

# The QNI Community Nursing Innovation Programme Evaluation Report 2014 - 2022





The Queen's Nursing Institute is a charity dedicated to improving nursing care for people at home and in the community.

Every year, millions of people of all ages need professional nursing care, in or close to home. People today live longer, often with complex health conditions, and they are discharged from hospital more quickly. Those patients can make a better recovery, and can avoid unnecessary hospital re-admissions, if they have the support of skilled community nurses.

We work with nurses, managers and policy makers to make sure that high quality nursing is available for everyone in their homes and communities.

Our aim is to ensure that people receive high quality care when and where they need it, from the right nurse, with the right skills.

This report follows on from the Rising Stars report from 2015 that evaluated the impact of the QNI CNI programme between 2005 and 2014, and therefore focuses on the years 2014 to 2022.



### Introduction

The Queen's Nursing Institute Community Nursing Innovation (CNI) Programme aims to help community nurses to develop their innovative ideas and make them a reality. Since 1990 the Queen's Nursing Institute (QNI) has worked with other charities and community healthcare trust partners to fund innovative projects across England, Wales and Northern Ireland. These projects cover the whole range of community nursing specialisms including learning disability, men's health, and homeless and inclusion health.

This report follows on from the Rising Stars report from 2015 that evaluated the impact of the QNI CNI programme between 2005 and 2014, and therefore focuses on the years 2014 to 2022.

The aim of this report is to answer the following questions:

- 1 What was the impact of the QNI Community Nursing Innovation Projects on the individuals, families, carers and communities involved?
- 2 What was the impact of the QNI Community Nursing Innovation Programme on the personal and professional development of the project leaders?

The data for this report were collected through an online survey. Of the 86 projects that ran from 2014 to 2022, 59 project leads were successfully contacted for the survey, and there were 30 responses collected in total. This is a 51% response rate and represents 35% of the total number of projects that ran in those years.

The results show an overwhelmingly positive impact of the projects, not just on the individuals, families, carers and communities involved – they also have a lasting professional impact on the nurses who lead the projects. Many projects further developed to impact far beyond their original scope and went on to improve the standard of community nursing care delivered across the country. An impressive 100% of projects were successful, and 67% were renewed to run for multiple years. They had a range of measurable impacts from improving health and wellbeing, reducing health inequalities, and reducing costs of delivery. Similarly, all project leads reported that the QNI CNI programme had contributed to their professional development, with the most common outputs being that they developed new skills, improved their self-confidence and received recognition from colleagues. All project leads said that they would recommend the QNI CNI programme to others.

The success of the CNI programme showcases not just the benefits that the QNI has brought to community nursing through its support and funding, but also the impact of empowering community nurses to develop their own projects.



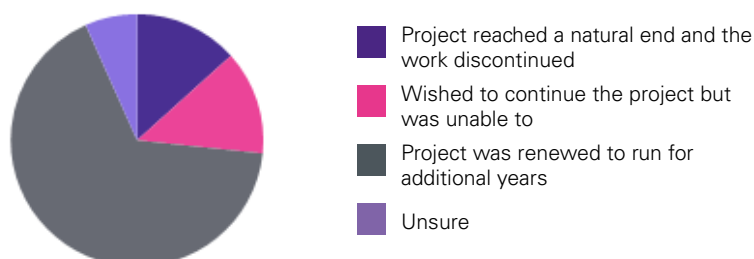


Connecting with the Senses project (2022): Jasmine Lanzaderas, Deputy Manager, Cheshire.

### Impact of QNI Community Nursing Innovation Projects on individuals, families, carers and communities involved

#### Figure 1. Progress of the project after the end of the QNI Community Nursing Innovation Programme

This shows responses to the question, 'What happened to the project after you completed the 1 year QNI innovation programme?' n=30



#### Table 1. The impact and benefits of the QNI CNIP projects

This shows responses to the question, 'What was the impact on or benefit to individuals/families/carers/communities? (Please tick all that apply)' n=30

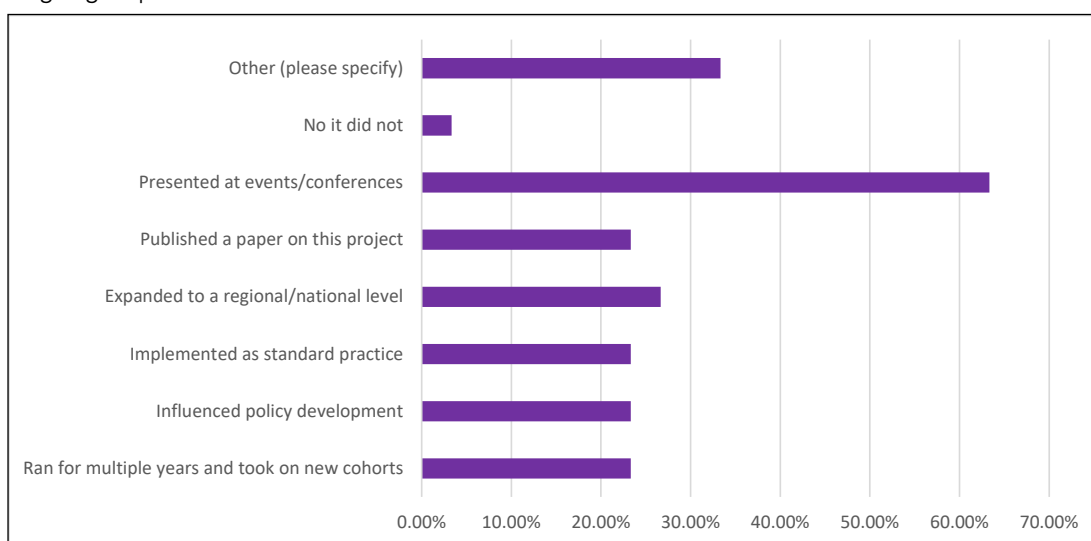
Improved health outcomes	86.67%
Increased health awareness	73.33%
Improved mental wellbeing of individuals/families/carers/communities	70.00%
Developed individuals/families/carers/communities relationships	66.67%
Reduced health inequalities	60.00%
Upskilling and/or training of staff	60.00%
Increased personalisation of care	56.67%
Increased care in the home or other community setting	46.67%
Energised and increased staff morale	43.33%
Reduced health care costs to the healthcare provider	43.33%
Improved mental wellbeing of staff	40.00%
Improved healthcare processes that saved time	33.33%
Reduced hospital admissions	30.00%
Increased digitization of care	23.33%
Reduced health care costs for the individuals/families/carers/communities	20.00%
Other (please specify)	10.00%

All project leads reported that their projects had been successful in improving the lives of the individuals, families, carers and communities involved, with 84% fully meeting, and 16% partly meeting, their aims and objectives.



**Figure 2. Wider impacts of the CNIP projects**

This shows responses to the question, ‘Has your project had an impact wider than the intended target groups?’ n=30



**Measures of Success**

One clear indicator of the CNI project successes is that 67% were renewed to run for additional years, past the year of QNI funding and support, as shown in figure 1. This is very similar to the result shown by projects from 2005-2014, where the Rising Stars report found that 65% had been renewed to run for additional years. There were an additional 13% of projects where the leads wished their projects to run for additional years but were unable to. The most common reasons for this included lack of funding for further activities, or the project lead moving to a different role or organisation. Even where a project was not renewed to run for additional years, many reported that they are still having an impact today. Overall, the respondents reported that 87% of projects are still having an impact today, greater than the 67% of projects that ran for multiple years.

It is not possible to define a project’s success by a specific impact, since each project had a different focus. Instead, this report defines success as where a project met the objectives that were set out at the start, which will be individual to each project.

All project leads reported that their projects had been successful in improving the lives of the individuals, families, carers and communities involved, with 84% fully meeting, and 16% partly meeting, their aims and objectives. The reasons why 16% (5) of the projects were partly successful varied, including COVID restrictions, unforeseen challenges, and low engagement by the individuals, families, carers and communities involved. However, of those five projects, two reported that they had implemented changes due to the learning from their first year while on the QNI CNI programme and have now improved their rates of success.

As shown in table 1, the projects’ successes led to a broad range of impacts and benefits for the individuals, families, carers and communities involved in the projects. The most commonly





*Hit Plus project (2018) Kendra Schneller, Serina Aboim, Nurse Practitioners, and Graeme Seccombe (St Mungo's outreach worker) Southwark, London*

reported benefits from the CNI projects were related to improvement in health, with 87% of projects increasing health outcomes, 73% increasing health awareness and 70% increasing mental wellbeing of the individuals involved. This is to be expected as one of the main aims of the programme is to improve patient care, which relates strongly to improvements in health.

The projects also had a positive impact on those delivering care, with 43% of projects increasing staff morale and 40% improving mental wellbeing of staff. This is a key impact, as these both help address feelings of being undervalued and the excessive pressure in the workplace that is currently contributing to issues of nurse retention (Burki, T. 2023).

There was a reported reduction in healthcare costs to providers in 43% of projects, and reduced costs to individuals reported by 20% of projects. An additional benefit to healthcare providers is that 60% of projects upskilled or trained staff, and 33% improved healthcare processes that saved time, enabling healthcare providers to improve their service to deliver better quality care for their patients.

### Alignment with NHS England Long Term Plan

In its long term plan, the NHS in England sets out five major practical changes that it strives to make including boosting 'out of hospital' care, reducing pressure on emergency hospital services, increasing personalised care, digitizing primary and outpatient care and focusing on population health (NHS England, 2019). Despite not being required to build their project aims around the long term plan, many projects reported impacts that align with these five major practical changes. As shown in figure 2, 57% of projects increased the personalisation of care. There is growing evidence linking personalisation of care to increased patient confidence in managing their care, improved satisfaction with care and reduced health inequalities (NHS England, 2024).

The aspiration for reducing care in the hospital setting was boosted by 47% of projects, by increasing care in the home or other community setting, and 23% increased digitization.

The survey did not ask questions that linked specifically to the other two major practical changes of reducing pressure on emergency hospital services, or focusing on population health; however 30% of projects reported reduced hospital admissions as a benefit which may have included reduced emergency care visits.

An additional commitment laid out in the NHS long term plan is for stronger NHS action on health inequalities, to which 60% of projects also contributed (NHS England, 2019).

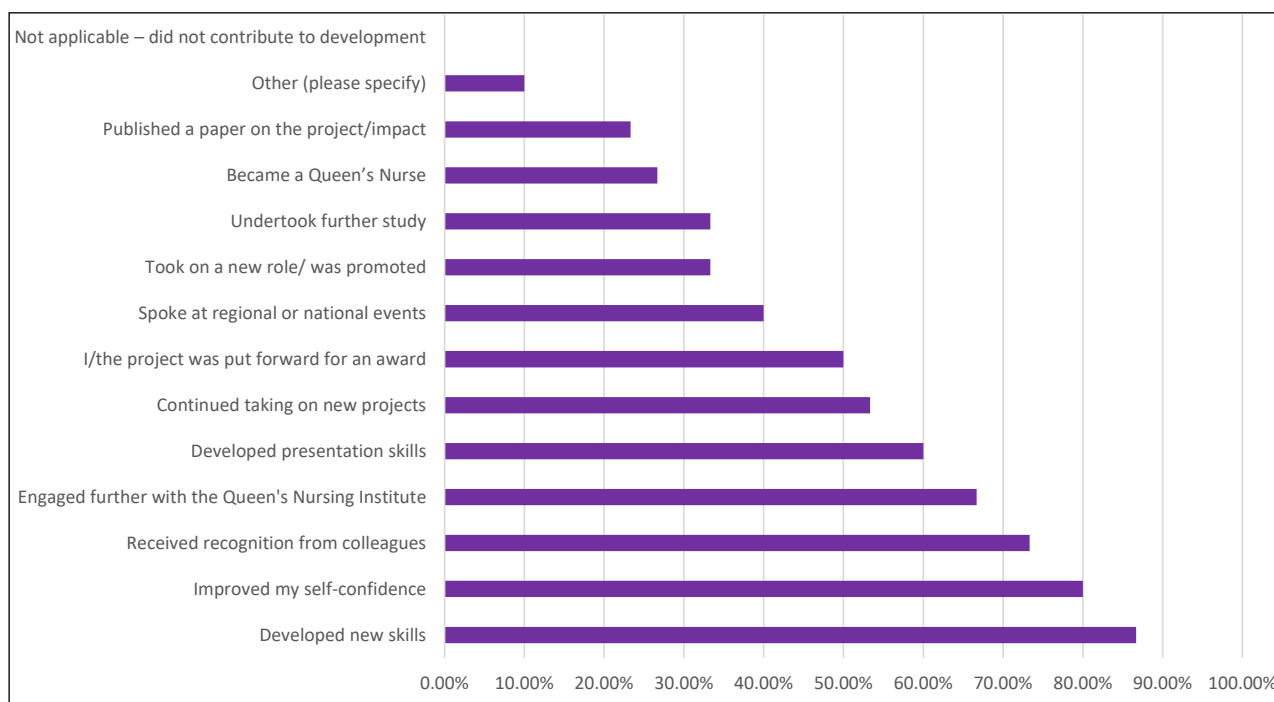
The QNI community nursing innovations projects did not just impact their communities and nursing practices, there was also significant positive impact on the project leads who undertook the project work



In addition to the impacts realised by the initial project participants, 87% of projects reported having an impact wider than the project group. Of those projects, 23% achieved this by running for multiple years and taking on a new cohort, 27% of projects were expanded to a regional or national level, 23% were implemented as standard practice, and 23% influenced policy development. All of the cases above expand the reach of these projects to improve the quality of care for many more patients.

What was the impact of the award on the personal and professional development of the project leaders?

**Figure 3. How did leading your innovation project support your personal and professional development?**



The QNI community nursing innovations projects did not just impact their communities and nursing practices, there was also significant positive impact on the project leads who undertook the project work. All project leads reported that leading a CNI project contributed to their personal and professional development, with the most common impact being the development of new skills reported by 87%, and improvement in self-confidence reported by 80%.

Many leads sought out additional opportunities as a result of the programme, including 53% of project leads who continued to take on further projects and 33% that undertook further study after the programme. Although this is a very positive outcome, these are both lower than the finding from the 2015 Rising Stars report, where 69% of project leads reported that they continued to



*The Health Bus – Gypsy/Romany/Traveller Health Outreach, Children and Family Health (2018): Lisa Gavin, Clinical Service Manager, Gypsy, Roma Traveller & Inclusion Health at Children and Family Health, Surrey*

take on projects, and 47% undertook further study (Bryar, R. 2015). This change may be caused by the reduction in CPD budgets for nurses from £205m per year in 2015/16 to £83.5m in 2018/19 (Royal College of Nursing, 2019)

The Queen’s Nursing Institute also provides opportunities for continuing professional development for nurses, and 67% of leads continued to engage with the Institute after the CNI programme completed. Of those, 27% went on to become Queen’s Nurses. The Queen’s Nurse (QN) title is awarded to nurses who have demonstrated a high-level of commitment to patient care and nursing practice (QNI, 2024).

Of the project leads, 63% presented at events and conferences, including 40% who spoke at regional or national events, and 23% published a paper on their project. This indicates that the project leads have not only had the confidence to put themselves forward to present or publish, but also demonstrates the presentation and academic writing skills that project leads had the opportunity to learn during the CNI programme. Given the clear success and impact of the CNI projects, there is an opportunity to provide support to the project leads to share their best practice with other care providers and community nurses at the end of the project year. The current QNI CNI programme in 2023 has added a new speaker to share the benefits and advice for publishing. The impact of the project leads’ professional development is highlighted by the fact that 75% said that they had received recognition from colleagues for their work, and 33% of project leads were promoted or took on a new role as a result of their project. This is higher than reported in the 2015 Rising Stars report where 19% of project leads were promoted (Bryar, R. 2015).

Finally, 50% of projects were nominated for an award, half of which were successful. This is an incredible achievement and showcases the excellence of not just the projects but also the nurses leading these projects.

### QNI Community Innovation Project Case study

Lisa Gavin’s project: The Health Bus – Gypsy/Romany/Traveller Health Outreach, Children and Family Health Surrey (link to <https://childrenshealthsurrey.nhs.uk/>)

This case study demonstrates the wider effect of specific impacts, such as improving relationships, and how projects that were initially partially successful can still have huge positive benefits.

In 2018, Lisa, Clinical Service Manager, Gypsy, Roma Traveller & Inclusion Health at Children and Family Health Surrey originally set out to collect evidence on the health inequalities experienced by the Gypsy, Romany, and Traveller (GRT) communities with a project to provide a targeted health visiting service to Traveller sites by creating a “Health Bus” service across east Surrey. The



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aim of the “Health Bus” project was to identify and treat health problems in children, increase the uptake of immunisations, identify and support the management of diabetes and heart disease in GRT communities, and reduce the barriers that contributed to health inequalities by providing advocacy and better access to health services.

The main benefits of the “Health Bus” project were improved health outcomes for the community, and better mental wellbeing. The staff involved benefited from developing stronger relationships with the communities, but due to limitations of using the library bus the project was only partly successful. However, Lisa was able to build upon this initial project and use the experience from it to build a more successful model to provide health care services for these communities and now leads an award-winning inclusion health service.

As part of the QNI CNI programme Lisa was able to develop new skills, including building a business case, models for measuring outputs, cost effectiveness, and public speaking. Using these skills Lisa was then able to develop a new business case based on the learnings and evidence from the first project for a further two years funding to continue the work.

Lisa used the evidence gained from the QNI project to support a successful bid for a Surrey wide GRT project, and launched it with a conference on GRT health inequalities. The conference had a range of eminent speakers and panel, including members of the GRT community, and was funded using the remaining funds from the QNI CNIP. Lisa’s work with GRT communities now includes co-leading an online GRT Women’s health group, running a clinic for GRT women and children in a GP surgery, advising as part of a national steering group for asylum seeking women, and contributing to the Surrey GRT Strategy Group. She is also a committee member of the Surrey Community Gypsy and Traveller Forum and the QNI Homeless and Inclusion Health network, linking with other nurses who work with these and other marginalised communities.

The service has been recognised and expanded even further to be included as part of the core community services offer for the county and was awarded the Burdett Trust award for complex needs in primary care and overall winner of all categories.

During COVID, Lisa promoted the uptake of the vaccine in GRT communities by partnering with the well-known Romany filmmaker Jake Bowers to produce a film “Give COVID the jab” (<https://www.youtube.com/watch?v=D4-S7xdnsec>) and by supporting primary care and vaccination teams to go onsite and provide vaccinations.

Lisa shared that the work she does now ‘wouldn’t have happened without the early baby steps of the innovation project’, especially the strong relationships and trust that Lisa had developed with the GRT community which was a key output of the initial “Health Bus” project, as well as her professional development to promote Inclusion Health and to challenge health inequalities with other marginalised population groups.

You can find out about the Children and Family Health Surrey Inclusion Health Team here: <https://childrenshealthisurrey.nhs.uk/services/inclusion-health-team-supporting-gypsy-roma-and-traveller-showmen-and-boater-homeless-and-asylum-seeking-families>



*Health Champions for the Homeless project (2018): Sihle Malapela, Nurse Practitioner; Abdul Rawkib, Commissioning Manager; Sultan Ahmed, Administrator; Newham, London*

## Conclusion

As set out in the introduction, this report aimed to answer the following questions:

- 1** What was the impact of the QNI Community Nursing Innovation Projects on the individuals, families, carers and communities involved?
- 2** What was the impact of the QNI Community Nursing Innovation Programme on the personal and professional development of the project leaders?

This report shows that 100% of projects either met or partly met their objectives and had varied positive impacts, including outcomes that align with key NHS priorities from the NHS long term plan. The most common impacts were directly related to improvements in health for the individuals, families, carers and communities involved. In 87% of projects, the impacts are still being felt today, and 67% of projects have continued for multiple years.

When compared with the findings of the 2015 Rising Stars report, these findings are very similar. The Rising Stars report also found that all CNI programme projects had a positive impact on the individuals, families, carers and communities involved, and that 65% of projects continued past the programme year (Bryar, 2015). This report has built on the Rising Stars report to explain the types of impact that projects are having.

This report has also identified key impacts on the professional development of project leaders who took part in the Community Innovation Nursing programme. All project leads gave examples of at least one way in which the programme contributed to their professional development, and the most common examples were developing new skills and improving confidence. The long-term impact of their professional development is highlighted by the number of project leads who sought out further opportunities after the programme such as publishing papers and taking on a new role.

One limitation of this report is its relatively small sample size with 30 responders, which is 35% of the total 86 projects that ran from 2014 – 2022. Whilst this sample may reflect the experiences of all project leads, with a sample of this size, it should be recognised that these results could include an over-representation of project leads with more positive experiences, or those with fewer positive experiences.

This report shows that 100% of projects either met or partly met their objectives and had varied positive impacts. In 87% of projects, the impacts are still being felt today, and 67% of projects have continued for multiple years.



### Recommendations

Based on the findings from the survey this report sets out the following recommendations:

- 1** Give consideration to tailoring project reviews to measure impact against current national and regional strategic healthcare priorities.
- 2** Introduction of 'before' and 'after' surveys for project leads to more accurately evaluate the impact of the programme on professional development.
- 3** Give consideration to provide further support and to facilitate more project leads to publish papers on their projects.

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