



Community Hospitals Association

DIARY OF A PROJECT

**Community Hospitals:
Embedding COVID-19 positive
impact changes through
shared learning**

EVELYN PRODGER RN QN MSC and BSC(Hons)
PROJECT LEAD
CHA CHAIR



FOREWORD

As part of undertaking the #QExchange Project, the Project Group had to submit monthly updates.

As Project Lead, this was one of the tasks I undertook after each monthly Project Group Meeting.

We tried to be honest in reflecting the issues, the risks, the bumps in the road, the celebrations of success, the joy of achieving another milestone and the work involved in delivery.

As I started to put the updates together, I found I was also relaying the power of the stories we were having and the impact the work was having on us as a team and individuals.

Alongside the story of the contribution of Community Hospitals during Covid, we were sharing the learning from our journey too.

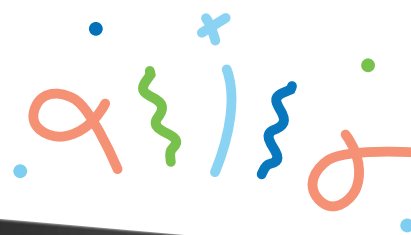
Without ever planning to do so, we created a diary of the project.

This is not a piece of writing that is going to step by step tell you what to do, or not do. We simply want to share our insights and learning from being privileged to be supported to do this project.

EVELYN PRODGER



INTRODUCTION



During Covid, the CHA put in place virtual forums to connect and support members and share learning from a unique set of challenging circumstances for those working on the Community Hospital frontline. What we saw was a phenomenal response in terms of dedication, leadership, flexibility, resilience, creativity and innovation.

When the opportunity for QExchange funding was shared with us, we knew that the work of Community Hospitals needed to be explored and showcased.

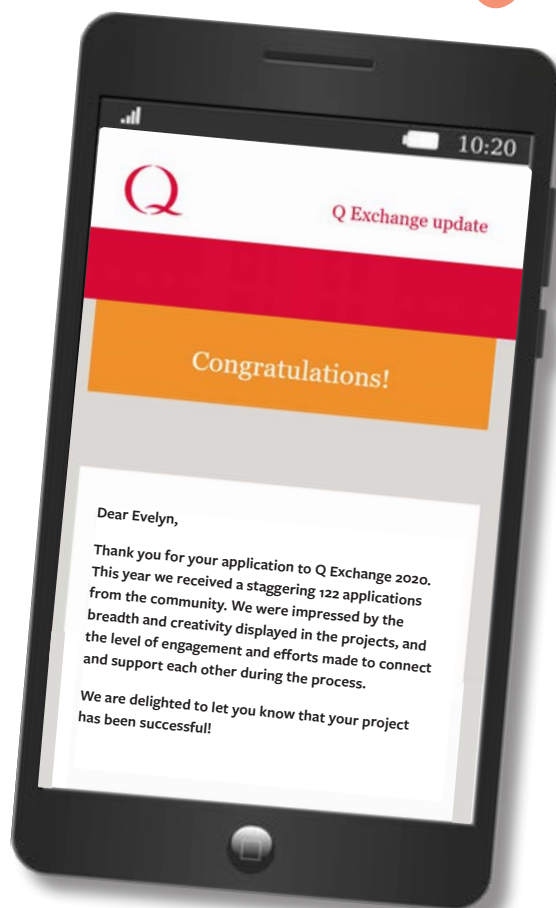
In October 2020, we submitted our application, crossed fingers and toes and waited to see what would happen.

In January 2021, we found out we had been successful. This was a moment of joy amidst the chaos of the pandemic and felt like a real acknowledgement of Community Hospitals in their own right.

The Project Team came together and we started to put together the finer detail of the plan to deliver the project.

We had set up a Community Hospitals Special Interest Group (SIG) and part of our methodology was to write our monthly project updates in a way that meant they could be shared with the SIG also.

The monthly updates have, in effect, become the diary of the project and have proved useful in terms of reflection, writing our reports as well as evidencing the work done.



Frailty Forum October 2020

THE PROJECT TEAM

EVELYN PRODGER



Project Lead
CHA QI Lead
CHA Chair (from May 2022)

TRISH JAY



Project Manager
CHA Committee Member

DR DAVID SEAMARK



CHA Vice President

DR HELEN TUCKER



CHA President

DR EMMA GIBBARD



CHA Associate Member
Q Connector

MONTHLY PROJECT UPDATES

April 2021

- It was so exciting to meet the Q Exchange Team and some of the other 29 Award Winners at the welcome event on 23.3.21.
- The information on next steps and learning support was very welcome and we cannot wait to get the contracts signed and work fully underway.
- While waiting for the formalities to be concluded we have already been busy. We have updated our Information Governance policy, drafted all of our project documents, started our project group meetings, invited our Advisory Steering Group members to join (and they said yes!), drafted our participant information and identified our first pilot site. Our Request to Quote for a Project Researcher is out and we have already had some interest.
- **Our Community Hospitals Special Interest Group is live**
- We have also learnt a lot!
- Don't underestimate the time the Q Exchange paperwork will take.
- Using the skills within your team to the utmost is helpful, having an experienced clinician with strong

project management skills on our team is invaluable.

- Other people have been equally excited by our success and the project we will be undertaking and are happy to support – you just have to ask.
- The Q Exchange Team are incredibly supportive and the wider Q Community have a broad range of skills and knowledge they are happy to share.



“ QI is such a good approach to sharing, learning and developing and sits neatly alongside the innovation and best practice values of the CHA.

- Sunday is not a good day to be trying to identify a tax number!

If you want to know more about the Community Hospitals Association (CHA) head over to our website:

www.communityhospitals.org.uk



Trish Jay
CHA
Committee Member



Community Hospitals Association Project: *Embedding Covid-19 positive impact changes through shared learning*

'I am delighted that the data collection for our project has commenced this week, with the first interview with community hospital staff. Staff in community hospitals have made an enormous contribution in responding positively and proactively to the changing needs in their communities over the past year.

It will be great to share the learning later in the year.'

This project is funded through Q Exchange by the Health Foundation and NHS England and NHS Improvement.

May 2021

- What a packed Project Group meeting we had last week – 90 minutes of review, reflection, planning and discussion.
- Interviews planned for our Project Researcher next week and questions drafted.
- Pilot interview conducted, the process was reviewed and additions made to .
- Participant Information and Interview Schedule. Reflected that telling their story was cathartic for those involved.
- First 10 organisations – we set ourselves a challenge to make contact with 10 organisations to test engagement and check our processes were correct and complete, positive engagement from all of them and they cover 3 of the 4 nations.
- The Advisory Group is complete following confirmation of Emma Adams and Roy Lilley (CHA Patron) as Professional Advisors. We now have an excellent mix of experts including the voice of the patient and League of Friends. We have been humbled by the willingness of others to support and share knowledge. Our first Advisory Group meeting is later this month.
- Our Data Protection Impact Assessment is underway.
- Our Highlight Report is ready for the Project Board this week.



- We have had a really helpful discussion about QI methodology with Emma Adams and are working on this currently.
- We are in the early stages of planning our first Community Hospitals Special Interest Group Forum.



“ We thought we were excited when we were awarded funding but as the weeks go by and the engagement and enthusiasm of participants and the project group grows we feel so privileged to be able to do this piece of work, ensure Community Hospitals are heard and the work they do valued and shared.



Evelyn Prodger
CHA
Committee Member
QExchange Project Lead



Community Hospitals Association Project: Embedding Covid-19 positive impact changes through shared learning

‘It was a privilege to interview a Community Hospital today as part of our project and hear the amazing work they have been doing. Humbled by the engagement and honesty of the wider MDT in sharing their experiences.

It is so enlightening to hear their stories directly.

It will be great to share the learning later in the year.’

This project is funded through Q Exchange by the Health Foundation and NHS England and NHS Improvement.



June 2021

- Once again, we have had a busy few weeks.
- We have interviewed and offered the Project Researcher role. Just Ideas will bring a range of different skills and knowledge once in place.
- We have conducted another 2 interviews with a Community Hospital which is helping us to refine our processes. The richness of the data is confirming the value of doing this project. We have more planned across the coming weeks.
- We have potentially identified our first in depth case study.
- We continue to set up interviews with interested Trusts and have identified our next potential organisations to approach.
- We continue to be overwhelmed with the enthusiasm from organisations we are engaging with.
- We have completed our Data Protection Impact Assessment.
- We have held our first Advisory Group – the quality of membership is inspiring (and everyone we asked said yes!). It was a productive meeting with lots of questions, healthy challenge, sharing of wisdom and resources and advice on how we could improve the processes and project.
- Some project group members accessed the



Q Evaluation Workshop which they found informative and inspirational.

- We have agreed our project hashtag – #QICommunityHospitals
- We are on or ahead of target with all our key milestones.
- We are thinking about and discussing our evaluation and dissemination strategies in greater detail.
- Our monthly Project Group Meetings continue and are as packed as ever.

“As a group we continue to be very excited about this work. As volunteers within the CHA I think it is fair to say that we had underestimated the amount of work we needed to do but with each step we are gaining new skills and knowledge, learning more about all things QI and forging new relationships while continuing to be inspired by the work done in Community Hospitals.”

- We are so grateful for the opportunity to do this work.



Q-Exchange 2021

Getting Started With Evaluation Workshop

Q Community Evaluation Special Interest Group



July 2021

- We have now completed 8 interviews and we continue to be overwhelmed by the enthusiasm for sharing the learning that has happened across Community Hospital during Covid.
- We have had an amazing workshop with Emma Gibbard (Q member and Research Impact Manager, University of Bath) on evaluation – it has really helped us to think through and refine outputs, stakeholders and metrics – in hindsight doing this earlier might have saved us time as it would have helped clarify our processes and scoping.
- Emma introduced us to Google Jamboard – the Project Group are now converts!
- We have done our first follow up interview in relation to a potential case study.
- We are identifying potential case studies and nuggets of learning to be shared as well as emerging themes.
- We have engaged Just Ideas as Project Researchers and are really excited about the experience and different perspective they will bring. You can find out more about them here: www.just-ideas.co.uk
- We are adding in a questionnaire for the first 10 interviews to gain feedback on the interview process.



- We are continually adding to our learning log and thinking about how we share this widely.
- We are giving thought to our interim report for Q Exchange – so much to share and reflect upon.
- We are celebrating the experience and knowledge our Advisory Group and Project Group members bring by sharing a synopsis of their biographies on social media over July.

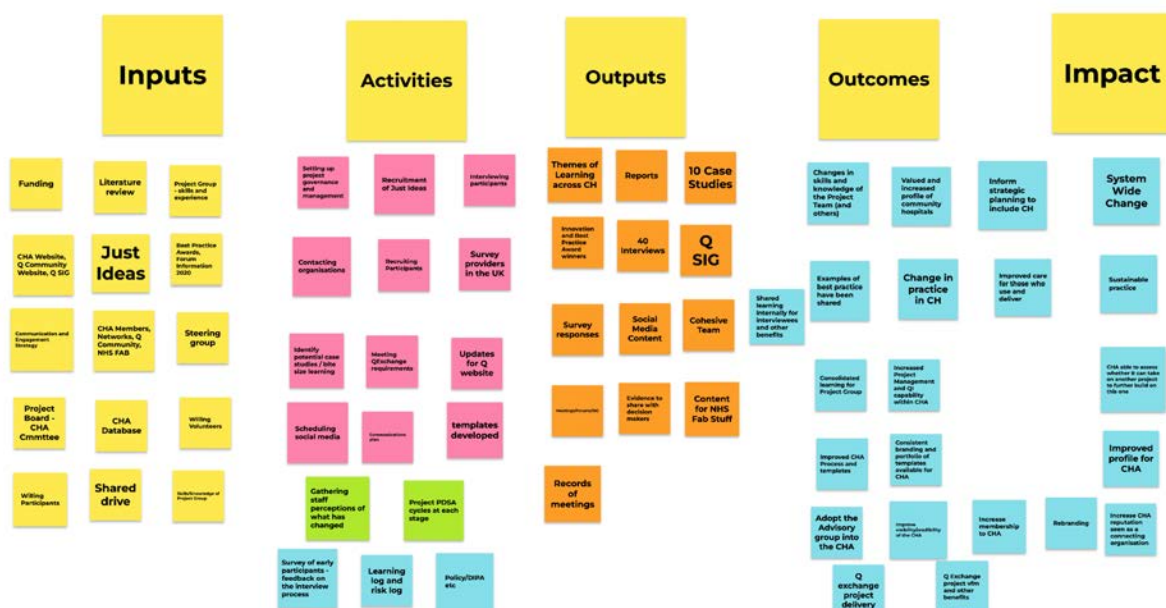
“As a Project Group we are learning lots about each other and developing new skills and knowledge. We remain as enthusiastic as ever and feel more privileged than ever to be able to take this project forward.”

- We are so grateful for the opportunity to do this work.

If you want to know more about the Community Hospitals Association (CHA) head over to our website:

www.communityhospitals.org.uk

CHA Q Exchange Project



August 2021

- We are amazed to find ourselves in August already. July has been busy.
- We have commenced working with Just Ideas – it has been great doing some joint interviews with them, learning together. They are now doing the majority of the interviews.
- We are really fortunate to have [Heather Penwarden](#) take over as chair of the Advisory Group. Heather has such a wealth of knowledge, experience and passion for Community Hospitals and we are looking forward to her leadership of this group.
- We have completed more interviews – the learning continues and each time we are humbled by the work that has been done across Community Hospitals during Covid-19.
- We have started to think about templates for sharing the learning and Q Community have been very supportive with members of different Special Interest Groups sharing their templates and knowledge.
- We were so fortunate to have Emma Adams Generation Q Fellow attend our July Project Group – it was great to talk through our methodology, think about quality versus quantity and our evaluation. It also made us think about how we capture more explicitly the PDSA cycles we have completed.
- As expected, engagement has dipped slightly due to the increase in Covid-19 and subsequent system



pressures and school holidays.

- We have had some interesting discussions about how we can be as inclusive as possible of the broadest range of Community Hospitals models. We made it complex and then focused it back down on seeking engagement across a wide range of organisations based on geography, those that engage and as always personal connections. We will continue to review engagement as part of our Project Group meetings.
- We have sent out our Feedback Survey to the first 10 organisations interviewed – Google Forms posed a few challenges (yet more learning!) but we are hopeful of a good response rate.
- Looking back at our Learning Log has been helpful in seeing our journey so far – sometimes it is too easy to look at what is in front of you and not appreciate the learning so far.
- We have learnt more about the IHI Model for Improvement (Institute for Healthcare Improvement), Appreciative Inquiry and Experience-based co-design which all inform our study.

“ The enthusiasm for the project continues – what can we say – Community Hospitals are simply fantastic! ”



Community Hospitals Association Q Project Advisory Group 18.8.2021

Community Hospitals:
Embedding Covid-19
positive impact changes
through shared learning



This project is funded through Q Exchange by the Health Foundation and NHS England and NHS Improvement.



HEATHER PENWARDEN, CHAIR OF THE ADVISORY GROUP

September 2021

- Q Report against milestones completed and submitted.
- Our Q Exchange project continues to progress positively. We have been providing monthly updates on the Q Exchange Community Hospitals project page. This month we are providing a short update on the progress made against the original project timeline and how the outline plan for Q resources.



- QI methodology has informed our project. We have applied this to our project, ensuring all risks and lessons learnt are logged at each monthly Project Team meeting. You will see that some actions have been added, postponed or changed as we have implemented the project, as a result of PDSA cycles and lessons learnt reflection.
- We have been delighted at the engagement in the project we have had from community hospitals across the UK.

“As the project has progressed, the Project Team have determined the importance of sharing the learning, as community hospitals have been very enthusiastic to engage and share their experiences and learning. This is reflected in the updated resource plan to spend resources on activities to enabling sharing across community hospitals.”



Q EXCHANGE PROJECT:

Community Hospitals: Embedding Covid-19 positive impact changes through shared learning

September 2021: Q Report against milestones

Our Q Exchange project continues to progress positively. We have been providing monthly updates on the Q Exchange Community Hospitals project page. This month we are providing a short update on the progress made against the original project timeline and how the outline plan for Q resources.

QI methodology has informed our project. we have applied this to our project, ensuring all risks and lessons learnt are logged at each monthly Project Team meeting.

You will see that some actions have been added, postponed or changed as we have implemented the project, as a result of PDSA cycles and lessons learnt reflection. We have been delighted at the engagement in the project we have had from community hospitals across the UK.

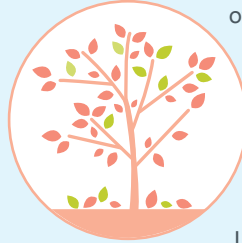
Project Plan Timeline

Date	Planned action	Update
30 Sept 2020	Case study identification commences	This started ready for the bid submission
30 Sept 2020	Co-design survey with providers and test feasibility of study	Completed
31 Jan 2021	Learning from case studies identified	Completed as per timescale
14 March 2021	Project Researcher role description completed	Completed as per timescale
31 March 2021	Advertise for Project Researcher if bid funding successful	Completed as per timescale
31 March 2021	Protocols for survey and interviews designed	Interview protocol completed. Decision was made not to complete the survey protocol until we had gained learning from the interviews. A decision was then made at



October 2021

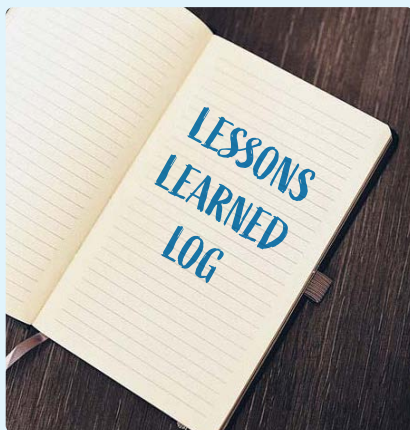
- We are delighted to have had such excellent engagement from provider organisations across the UK, and we are reviewing the data from interviews so far. Strong themes have emerged and are being reinforced by subsequent interviews. We will be concluding interviews this month (October 2021). We have sufficient data and we are conscious of the pressures on the NHS.
- **Themes for interviews** – we are now further developing these in order to identify the Case Studies and Bitesize Learning we want to progress for sharing.
- **Reporting** – it was great to receive positive feedback from QExchange regarding our September reporting against milestones and our revised budget – lots of change since the original submission. Our Lessons Learned Log has been invaluable for reporting. We now have information on the final report format for QExchange (SQUIRE new to us but we are really enjoying learning new things!) and we are scheduling developing it.
- **Project progression** – we are on track to complete the planned work on time. Some really great discussions and learning about theme development, communication plans etc.
- **Sharing the learning** – lots of thoughts and discussion about how we might produce a range of material that will be accessible but relevant to different parts of our audience from frontline staff to commissioners. This has had a positive knock on effect for the CHA as it has made us think about our image and how we engage more widely with different



groups. It has also made us think about where we can get support and expertise. We really like the thought of using infographics for the Bitesize Learning (2 of us attended the recent Q sessions and loved participating but not sure we have the skills required) and may approach the Sketchnote SIG for support.

- **Lessons Learned Log** – this and our Risk Log have been invaluable. It has been really helpful to look back and see the things we were worried about that never happened (what if we have no one to interview!) and also the things that we did not anticipate. For us, in any project in the future, this would be one of the key things to set up.
- **QExchange** – the support from the team has been really impressive. The sessions provided have been really valuable. We have benefited from one of the team attending all of the Action Learning Sets.
- **Workload** – we have had lots of discussions about the amount of work the project has involved especially as we are volunteers in our CHA roles and all have day jobs.

“Despite the time required we are all so enthusiastic about the work, are coming away with more knowledge and skills than we had when we started and are really excited to be getting to the stage of extracting and sharing the learning. Thanks QExchange for giving us this opportunity.”



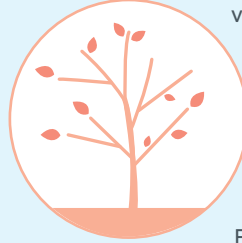
Q EXCHANGE PROJECT:
Community Hospitals: Embedding Covid-19 positive impact changes through shared learning

PROJECT GROUP MEETING

Project Group Meeting to be held on Monday 11 October 2021 6.30-8pm via Zoom

November 2021

- It is hard to believe that we are into November already.
- Some of our timelines for concluding interviews have moved slightly to support Community Hospitals to participate in what is a difficult time within the Health and Adult Care Systems. We want to be inclusive as possible and share their experiences.
- The work to develop the themes is now well underway and it is humbling to see the breadth and depth of work that Community Hospitals have done and continue to do. There is some commonality but also pockets of difference which reflect the uniqueness of Community Hospitals within their overall systems. Distilling quotes from the interviews has reminded us of the power of storytelling and narrative.
- We have started to refine our lists of potential case studies and bite size learning and are also giving thought to how we identify our 2021 CHA Innovation and Best Practice Award winners from these lists – it is great that we have so many to choose from.
- Work will start shortly on developing some initial case studies and bite size learning to ensure we have the format right and can refine the process to make it easy for those we choose.



- We have been reflecting on the work we have done so far and feel there is some real learning about the value of the early work we did to set up our governance and quality assurance processes – it was time well invested.
- We continue to update our learning log – we add to it at each meeting and it is creating a contemporary reflection of our Q Exchange journey.

“ We are really impressed with the range of support Q Exchange has provided while allowing us the freedom to develop the project – PDSA cycles in action! ”

- We have been really fortunate to have a project group who are supportive of each other, this project has strengthened some of those relationships which is benefitting the CHA as well as the project.
- Thinking about how we share our findings has made us think about how we engage those who we want to share them with, how we might test out our thoughts and the need to rebrand CHA to ensure we meet the needs of our members.
- As we move towards the end of the year we are as excited as ever about the work we are doing.

**Community Hospitals Association
Q Project
Advisory Group
17.11.2021**

Community Hospitals:
Embedding Covid-19
positive impact changes
through shared learning

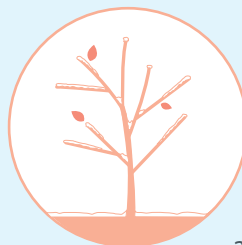


This project is funded through Q Exchange by the Health Foundation and NHS England and NHS Improvement.



December 2021

- We had a dynamic and interesting Advisory Group meeting last month. There was an interesting discussion on theoretical frameworks that could help with our report writing following sharing emerging themes. The support from this group has been incredible and the value they see in this project has been a real motivation for the Project Group. When we were considering setting the Advisory Group up back at the beginning of the project, we aimed high in terms of membership and continue to be humbled by the fact they all said yes, the contribution they make during meetings and when contacted individually. The generosity of their time, experience and insight is highly valued by us.
- This month's Project Group meeting was a little different as we focused on refining the list of Case Studies and Bite Size Learning we will be sharing. There was such a rich list to review it was hard to remember that in the early days we were worried about engagement and having enough material.
- Listening back to the interviews and reading the notes I think we all feel in awe of the staff working in Community Hospitals across the United Kingdom for their commitment to patients, their communities and the needs of the wider health and care system. We now have a list that feels representative of the Community Hospitals and organisations we have



engaged with and we are looking forward to working with Just Ideas to get these underway.

- Moving into this phase of the project is making us focus more on our communication strategy and think about all the ways we can share the learning we have identified; raise the profile of Community Hospitals and the contribution they have made during Covid-19 and lay the foundations for others to learn from and use the work we have done. We have submitted an abstract to the International Foundation for Integrated Care 2022 conference as part of this strategy. Our next Project Group meeting will focus on refining and further developing our dissemination plans.
- Time has been a challenge. 2 of us have started new roles or taken on additional work – as a group of volunteers there were always going to be times when this was less easy than others. Our motivation to deliver the project well and on time has never waned – hearing the experiences of Community Hospital teams keeps us focused and on track (one Project Group member joined the meeting from their hotel room in Barbados, now that is what we call commitment!).
- Moving into a new phase of the project as a new year approaches has caused us to reflect and be very grateful for all of the support that is making the project possible. We are excited to see what 2022 brings.



Community Hospitals: Embedding Covid-19 positive impact changes through shared learning CHA Evaluation Plan Metrics - 31 December 2021 update

1. Introduction

A detailed Project Evaluation plan was agreed at the Project Group in August 2021. It outlined in detail the evaluation approach with specific objectives, activities, outputs/outcomes and measures.

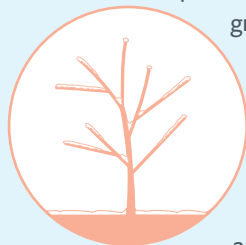
The specific objectives were:

1. Did the project progress as planned, what worked, what lessons we learnt along the way including what needed to be improved or adjusted to achieve our objectives.
2. Did the project identify and capture the innovations, best practice and learning in response to COVID-19?
3. Did the project improve awareness and understanding of the role and contribution CH's made in response to COVID-19?
4. Did the project enhance and develop mechanisms to share good practice across community hospitals?
5. Grow CHA members, network and reputation (and Q community)?

Outputs and Outcomes	Evaluation Plan Key Activity number	Measures (data collection tools)	Baseline March 2021	September 2021 review	End of December 2021 review	Comments

January 2022

- It is great to have held our first Project Group Meeting of 2022.
- We now have an established template for our Case Studies and Bite Size Learning and Just Ideas will be progressing these over the coming weeks. We have our first meeting planned with a designer and it will be great to have a vision of what the finished outputs from the project will look like.
- We have seen such richness in the interviews we have completed it will be great to share these with Community Hospitals and the wider health and social care system.



- We have been taking stock of the positive impact of participating in the project – engagement with diverse groups, new connections to community hospitals and their teams, new followers on social media, new committee members and a lot of learning.
- We are very aware of the impact that Omicron is having on Community Hospitals and Project Group members in terms of workloads and recognise that it may also impact on our timescales so are incredibly grateful for the support from QExchange and their flexible approach.

“The innovation, creativity, strength and resilience of Community Hospital Teams deserves to be recognised and appreciated.”

- We are actively planning a Special Interest Group Learning Event for Wednesday 23rd of February at 7pm and are looking forward to having an opportunity to discuss the emerging themes, case studies and overall learning.
- Our dissemination plan is nearing completion and we will discuss it with our Advisory Group in February – it will then be time to start delivering it.

“As a Project Group we remain as busy as ever and just as motivated to ensure that we shine a light on the work that has been and continues to be done in Community Hospitals.”

How have Community Hospitals responded to COVID-19?

Join us in our sharing and learning event as we hear from staff talking about innovations and best practice

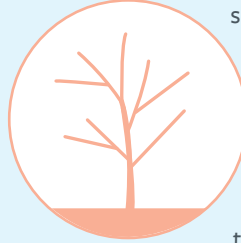
Community Hospitals Association & Q Community Hospitals Special Interest Group
Wednesday 23rd February 2022 7pm-8pm
via Zoom

Project Report for CHA Committee (Project Board)			
Programme Name:	Q Exchange Project		Key Points of Escalation
This highlight report updates the Project Board about the project's progress to date. It also provides an opportunity to raise concerns and issues with the Board, and alert them to any changes that may affect the project.			
Project Name:	Community Hospitals: Embedding Covid 19 positive impact changes through shared learning		
Programme Sponsor:	Chris Humphris: CHA Chair		
Author of Report:	Evelyn Prodger: Project Lead Trish Jay: Project Manager		
Date of Report:	5 January 2022	Reporting Period:	3 November 2021 – 5 January 2022

Project Status: Green

February 2022

- This month's Project Group meeting felt a little different. The work is moving into a different phase and it is exciting to be starting to share the outputs.
- We reviewed and finalised our report for Q – refining the work we have done into 3 pages was not an easy task but our brilliant Project Manager Trish was able to pull it together. Likewise, it was good to review our budget and finalise some details.
- We have been fortunate to make contact with the wonderful Bron Somerset who will be doing the graphic design work on our Case Studies and Bitesize learning. We think we are almost there in terms of format. It did spark an interesting discussion about whether "Bitesize" is the best term, we are now mulling over different titles and know we have to make a swift decision to allow the design work to go ahead. We also had an opportunity to review the first draft of our updated website – it will make finding this work so much easier.
- Our dissemination plan has been reviewed by the Advisory Group and we will have an opportunity to take further comments at the meeting next week. This is the last time they are currently scheduled to meet but we will talk to them about extending this period to support review of our full report.
- Just Ideas are working on the content of the Case Studies and Bitesize learning and it is great to see the work coming together. Some of the Project Group have been undertaking producing these as well – great learning and allowed us to test out formats etc – all in PDSA cycle fashion of course!



- We had an opportunity to review the abstract for a journal article on our project and refine how we will share the Case Studies and Bitesize Learning within the article.
- Just Ideas have contributed to our Learning Log for a second time which is helpful and aids learning. Next month we will be discussing an end of project reflection for the Project Group – we think this would be a great way to close the learning loop.
- We are fortunate to be able to have Ann Keen (RN NDN FQNI FRCN FAAN PGCEA Surrey) join the Advisory Group as a Professional Advisor. Ann is the current Nursing Advisor to Sir Keir Starmer – Leader of Her Majesty's Opposition.
- Planning for our SIG discussion on the 23rd of February is well underway. Two of our case studies will be presented with opportunities for questions and discussion.

CASE STUDY #1 Petersfield Community Hospital
Discussion about the experience of setting up an Advanced Practice Team and Rapid Assessment unit during Covid.

CASE STUDY #2 Dr Adrian Baker
Adrian will talk about the steps taken early in the pandemic to keep everyone safe, and the benefits of local decision-making.

[REGISTER HERE TO JOIN THE DISCUSSION >>](#)

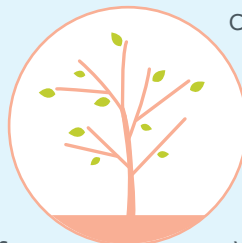
The screenshot shows the CHA (Community Hospitals Association) website. The main heading is "KEEPING OUR COMMUNITY SAFE DURING COVID-19". Below this, it mentions "Nairn Town and County Hospital, Highland Health Board". The page is divided into sections: SUMMARY, PURPOSE, STAFF FEEDBACK, TRUST FEEDBACK, LEARNING, and RECOMMENDATIONS. The SUMMARY section lists early covid-safe measures and strengthened collaborative working. The PURPOSE section states the goal is to make local decisions appropriate for the community. The STAFF FEEDBACK section notes that no patients had Covid on the ward and only 1 member of staff was affected. The TRUST FEEDBACK section mentions education and prevention, and integrated working. The LEARNING section lists benefits of locally sensitive decision making, GP practice & Hospital together, value of community support, early interventions, and value of Team Leader meetings. The RECOMMENDATIONS section suggests that people and clinicians need short simple messages, support for local decision that is "place" based, and to recognize and invest in people in your community. At the bottom, there is a link for more information: www.communityhospitals.org.uk and social media icons for Facebook, Twitter, and LinkedIn.



ANN KEEN, NURSING ADVISOR TO
SIR KEIR STARMER – LEADER OF HM OPPOSITION

March 2022

- We have really enjoyed being able to develop Case Studies and Short Case Studies from the interviews we started almost a year ago. Revisiting the interviews, and in some cases the teams, has only strengthened our conviction that the work done in Community Hospitals deserves to be highlighted and shared.
- Working with our Graphic Designer, Bron Somerset, and seeing the first Case Studies as they will be shared formally has been exciting. We wanted to ensure that the presentation did justice to the content and Bron has achieved this. As we progress the Case Studies and Short Case Studies, we are reminded of the importance of Quality Assurance within our processes – this is important to ensure organisations and their stories are represented correctly and also our relationships with them.
- Our refreshed and updated website has gone live (without any technical hitches) – seeing all of these strands of work start to come together is satisfying and will give us a great platform to share the learning from our project.
- We were delighted to receive an email from the ICIC22 Scientific Committee telling us our abstract

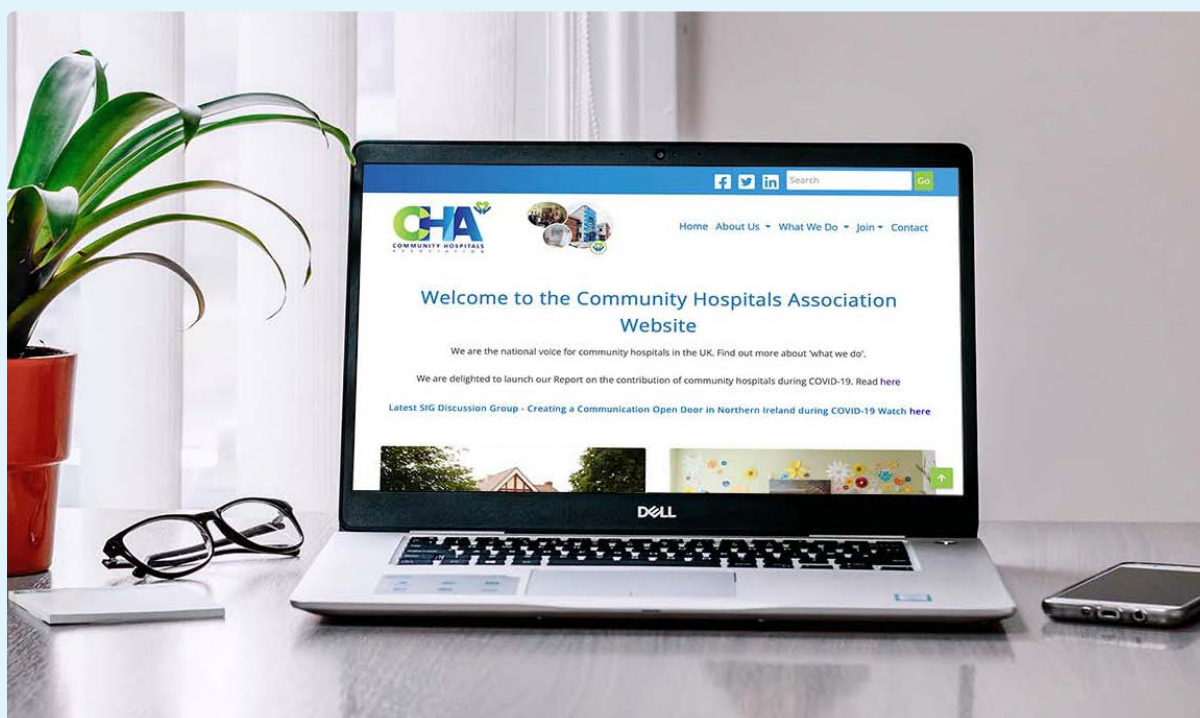


has been accepted to present as an Oral Presentation at the 22nd International Conference on Integrated Care (ICIC22), taking place from 22 – 25 May 2022 in Odense, Denmark. We are now busy compiling our poster to accompany the presentation.

- It was great to put together our final report for QExchange – our learning logs were invaluable in contributing to this. While it was valuable to be able to reflect on the work we have done and fulfil the requirements for Q it does represent another milestone completed.
- We had our first Community Hospital Special Interest Group discussion where 2 of our Case Studies were presented. The presentations were very well received and words like “inspirational” used to describe the work done in Community Hospitals.

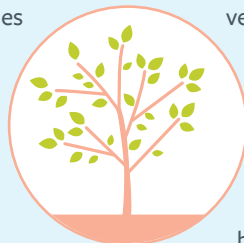
YOU CAN ACCESS THE RECORDING HERE 

“It has been a busy month but the joy in developing and sharing this work continues. Fundamentally, Community Hospitals are fab!”



April 2022

- This has been a month of mixed emotions for the Project Team. It has been exciting revisiting interviews and seeing some of the Case Studies and Short Case Studies come to life. Our Graphic Designer, Bron Somerset, has worked hard with us to create a style that is user friendly and showcases the stories being told. We are working hard with organisations to get the remainder signed off and ready to share, knowing the pressures they are under to deliver services.
- We have shared our first Case Study on our website, something which involved learning new skills for some of us! You can have a look at it [here](#).
- We are busy scheduling the rest, making sure organisations know when this will be happening and have a copy of the graphically designed work. We have had some lovely feedback from organisations who have received their final versions, including:



- We got some great feedback from QExchange when we submitted our final report. We feel very privileged and humbled to have been supported to do this work. The joy at delivering the outcomes is tinged with a little sadness that the project will be coming to an end over the coming months.
- Members of the Project Team have been busy preparing a poster and presentation for the IFIC conference in Denmark next month. How exciting to see us on the programme for Day 2.
- We have also been busy drafting an article for submission to BMJ Open Quality. More new skills gained for some of the team.
- Our full report is underway. The learning we have collected on our Lessons Learned Log and Risk Register have been invaluable in this process.

“The case studies are such a celebration of the work as a whole; they are a wonderful reminder of the importance of community hospitals and the role they played at this epic moment in time.”

“Time to get everything done remains a challenge but seeing the outcomes of the project emerge is bringing excitement, joy, pride and a sense of “we did this!”

Short Case Study
Hearing Staff Voices

Understanding, and meeting, the needs of all staff during the pandemic – ‘Corona Voice’ Northumbria

As the pandemic started, Northumbria hospitals were kind of flat. There was a sense of uncertainty and staff with a safe and effective way to raise their voices, concerns, provide information and get done how they were feeling at the time. They developed a series of very short, clear, specific, staff surveys to be presented each week to give a better understanding of staff and being across the Trust.

‘Corona Voice’ – a web-based platform was launched on April 6th when the country went into lock down. In the first three months, it facilitated all expectations, and emotional support responses from staff which included staff’s community hospital/primary care units.

Staff motivation was created as a weekly focus, with the Trust able to quickly identify which hospital/units or groups needed more support. Staff felt that the survey had given them the opportunity to reflect not only on their own feelings and emotional state over time as the pandemic played out, but also on some of the devastating effects of the virus. Also the Trust was able to respond to the issues that the staff were raising, resulting in focused actions under the seven needs headings that emerged:

- 1 Listen to me
- 2 Care about me
- 3 Keep me safe
- 4 Keep me connected
- 5 Lead me
- 6 Keep me going
- 7 Reconcile me – balance my work

“Everyone had the opportunity to feed into our exec teams. Every nation and team manager had that feedback from their teams.”

Contacts
Anastasia Wood, Member of Black and Burnside Community Hospitals
Anastasia Wood, Member of Black and Burnside Community Hospitals
Annie Lavery, Chief Executive Officer
Annie Lavery, Chief Executive Officer

Read more in the full case study >

“The national voice for Community Hospitals”

ADVANCED PRACTICE TEAM

Petersfield Community Hospital
Southern Health

SUMMARY:
The creation of an Advanced Practice Team led by a Nurse Consultant, expanding the clinical services offered to patients with frailty during Covid

PURPOSE:
To improve the clinical offering across the spectrum of community hospital services

For more information visit:
www.communityhospitals.org.uk

OUTCOMES

PATIENT BENEFITS:
Improved diagnostics and treatments for patients with frailty

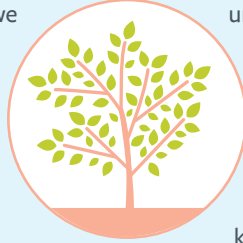
TRUST BENEFITS: Reduced acute admissions Community Hospital reputation improved

LEARNING:
• Changes were accelerated during Covid
• Enhanced clinical services on the ward, urgent care centre and Rapid Assessment Unit improved the service to patients
• Nurse Consultant responsible for every patient

RECOMMENDATIONS:
• Focus on assets not deficits • Every Voice Matters – Patients, Team and all supporting staff • Aim to be a Centre of Excellence
• Improve understanding of what can be offered in a community hospital

“The national voice for Community Hospitals”

- For the first time since the project began, we managed to conclude the meeting in less than the allotted 90 minutes. This felt like a sign that we are approaching the final stages.
- While the agenda may have had less items, there is still significant work to be done.
- Our poster for the [IFIC conference](#) later this month is almost complete – even though they are our words and our work, seeing them in this format highlights the value of having undertaken this project.
- Organisational sign-off of Case Studies and Short Case Studies continues. As anticipated, this is not straightforward for all of them as people have moved on and the pressures within the Health Service persist. Seeing more of them turn green each week on our spreadsheet generates a sense of satisfaction (and relief!). Green is good was our reflection of the week last week!
- As with all good QI projects we continue to run through the PDSA cycle process. We have changed the focus of 2 Case Studies and generated an additional one combining information from several organisations to focus on therapy written by us as a project team. We have identified an additional Short Case Study on peer support we will progress. There is such richness in the interviews that we want to make the most of them.
- Seeing the Case Studies on [our website](#) and on [NHS FabStuff](#) makes us feel both proud and humbled as a Project Team. Sharing work that ranges from wholesale service design to an individual Community Hospitals using Ice Lollies to support patient hydration demonstrates the value, flexibility and resilience of Community Hospitals. It is important that this is made transparent within the wider Health and Social Care system and our report should help to do this.
- The report is progressing and a draft will be ready to share with our Advisory Group later this month. The combined experience and wisdom of this group is so helpful in challenging our thinking, guiding our critical review and supporting how we share this information.
- We have also had to work through changing our



Project Sponsor. Our current CHA chair and Project Sponsor is retiring. A new Director has agreed to undertake this and is excited about being involved in this project. While this has not been problematic it has reminded us of the need for good governance.

- We have been doing these Project updates monthly as a way of ensuring QExchange knew what we were up to but we have found them really helpful to reflect on as we build our report. We have combined them, along with some photographs, into a “Diary of a Project”. We are currently thinking about how and where we share this. This was not something we set out to do, it is almost an unintended consequence of our project management processes but is a helpful aide to reflection and demonstrates our learning.

- We are fortunate that the CHA was successful in obtaining funding to grow the Community Hospitals Special Interest Group. Although this is not part of this project this will open up additional opportunities to share this work. We are currently looking at a date for our next SIG to share some more Case Studies – not an easy task given we are volunteers with day jobs but we are so committed to sharing this work that we will find a suitable time.

- The remainder of the month will see us focus increasingly on sharing the outcome of the project, a real reward for the time invested in completing it.

Diary of a Project



June 2022

- Our Project Meeting this month was a meeting of two halves.
- We started celebrating sharing our project at the IFIC Conference in Copenhagen. Dr Dave Seamark and Dr Helen Tucker did a presentation and displayed a poster. Lots of connections were made, growing our network. Our Graphic Designer Bron came up trumps yet again and the poster was a great summary of our work so far. You can [see our poster here](#).
- We then turned to the future. We discussed finalising the report, how we should share it on our website, the tone of the overall report based on our target audiences and the draft forward our Advisory Group Chair has started to draft. We discussed a Policy Briefing which had been suggested by the Advisory Group which will add to our outputs.
- There is a single Case Study and a couple of Short Case Studies awaiting sign off. We agreed what



our cut off needs to be to meet our deadlines. This was not an easy discussion as we really want to be able to share all the learning we collated.

- Our Learning Log continues to grow – we thought by now that there would be little to add – we were wrong! At each stage of the project we have been careful to reflect and ensure we capture what we have learnt and what we would do differently next time around.

“Some of the learning is tough, it isn't easy to acknowledge that decisions which appear right at the time turn out differently. It all adds to our “Diary of a Project” which we have been excited to share with QExchange and will share with new project leads at the end of the month.

The response of United Kingdom Community Hospitals to the Covid-19 Pandemic: an appreciative inquiry

OVERVIEW / ABSTRACT

The study was designed to capture the experience and learning of staff working in community hospitals during Covid-19. The aim was to record changes to practice and the quality improvements from those who worked through the pandemic. The design of the study benefited from input from members of the Q community, who commented on the initial ideas, helped refine the study and continue to contribute. An advisory group also contributes to the study, and is led by a Chair of a League of Friends (NGO) for a community hospital.

Community hospitals have been described as integrators. The experience of staff during the pandemic has shown that collaborative working has been strengthened during this time. Staff have reported that there is a greater appreciation of the role of community hospitals locally within communities and within the wider health and social care system.

WHAT WE DID

85 STAFF
20 ORGANISATIONS
30 CASE STUDIES

By staff interviewed using appreciative inquiry
An organisational team representing 100 community hospitals
30 case studies selected and developed

KEY FINDINGS - INTEGRATED CARE

- Strengthening of existing relationships and also new collaborations.
- Positive impact on working across their local health systems and communities.
- Types of integration included multidisciplinary working (horizontal) and integration between the community hospital and acute sector (vertical).
- There were also examples of multi-agency working, and joint working with communities.
- New ways of communicating with patients and families.
- Person-centred care has been illustrated through initiatives that have been designed to provide support for patients, to encourage creativity and independence and provide compassionate care.

CONCLUSIONS

- Staff described the flexibility of these small typically rural community-based hospitals, and the benefits of being embedded within their local communities.
- Innovative ways were found to provide compassionate care to patients and families, and to achieve appropriate, high quality and safe care.
- Staff reported that many of the improvements will be sustained and shared details of positive patient feedback on the changes and improvements.

CASE STUDIES

Supporting staff action
Advance Practice Teams
Ensuring our community calls

This study was funded by the Health Foundation and NHS England & Improvement. It was undertaken by the Community Hospital Association in the UK.

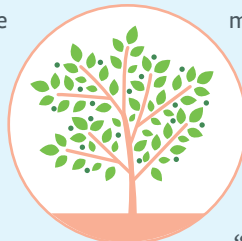
Contact: helen.tucker@communityhospitals.net

'The national voice for Community Hospitals'



July 2022

- We were definitely celebrating this month as we got our last Case Study and Short Case Studies signed off and sent to the graphic designer. Feels like a real achievement to have finished this phase of the work and be able to share them all. It has been a humbling experience to hear all the stories from the Community Hospitals and we have felt a real responsibility to tell those stories well.



- Alongside this our report to share the outcome of the project is nearing completion and with the graphic designer. It has been so wonderful to see the Case Studies and Short Case Studies come to life when she works on them and we are eagerly waiting to see how the final report will look. We are busy finalising our dissemination plan and ensuring we maximise our reach.
- While both things are cause for celebration they are also tinged with a little sadness. We have lived and breathed this project for such a long time it is strange to think about it ending. We feel really lucky that CHA has been given funding as part of the work to look at developing Special Interest Groups which will give us a vehicle to continue to share the learning which is fundamentally what our project has been all about.

- Helen and Evelyn were thrilled to share their experience of the Action Learning Sets and the monthly updates to QExchange which have been collated into our “Diary of a Project” with those starting out on their Q Exchange project journey.

- It was wonderful to have the Teddington Memorial Hospital Short Case Study “Supporting Hospital Discharge during Reset” presented at our Special Interest Group on July 14th. The number of attendees may have been small but it generated good discussion and further networking. Another step in the right direction.

“As our meetings and to do lists get shorter and our sharing of Case Studies and Short Case Studies increases, we are justifiably proud of the work we have done, the opportunities we have created for the CHA because of undertaking the project and hopeful for the future of Community Hospitals.



Community Hospitals Special Interest Group
Thursday July 14th 7pm

“Supporting Hospital Discharge during Reset”
Teddington Memorial Hospital

Anna McNulty-Howard
Clinical Services Manager Hounslow and Richmond Community Healthcare



Exchange

**Community Hospitals:
Embedding Covid-19
positive impact changes
through shared learning**

Describe, support and promote ways of working developed during Covid-19 through shared learning across Community Hospitals. Examination of case studies to develop a protocol to map initiatives and collaborations nationally.



This project is funded through Q Exchange by the Health Foundation and NHS England and NHS Improvement.

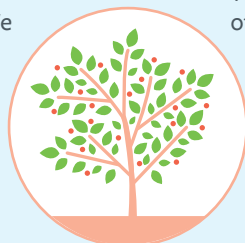


‘The national voice for Community Hospitals’

August 2022

- August has been a pivotal month. Sharing of Case Studies and Short Case Studies are all complete and the last to be shared have been scheduled. We are getting really positive feedback about them on social media. People are interested in learning from each other. It has also prompted clinicians to ask us to connect them to people doing other work e.g. safe staffing which grows our networks further.

- We have seen the first draft of our Report. Wow, the power of graphic design is phenomenal – it takes the written word and turns into something more engaging and illustrative. In truth, we were far more excited about this than anticipated! We feel lucky to have connected to Bron, who not only is exceptional at what she does but is also engaged in the report and what it represents to us and those who contributed to it.



- The article we submitted for publication has been accepted with minor alterations – a definite moment of celebration.

- The policy brief and plain English versions are underway – looking back I think we underestimated the scope of what we would be producing and the need for multiple layers of report writing.

- Our Innovation and Best Practice awards have been judged – this year the winners were drawn from the Case Studies. The panel were astounded by the depth and breadth of the positive work done during the pandemic. Made for some tough judging decisions but it will be great to announce the winners on the 1st of September.

- We are also mindful that the project is drawing to a close. Budgets have been realigned as we identify different distribution routes. The last project group agenda has been planned for September and a date set for our project reflection in October.

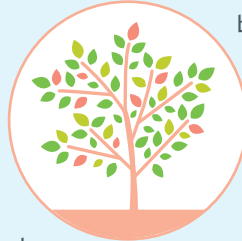
- The project is something we have lived and breathed for almost 2 years. Despite the challenges faced along the way seeing and feeling the response to the work we have been doing is humbling.
- We know that beyond this project, dissemination will continue with Case Studies and Short Case Studies being presented at our next 3 Community Hospital SIG events.



“ So, in the coming weeks we will publish our report, have our last project, advisory and steering group meetings, finalise an article for publication and then think about what we do with those Wednesday evenings and weekend work slots! Oh wait, is that a SIG I hear calling...

September 2022

- We thought this month was planned and would see a smooth launch of our report. We had our final Project Group and Advisory Group meetings planned and anticipated a spike in activity around dissemination and some tidying up of the budget as the main things on our “To Do” list.
- Our Project Group meeting went well, we were all systems go. It was sad drawing the final meeting to a close, this project has been a significant feature in our lives for 2 years, however it is nice to know we have a face to face reflection planned in October.
- We were still adding to our learning log during that final meeting and felt it would be helpful in October to support our reflection.
- For all our planning, thanks especially to our great Project Manager Trish, we could not have anticipated the death of Her Majesty, Queen Elizabeth the Second. It felt odd to be considering what should happen to the report and meetings at such a time, however necessary.
- We took the decision to delay publication by a week, which felt respectful and appropriate.
- The time gifted by the delay in publication allowed us to deal with a report related issue which would have been more difficult to resolve post publication.



- This made me think of the saying “every cloud has a silver lining”. As devastating as the pandemic has been, it has presented an opportunity for us to be funded to highlight the work done by Community Hospitals. Without the pandemic, some of the project group were unlikely to have had the time to be involved, at least in the early days.
- Our project has not been plain sailing, but it has been humbling, rewarding, fascinating and provided all of us involved opportunities to grow personally and professionally.
- So now we look forward. Report publication day is being planned. Our reflection event is planned. Publication of our article is pending. The Diary of a Project will be finalised post our reflection.
- Our focus will now move to how we use our Community Hospital Special Interest Group to continue to share the learning from this.

“I ended our Project Group thanking the team for their time, expertise and commitment to making the project happen. We also want to say thank you Q for your funding, input and support – you made it all possible.”



October 2022

- It is hard to believe this will be our final update. What started as the germ of an idea has translated into over 2 years' worth of work showcasing the positive contribution Community Hospitals have made (and continue to make) during Covid.

- We have had highs and lows, times when we thought we would never get anyone to engage and times when the enthusiasm to join the project was humbling and overwhelming.

- We met, face to face this month, to complete a reflection. It was joyful to finally be together in person. We got to hold an actual copy of our report – we cannot deny it was a special moment. We talked about our learning as the Community Hospitals Association as well as a project group and 5 individuals.

- Is the organisation richer for having completed this work? – definitely.

- Have we demonstrated the value of Community Hospitals and the contribution to the system the make? – absolutely.



- Did we give a voice to frontline teams to share their experiences? – certainly.

- Have we as individuals got new skills and had new experiences? – indeed we do, so many.

- Have we developed resources that showcase Community Hospitals? – a whole suite of them.

- Did we achieve our project objectives? – completely.

- Will we continue to share this work even though the project has concluded? – that is a definite yes.

- The relationship we developed with Q during the #QExchange project led us to successfully bid for further funding to develop the Community Hospitals Special Interest Group. This is where the discussion forums sharing the work of individual teams and organisations is being and will continue to be shared.

- We hope to publish further work including our Diary of a Project.



October 2022 (cont.)

AS WE DRAW THE PROJECT TO A CLOSE, WE WANTED TO SHARE OUR FINAL THOUGHTS AND TOP TIPS:

Final Thoughts

- It was privilege to hear the stories of staff authentically told
- Great learning experience for the whole team
- Coming together in person at the end was important
- A project to be proud of
- Great platform on which to build



Top Tips

- Good governance processes are essential
- Great project management helps keep you on track
- Managing subcontracted work tightly is important
- Commitment and hard work are required (and it will take longer than you think)
- Maximise input from Q – they changed their processes to support us
- Be brave and asking experts for input – they all said yes and gave generously
- Get your graphic designer involved early and budget for it
- Learning log and monthly updates help create the story and mean nothing will be lost
- Be responsive and respond positively when things need to change





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Community Hospitals Association



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