

Community Hospitals Sharing and Learning Day

Across Norfolk, Suffolk, Cambridgeshire &
Peterborough

Community Hospitals

Notes of the Day

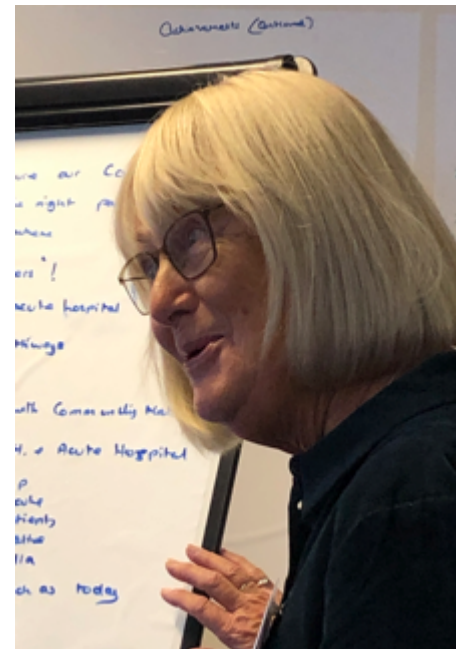
Newmarket Community Hospital
13th November 2019



Programme for the Study Day

Time	Event	Name
9.30am	Arrival and coffee	
10.00am	Welcome	Helen Ballam West Suffolk NHS Foundation Trust
10.20am	Community Hospitals across the UK	Dr Helen Tucker President CHA
10.30am	Hot Topics in Community Hospitals Discussion of Achievements and Challenges	Chris Humphris Committee CHA
11.30am	Coffee	
11.45am	Newmarket Community Hospital Presentation	Helen Ballam
12.00pm	Group discussion on topics with feedback	All
1.00pm	Lunch & Tour of Newmarket Hospital	Helen Ballam
2.00pm	What is special about community hospitals and services – what do they mean to patients and the community? A creative session looking at visual representations.	Chris Humphris
3.00pm	Tea	
3.30pm	Presentation and Discussion CHA – sharing across the UK	Dr Helen Tucker
3.50pm	Discussion and Proposals. Further sharing locally? Future sessions on hot topics?	Chris Humphris
4.00	The Importance of Community Hospitals	Professor Steve Dunn CEO West Suffolk NHS Foundation Trust

The Study Day in Action



Achievements

- Still here! – continuing to provide a service
- Leadership skills – investment, managing change
- SystemOne – recording, assessment, referral
- Strengthening links to the community services
- More community services on site
- Starting Primary Care Network
- Huddles – out to GP practices with community matrons etc. to discuss patients
- Specialist palliative care beds (6) – on site specialist nurse consultant
- Community beds recognised within community division of the acute trust. Acute understand and recognise the community bed service and the complexity of the service
- Integration with other services within the Trust – understanding respective roles
- Integration of all inpatients – strengthening knowledge
- Staff resilience – covering shifts, working in isolated units, using initiative
- Getting voice heard in community mental health trust
- CQC ratings good. Hospital has Patient Experience Award and Chairs Award.
- Development of Staff
- Triage
- Reduction of Falls
- National audits – palliative care etc.
- Introduction of e-care (so patients transfer their care to a community hospital rather than being a new admission)
- Integrated health and social care – social worker on site
- CQC outstanding rating for care, safety and well-led
- MDT daily board round all disciplines including social worker has led to a reduction in average length of stay by 3 days and reduced the delayed transfers of care.

Challenges

- Estates such as condition, suitability, maintenance delays
- Staffing and in particular: recruitment (especially band 5), retention, need better staff development, lack of establishment guidance for community hospitals, image of community hospital services.
- SystemOne
- CCG changing the purpose of some of the beds, changing policy re non-weight bearing patients, expectations of CCG, part of a wider system
- Budget needs to be reviewed
- Patient cohort – multi-morbidities and complexity, greater acuity. Need to be realistic about care re DTOC. See one of roles for CH as transfer for complex discharge planning
- Expectations – from patients and carers; CCG etc. Clarify role. Realistic goals for patients. Choice policy.
- Role – identify what we do and what we do well. Identify this to commissioners. Otherwise might change and become more like acute.
- Winter crisis
- Equipment procurement
- Understanding acute sector and pressures
- Isolation of site and remote setting – staff responsibilities especially at night
- Care versus comfort (encouraging discharge)
- Lack of family support for some patients

What can we do/have we done to improve recruitment and retention?

- Have Done
- Group recruitment – interaction, team player, personality
- Quality adverts – realistic and aspirational
- TNAs/NDAs, App HCAs – stimulates learning
- Exit interviews – do them well!
- Make staff feel safe (“rules”)
- Standing in shopping centres
- Advertise in local schools – open days
- Grow your own (i.e. career pathway)
- 5 students – really good experience
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- Can Do
- Support development of every staff member – MDT
- Promoting it as a specialism
- Promote strengths as an employer – benefits (identify and provide)
- Timely HR process- interactive system
- Support training – e.g. UEA Modules, revalidation etc.
- Know your reputation and Build your reputation
- More group recruitments
- Recruitment – use YouTube videos
- Join up R&R within the organisation
- Be known – people talking

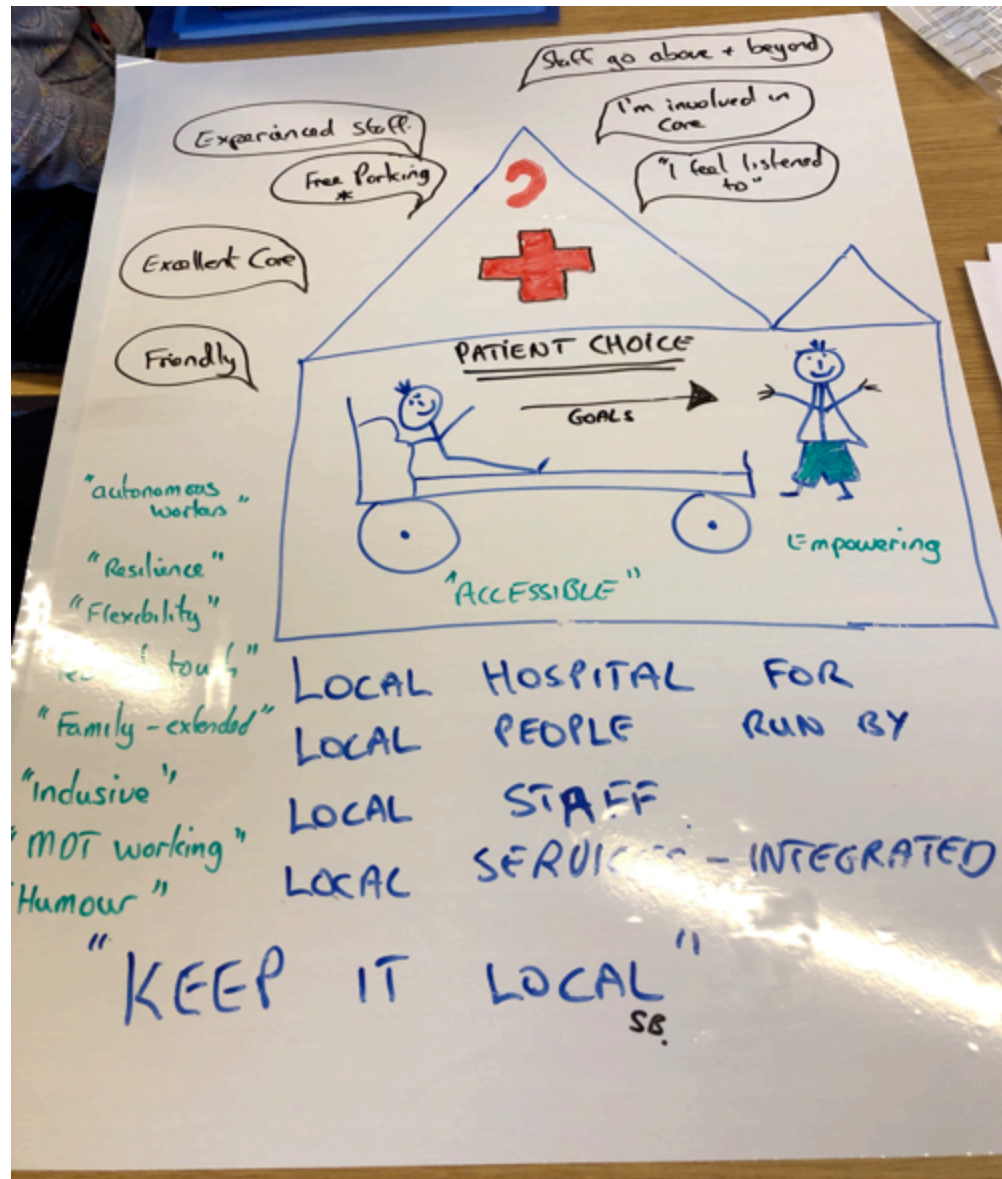
How do we ensure our community hospitals receive the right patients and how can we contribute elsewhere?

- Trusted gatekeepers
- Improve links with acute hospital
- Admission criteria and pathway
- Good communication links
- Close working relationships with community matrons
- Reciprocal shadowing – community hospital and acute hospital
- Increasing Community Hospital profile – GP, Acute, Patients, Relatives, Media
- More learning/sharing events such as today
- Triage / assessment
- Listen to staff to improve patient flow

How do we ensure the right outcomes to facilitate successful discharge/transfer?

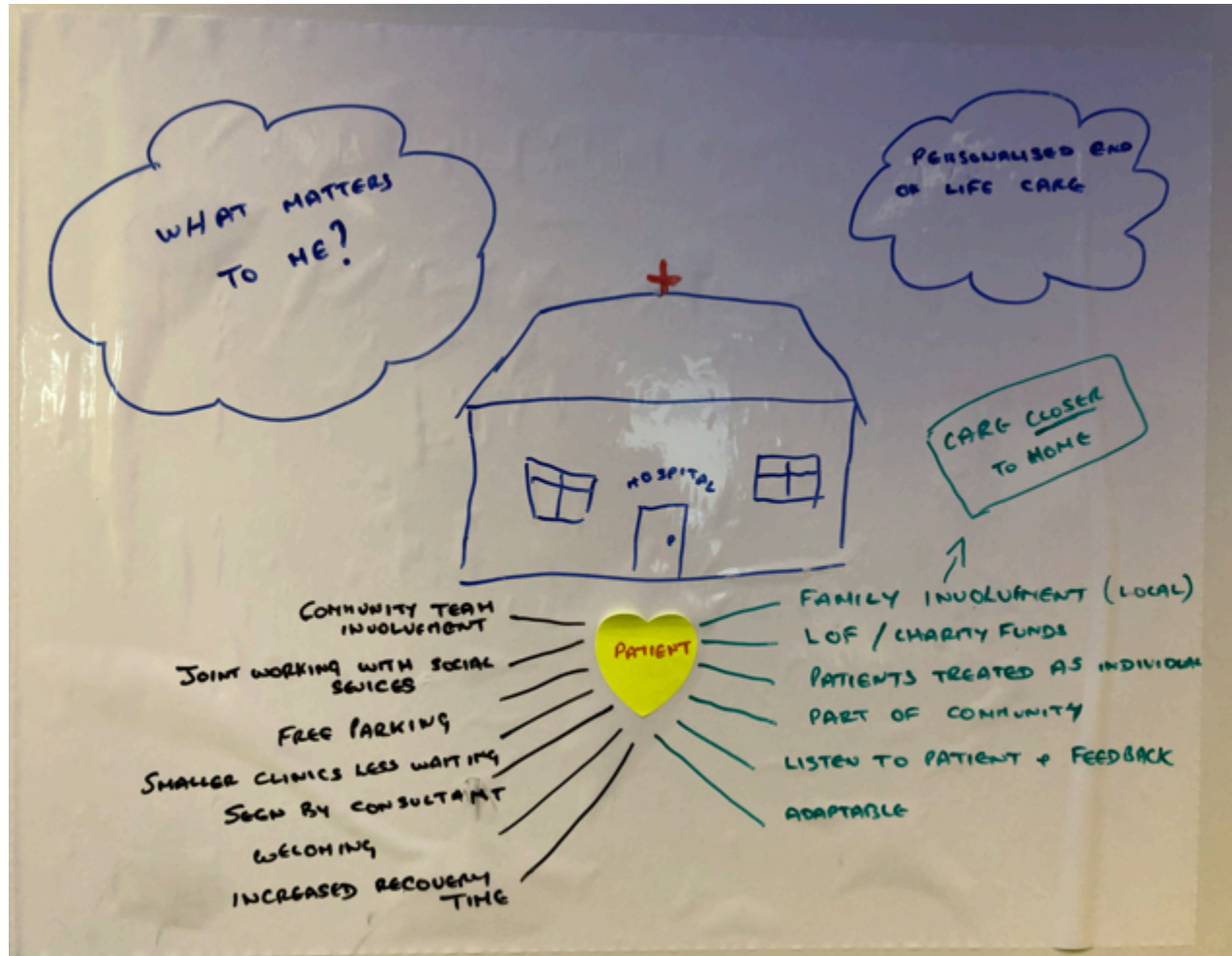
- Communication
- Establish goals, realistic outcomes/goals
- Ensure family/carer involvement
- Family MDT meetings to decide outcomes
- Consistent information
- Patient concordance – or use of patient advocate
- Early/timely discharge planning
- Referrals to correct services needed
- Identification of issues/blocks to discharge
- Not being risk averse when discharge planning
- Use of appropriate and experienced staff
- Co-ordinated use of services to facilitate smooth effective transfer/discharge
- Outcome measures used – Barthel Index and Rockwood frailty score as well as length of stay and pathway
- Review patients in complex care reviews in staff meetings – reflective learning and audit
- Instigate “community bed” meeting
- Joint training – community staff and community hospital staff, looking at care pathways, care reviews and feedback on outcomes
- Engage with correct people and support discharge
- Trial discharge (keep their bed open on the ward for a set number of days) – fitting with system?
- Readmission rate
- Have a frailty plan such as a crisis avoidance plan for individuals at risk to help avoid readmissions

What is so special about Community Hospitals (1)



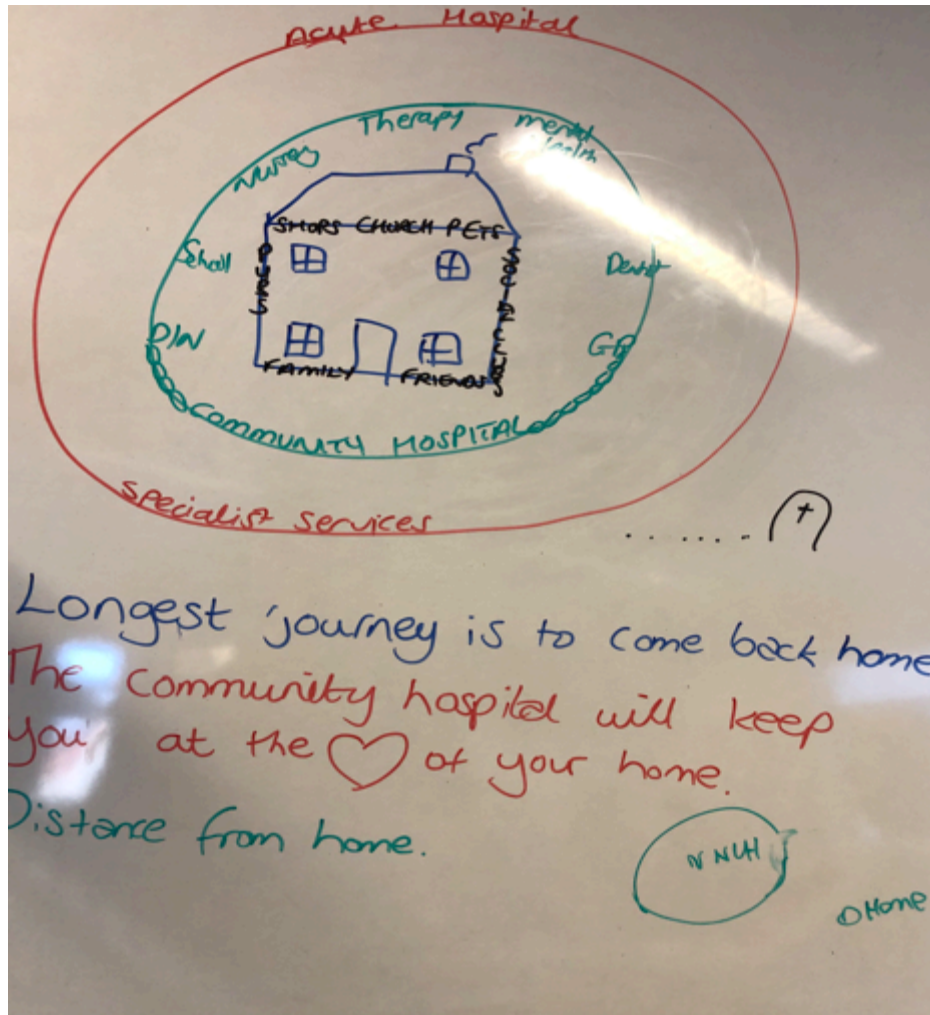
A Local Service
Positive Patient Feedback
Patient going from "red to green"
Features include team working and humour

What is so special about Community Hospitals (2)



Patient at the heart
Service is closer to home
Community support
Listening
Part of the community

What is so special about Community Hospitals (3)



Design inspired by N&N acute hospital with hospital at the centre
This shows the patient and their home at the centre
Community hospitals an integral part of the local resource to help keep people at home
The services in the further rings represent the longest journey to get back home

Some Emerging Questions from Community Hospital Staff

- Why is community hospital nursing not seen as a specialty for nursing?
- Medical cover arrangements for inpatient beds?
- What arrangements do others have for step-up patients admitted out of hours with regard to drug charts and clerking?
- How to address the lack of mental health service input to inpatients on community hospital wards?
- Should we call some of the beds “community assessment” beds rather than rehabilitation – manage expectations and clarify the role?

Evaluation Quotes

*Friendly
enthusiastic group*

*Highly valuable and
supportive
Many thanks*

*Generosity of
sharing ideas*

Brilliant motivational day!

*“Thank you for all those involved
for your efforts
and your hospitality.”*

*Real energy in the room!
Great to be with
like-minded colleagues*

Further Topics Suggested for Next Time

- Safe Staffing
- Medical Cover
- Innovation
- Problem solving
- Admissions
- Learning
- Development
- Staff management



Participants



15 community hospital staff from hospitals including Beccles , Newmarket (Suffolk), Swaffham, Ogden Court & Dereham (Norfolk), Princess of Wales, Ely and North Cambs (Cambridgeshire & Peterborough) and managers from Trusts covering even more community hospitals in the patch.

The Organisers



Suzanne Jones, CEO

Chris Humphris,
Committee

Dr Helen Tucker
President

Community Hospitals
Association

Thanks to Hosts!



Helen Ballam,
Ward Manager
Newmarket
Hospital

Professor Steve
Dunn
CEO
West Suffolk NHS
Foundation Trust