Norfolk & Waveney Teaching & Learning Care Home Programme

Programme Evaluation
6th November 2023

Commissioned by the former Norfolk and Waveney Clinical Commissioning Group

CONTENTS

Executive Summary

This evaluation presents the outcomes from the Norfolk and Waveney (N&W) Teaching and Learning Care Home (TLCH) Programme (2021/ 2023) facilitated by the Norfolk Initiative for Coastal and Rural Health Equalities (NICHE) at the University of East Anglia and the Foundation of Nursing Studies (FoNS) that brought four Care Homes together from across the N&W Integrated Care System (ICS). The programme was delivered through a blended approach to delivery due to the impact of the COVID-19 Pandemic. The evaluation offered an important opportunity across a coastal and rural geographic system foot print to understand more fully the impact of delivering a bespoke programme of practice development and transformation working with the Care Home sector. Underpinning the Programme Evaluation was the core purpose of the TLCH programme, a 'Good Care Experience' enabled by three foci:

- Creating education and learning for staff and students
- Enabling practice development and research from practice; and
- Facilitating community engagement

Enhancing these interrelated themes are:

- Working collaboratively across Sectors/ Systems
- Acting as a resource across the Social Care Sector

The TLCH Programme provided participating care home teams with an opportunity to explore their practice (linked to their localised workplace projects) to enable better resident outcomes. Participants identified that the TLCH Programme also created the possibility of working, learning and collaborating with each other along with system partners across their geographic area post the first and second waves of the COVID-19 Pandemic.

Increasingly participating homes identified the opportunity to strategically influence whilst recognising and celebrating their achievements. This was a fundamental outcome and important to raising the profile of nursing in social care when the 'context' (at times) was so challenging. Challenges were identified linked to workload, managing vacancies and the need to constantly adapt new ways of working associated with the COVID-19 Pandemic.

Achievements included:

- One participating Care Home won the first prize for their work based TLCH Project Poster at the 2022 N&W ICS Quality and Research Conference. The same home also a won a 'Highly Commended' at the 2022 Norfolk Care Awards.
- Another Home won the First Prize at the 2022 Norfolk Care Awards for 'Nursing in Social Care' – neither homes had entered/participated previously.
- One of the participating Care Homes has had their first TLCH Blog published on a National Website along with a jointly authored Blog on the NICHE Website which was shared with the Royal College of Nursing Regional Care Home Lead for the East of England.

The participating Care Homes also identified that the TLCH provided an opportunity to learn and work together. The programme helped to build new relationships in which learning from each other was an underpinning enabler to support development along with the opportunities for informal support and the potential for sustainable cultural transformation over time.

Introduction

The N&W TLCH programme was commissioned by the former Chief Nurse of N&W Clinical Commissioning Group (CCG) in 2021. The programme was commissioned to run for 18 months, working with five Care Homes with Nursing Beds and is based on the established FoNS Teaching Care Home Programme[1].

The focus of the TLCH programme is on facilitating the development of effective, person-centred cultures of care in which people and practice can grow, develop and thrive. The N&W TLCH programme aimed to deliver and evaluate the TLCH programme across the N&W ICS by developing a geographically spread forming a Network in which participating Care Homes develop and grow as 'Centres of Excellence' that:

1. Improve the experience and outcomes of people who use services by delivering integrated approaches to care leading to better outcomes and preventative care.
2. Demonstrate an ongoing commitment to person-centred care and ways of working experienced by all who live, die, visit and work in the home.
3. Have clinical leaders who are reflective and enabling, working with others to facilitate practice change, development and transformation, acting as credible clinical 'champions' across health and social care.
4. Are centres of clinical excellence for skilled nursing and therapeutic care, learning, practice development and research, actively engaging with staff, students, residents and community.
5. Forge strong collaborative opportunities to build-upon and lead innovation in the sector and across the local Integrated Health and Social Care System.
6. Link development to locally agreed Quality Key Performance Indicators and Regulatory requirements.
7. Work within and across the ICS, acting as a resource for other Care Homes as system wide leaders.
8. Strengthen links with education providers enhancing opportunities for interprofessional learning and practice-centred research.
9. Are active participants in both local and national Communities of Practice that enables continuous development and transformation towards the development of person-centred cultures of care.
10. Inspire and lead on skilled nursing and therapeutic care in and across the sector.

Recruitment to the N&W TLCH Programme

The criteria for Care Homes to apply for the TLCH programme included:

*   The home should have a CQC rating of 'Good' or above.
*   Each participating Care Home would identify and commit to support the participation of the Registered Manager (or designate), a Registered Nurse and a Care/Activity Worker. Homes would need to have access to IT to be able to access Workshops facilitated online using Microsoft Teams.
*   Each Care Home would identify a local priority for clinical innovation/practice development that they would like to focus on as a programme of quality improvement/transformation

---

[1] Foundation of Nursing Studies, Teaching Care Homes, https://www.fons.org/programmes/teaching-care-homes

which related to one of the care elements identified in the Enhanced Care in Care Homes model[2].

The first call to all eligible Care Homes was made during the Summer of 2021. However, at the outset, recruitment and commencement of delivery of the programme was delayed because of the significant ongoing impact of the COVID-19 Pandemic and a growing workforce shortage across the Care Sector. Consequently, although promoted widely uptake was low and therefore it was decided by N&W CCG to readvertise the programme and to delay the start.

Online 'drop-in' information sharing sessions were set-up for Care Homes who wanted to learn more about the N&W TLCH programme and were interested in applying offering an opportunity to meet with the facilitators and to ask questions. Four Care Homes with Nursing beds applied and were recruited, subsequently it was decided to also open-up the programme to a Residential Care Home who had expressed a keen interest to participate in the programme.

Prior to the launch of the programme in February 2022 the Residential Care Home decided not to progress their application because of the COVID-19 Pandemic and workforce 'challenges'. Following commencement of the programme, one of the four Care Homes with Nursing beds also decided to withdraw (in October 2022) because of the outcome of a CQC Inspection that rated them as 'Requiring Improvement' (from 'Good') along with quality concerns raised by Norfolk County Council. The three remaining participating Care Homes were:

- Hassingham House Care Centre, Norwich
- Holmwood House Residential Care and Nursing Home, Swaffham
- Oakwood House, Norwich

Delivery of the Programme

The commissioned N&W TLCH programme involved:

- 6 online support and development workshops, using a co-operative approach to enable participants to learn with and from each other to help develop local innovations and improvements within the Care Homes and/or across the ICS (rather than a didactic 'teaching' approach to learning and development).
- Facilitated visits (either in person or online) to each participating Care Home – to be agreed with the home with a focus on supporting their innovation and improvement activity and evaluating progress based on an approved Study Protocol.
- Support with evaluation of impact, sharing and dissemination through writing for publication, conference presentations etc.
- Collaboration in the Programme Evaluation.
- Participation in both a local and national 'Community of Practice' to share learning and development and to take forward collective leadership through a collaborative model of working, sharing and influencing.

The programme was facilitated by two external facilitators, both Registered Nurses, one from NICHE at the University of East Anglia and one from FoNS. Two Co-Facilitators from N&W CCG also joined the facilitation team to act as the 'internal' conduit linking the participating Care Homes with the N&W ICS whilst supporting continuity, spread and development. During the Summer of 2022 one of the Co-Facilitators left to take-up a new post and was not replaced.

---

[2] Enhanced Care in Care Homes, 2020, https://www.england.nhs.uk/community-health-services/ehch/#:~:text=The%20NHS%20Long%20Term%20Plan,families%20and%20care%20home%20staff.

Whilst it was originally intended that all the Workshops would be delivered online due to restrictions associated with the COVID-19 Pandemic, as the programme progressed and restrictions were eased, facilitators and participants agreed that this was not the most effective approach for enabling the development of relationships and facilitating learning from and with each other. From June 2022 it was therefore decided that future Workshops would be face-to-face. In addition to the Workshops, site visits were set-up and online 'touch base' sessions in the time gaps between workshops. From September 2022, N&W ICB also set-up and Chaired a Multidisciplinary Meeting that brought the participating Care Homes and ICS partners together to share learning and to seek out new opportunities for joint working and collaboration. These meetings proved to be advantageous for all involved and were scheduled approximately monthly for the duration of the programme.

Based on need identified as the TLCH programme progressed, a further two workshops (that built upon previous workshop learning) were added to the programme in lieu of the Community of Practice. The dates of programme workshops are provided below:

- February 2022 – half day online
- March 2022 – half day online
- April 2022 – half day online
- May 2022 – half day online
- June 2022 – half day in person
- August – online (optional touch base)
- September 2002 – online (optional touch base)
- November 2022 – full day in person
- February 2023 – full day in person
- April 2023 – online (optional touch base)
- June 2023 – full day in person

In November 2022, the UEA Placements Director attended one of the Workshops to share opportunities to offer undergraduate training placements across the participating Care Homes[3]. This recognised the rich learning environment on offer and the potential to support the homes in recruitment of new registrants and care workers into the care sector.

Additionally, in January 2023, the Chief Nurse for Adult Social Care in England (who was previously a Teaching Care Home Advisory Group Member) visited all three participating Care Homes. This provided an opportunity to share learning from the TLCH programme and enabled participating Care Homes to raise issues that were significant to them and the wider care sector. As a result, invites were offered to the TLCH Care Homes to engage with national work through influencing national agendas and priorities for the care sector.

Work-based Projects

The three TLCH Care Homes focused on a work-based project chosen by the Care Home that:

- Was a local priority area for development, within the Enhanced Health in Care Homes model – one participating home focused on falls prevention and management and two on end-of-life care.
- Involved active collaboration and joint working across the ICS.

---

[3] NHS Employers, Expanding Placement Capacity, https://www.nhsemployers.org/articles/expanding-placement-capacity

- Focused on improving outcomes for residents and their families and staff experience.
- Provided learning and development opportunities across the ICS.

The facilitated Workshops enabled the participating Care Homes to critique the aims and objectives of their work-based projects; to assist with project planning and stakeholder engagement; to consider ways in which the impact of their projects could be evaluated; create opportunities for staff learning and development and enable wider community involvement.

By sharing the progress and learning from their Projects, the participating Care Homes were also able to learn with and from each other and to explore and share other areas of development that they were leading that emerged as a result of their Projects.

Programme Evaluation

The aim of the evaluation was to determine the extent to which the N&W TLCH programme had facilitated the development of effective, person-centred cultures of care in which people and practice can grow, develop and thrive.

All participants were invited to contribute to the evaluation of the programme. Their written consent was sought in line with the Study Protocol approved by the UEA's Faculty of Medicine and Health Sciences Research Ethics Committee as a Service Evaluation. In total, of the 9 participants who initially consented to take part, 7 participants contributed to the final evaluation. Two external stakeholders were invited to contribute to the evaluation however no response was received.

The evaluation consisted of two parts:

Part 1 – To understand participant's expectations and experiences of the learning process, firstly, their hopes, fears and expectations were collected at the beginning, middle and the end of the programme, and secondly, throughout the programme, participants were asked to reflect on the following questions (or derivatives), which were captured using an online noticeboard or in person:

- What was good about the Workshop today?
- What have you taken away from the programme today? Learning? Actions?
- What would have made today better?

Part 2 – To capture the impact of participant's learning through engaging in the programme participants were invited to reflect on their experiences and share their own 'stories' that illustrate their perspectives on what worked for whom and why. This feedback was collected either face-to-face, using a flip chart and pens to capture discussions, or alternatively online, using the Microsoft Teams transcription facility. Transcripts were shared with participants for verification. The following questions (or derivatives) were posed to guide the reflection, sharing and discussion:

- What was good about the programme?
- Why was this aspect of the programme good?
- What have you taken away from the programme?
- What would have made the programme better?

Evaluation responses and discussion – Part 1

Hopes, fears and expectations

Participant hopes, fears and expectations are presented in Appendix 1. Owing to the fluidity of attendance at the workshops across the care home teams, responses were often presented as from teams rather than individual participants.

The N&W TLCH programme was evaluated as a positive experience and the teams felt that they had progressed towards achieving their aims. One team hoped that the programme would offer something positive post COVID, whilst others wanted to be supported to succeed with their chosen project and to be recognised across the system for this.

A key fear for all participating homes was a lack of time to focus on their projects. Some were also concerned about not being able to maintain momentum beyond the life of the programme. For others fear was about their perceived lack of 'voice' in the system. Although time was an issue for all the teams throughout the programme, progress was made and there was recognition that it might be important for future cohorts to ring-fence time moving forward. Two teams were confident that the outcomes from their projects would continue to develop and for one team, there was a sense that they had changed how they used their 'voices' to promote change.

The team's expectations centred around changing practice and culture through enhancing staff knowledge and confidence, having support and making new and lasting links with the multi-disciplinary colleagues and external agencies. There was also recognition that the process would develop and that hurdles could be expected. These expectations were largely realised.

Workshop Evaluations

Although there was a plan for each Workshop, the content on the day was guided by participants (and the number of attendees) ensuring the time spent in the workshops was based on their priorities at that time, whilst also linked to progressing the programme's objectives and focus. This approach to co-design led to new opportunities for learning and sharing knowledge based on participant's own expertise, insights and understanding.

The workplace projects were supported through the workshops and provided an invaluable area of focus to support discussion, critique and shared learning linked to the primary themes of the programme: *creating education and learning for staff and students; enabling research and practice development from practice; and facilitating community engagement.* Participants were invited to use the TCH model to support them in structuring their project focus in which the central outcome was 'a good care experience'.

Owing to varying attendance rates and the participant-led agenda of the Workshops, it was not possible to consistently pose the evaluation questions, however examples of responses included:

What was good about today's Workshop?	What would have made today better?	What have you taken away from the Workshop today? Learning? Actions today?
Great to learn from other's ideas	*Cannot think of anything that could have been done differently – but we do like the post it note Jamboard!*	*Take away engaging with our staff team post event*
Don't feel isolated – feeling included and connected		*A clear understanding on how to go forward with our project and gave us more confidence*

		on how to approach some stakeholders
Travelling, going on a journey together – feeling validated		*Take away a clear idea of the direction we are moving in with our project*

Key themes emergent from the Workshop evaluations included:

- Participants feeling **included and connected** recognising the part they contributed to the overall picture of health and social care and through this feeling validated for their contribution.
- **Learning with and from others** including the sharing of ideas and the cross-fertilisation of learning from multiple perspectives.
- Providing a **sense of direction** in which the work-based projects gave participants more confidence in how they approached stakeholders underpinned by developing project plans.
- **Being brave and open to challenge** as participants increasingly welcomed openness and honesty which was not seen as 'criticism' rather questioning to support development and growth.
- Feelings of **positivity** underpinned by feeling supported by peers and the group, which facilitated a sense of restoration and helped to maintain momentum and ongoing development and growth (no matter how small).

Evaluation responses and discussion – Part 2

Building upon the key themes that emerged from Part 1 of the evaluation (outlined above), the participants' stories offer a greater level of insight and understanding into the ways in which this learning experience impacted personally on individuals, their practice and consequently the practice of the care team. In addition impact was captured as cascading more widely outside of the TLCH as connections and relationships began to be built across services, organisations and into communities.

Themes were derived from participants feedback and are identified below as:

A different style of learning

Several participants acknowledged that the programme offered a different style of learning than they were used to. For example, one participant commented that:

> *'It took me a while to understand because it wasn't like any course I have done before where you are taught everything and you just follow it through'* (Participant 1)

Similarly, another stated that:

> *'… the penny dropped and we were like, well, we know what we want to do and what we want to get from it, so let's start guiding ourselves in that direction sand see if that is what we should be getting from the programme'* (Participant 5)

It seems that the participant-led approach adopted by the programme offered the space and the environment for the care home teams to connect in a way that:

> *'… provided a new opportunity for learning together – getting ideas, sharing learning, making friends, making new connections'* (Participant 2)

Personal impact

The opportunity to learn with and from each other enabled individuals to recognise and acknowledge *'what we actually do already'* (Participant 8), which engendered a sense of validation and an enhanced feeling of confidence for many as reflected below:

> *'Really good for self-confidence, ability to come out of self more'* (Participant 2)

For some, they were able to identify how this growth in confidence was impacting on their practice. For example, one participant talked about their work with staff:

> *'I could learn a lot of things and I could practice it in my daily work… being part of the Teaching and Learning Care Homes programme, I got the confidence… the confidence that I can help them [colleagues] and I got the confidence from teaching and it helped me a lot'* (Participant 6)

Another participant shared how they were working differently with residents and relatives:

> *'I didn't know I knew this but through this… it's giving me… the confidence to put into force like with activities with the residents and the relatives… I went away like the last week and I sat down and I wrote some things and we were due to have a residents meeting… all around the prevention of falls'* during which the participant was able to explain *'… this is why we're doing this particular exercise and… because they understood it, they're… far more eager'* (Participant 8)

For one participant in particular, the impact was identified as having been *'profound'* (Participant 1), stating that *'it really did change the way I looked at things.'* Subsequently, they had gone on to successfully access a number of career and development opportunities that they state that they *'would not have taken… had* [they] *not done the Teaching and Learning Care Home programme'* (Participant 1). Beyond the positive aspects of networking, enabling the implementation of new learning, this participant valued the fact that the programme *'really challenged you to evaluate your service, to be proactive rather than being reactive'*. It also helped them to adopt a *'more structured approach to quality improvement'*, also recognising that a *'research and evidence based can help to guide me on what I put into place and as a leader within social care'*.

Wider Impact: team, practice and care

Additional to enhancing confidence, some participants commented on how engaging in the programme had created the chance to reconnect *'… with my role and setting – a passion for what I and we do'* which resulted in a *'ripple out effect for learning across the home'* (Participant 4). This was supported by the encouragement that teams received to celebrate success by creating posters about their projects for the Norfolk and Waveney Research and Quality Improvement Conference and to apply for the Norfolk Care Awards.

As well as the impact resulting from *'increasing the network of contacts enabling good care'* it also seems that the programme was timely in terms of providing *'… a reenergising focus on the job post COVID and all the challenges faced during the pandemic'* (Participant 4). A similar view was shared by another participant who recognised that coming *'… out of COVID… we've had to start … getting that feeling of empowerment back… we're growing as a team without that being the sole focus'* (Participant 5).

For one team, they recognised how they could replicate aspects of the programme within their home, thinking about: *'staff enablement, helping staff to realise how important their roles are – engagement in care, consideration and involvement'* (Participant 2). Similarly, for another team, they acknowledged how the programme had helped them to create *'a positive environment that actively encourages open communication'*, meaning that issues e.g. complaints, safeguarding etc. are now taken to team meetings for discussion, *'… embracing the whole reflective practice… you know, how did this impact? What have we learned? What will we do next time?'* (Practitioner 5). Consequently, beyond their initial project relating to end-of-life care, staff have shared ideas for enhancing wound care and oral care and have been encouraged and supported to lead these developments which have continued to enhance care for their residents.

Wider Impact: building wider relationships

Beyond the networking and sharing between the homes, one participant identified that the programme supported the opportunity to introduce a multidisciplinary team approach across invited stakeholders which led to questioning and signposting of services which in turn impacted positively on the potential for collaboration and collaborative working[4]. This led to a greater understanding of how different parts of the health and care system worked:

> *'…there was the opportunity to recognise the challenges faced by both the acute and the social care sector and how each other works supporting building relationships and the mutual respect required…'* (Participant 3)

By sharing experiences, it was possible to reveal challenges within the system and to open up solution focussed discussions concerning, for example, the signing-off of ReSPECT forms, the CHC Fast Track process, and the possibility of making direct referrals to therapy teams. Such discussions created the chance for programme participants to *'be involved in work streams going forward representing the social care market in an integrated care system'* (Participant 3). Similarly, being invited to forums such as the Falls Champion Network, enabled participants to represent the *'voice of social care'* (Participant 3).

Additionally, such conversations generated greater insight about the autonomy that nurses working in social care hold. This was illustrated by one of the teams who visited their local hospital to discuss the impact of challenges faced when a 'poor' discharge from hospital to care home occurs for the individual, family and provider. The participants saw this dialogue as *'incredibly valuable'* not only in terms of enhancing understanding to improve the discharge process, but also because it helped the care home teams to become *'much more comfortable'* (Participant 5) at having these kinds of conversations, acting as advocates for their residents.

At a local level, through these contacts, participants were able to gain access to expertise to support the development of their projects relating to falls prevention and end of life care e.g. help with enhancing signage, bespoke training etc.

For one home in particular, engagement in the programme encouraged them to reconnect with the community, recognising that *'COVID just knocked the confidence out of everyone'* (Participant 7). They are actively seeking openings to reach out to the churches and schools, but also shops, restaurants and wider local groups.

---

[4] NHS England, What are Integrated Care Systems? https://www.england.nhs.uk/integratedcare/what-is-integrated-care/

Conclusion

The N&W TLCH Programme provided participating Care Homes with an opportunity to explore their practice (linked to their localised workplace projects) to enable better resident outcomes. Participants identified that the TLCH Programme also created the possibility of working, learning and collaborating with each other, along with system partners across their geographic area, post the first and second waves of the COVID-19 Pandemic. Evidence from participants identified that the N&W TLCH Programme as having a 'profound' experience.

Participating Care Homes made 'huge steps' in their development as part of the N&W TLCH programme. As the programme progressed it was recognised that there is a fragility within the Sector because of the context in which they work and external factors that on occasions they have little control over – being 'done to' rather than 'engaged with'. Despite this, the energy and enthusiasm from the participating homes was palpable. From the participants' feedback of wider and sustainable impact potentials have been shown with a clear focus on improvement, development and transformation of care whilst raising and championing the profile of the Care Sector.

A number of successes emerged along with areas for learning:

Successes:

The three Care Homes who completed the N&W TLCH programme become invigorated and reenergised by:

1. Demonstrating learning and development within their teams and wider home.
2. Reaching out to system partners to engage with their work-based projects i.e. falls and end-of-life care specialists.
3. Focussing on other areas of clinical and workplace development i.e. leadership, menopause support, mouth and wound care, unconscious bias in care.
4. Organisational resilience and a commitment to continue with the programme when the Home Management changed.
5. Seeking out opportunities to accommodate undergraduate students (from a number of different professional pathways) from UEA as part of training and learning opportunities.
6. Sharing their work and gaining Awards and acknowledgements for achievements both locally and nationally:

    - One participating Care Home won the first prize for their work based TLCH Project Poster at the N&W ICS Quality and Research Conference. The same home also a won a 'Highly Commended' at the Norfolk Care Awards.
    - Another Home won the First Prize at the Norfolk Care Awards for 'Nursing in Social Care' – neither homes had entered/participated previously.
    - One of the participating Care Homes has had their first TLCH Blog published on a National Website along with a jointly authored Blog on the NICHE Website which was shared with the Royal College of Nursing Regional Lead for the East of England.

7. Working with an internal N&W ICB Co-Facilitator provided the local link to services and has enabled greater opportunities for joint and system working directly linking to improvement.
8. Participating Care Homes offering to host face-to-face TLCH Workshops which reflected a sense of pride and openness.

Learning:

1. Engagement via online learning proved challenging as it did not allow for shared learning from and with each other. Lack of access to IT equipment proved challenging along with frequent disturbances/ interruptions in the workplace.
2. Participating homes faced significant pressure with regards to new COVID-19 outbreaks and workforce availability which impacted negatively on workshop attendance which in turn impacted on the potential for shared learning.
3. Although the move from didactic teaching to learning with and from each other was made clear at the outset, some participants identified that they found this 'difficult' at the start because it was 'new' and was not an approach to learning that they were used to.
4. *Although agreed at the outset, a Norfolk and Waveney CCG/ICB TLCH Steering Group was not established to oversee the programme governance which meant that there was no formal commissioner reporting or structured oversight arrangements – an interim progress Report was written and shared in November 2022.*

Authors

- Dr Jonathan Webster, Profession of Practice Development, Norfolk Initiative for Coastal & Rural Health Equalities (Anchor Institute), University of East Anglia; Visiting Professor, James Paget University Hospitals NHS Foundation Trust; Associate Facilitator, The Foundation of Nursing Studies.
- Dr Kate Sanders, Practice Development Facilitator, Foundation of Nursing Studies; Associate Professor, University of East Anglia.

Co-Author

- Cheryl Hicks, Quality Improvement Nurse & TLCH Co-Facilitator, Norfolk and Waveney ICB.

Acknowledgements

Our thanks to Cath Byford, former Chief Nurse of Norfolk and Waveney CCG for commissioning this programme. Our thanks also to the participants who contributed and brought energy to the programme throughout.

Hopes – at the start	Hopes – at the mid-point	Hopes – at the end
Hassingham: - Something positive to focus on after the long haul of covid, to reenergise the staff team - To be excited about work again	*Hassingham:* - Still positive, still in background worries about covid - Boost moral of staff - Have a dedicated day – theme day, proud file	Not present
Holmwood: - That we are supported to achieve our aims and that the other agencies that need to be involved take us seriously as the 'poor relation' - To be successful and to be recognised for positive reasons	*Holmwood*: - That we are supported by MDTs - To continue to look for better working relations and communication with MDT - Develop more confident staff - Improve care giving skills	*Holmwood*: - Target met - We have been supported to meet our aims - We have been successful and recognised positive reasons - Support from MDT can be variable but have improved because of <u>our</u> efforts
Oakwood: - Focus to lead change in home. Confidence for team approach - We develop transparent and holistic pathway for our chosen project - We will get support to achieve our programme	*Oakwood:* - Ongoing development for team and individuals as team grows - Change in management to embrace the programme	*Oakwood:* - Achieved and ongoing as team develops and changes
Fears - at the start	**Fears - at the mid-point**	**Fears - the end**
Hassingham: - There aren't enough hours in the day	*Hassingham:* - Still time is an issue - Motivation of staff	Not present
Holmwood: - That our improvement programme may dissolve at the end the project as new initiatives and programmes come along - Not enough time to complete the project	*Holmwood*: - We have established links as part of the programme - Time still a factor	*Holmwood*: - Feel confident that project outcomes will continue and progress - Make conscious effort to ring-fence time for this
Oakwood: - Being realistic for time scales - That our voice won't be heard because we are a nursing home	*Oakwood:* - Same – always time restraints which aren't avoidable - Change in management	*Oakwood:* - Ongoing – some changes in using our voices to promote change

Time is always a matter		
Expectations - at the start	**Expectations - at the mid-point**	**Expectations - the end**
Hassingham: - To be a centre of excellence, improve knowledge and practice, culture change, improved links with MDT and external agencies	*Hassingham:* - Advertise, promote the programme not only in the home, in the community, forum, village - Continue links with MDT	Not present
Holmwood: - The programme will change and adapt as we go along because there may be things that we haven't considered and also some areas may increase/decrease in priority as we progress - To have support as we go along and make new and lasting links - That we will finish knowing more than when we started	*Holmwood*: - To continue to develop staff - This will continue as part of the programme - Already know more half way through	*Holmwood*: - The programme has been organic, staff development continues - We have created new and lasting links with QET discharge and palliative teams
Oakwood: - Culture change, proactive culture, whole team approach, confidence in team and best outcome for all - That there will be some hurdles along the way	*Oakwood:* - Building as team settles - Individual development - Showing interest - Willing to learn - New staff taking on champion roles	*Oakwood:* - Achieved and ongoing