

Passport into Leadership

A unique CapitalNurse/North Central London STP leadership development programme for senior nurses working in the care sector

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NORTH LONDON PARTNERS
in health and care

North Central London's sustainability
and transformation partnership



Foreword & Acknowledgements

CapitalNurse and North London Partners in Health and Care (North Central London's sustainability and transformation partnership) funded a unique leadership development programme for senior nurses working in care homes – Passport into Leadership. This report presents the independent evaluation of the second cohort of the Passport into Leadership programme (PiL2). The evaluation was conducted by Pamela Holmes on behalf of CapitalNurse and North London Partners.

Better integration of health and social care brings many benefits in terms of patient experience, health outcomes and financial sustainability of the health and social care system. North London Partners in Health and Care is a partnership of health and care organisations from the five London boroughs of Barnet, Camden, Enfield, Haringey and Islington. North London Partners is committed to providing integrated care, and care home nurses are essential to the delivery of this commitment.

Care home nursing is still often seen as a sub-optimal career choice. Yet older people living in care homes require comprehensive, evidence-based, person-centred nursing care which focuses on enhancing their quality of life and health and well-being. High quality care in care homes is dependent on the clinical leadership of registered nurses.

For registered nurses to lead care successfully in care homes and take up their authority to lead service improvement, they need practical leadership skills as well as a good understanding of their sector and its part in the local and national health and social care system. Historically, care home nurses have not been able to access NHS funded education despite caring for considerable numbers of publicly funded residents.

To begin to address the leadership development needs of care home nurses, CapitalNurse and North London Partners commissioned the design and delivery of an innovative leadership programme - Passport into Leadership for senior nurses working in care homes across Barnet, Camden, Enfield, Haringey and Islington. This five day fully-funded leadership programme attracted 33 nurses from across the patch and ran from February to June 2019. All 33 nurses completed the programme.

To assess the impact of the programme on the leadership practice of participants and the care homes in which they work, we commissioned this independent evaluation. We are delighted by the evidence of positive outcomes in practice which this evaluation has reported. It describes how the programme has provided valuable learning opportunities for the participants to enhance their leadership skills, improved their leadership confidence and practice and increased their understanding of the system in which they work.

Given the workforce shortages and workload pressures, releasing nursing staff to attend study days is extremely challenging. We are deeply grateful to all the participants and their managers for their commitment to the programme and its evaluation.



Claire Johnston
Project Director – North London Partnership CapitalNurse

Executive Summary

This report is an independent evaluation of a nurse leadership programme, Passport into Leadership (PIL) cohort 2, funded by CapitalNurse and North London Partners. The purpose of the evaluation is to determine whether the course was successful in achieving its aim, namely to support frontline nurses from the care homes sector in five London boroughs to see themselves as leaders empowered to take leadership roles.

PIL cohort 2 (PIL2) set out to achieve the following objectives for participants:

- To increase confidence, skills and effectiveness in leadership
- To learn about quality improvement techniques and use them in practice
- To deepen their understanding of the local health and care system and how to exercise their leadership within it
- To meet and establish working relationships with NHS/Clinical Commissioning Group (CCG) nurse leaders.
- To build a professional network and learn together with other sector nurses.

The evaluation comprised a questionnaire and in-depth interviews with a selection of participants and their managers. The evaluation clearly demonstrates that PIL2 met all its objectives for all participants to varying degrees. Participants and their managers indicated increased confidence in leadership, knowledge of and practice in quality improvement and in developing relationships with key stakeholders across the system.

“The course has enabled me to believe in myself as a leader and not wait for others to take the initiative”

Nurse interviewed about the PIL2 programme

Participants completed a questionnaire on day 1 and day 5 of the programme. They were asked to circle the appropriate number on a confidence scale (1 - not at all confident to 5 - very confident) in relation to questions on key programme topics. After day 5 of the PIL 2 programme, 29 nurses completed the second questionnaire.

All 29 nurses circled 4 or 5 expressing confidence in themselves as **leaders**.

Twenty-eight nurses ringed 4 or 5 (one circled 3) expressing confidence in their ability to **communicate** with colleagues, adults and families.

All 29 nurses circled 4 or 5 expressing confidence in their ability to **influence the quality of care** where they worked. Confidence using quality improvement tools also improved with 22 nurses circling 4 or 5 and six nurses circling 3 (one ringed 2).

The cohort's **understanding** of how their local health and care system worked also increased. Twenty-four nurses circled 4 or 5 with five nurses ringing 3. Before the course, only eight nurses circled 4 or 5, the rest ticked 3 or less.

Nurse confidence in **making a difference** to local health and care systems improved. Twenty-one nurses ticked 4 or 5 compared to the baseline questionnaire when no nurse ticked 5 and only six nurses ticked 4.

In open comments about **building new relationships** with NHS/CCG nurse leaders, many participants indicated they enjoyed, learnt and were keen to extend these relationships in the future.



**“I do feel that
the course is good,
to share the info
with other nurses
from the care homes
and NHS and what
we can do to solve
the problems”**

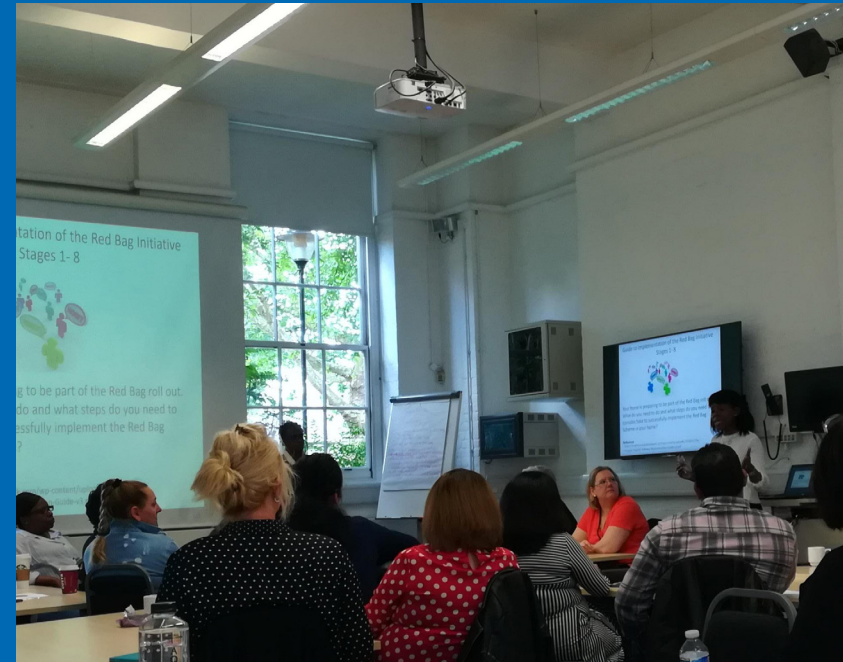
Nurse interviewed about the PIL2 programme

Introduction

Evidence on clinical leadership in nursing indicates nurses must feel they have a voice and are empowered, motivated and confident if they are to be leaders. Nurses need practical skills and a good understanding of the organisation where they work and how it fits into the local and national health and social care system if they are to be leaders. Without expertise and local intelligence, nurses cannot take the authority necessary to lead service improvement.

The five day fully-funded leadership programme was held in London between February and June 2019. The content and design of PIL2 built on a previous programme, PIL cohort 1 (PIL1) which had received positive evaluation from participants. The participants on the first programme, mainly nurse managers, said it helped them to set out their vision, to work and to communicate better with their teams, to lead differently and to change practice. PIL1 was delivered by an external agency.

For PIL2 CapitalNurse and North London Partners wanted to explore a similar but alternative offer. PIL2 was delivered by local leaders with support from an external consultancy as well as teaching by clinical nurses and other experts. The audience for PIL2 was also different, aimed at nurses working on the frontline rather than managers. Recruits came from care homes in Enfield, Barnet and Islington. The care homes in Haringey and Camden had supported their senior nurses to take up places on PIL1.



Recruitment and delivery

The programme was run at a venue central to where most of the participants worked. 40 places were made available, 35 applied, 33 started and 33 completed.

The Participants

Participants were all experienced registered nurses. 17 came from Barnet, 7 from Islington, 7 from Enfield and 2 from Harrow.

The Care Homes represented were:

Aarandale Manor Care Home
Abbey Ravenscroft Park Nursing Home
Albany Park Nursing Home
Ashton Lodge Care Centre
Autumn Gardens Care Home
Bridgeside Lodge Nursing Home
Cantelows House Nursing and Residential Care Home
Carlton Court Care Home
Cedars Care Centre
Cheverton Lodge
Highbury New Park
Hugh Myddleton House
Knights Court Nursing Home
Lady Sarah Cohen House
Landsdowne Care Home
Lennox House
Sage Nursing Home
Stamford Care Home

Participants were senior nurses, many with managerial responsibility as their job titles indicate:

Registered Nurse (14); Deputy Manager (5); Unit Manager (4); Senior Staff Nurse (3); RGN and Floor Manager (3); Home Manager (1); Regional Support Manager (1); Deputy Manager/Clinical Lead (1); Clinical service Manager (1).



The Participants

Demographic data on participants were collected using the standard CapitalNurse Equality and Diversity monitoring form. Only 27 participants elected to complete this form and not all of those who submitted a form answered all the questions.

93% of those who responded were female.

There was significant representation in the cohort from the BAME nursing community. There were 26 responses to the question: 'what is your ethnicity'. The distribution of responses in the categories offered in the questionnaire is as follows:

White – 13

Comprising British (3), Czech (1), German (1), Greek (1), Hungarian (1), Irish (1), Romanian (4), White European (1)

Mixed/multiple ethnic groups - 1

Comprising White/black African (1)

Asian/Asian British - 5

Comprising Filipino (2), Indian (1), Nepalese (1), Oriental (1),

Black/African/Caribbean/Black British - 6

Comprising African (4), Caribbean (2)

Prefer not to say - 1

Only 22% of respondents were aged under 40, 59% were 40-60 and 7% were 60-64.

All respondents except 1 worked full time.

Content and approach of PIL2

The classroom-based course took place over five days; one day each in February, March and June and two consecutive days in April. At a celebration event on 1 July 2019, participants presented their Quality Improvement (QI) projects. This report was written before the day of celebration.

The course was developed and delivered in part by Angela Sealy, Quality Assurance Nurse Manager (Care Homes), NHS Haringey Clinical Commissioning Group (CCG) and Dr Abi Masterson, Consultant in Leadership and Organisational Development. It included presentations from senior nurses and experts in health and social care. Different learning methodologies were employed, including role play, learning contracts and small group discussion. Participants were encouraged to learn from each other via a 'buddy' system and to and work with a mentor. Nurses were also asked to develop a QI project which they would present at the day of celebration.

**“The course has changed me ...
It gives me more confidence in
myself and how to lead and how
to deal with the system. And
the info I didn't have before, the
opportunity to create relationships
with other care home staff and to
improve myself”**

A nurse interviewed about the PIL2 course

A brief summary of each day's content:

DAY 1

covered aspects of being a leader including appreciating one's own expertise and taking authority. Participants were encouraged to find mentors and buddies and to develop a learning contract.

DAY 2

looked at 'care in context', exploring partnership working, effective influencing, recognising pressure, building a peer network and understanding the health and social care system.

DAY 3

delivered by UCL Partners, was an introduction to Quality Improvement with details on the PDSA model and how to consider a quality improvement (QI) project.

DAY 4

focused on 'leading a team'. This included creating a vision, theories of change and developing 'change' questions. Drawing and populating a map of the local health and care system was also done.

DAY 5

considered how to lead across the health and social care system and building links in different parts of the system.

DAY 6

a day of celebration, was held on 1 July 2019. Nurse participants showcased their QI projects.

Evaluation Process

Thirty-one nurses completed the baseline questionnaire at the start of PIL2 programme. Using a confidence scale, nurses were asked to circle a number between one and five to indicate confidence in themselves as leaders: in communication with colleagues and families, in influencing the quality of care in care homes and their understanding of and ability to make a difference to the working of the local health and social care sector. Nurses were asked about their familiarity with QI tools, membership of professional and local networks and their links with the local health and social care system.



Between training days four and five, four nurses, purposely selected by the programme lead to represent the range of ages, backgrounds and location and types of care homes represented in the cohort, were interviewed by the evaluator face-to-face using an agreed format of questions. Responses were recorded and later coded.



The managers or mentors of these four nurses were also interviewed. They were asked to comment on any differences in the nurse's confidence to act as a leader and/or to engage with the local health and care system since being on PIL2.



Interviewees were assured quotes would be anonymous.



Twenty-nine nurses completed a second questionnaire after the fifth PIL2 study day in June 2019.

Findings with discussion

The questionnaire asked the participants to circle the appropriate number on the 5-point scale:
Not at all confident 1 😞 to Very confident 5 😊. In the analysis answers 4 and 5 have been grouped together on the basis that some people are unlikely to tick the 'highest' number.

Baseline questionnaire – 31 nurses completed

Question	Response and Discussion Points
1	In your work role, how confident do you feel as a leader? Twenty-one nurses answered 4 or 5, expressing confidence in their leadership. Eight nurses ticked 3, one circled 2 and one was left blank. This suggested confidence varied across the group.
2	How confident do you feel when communicating with colleagues, adults and families in your care home? Nurses were asked about confidence in communicating with colleagues, adults and families. Twenty-three ringed 4 or 5 while 8 ticked 3, suggesting confidence levels were relatively high.
3	How confident are you that you're able to influence the quality of care provided in the care home where you work? Nurse confidence in their ability to influence the quality of care in their care home was low with only four circling 5. Seventeen marked 4, the remaining ten ringed 3.
4	How confident are you that you're able to influence the quality of care provided in the wider care home company/organisation? Confidence in influencing the quality of care in the wider organisation was also low. Two nurses ticked 5. Eleven nurses ticked four and 13 ringed 3, the rest 2 and 1.

Question	Response and Discussion Points
5	<p>How confident are you in the effectiveness of your leadership skills to make a difference to the way the health and care system outside the care home works locally?</p> <p>Nurses lacked confidence in their leadership skills to make a difference in health and social system locally. No one circled 5. Six nurses ringed 4 and 18 ticked 3. Seven marked 2 or 1 or left a blank.</p>
6	<p>Have you been on a course with nurses from other care homes before? If yes, roughly when was this</p> <p>Twenty-six nurses said they had previously been on a course with nurses. When that had taken place varied from early 2019 to two and five years previously. Many nurses did not give an answer; perhaps they did not notice the request for information.</p>
7	<p>Have you used quality improvement tools and techniques before? If yes, when/how frequently</p> <p>Only five nurses had used quality improvement tools and techniques meaning 26 nurses had not. Some nurses expressed interest in learning about these in open comments.</p>
8	<p>How confident are you in using quality improvement tools and techniques such as PSDA (Plan, Do, Study, Act) cycles and the Model for Improvement?</p> <p>Nurse confidence in using PSDA and Model of Improvement was low. Only three nurses ticked 4 or 5 and 16 nurses circled 1. Nine marked 2 or 3 and three nurses left the answer blank.</p>
9	<p>Are you a member of any local professional groups or networks for example the Care Home Group in your local borough?</p> <p>Three nurses said they were members of a professional group or network in their borough.</p>
10	<p>Are you a member of any national professional groups or networks for example RCN Forums?</p> <p>Fourteen nurses were members of a national professional group, meaning 17 had not taken up this opportunity.</p>

Question	Response and Discussion Points
11	<p>Have you ever met anyone from your local borough's care quality team/department?</p> <p>Awareness of the borough's quality team or department was high with 26 nurses circling yes. When considered in relation to Q5, it seems nurses have the knowledge but not the confidence to make a difference.</p>
12	<p>How confident are you in your understanding of the way the local health and social care system works in your area?</p> <p>Confidence in understanding how local health and social care systems was low. Seven nurses ticked 1 or 2 while 22 ticked 3 or 4 and only one ticked 5. (One blank). When linked to Q5, perhaps lack of understanding of how the system works is one of the reasons why nurses feel they cannot exert their influence.</p>
13	<p>Do you have a mentor?</p> <p>Only ten nurses said he/she had a mentor.</p>
14	<p>How confident are you in your preparation for revalidation?</p> <p>To meet the revalidation requirements all registered nurses must revalidate with the Nursing and Midwifery Council every three years to ensure they remain fit to practice. One of the revalidation requirements is that nurses must undertake 35 hours of continuing professional development relevant to their practice over the three years prior to their revalidation date, 20 hours of which must involve learning with others. Twenty-one nurses said they were confident in revalidation (answering 4 or 5) while the remaining ten nurses ringed 3 or below or left the answer blank.</p>
15	<p>Please use the space below to outline briefly what you hope to get out of this programme</p> <p>Other comments from nurses about what they hoped to get out of the programme included to:</p> <ul style="list-style-type: none"> • Deal better with conflict, emotions and challenges • Develop better management skills to support, motivate and manage teams • Improve communication, confidence and listening skills • Understand how the local health and social care system works and how to influence it • Be recognised as a leader and have the necessary skills.

Post-course questionnaire

Once again, the questionnaire asked the participants to circle the appropriate number on the 5-point scale: Not at all confident 1 😞 to Very confident 5 😊. In the analysis answers 4 and 5 have been grouped together on the basis that some people are unlikely to tick the 'highest' number.

29 nurses completed

Question	Response and Discussion Points
1	In your work role, how confident do you feel as a leader? All 29 nurses answered 4 or 5, expressing confidence in themselves as leaders. Compared to the baseline survey when only 21 nurses ringed 4 or 5, eight circled 3, the other two ringed 2 or left a blank. This indicates PIL2 increases leadership confidence in nurse participants.
2	How confident do you feel when communicating with colleagues, adults and families in your care home? Twenty-eight nurses ringed 4 or 5 (one circled 3) expressing confidence in their ability to communicate with colleagues, adults and families. In the baseline questionnaire, 23 nurses ringed 4 or 5 and eight nurses ticked 3. Good communication skills underpin PIL2 objectives.
3	How confident are you that you're able to influence the quality of care provided in the care home where you work? All 29 nurses circled 4 or 5, expressing confidence in their ability to influence the quality of care in their care home. Before PIL2, only 21 nurses felt confident enough to tick 4 or 5; the remaining 10 had ringed 3. A key objective for PIL2 was to learn about and use quality improvement techniques. This finding suggests the objective was achieved for all participants.
4	How confident are you that you're able to influence the quality of care provided in the wider care home company/organisation? Confidence in influencing the quality of care in the wider organisation improved with 23 nurses answering 4 or 5 compared to 13 nurses in the baseline study. Before PIL2, 18 nurses ringed 3 or below in response to this question while after PIL2, only six nurses answered in the same way. So while a fifth of the group still lacks full confidence, there are fewer nurses than previously and more nurses feel more confident they can have a positive influence.

Question	Response and Discussion Points
5	<p>How confident are you in the effectiveness of your leadership skills to make a difference to the way the health and care system outside the care home works locally?</p> <p>Nurse confidence in their leadership skills to make a difference in the health and social care system improved greatly across the group. Twenty-one nurses ticked 4 or 5 compared to the baseline questionnaire when no nurse ticked 5 and only six nurses ticked 4. Before PIL2, 24 nurses ringed 3 or below whereas after PIL2, only eight nurses did. This suggests an increased understanding of the local health and care system and how leadership can be exercised within it for many participants.</p>
6	<p>How confident are you in using quality improvement tools and techniques such as PSDA (Plan, Do, Study, Act) cycles and the Model for Improvement?</p> <p>Nurse confidence in using PSDA and Model of Improvement improved strongly during the programme with 22 nurses circling 4 or 5 and six nurses 3 (one ringed 2). This compares favourably to the baseline questionnaire which detected low confidence. Only three nurses circled 4 or 5 and 25 nurses ringed 3 or below (16 circling 1). This finding indicates PIL2 achieved a key objective of nurses learning about quality improvement techniques and using them in practice.</p>
7	<p>Are you a member of any local professional groups or networks for example the Care Home Group in your local borough?</p> <p>Five nurses said they were members of a professional group or network in their borough, two more nurses than in the baseline survey. Linked with responses to question 5 (where many of the group said they were now confident to use their leadership skills in making a difference in local health and social care systems) in the future more nurses may take the opportunity to join a group or network. Building new working relationships is a key objective for PIL2.</p>
8	<p>Are you a member of any national professional groups or networks for example RCN Forums?</p> <p>Eighteen nurses said they were members of a national professional group such as an RCN forum. This is an increase of four nurses since the completion of PIL2. The finding indicates PIL2 was successful in encouraging more nurses to meet with and build relationships with NHS/CCG leaders and to engage with professional peers more generally.</p>

Question	Response and Discussion Points
9	<p>How confident are you in your understanding of the way the local health and social care system works in your area?</p> <p>Twenty-four nurses circled 4 or 5 indicating their confidence in understanding how the local health and social care system works, with five nurses ringing 3. Before the course, only eight nurses circled 4 or 5, the rest ticked 3 or below. This indicates PIL2 was able to increase understanding for most nurses.</p>
10	<p>How confident are you in your preparation for revalidation?</p> <p>Twenty-eight nurses answered 4 or 5 to indicate their confidence in revalidation (most circling 5) with only one nurse ringing 3. Previously, while 21 nurses had ringed 4 or 5, ten nurses had ringed 3 or below or left the answer blank. Confidence across the cohort grew in regard to revalidation.</p>
11	<p>Please use the space below to give an example of how you have used something you learned on the programme in your practice.</p> <p>Asked to give an example of something learned on PIL2 that they've already used in their practice, individuals wrote:</p> <ul style="list-style-type: none"> • Works with her team and identifies opportunities when they can take ownership and responsibility • Gained confidence to communicate in multi-disciplinary team (MDT) meetings • Raised awareness of end of life care with staff, residents and relatives • Contributed to the organisation's end of life care strategy • Made contacts in the local health sector and is starting to work with them • Learned about resilience and how to cope better under pressure • Values the chance to join a local care home team

Question	Response and Discussion Points
12	<p>If we run the programme again, please use the space below (and continue on the final page if necessary) to make suggestions as to what we should change or do differently.</p> <p>Asked to suggest changes to PIL, feedback included:</p> <ul style="list-style-type: none"> • Offer other care staff the chance to experience the course • The positive value of engaging with the health sector to ‘understand each other’s worlds’ so include health colleagues on courses • The support the care home was getting from the CCG was invaluable so ‘continue with this element of the programme’ to promote and encourage engagement • Start projects earlier in the PIL schedule • One nurse said other participants sometimes chatted too much • Spread the programme over a longer time period as there is much to learn.
13	<p>Capital Nurse and North London Partners are keen to continue to support your development. Below is a list of ways this support could be provided, please tick any that you would be interested in:</p> <ul style="list-style-type: none"> • WhatsApp group • On-line discussion forum • On-line learning • Webinars • Face to face networking/peer learning opportunities • Access to expertise, support and help with professional issues <p>Professional development events such as study days, seminars and masterclasses.</p> <p>The most popular offers were: What’s App (18) an online forum (11), online learning (10), webinars (6), face-to-face networking (9) access to expertise (8) and professional development events such as study days (15). All nurses indicated interest in one or more offers for further development.</p>

What did interviewees and managers say about PIL2?

The interviews with nurses and managers captured personal responses to PIL2. The main 'take out' message was the increased confidence nurses felt in terms of themselves as team leaders, communicators within and outside the home and innovators to improved quality. Some raised issues in open comments in the baseline questionnaire such as being a better team manager and dealing with team conflict and stress were also touched on in the interviews.

One manager interviewed about a nurse: 'I think she has a softer approach to relatives and to other professionals, her style is developing. Gained more confidence in her approach.'

Another manager said: 'On day-to-day basis, I've seen how much more dependable she is, she's picking up rotas, chasing up clinical issues with GPs and is happy to meet people.... I used to get phone calls asking for advice, "what do I need to do?" But at the moment, she feels more like a leader when situations arise. Talk within themselves, decide, then text me.'

"I like the course because they acknowledge we have something and how important our work is"

Care Home Nurse

One nurse said she now feels more confident to support health care assistants on her team. **"We see they fear to enter resident's rooms....My colleague and I want to understand why our care staff are distant with residents at the EOL and what can we actually do.... It can't be done with one training session and should be for everybody so they can speak openly about death. One idea is to have a monthly meeting where we can talk."**

Some nurses said PIL2 helped them to develop better management skills.

'The training gave me a bit of confidence to make the floor runs smoothly. Better organisation of work like the routine, it is easier for health care assistants..... As a unit floor manager, I can explain the better way to do things which is easier for them and would be better for the residents, too. Planning and prioritising.'

Another said: 'It's because of the course because I look at the staff that we have and I want them to develop and see what they could become'.

Said one nurse: '...the relatives come and you have to be focused and be kind. The course has helped deal with this stress.'

The course sparked some nurses to take innovative approaches. Said one: 'I'm going to make a little 'carry card' reminder for others (on the team). Reiterating messages, how to communicate effectively, how to ask questions and reflect in order for person to understand and you to clarify'.

Another reported: 'I learnt you have to know the little steps you can take to change. You can't expect change from one day to another, it happens gradually. It's also about how I must change. My attitude (should be) not to want too much from them (staff) all at once.'

A manager said: 'I've seen changes, for example, the red bag design group, (nurse's name) volunteered for this, to drive and improve services. Everyone in the MDT is involved, what should be in it, how to make it work, why did it fail before? ...'

Another commented: 'The other deputies and managers we have met on this course, we exchanged numbers. I am planning to visit another care home, how things are working there, so I can bring something back to our home. It helps us to know each other.'

A manager reported seeing positive changes in the nurse she manages.

“He was finding it difficult to facilitate change, it was hard for him to let go. The course made him realise his priorities and to delegate, follow up and give feedback to the nurses, positive and negative.”

Some participants have started to build a professional network. **“Meeting with other managers or floor managers, the stories they give us, the problems we share. I think I've learnt from those and also realised where I am doing well.”**

Conclusions:

PIL cohort 2 (PIL2) set out to achieve the following objectives for participants:

- To increase confidence, skills and effectiveness in leadership
- To learn about quality improvement techniques and use them in practice
- To deepen their understanding of the local health and care system and how to exercise their leadership within it
- To meet and establish working relationships with NHS/Clinical Commissioning Group (CCG) nurse leaders.
- To build a professional network and learn together with other sector nurses.

The evaluation clearly demonstrates that PIL2 met all these objectives for all participants to varying degrees. Participants and their managers indicated increased confidence in leadership, knowledge of and practice in quality improvement and in developing relationships with key stakeholders across the system.

Recommendations:

These recommendations were co-produced with the PiL2 design and delivery team. It is recommended that North London Partners and CapitalNurse:

- Continue to build on the developing QI skills of PIL 'graduates' by fostering their links with local quality networks.
- Promote existing CapitalNurse/North London Partners development opportunities, such as exchange schemes and rotations, to care home nurses
- Encourage PIL 'graduates' to sustain their leadership effectiveness by supporting them to continue to network using social media
- Create a nursing group within the Care Home Forum, assigned to a suitable senior sponsor
- Invest in funding further cohorts of PIL to further the integration agenda by empowering care home nurses to enact their leadership across the system and improve the quality of care for residents.



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