busy maternity unit is preparing to give new babies and their parents a much brighter welcome as the next stage of a £500,000 programme gets underway.

The development programme includes building a brand new parentcraft centre, and bringing all of the maternity wards completely up-to-date with contemporary colour schemes, and quiet rooms to give more support and help to parents when needed and a counselling suite away from the maternity unit itself.

The Parentcraft Centre, complete with large and small workshops opened in early April. The specially designed new centre has been built next to the antenatal clinic at the Trust and will be widely used for workshops focused on helping new parents. These will include antenatal and postnatal classes, breast-feeding workshops, health

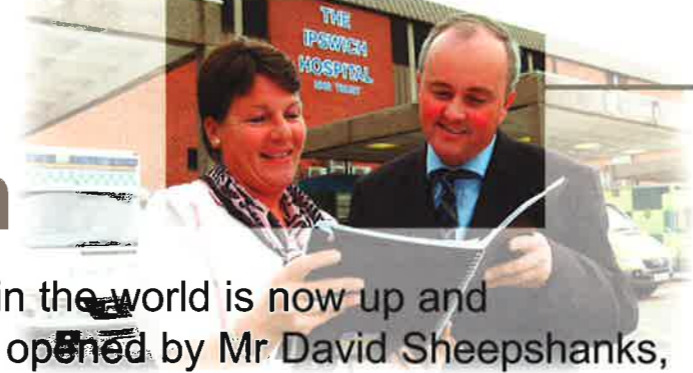
promotion and a wide range of holistic therapies including massage. The centre has cost around £188,000 to build.

The design and decorating programme for the wards began in the summer but it will be business as usual for the maternity service as the work is being carefully planned to limit as much disruption as possible.

"All of our midwives and staff are determined that the same high standard of care will continue throughout our design and decorating programme," explained Chris Colbourne, Head of Midwifery at the Trust.

"There will, of course, be some changes and we are asking everyone to please bear with us in the coming months. The whole programme should be complete by late autumn" she said.

"We are very aware of the need to provide a more private space which is tranquil and sensitive to the needs of parents and families who may need support as childbirth can often be a time of great distress as well as immense joy," Chris added.



## World first for Ipswich

The most advanced Gamma Camera in the world is now up and running at The Trust and was officially opened by Mr David Sheepshanks, Chairman of Ipswich Town Football Club in October.

The £400,000 camera in the Nuclear Medicine Department, will bring faster treatment and cut waiting times for patients.

Nuclear Medicine is a diagnostic technique which helps establish the function of many different organs in the body. A radioactive 'tracer' is given to the patient and this is taken up by the organ to be investigated. The Gamma Camera takes images of this which are then analysed.

The new Philips Skylight Gamma Camera is a dual head camera which means that skilled staff can scan both back and front at the same time reducing imaging times. The revolutionary gantry design allows great flexibility in how the patient may be imaged. This means that investigations for people who are very disabled or extremely poorly who are being cared for in the Intensive Care Unit, for example, can now be undertaken. The fully digital detector enhances image resolution and sensitivity and improved software also means that clinicians can be given much more detailed diagnostic information to help them with diagnosis. A wider range of investigations will also be undertaken

with the new Gamma Camera as it has an extended collimator facility. The Trust's new Gamma Camera is the first in the World to have this facility.

Every year the skilled team of technicians and staff in the Nuclear Medicine department treat around 4,000 patients and offer almost 40 different tests.

Artist Jason Chapman spent time talking to many Nuclear Medicine patients to gain their views and feedback before he began an innovative project in the new Gamma Camera Room.

Jason wanted to find out more about what patients would like to see when they are receiving treatment particularly at the time when the 'tracer' is injected and to distract from the discomfort of laying still.

Staff working in Nuclear Medicine listened to patients viewpoints about their own experiences of receiving treatment and wanted to commission a piece of artwork which would provide interest for all patients, whatever their age, sex or culture.

Jason's mural has something to attract and interest children and people of all ages and is a striking part of the new specially designed spacious treatment room.



More than 100 clinicians and staff from the Trust together with colleagues from Primary Care took part in Making a Difference, a Clinical Audit Symposium, in March.

## Success for symposium

The highly successful symposium included a key note address from Dr Norman Pinder, Clinical Lead for Clinical Audit at the Norfolk, Suffolk and Cambridgeshire Strategic Health Authority. Dr Pinder highlighted the importance of multi-disciplinary audit and how this links to clinical governance and the wider agenda.

The benefits of audit and how it has made a difference in our Trust were highly visible in three presentations of recent audits – Essence of Care, the Hip Fracture Collaborative and Oxygen Therapy.

A discussion about how Clinical Audit will make a difference in the future was chaired by Clare Barlow and included a panel of speakers including Dr Mike Bailey, Chairman of the Clinical Audit Committee, Janet Dilloway, Assistant Director of Social Services and Dr Brian Keeble, Medical Director of Ipswich Primary Care Trust.

Case studies of several of the 1,300 audit projects which have taken place within the Trust since the Clinical Audit department was set up in May 1991 were also available for delegates in a symposium information folder.



# In detail

The Ipswich Hospital NHS Trust is a National Health Service Trust providing hospital-based health care to more than 400,000 people who live in Ipswich and East Suffolk. The Secretary of State for Health approved Trust status for The Ipswich Hospital in April 1993.

It is one of the largest general hospitals in the Norfolk, Suffolk and Cambridgeshire Strategic Health Authority and provides a full range of hospital services including some specialist services such as Oncology and Radiotherapy. The hospital has 800 beds on its 46-acre site. More than 3,700 staff work at the Trust.

The overall management of the Trust is the responsibility of the Trust Board which is made up of a Chairman, five non-executive and five executive directors.

## Chairman and Non-Executives

Christine Smart	Chairman
Tony Schur	Vice Chairman
Liz Harlaar	Non-Executive Director
The Venerable Geoffrey Arrand	Non-Executive Director
Celia Drakard	Non-Executive Director
John Mowles	Non-Executive Director

- Peter Bye D.L. was Chairman of the Trust until 17 May 2002, when he left to become a member of the Strategic Health Authority for Norfolk, Suffolk and Cambridgeshire. Christine Smart was appointed Acting Chairman from this time, and was formally appointed Chairman of the Trust on 6 July 2002.
- Tony Schur and Liz Harlaar became Non-Executive Directors of the Trust on 1 December 2002.
- Gill Lewis, was a Non-Executive Director of the Trust until 9 September 2002.

All non-executive directors are appointed by the NHS Appointments Commission. Each post is widely advertised in the media and applications encouraged from everyone who feels they have skills and expertise which will benefit an NHS Trust. Open competition and a selection process designed to ensure fairness and equality is in place.

The Chairman and all non-executive directors are members of the Trust Board, Remuneration Committee and Communications Forum.

## The Trust Executive Directors are:

Paul Forden	Chief Executive
Chris Dooley	Director of Finance & Performance
Ian Scott	Trust Medical Director
Clare Barlow	Director of Nursing & Operations
Jennifer Jones	Director of Human & Corporate Resources

## Other Trust Directors are:

Debbie Oades	Director of Strategy and Service Improvement
Stephen Harrup	Director of Estate and Facilities

- Paul Forden, Chief Executive took up appointment on 30th September 2002. Peter Morris, the former Chief Executive, left the Trust on 31 May 2002 to take up his new role as Chief Executive of the South Manchester University Hospitals NHS Trust.
- Ian Scott, the Trust Medical Director was appointed on 21 October 1993.
- Clare Barlow the Director of Nursing & Operations was appointed on 5 August 1996.
- Chris Dooley the Director of Finance and Performance and Deputy Chief Executive was appointed on 1 October 1997. Chris was acting Chief Executive of the Trust for the period 22 May 2002 until 29 September 2002.
- Jennifer Jones the Director of Human Resources and Corporate Resources was appointed on 19 May 2000.

The Chief Executive and Executive Directors were appointed utilising open competition and a selection process. They were appointed on a permanent basis and are subject to annual performance reviews and Trust policies and procedures.

Details of salary and pension entitlements of senior managers are given on page 27.

The executive directors work closely with clinicians in developing strategic and operational plans. The Hospital Management Board (HMB), chaired by the Chief Executive meets fortnightly and comprises all the executive and clinical directors as well as other specialist staff. Much of the operational work of the Trust is co-ordinated by the Operational Management Group which reports to the Hospital Management Board and includes all directorate service managers as well as representatives from non-clinical directorates.

## The Clinical Directors and Chairman of Medical Staff Committee are:

Mr John Parry	Surgical Directorate
Dr Elaine Rush	Theatres and Anaesthetics
Dr Kanti Karia	Diagnostic Imaging Directorate
Mr Ivan Hudson	Trauma & Orthopaedic Directorate
Dr Michael Bamford	Child Health Directorate
Dr Norman Irvine	Medical Directorate
Dr Philip Jones	Pathology Directorate
Mr Tom Boto	Maternity & Gynaecology Directorate
Dr John Le Vay	Oncology & Clinical Haematology Directorate.
Mr Humphry Adair *	Chairman, Medical Staff Committee

\* Miss Clare Marx became Chairman of the Medical Staff Committee on 1 April 2003.

Making sure staff have every opportunity to be fully involved and informed at about what is planned and happening at the Trust is at the heart of the Trust's approach. Colleagues working throughout the Trust are encouraged and supported to be part of working groups tackling particular issues or projects on behalf of the Trust.

We were the first Trust in the Eastern Region to be awarded Practice accreditation for Improving Working Lives (a prestigious NHS standard which aims to bring a healthy work life balance for all NHS staff). National recognition for our work also came when we were selected as a finalist in this year's Employee Benefits magazine awards.

Regular forums are also held for staff to debate issues of importance and interest with senior executives including the Trust's Communication Forum, and the Joint Consultative / Negotiating Group (JCNG), both of which meet monthly. The Trust also publishes a weekly news briefing, monthly newsletter and a quarterly news magazine to keep staff up-to-date with news.

A Race Equality Scheme which includes a strategy and action plan which explains how the Trust will promote equality of opportunity, good relations between people of different racial groups to promote racial equality, and eliminate unlawful racial discrimination, has been drawn up. This, together with a supporting action plan is designed to make sure that we recognise and value the contribution of each person and richness of a diverse community.

## Research and Development

The Trust's Research and Development Strategy (which also contains a policy and operational procedure for the management of intellectual property),

is well established throughout the Trust since being introduced in Autumn 2000. Dr Liz Young, Research Manager manages the Research and Development office which provides support and guidance to all Trust staff.

The Research Office has over 300 research projects registered across all the clinical specialities.

The hospital is now the Research Management and Governance lead for the four primary care trusts in Suffolk and has employed a new primary care research manager to facilitate research across the primary secondary care interface. As part of this initiative, the hospital is taking a leading role in the establishment of the East & West Suffolk Research Consortium.

The hospital ran a competition to promote research and dissemination of research findings for the best piece of student research. It was won by Cherry James from Critical Care with a piece of research entitled: A qualitative exploratory study into the experiences of registered nurse preceptors in the adult intensive care unit.

## Governance

Clinical Governance is about continual improvement in the quality of care provided by NHS organisations and that improvements where needed are made in a climate which is supportive, open and learning. The Trust has a Clinical Governance Committee chaired by a non-executive director. The Clinical Governance Committee has a vital role in bringing change, and considers clinical developments, service improvements, risk management and internal control issues throughout the Trust. The Trust complies with the new clinical governance reporting framework issued in November 2002.

## Speak Out

Encouraging people who use the Trust – patients, their relatives and friends - to tell us what they think about their treatment and care helps us to continually improve services and to address problems quickly. Information leaflets and posters in wards, clinics and reception areas set out how people can make their views known.

The number of written complaints received during 2002 / 2003 was 310. During the year, there were 14 requests for complaints to be considered by an independent review panel. However 11 were resolved locally and three were considered by an independent review panel.

There are nationally set performance targets for the time limit for local resolution of complaints. The Trust met this target in 45% of all cases.

Improvements to services arising from complaints investigation include:

- Better communication skills for all Trust staff.
- Creating greater understanding and raising awareness with staff about the patients' / relatives' perception.
- Continuing to improve catering and cleaning services.
- Reviewing policies and procedures.
- Introducing further customer care training.
- Developing better facilities for people with disabilities.
- Developing more car-parking spaces.

#### Statement of Internal Control

The Trust Board has a responsibility for maintaining a sound system of internal control including risk management and for reviewing its effectiveness.

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an on-going risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Control Assurance standards:

- Governance.
- Financial Management.
- Risk Management.

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of

the internal auditors. I have also taken account of comments made by external agencies and other review bodies in their reports.

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control. The actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps.
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.
- The Trust has an established risk register and risk committee in place for clinical and non-clinical risks.

In addition to the actions outlined above, in the coming year it is planned to:

- Develop an assurance framework from the risk register - quarter 2 2003/04
- Revise and reissue the Risk Management Strategy - quarter 2 2003/04
- Introduce risk awareness training for staff - quarter 3 2003/04
- Develop key indicators to evaluate the Trust's management of risk - quarter 3 2003/04.

Signed   
Date 11th July 2003  
Chief Executive Officer

# Financial Matters

Summary financial statements for the year ended 31 March 2003 are set out on pages 23 to 30. These statements summarise the information contained in the Trust's full financial statements for the year ended 31 March 2003, the auditor's report on which was unqualified, and a copy of which can be obtained from:

Chris Dooley  
Director of Finance & Performance  
The Ipswich Hospital NHS Trust  
Heath Road  
Ipswich  
IP4 5PD

## Review and outlook 2002/03 Financial Performance

### The Trust has successfully delivered its financial targets in 2002/03.

- Income and Expenditure: an underspend of £992,000 is shown in the accounts. The Trust overspent by £992,000 in 2001/02 and was required to repay this in 2002/03. The Trust received non-recurrent funding of this amount from the East Suffolk PCTs to enable this to happen.
- Capital Cost Absorption: a rate of 6.2% (favourable) against a requirement of 6%; and
- External Financing: the year's cash flow was managed within the target limit of £661,000.

### The performance should be viewed in the context of :

- an imbalance of income and expenditure at the start of the financial year of £2.75m.
- delivering a recurrent cost improvement programme of £2.75m and making further savings and reviewing accounting provisions which released an additional £1.1m in year.

### Efficiency

The Trust has an acknowledged low cost base and high levels of efficiency as measured by a number of national indicators, including the Department of Health's Reference Costs Index. The RCI report issued in November 2002 using 2001/02 data showed the Trust to have an index of 91 which indicates that the cost of undertaking the Trust's casemix was 9% lower than the national average. This is a consistent position with earlier years. Additionally, Management Costs represented 3.65% of turnover in 2002/03.

This represents a reduction from the 3.9% in the previous year.

### Other key features of the year include:

Investing £5.3 million in capital schemes as part of a longer term modernisation programme of the hospital's equipment and estate. The programme included schemes such as:

- upgrading of theatres
- a new computer system for pathology
- a Radiotherapy simulator
- a new parent craft building
- a breast cancer trailer.

### Looking Forward

Whilst the Trust is acknowledged as being relatively efficient, it is also faced with delivering challenging activity targets in a time of competing demands on new resources. The challenge facing this Trust along with others in the NHS will be to bring about recurrent financial stability and deliver the key service targets. This will not be an easy task. However, the resolution of these challenges will require true partnership working with other health and social care partners, particularly in East Suffolk. It is also imperative that the Trust continues to embrace the modernisation agenda to bring real and sustainable improvements to the care of our patients.

In the longer term the Trust will gain from the introduction of Financial Flows whereby payment is received from Commissioners taking into account both the volume of activity and case-mix. Notwithstanding this future gain, it is imperative that the Trust achieves financial balance this year.

Details of the Trust's compliance with the Public Sector Payments Policy are given on page 28. The Trust complied with the NHS executive's letter on managers' pay for 2002/03. Details of management and administrative costs are also given on page 28.

Income and expenditure account for the year ended  
31 March 2003

	2002/03 £000	2001/02 As restated £000
<b>Income from activities:</b>		
Continuing operations	119,676	106,278
<b>Other operating income</b>		
Continuing operations	12,788	10,725
<b>Operating expenses:</b>		
Continuing operations	(126,224)	(113,289)
<b>OPERATING SURPLUS</b>		
Continuing operations	6,240	3,714
Exceptional gain: on write-out of clinical negligence provisions	0	4,842
Exceptional loss: on write-out of clinical negligence debtors	0	(4,842)
Loss on disposal of fixed assets	(15)	(19)
<b>SURPLUS BEFORE INTEREST</b>	6,225	3,695
Interest receivable	133	175
Other finance costs - unwinding of discount	(61)	(71)
<b>SURPLUS FOR THE FINANCIAL YEAR</b>	6,297	3,799
Public Dividend Capital dividends payable	(5,305)	(4,791)
<b>RETAINED SURPLUS (DEFICIT) FOR THE YEAR</b>	992	(992)

Balance sheet as at  
31 March 2003

	31 March 2003		31 March 2002 as restated
	£000	£000	£000
<b>FIXED ASSETS</b>			
Intangible assets	272		82
Tangible assets	95,591		83,949
		<b>95,863</b>	84,031
<b>CURRENT ASSETS</b>			
Stocks and work in progress	1,404		1,328
Debtors	5,128		4,610
Cash at bank and in hand	346		346
		<b>6,878</b>	6,284
CREDITORS: Amounts falling due within one year		<b>(7,825)</b>	(9,202)
<b>NET CURRENT LIABILITIES</b>		<b>(947)</b>	(2,918)
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>94,916</b>	81,113
PROVISIONS FOR LIABILITIES AND CHARGES		<b>(1,185)</b>	(1,030)
<b>TOTAL ASSETS EMPLOYED</b>		<b>93,731</b>	80,083
<b>FINANCED BY:</b>			
<b>TAXPAYERS' EQUITY</b>			
Public Dividend Capital		55,959	55,298
Revaluation reserve		38,386	26,919
Donated asset reserve		399	409
Income and expenditure reserve		(1,013)	(2,543)
<b>TOTAL TAXPAYERS' EQUITY</b>		<b>93,731</b>	80,083



Paul Forden  
Chief Executive



Chris Dooley  
Director of Finance and Performance

Cash flow statement for the year ended  
31 March 2003

	2002/03		2001/02
	£000	£000	£000
<b>OPERATING ACTIVITIES</b>			
Net cash inflow from operating activities		8,822	10,473
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>			
Interest received	134		172
Net cash inflow from returns on investments and servicing of finance		134	172
<b>CAPITAL EXPENDITURE</b>			
Payments to acquire tangible fixed assets	(5,200)		(4,662)
Receipts from sale of tangible fixed assets	982		0
Payments to acquire intangible assets	(94)		(31)
Net cash outflow from capital expenditure		(4,312)	(4,693)
<b>DIVIDENDS PAID</b>			
Net cash inflow/(outflow) before management of liquid resources and finances		(661)	1,161
<b>MANAGEMENT OF LIQUID RESOURCES</b>			
Purchase of investments	(37,300)		(63,250)
Sale of investments	37,300		63,250
Net cash inflow (outflow) from management of liquid resources		0	0
Net cash inflow (outflow) before financing		(661)	1,161
<b>FINANCING</b>			
Public dividend capital received	661		228
Public dividend capital repaid (accrued in prior period)	0		(1,053)
Net cash inflow (outflow) from financing		661	(825)
Increase (decrease) in cash		0	336

Statement of total recognised gains and losses for the year ended  
31 March 2003

	2002/03	2001/02
	£000	£000
Surplus for the financial year before dividend payments	6,297	3,799
Unrealised surplus on fixed asset revaluations/indexation	12,038	2,113
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	17	0
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(60)	(86)
<b>Total recognised gains and losses for the financial year</b>	<b>18,292</b>	<b>5,826</b>
Prior period adjustment		
- Pre-95 early retirement	(663)	0
<b>Total gains and losses recognised in the financial year</b>	<b>17,629</b>	<b>5,826</b>

For early retirements taken before 6 March 1995 the additional liabilities were previously recharged to the NHS Trust on a quarterly basis and included within operating expenses as they arose. In 2002/03 the accounting for pre 6 March 1995 early retirements has been brought in line with that for post 6 March 1995 early retirements. Therefore, a provision has been established for the forecast remaining liability which has had the effect of reducing the Income and Expenditure Reserve by £663,000.

## Salary and Pension entitlements of senior managers

Name and Title	Salary	Other	Company
	(bands of £5000)	Remuneration (bands of £5000)	Cars
	£000	£000	£000
Peter Bye - Chairman* (left 17/05/02)	0 - 5	-	
Christine Smart - Chairman* (NED until 16/05/02, then Chairman from 17/05/02)	15 - 20	-	1
John Mowles - Non-Executive Director	5 - 10	-	
Celia Drakard - Non-Executive Director	5 - 10	-	
Geoffrey Arrand - Non-Executive Director	5 - 10	-	
Gillian Lewis - Non-Executive Director (left 30/09/02)	0 - 5	-	
Elizabeth Harlaar - Non Executive Director (from 01/12/02)	0 - 5	-	
Anthony Schur - Non Executive Director (from 01/12/02)	0 - 5	-	
Peter Morris - Chief Executive** (left 21/05/02)	15 - 20	-	1
Paul Forden - Chief Executive** (from 30/09/02)	50 - 55	-	
Christopher Dooley** - Director of Finance & Performance*** - Acting Chief Executive 22/05/02 - 29/09/02	80 - 85	-	4
Craig Black*** - Acting Director of Finance & Performance - 22/05/02 - 29/09/02	20 - 25	-	
Jennifer Jones - Director of Human & Corporate Resources	60 - 65	-	3
Clare Barlow - Director of Nursing & Operations	60 - 65	-	4
Ian Scott - Medical Director	45 - 50	60 - 65	3

\* Two individuals held the post of Chairman during the year.

\*\* Three individuals held the post of Chief Executive during the year.

\*\*\* Two individuals held the post of Director of Finance and Performance during the year.

Under the Data Protection Act 1998 all the Executive Directors have withheld consent to disclose information relating to the accrued pension at normal retirement age as at the balance sheet date and the increase in accrued pension in real terms during the financial year. This does not apply to the Non-Executive Directors for whom no pension is payable.

Both the Executive and Non-Executive Directors have withheld consent to disclose their age.

The value shown for company cars equates to the taxable benefit attributable to the individual. There is no net cost to the Trust in providing a car to the Chairman, as the difference between the actual cost and reimbursable business mileage is being reimbursed by her to the Trust.

## Management costs

	2002/03 £000	2001/02 £000
<b>Management costs</b>	<b>4,836</b>	4,563
Income	<b>132,464</b>	117,003

Management costs are as defined in the document 'NHS Management Costs 2002/03' which can be found on the internet at <http://www.doh.gov.uk/managementcosts>.

### Public Sector Payment Policy

#### Better Payment Practice Code - measure of compliance

	2002/03 Number	2002/03 £000	2001/02 £000
Total bills paid in the year	<b>57,801</b>	<b>51,500</b>	45,003
Total bills paid within target	<b>49,842</b>	<b>45,820</b>	38,728
Percentage of bills paid within target	<b>86.23%</b>	<b>88.97%</b>	86.06%

The Better Payment Practice Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

## Related Party Transactions

The Ipswich Hospital NHS Trust is a body corporate established by order of the Secretary of State for Health. During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with The Ipswich Hospital NHS Trust. Mr John Mowles who is Non-Executive Director of the Trust is also a member of Ipswich Borough Council and the Labour Party, and a Non-Executive Director of Ipswich Buses Ltd with whom the Trust had transactions during the year in the ordinary course of its business.

Ms Christine Smart (Chairman and Non-Executive Director) and Ms Elizabeth Harlaar (Non-Executive Director) are both employees of the Open University Business School with whom the Trust had transactions during the year in the ordinary course of its business. Ms Harlaar has also undertaken work with the Cabinet Office/Department of Trade & Industry Women and Equalities Unit.

Mr Anthony Schur (Non-Executive Director) is Trustee and Treasurer for the Immigration Advisory Service. His wife was an employee of Suffolk County Council Social Services until January 2003. He is a member of the Liberal Democrat Party.

The Department of Health is regarded as a related party. During the year The Ipswich Hospital NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

- Ipswich PCT
- Colchester PCT
- Suffolk Coastal PCT
- Southend on Sea PCT
- Central Suffolk PCT
- Suffolk West PCT
- Essex Ambulance Service NHS Trust
- Strategic Health Authorities and
- Other PCTs and Trusts

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Ipswich Borough Council, National Blood Service and the Public Health Laboratory Service.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the Trustees for which are also members of the NHS Trust Board. These payments amounted to £649,922. The Trust provides administrative and management services to the Charitable Funds for which a charge of £17,676 (reflecting actual costs) has been made for the 2002/03 financial year. At 31 March 2003, the Charitable Funds owed £85,193 to the Trust.

## Independent Auditors' report to the Directors of The Ipswich Hospital NHS Trust on the summary financial statements

We have examined the summary financial statements set out on pages 23 to 29 and the statement on internal control on page 21.

This report is made solely to the Board of The Ipswich Hospital NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

### Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

### Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

### Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2003 on which we have issued an unqualified opinion.

PricewaterhouseCoopers LLP  
Norwich  
Date: 2nd September 2003