



The Foundation of Nursing Studies

Evaluating the Impact of Nurse-Led Projects on the Care of Older People

Final Report for the Age Endeavour Fellowship

December 2005

1. Introduction

The Foundation of Nursing Studies (FoNS) supports nurses, midwives and health visitors working in any healthcare setting across the UK, to develop and share new ways of working to improve patient care. Over recent years, FoNS has supported a number of nurse-led projects that have aimed to improve the care of older people. Funding from the Age Endeavour Fellowship has enabled FoNS to undertake an evaluation of the impact of these projects. The aims of this work were:

- To evaluate the impact of nurse-led projects (supported by FoNS) on healthcare practice in the care of older people
- To determine the sustainability of that impact
- To identify healthcare and support needs of older people and their carers

2. Methodology

2.1. Sample

Seven projects were identified for inclusion in the evaluation (see Appendix 1). All the projects had received support from FoNS during the period 2000-2004 and aimed to develop practice and improve the care of older people. The project leaders were contacted and invited to be involved in the evaluation. All the project leaders agreed to be interviewed over the telephone and to distribute up to 10 self-administered questionnaires to nurses who had been involved in the project in some way.

2.2. Data collection

A telephone interview schedule (see Appendix 2) and self-administered questionnaire (see Appendix 3) were developed based on the aims of the evaluation. The seven project leaders were interviewed during June 2005. At this time, the self-administered questionnaires complete with stamped addressed

envelopes for return and covering letters (see Appendix 4) were forwarded to the project leaders. All project leaders agreed to distribute these to up to 10 nurses who had been involved in the project in some way. Recipients were asked to return the questionnaires during June/July 2005. A total of 61 questionnaires were sent out, 19 were returned (see Appendix 1).

2.3. Data analysis

Cognitive mapping was used to analyse the data collected from the telephone interviews and semi-structured questionnaires. Using this process, maps of codes and categories emerge from the data. Northcott (1996) describes a cognitive map as a representation of the knowledge provided by individuals about a particular area of their experience. Conceptualisations and interpretations, together with their interconnections, are laid out on a sheet of paper so that information is presented in an ordered and accessible manner.

The procedures laid out by Northcott (1996) were adapted for this evaluation as follows:

- Data from the telephone interviews and questionnaires were used to create a narrative for each project (see Appendix 5). These narratives were sent to project leaders for verification. Two people separately analysed these individual narratives to generate initial codes and categories. These codes and categories were reviewed and compared to refine the emerging themes and sub-themes
- Three overarching themes emerged from analysis of the narratives. These were:
 - Changes in practice
 - Unmet health needs
 - Involvement of FoNSCognitive maps were created for each of these themes and associated sub-themes.

3. Findings and discussion

3.1. Changes in practice

Respondents representing all of the seven projects were able to identify changes in practice that had occurred as a result of their work, although in two cases, evidence of these changes was tentative.

5 sub-themes emerged under the overarching theme of changes in practice. These included; practical changes, ways of working, evidence of impact, what helps and challenges.

3.1.1. Practical changes

Respondents identified practical changes that had been introduced into practice with varying levels of success as a result of the projects. These included the

development and introduction of new documentation, assessment tools, best practice statements, guidelines, newsletters and relative meetings.

3.1.2. Ways of working

Respondents acknowledged that the projects had impacted on the ways in which those involved were working in several ways. Changes related to:

- Styles of communication – this included the development of skills in negotiating with relatives, listening to patients and relatives, talking about difficult subjects e.g. death and dying
- Ways of communicating – it was noted that the use of assessment tools, for example, enhanced the communication of risk and therefore the planning and delivery of care
- Increased awareness about aspects of care – this resulted in staff talking to patients and relatives more about particular aspects of care; it also increased the use of equipment and resources e.g. safety equipment and information leaflets

3.1.3. Evidence of change

The strength of evidence of changes in practice varied. Some respondents reported that tangible evidence was being collected using a variety of approaches including assessment tools, audit of documentation, trend analysis data and a reduction in complaints. Others could however only provide anecdotal evidence to support change.

One of the aims of the evaluation was to determine the sustainability of change, however, in most cases respondents stated that it was too early to identify if change had been sustained. In part this may be explained by the comments of some project leaders who stated that aspects of their projects had taken longer than first anticipated. However, there was also recognition by some that real and sustainable change requires changes in attitudes and beliefs and this requires both time and ongoing support and facilitation.

3.1.4. What helps?

Respondents were able to identify several factors which they believed had a positive impact on the outcome of projects. These included:

- Key champions in the workplace – these could be the project leaders or link nurses for example. However, it was noted by one respondent that these champions needed to have strong access to and support from management to ensure that change was authorised
- Support/skilled facilitation – access to support and facilitation was seen to be of value to both ward staff and those more closely involved in the projects e.g. link nurses. Approaches such as action learning and active involvement in learning communities were identified as beneficial

- Using multiple sources of evidence – respondents saw this as a strength, particularly if many staff were involved in critiquing the evidence and the evidence included the exploration of the values held by nurses and older people. Including staff in this review process was felt to strengthen ownership and also encouraged staff to critique their own practice in line with the evidence
- Work based learning frameworks – respondents believed that such approaches had the benefit of allowing staff to learn in and from practice, made learning deliberate and this enhanced the transferability of learning
- Timely intervention – respondents acknowledge that the timing of a project or intervention could impact on the outcome. If projects were introduced at a time when trust awareness of the area of change was high as a result of complaints, for example, or coincided with the publication of local or national policies, then respondents believed that this made it more difficult for staff to ignore the proposed development or change

These factors are supportive of many of those that are identified in the PARIHS framework (Kitson et al., 1998; Rycroft-Malone et al., 2002). The Promoting Action on Research Implementation in Health Services framework was developed following analysis of practice development, quality improvement and research project work undertaken over the last ten years. The framework suggests that successful research implementation is dependent upon the clarity and nature of the evidence being used, the quality of the context and the type of facilitation being used.

Similarly, when defining the purpose and means of practice development, Manley and McCormack (2004, 35) identify that effective patient centred care is achieved by:

- developing knowledge and skills
- enabling nurses/healthcare teams to transform the culture and context of care
- skilled facilitation
- systematic, rigorous and continuous processes of emancipatory change

It could perhaps be argued that whilst the data strongly acknowledges the role of facilitation and evidence in supporting change, the impact of culture and context are not so explicit or frequently discussed by respondents. However, one project leader talked about learning cultures and another about the values, beliefs and attitudes of staff and how these impacted on care.

3.1.5. Challenges

Many of the challenges to implementing change and development were interrelated. They reflected the reality of trying to achieve the ideal context to

support change and some were the converse of the factors outlined in section 3.1.4. These challenges included:

- Staffing levels
- Difficulty with creating ownership
- Project leaders taking work on themselves as this was seen as easier than trying to involve busy staff
- Enabling staff to develop a common understanding of concepts
- The need for ongoing support and facilitation and the acknowledgement that there were not enough skilled facilitators in the workplace
- Creating a learning culture where IT facilities are accessible and learning is seen as a legitimate activity
- Initiative not being seen as a priority
- Trying to get the scope of the project right – the challenges of trying to involve many people in many settings versus the limitations of a narrow focus

3.2. Unmet health needs

Many respondents were able to identify unmet health needs for older people and their relatives. Some were specific to certain practical skills and care settings, for example the lack of opportunity for some staff to develop practical skills e.g. using syringe drivers to control pain. Others could however be generalised across many care settings. These included a need for:

- staff to know the older person i.e. tap into the wider social context of the older person rather than only focusing on the physical aspects of care
- joined up working across health and social care settings so that the needs of the whole person can be met
- enhanced and ongoing communication with the older person and their relatives
- support for staff from specialist teams who have expertise in caring for older people

The publication of the National Service Framework for Older People (2001) raised the profile of the needs of older people and provided impetus to support the implementation of change in health and social care. Four enduring principles are outlined in this framework. These are:

- treating older people as individuals with their own needs, circumstances and priorities. All services should respect their dignity and choices – and never make assumptions on the basis of age
- better joined up working between the various agencies involved with older people
- the right services in the right place at the right time – this includes hi-tech and specialist services, as well as community based and preventative services
- promoting active and healthy lifestyles so that it becomes central to older people's well being

(Department of Health, 2003, pg 5)

Whilst progress towards achieving some of these principles has been identified in this evaluation, the unmet health needs outlined above suggests further changes are still needed. Although work to address these issues must continue, it must however be recognised that the NSF is part of the 10 year NHS Plan therefore acknowledging that change will take place over many years.

3.3. Involvement of FoNS

4 sub-themes emerged from the data relating to the involvement of FoNS with the projects. These were: the type of projects FoNS supports, building a relationship, sharing information and kudos.

Data relating to the first two sub-themes seemed to indicate that this element of FoNS' involvement may be unique or certainly 'unusual' in comparison with other funding bodies that respondents had experience of.

3.3.1. The type of projects that FoNS supports

Several project leaders identified that when they had been seeking funding to support their project, they had found that FoNS was the only organisation that would support the type of project that they were proposing to undertake. Characteristically, these projects were small practice development projects, involved sharing and implementing research and used less conventional approaches to change and development. Two project leaders stated that the support from FoNS had acted as a 'magnet' and had enabled them to go on to obtain support from other organisations.

3.3.2. Building a relationship

Respondents reported that they felt that they had built a relationship with FoNS and that this was unusual compared with other funding bodies. This was seen as positive as it meant that the needs of the project and the funder were more likely to be met. The development of this relationship was enabled through representatives of FoNS attending steering group meetings, doing site visits and through telephone and email contact. During such contacts, FoNS were able to develop an external and objective overview of the projects; encourage flexibility, creativity and commitment by showing genuine interest in the projects and those involved; enter into debate and offer constructive criticism, advice and support. One project leader reported that this had enabled her to gain confidence and knowledge which resulted in her leading the project much further than she had ever anticipated.

3.3.3. Sharing information

Respondents reported that several opportunities to share information arose due to the involvement of FoNS. FoNS were able to put project teams in touch with others who were doing similar work, and other nurses had contacted project teams after reading information in FoNS publications and due to publicity received after winning an award from FoNS.

3.3.4. Kudos

Two of the project leaders talked about the kudos that their work had received when they had won an award from FoNS. They felt that this had had a beneficial effect when trying to implement change. Similarly some project leaders felt that site visits from representatives of FoNS provided external validation for their work and staff appreciated the interest of another organisation.

4. Summary and conclusions

This paper reports on an evaluation of seven nurse-led projects supported by FoNS that aimed to improve the care of older people and/or their relatives.

Telephone interviews and self-administered questionnaires were used to collect data from project leaders and other nurses involved in the projects.

Qualitative data analysis identified 3 overarching themes and associated sub-themes:

- Changes in practice
 - practical changes
 - ways of working
 - evidence of impact
 - what helps
 - challenges
- Unmet health needs
- Involvement of FoNS
 - the type of projects FoNS supports
 - building a relationship
 - sharing information
 - kudos

Evidence of practice change was identified, although it was found to be too early to identify if these changes will be sustained. Some of these changes were measured with tangible evidence; others relied on anecdotal evidence. The factors that were seen to be helpful when implementing change largely reflected those identified in contemporary literature. In particular, key champions, skilled facilitators and the use of multiple sources of evidence were seen as beneficial. Perhaps a gap in the data as compared with the literature related to explicit references to the influence of culture and context on implementing change.

Many of the projects identified health needs that were currently unmet for older people and/or their relatives. In the main these related to two of the underpinning principles of the NSF for Older People i.e. the need to treat older people as individuals and improving joined up working between the various agencies. It is acknowledged that continued development in these areas is required.

The involvement of FoNS was seen as positive by all project leaders. The type of projects that FoNS supports and the way in which FoNS builds relationships with project leaders and teams appears to be unique or unusual as compared with other funding bodies. This involvement was reported to be beneficial to both the individuals involved and for the outcome of projects.

FoNS acknowledges that the findings of this evaluation are limited primarily due to the small sample size. Whilst the seven project leaders were able to provide detailed information about many aspects of the projects from their perspective, the low response rate to the questionnaire (31%), limited the extent to which this information could be supported or expanded by the perspectives of others who had also been involved.

Undertaking this study however demonstrates FoNS' commitment to the ongoing evaluation of the impact of the work it supports and the role of FoNS in supporting the development of healthcare practice. These findings will be added to similar work that is currently being undertaken to evaluate the impact of FoNS' involvement in four projects aimed at developing practice to promote healthy ageing. The findings will also be used in conjunction with the increasing body of knowledge around effective processes for developing evidence-based patient centred care to inform the future development of FoNS' work.

5. Recommendations

Further work should be undertaken to explore the following aspects of care:

- the ways in which older people and their relatives/carers can be involved in a meaningful way, thereby enhancing autonomy and independence
- enhancing joined up working between and across those health and social care services who are working with older people and their relatives/carers

6. References

Department of Health (2001) *National Service Framework for Older People*. London: Department of Health Publications.

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Northcott, N. (1996) Cognitive mapping: an approach to qualitative data analysis. *NT Research*. Vol. 1. No. 6. pp 456-463.

Kitson, A., Harvey, G. and McCormack, B. (1998) Enabling the implementation of evidence-based practice: a conceptual framework. *Quality in Health Care*. Vol. 7. No. 3. pp 149-158.

Manley, K. and McCormack, B. (2004) Practice Development: Purpose, Methodology, Facilitation and Evaluation. Chp 3 in McCormack, B., Manley, K. and Garbett, R. (Eds) (2004) *Practice Development in Nursing*. Oxford: Blackwell Publishing.

Rycroft-Malone, J., Kitson, A. and Harvey, G. et al. (2002) Ingredients for change: revisiting a conceptual framework, *Quality and Safety in Health Care*. Vol. 11. pp 174-180.

Appendix 1. Projects included in evaluation

Project number and outline	Healthcare setting	Type of project funding received from FoNS	Interview with project leader	No. of questionnaires sent out	No. of questionnaires returned	Other data included in evaluation
Project 1. Enhancing the involvement of relatives in care settings for older people	4 wards in care of elderly unit within a Primary Care Trust	Large project funding	Yes	10	5	Final project report
Project 2. Evidence based nursing care for older people	Acute hospital	Large project funding	Yes	10	2	Final project report
Project 3. Developing gerontological nursing	Numerous acute and community hospital settings across Scotland	Large project funding	Yes	10	3	Information from project website Published articles

Project 4. Developing standards of palliative care for use in care homes	Care homes across County Durham	Small grant	Yes	10	0	Final project report
Project 5. Developing and implementing a falls prevention strategy	Acute hospital and rehabilitation and elderly care wards	Small grant	Yes	10	5	Final project report
Project 6. Enhancing mouthcare practice	Medical unit in acute hospital	Award	Yes	1	0	Final project report
Project 7. Implementing best practice in prevention of leg ulcer recurrence	Primary Care Trust	Award	Yes	10	4	Final project report Published article

Appendix 2. Telephone Interview Schedule

1. What changes in practice occurred as a result of your project?
2. What was the direct impact on the care of older people and/or their carers for each of these changes?
3. Have these changes been sustained? Please give details.
4. What changes have not been sustained? Can you explain why?
5. Has the project led to any other changes since its completion? Please give details.
6. Did the project have any impact on how you would lead a project in future? Please give details.
7. Were any unmet healthcare needs for older people and/or their carers identified as a result of the project? Please give details.
8. Has it been possible to do anything to address any of these unmet needs? Please give details.
9. Why did you apply to FoNS for support with your project?
10. Did the support that you received from FoNS add any value to the outcome of your project? Please give details.
11. Any other comments about the impact of the project and/or the support from FoNS.

Appendix 3. Self-administered questionnaire

A Questionnaire to Explore the Impact of Nurse-Led Projects on the Care of Older People and their Carers

The Foundation of Nursing Studies (FoNS) is currently undertaking an evaluation of the impact of projects that we have supported over recent years which aimed to develop practice and improve the care of older people. We would be very interested in hearing your views about the impact of the following project:

Project Title:

which was led by:

Project Leader:

and would therefore be grateful if you would answer the questions on the following pages. Please continue your answers on additional paper if we have not provided sufficient space.

We may wish to contact you to discuss your responses in further detail and to seek permission to accredit quotations. If you would be happy for us to do this, please check the appropriate boxes and provide the relevant details below.

- Yes, I am happy to have quotations accredited to me
- Yes, I am happy to be contacted to discuss my responses further.

Name:

Job title:

Contact details (preferably address, telephone number and email):

.....
.....
.....
.....

Thank you for your help

1. In what ways were you involved with the above project?

2. Did the project make any difference to your practice? (Please tick one box and where relevant provide details in the space below).

Yes, please give details of these differences.

No, if possible, please give details of why you think that the project did not make any difference to your practice.

3. Do you think that the project made any difference to the care of older people and/or their carers? (Please tick one box and where relevant provide details in the space below).

Yes, please give details of these differences.

No, if possible, please give details of why you think that the project did not make any difference to the care of older people and/or their carers.

4. Do you think that the older people and/or their carers noticed any difference in their care? (Please tick one box and where relevant provide details in the space below).

Yes, please give details and/or evidence of the differences that you think they noticed.

No, if possible, please give details of why you think that older people and/or their carers did not notice any differences in their care.

5. Were any unmet healthcare needs for older people and/or their carers identified as a result of the project? (Please tick one box and where relevant provide details in the space below).

Yes, please give details of any unmet health needs that were identified.

No, go to question 7.

6. Has it been possible to address any of these unmet needs? (Please tick one box and where relevant provide details in the space below).

Yes, please give details of the unmet health needs that have been addressed.

No, go to question 7.

7. Were you aware that FoNS were supporting this project? (Please tick one box).

Yes, go to question 8.

No, go to question 9.

8. Do you feel that the support from FoNS added value to the outcome of the project?
(Please tick one box and where relevant provide details in the space below).

Yes, please give details of how the support from FoNS added value.

No, go to question 9.

9. Please add any further comments that you may have about:

- the impact of the above project on the care of older people and/or their carers
- how FoNS did or could have supported the project

**Thank you for the time you have taken to complete this questionnaire.
Please return it using the stamped addressed envelope by 15th July 2005**

Appendix 4. Questionnaire covering letter

June 2005

Dear Colleague

Re. An Evaluation to Explore the Impact of Nurse-Led Projects on the Care of Older People and their Carers

The Foundation of Nursing Studies (FoNS) is currently undertaking an evaluation to explore the impact of projects that we have supported over recent years which aimed to develop practice and improve the care of older people. The aims of the evaluation are to:

- Evaluate the impact of nurse-led projects on the care of older people and/or their carers
- Determine the sustainability of that impact
- Identify healthcare and support needs of older people and their carers

To achieve this, we are inviting up to 10 project leaders to be interviewed over the telephone about their project and then asking them to hand out questionnaires to up to 10 members of the nursing teams that were also involved.

We would therefore be very interested in hearing your views about the impact of the following project:

Project Title:

which was led by:

Project Leader:

and would be very grateful if you could complete the attached questionnaire and return it in the stamped addressed envelope by Friday 1st July 2005.

Any personal information that could directly identify participants will be removed before the results of the evaluation are published. Permission will be sought from participants if direct quotations are attributed.

All the information that we collect during the evaluation will be used to help FoNS determine the long-term impact of the projects it supports and assist FoNS in planning future programmes. Further information about the evaluation and the findings, when published can be obtained by contacting FoNS directly.

Thank you in anticipation for your help.

Yours faithfully



Kate Sanders
Practice Development Facilitator

Appendix 5. Project narratives

Project 1

This project took place on 5 wards in a care of the elderly unit within a Primary Care Trust. The focus of the project was on increasing the involvement of relatives of older people in care and decision making processes.

The project leader and questionnaire respondents identified impacts on practice and care. Some of these were practical changes, others related to styles of communication.

Practical changes included the development of new documentation and a newsletter, the introduction of relative meetings and pre-admission visits. Some of these activities raised issues amongst the project team around the desire of staff to develop 'quick fix' solutions, perhaps at the expense of considering the 'real issues', however, other activities e.g. the pre-admission visits are reported to be having an impact on care and are established in practice. A reduction in complaints from relatives was reported and new approaches to increasing the involvement of relatives were introduced e.g. life story work and the creation of story-boards.

Respondents reported that approaches to facilitating change such as action learning enabled nurses to develop a greater awareness of the need to involve relatives by tapping into issues with a cultural and/or attitudinal base. As a result, nurses reported that they developed skills in negotiation and a change in communication style was observed.

The project leader believes that key champions in the workplace are essential to facilitate the embedding of changes in practice. However, these champions must have a strong link with or access to management. The project team used frameworks of work-based learning that made learning from all situations deliberate. This was reported to have a positive impact on the process of implementing change.

Respondents identified several challenges in relation to the project and its impact. These include:

- The transferability of guidelines can raise issues of 'ownership'
- Bringing theoretical statements alive i.e. 'involvement' – an understanding of the concept was only developed by staff through working with it
- Low staffing levels meant that some aspects of the project were not able to be successfully implemented e.g. life story work

The project leader believes that the project had a huge impact across the Trust for the following reasons:

- It was timely

- The Trust had received complaints from relatives relating to their involvement in care
- There was an increased focus on patient/public involvement - PPI officers were being appointed
- The need to involve relatives in care became embedded in strategy
 - The project was disseminated widely through meetings within the Trust
 - The project won an award for best practice within the Trust

However, it is suggested that whilst involvement may have become embedded in policy, it may not necessarily have become embedded in the culture of the organisation and workplace. There was a recognition that real and sustainable change requires changes in attitudes and beliefs which takes time and ongoing support/facilitation i.e. there needs to be change in the person giving care before there will be changes in the care they give and that in some instances, this may not yet have been achieved.

Unmet healthcare needs identified by the respondents related to the need to:

- Maintain communication with relatives after admission
- Change the attitudes and expectations of some relatives and carers to enable them to make the most of being involved in the care of the older person
- Tap into the wider social context of the older person rather than focusing on the physical aspects of care

Some processes were being put in place to address these needs e.g. documenting contact/communication with relatives to ensure that this is regular.

There was a good match between the aspirations of the project and the aims of FoNS. From the outset, FoNS was approachable and friendly and facilitated the development of the proposal through ongoing dialogue. The project team were able to develop a relationship with a funder. This is unusual but positive as it means the needs of both the project and the funder are more likely to be met.

FoNS encouraged the project to be flexible and creative which meant that it could spend time getting to the heart of issues. The project team (including practitioners) valued the presence of a representative from FoNS at the steering group meetings. The representative took part in debate about the project in a supportive way and offered constructive criticism.

Project 2

This project focused on developing evidence-based care for older people in an acute hospital.

The impact of this project on the care of the older person is difficult to quantify as the focus was not on the implementation of evidence, rather the gathering and critiquing of evidence to act as foundation for work in the subsequent years of the project. However, anecdotal evidence from the project leader and questionnaire respondents suggests that the project did have an impact on the care given by some of those involved. Critical review of the evidence led to a realisation that in some cases, individuals and teams were not practising best practice. There was also recognition of some of the contextual factors that influenced and/or hindered this.

The project leader reports that the work has however proved to be timely and has had an impact at a strategic Trust level when planning the delivery of care. For example:

- The work is being used to inform the current work being undertaken by the Trust in relation to the NSF for Older People
- The work validates recognition by the Trust that there is a need for clinical support for nurses from people with specialist knowledge and expertise in caring for older people. A multi-disciplinary team for older people is being created within the Trust who will work with older people champions in all areas. The work of this project is being used in the training of the champions.

The project leader believes that the key themes identified in this project can be used to form the basis for providing care for older people and their carers in any healthcare setting. How you approach people, how you allow them to have their say, giving information and providing and enabling choice is fundamental to the provision of all services.

Unmet health needs identified through this work relate to the fact that older people are cared for across all wards and clinical areas, yet not all nurses have a full understanding of the needs of older people and multiple pathology. A specialist team is being created in recognition of this.

A report was published supporting the need to improve the nursing care of older people within the Trust. This provided an opportunity to do some targeted work. At the time and currently, FoNS is the only known organisation that will support small practice development projects. The FoNS representative on the project steering group provided an external and objective overview, advice and ideas. They were also able to put the project team in touch with others. The publication of the dissemination series has resulted in contacts from nurses working elsewhere who want further information on the approach that has been adopted.

Project 3

This project is working across many and varied healthcare settings, all of which are at varying stages of implementing Best Practice Statements (BPSs) that focus on promoting evidence-based nursing care for older people.

There are currently 5 BPSs, each of which piloted and implemented in at least one demonstration site. There are more than 100 link nurses who are leading the implementation of one or more of the BPSs in their own workplace.

Demonstration sites are able to provide tangible evidence of changes in practice against the BPSs that are impacting on care e.g. the use of assessment tools, written evidence of care planning and care delivery that can be audited.

Link nurses state that their knowledge about certain aspects of care has increased, that they have been able to share this with other nurses through the use of the BPSs and this has impacted on care delivery e.g. in one care home, depression is now talked about more openly with residents and relatives which has made the care environment happier; in another care home, residents are listened to more and their requests are acted upon making the care they receive more appropriate.

The project leader identifies the BPSs and the virtual community of practice as being key to the successful implementation of the change for the following reasons:

- The development of the BPSs is an inclusive process. Multiple sources of evidence are fused e.g. research, clinical experience and patient preference. The evidence upon which the BPSs are based is explicit. Working with nurses and older people to develop practice models which are values based has strengthened the case for change
- The virtual college offers a social participatory learning experience which enables the:
 - Nurturing of individual learning
 - Pooling and sharing of learning
 - Link nurses to find solutions as a community which strengthens their resolve to implement change in their own practice areas. This process is facilitated by access to:
 - Information about what is happening in the demonstration sites
 - Guidance from academics
 - Implementation resources
 - A system of peer review
 - Critical companionship

Questionnaire findings supported the positive experience of being a member of the community of practice. They reported that it had enhanced their knowledge

and confidence, enabled them to question practice and to action the BPSs into practice.

The project leader believes that the virtual community of practice has enabled nurses to champion change even in areas where organisational cultures may not be receptive. However, there is recognition that both in the NHS and the independent sector, there are some areas where the workplace culture is not yet ready for computer-based learning as time at the computer is not seen as a legitimate activity.

Sustainability of change is evidenced in some of the first demonstration sites, but in other areas it may be too early to test. However, the project still has great momentum and there is a waiting list for joining the community of practice.

It was difficult to identify unmet healthcare needs, however the project leader recognised that currently, the project was only focusing on areas of care that although complex, it was believed that an impact could be made. Areas of care such as chronic pain management, promoting well-being and cognitive impairment are as yet unexplored.

FoNS became a joint-funder at the outset of this project. They are one of only a few funders who are interested in the sharing and implementation of research. FoNS was found to be a helpful organisation, giving encouragement and guidance on what initially seemed like a risky approach. FoNS have been an active member of the steering group, offering critique and support. Their investment acted as a magnet and enabled the project team to successfully approach other funders.

Project 4

This project focused on developing standards of palliative care for use in care homes across County Durham.

The project leader reported that the evaluation data indicated that staff felt more confident in talking to residents and relatives about dying. They had more confidence in their professional abilities, communication and interpersonal skills. Staff were more equipped to deal with situations and felt empowered to realise when they needed to seek help.

At a PCT level, the project contributed to the development of staff posts focusing on care homes at both a clinical and strategic level. It raised the awareness of members of the PCT about the issues relating to the delivery of care faced by staff working in care homes.

The project leader highlighted several challenges in relation to the processes used to develop and implement the standards and the consequent impact of the work. For example:

- Working across 6 PCTs proved to be difficult as all these organisations tended to work in different ways. This made it difficult to work on specifics and to generalise recommendations. However, the project leader recognised that if the project had only worked within 1 PCT, the depth of knowledge and information sharing which was a strength of this work would have been lost
- The project used an existing framework to inform the development process. This framework was chosen as it is evidence-based and already established, however, in reality, it did not fit into the development work as expected. The project leader now recognises that there was a tendency to try and make the development work fit the existing framework rather than really considering whether the framework was suitable for the very varied contexts of the care homes. With hindsight, the project leader believes that more exploratory work should have been done with the stakeholders, that this work should have led the project and that the stakeholders should have been more involved in identifying their own solutions.

There is no way to measure the sustainability of the impact of this work on the care of older people as on completion of the project, the project leader no longer has access to the care homes and staff.

Unmet health needs related to the lack of opportunity for care home staff to develop both practical and interpersonal skills e.g. the use of syringe drivers for the control of pain, communication skills. Lack of opportunity is caused by many factors. These include: isolation of care home staff, lack of access to medical and nursing libraries, limited resources for staff education and training.

Despite contacting many organisations both locally and nationally, FoNS were the only organisation willing to provide funding to support this project. The support received from FoNS extended beyond the money. FoNS showed a genuine interest in the area of the country and the experience of staff working in care homes, which was invaluable to the project, and those involved. They were also able to share ideas from other projects and provide opportunities for disseminating the work.

Project 5

This project focused on developing and implementing a falls prevention strategy within several rehabilitation and elderly care wards within an acute hospital trust.

Trend analysis data showed that there was a decrease in the incidence of falls in elderly care during the project.

The project leader and some questionnaire respondents reported that the project had resulted in greater awareness of falls prevention amongst nurses. Consequently, falls are talked about more with relatives, information leaflets are being given out and nurses are aware of the equipment that is available to reduce injuries.

Some respondents report that they believe that nurses have always been aware of falls prevention, however, the introduction of a more formal structure means that everyday practice is being recognised and using standardised documentation means that it is easier to communicate risk and plan and deliver appropriate care to older people.

Some suggest that the project was timely and therefore that the impact was enhanced as it coincided with the release of the NICE guidelines on falls prevention and the NSF for Older People. Such policies put the issue of falls high on peoples' agenda making new initiatives difficult to ignore.

As well as being policy driven, the project leader believes that active link nurses and project facilitators were key to achieving and impact of the care of older people through the successful implementation of care plans. One respondent who saw the documentation as a paper exercise may reflect a consequence of this approach.

The project leader reports that changes in practice on elderly care wards have been sustained and that the success of the project has led to the strategy being rolled out across the Trust and many other related developments. These include:

- Health promotion events within and outside of the Trust
- Falls clinics
- Exercise classes
- Integrated care pathway

Unmet health needs relate to the consideration of falls prevention in the wider context and links to the need for holistic discharge planning and joint up working with community services. This includes the consideration of issues such as:

- Diet
- Environment
- Drugs
- Podiatry
- Opticians
- Communicating with carers

The support from FoNS was very timely. It extended beyond the funding to provide valuable professional advice and support. This contributed to the project

leader gaining confidence and knowledge which has resulted in her leading the work much further than ever anticipated

Project 6

This project focused on improving mouth care within the medical unit of an acute hospital.

The project leader reports that as a result of the project, a tool for mouth care assessment was developed and introduced into practice. Currently, the tool is not being used as much as it should be. The audit and review of the project impact showed that staffs' knowledge of mouth care was improved but there was not a significant impact on care delivery.

The project leader suggests that this work highlighted the need to focus on how we make changes and how we support people to implement change. Involvement of all stakeholders and skilled facilitation to enable their involvement to be meaningful is seen as key to successful change and development in care. However, in reality this presents many challenges, for example:

- There are not enough skilled facilitators in the workplace
- The turnover of staff makes continuous development difficult
- The change and/or development may not be seen as top priority by some – staff and patients

The work undertaken in the project has been used to inform the Essence of Care work around oral hygiene and the project leader is hoping to get mouth care incorporated into trust-wide documentation which is currently under review. Oral hygiene could be viewed as an unmet health need as it is often not seen as a top priority by staff or patients. The project stimulated interest from speech therapists who were keen to be involved as the effects of poor mouth care were noted when undertaking swallowing assessments.

The FoNs awards were a key driver in initiating this multidisciplinary project and the recognition of winning an award from FoNS added to the kudos of the project which was beneficial when trying to implement the tool into practice. The publicity received from winning the award and writing a report resulted in people contacting the project leader for further information about the work. .

Project 7

This project focused on best practice in prevention of leg ulcer recurrence.

The focus of this project was on collecting evidence and developing guidelines to inform practice and has only just reached the implementation phase.

Respondents reported that in general practice had not yet changed as a result of the work, although those involved suggested that they were thinking more about practice in relation to education, self-care and support of older people and were sharing new knowledge when teaching. They could identify that there would be benefits from having consistent guidance for practice and education leaflets for patients.

The support from FoNS gave encouragement to become involved in a project that would require a considerable amount of time and commitment. It offered the opportunity for personal learning and development.