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Dr Alastair Noble

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Vacant

COMMITTEE & ASSOCIATE MEMBERS

Jo Posnette, Julia Fairhall, Ines de Abreu, Dr Helen Tucker, Heather Penwarden, Nikki Woodland, Tom Brooks & Jan Marriott.

A SPECIAL THANKS TO...

OUR SPEAKERS

We are so grateful to all our plenary & workshop speakers for their expertise, and the time & preparation they have brought to this year's conference. The range & quality of sessions reflects the breadth of best practice happening in community hospitals across the UK every day.

OUR EVENT PARTNERS

We are grateful to our sponsors and exhibitors for their generous support and contributions. Without them this conference would not be possible.

OUR VOLUNTEERS

A huge thank you to everyone giving their time. The CHA is run by volunteers and that is never more visible than at this conference. From the committee members who have worked for months to bring this event together, to the workshop facilitators and everyone helping out, we are most grateful to each and every one.

OUR EVENT PARTNERS



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WELCOME

Welcome to the Conference!



It is my pleasure and privilege to welcome you all to the Community Hospitals Association 2026 Conference.

This event builds on the success of the 2024 Conference which, from the feedback received, was enjoyed by all who attended. We have a very full programme featuring keynote speakers such as the Chief Medical Officer, Professor Sir Chris Whitty, the Innovation and Best Practice Awards, clinical sessions, patient and public involvement sessions and much more. However, what we learned from the 2024 Conference was how much attendees valued the chance to meet with and network with other people passionate about community hospitals. This opportunity to meet face to face whether in a breakout session, over a meal or in the bar can help us reconnect after the chilling effects of the Covid years. Please take these opportunities to meet your fellow attendees and learn from them. We have overseas guests attending, including delegates from community hospitals in Japan. This will provide a wonderful opportunity to learn about the community hospital scene in other countries.

I will finish with a sincere vote of thanks to the organising committee. They have worked so hard to make this event happen and in particular I would like to thank Eleanor Murphy and Jo Posnette for their commitment, patience and positive energy.

Dr David Seamark

President of the Community Hospitals Association



Welcome to the Community Hospitals Association 2026 Conference.

It's fantastic to see a delegate list comprised of such a diverse group of individuals who have the interest, passion and desire to celebrate and champion the cause of community hospitals, hubs and the ever-increasing range of services that they provide. You are the people driving change on the ground, turning big ideas into real improvements for individuals, families, and neighbourhoods.

As pressures on the NHS, local authorities and emergency services continue to grow and the resources at their disposal are constrained, integrated care is not simply a strategic priority - it is a necessity.

Whether you work in a Community Hospital, Hub, primary care, social care, voluntary services or an academic setting, your contribution to integrating care is essential. The CHA conference is a chance to connect, share what's working and what's not, and generate ideas that will carry us forward.

I think you will agree that our conference programme reflects the complexity and ambition of this agenda. I hope the discussions, insights and collaborations that emerge will strengthen our collective ability to deliver high-quality, person-centred care for all.

Thank you for bringing your expertise, your curiosity and your commitment to the event.

Let's make this the best CHA conference yet!

Jo Posnette

CHA Conference Lead

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ABOUT THE COMMUNITY HOSPITALS ASSOCIATION



The Community Hospitals Association has been around for over 50 years. We are an independent voluntary organisation and the only national voice dedicated to community hospitals, the people who work in them, the patients they serve and the communities they belong to. We work across England, Scotland, Wales and Northern Ireland. Our members are the people who know community hospitals best. Our job is to connect them, support them and make sure their voice is heard where it matters.

“ In making this group and the CHA generally this accessible to a working clinician, you have helped me: think more; speak up more; network with colleagues; reflect on practice; be more confident; continue striving for best practice; teach more; continue to fly the flag for community hospitals I work in and not give up.”

CHA MEMBER

What we do

We bring people together across national networks. We share knowledge and good practice. We highlight innovation and we make the case for community hospitals in the wider conversations that affect them.

Governance

The CHA is governed by a Board of Directors and supported by a committee and a wider network of associate members and advisors. Everyone involved is a volunteer.

How we are sustained

The CHA does not receive any statutory funding. No government grants, no NHS budget line. Nothing like that. Everything we do is funded through membership, sponsorship and donations. That includes this conference. We are a small organisation and we rely on the support of people and organisations who believe community hospitals matter. If you would like to help, you can find out more on our Support the CHA page.



A note from the CHA committee

We would like to ask for your help. As you know the work we do, including this conference, is funded through sponsorship, donations and organisational membership. Those income streams are small and, like everything else, our costs are rising. We are not asking for money today. We are asking for your views.

We are exploring whether to invite members to make a small voluntary contribution each year to help us keep going and keep growing. Before we do anything, we want to know what you think. The poll below is anonymous and takes just a few minutes. There are no right or wrong answers. We would really value hearing from you.



Thank you.

JOIN THE CHA

There are two ways to become part of the CHA: as an individual member, which is open to anyone with an interest in community hospitals, or as an organisational member, which is for organisations that want to actively support and shape the future of locally rooted care. Both routes connect you to a UK-wide network of people and organisations who share a commitment to community-based care.

INDIVIDUAL MEMBERSHIP

Individual membership is open to anyone with an interest in community hospitals, whether you work within services or volunteer with a League of Friends. By joining us, you become part of a network that shares knowledge, shapes discussion and deepens understanding of community hospitals and hubs.

WHAT YOU GET AS A MEMBER

- ◆ **STAY CONNECTED** - RECEIVE OUR NEWSLETTER SEVERAL TIMES PER YEAR, WITH INSIGHTS FROM ACROSS THE UK.
- ◆ **BE PART OF THE CONVERSATION** - JOIN OUR ONLINE SPECIAL INTEREST GROUP DISCUSSIONS & CONNECT WITH OTHERS WHO CARE ABOUT COMMUNITY HOSPITALS & HUBS.
- ◆ **LEARN AND GROW** - ACCESS LEARNING FROM PEERS & SHARE YOUR EXPERIENCE WITH OTHERS FACING SIMILAR CHALLENGES THROUGH OUR REGULAR MEMBER QUERIES
- ◆ **CELEBRATE ACHIEVEMENTS** - HEAR ABOUT AND ENTER OUR INNOVATION & BEST PRACTICE AWARDS.
- ◆ **SHARE YOUR NEWS** - LET US HELP YOU TELL YOUR STORY & HIGHLIGHT WHAT MATTERS IN YOUR LOCAL AREA

JOIN THE CHA

SUBSCRIBE TO OUR
NEWSLETTER

ORGANISATIONAL MEMBERSHIP

As the national voice for community hospitals and community hubs across the UK, we bring together NHS trusts, Integrated Care Boards, community hospitals, Leagues of Friends, research bodies and partner organisations who want to support and shape the future of locally rooted care.



WHY ORGANISATIONAL MEMBERSHIP MATTERS

Community hospitals sit at the heart of local health systems and have done so for generations, yet they are often under-represented in national conversations about service design, integration and investment. Organisational membership of the CHA helps to ensure that community hospitals have a strong and credible national voice, a place in system-level thinking and meaningful opportunities to share learning and influence practice across the UK.

WHAT ORGANISATIONAL MEMBERS GAIN

Members become part of a UK-wide network of organisations working with shared purpose across different systems and geographies. They contribute to shared learning and improvement, take part in our Special Interest Groups, receive our newsletter, and engage with our conferences and learning events. Membership is also a way for organisations to demonstrate their commitment to community-focused, person-centred care and to the role of community hospitals within integrated systems.



LEAGUES OF FRIENDS AND VOLUNTARY ORGANISATIONS

Leagues of Friends and voluntary organisations play a vital role in supporting community hospitals and representing local voices, and we are very pleased to welcome them as organisational members. We recognise the diversity of these organisations and are happy to discuss membership in a way that reflects local circumstances.

BECOME PART OF THE CHA

To find out more about individual or organisational membership, please visit www.communityhospitals.org.uk or speak to a member of the CHA team at the conference. We would be very pleased to welcome you.

INTERNATIONAL CONNECTIONS

The CHA has always explored international connections as a way of learning and sharing about community hospitals and how they thrive in different health systems. The initiatives and seminal published papers from Norway and Finland have contributed much to our understanding of the role that small local hospitals have in countries with remote and rural populations.



INTERNATIONAL FOUNDATION OF INTEGRATED CARE (IFIC) AND INTERNATIONAL CONFERENCES OF INTEGRATED CARE (ICIC)

In 2025, our President Dr David Seamark launched our Community Hospital International Network at the ICIC25 conference in Lisbon, which we run in partnership with Dr Anne Hendry of IFIC Scotland. The CHA has been presenting at the IFIC conference for many years with two recent examples below. These conferences are attended by over 1,000 delegates from over 50 countries, and there is a great deal of interest in community initiatives and local community services close to home.

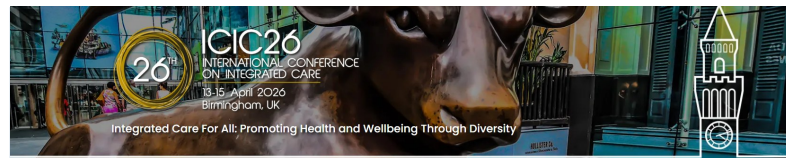
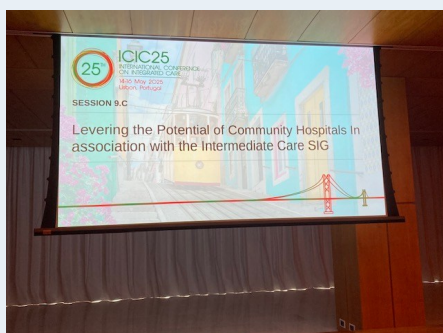


ICIC25 LISBON

Celebrating Care Closer to Home Launching a New International Network of Community Hospitals
Dr David Seamark



DR SEAMARK WITH 2025 IFIC DELEGATES INCLUDING PROF ANNE HENDRY (FAR RIGHT), DIRECTOR IFICS HUB, SCOTLAND. DR SEAMARK PRESENTING BELOW .



ICIC26 BIRMINGHAM

Community Hospitals and Community Hubs Integrated Care in Changing Models of Community Services in England
Jo Posnette & Dr Helen Tucker.



PROF ANNE HENDRY WITH JO POSNETTE & DR HELEN TUCKER AT ICIC 2026 IN BIRMINGHAM. BELOW DR TUCKER AND JO POSNETTE PRESENT AT ICIC 26.



INTERNATIONAL CONNECTIONS



DELEGATES INCLUDING DR HELEN TUCKER AND JO POSNETTE FROM THE CHA AT THE 2ND COMMUNITY HOSPITAL JAPAN SUMMIT, HELD IN FUKUOKA, KYUSHU IN MARCH THIS YEAR.

JAPAN

Jo Posnette and Helen Tucker representing the CHA were honoured to be invited by Dr Yoshihisa Honda to speak at an international conference in Japan in March of this year. There was a great interest in our long tradition of community hospitals, and our evolving models. There was particular interest in our Innovation and Best Practice Programme, and there were many questions about palliative care and bereavement services. Our programme of awards may be replicated in Japan and Singapore in the future!

Our visit to Japan included a study tour, when we visited community hospitals in Tokyo and Fukuoka, and were made very welcome by all concerned. There was a shared passion for community hospitals. A feature of the system in Japan is their integrated hospital and home care service, and we were very pleased to talk to patients and families who benefited from this.



Dr Yoshihisa Honda and colleagues attended our 2024 conference. The CHA arranged a study tour with Gloucestershire Health and Care NHS Foundation Trust that included Tewkesbury and North Cotswolds Community Hospitals which was a fascinating experience and mutually beneficial.

Read more here about the visit in October 2024 [Japanese delegates given tour of community hospitals > Glos Health & Care NHS Foundation Trust](#)

We are delighted that, at our 2026 conference, we will be joined by Mr Yutaka Aso and Dr Yuya Shigetomi from Japan.

麻生 豊会長、重富 勇也先生、ようこそCHAナショナルカンファレンスへ。

INTERNATIONAL NETWORK - COMMUNITY HOSPITAL WEBINARS HOSTED BY IFIC SCOTLAND & CHA

We have held two webinars that were very well attended by delegates from over 30 countries. Presentations have been made from countries including Italy, Sweden, Japan, Spain and Canada. We have a webinar planned for the Autumn. They are free to join, and the presentations stimulate a lot of discussion. Please visit our WEBSITE for more information, presentations and future events.



COMMUNITY HOSPITALS - INTEGRATED CARE MATTERS
WEBINARS SERIES 9: CARE AT HOME



COMMUNITY HOSPITALS ACROSS THE GLOBE

ABOUT THE SERIES

The CHA Networking and Leadership Webinar Series brings together senior community hospital staff and healthcare organisations around topics important to both. Each session is free for community hospital staff to attend, professionally managed by the CHA and focused on practical, relevant subject matter drawn from the realities of working in community hospitals.

Sessions are chaired by the CHA and follow a straightforward format. An expert speaker presents for fifteen minutes on a topic relevant to their field, followed by an open Q&A with delegates. That discussion is where the most valuable exchange happens as delegates come with questions focused on their day-to-day experience.

Every delegate who attends receives a certificate of attendance and sessions are available on our YouTube channel soon afterwards.



WHAT OUR DELEGATES SAY

Our first two sessions covered point-of-care testing, sponsored by Abbott with a PCN Clinical Director as lead speaker, and patient nutrition and snacking, supported by Queensland Bakery Co., with contributions from a Senior NHS Dietitian and the Chair of the NHS Food Review. Both sessions drew delegates from a wide range of clinical and operational roles, including dietitians, nurses, catering leads, service managers and clinical leads. Every delegate rated their session Good or Excellent.

“Knowing what other services are doing and their difficulties was invaluable.”

“Learning about the challenges and the opportunities, exactly what we needed.”

“Lively, relevant presentations. We could have kept the discussion going.”

GET INVOLVED



These sessions are free for community hospital staff to attend and are open to all roles. If your team has experience of a product, service or approach that has made a real difference, the CHA can help you shape a session around it and share that learning across the network.

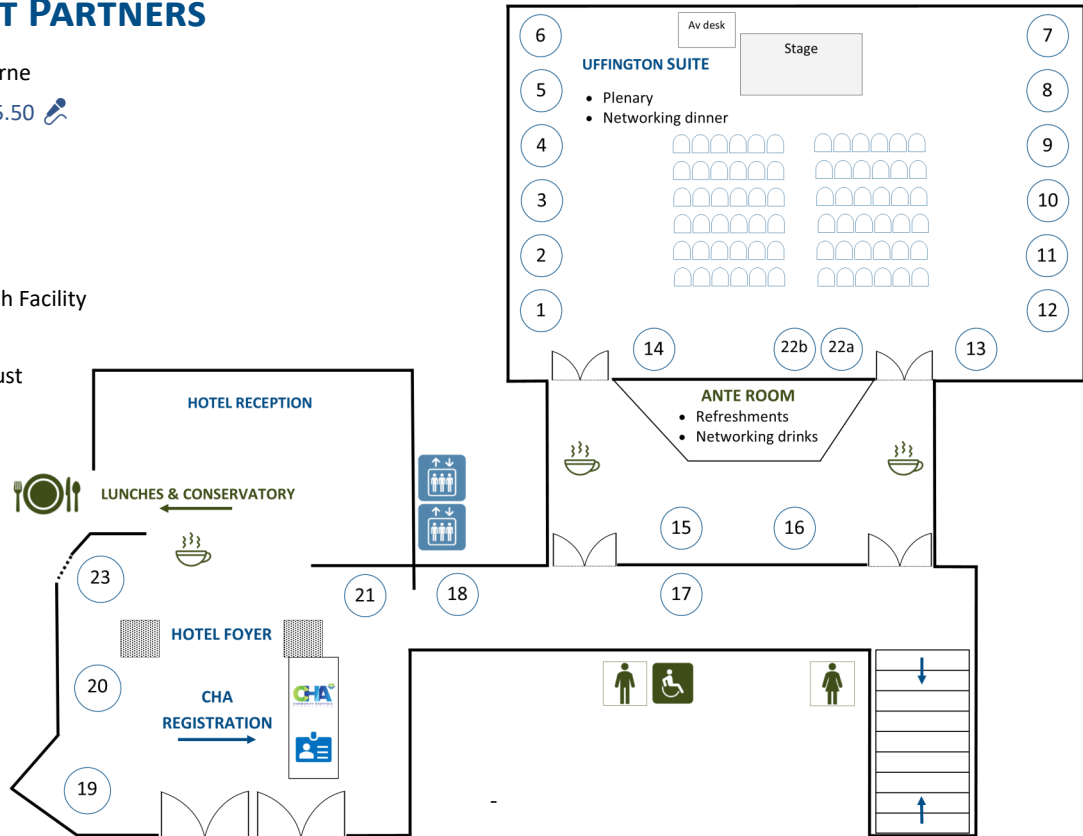
For companies interested in getting involved, speak to Dr Kirsten Protherough at the conference or contact us directly.

To be kept informed of future sessions as they are announced, visit www.communityhospitals.org.uk or email info@communityhospitals.net

VENUE INFORMATION

GROUND FLOOR-EVENT PARTNERS

- 1 Friends of Victoria Hospital, Wimborne
- 2 Elderly Matters - Thurs 7th 15.25-15.50
- 3 Dorset Health Care
- 4 Turun UK Ltd
- 5 NACEL
- 6 NHS Benchmarking Network
- 7 NIHR Oxford Health Clinical Research Facility
- 8 CareBoodle
- 9 Central London Community NHS Trust
- 10 Nutrinovo
- 11 CHART - Birmingham Community
- 12 Kinetik Wellbeing Ltd
- 13 East Sussex Healthcare NHS Trust
- 14 Dementia UK
- 15 Queensland Bakery Co
Friday 8th 10.20-10.50
- 16 Taking Care
Thurs 7th 15.25-15.50
- 17 Seachange
- 18 The Gold Standards Framework
- 19 Winnicare
Friday 8th 10.20-10.50
- 20 HCRG Care Group/Paulton Community Hospital Cubis
- 21 CHA IBPA Digital Display
- 22 a) Sussex Community - Band 3 Preceptorship Programme & b) Comfort Tracker App
- 23 Montcalm International



FIRST FLOOR-WORKSHOP ROOMS

Conservatory
(ground floor)

Thurs PM

S - Move to Health

Fri AM

P - Cubii Exercise Project

Pewsey 1	Pewsey 2	Pewsey 3
<p>Thurs AM D - Tewkesbury CATU</p> <p>Thurs PM I - Cornwall INT Wave 1</p> <p>Fri AM M - Rural Workforce</p>	<p>Thurs AM A - Community Frailty</p> <p>Thurs PM J - Delirium</p> <p>Fri AM Q - ReSPECt Plan</p>	<p>Thurs AM C - HCSW Development</p> <p>Thurs PM K - Dementia Care</p> <p>Fri AM T - NHS Benchmarking</p>



Syndicate 1	Syndicate 2	Cherhill 1	Cherhill 2
<p>Thurs AM B - From Hospital to Hub</p> <p>Thurs PM L - Co-production</p> <p>Fri AM R - Healthy Workforces</p>	<p>Thurs AM E - NHS & Leagues</p> <p>Thurs PM H - NACEL Audit</p> <p>Fri AM N - CHART Network</p>	<p>Thurs AM F - Nutrition in Older People</p> <p>Thurs PM G - Frailty</p> <p>Fri AM O - Same Day Emergency Care</p>	<p>Thurs AM U - Leading Partnerships</p>

AGENDA

THURSDAY 7TH MAY 2026 - *Day 1*

Time	Session	Speaker	Room
8.00-9.30	Registration, Refreshments & Networking		Foyer & Ante Room
9.30-9.35	Welcome & Opening	Jo Posnette , Conference Lead	Uffington
9.35-9.50	Morning Plenary	Ellen Rule , Chief Executive, Herefordshire and Worcestershire Health & Care <i>From Community Hospitals to Neighbourhood Health: A Strategic Reset</i>	
10.00-11.25	Workshops	Session 1: 10.00 - 10.40 & Session 2: 10.45 - 11.25	
A	Community Frailty - Oxford	Dr Jean Coles & Tendai Mugariri	Pewsey 2
B	From Hospital to Hub	Marc Jobson , Seachange	Syndicate 1
C	HCSW Development	Lucy Somerville , SCFT	Pewsey 3
D	Tewkesbury CATU	Adrian Strain , Gloucestershire	Pewsey 1
E	NHS & Leagues of Friends	Dr David Pope & Anne Salter , Wimborne	Syndicate 2
F	Nutrition in Older People	Ines de Abreu , SCFT	Cherhill 1
U	Leading Partnerships	Libby Keck , Q Community	Cherhill 2
11.25-11.40	Refreshments & Networking		Foyer & Ante Room
11.40-11.55	Late Morning Plenary	Julie Sharma , Retired Senior Healthcare Executive <i>Community Hospitals Beyond Buildings: Reclaiming Purpose in a Changing NHS</i>	Uffington
11.55-12.25	Remote Plenary & Q&A	Prof Sir Chris Whitty , Chief Medical Officer, with Dr David Seamark , Chair	
12.25-12.45	Morning Plenary Q&A	Ellen Rule, Julie Sharma & Dr David Seamark	
12.45-13.30	Lunch & Networking		Restaurant
13.30-14.30	Special Lunchtime Plenary	Innovation & Best Practice Award Winners 2025	Uffington
13.30-13.35	Welcome	Julia Fairhall , Awards Lead & Chair	
13.35-13.50	Move to Health session	Jane Castree & Angela Conlan , Oxford Health Arts Partnership	
13.50-13.55	Green Initiative Winner	Jane Wills , Somerset NHS Foundation Trust	
13.55-14.00	Quality Improvement Winner	Sally Russell , Advanced Practitioner, Tewkesbury Community Hospital	
14.00-14.05	Person-Centred Care Winner	Kate Norris , Senior Sister, Westminster Memorial Hospital, Shaftsbury	
14.05-14.10	Integration & Continuity of Care Winner	David Slade & Helen Steele , Sussex Community NHS FT Voluntary Services	
14.10-14.15	Innovation & Technology Winner	Hamid Zolfagharini & Susie Cockburn , Birmingham Community Healthcare NHS Foundation Trust	
14.15-14.20	President's Award Winner	Julie-Anne Neuss , Bexhill Irvine Unit, East Sussex Healthcare NHS Trust	
14.20-14.30	Winners Q&A	Chaired by Julia Fairhall , IBPA Lead	
14.40-15.25	Workshops Session 3		
G	Frailty: everyone's business	Professor Anne Hendry	Cherhill 1
H	NACEL Audit	Dr Mary Miller & Joylin Brockett	Syndicate 2
I	Cornwall INT Wave 1	Juliet Ferris & Sue Greenwood	Pewsey 1
J	Think Delirium	Johanna Barnes & Lucinda Williams , Glos	Pewsey 2
K	Dementia Care	Rachel Johnstone & Heather Penwarden	Pewsey 3
L	Co-production	Jan Marriott & Katie Peacock	Syndicate 1
S	Move to Health	Oxford Health Arts Partnership	Conservatory (gf)
15.25-15.50	Refreshments, Networking & Sponsor Spotlight		Foyer & Ante Room
	Taking Care at stand #16 & Elderly Matters at stand #2		
15.50-16.35	Workshops Session 4 (repeated)		
16.40-17.10	Day 1 Highlights Panel & Q&A	Julie Sharma, Julia Fairhall, Jo Posnette & David Farnsworth , Chair	Uffington
18.15-19.00	Networking Drinks		Ante Room
19.00-19.20	2025 Innovation and Best Practice Awards Ceremony with Julia Fairhall, IBPA Lead		Uffington
19.20-22.00	Networking Dinner & End of Day 1 (please refer to seating plan)		Uffington

AGENDA

FRIDAY 8TH MAY 2026 - Day 2

Time	Session	Speaker	Room
8.00-9.30	Registration, Refreshments & Networking		Foyer & Ante Room
9.30-9.35	Welcome & Opening	Sue Greenwood MBE , Chair	Uffington
9.35-9.50	Morning Plenary	Professor Anne Hendry , IFICs Hub in Scotland; Honorary Professor, University of the West of Scotland <i>Community Hospitals: making integrated care a reality across the globe</i>	
9.50-10.05		Dr Mary Miller , Consultant in Palliative Medicine; Director, OxCERPC; Clinical Lead, NACEL <i>What does the national audit tell us about care of the dying in community hospitals?</i>	
10.05-10.20	Morning Plenary Q&A	Prof Anne Hendry & Dr Mary Miller with Sue Greenwood MBE , Chair	
10.20-10.50	Refreshments, Networking & Sponsor Spotlight		Foyer & Ante Room
	 Queensland Bakery Co at stand #15 & Winnicare at stand #19		
10.50-12.30	Workshops	Session 5: 10.50 - 11.35 & Session 6: 11.45 - 12.30	
M	Rural Workforce	David Farnsworth , Powys	Pewsey 1
N	CHART Network	Dr Christine Burt , BCHC	Syndicate 2
O	Same Day Emergency Care	Sue Greenwood MBE , Cornwall	Cherhill 1
P	Cubii Exercise Project	Ami Cook & Debbie Poulston , HCRG/Paulton CH	Conservatory (gf)
Q	ReSPECT Plan	Christine Penhale , SCFT	Pewsey 2
R	Healthy Workforces	Julia Fairhall , SCFT	Syndicate 1
T	NHS Benchmarking	Sarah Handby	Pewsey 3
12.40-13.00	Closing Plenary	Dr Helen Tucker , CHA Associate Committee Member & Past President Dr David Seamark , CHA President and Director	Uffington
13.00-14.00	Lunch & Networking		Restaurant
14.00	Conference Close		

DOMESTIC ARRANGEMENTS

Photography and filming

We have a photographer and videographer present throughout both days. If you would prefer not to be photographed or filmed, please let them know. They would also love to hear your thoughts on the conference and your views on community hospitals — do say hello if you get the chance.

Evaluation

We would very much appreciate your views on this year's conference. Please complete the evaluation via the QR code on page [X] of this programme.

Social media

Please share your highlights from the conference with your network. Use #cha2026 and find us on LinkedIn, Facebook, X and Bluesky - details on the back page.

Parking

Free parking is available on site. Please scan the QR code on your printed agenda to register your car. You will need to do this on each day you are attending.

Refreshments

Tea, coffee and refreshments are available throughout both days during the scheduled breaks. Please refer to the agenda for exact timings.

Networking dinner

The networking drinks reception begins at 6.15pm on Thursday 7th May in the Ante Room, with the IBPA Awards Ceremony and dinner from 7.00pm in the Uffington Suite. Dress code is smart casual. Seating is arranged - please refer to the seating plan on display near the Ante Room

Lunch

Lunch on both days will be served in the restaurant. Thursday lunch is at 12.45pm and Friday lunch is at 1.00pm.

Need help?

Members of the CHA committee and delivery team are wearing yellow lanyards and are happy to help throughout

ELLEN RULE, *CHIEF EXECUTIVE*

HEREFORDSHIRE AND WORCESTERSHIRE HEALTH AND CARE



**Herefordshire
and Worcestershire**

From Community Hospitals to Neighbourhood Health: A Strategic Reset



Community hospitals have spent decades justifying their existence. The emergence of neighbourhood health policy offers a pivotal opportunity to redefine their purpose and value. In a system like Herefordshire and Worcestershire – serving around 800,000 people across a large, rural footprint with an ageing population and limited transport – traditional hospital-centric models are increasingly inefficient. If neighbourhood health cannot work here, it is unlikely to work anywhere.

Neighbourhood health policy is no longer aspirational; it sets clear expectations for shifting care from hospitals to communities, from reactive treatment to prevention, and from organisational silos to integrated neighbourhood teams. Community hospitals are neither explicitly protected nor replaced by this agenda, but they are implicitly challenged: remain small, sub-scale replicas of acute care? or evolve into essential neighbourhood assets?

This talk argues that community hospitals can become neighbourhood health platforms – anchoring integrated neighbourhood teams, enabling out-of-hospital diagnostics and consultant outreach, hosting prevention and voluntary sector partnerships, and supporting digital and home-based care at scale. For systems, the strategic choice is clear: stabilise the status quo, or redesign community hospitals as engines of neighbourhood health. The future will be shaped not by policy alone, but by leadership and communities that are willing to let these trusted local institutions evolve.

Ellen joined the Herefordshire and Worcestershire NHS Trust on 1st May 2025 as Chief Executive, bringing with her a wealth of experience from her previous role as Deputy Chief Executive and Director of Strategy and Transformation at NHS Gloucestershire. Ellen has a strong track record of working in collaboration with a wide range of partners, including the voluntary and community sector. She is known for being driven, dedicated and passionate about making things better for people, whilst caring and compassionate to the core. A key part of Ellen's work in Gloucester has been establishing a Clinical Programme Group (CPG) approach to service improvement and redesign, alongside clinicians, other health and care professionals and patient representatives. She has always placed a real focus on preventing ill health, developing integrated person-centred care and supporting people to maintain independence.

JULIE SHARMA, *RETIRED SENIOR HEALTHCARE EXECUTIVE*

Community Hospitals Beyond Buildings: Reclaiming Purpose in a Changing NHS



This session reframes the conversation about community hospitals by looking beyond physical buildings and organisational models to the true purpose of community healthcare. Aimed at clinicians and managers working across community settings, it will focus on the shared mission that unites the workforce: supporting people to recover, rehabilitate, and remain independent for as long as possible. Rather than concentrating on centrally driven structures or shifting policy frameworks, the session will encourage reflection on the values, behaviours, and everyday decisions that shape meaningful care. It will explore how individuals and teams—regardless of role or setting—can influence outcomes by staying grounded in this purpose. Attendees will be invited to reconnect with what community care stands for and consider how this collective focus can drive better experiences and outcomes for the populations they serve.

Julie Sharma is a recently retired senior health and care leader with almost 50 years' experience in the NHS and community services. She has worked across all aspects of NHS Commissioning, Planning and Delivery and most recently served as Interim Chief Executive of Sirona care & health, where her leadership supported the organisation through a period of transformation and delivery of integrated adult and children's community services. Julie has a deep commitment to person centred care and improving outcomes for people, families and colleagues across health and social care contexts.

PROFESSOR SIR CHRIS WHITTY

CHIEF MEDICAL OFFICER AND EXPERT ADVISER

Professor Chris Whitty is Chief Medical Officer (CMO) for England, the UK government's Chief Medical Adviser and head of the public health profession.

Chris is a practising NHS Consultant Physician at University College London Hospitals (UCLH) and the Hospital for Tropical Diseases, and a visiting professor at Gresham College.

Chris is an epidemiologist and has undertaken research and worked as a doctor in the UK, Africa and Asia. He was Professor of Public and International Health at the London School of Hygiene and Tropical Medicine (LSHTM) before becoming CMO and remains an honorary professor.



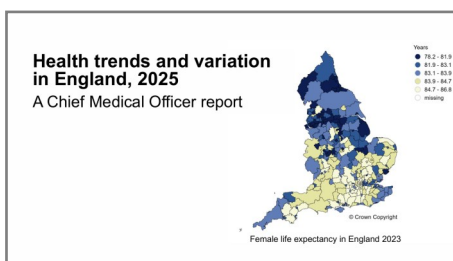
Chris was the interim Permanent Secretary at the Department of Health and Social Care (DHSC) from December 2024 to June 2025. He was Chief Scientific Adviser for DHSC from January 2016 to August 2021, with overall responsibility for the department's research and development, including being head of the National Institute for Health Research (NIHR), the government's major funder of clinical, public health, social care and translational research.

Chris was the interim Government Chief Scientific Adviser from 2017 to 2018, including during the Novichok poisonings. Before that, he was the Chief Scientific Adviser at the Department for International Development (DFID), which included leading technical work on the West Africa Ebola outbreak and other international emergencies.

“Community Hospitals are an essential part of provision for both inpatient and outpatient care for many citizens in England and the wider UK. They provide high quality, local and relevant care for many patients, and in particular older patients who often do not live in the major cities where acute hospitals are found. The UK is very fortunate to have Community Hospitals and the wide range of services those who work in them provide.”

PROFESSOR CHRIS WHITTY

CHIEF MEDICAL OFFICER (CMO): ANNUAL REPORTS

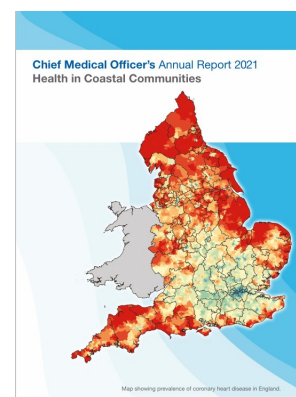


Health trends and variation in England 2025: a Chief Medical Officer report.

An overview of the health of England's population, including trends over time and geographical variation.



Chief Medical Officer's annual report 2023: health in an ageing society



Chief Medical Officer's annual report 2021: health in coastal communities

COMMUNITY FRAILTY:

SAME DAY EMERGENCY CARE IN COMMUNITY HOSPITALS – GP-LED APPROACH WITH THE MULTI-DISCIPLINARY TEAM



Dr Jean Coles, Oxford Health NHS Foundation Trust and Tendai Mugariri, Clinical Lead & Advanced Nurse Practitioner, Witney Emergency Multidisciplinary Unit

This session introduces a community-based same day emergency care unit operating within a community hospital setting, designed to support acutely unwell & frail patients as an alternative to acute hospital admission. The unit brings together a multidisciplinary team of GPs, advanced nurse practitioners, nurses, occupational therapists & physiotherapists to deliver care closer to home. Through two or three real patient journeys, delegates will explore how the team provides community-focused care for acutely unwell patients, how the unit works alongside community hospital inpatient wards, and how it integrates with primary care and urgent community services including hospital at home.

Dr Jean Coles MBBS, MRCP, MRCGP, DCH, DfSRH

Jean Coles is an experienced GP and interface medicine doctor. She initially completed core medical training in Wessex and worked as medical registrar in AAU for a year before changing to GP. She was a GP partner for 9 years in a rural practice which included looking after a 20 bed community hospital, and alongside this has continued to do 9 years of cardiology outpatient clinics for OUH and spent 2 years doing interface GP in A+E. She has worked for Oxford health in a community same day emergency assessment unit for the last year. Her interests are cardiology, elderly care and mental health.



Tendai Mugariri

Tendai Mugariri is a Registered Adult Nurse with 18 years post-registration experience across acute & community settings. She has supported the Intensive Community Care (ICC) pathway in her role as Clinical Lead for the last seven years. Alongside her leadership role, Tendai has practised as an Advanced Nurse Practitioner since 2018 & completed her master's in Advanced Clinical. Tendai is genuinely passionate about acute hospital avoidance & supporting patients, particularly the elderly and frail, to remain safely in their own homes wherever possible. She is immensely proud of her dedicated team & their shared commitment to high-quality, patient-centred care.

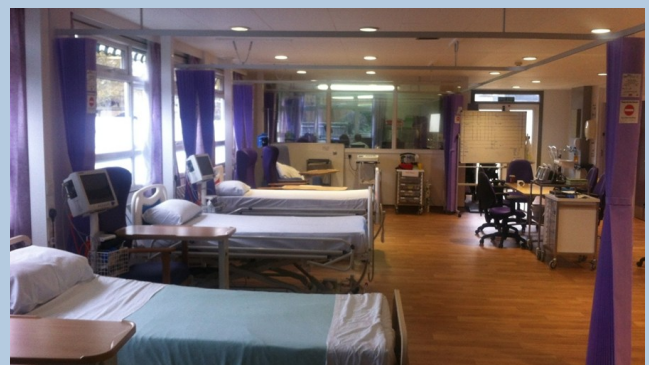


[Care pathways in older patients seen in a multidisciplinary same day emergency care \(SDEC\) unit \(2024\)](#)

ABOUT WITNEY EMERGENCY MULTIDISCIPLINARY UNIT

The aim of the Emergency Multidisciplinary Units is to provide assessment & treatment for adults with sub-acute care needs as close to patients' homes as possible. Providing medical, nursing and therapist assessments and treatments, the units are designed to offer patients a faster and more convenient alternative to admission to an acute hospital. Our teams deliver a comprehensive assessment, acute medical diagnosis and treatment plan with ongoing care to support patients and carers during episodes of illness without acute hospital admission.

Located within a community hospital site, the emergency multidisciplinary unit will rapidly assess any patient, following contact with a healthcare provider (for instance, a GP, community nurse or ambulance paramedic) who feels that further assessment is needed.



Read more

https://oxfordhealth.nhs.uk/service_description/emergency-multidisciplinary-unit/#heading-6

FROM HOSPITAL TO PROGRESSIVE HUB - SUPPORTING COMMUNITIES NOW AND INTO THE FUTURE

Marc Jobson, Head of Seachange, Budleigh Salterton

This session explores the development of Seachange Devon, a health and wellbeing hub operating from the site of a former community hospital in Budleigh Salterton. Led by Marc Jobson, the workshop will share how Seachange supports local communities through a wide range of preventive services, including social groups, transport and support for people with long-term conditions. With more than 8,000 visits each month, the hub plays a key role in tackling loneliness, promoting independence and reducing pressure on NHS services. The session will reflect on what it takes to build capacity locally, work across organisational boundaries and develop sustainable, community-led models of care.

www.seachangedevon.org

Marc Jobson, Seachange

Marc began his public service career with a law degree and then joined the Police in 1996, where he spent 20 years specialising in response policing and custody. His frontline experience gave him insight into the everyday challenges people face and a lasting drive to support others. In 2017, Marc took on the role of managing Budleigh Hospital's health and wellbeing hub. In 2022, he led its transformation into the charity Seachange, which he now heads.



ABOUT SEACHANGE

Seachange is a charity which provides an inspiring new approach to community support. Working on the basis that good health and happiness are closely linked, we offer easy access to practical support for all generations, young and old, within its area of Exmouth, Woodbury and Budleigh Salterton.



The Seachange programme of activities, classes and support runs from its base in Budleigh, East Devon. However, its reach extends throughout Woodbury, Exmouth and surrounding villages.



Seachange's programme of events is all designed to increase social cohesiveness, reduce isolation, and loneliness whilst improving the health and happiness of our community. Seachange is funded through donations and grants from the public and charitable sectors.

Read more

[Seachange Impact Report - Our First Three Years](#)
[Seachange Annual Report 2024 - 2025](#)

SEACHANGE
HEALTH & HAPPINESS FOR ALL

INNOVATION IN HEALTHCARE SUPPORT WORKER

BAND 3 PRECEPTORSHIP AND DEVELOPMENT PROGRAMME

Lucy Somerville, Clinical Learning Lead - HCSW Workstream, Sussex Community NHS FT

This session presents insights from a six-month Healthcare Support Worker Band 3 Preceptorship Programme, developed to address a gap in post-induction development. Co-designed with staff, the programme integrates study days, reflective learning, wellbeing support, and a culminating quality improvement project. Recognised with a Community Hospitals Association Innovation and Best Practice Award in 2024, participants report increased confidence, enhanced skills & a stronger professional identity.

Many progress to further training, while others remain in their roles with renewed motivation.

The session highlights how targeted investment in support workers can strengthen retention, build capacity in services, and improve patient care, offering a practical and transferable model for community hospitals & hubs for delegates to explore implementation in their own clinical teams & services.



Sussex Community
NHS Foundation Trust

Lucy Somerville, PGCert, QN, PNA, HEA Fellow, RN

Lucy Somerville is the Clinical Learning Lead for the Healthcare Support Worker Workstream within the Clinical Education and Development Team at Sussex Community NHS Foundation Trust. Qualifying in 1999, she has worked across Surrey and Sussex in acute and community settings, developing a strong commitment to high-quality community care and staff development.



In 2023 Lucy received a special commendation from NHS England for Widening Access and Supporting Diversity, recognising a project with the University of Chichester supporting the refugee community into NHS roles.

Her current role oversees healthcare support worker learning, providing standardised induction & development programmes across the Trust. She has received two CHA Innovation and Best Practice Awards for developing a two-week induction programme in 2023 & implementing the Band 3 Healthcare Support Worker Preceptorship Programme in 2024, work that has strengthened leadership, professional identity and patient safety while reducing attrition.



Lucy with colleagues from SCFT along with Evelyn Prodger, CHA Associate Committee member with their IBPA award in 2023.



Lucy with colleagues from Bognor Regis War Memorial Hospital, one of many community intermediate care units at SCFT



Julia Fairhall, CHA IBPA Lead and Divisional Director of Nursing at SCFT with Steffi Bailey, Angela Sciotto, Lucy Somerville, Tracy Uwaeche & Portia Rossi from SCFT at the CHA National Conference in 2024

COLLABORATIVE AP PRACTICE IN COMMUNITY ASSESSMENT AND TREATMENT UNIT

**Adrian Strain, Advanced Practitioner, Tewkesbury Community Hospital,
Gloucestershire Health and Care NHS Foundation Trust**

The Community Assessment and Treatment Unit at Tewkesbury Community Hospital was launched in 2022 with the aim of stopping or quickly turning around patients presenting at the acute trust front door. Advanced Practitioners work across seven days a week, enabling patients to be assessed and clerked on admission and reducing pressure on acute services

The MDT approach from the point of admission has improved length of stay for this patient group, while building greater capacity into the wider Gloucestershire system. The unit operates within a GP-led community hospital, and that close working relationship has been central to providing the medical support this cohort of patients needs.

Adrian Strain qualified as a registered nurse in 2000, having previously worked as an area manager for Granada TV Rentals. His early clinical career was in acute care in Birmingham, specialising in coronary care nursing before joining the Gloucestershire Heart Failure Service as a Clinical Nurse Specialist in 2004.



In 2014 he was involved in establishing the Trust's Rapid Response Service, seeing its first patient and helping shape the service from the outset. Most recently, he has played a central role in developing the Community Assessment and Treatment Unit at Tewkesbury Community Hospital, opened in 2022, which has demonstrated how sub-acutely unwell patients can be managed effectively in a community hospital setting, achieving shorter lengths of stay and strong collaborative working across teams.



Staff celebrating the two year anniversary of the CATU's opening

ABOUT TEWKESBURY COMMUNITY HOSPITAL

Tewkesbury Community Hospital offers a wide range of services to the local community including inpatient care, a minor injuries unit, day surgery, outpatient clinics, physiotherapy, occupational therapy and X-ray services. The hospital is supported by an active League of Friends and provides free on-site parking for patients and visitors.



IMPROVING HEALTHCARE BY WORKING IN PARTNERSHIP WITH THE NHS - CONTRIBUTION, IMPACT & LESSONS LEARNT BY THE FRIENDS OF WIMBORNE HOSPITAL

Dr David Pope (President) and Mrs Anne Salter (Chair), Friends of Victoria Hospital, Wimborne

This workshop will provide background information about hospital developments the Friends have funded over the years, and the impact these have made. In addition, the key strategic objectives which have driven progress will be outlined.

These include:

- ◆ CAPITAL DEVELOPMENTS,
- ◆ WORKFORCE SUPPORT,
- ◆ VOLUNTEERING,
- ◆ PARTNERSHIP WORKING,
- ◆ FINANCE AND
- ◆ RISK.

Finally future ambitions will be shared. There will be an opportunity to ask questions and to share ideas. and to share ideas.



Watch this video made to celebrate 90 years of support by the Friends of Wimborne Hospitals

Dr David Pope

Dr Pope has been a Trustee of the Friends since arriving in Wimborne in 1974 as a GP and Surgeon. He was Clinical Director at the Hospital for 25 years, retiring in 2025. He is a former member of the CHA.



As current President and Trustee of the Friends of Wimborne Hospital, he considers that he has been privileged to be involved in the many development projects the Friends have delivered over this time, making Wimborne Hospital one of the leading Community Hospitals in the UK.

Mrs Anne Salter

Anne Salter worked in the NHS as a nurse, health visitor & commissioner of health services. She worked in a joint role across the NHS and Local Authority as Assistant Director of Children's Services, and also in Dorset Clinical Commissioning Group as Head of Children's Services. She became a Trustee of the Friends after retirement and became



Chair in 2021.

ABOUT THE FRIENDS OF VICTORIA HOSPITAL, WIMBORNE

The Friends of Victoria Hospital is a registered charity (number 299230) founded in 1935.

The charity supports patients of the hospital and others in the community who are in need of healthcare, and works to advance health and provide relief to those in need because of ill-health.

Over the past 25 years, the Friends have invested more than £8.7 million in capital projects, funding around 80% of the hospital's capital build programme. This vital support has helped develop operating theatres, day surgery, endoscopy, physiotherapy & state-of-the-art X-ray facilities.

The hospital provides care equally to all members of the local community, demonstrating the public benefit at the heart of the charity's work.



Read more

[Friends' five-year strategic plan](#)
[90th anniversary celebration](#)

IMPROVING NUTRITION IN OLDER PEOPLE AFTER ACUTE HOSPITAL ADMISSION – TRANSITION FROM SECONDARY CARE TO INTERMEDIATE CARE, REHABILITATION, COMMUNITY & HOME

Ines de Abreu, Advanced Clinical Practitioner, ICU Uckfield and Crowborough Memorial Hospital, Sussex Community NHS Foundation Trust, and CHA Committee Member

Malnutrition and frailty are key, modifiable barriers to recovery for older adults admitted to community hospitals following trauma, infection, surgery, or deterioration of chronic conditions.

This workshop will examine the role of nutrition as a core rehabilitation intervention within Intermediate Care, with a focus on integration across transitions from acute hospital to community and home.

Drawing on current evidence, practical tools, and interactive discussion, the session will support staff to identify malnutrition early and deliver consistent, person-centred nutritional interventions across care boundaries. Emphasis will be placed on building workforce capability and strengthening continuity of care. Participants will gain practical actions to embed nutrition into everyday rehabilitation practice, supporting recovery, function, and safe transitions home.

Key message: Nutrition is a core clinical and rehabilitation intervention, not an optional adjunct.

Ines de Abreu

Ines has spent over thirty years working across a wide range of clinical settings, from emergency medicine and HIV services to neurosciences and community care, in several countries and healthcare systems.



She now works in Intermediate Care, supporting older adults to recover and return home safely after serious illness, injury or trauma. Her clinical focus is on frailty, dementia, delirium and neurodegeneration, and on the services that make the difference between someone managing at home or ending up back in hospital.

She has built services from the ground up, including Virtual Wards, Urgent Community Response teams and a Neuro-Rehabilitation Unit, and has led quality improvement and research work throughout her career.

Her current research interest is the role of nutrition in recovery for people living with frailty, an under-explored area with significant potential to improve both outcomes and quality of life.

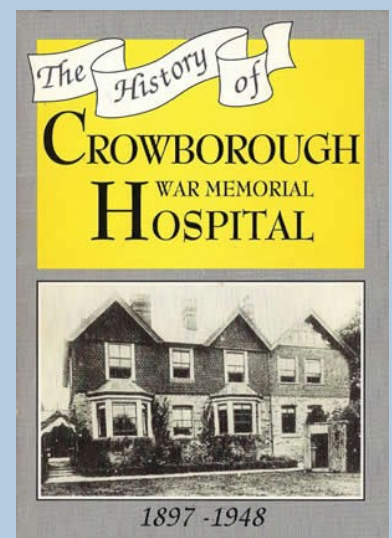
Ines joined the CHA committee in 2025, adding a valuable frontline clinical perspective to the group's collective expertise



ABOUT UCKFIELD AND CROWBOROUGH

The Intermediate Care Units at Uckfield Community Hospital and Crowborough War Memorial Hospital are run by Sussex Community NHS Foundation Trust. Both units provide short-term rehabilitation for adults recovering from serious illness, injury, surgery or a fall, supporting them to regain independence before returning home.

Each unit operates 24 hours a day, 365 days a year, with referrals accepted from acute hospital wards, primary care and community services. Care is delivered by a multi-disciplinary team including nurses, physiotherapists, occupational therapists, advanced clinical practitioners and doctors, working together to develop a personalised rehabilitation plan for each patient.



LEADING SUCCESSFUL PARTNERSHIPS: A PRACTICAL GUIDE FOR HEALTH AND CARE

**Libby Keck, Head of Design and Collaboration / Labs Network and
Matthew Mezey, Community Manager, The Q Community**

Collaborations, partnerships and integrated care are a growing feature of our working lives. It can be a rewarding and positive experience to work with others on a shared purpose. It can also present a range of challenges, with different organisational ambitions, cultures and expectations. We don't always know how to do this work well.

Q's '[Leading Successful Partnerships](#)' guide is practical tool to help you to develop and sustain effective partnerships, relevant for people working in a range of roles. In this interactive session, we will introduce you to the guide, help you to reflect on partnerships you've been involved with, and give insights about how to collaborate more effectively in the future.



[Read more here](#)

Libby Keck

Libby is Head of Design and Collaboration for the Q community. Q brings people together to improve health and care. Libby leads Q Lab, helping organisations to develop, test and implement solutions to complex cross-system challenges. Her work centres on enabling collaboration and creativity, building effective partnerships and collaborations, and navigating complexity in systems.

Previously Libby managed large-scale improvement funding programmes at the Health Foundation and worked in the NHS in service management roles.



ABOUT Q

Q is a membership community formed in 2015, connecting people across the UK and Ireland to improve the safety and quality of health and care. Hosted by the NHS Confederation and supported by the Health Foundation and partners, Q brings together more than 5,000 members across a wide variety of roles. Membership is free. [NHS Confederation](#)

Members have access to a range of topic-focused Special Interest Groups, which provide spaces for peer learning, shared problem-solving and collaboration around specific improvement challenges. Groups cover areas including the Q Lab Network, and funding opportunities such as Q Exchange, Q's collaborative grant programme. [The Health Foundation](#) Members can participate in ways that suit their role and the time they have available.

Sources: [About Q](#) | [Get involved](#) | [Q community](#), [NHS Confederation](#)



- ✓ NHS Supplier: Ensuring our medical devices meet the highest standards of quality and reliability - trusted by healthcare professionals across the UK.
- ✓ Clinical Partnerships: Strategic partner for NIHR-funded 'Isosfitter' clinical trial and working closely with BIHS and Blood Pressure UK on blood pressure awareness campaigns.

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- Five (Specialist Bariatric Rentals) Call: 08001932523 Email: info@fivemobility.co.uk

- Fall Management
- Pressure Ulcer Prevention
- Bariatric and Specialist Rentals
- Patient Handling
- Bathing and Hygiene

INNOVATION & BEST PRACTICE AWARDS

25 YEARS OF INNOVATION & BEST PRACTICE IN COMMUNITY HOSPITALS

The CHA Innovation and Best Practice Awards began in 2000, made possible by funding from the Department of Health. In the 25 years since, the programme has given 168 national awards to teams working in community hospitals across England, Wales, Scotland and Northern Ireland.



2024 IBPA winners at the national conference in Gloucester that year.

The range of work recognised over those years reflects the full breadth of what community hospitals do. Winners have included falls prevention and dementia care, arts in health and midwifery, medicines management and end of life care, staff development and service redesign. Every one of those projects began with a team that identified a problem and did something about it. [Read about the 168 awards here](#)

For most of those 25 years the programme focused on quality improvement. In 2024 a green initiative category was introduced for the first time, recognising the sustainability work at Frome Community Hospital.

For 2025, the programme broadened into five distinct categories alongside a special President's Award, reflecting how the work happening in community hospitals has grown and diversified. The awards matter because community hospital teams do not always receive the national recognition their work deserves. This programme exists to change that. Six projects have been selected for recognition this year, and the details of each can be found on the following pages.

Our judging panel

The programme depends entirely on the expertise and generosity of the IBPA panel. This year, Julia Fairhall RN QN PNA, Sue Greenwood MBE RN QN MA, Jo Posnette RN, Heather Penwarden BEM and Evelyn Prodger RN read through 27 submissions, discussed the merits of each project, and give considerable time to the shortlisted entries who presented over Teams. Without them, the awards would simply not happen, and we are enormously grateful.



Dr Shauna Fannin & team at the Robinson Memorial Hospital Northern Health & Social Care Trust, Northern Ireland with their 2022 IBPA award for [Creating a Communication Open Door](#)

The 2025 Awards: Reflections from IBPA Lead, Julia Fairhall RN QN PNA

The Innovation and Best Practice Awards this year have been a powerful celebration of the exceptional work taking place across our community hospitals and services. This year's awards attracted a remarkable number of high-quality entries, each demonstrating creativity, commitment and a genuine drive to improve care. Reading the submissions and hearing the presentations has been both inspiring and humbling, offering insight into the depth of talent and innovation that exists across our teams.



The breadth and scope of the projects showcased has been particularly striking. From service redesign and digital innovation to workforce wellbeing, patient safety and community partnership working, each project reflected a clear focus on making a meaningful difference. Collectively, the entries highlighted how innovation is not confined to technology alone, but also found in new ways of working, listening to patients, supporting staff, and strengthening connections with local communities.

What stands out most is the tangible impact these initiatives are having – improving patient experiences and outcomes, enhancing staff satisfaction and resilience, and delivering real benefits for the communities we serve. The awards have provided an invaluable opportunity to share learning, celebrate success, and recognise the dedication behind this work. Every entry had something to teach us, and together they reinforce what can be achieved when passion, collaboration and improvement are placed at the heart of care.

Julia Fairhall, IBPA Lead

THE 2025 AWARD CATEGORIES & WINNERS

QUALITY IMPROVEMENT IN COMMUNITY HOSPITALS:	Recognising projects that have made a measurable difference to patient safety, care quality or service outcomes.
GREEN INITIATIVE:	Recognising environmentally sustainable practice that reduces the ecological footprint of community hospital services.
INTEGRATION & CONTINUITY OF CARE:	Recognising collaborative work that has improved how care is joined up across services, settings or organisations, making a real difference to the patient journey.
PERSON-CENTRED CARE:	Recognising initiatives that have placed the patient or carer at the centre of decisions about their own care, and given real weight to their voice and experience.
INNOVATIVE TECHNOLOGY IN COMMUNITY HOSPITALS:	Recognising the use of digital tools or technology to improve care, access or efficiency in community hospital services.
25TH ANNIVERSARY PRESIDENT'S AWARD:	Selected from across all five categories, this award recognises one entry that the judging panel felt best captures the spirit of innovation and excellence in this landmark year.



GREEN INITIATIVE

Community Facilities Team
Somerset NHS Foundation Trust



TRANSFORMING PATIENT MEALTIMES IN SOMERSET COMMUNITY HOSPITALS

Somerset NHS Foundation Trust's Community Catering Team has transformed its patient meal service across ten community hospital sites. Previously, nursing staff served meals, meaning the catering team lost oversight once food left the kitchen. Through structured training and change management, catering colleagues moved into patient-facing roles, serving meals directly on wards.

The results include better portion control, reduced food waste, improved patient experience and more nursing time for direct care. A new Catering Commitment Charter and participation in NHS England's food waste reporting pilot have embedded the changes. This is a replicable model of cultural and operational improvement across facilities, nursing and leadership. [Find out more here.](#)

PRESENTING ON THURSDAY 7TH MAY, APPROX. 13.50

Jane Wills, Facilities Manager, presents on behalf of the Community Facilities Team at Somerset NHS Foundation Trust. Anna Warman, Senior Facilities Manager was the project lead for the initiative.

QUALITY IMPROVEMENT

Sally Russell, Advanced Practitioner,
Tewkesbury Community Hospital,
Gloucestershire Health and Care NHS Foundation Trust



IMPROVING HYDRATION AND FLUID BALANCE MONITORING

At Tewkesbury Community Hospital, fluid balance charts were found to be frequently inaccurate and incomplete, posing real risks to patient safety. Sally Russell, Advanced Practitioner, developed and led a structured quality improvement project to address this. Through staff training, a revised hydration risk assessment template, simplified fluid balance charts and named fluid monitors on each ward, compliance improved dramatically. Before the project, only 40% of fluid balance charts were completed accurately. Following four improvement cycles, 100% compliance was achieved across three key parameters, 83% of patients had a hydration care plan in place, and staff confidence increased significantly. [View Sally's winning poster here.](#)



PRESENTING ON THURSDAY 7TH MAY, APPROX. 13.55

Sally Russell, Advanced Practitioner, Tewkesbury Community Hospital .
This project was completed as part of Sally Russell's MSc in Advanced Practice, with the full ward team involved in its delivery.

PERSON-CENTRED CARE AWARD

Kate Norris, Senior Sister, Westminster Memorial Hospital,
Shaftesbury, Dorset HealthCare University NHSFT



Dorset HealthCare
University
NHS Foundation Trust

TRANSFORMING END-OF-LIFE AND BEREAVEMENT SUPPORT AT WESTMINSTER MEMORIAL HOSPITAL

Westminster Memorial Hospital has transformed its end-of-life and bereavement support through a comprehensive, multi-part Quality Improvement project. The team introduced personalised information folders for families, created a peaceful Bereavement Garden with a striking memorial tree, established a reflective community Bereavement Service, and launched the Grief Encounters Café to offer continued peer support. This innovative, compassionate pathway ensures families feel cared for not only at the bedside but long after their loved one has died—strengthening community connection and setting a model of best practice for other community hospitals.

[Read more here.](#)



PRESENTING ON THURSDAY 7TH MAY, APPROX. 14.00

Kate Norris, Senior Sister, Westminster Memorial Hospital, Shaftesbury, Dorset HealthCare University NHSFT

INTEGRATION AND CONTINUITY OF CARE AWARD

The Voluntary and Community Development Team,
Sussex Community NHS Foundation Trust



Sussex Community
NHS Foundation Trust

VOLUNTEER-LED POST-DISCHARGE SUPPORT CALLS AT BOGNOR REGIS WAR MEMORIAL HOSPITAL

Bognor Hospital has developed a volunteer-led telephone follow-up service to support patients after discharge. Working with clinical staff, the team created a structured role with clear safeguarding, confidentiality and information governance processes, supported by a consistent call script and volunteer training. One experienced volunteer contacted 103 consenting patients. The results were striking: 99% welcomed the call and felt reassured, while nearly 40% needed further support and were directed to appropriate services. Practical issues such as incorrect equipment and missed appointments were caught early, and feedback has since prompted wider service improvements. With a clear structure and training package, the model is straightforward to adapt for other community hospitals.

[Read more here.](#)



PRESENTING ON THURSDAY 7TH MAY, APPROX. 14.05

David Slade, Deputy Service Lead & Helen Steele, Voluntary & Community Development Manager, The Voluntary and Community Development Team, Sussex Community NHS Foundation Trust Voluntary Services

INNOVATION & TECHNOLOGY AWARD

The Urgent Community Response team, Computer Aided
Dispatch team and Innovation team,
Birmingham Community Healthcare NHS Foundation Trust



Birmingham
Community Healthcare
NHS Foundation Trust

ENHANCING PATIENT SAFETY AND REDUCING HOSPITAL ADMISSIONS THROUGH INNOVATIVE USE OF ISLA

Birmingham Community Healthcare NHS Foundation Trust introduced ISLA Care in 2022 to capture secure clinical images supporting assessment and monitoring across community services. Its most significant impact has come through the Care Coordination Centre, where clinicians send secure links to patients and carers to upload images that inform rapid triage decisions. Since February 2025, this approach has avoided eight hospital admissions and five urgent home visits, with projected annual savings of over £51,000. Clinicians report faster, more confident decision-making and safer care. The model has clear governance and proven outcomes, making it readily scalable across other regions and services. [Read more here.](#)



PRESENTING ON THURSDAY 7TH MAY, APPROX. 14.10

Presenting on behalf of the Urgent Community Response team, Computer Aided Dispatch team and Innovation team are Hamid Zolfagharini, Head of Innovation and Susie Cockburn, District Nurse Specialist Practitioner, with thanks also to colleagues Nazneen Bagdadi, Innovation Facilitator, and Amanda Fitzsimmons, Trainee Advanced Clinical Practitioner, for their contributions to this work.

PRESIDENT'S AWARD

Bexhill Irvine Unit, East Sussex Healthcare NHS Trust in collaboration with 20/20 Health and Active Sussex



East Sussex Healthcare NHS Trust



STRONGER FOR LIFE: THE ACTIVE SUSSEX RECONDITIONING PROJECT

The Active Sussex Reconditioning Project is a collaboration between Bexhill Irvine Unit, East Sussex Healthcare NHS Trust, 20/20 Health and Active Sussex, developed to tackle deconditioning in stroke patients at the Bexhill Irvine Unit. Using £10,332 in funding, qualified health instructors delivered 26 weeks of group activity sessions alongside the existing physiotherapy team. Over six months, 75 patients took part, with results showing a 50% improvement in balance, a 35% improvement in sit-to-stand ability, a 25% reduction in rehabilitation complexity and a 60% increase in health confidence. On discharge, patients were referred to community-based activity groups to support long-term recovery. The model demonstrates the value of NHS services working alongside the voluntary and community sector to achieve better outcomes for patients.

[Read more here](#)



Staff at the Bexhill Irving Unit, Bexhill-on-Sea

PRESENTING ON THURSDAY 7TH MAY, APPROX. 14.15

Julie-Anne Neuss, Service Manager presents on behalf of Irvine Rehabilitation Unit, Bexhill, East Sussex Healthcare NHS Trust and with thanks to contributor Ross Joannides, Strategic Relationship Manager, Active Sussex.

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If you are interested in developing an Admiral Nurse service or finding out more about how to become an Admiral Nurse, including converting your post to an Admiral Nurse role, please email businessdevelopment@dementiauk.org



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PREVENTING AND MANAGING FRAILTY: EVERYONE'S BUSINESS

**Professor Anne Hendry, Director, IFIC's Hub in Scotland;
Honorary Professor, University of the West of Scotland**



This session will explore the important contribution of community hospital teams to preventing and managing frailty.

Workshop participants will consider the seven evidence-based touchpoints for effective integrated care for frailty as described in the *Joining the Dots Blueprint* published by the British Geriatrics Society in 2023.

Delegates will consider where community hospitals can add value for older persons with frailty, and their carers, within the health and care ecosystem.

Participants will be able to share and take back examples of practice at each of the seven touchpoints.

ABOUT THE BGS JOINING THE DOTS BLUEPRINT

Published in March 2023 and written by Professor Anne Hendry alongside an expert working group, the British Geriatrics Society's *Joining the Dots Blueprint* sets out seven system touchpoints and 12 actions that systems should take to create the conditions for high-quality integrated care for older people. The seven touchpoints span the full continuum of care, from enabling independence and promoting wellbeing, population-based proactive anticipatory care and integrated urgent community response, through to frailty-attuned acute hospital care, reimagined outpatient care, enhanced support for long-term care at home and in care homes, and coordinated compassionate end of life care.

Frailty affects up to half of the population aged over 85 and costs UK healthcare systems £5.8 billion per year. Around 47% of hospital inpatients aged over 65 are affected by frailty. The Blueprint makes the case that prevention and reversal of frailty enables people to live independently for longer and helps reduce demand for emergency care and long-term support.

[Download the full Blueprint](#) | [Download the summary](#)

Professor Anne Hendry

Anne is a Senior Associate with the International Foundation for Integrated Care (IFIC), the Director of IFICs Country Hub in Scotland and a member of the editorial board of the Journal of Integrated Care.



From 2007 to 2016 she held national clinical lead roles in Scotland for policy and improvement programmes covering long-term conditions, healthcare quality, reshaping care for older people and integrated health and social care.

This experience developed her passion for cross sector collaboration and skills in implementing and evaluating transformational change in diverse health and care systems. A geriatrician and stroke physician she was honorary secretary of the British Geriatrics Society, holds honorary academic posts with the University of the West of Scotland and NHS Lanarkshire, and is a trustee director of Kilbryde Hospice and Compassionate Inverclyde.

ABOUT IFIC SCOTLAND

IFIC Scotland is hosted by the International Centre for Integrated Care, a strategic partnership between the International Foundation for Integrated Care, the University of the West of Scotland and the Health and Social Care Alliance Scotland.

On behalf of IFIC, the hub leads and coordinates seven international communities of practice, with Special Interest Groups covering ageing and frailty, intermediate care, palliative and end of life care, compassionate communities, self-management and co-production, small island systems and appropriate polypharmacy. The hub supports leadership, education, knowledge exchange and action research, with a particular focus on frailty, dementia and personal outcomes.

[Find out more about IFIC Scotland](#)

NACEL: NATIONAL AUDIT DATA AND COMMUNITY HOSPITALS

Dr Mary Miller, Consultant in Palliative Medicine and Clinical Lead for the National Audit of Care at the End of Life (NACEL), & Joylin Brockett, Senior Project Manager, NHS Benchmarking

This session will demonstrate how to access and interpret NACEL results, with opportunities for discussion and questions throughout. We will explore how community hospitals perform on the delivery of care at the end of life, share reflections, and identify opportunities for improvement.

The session links to the conference theme by considering how capacity can be strengthened and care better integrated across systems, regardless of place of death, including learning from acute hospital providers. Delegates will leave with examples of good practice from other hospitals and increased confidence in using NACEL data and tools within their own teams.

NACEL update: public data release August 2026

NACEL is developing a public-facing tool that will allow hospital-level end of life care data to be viewed by the public from August 2026. Five key metrics will be reported, covering pain relief, personalised care planning, spiritual needs assessment, family experience and access to specialist palliative care.

For links, the most relevant would be www.nacel.nhs.uk for the main audit site and www.nacel.nhs.uk/events for the drop-in sessions on 2nd June and 21st July 2026, which delegates may want to register for. Worth including both as live hyperlinks in the programme given it is digital.

Dr Mary Miller, NACEL

Dr Mary Miller FRCP is a Consultant in Palliative Medicine at Oxford University Hospitals NHS Foundation Trust, Director of the Oxford Centre for Education and Research in Palliative Care (OxERCPC), and Honorary Senior Clinical Lecturer in Palliative Medicine at the University of Oxford. She is the Clinical Lead for the National Audit of Care at the End of Life (NACEL), delivered through NHS Benchmarking. Mary trained in medicine at University College Cork and has worked in palliative medicine in Ireland, Sweden and the UK. Alongside her clinical practice, she has a long standing commitment to education and professional development, with a focus on supporting high quality end of life care.



Joylin Brockett, NHS Benchmarking

Joylin has been involved in numerous healthcare benchmarking projects at the Network, including projects for community physical health service providers, bespoke projects for ICBs and the National Audit of Care at the End of Life (NACEL). Her current role involves overseeing the delivery of NACEL, supporting data collection and reporting. The aim of the audit is to improve the quality of care at the end of life in hospitals across England, Wales and Northern Ireland.



ABOUT NACEL

The National Audit of Care at the End of Life (NACEL) is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute hospitals, community hospitals and mental health inpatient providers in England, Wales and Jersey. [Nacel](#) Commissioned by the Healthcare Quality Improvement Partnership (HQIP) and run by the NHS Benchmarking Network since 2017, NACEL's aim is to improve the quality of care for adults at the end of life in NHS-funded hospital inpatient settings. [Nacel](#) It does this by collecting data through case note reviews, staff surveys and bereavement surveys, and using the findings to identify where care is working well and where it needs to improve.

Bereaved respondents are more likely to rate care as excellent or good when it is delivered in a community hospital, [UK Parliament](#) making NACEL's findings particularly relevant for the community hospital sector. NACEL data is shared with the CQC to support end of life care inspections, and is accessible to Integrated Care Boards, NHS providers, NHS England and the Welsh Government [UK Parliament](#)

Source: National Audit of Care at the End of Life (nacel.nhs.uk)



National Audit of Care at the End of Life

INTEGRATED NEIGHBOURHOOD TEAMS IN CORNWALL - WAVE 1 PROGRESS AND LESSONS LEARNT

Juliet Ferris, Place Director, West Integrated Care Area, NHS Cornwall and Isles of Scilly ICB, and Sue Greenwood MBE, Modern Matron, Camborne Redruth Community Hospitals

This session will give an insight into the Neighbourhood Health & Wellbeing developments across Cornwall and the Isles of Scilly delivered through 16 Integrated Neighbourhood Teams. We will share how system partners have come together to develop a draft blueprint, the phased approach we have taken, what we asked our Neighbourhoods to focus on, and the measurements of impact, supported by intelligence through dashboards at a neighbourhood level. Taking Frailty as a subject we will showcase how system priorities have been brought together including how neighbourhoods and community hospitals are working closely together to benefit local residents. We will provide an honest reflection on lessons learnt and give an opportunity to ask questions.

Juliet Ferris



Juliet is the Place Directors for West Cornwall & the Isles of Scilly. This is one of three roles working for and across the whole CIOs health & care system, hosted by Cornwall Partnership Foundation Trust. These three roles have built on previous neighbourhood delivery focused initiatives, culminating in COIS being recognised as being at the forefront for Neighbourhood Health delivery. CIOs are the only whole system to be part of the National Neighbourhood Health Implementation Programme. Juliet brings experience from being part the Living Well Pioneer work in Cornwall which saw innovative approaches of integrated working including new roles such as Living Well Coordinators, which are now better known as

Social Prescribing Link Workers. As part of the South West Integrated Personalised Care collaborative team Juliet supported South West regional systems to adopt, implement and embed personalised care approaches. Juliet also provided direct Strategic Business support to 4 Primary Care Networks (PCNs) in Cornwall bringing together people with lived experience, VCSE partners, the local community provider and local authority colleagues alongside primary care to support local residents and communities. Juliet has a long career in Social Care including leading the implementation of personalised care agenda incorporating Personal Budgets as business as usual from 2010 in Cornwall. Juliet was part of the implementation team for the Care Act prior to leaving Cornwall Council in 2015.

Sue Greenwood MBE



Sue Greenwood is a Modern Matron and Clinical lead at Cornwall Partnerships NHS Foundation Trust. Sue has long been an active supporter of the CHA, and has contributed to our forum and discussions.

Sue has been key to successfully establishing CATU (Community Assessment and Treatment Units) in community hospitals for frail elderly patients. For their CATU initiative, Sue and her team attracted a commendation in CHA Innovations and Best Practice programme. Sue Greenwood is a Queen's Nurse and has received an MBE for her services. She is a committee member of the CHA, and until recently was chair.

THINK DELIRIUM

Johanna Barnes, Advanced Practitioner, Clinical Assessment and Treatment Unit (CATU) and 2024 CHA Innovation and Best Practice Award Winner, and Lucinda Williams, Ward Sister and Dementia Lead, Tewkesbury Community Hospital

Delirium is common in community hospital settings, yet it is frequently missed and poorly understood. This session shares practical learning from a quality improvement project at Tewkesbury Community Hospital focused on improving how delirium is identified and managed in practice.

Starting small, the team introduced routine screening using the 4AT tool to improve the patient journey, developed PINCH-ME care plans for patients at risk, and produced delirium information leaflets for patients and families. The project also led to a co-written organisational delirium guideline with clear action plans. Work has been shared through local forums & presented at NHS England South West's Urgent Response and Acute Deterioration Clinical Improvement Group on assessment, advance care planning and virtual wards.

Johanna and Lucinda will reflect on what has worked, the challenges of embedding change in a busy ward environment, and how a straightforward, structured approach can build staff confidence, improve communication with families and support safer discharge planning.

Delegates will leave with practical ideas they can adapt within their own teams and a clearer sense of how to start small and scale up.

Jo Barnes

Jo Barnes qualified as a Registered Nurse (Adult) in 2001, and initially worked within fields of general surgery, medical admissions and respiratory. Jo entered the world of advanced practice in 2014 and has held various advanced roles spanning both primary and secondary care, including as a Rapid Response Practitioner (hospital at home), ANP SDEC, ANP GP surgery and is currently an ACP within the Community Assessment and Treatment Unit (CATU) at Tewkesbury Community Hospital.



Jo has gradually developed and enhanced knowledge and skills and successfully completed a MSc in Advanced Clinical Practice early 2025 via UWE Apprenticeship route (sponsored by NHS England). Jo is family oriented (with a husband and two adult children) and most importantly is an avid traveller & trekker.

Lucinda Williams

Lucinda Williams started nursing in 2000 after working with people with learning disabilities and autism. She worked 12 years in acute settings before joining Tewkesbury Hospital as ward sister in 2015. Having completed her dementia lead course in 2023, she designed the dementia CARE tool, winning the Seeing Me category at the South West Integrated Personalised Care Awards NHS England. Lucinda recently qualified as a Dementia Care Mapper and is also part of the Tewkesbury and Gloucester Dementia Action Alliance Group, has implemented My Life Tree on her ward at Tewkesbury, and takes patients to monthly Daytime Disco events. Lucinda is passionate about person-centred care.



QUALITY IMPROVEMENT PROJECT
 INTRODUCTION OF A NATIONALLY RECOGNISED DELIRIUM SCREENING TOOL TO INCREASE EARLY DELIRIUM IDENTIFICATION BY 20% WITHIN 6 MONTHS, THUS IMPROVING DELIRIUM MANAGEMENT, CARE AND EXPERIENCE FOR ELDERLY PATIENTS IN A COMMUNITY HOSPITAL SETTING.

NICE Guidance updated 2023
 If indicators of delirium are identified, a health or social care practitioner who is competent and able should carry out an assessment using the 4AT.

THE 4AT IS A SHORT DELIRIUM ASSESSMENT TOOL DESIGNED FOR ROUTINE USE WITHOUT SPECIALIST TRAINING. THE 4AT CONSISTS OF FOUR ITEMS: Alertness, Attention, Fluctuating Consciousness (morning and evening) and Orientation (month, day, location).

WHY DELIRIUM?
 Delirium is a common clinical syndrome involving disturbances in cognition, perception, attention and consciousness. Delirium may have fluctuating course and develops over hours or days.

COMMON TRIGGERING FACTORS:
 Pain, Infection, Medication, Constipation, Hypoxia, Metabolic, Electrolyte, Surgery, Trauma or a combination of these.

PREVALENCE:
 The prevalence of delirium for patients on medical wards ranges between 15% and 30%.

RISKS FROM DELIRIUM:
 Increased length of stay
 Increased incidence of dementia
 Increased risk of hospital readmissions (such as falls, delirium and other clinical events)
 Increased incidence of being admitted to long-term care
 Increased risk of dying

BENEFITS OF EARLY DETECTION:
 Delivers the patient and family support
 Identifying the cause of delirium
 Identifying and addressing triggers
 Identifying patients and causes of delirium

4AT NEWS
 1. Introduce 4AT use of all patients on all of the patient care areas and
 2. If a patient has a delirium screening score of 4, then a delirium care plan should be completed and a delirium care plan should be completed and a delirium care plan should be completed.

METHODOLOGY
 The 4AT is a short delirium assessment tool designed for routine use without specialist training. The 4AT consists of four items: Alertness, Attention, Fluctuating Consciousness (morning and evening) and Orientation (month, day, location).

RESULTS OF PROJECT
 1. Increase in 4AT screening rates from 0% to a mean of 66% within 12 weeks.
 2. Increase in delirium identification from 0% to 13% of patients.
 3. Increase in PINCHME care plans completed from 0% to 75% of cases.

Percentage of Patients Screened Using 4AT Screening Tool
 Line graph showing an increase from 0% to approximately 66% over 12 weeks.

4AT SCORE 4A / PINCHME COMPLETED
 Bar chart showing that 75% of cases with a 4AT score of 4A had a PINCHME care plan completed.

KEY POINTS
 1. Delirium is a common clinical syndrome.
 2. Delirium is a medical emergency.
 3. Delirium is a risk factor for dementia.
 4. Delirium is a risk factor for hospital readmissions.
 5. Delirium is a risk factor for long-term care.
 6. Delirium is a risk factor for dying.

CHA INNOVATION & BEST PRACTICE AWARD 2024

Jo Barnes won a 2024 CHA Innovation and Best Practice Award for her quality improvement project at Tewkesbury Community Hospital. The project introduced the nationally recognised 4AT delirium screening tool, designed for routine use without specialist training. Within 12 weeks, screening rates increased from 0% to a mean of 66%, with delirium incidence identified at 13% of patients, in line with the national average. Where screening indicated possible delirium, PINCHME care plans were completed in 75% of cases. The CHA judging panel described it as a brilliant piece of work demonstrating collaborative working, stakeholder engagement and a clear improvement in patient care and experience.

[Download Jo's poster here](#)

DEMENTIA CARE IN THE COMMUNITY: THE ROLE OF ADMIRAL NURSES

Rachel Johnstone, Nationwide Clinics Programme Lead, Dementia UK, and Heather Penwarden, Registered Mental Health Nurse, Cognitive Behaviour Therapist, and Chair of Dementia Friendly Honiton



Rachel Johnstone

Rachel is Nationwide Clinics Programme Lead at Dementia UK. She has been with the charity for ten years, during which time she has worked in collaboration with health and social care organisations to develop, grow and sustain Admiral Nursing services. This included winning an HSJ Partnership Award for the Most Effective Contribution to Integrated Health and Care. She holds a Masters in Healthcare Management, Leadership and Innovation from the Faculty of Health at the University of Plymouth and has published on her dissertation topic of Moral Injury in healthcare. Rachel has been a volunteer with Rare Dementia Support for the past three years, is a member of the LGBTQ+ Dementia Advisory Group and was a founder trustee of Devon Memory Café Consortium.



In previous roles in dementia care, Rachel delivered an award-winning 'reminiscence tours' project around Devon and has authored a book on intergenerational activities for families affected by dementia.

About the workshop

The value of unpaid care is almost equivalent to a second NHS, and informal carers are the backbone of dementia care. One of the most important challenges we face is how best to support unpaid carers.

This workshop will share the story of how Honiton Community Hospital and the local community worked together to fundraise for a specialist dementia nurse, known as an Admiral Nurse, to support local families and informal carers. Along the way, we will share insights into community engagement, our learnings around supporting families affected by dementia and provide further information on Admiral Nursing.

[Read more about Admiral Nurses here](#)

[Read more about Dementia UK here](#)

Heather Penwarden

Heather is a Registered Mental Health Nurse and Cognitive Behaviour Therapist with over 30 years in the NHS, and until recently was a member of the CHA committee. Her connection to Honiton Community Hospital spans four decades - as a clinician, patient, relative and, for ten years, Chair of the League of Friends. That experience shaped her commitment to placing people with lived experience at the centre of health and care planning, a theme she has explored through International Integrated Care Forums and co-published papers.



In retirement she founded Dementia Friendly Honiton, a volunteer-led charity that runs a Memory Café, community groups and a community-funded Admiral Nurse now in post for seven years.



About Dementia Friendly Honiton

Dementia Friendly Honiton is a volunteer organisation based in Honiton whose aim is to bring about a community-wide response to dementia, raising awareness of what it is like to live with dementia and positively encouraging inclusivity in all aspects of community life. The Memory Café has been running since 2010 and meets fortnightly, offering a safe and social space for people with dementia and their carers.

Activities include an Ambling Group, Nostalgic Cinema and short mat bowling. Working with Dementia UK, the charity raised funds to appoint a community-funded Admiral Nurse, based at Honiton Community Hospital, providing specialist one-to-one support to families and carers. Dementia Friendly Honiton was named Dementia Friendly Rural Community of the Year by the Alzheimer's Society.

[Read more here](#)

CO-PRODUCTION IN HEALTH AND SOCIAL CARE – NOTHING ABOUT US WITHOUT US

**Jan Marriott, Gloucestershire Partnership Boards Co-Chair and
Katie Peacock, Co-Chair of the Physical Disability and Sensory Impairment
Partnership Board, Gloucestershire.**

Katie Peacock



Katie is a 42-year-old woman living with quadriplegic cerebral palsy, and by her own account, living her best life. Her path into disability work began in her teenage years, when she had the privilege of meeting people with impairments who were working with passion and determination to improve services and systems. They brought together allies and service users to rethink how things could be done differently. Those role models shaped both her outlook and her career.

As a young adult, Katie worked closely with Active Impact, a Gloucestershire-based charity providing fun and exciting short breaks for disabled children, their families and siblings. She facilitated workshops on positive inclusion and the social model of disability for several years.

Alongside that work, a deep love of the English language led her to complete a BA Honours in English Literature at the University of Gloucestershire.

She then spent a decade at Barnwood Trust, an independent disability and mental health charity in Gloucestershire that acts as a catalyst for change. The Trust draws on approaches including community building, asset-based community development and co-production, guided by the principle that the focus should be on what is strong, not what is wrong.

Most recently, Katie has taken on the role of Co-Chair of the Physical and Sensory Impairment Partnership Board, which works closely with Gloucestershire County Council and the NHS to elevate the voices of people with lived experience of disability and sensory impairments. The board does not simply highlight barriers; it places disabled people at the heart of creating solutions, with the goal of making Gloucestershire an authentically inclusive place where everyone can not just survive, but thrive.

Jan Marriott



Jan is an Associate Committee Member of the CHA, having been involved with the Association for many years. A registered general nurse by background, she has a longstanding commitment to community hospitals and the personalised, locally rooted care they provide.

Jan served as Matron at Evesham Community Hospital, where she led improvements in quality and integration of care through a culture of empowerment. She has held a range of director-level posts across the NHS, voluntary and private sectors.

Since retiring from the NHS, Jan has remained actively involved in health and care leadership. She currently serves as Independent Co-Chair of the Gloucestershire Learning Disability and Physical Disability and Sensory

Impairment Partnership Boards, and as Independent Chair of the Gloucestershire Mental Health and Wellbeing Partnership Board.

She is also Interim Chair of Gloucestershire MEAM (Making Every Adult Matter) and an Independent Supporter. Until recently Jan was a Non-Executive Director at Gloucestershire Health and Care NHS Trust, an organisation with seven community hospitals. She has also served as a District Councillor.

The mantra **nothing about us, without us** came from people with learning disabilities and over time, it has been more broadly captured in the term co-production. The session will explore the true meaning and value of co-production and the frequent tokenism and misuse of the term.

Examples from Gloucestershire, including the co-produced Co-production Charter will be shared.

Discussion will be whatever the audience wish but perhaps:

1. *Is co-production just another fad that will disappear?*
2. *How can we use co-production in our practice to improve personalisation; decision-making; design, delivery and evaluation of our services*

MOVE TO HEALTH: A PRACTICAL TOOLKIT FOR COMMUNITY HOSPITALS

FUNDING PATHWAYS, SAFETY AND EVALUATION - PLUS A SHORT GUIDED SESSION YOU CAN REPLICATE

**Jane Castree, Dance Artist in Residence &
Angela Conlan CMgr FCMI, Oxford Health Arts Partnership**

Move to Health is an uplifting, evidence informed creative movement workshop designed specifically for community hospitals. This session offers simple, adaptable techniques for bringing gentle movement, rhythm and connection into everyday care. Drawing on lived practice from Oxford Health NHS FT's community hospital wards and community groups, this workshop shows how creative approaches can support recovery, enhance wellbeing, and energise both staff and patients. Participants will leave with practical tools they can implement immediately - no experience needed.

Angela Conlan

Angela is Arts Lead for the Oxford Health Arts Partnership (OHAP) and Public and Patient Involvement, Engagement and Participation Lead at Oxford Health NHS Foundation Trust. She works across community hospitals, leading the development and delivery of creative health programmes that enhance patient and staff wellbeing. OHAP's flagship initiative, *Creating with Care*, was recognised with the Community Hospitals Association Best Practice Award in 2020. With a background in dance and arts for health, Angela has delivered participatory arts projects in acute and community hospitals, mental health wards, and care settings. She is committed to embedding creative, non-pharmacological interventions in dementia care and regularly contributes to training and research, including co-teaching the Oxford Brookes MSc module on non-pharmacological approaches for dementia.

[Angela and her colleague Paula Har were winners of a CHA Innovation and Best Practice Award in 2020.](#)



Jane Castree and...

Jane is the Artistic Director of **Jane Castree and...** a collaborative dance company which works with movement to create open and accessible opportunities for performers, community members and audiences, that acknowledge and interrupt invisible structures of hierarchy within our culture. Her choreographic work invites people to consider alternative perspectives to imagine and create a more open and flexible world. Simultaneously, striving to support people in connecting to the innate sense of freedom and wellbeing that comes



from moving. Jane's practice embraces the Universal Design approach.

[Watch this wonderfully inspiring video of Jane at the Barton Community in Oxford.](#)



ABOUT OXFORD HEALTH ARTS PARTNERSHIP

Oxford Health Arts Partnership (OHAP) is an award-winning programme that delivers creative health using art and nature across all areas of Oxford Health NHS Foundation Trust, supported by Oxford Health Charity and external grants including the National Lottery Community Fund. The OHAP team is commissioned by the Trust's community hospitals to deliver arts programmes specifically designed for older people, including dance and movement, drawing, painting and mosaicking, as well as object handling and reminiscence sessions in partnership with local museums, gardens and libraries.

In a recent year OHAP delivered over 370 arts sessions reaching more than 3,200 people. Feedback shows that people who engaged with an arts project had a 48% increase in mood. The programme also offers online training for community hospital staff on creative ideas for non-pharmacological interventions, particularly in dementia care. Read more here oxfordhealth.nhs.uk/ohap | [Oxford Health Charity](#)





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PROFESSOR ANNE HENDRY, DIRECTOR IFICS HUB IN SCOTLAND; HONORARY PROFESSOR, UNIVERSITY OF THE WEST OF SCOTLAND

Community Hospitals: making integrated care a reality across the globe



This session will highlight the central role of community hospitals in integrating care and support for patients, carers and families in both urban and rural settings. Delegates will be signposted to the International Foundation for Integrated Care special interest groups that are building capability for integrated care through knowledge exchange between policy makers, professionals and academics across the globe. Delegates will be encouraged to invite their community hospital teams to connect with peers online and to access webinar recordings and presentations on different models of community hospital care across Europe and beyond.

Anne is a Senior Associate with the International Foundation for Integrated Care (IFIC), the Director of IFICs Country Hub in Scotland and a member of the editorial board of the Journal of Integrated Care. From 2007 to 2016 she held national clinical lead roles in Scotland for policy and improvement programmes on:

- ◆ ***Long Term Conditions***
- ◆ ***Healthcare Quality***
- ◆ ***Reshaping Care for Older People***
- ◆ ***Integrated health and social care.***

This experience developed her passion for cross sector collaboration and skills in implementing and evaluating transformational change in diverse health and care systems. A geriatrician and stroke physician she was honorary secretary of the British Geriatrics Society, holds honorary academic posts with the University of the West of Scotland and NHS Lanarkshire, and is a trustee director of Kilbryde Hospice and Compassionate Inverclyde. [Read about Anne's role and work at IFIC Scotland Hub here](#)

DR MARY MILLER, CONSULTANT IN PALLIATIVE MEDICINE DIRECTOR, OXCERPC; CLINICAL LEAD, NACEL

What does the national audit tell us about care of the dying in community hospitals?



Community hospitals audit the care they provide to dying patients. They contribute approximately 10% of all data collected about the care of those dying in hospitals in England, Wales and Jersey. I will discuss how care compares with care delivered in acute and mental health hospitals.

Dr Mary Miller FRCP is a Consultant in Palliative Medicine at Oxford University Hospitals NHS Foundation Trust, Director of the Oxford Centre for Education and Research in Palliative Care (Ox CERPC), and Honorary Senior Clinical Lecturer in Palliative Medicine at the University of Oxford. She is the Clinical Lead for the National Audit of Care at the End of Life (NACEL), delivered through NHS Benchmarking.



National Audit of Care
at the End of Life

Mary trained in medicine at University College Cork and has worked in palliative medicine in Ireland, Sweden and the UK. Alongside her clinical practice, she has a long standing commitment to education and professional development, with a focus on supporting high quality end of life care.

[What is NACEL? — National Audit of Care at the End of Life](#)

STRENGTHENING THE RURAL WORKFORCE –

INTERNATIONAL NURSES IN POWYS

David Farnsworth, Assistant Director, Community Services Group, Powys Teaching Health Board and CHA National Lead for Wales



This session shares learning from Powys Teaching Health Board's approach to strengthening the rural nursing workforce through international recruitment. Led by David Farnsworth, the workshop will explore how nurses have been recruited from overseas to address workforce gaps in community services, supported by Welsh Government funding and strong local operational leadership.

The session will reflect on the importance of pastoral support, housing and structured training in helping nurses settle and succeed, with a focus on building long-term workforce stability and reducing reliance on agency staffing. The learning offers practical insights for other community hospital settings facing similar workforce challenges.

[Watch David's Special Interest Group presentation here](#)

David Farnsworth

David is the CHA National Lead for Wales. A registered nurse with over 35 years in the NHS, his career has spanned mental health, accident and emergency and a range of leadership roles focused on quality and safety improvement.



For the past eleven years David has worked operationally to deliver community services, including a wide range of community hospitals, and currently serves as Assistant Director of Community Services at Powys Teaching Health Board.

In his role as CHA National Lead for Wales he brings extensive frontline experience of rural community hospital services and continues to draw on the wider expertise of the CHA committee and network to support the development of community services across Wales.

ABOUT POWYS AND ITS COMMUNITY HOSPITALS

Powys is the largest county in Wales, covering nearly 2,000 square miles with a population of around 133,000. It stretches from the Brecon Beacons in the south to the foothills of Snowdonia in the north, and is one of the most sparsely populated areas in the UK. Its very rural nature means there is no District General Hospital within the county, and many residents live significant distances from specialist services.

Community hospitals are therefore central to local healthcare, working alongside primary care teams, visiting consultants, social care and voluntary organisations to provide a wide range of services close to home. For many people in Powys, the local community hospital is not just the nearest option - it is the only realistic one.

Powys Teaching Health Board has over 150 general medical inpatient beds across eight community hospitals, including sites at Brecon, Bronllys, Llandrindod Wells, Machynlleth, Welshpool and Ystradgynlais. Community hospital wards focus on patients requiring ongoing medical or nursing care, with hospitals also providing outpatient clinics, minor injury units and rehabilitation services. The health board works closely with neighbouring NHS organisations in both Wales and England to commission specialist care that cannot be delivered locally.

Sources: Powys Teaching Health Board (pthb.nhs.wales); Have Your Say Powys, PTHB public consultation (haveyoursaypowys.wales)



Bro Ddyfi Community Hospital in Machynlleth brings together GP services, community dentistry, adult mental health and other local health services under one roof.



International nurses celebrating their exam achievements at the Bro Ddyfi Community Hospital in 2025 (PTHB)

CHART & COMMUNITY CONNEXIONS - THE JOURNEY SO FAR

AN INTERACTIVE SHARED LEARNING SESSION ON INTEGRATED CARE AND BUILDING CAPACITY THROUGH RESEARCH.

**Dr Christine Burt, Director of Research and Innovation,
Birmingham Community Healthcare NHS Foundation Trust**

Dr Christine Burt

Dr Christine Burt is Director for Research and Innovation at Birmingham Community Healthcare NHS Foundation Trust. A former researcher, she moved into community healthcare with a clear focus on building a team capable of conducting research that is directly relevant to the communities it serves.

Christine is passionate about people and has developed two initiatives that reflect that commitment. The first, CHART (Community Healthcare Alliance of Research Trusts), is led by a national working group and brings trusts together to share best practice and tackle common challenges. The second, Community Connexions, is a novel approach to community engagement that supports research delivery while addressing health inequalities.

Both initiatives align closely with the government's direction of travel on shifting care from hospital to community and from treatment to prevention.

Read more about Christine's work here:

[Health inequalities 2023 exec summary dp.pdf](#)



NHS
Birmingham
Community Healthcare
NHS Foundation Trust

Christine's workshop 'CHART & Community Connexions - the journey so far' is an interactive shared learning session on integrated Care and building capacity through research.

Community Healthcare Alliance for Research Trusts

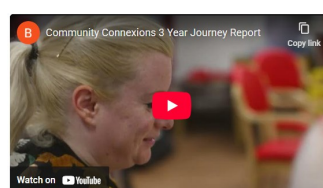
The Community Healthcare Alliance for Research Trusts (CHART) is a national network established in 2018 to strengthen research in community and out of hospital settings.



Community trusts have historically faced structural barriers to research. These include limited infrastructure funding, dispersed sites, care delivered in people's homes, and studies designed primarily for acute environments. CHART was created to address that imbalance. The network now brings together more than 60 trusts and over 150 members. It supports early engagement with researchers, works closely with NIHR and Clinical Research Networks, and shares strategies, recruitment opportunities and collaborative bids across organisations. CHART's ambition is clear: to grow high quality, person centred research rooted in neighbourhood services and reflective of the realities of community care.

Birmingham Community Healthcare NHS Foundation Trust

Community Connexions is Birmingham Community Healthcare's neighbourhood model for delivering integrated community services. It brings local nursing, therapy and specialist teams together around defined populations. The aim is to strengthen place based working and improve continuity of care.



Watch the Community Connexions 3 year report

By organising services at neighbourhood level, Community Connexions also creates the right conditions for research to sit within everyday practice. It supports inclusive participation and helps ensure that innovation is shaped by the communities it serves.

[Community Connexions | Website](#)

DELIVERING SAME DAY EMERGENCY CARE LOCALLY

– A COMMUNITY HOSPITAL PERSPECTIVE

***Sue Greenwood MBE, Modern Matron, Camborne Redruth Community Hospital
Cornwall Partnership NHS Foundation Trust***

Community Assessment and Treatment Units (CATUs) in Cornwall were established as part of the system response to the pandemic. Since then, they have evolved significantly, extending the boundaries of traditional Same Day Emergency Care beyond the acute setting and into the community. Working within a culture of innovation and ambition, Cornwall's teams have developed new knowledge, skills and practices that deliver urgent care closer to home. The results demonstrate *the art of the possible* when system leaders, clinicians and community hospitals work together creatively. Sue presented this work at the 2024 CHA National Conference, and returns in 2026 with an updated session reflecting how the service has continued to develop and what has been learned along the way.

ABOUT CORNWALL'S COMMUNITY HOSPITALS

Cornwall has one of the lowest population densities in England at 151 people per square kilometre, with almost half of residents living in settlements of fewer than 3,000 people. The population is ageing, with a greater proportion of people over 50 than the national average. Around 24% of Cornwall's residents are over 65. In this context, community hospitals are not simply convenient - for many people they are the only realistic local option for assessment and treatment.

Cornwall Partnership NHS Foundation Trust runs community hospitals in ten towns across Cornwall and the Isles of Scilly, operating from over 130 sites and providing physical and mental health services across the community. The Trust's community hospitals serve as the backbone of urgent and planned care for a population spread across a large and predominantly rural peninsula, where the nearest acute hospital can be a significant distance from home.

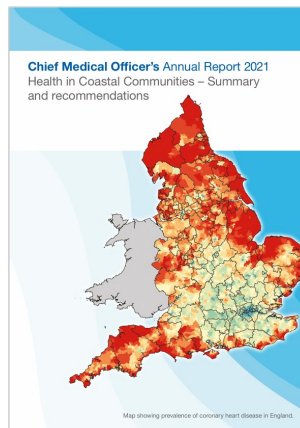
[Cornwall Partnership NHS Foundation Trust | Community hospitals in Cornwall](#)

Sue Greenwood MBE

Sue Greenwood is a Modern Matron and Clinical lead at Cornwall Partnerships NHS Foundation Trust. Sue has long been an active supporter of the CHA, and has contributed to our forum and discussions.



Sue has been key to successfully establishing CATU (Community Assessment and Treatment Units) in community hospitals for frail elderly patients. For their CATU initiative, Sue and her team attracted a commendation in CHA Innovations and Best Practice programme. Sue Greenwood is a Queen's Nurse and has received an MBE for her services. She is a committee member of the CHA, and until recently was chair.



The landmark 2021 CMO report that put coastal and rural health inequalities on the national agenda, and whose findings remain as relevant today as when they were written

CUBII SEATED EXERCISE PROJECT - INCREASING PHYSICAL ACTIVITY ON THE INPATIENT UNITS

Ami Cook and Debbie Poulston, Physiotherapists, Paulton and Bath Community Hospitals.



Physiotherapists Ami Cook and Debbie Poulston present their Cubii seated exercise project, a winner of the CHA Innovation and Best Practice Awards in 2024. The project highlights how a simple, low-cost intervention can make a meaningful difference to patient experience and outcomes in community hospitals. Portable seated exercise machines have been introduced across wards, supporting patients to remain active during their stay and helping to reduce physical deconditioning. The session will focus on what made the project successful, including implementation in busy ward settings, staff engagement and patient feedback, and will share learning on how small, practical innovations can support rehabilitation and everyday movement.

The session will also include an interactive element where delegates can observe and experience using a Cubii machine, demonstrating how it can build capacity as it only requires a few minutes to set up and can easily support an hour of unsupervised exercise. The presenters will share how patients often motivate each other during use, helping to embed movement into everyday ward culture. Delegates will leave with a practical model for implementing seated exercise equipment in busy ward environments.

Debbie Poulston

Debbie qualified in 2012 and since 2018, has worked for Virgin Care/HCRG Care Group. She currently works at Paulton Hospital on the complex elderly inpatient ward with Ami and the team. Most recently, they implemented the Cubii project for which they won the Community Hospitals Association Innovation and Best Practice Award in October 2024 for their poster entry.

Ami Cook

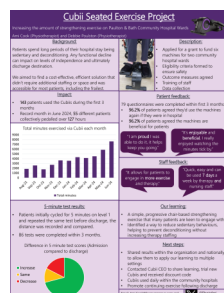
Ami qualified in 2021 & currently works at Paulton and St Martin's Community Hospitals. Her current roles involves working with complex elderly inpatients, aiming to rehabilitate them to their baseline & avoid hospital-acquired deconditioning. Ami's work aims to embed an active hospital approach to improve patients' well-being, overall experience of hospital & their individual outcomes.



Debbie & Ami with their CHA Innovation and Best Practice Award at the 2024 CHA National Conference in Gloucester.



Watch their Special Interest Group discussion here



Click to download their winning poster.



Cubii machines in action on the ward.

USING THE RESPECT EMERGENCY CARE & TREATMENT PLAN IN A COMMUNITY HOSPITAL SETTING

Christine Penhale, Deputy ReSPECT Lead, Sussex Community NHS Foundation Trust

Community hospitals are increasingly caring for patients with frailty and multiple conditions. ReSPECT conversations can lead to a plan that supports a patient's preferred place of care and sets out specific, realistic clinical recommendations, building capacity across the system in the process.

This session shares the background and findings of a quality improvement project at Sussex Community NHS Foundation Trust, using Normalisation Process Theory as its framework. Working in small groups, delegates will review case studies and ReSPECT plans, with space to reflect on and discuss their own practice. The session also covers MDT considerations around CPR decisions for patients living with frailty.

Read more here:

[Outcomes in adults living with frailty receiving cardiopulmonary resuscitation: A systematic review and meta-analysis](#)

[ReSPECT Community Hospitals Quality Improvement BJN-1.pdf](#)

Christine Penhale

Christine Penhale is Deputy Lead for ReSPECT and End of Life Care at Sussex Community NHS Foundation Trust. Her nursing background spans acute settings, including roles in the Emergency Department, as a Lead Resuscitation Nurse and as an Acute Medicine Matron.

Christine holds a Master's in Resuscitation and Medical Simulation and has been involved in university and clinical education throughout her career, including teaching Human Factors in Healthcare and communication skills.

She is passionate about patient voice and choice, and about ensuring that emergency clinical recommendations are both specific and realistic.



EMBEDDING RESPECT CONVERSATIONS IN COMMUNITY HOSPITALS

This work, led by Christine Penhale with Catherine Evans, Lisa O'Hara and Lorraine Arnold, describes a quality improvement project at Sussex Community NHS Foundation Trust. It focused on embedding ReSPECT conversations into routine practice on a community hospital ward caring for older people with frailty and complex conditions.

ReSPECT supports shared decision-making and sets out personalised recommendations for care in an emergency when a patient may not be able to express their wishes. The project introduced a structured, multidisciplinary approach to implementing and sustaining these conversations in everyday clinical care.

Over one year, ReSPECT conversations increased by 43% and the quality of plans improved significantly, moving from basic resuscitation status records to personalised, individualised plans. The study found that community hospitals provide an important opportunity to begin these conversations earlier, improving planning and supporting safer decision-making, particularly outside normal hours.

Penhale, C., Evans, C.J., O'Hara, L. and Arnold, L. (2024) Using the ReSPECT emergency care and treatment plan in a community hospital: a quality improvement initiative. *British Journal of Nursing*. doi:10.12968/bjon.2024.0145

The logo for ReSPECT, featuring the word 'ReSPECT' in a bold, purple, sans-serif font. The letter 'e' is replaced by a yellow heart shape.

**Recommended Summary Plan for
Emergency Care and Treatment**

HEALTHY WORKFORCES & THE ROLE OF PROFESSIONAL NURSE ADVOCATES

Julia Fairhall, Community Divisional Director of Nursing, Sussex Community NHS Foundation Trust

This interactive workshop introduces an integrated approach to supporting staff health, wellbeing, and professional practice through the combined principles of the Professional Nurse Advocate (PNA) model and restorative practice. Participants will discuss and understand how merging wellbeing strategies with PNA restorative supervision can improve team culture, reduce burnout, and enhance the quality of care.

Julia Fairhall

Julia is the Community Divisional Director of Nursing at Sussex Community NHS Foundation Trust, and within her work portfolio works with both Community services and Community hospitals of which the trust has 11. Julia has been a strong supporter of the CHA. Julia has won a CHA award and was involved in 2 case studies in our Q CHA study on the role of community hospitals. She was recently involved in a networking event involving CHA, Q and Rye Hospital, and would like to develop further links. Julia is actively involved in our Q Special Interest Group discussions and leads on the CHA Innovation and Best Practice Awards. Julia has a lot to offer the CHA as a committee member.



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SUPPORTING FLOW ACROSS THE SYSTEM: BED BASED INTERMEDIATE CARE IN COMMUNITY HOSPITALS

**Sarah Handby, Senior Project Manager - Member Programmes,
NHS Benchmarking Network**

Join us for an interactive workshop exploring how bed-based Intermediate Care in community hospitals can strengthen flow across the whole system.

Using insights from the NHS Benchmarking 2025/26 Intermediate Care Project, we'll examine capacity pressures, discharge delays, workforce gaps and integration challenges and show how organisations can use this intelligence to improve flow, enhance discharge pathways, and expand effective capacity.

Sarah Handby

Sarah Handby is an experienced NHS project and programme professional specialising in system improvement, data-driven service design and transformation. She has led national benchmarking programmes, shaped strategic priorities, and translated complex datasets into actionable insight. Her career spans public and private sector transformation programmes, and earlier roles across NHS finance.



Visit our stand to explore how national benchmarking can support community hospitals, from intermediate care and flow to workforce and integration. Learn more about our tailored services and national clinical audits, and meet our friendly team who work with members to turn data into practical insight and improvement.

ABOUT THE NHS BENCHMARKING NETWORK

The NHS Benchmarking Network is a membership organisation serving health and social care providers and commissioners across the UK. Its work programme gives member organisations the data and comparative insight they need to understand how their services perform relative to peers, identify opportunities for improvement and support evidence-based decision-making.

The Network's monthly data collection programme tracks over 40 metrics covering patient safety, quality, access, productivity, workforce and finance across community services, community hospitals and intermediate care. The Intermediate Care Project is one of its longest-running annual programmes, and the 2025/26 cycle includes a new staff survey strand to deepen understanding of workforce pressures in the sector.



The Network's revised vision is to enable members to improve patient outcomes, raise health standards and deliver sustainable, quality health and care services through data excellence, benchmarking and the sharing of innovation.

At a time when the NHS 10 Year Health Plan is calling for a significant shift of care from hospitals into the community, the Network's evidence base on intermediate care and community hospital capacity has never been more relevant to the decisions facing system leaders.

[Read more here about NHS Benchmarking Network](#)

DR HELEN TUCKER, PAST PRESIDENT & ASSOCIATE COMMITTEE MEMBER COMMUNITY HOSPITALS ASSOCIATION



Dr Helen Tucker is an Associate Committee member and former President. She is committed to raising the profile of community hospitals, and promoting their contribution to community health and wellbeing. She has been involved in community hospitals in a number of roles including management, consultancy, development and research. In these various roles, she has visited over half of all community hospitals in the UK.

She is a Co-convenor for the Special Interest Group on Community Hospitals within the Q Community. Helen researched integrated care in community hospitals for her PhD at the University of Warwick. She is a reviewer for a number of academic journals, and is on the Editorial Advisory Board for the Journal of Integrated Care. I gave a presentation on Patient Experience of integrated care at the 2021 IFIC conference and was given the Overall Award

for the conference for a paper [here](#)

Most recently, Helen and Jo Posnette presented at the 2026 ICIC Conference in April on the changing models of community hospitals in the UK. In March, Helen delivered a lecture at the second Community Hospital Japan Summit in Fukuoka, Kyushu, covering the value of community hospitals in the UK, models of care, service provision and the CHA's role in research, quality improvement and networking.

DR DAVID SEAMARK, PRESIDENT & DIRECTOR COMMUNITY HOSPITALS ASSOCIATION



Dr David Seamark is the President and also a Director of the Community Hospitals Association and has been involved with the CHA since starting his general practice career in Honiton, Devon in 1990. David has worked in community hospitals for many years and visited many hospitals throughout the UK. He has had a parallel research career and a major area of interest has been end of life care in the community and, in particular, the role of community hospitals in end of life and palliative care. David has worked with Birmingham University on a study looking the role and community importance of community hospitals. Although now retired as a GP partner he still works as a locum and pursue his research interests.



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SPONSORS

The CHA National Conference 2026 would not be possible without the support of our sponsors. We are genuinely grateful to each of them.

The organisations represented in this section share something important with us: a belief that community hospitals matter, and that the people who work in and rely on them deserve a strong national voice. Their support makes it possible for the CHA to bring together NHS leaders, clinical teams and system partners from across the UK for two days of shared learning and practical conversation.

Community hospitals sit at the heart of the shift towards care closer to home. The organisations who sponsor this conference understand that. They bring products, services and expertise that support the work our members do every day, from discharge and intermediate care through to digital innovation and workforce development. We are very glad they are here, and we hope delegates will take the time to visit them.



Delegate Bursary Sponsor

Find Elderly Matters at **STAND #2**

The CHA is grateful to Elderly Matters for sponsoring a community hospital colleague to attend this year's conference.

Elderly Matters is a bereavement support network that has worked alongside the NHS since the early 1990s, helping hospitals across the UK support patients and families through the discharge process. Their discharge packs provide practical, high quality information for patients and relatives at what can be a difficult and uncertain time, particularly where illness has resulted in life-changing needs. Provided at no cost to NHS organisations or the public, the packs are funded through community support. We are delighted to welcome Elderly Matters back to the CHA National Conference.



Visit Elderly Matters at stand 2 on Thursday 7th May, between 15:25 and 15:50, for a short **Sponsor Spotlight** session. With over 30 years of experience supporting patients and families through the discharge process, they are well worth a visit.

www.elderlymatters.co.uk

Taking Care



Networking Dinner Sponsor

Find Taking Care at **stand # 16**

The CHA would like to thank Taking Care for sponsoring this year's CHA Networking Dinner.

Taking Care is one of the UK's largest providers of personal alarm and monitoring services, supporting over 180,000 people around the clock. For more than 35 years, we have been a trusted partner to social housing, independent living providers, charities and the NHS, supporting vulnerable individuals and those who care for them. We are excited to introduce *Autumn*, a personalised activity and wellbeing service that learns individual routines, detects meaningful changes early, and provides gentle, proportionate support. *Autumn* is not a clinical service and does not replace medical care, but empowers people to stay active, confident and independent.



Visit Taking Care at stand 16 on Thursday 7th May to hear Sarah O'Callaghan present a short **Sponsor Spotlight** session on how *Autumn* detects early changes in activity and mobility to support prevention before crisis point. The session runs between 15:25-15:50.

<https://taking.care/>

SPONSORS



IBPA Award Sponsor

Find HCRG Care Group at **STAND #20**

The CHA wishes to thank HCRG Care Group for sponsoring the Innovation and Best Practice Integration and Continuity of Care Award. The 2025 award winners are the Voluntary and Community Development Team, Sussex Community NHS Foundation Trust for their project on *Volunteer-Led Post-Discharge Support Calls at Bognor Regis War Memorial Hospital*

HCRG Care Group delivers community based health and care services across England, including adult and children's healthcare, urgent care and sexual health. In Bath & North East Somerset, Swindon and Wiltshire (BSW), we provide joined up, accessible services that support people at home, in community clinics and in local settings, helping them stay well and live independently. Our work includes integrated pathways, single point of access models, digital front doors and partnerships with local councils, charities and voluntary organisations.

We're attending to share learning from the BSW integrated community model, explore collaboration and connect with partners shaping the future of community based care.

[HCRG Care Group - High quality community health and care services](#)



Queensland Bakery Co.

IBPA Award Sponsor

Find Queensland Bakery at **STAND #15**

The CHA wishes to thank Queensland Bakery Co for sponsoring the Innovation and Best Practice Innovation and Technology Award. The 2025 award winners are the Urgent Community Response team, Computer Aided Dispatch team and Innovation team at Birmingham Community Healthcare NHS Foundation Trust for their project about *Enhancing Patient Safety and Reducing Hospital Admissions Through Innovative Use of ISLA*

Queensland Bakery is a UK family bakery with over 130 years of heritage, supplying sweet bakery products across healthcare, retail and foodservice sectors. Our Marybake Health range has been developed in partnership with healthcare dietitians to support patient nutrition through great-tasting, practical snacks and desserts that are easy for catering teams to serve. We are attending the CHA Conference to connect with healthcare catering professionals, share insights from our work with NHS sites, and showcase how our ranges can support patient intake, menu flexibility and operational efficiency. We are also offering opportunities for free product trials for organisations looking to enhance their patient food offer

[Queensland Bakery | UK Manufacturer Of Sweet Bakery Products](#)



Visit Queensland Bakery to discover Marybake Health, our range of dietitian-approved snacks and desserts developed specifically for healthcare environments. We'll be showcasing our multi-portion desserts and retail ranges, designed to support patient nutrition while making service simple for catering teams. Speak to the team about free product trials and how we support NHS sites across the UK.



Visit Queensland Bakery at stand 15 on Friday 8th May, 10.20-10.50am, for a **Sponsor Spotlight** session on Marybake Health, their range of dietitian-approved snacks and desserts for healthcare environments. This is a great opportunity to meet the team and find out more about their full range.

SPONSORS



Refreshments Sponsor

Find WinnCare at STAND #19

The CHA is grateful to WinnCare for kindly sponsoring this year's refreshment drinks and snacks.

WinnCare is a UK-based medical device manufacturer focused on delivering high-quality, clinically effective pressure ulcer prevention and falls management solutions, that are rigorously designed, validated, and manufactured to consistently meet the needs of at-risk patient groups. Their FIVE rental solution for patients of size, empowers teams to deliver dignified care for all mobility levels with the right equipment. winnCare.uk



Visit the WinnCare team at stand 19 on Friday 8th May, 10.20–10.50am, for a *Sponsor Spotlight* session to hear about their products and solutions to support ulcer prevention and falls management.



Find Nutrinovo at STAND #10

Nutrinovo is a UK clinical nutrition company with one aim at its core: to make simply innovative nutrition available to patients through the health professionals who manage their care and support. Based in Corsham, Wiltshire, they produce a range of high-quality protein, gut health and metabolic products designed to address complex clinical needs across a variety of healthcare settings. Their ProSource range, available in oral, enteral and plant-based formats, is used by dietitians and clinical teams across the NHS. Nutrinovo works directly with health professionals, offering a free sample service, educational resources and responsive clinical support to help patients get the most from their nutrition.

[Nutrinovo clinical nutrition products - Simply innovative nutrition](#)



Find Kinetik at STAND #12

Kinetik Wellbeing, founded in 2008, goes beyond empowering health at home and is an NHS supplier of clinically validated, innovative medical devices designed to support effective health monitoring. Its product range delivers exceptional value, helping healthcare providers achieve cost efficiencies without compromising on quality or patient care. Kinetik Wellbeing is attending the CHA National Conference to connect with healthcare professionals and showcase how its products support clinical outcomes. [We Deliver Health To The Home | Kinetik Wellbeing](#)

SPONSORS



Find Turun at **STAND #4**

TurunUK Ltd is a London-based healthcare company specialising in patient safety products and services, with a particular focus on falls prevention and wander management. Their mission is straightforward: to improve affordable fall safety in healthcare by giving nurses timely awareness of patient risk, and by giving them back time to spend with patients. Their products include the Stealth Sensor Pad, the SafePresence sensor pad range and the SaferWalking departure alert system, all of which are used in NHS hospitals and care settings across the UK. TurunUK has been working in this field since 1995 and remains the leading falls and wandering risk monitoring company in the UK. **The CHA is pleased to welcome back Turun to the conference again this year. XYZ and XYZ from Turun are attending . [TurunUK Ltd.](#)**



Find Careboodle at **stand #8**

CareBoodle is a careflow workflow tool that gives carers a clear pathway to escalate a suspected delirium or illness. It enables care staff to record structured observations and share them promptly with managers for timely review, supporting a more consistent and accountable approach to identifying potential delirium in the community. The tool provides managerial oversight of suspected delirium cases and tracks outcomes, giving care teams and their managers a clearer picture of what is happening across their service. CareBoodle does not diagnose or replace clinical judgement; it supports the people who deliver care to act on their concerns in a structured and documented way. [Careboodle](#)



Find Montcalm at **stand #23**

Montcalm International has spent twenty years promoting the use of low-rise profiling hospital beds in NHS settings, helping to prevent falls-related injuries and reduce staffing pressures. The company supplies the Umano Medical bed range, manufactured in Canada to rigorous safety and quality standards, combining precision engineering with straightforward software to support both patient and carer. Montcalm also works with Minato Medical Science to introduce resistance training and massage equipment to the UK market. Its Ook Snow ALL bed is the only UK-certified bed for two people, making it a valued choice for hospices.

Visit montcalmcare.co.uk to find out more.



Performance Health

[Performance Health](#) has over 70 years of expertise as a trusted rehabilitation and independent living partner, operating across more than 100 countries. The UK operation supplies a wide range of products across mobility aids, hand therapy and splinting, orthopaedic supports, exercise and recovery, and home care and daily living. Its portfolio of trusted brands includes THERABAND®, Rolyan®, Days®, Homecraft® and Firefly®, alongside the Cubii range of seated elliptical devices, which feature in this year's conference programme through a workshop presented by Paulton Community Hospital/HCRG. Performance Health will be sponsoring a CHA **Networking and Leadership Webinar** later this year, free to community hospital staff, and you can [register your interest here](#)

EXHIBITORS



Find the Gold Standards
Framework Centreat **STAND # 18**

The Gold Standards Framework (GSF) is a registered charity and has been the UK's leading training provider for generalist frontline staff in caring for people in the last years of life for over 25 years. GSF is a practical and evidence-based end of life care service improvement programme. Our aim is to enable a 'gold standard' of care for everyone, with any condition, in any setting, given by any care provider, at any time in a person's last years of life. **Robyn Handford** is the Administration lead from the Gold Standards Framework.

<https://www.goldstandardsframework.org.uk/> | <https://www.goldstandardsframework.org.uk/training-accreditation/hospitals/>



Find NIHR Oxford Health
Clinical Research Facility (CRF)
at **STAND # 7**

The NIHR Oxford Health Clinical Research Facility (CRF) is a purpose-built NHS research facility dedicated to improving mental and cognitive health through clinical research. Based at the Warneford Hospital in Oxford, it is the only NIHR-supported Clinical Research Facility specialising in mental health. In partnership with the University of Oxford, we deliver research which aims to develop new understanding and treatments for mental health and dementia. **Angela Conlan** is the PPIE+P Lead Oxford Health for the Clinical Research Facility.



Find Dementia UK
at **STAND # 14**

Dementia UK is the specialist dementia nursing charity that is there for the whole family. Their nurses, known as Admiral Nurses, provide free, specialist advice, support and understanding to anyone affected by dementia. From sharing practical tips for caring to offering emotional support and helping plan for the future, they are there when people need them most.

Dementia UK and their Admiral Nurses are a lifeline for families living with dementia. Whether it's on the Helpline, in virtual or face-to-face clinic appointments, or in the community, Dementia UK is there to make sure no one faces dementia alone. We're pleased to have **Rachel Johnstone** with us on Thursday 7th May.



Find NHS Benchmarking
at **STAND # 6**

The NHS Benchmarking Network is pleased to be at the CHA National Conference again this year, represented by **Sarah Handby**. Visit their stand to explore how national benchmarking can support community hospitals - from intermediate care and flow to workforce and integration - and meet the team who work with members to turn data into practical insight and improvement. The Network is a member-led organisation working with NHS providers, independent providers, national bodies and Integrated Care Boards. They collect and analyse data on services, staffing, costs and outcomes, delivering clear insights through practical analytics and visual tools, from national clinical audits to evidence-based decision-making across health and care.

EXHIBITORS



Find CHART at STAND #11

CHART brings together community healthcare organisations to strengthen research in community hospital and out-of-hospital settings. Led by research leads from across the country, the alliance shares good practice, pools resources and builds collaborations that give community-based research a stronger collective voice with national bodies. Community settings present distinct challenges -- organisations are nursing and therapy led, often integrated with local authority and social care partners, and spread across large geographies. CHART is working to design studies that genuinely reflect this reality, and welcomes all organisations involved in community and out-of-hospital research to join. Dr Christine Burt from CHART is attending this year's conference and presenting a workshop on Friday morning.



Find Seachange at STAND #17

Seachange is a charity which provides an inspiring new approach to community support. Working on the basis that good health and happiness are closely linked, Seachange offers easy access to practical support for all generations, young and old, within its area of Exmouth, Woodbury and Budleigh Salterton. The Seachange programme of activities, classes and support runs from its base in Budleigh, East Devon. However, its reach extends throughout Woodbury, Exmouth and surrounding villages. Their programme of events is all designed to increase social cohesiveness, reduce isolation, and loneliness whilst improving the health and happiness of our community. Seachange is funded through donations and grants from the public and charitable sectors. **Marc Jobson** and **Sarah Forde** from Seachange are attending this year's conference.



East Sussex Healthcare
NHS Trust

*Find the East Sussex Healthcare NHS Trust
at STAND #13*

East Sussex Healthcare NHS Trust provides a wide range of acute, community and mental health services, including intermediate care & rehab services that support patients to recover & live independently. They will share learning from the Stronger for Life Reconditioning Project delivered at Bexhill Irvine Unit which in partnership with 20/20 Health and Active Sussex. Read more here communityhospitals.org.uk/Active_Sussex_@BIU.pdf



*Find HCRG/Paulton Community Hospital
at STAND #20*

Visit **Ami Cook & Debbie Poulston** from Paulton Community Hospital to learn about their Cubii Project, where seated elliptical machines were introduced to help patients stay active in inpatient settings. Find out how the project was implemented, how staff & patients engaged with it, & the impact on movement & wellbeing. It also shares how the initiative has been spread across HCRG, supporting a wider culture of activity in everyday care.



Find NACEL at stand #5

We are pleased to welcome the National Audit of Care at the End of Life (NACEL) team back to the CHA National Conference. Visit their stand to explore the NACEL Data and Improvement Tool, speak to **Joylin Brocket and Dr Mary Miller** about participating in the audit, and pick up resources from the NHS Benchmarking Network, who deliver NACEL on behalf of HQIP.

EXHIBITORS



*Find Friends of Victoria Hospital,
Wimborne at **STAND # 1***

The Friends of Victoria Hospital Wimborne has been part of community healthcare in east Dorset for 90 years. Founded in 1935 to support the cottage hospital that opened in 1887, the Friends have grown into one of the most effective hospital support charities in the country. Over the past 25 years, they have invested more than £8.7 million in capital projects, funding around 80 per cent of the hospital's build programme. The charity is run entirely by volunteer trustees and receives no statutory funding. Meet **Chair Anne Salter and Dr David Pope** at this year's conference to find out more. [Read more here](#)



**Central London
Community Healthcare**
NHS Trust

*Find the Red Frames Project - Central London
Community Healthcare at **STAND #9***

The Red Zimmer Frames Project, led by **Helen Williams**, Clinical Service Manager, West Herts Bedded Units at Central London Community Healthcare NHS Trust, introduced brightly coloured walking aids to help patients with cognitive and visual impairments identify and use their frames more consistently. The idea grew from ward-level learning and a commitment to reducing falls across CLCH's inpatient units. Since introducing red frames in May 2024, the trust has seen a 36% reduction in falls on the pilot ward. Simple, low-cost and easy to replicate, the project has since expanded across CLCH and sparked wider improvements in ward safety, staff awareness and dementia-friendly care.



**Dorset HealthCare
University**
NHS Foundation Trust

*Find Dorset Health Care at **STAND #3***

Dorset HealthCare provides mental health and community-based physical health services across Dorset, serving a population of nearly 800,000 people from more than 300 sites, including 12 community hospitals & MIUs. **Kate Norris**, Senior Sister at Westminster Memorial Hospital, Shaftesbury, shares information a Bereavement Garden with a memorial tree, a community Bereavement Service and the Grief Encounters Café for peer support for which she won the CHA Person-Centred Care IBOA award in 2025. Read more here [Quality Improvement in our community hospitals Westminster Memorial Hospital Dorset HealthCare.pdf](#)



Sussex Community
NHS Foundation Trust

*Find Sussex Community FT at **STANDS
#22A AND 22B***

22A - Band 3 Preceptorship and Development Programme Sussex Community NHS Foundation Trust

Lucy Somerville, Clinical Learning Lead for the Healthcare Support Worker Workstream, is showcasing SCFT's Band 3 Preceptorship and Development Programme. The programme won an Innovation and Best Practice Award in 2024 and offers a practical, transferable model for community hospitals looking to strengthen support worker development and retention.

22B The Comfort Tracker Pan-Sussex Palliative and End of Life Care

Grace Newton, Digital Senior Comfort Tracker Clinician, is presenting the Comfort Tracker, a remote monitoring tool that supports palliative patients and their carers to regularly report symptoms, comfort levels and wellbeing through short subjective questionnaires. Clinical teams can review this information in real time, enabling earlier identification of deterioration and more timely intervention. The aim is to improve comfort, support care at home where possible and reduce avoidable hospital admissions.



CHART Community Healthcare Alliance of Research Trusts



CHART CONFERENCE 2026

COMMUNITY HEALTHCARE ALLIANCE OF RESEARCH TRUSTS

Research in Wider Care Settings

THU 25 JUNE 2026 | ASTON UNIVERSITY, BIRMINGHAM



Thursday 25
June 2026
conference



Pre-conference Dinner &
Networking – Wednesday 24
June 2026 - from 5:30pm



Hosted by:

CHART Alliance at Birmingham Community Healthcare NHS Foundation Trust



Location:

Conference Aston, Aston Street, Aston University, Birmingham, B4 7ET



Register for
Conference &
Dinner



Scan to Book your
Discounted Hotel Room
(Cost £96.00)

Dr Christine Burt
CHART, Birmingham Community Healthcare NHS Foundation Trust

✉ info@chartresearch.nhs.uk

(Soon you can also reach us via the New CHART website!)



Transform End of Life Care in Your Hospital

The Gold Standards Framework (GSF) Hospital Training and Accreditation Programme helps ward teams deliver proactive, person-centred end of life care.

Through structured training, practical tools and national accreditation, GSF supports hospitals to improve patient and family experience, build staff confidence, and ensure compassionate care for people nearing the end of life.

GSF Accreditation is recognised as a kitemark of quality by the Care Quality Commission and co-badged by the British Geriatrics Society and the Community Hospitals Association.

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www.goldstandardsframework.org.uk / 020 7789 3740

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- ✓ Everything is backed up by our Quality Promise and 90% of our services are rated 'good' or 'outstanding' by CQC.

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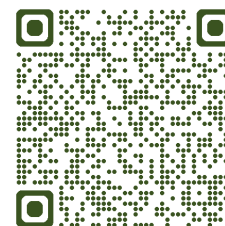
WORKSHOP LEARNING POINTS & EVALUATION

Workshop learning points

After each workshop, please take a few minutes to record your learning points. There is a short form for this - please scan the QR to the right.

It is worth doing for your own reflection as much as anything else. It also helps the CHA demonstrate the difference these events make for people working in and around community hospitals.

Please complete a separate response for each workshop you attend. Thank you.

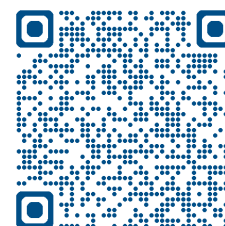


Conference Evaluation

We would love to hear what you thought of the conference.

At the end of the conference, please take a few minutes to complete our online evaluation. Your feedback helps us shape future events and makes sure the programme stays relevant to everyone working in and around community hospitals.

Completing the evaluation is also how you claim your CPD certificate of attendance. Once you have submitted the form, a personalised certificate will be issued to you via Certifier. The evaluation form can be found by scanning this QR code. Thank you.



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