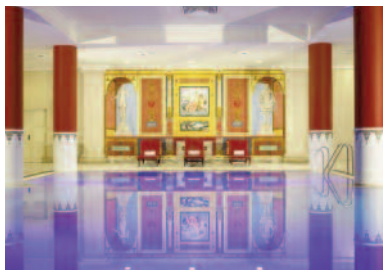
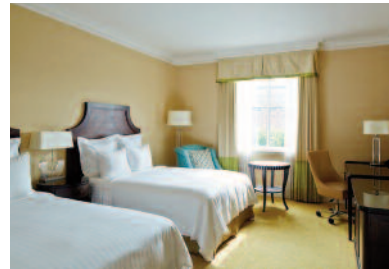




COMMUNITY HOSPITALS ASSOCIATION

Annual Conference
including **Innovations and Best Practice in**
Community Hospitals Awards 2015
13th – 15th May 2016

Established as the leading event for Community Hospitals



Bristol Marriott Royal Hotel, College Green Bristol BS1 5TA

Challenging Times

Day 1 – Through Clinical Leaders

Day 2 – Through Research

Day 3 – Through Clinical Delivery

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Challenging Times

Challenging times is certainly **WHERE** we are. Austerity has brought its squeeze to everyone. Even the NHS has felt it acutely even though partially protected. Essentially there has been flat growth over a number of years ... until this year and this year only, with some of the small growth of the next five years being front-ended.

But are challenging times not just **WHERE** we are but **WHAT** we should be doing? Can we use the dire circumstances to challenge the status quo, the way things have always been done, the old styles of organising and paying for things, the historical attitudes about what is and is not the NHS?

Many of us believe that this is just the opportunity we need. Increasingly people recognise the need for change and slowly we are accepting the reality that things have to change. So, what do we need to help us? We want to explore three possible areas at this conference. Challenging times through clinical leadership, through clinical research and through clinical delivery.

Clinical leadership is core to progress in the NHS but has it really been fully realised yet or even released? Sometimes it still feels as if it is in the starting box. How can we slap its rump and make it run? Can we identify the clinical leaders of the future in our community hospitals and their organisations?

Clinical research in community hospitals has been the poor relative yet over the past year or two has begun to find its place and produce much needed evidence for the future organisation and commissioning of place based services. How can we use it to convince commissioners of the value of our work?

Clinical delivery is the reason for the existence of community hospitals. From their inception, these local units of delivery of health and care have focused on getting the service to the people who need it. So why do so many seem to have a blind spot for these services? Or be actively trying to decommission them? Our ambition is clinical delivery second to none!

As usual we have an amazing array of speakers and contributors. But you need to be there to really gain. Go on – get the booking made now for you and others so you can take ideas, good practice, encouragement and passion back to implement where you work.

Dr Phil Moore Chair CHA

Bristol Marriott Royal Hotel

Bristol BS1 5TA

The Bristol Marriott Royal Hotel offers warm hospitality in the heart of historic Bristol. Close to Bristol Cathedral and the vibrant Harbour side, traditional Victorian elegance blends with thoughtful service, providing a haven for clear thought and relaxation. 10 minutes from Bristol Temple Meads Train Station, 10 minutes from the M4 and 25 minutes from Bristol International Airport.

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- Only Hotel of its kind in the City
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BUILT IN 1865, LISTED LANDMARK HOTEL – BEDROOM EXTENSION BUILT ON OLD ABBEY”

Directions – By Road

From the M4. Take J19 off the M4 to the M32. Continue straight on at the end of the M32 onto the A38. Take first left at the roundabout. This road will take you into the city centre. Stay in the right hand lane signed Park Street. Bear right and up the hill. You will find the hotel on your left.

From the M5. Take J18 off the M5 and the A4 to city centre. Passing Explore-at-Bristol / Cathedral, keep in the left hand lane passing the rear of the hotel. Bear left at the lights. Hotel entrance is on the left.

Bristol Airport 7 miles.

Take the A38 towards Bristol City Centre then exit onto the A3029 signposted Bristol City Centre. Travel through three roundabouts. Stay in the left lane and exit onto the A4. Take the third exit from the roundabout onto Anchor Road. Turn left and the hotel will be on the left.

Who should attend?

Representatives from

- General Practitioners/Consultants
- Nurses/Allied Health Care Professionals
- Managers
- NHS Trusts/Community Health Services/ Local Health Boards
- Social Services
- Voluntary Organisations
- Independent Sector
- The Department of Health
- CICs
- Commissioners
- CCGs

For information on Sponsorship and exhibition opportunities please contact Barbara Moore: 01460 55951 info@communityhospitals.org.uk

Challenging Times

| Friday 13th May | | Through Clinical Leaders |
|-----------------|--|--|
| 1030 | Registration & Exhibition | |
| 1200-1300 | Buffet Lunch | All delegates |
| 1300 (1) | Welcome | Dr Phil Moore, GP Surbiton, Chair CHA, Chair Mental Health Commissioners Network for NHSCC |
| 1310 (2) | Opening of Conference | Sarah Elliot, Chief Regional Nurse South NHS England |
| 1350 (3) | Improving the experience of Dementia in Community Hospitals | Dr Shibley Rahman Academic in Dementia |
| 1430 (4) | Community Hospitals' role in enhancing the management of Long Term Conditions | Kathy Cambell, Clinical Lead for Urgent Care Gloucestershire Care Services NHS Trust |
| 1510 | Tea and Exhibition | |
| 1540 (5) | The role of community hospitals in a pathway of care for older people living with frailty? | Helen Lyndon, Nurse Consultant Older People, Clinical Lead Frailty NHS England Nursing Division, Nursing Directorate NHS England |
| 1620 (6) | An hour with Roy Lilley... | Roy Lilley, Writer, Broadcaster |
| 1720 | Closing remarks | Dr Phil Moore GP Surbiton, Chair CHA, Chair Mental Health Commissioners Network for NHSCC |
| 1730 | Annual General Meeting | |
| 1930 | Informal Dinner | |

After Dinner Entertainment

Please Note () Bracketed numbers relate to the Evaluation Form

| Saturday 14th May | | Through Clinical Research |
|-------------------|--|---|
| 0830 | Registration (day delegates) & Exhibition | |
| 0850 (7) | Introduction by Chair | Liam Williams, Director of Nursing and Quality CHA Committee |
| 0900 (8) | Community Hospitals: Profile, Patients and Pride | Deborah Davidson, Senior Fellow, Health Services, Management Centre, University of Birmingham |
| 0920 (9) | Community hospitals: learning from international case studies | Dr Emma Pitchforth, Associate Research Group Director, Innovation, Health and Science RAND Europe |
| 0940(10) | Preliminary Results and Implications of the 'Models of Community Hospitals Activity' Project | Satti Saggi, Project Manager, Bradford Institute of Health Research |
| 1000 (11) | "What is rehab potential?" | AGILE (Chartered Physiotherapists Working with Older People) – speakers to be confirmed |
| 1030 | Coffee and Exhibition | |
| 1100 | Interactive Sessions | see programme for further details |
| 1330 | Lunch & Exhibition | |
| 1845 | Pre dinner drinks | |
| 1915 | Presentation of Awards to winners of Innovations and Best Practice in Community Hospitals | |
| 2000 | Annual Dinner | |

After dinner entertainment

Followed by Disco

The conference programme may be subject to change

Please choose **THREE** sessions (each session 45 minutes) and complete Registration Form

1 (12)

Award Winner – Ambulatory Care at Minehead Community Hospital

Minehead is a small seaside town that doubles in population during the holidays. There has been a Hospital in the centre of town for over 100 years and there has always been a great sense of ownership from the local community. Minehead Community Hospital is situated 27 miles from the nearest acute hospital with a very busy winding road. There are times in the winter when the town has been cut off due to snow fall and in the summer 12,000 tourists a week visiting Butlin's, which often means there can be road closures due to accidents.

On 14 February 2011 a new, state of the art hospital was opened. This included an inpatient service, minor injury service, day surgery, Diagnostics, outpatient department, therapies and mental health on site.

It was recognised by the GP Federation, Somerset Partnership NHS Foundation Trust and the

Somerset Clinical Commissioning Group that services needed to be delivered closer to home.

In September 2011 the service was piloted to introduce ambulatory day case patients who required the following services; Management of central venous catheters, Intravenous antibiotics, Blood and Iron transfusion, bisphosphonate infusions, Urethral catheter care and management of chronic leg ulcers.

In the initial pilot there were 64 attenders in three months. At that time the service was managed by the nurses on the ward. The treatments offered allowed the ward nurses to gain experience in specialised techniques and gain competence in new skills.

The service has grown and is now managed daily by a specialist nurse who is ward based and the community nurses. We see an average of 81

attenders a month and since the service started a total of 1,496 appointments.

It offers a very personal service to the local community. Many of the patients are undergoing Chemotherapy and need the support of a local service. During the pilot we calculated a few statistics for one of our attendees; it saved them 28 visits, 56 hours of their time attending the acute hospital, which equates to 1,512 miles.

Attendees have benefited from the easy access, simple and logistical care pathways and the avoidance of unnecessary travel to the acute hospital.

Hayley Welsh, Senior Ward Sister, Exmoor Ward, Minehead Community Hospital
Norma Coombs, Matron

2 (13)

Award Winner – New patient admission checklist compliance and achievement of CQUIN targets audit at South Petherton Community Hospital

South Petherton is a village in South Somerset district of South West England, and has a population of approximately 4,000.

South Petherton Community Hospital is a new Hospital which was opened in May 2011. It has 24 inpatient beds, 16 of these beds are dedicated to specialist inpatient stroke rehabilitation. The other 8 beds are primary care beds, and currently in use as medically fit beds. There is a team of doctors, nurses and therapists who support patients during their hospital stay and who deliver personalised care in line with an agreed care plan.

South Petherton Community Hospital is part of Somerset Partnership NHS Foundation Trust, which provides a wide range of integrated

community health, mental health, learning disability and social care services to people of all ages.

This audit has been designed specifically for a need identified by the Trust, and has an objective and purpose to measure the ward's compliance with the timely completion of a basic admission checklist. It particularly considered the ward's compliance on meeting the Commissioning for Quality and Innovation (CQUIN) targets as well as 5 initial admission baselines.

As a team we realised the importance of a new admission and on completing those initial admission baselines, particularly in achieving our CQUIN targets. We also realised that at times we,

along with others, were not succeeding in completing these targets. It is then that the whiteboard checklist and audit were specifically designed and developed to highlight problems and as a way of improving outcomes for the benefit of all patients.

The checklist along with increased staff awareness of CQUIN's improved our compliance significantly and the feedback from staff has been really positive during and after the audit. A new checklist has since been developed and is currently being trailed on the ward with a vision to roll it out Trust wide in 2016.

Helen Rowe, Sister South Petherton Community Hospital

3 (14)

Award Winner – Health Care Assistant Training Programme

The health care assistant training programme was initially implemented at Lydney and District Community Hospital and the Dilke Community Hospital, Gloucestershire. Due to its success, it is currently being rolled out across all of the community hospitals within Gloucestershire Care Services, NHS Trust.

Historically, HCA's complete a three-day corporate induction which covers equality and diversity, conflict resolution, health and safety and information governance. They are then buddied up with an experienced HCA and introduced to the ward environment. This method of induction has resulted in HCA's feeling undervalued, overlooked

and not equipped with the skills to deliver safe and effective care.

The health care assistant training programme consists of six interactive teaching sessions that cover , communication skills, record keeping, infection control, nutrition and hydration, continence care, personal hygiene, moving and handling, end of life care, basic life support, dementia, safeguarding, the deteriorating patient and specimen collection. The programme has been specifically designed to complement the care certificate. Staff that complete the training will gain the knowledge and skills to be an effective HCA, patients will receive safe quality care and all

successful staff will be awarded the care certificate.

The training has been very easy to set up and has been delivered by the Ward Sisters which have embedded a sense of ownership. Those staff that have completed the training have been very complimentary about it. The next steps are to set up a skills lab at the hospital so that all staff can continue to practice their skills.

Karen Williams, Senior Sister, Lydney and District Community Hospital

Please Note () Bracketed numbers relate to the Evaluation Form

Please choose THREE sessions (each session 45 minutes) and complete Registration Form

4 (15)

Award Winner – Mendip Stroke Enhanced Early Supported Discharge at Shepton Mallet Community Hospital

The Service was commissioned by Somerset CCG as a pilot in April 2013, and was initially aimed as a 1 year pilot. The multidisciplinary team was set up and consisted of the following:

- Physiotherapist
- Occupational Therapist
- Speech and Language Therapist
- Nurses
- Generic rehabilitation services
- Psychiatry input

The pilot was externally monitored and evaluated by an evaluation group set up by the CCG.

Patient and carer feedback was obtained throughout the pilot, and patient carer focus groups were held by the evaluation group to get direct feedback on the service. Patient and carers have also been calling the CCG direct to give their positive feedback. The feedback was testament to the compassion and commitment given by the team and their positive approach to working as an interdisciplinary team.

In December 2013 the evaluation group were very pleased with the patient carer outcomes and an

interim report went to the Clinical operation group of the CCG in January 2014, following this report the pilot was extended for a further 12 months, with the objective of testing the model further and looking to see if a reduction in inpatient stroke beds can be achieved by getting more people home earlier in their recovery period.

The team also developed and introduced a patient work book to help enable a goal centred approach to their rehabilitation post stroke and that was agreed individually with the patient. This has now been rolled out countywide.

To support the patients further a life after Stroke group was introduced by the team, to provide further support for patient and carers. This is a ten week course and includes a programme providing variety of rehabilitation exercise, carer support, information giving and provide a networking opportunity for patient and their carer's.

The success of this pilot helps provides a model of care and rehabilitation that meets the future challenges facing the NHS, providing quality care closer to home, and an integrated team working in an inter-disciplinary way ensuring every visit is

appropriate and avoids duplication of care.

In May a sort notice CCG quality assurance visit to the team also gave a very positive response to the service, following their review.

Key outcomes of the Pilot were:

- A very high rate of patient /carer satisfaction with the service.
- A very high job satisfaction for the team.
- A small reduction in bed usage.

The service was provided by a driven and compassionate workforce, meeting the additional challenge of providing the service in a very rural area of Somerset, and maintaining the high patient satisfaction with the service. Following the very positive evaluation of the Pilot, the service was commissioned as a county wide service and following Somerset Partnership winning the contract the Service went county wide from 1 September 2015.

Shaun Carthew, Matron, Shepton Mallet Community Hospital

5 (16)

Award Winner – A Palliative Care Pathway

Williton, set between breath-taking countryside and coastline, is a small, vibrant village with a big heart - where local people really do care about their community.

Centrally located within the village, Williton Community Hospital was recently re furnished and now provides a convivial, home-from-home atmosphere where a highly trained team of nurses, therapists and ward doctor are all dedicated to supporting patients during their hospital stay by delivering a personalised care. A visiting Stroke consultant and Palliative Care Consultant enhances the overall care provision offering expert advice.

Palliative and End of Life care is an area of care the ward team are proud to provide - caring for patients and their families who are very often known to the ward staff over the duration of their treatments enhances our service and is something that we feel very passionate about.

Part of our refurbishment plan was to enhance Grace's Room – a large, en-suite single room

furnished by our League of Friends to provide a special quiet place for the patient, but also to create an en-suite bed-sitting room specifically for relatives' use. Grace's Room gives the privacy that so many patients and families need at this special time allowing the patient to receive care in more comfortable surroundings. Beautiful gardens with patio area allow bedridden patients to access the tranquil grounds.

Our Senior Matron Norma Coombes, Senior Ward Sister Sharon Sweeney, along with Palliative Care Consultant Charlie Davies identified the need for a Palliative Care pathway that would ensure compassionate best practice by providing continuity of care – a seamless pathway:

- Patients in the early days of the pathway can attend palliative care clinic appointments within our outpatient department, meeting the palliative consultant and palliative care nurse specialist
- The patient may receive individual therapies with the ward's Day Unit, specifically designed with recliner chairs for those that need to rest

Throughout this period of time relationships are built between ward staff, patients and their families, offering advice and support as required

When the time comes, patients are given the opportunity to consider admission to the ward or Grace's Room where all of their individual needs can be met during their final days. Relationships that have evolved over time give some comfort to both patients and families

After death, the hospital mortuary provides a quiet place for families to sit with relatives and say their final goodbyes.

We have received such positive feedback from patients, their families and carers that we are confident that we are playing an important role in what is such a poignant time for them.

Norma Coombes (Senior Matron), Sharon Sweeney (Senior Sister) & Charlie Davies (Consultant in Palliative Care)

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RESERVATIONS/BOOKING CONDITIONS

Please post/fax your completed registration form with cheque or invoice request/payment details to:
**CHA, Meadow Brow, Broadway Road,
Broadway, Ilminster, Somerset TA19 9RG**
Tel: 01460 55951 Fax: 01460 53207
email: info@communityhospitals.org.uk

Reservations may be made by email/phone/fax – this is a contract. Payment must be received **BEFORE** the conference date. Attendees may be substituted at any time; details to be notified to the CHA.
Confirmation of booking will be made within 5 days. If this has not been received please contact us.

Please choose **THREE** sessions (each session 45 minutes) and complete Registration Form

6 (17)

Award Winner – Bridgwater Community Hospital – Design

Bridgwater Community Hospital has served the local community for 200 years. 2013 marked 200 years of the hospital providing healthcare services in a very tired old building.

2014 saw the opening of a brand new hospital on the outskirts of the town.

This gave us the opportunity to be instrumental in the interior design of the building with a marked emphasis on an environment specifically geared towards our patients, particularly those with dementia, cognitive and visual impairment but also provision of a tranquil environment for those at the end of life and those who just wanted to recover in a safe environment.

A local art group was formed and decided on a unifying theme for all the interior decoration and artwork to be presented throughout the building.

The theme was a Bridgwater timeline over the past 200 years.

The architect Adrian Abbs was very particular not only about the external presentation of the building but also the internal presentation, we were lucky enough to have an environmental physiologist on the team as well Rebecca Furse who worked with our brief for an environment conducive to patients with dementia and visual impairment.

A number of elements were cleverly incorporated into the internal decoration.

- Doors – Patient entry doors wood
Staff only doors same colour as the walls
- Flooring – all one colour anti-slip going just up the wall to avoid any perception of steps or trip hazards.
- Hand rails – Dark grey to stand out from pale walls to define their purpose.
- Sensitive lighting to side of corridor to avoid bright light onto face if patients are on a trolley in corridor.
- Burnt orange walls in dining room to stimulate appetite (fast food outlets use red colour as it stimulates appetite).
- Striped fabric for chairs reminiscent of deck chair fabric
- Artwork – Bridgwater theme all pictures completed by Bridgwater College as part of final project – capturing numerous local landmarks, carnival, fair, train station etc.
- The Courtyard sculpture also has the 200 hundred year theme and is a timeline of Bridgwater's history. Created by Ian Marlow a local sculptor.

The project involved people from the local community and our League of Friends which adds to the feel of the hospital belonging to the community it serves .

These are used as renaissance therapy for patients to prompt memories and conversation. Black and white photos used in the dining room taken from the museum and portrayed on large canvases depicting local street parties from the Coronation in 1952.

Physiotherapist Jenny McCubbin sourced the photos and also created a large montage on the main stairwell depicting photos and instruments from the old hospital along with nurses who trained there. Some of whom have introduced themselves to staff since the opening.

The whole project was a joy to work on and is an environment that is a pleasure to work in and a safe, calming dementia friendly for patients, their families and friends.

Sue Taylor, Matron Bridgwater Community Hospital

7 (18)

Award Winner – Frome Community Hospital Engagement Project

Frome is a small, vibrant town with an active and engaged community spirit.

The Hospital was originally located in the centre of the town and was very much part of the local community. A new Hospital was built and opened in 2008, moving to the outskirts of the town.

The team at Frome Community Hospital identified that there been a mutual disengagement, with the local community losing the sense that this was their hospital and the reputation of the Hospital was poor in the local area.

In order to improve this picture and actively engage with the users and potential users of the team at the Hospital along with the League of Friends set out to develop a meaningful and constructive relationship which has enabled them

to Listen and be responsive to the needs of the local population as well as enabling the local community to regain the sense that they had a stake in their local health provision. It also enabled us to communicate effectively and to respond to concerns quickly.

The project includes:

- Community Hospital forum - Quarterly
- Matron Twitter feed @FromeHospMatron
- Distribution site for Fair Frome food bank twice a week offering an opportunity for engagement and health promotion.
- Involvement in Dementia friendly town project
- Provision of Work experience placements for 6th form students

- Afternoon tea parties once a week on the ward for patients, relatives, volunteers and staff.
- Local school displaying artwork in the Hospital which is updated regularly.
- Singing for the brain - bi-weekly singing sessions in the Hospital run by the Alzheimer's Society for inpatients and outpatients.

We have received incredibly positive feedback from Patients, visitors and the wider community and continue to develop and expand the scope of the project.

Hayley Hughes, Matron, Ruth Diligent, Ward Sister, Peter Smith, Chair, League of Friends

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8 (19) Award Winner – Flying the Flag to Prevent Falls in Community Hospitals in Somerset

In 2011, with the appointment of a Falls and Bone Health Coordinator, a project commenced to reduce the number of falls in thirteen community hospitals, but where to start? A review of the evidence base suggested that effective strategies involved a multifactorial approach by different members of the multidisciplinary team. A coordinated approach was needed and the front line staff would be key to success. Involvement in the South West Patient Safety Improvement Programme at the time provided an opportunity to learn about the development of effective strategies using rapid intervention cycles or PDSA's.

Ideas for improvements were generated by the staff and tested, then shared between locations. Early ideas included the development of a fall alert symbol, development of an inpatient Falls Factsheet and use of stickers (4 W's) in the patient notes to improve the quality of information about

falls and communication to the wider team members. More recently the use of alert magnets for falls and the use of bed rails has been implemented.

Falls Local Action Groups, now called FLAG groups, meet regularly in the Community Hospitals and Older Persons Mental Health Wards. A standing agenda item at each meeting is to review any falls that have occurred in their service since the last meeting to consider whether anything could have been done differently that would have improved/changed the outcome. All ideas are included in a local action plans and learning is widely shared through the Falls Best Practice Group and by the Falls and Bone Health Coordinator.

Data collection and evaluation using DATIX falls incident reports has enabled rapid identification of

pressure areas and local interventions, many of which involve small changes, to be implemented.

The outcomes of having the FLAG groups in place have included a sustained reduction in the number of falls, development of a business plan leading to investment in falls prevention equipment, the delivery of local falls training, engagement and empowerment of clinical staff.

For Older Persons Mental Health Wards involvement during the last year has supported improved understanding of underlying medical conditions and their management as the inpatient population becomes increasingly frail and complex, with equal benefit for Community Hospital staff in supporting patients with dementia and other mental health conditions.

Sue Olson, Falls and Bone Health Co-ordinator

9 (19) Award Winner – The Millom Model

Millom Community Hospital has been in operation for 40 years providing a 9 bed unit to a population of c8500. The community hospital is geographically remote being a minimum of 50 minutes from the nearest general hospital with poor roads and reducing public transport links.

The community hospital historically provided short term rehabilitation and end of life care with local GP leadership. However, in 2014 the general practice was unable to recruit (not one reply after a year of advertising) the GP premises had major structural issues and an emergency move was undertaken to develop primary care facilities within the administration unit of the community hospital. During this period the hospital closed temporarily. Within days an action group was formed and 2500 people marched in the streets to protest:

From challenging circumstances, we have created an innovative new approach –

The 'Millom Model'

The Millom Model involves multi-disciplinary working between Cumbria Partnership Trust, North West Ambulance, Millom GP practice, University Hospital of Morecombe Bay acute trust with additional involvement from the third sector and health action group.

The community hospital is the key component and within the hospital we now deliver:

- **Dual trained (physical and mental health) Advanced Nurse Practitioner Leadership** providing medical care for our inpatient unit. Our offer now includes the Nurse Practitioner assessing patients at home to identify **Step Up patients avoiding general hospital admission and reducing ambulance journeys out of the town.**
- In addition, our dual trained Nurse Practitioner provides weekly **Specialist Mental Health Clinics** within the on-site GP practice – this is a ground-breaking new role dual aspect role.
- Employment of an **Advanced Paramedic** to work within the community looking at pathways and initiatives to prevent hospital admission with joint working within the onsite integrated staff teams. The first of its kind in the UK providing community paramedic support as part of an integrated community team.
- Implemented **PIPPA** (Purposeful inpatient Assessment) boards to help reduce length of stay
- Short Term Intervention Staff – Providing goal led interventions based on the ward and

flexing out to the community liaising closely with 3rd sector organisations on behalf of our dementia patients

- **District Nursing Teams based within the community hospital** working as a fully integrated care community team – staff rotational posts of ward and community

Outstanding partnership working across all agencies

Results in Millom within a year of the community marching in the streets to protest:

**Hospital open and thriving with reduced length of stay
100 fewer people moving for A&E
100 fewer people moving for non-elective admission
150,000 fewer miles travelled**

All this change has occurred in just over a year and was triggered by the passion felt by the public for its community hospital.

Becca Carter, Matron, Millom Community Hospital and Dr John Howarth, Director of Service Improvement Cumbria Partnership NHS Foundation Trust

10 (20) Award Winner – 'MUST DO' Promoting Nutrition in a community hospital in Northern Ireland

The staff at a community hospital in Northern Ireland identified the need to improve nutrition and the patient's experience at meal times. The project team identified key stakeholders and invited them to join a steering group to assist in the implementation and development of the project. Nutritional practice was benchmarked using the Northern Ireland Promoting Good Nutrition Strategy (Department of Health, Social Services and Public Safety, 2012) and its Ten Characteristics of Good Nutrition. Various methods and approaches were used within the project.

The team involved were the Catering Manager, Domestic/Catering staff, Nurses, Healthcare Assistants, Dietitians, the patients and their carers. Nutrition was everyone's concern and this was embraced by all staff and they were involved to

ensure the patient had the best outcome.

The creation and implementation of a newly devised person centred care plan, a food chart, feedback sessions and additional training specific to nutrition, enabled the nursing staff to focus on improving the overall nutritional status of the patients.

Other changes included, implementing coloured plates and cups which evidence suggests aids visual clarity for dementia patients. Since the implementation of the project paper cups have now been replaced with ceramic cups, additional menu choices have been added and staff have been empowered to ask for beneficial changes to be made. There are now also readily available snacks and condiments available for patients.

Other changes included an increase in knowledge and understanding by the nursing staff of nutrition and the needs of patients in hospital as well as the importance of these being tailored to their needs. This project has also resulted in a 100 percent increase in accurate completion of the MUST (malnutrition universal screening tool) assessment and improved feedback from patient satisfaction surveys.

This project was supported by the Foundation of Nursing Studies Patients First Programme in partnership with the Burdett Trust for Nursing.

Project Lead Siobhan Shannon, Falls Prevention Nurse, Jane Leighton, Deputy Ward Manager, Marie McKillop, Staff Nurse, Dalriada Community Hospital

Challenging Times

Saturday 14th May

Interactive Sessions 1100-1330

Please choose **THREE** sessions and complete Registration Form

11 (21) Research Workshops

Research Workshop a

Getting to grips with who we are and what we do: An interactive session on mapping, defining and categorising community hospitals

In this workshop the team from the University of Birmingham's NIHR funded study, will share their findings on the definition, distribution and categorisation of community hospitals. It will be an interactive workshop session in which delegates will be encouraged to reflect upon their own experience and understandings of what makes a community hospital and how they relate to the study's findings so far.

Deborah Davidson, Senior Fellow, Health Services Management Centre, Angela Ellis Paine, Research Fellow, Third Sector Research Centre, University of Birmingham, Tessa Crilly, Director, Crystal Blue Consulting

Research workshop b

Advancing community hospitals: what can we learn from international evidence?

This workshop will draw on findings from an NIHR funded study which sought to draw on international evidence to inform the strategic development of community hospitals within NHS England. We will present evidence from a literature review, country reviews and international case studies in a brief and concise manner and ask delegates to rank findings on the basis of relevance and importance to their own work. We will also ask about possible questions not addressed in the current work but for which delegates feel international evidence may be important.

Dr Emma Pitchforth, Associate Research Group Director Innovation, Health and Science|RAND Europe

Research workshop c

Efficient Community Hospitals - Applying the new knowledge and using the toolkit"

'University of Leeds researchers would like to share the outcomes of a three-year project which has culminated in the development of two web-based interactive toolkits for use by local commissioners and community hospital teams. These have been designed to support operational changes to optimise community hospital ward care for older people.'

Satti Saggus, Project Manager, Bradford Institute of Health Research

12 (22) EHOB – A Change in Practice – The Reduction of Pressure Ulcers

Clinical Outcomes of Static Support Surfaces in the Reduction of Pressure Ulcers. International data to support a change in practice from

traditional alternating pressure systems to cost effective static surfaces.

Mike Seddon RN, BA(Hons), Cert.Health Ed. Susan Partridge RN, Iiwcc, Wound Care Clinical Consultant & Practitioner

Challenging Times

Sunday 15th May

Through Clinical Delivery

0830 Registration (day delegates) & Exhibition

0900 (23)

Welcome by Chair

Jan Marriott, Vice Chair CHA
Non-Executive Director, Gloucestershire Care Services NHS Trust

0910 (24)

Dementia Friendly Community Hospital

Mandy Hampton, Matron – Forest Hospitals Gloucestershire Care Services NHS Trust
Ruth Kyne, CLH Matron
Helen Vaughan, Joint Commissioning Manager, Dementia, Gloucestershire Clinical Commissioning Group

0950 (25)

How far can you push managing without antibiotics

Karen Anderson, Head of IPC/Decontamination Lead, Somerset Partnership NHS Foundation Trust

1020 (26)

“Bad bugs, no drugs – the perfect storm. Why we have to treasure our current antibiotics”

Rhian Manley, Senior Clinical Pharmacist Somerset Partnership NHS Foundation Trust

1100

Coffee and Exhibition

1130 (27)

Gold Standards Framework In Community Hospitals

Christine Elgar, Nurse and Clinical Associate
Hilary Lawson, End of Life Facilitator
Gold Standards Framework

1200 (28)

Shape of Caring

Liz Fenton, Professional Advisor
Health Education England

1230

Closing Remarks

1240

END OF CONFERENCE