

WHAT REALLY MATTERS...?

A Vision for Nursing in Older People's Services



Report Produced September 2016

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ABBREVIATIONS

A&E	Accident and Emergency
ANPs	Advanced Nurse Practitioners
COE	Care of Elderly
DHSSPSNI	Department of Health, Social Services, Public Safety Northern Ireland
DoH	Department of Health
ECG	Education Commissioning Group
HCA	Health Care Assistant
HND	Higher National Diploma
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCT	Health and Social Care Trust
MDT	Multidisciplinary Team
NHS	National Health Service
NI	Northern Ireland
NISRA	Northern Ireland Statistics and Research Agency
NMC	Nursing and Midwifery Council
PHA	Public Health Agency
PPI	Personal and Public Involvement
RCN	Royal College of Nursing
TYC	Transforming Your Care

INTRODUCTION

It is becoming more evident that Northern Ireland (NI) should have the appropriate nursing workforce requirements to ensure services are of a high quality and delivered in a safe and effective way by a competent and motivated workforce. To enable this, we need to ensure that effective and appropriate pre and post registration education programmes are in place and that continuous professional development is available along with ongoing support for nurses and healthcare workers practicing in older people's settings. Alongside these requirements, it is vital that the workforce availability for nurses to take up posts in care of older people's settings is reviewed. To compliment this, the development of career pathways should be enhanced and promoted as a professional opportunity for nursing staff in care of older people's care settings across NI.

The Education Commissioning Group (ECG) for Nursing & Midwifery Education in Northern Ireland hosted a regional workshop in September 2015 which was attended by senior nurses from across NI, representing Health and Social Care Trusts (HSCTs), independent sector, Royal College of Nursing (RCN), education/universities and the Public Health Agency (PHA).

The purpose of the workshop was:

- To scope out the changing perspectives for older people's services;
- To consider the impact for nursing workforce requirements within older people's caring environments across NI;
- To identify and explore potential nursing career opportunities and pathways in older people's services;
- To consider key solutions to inform pre and post registration;
- To explore models of good practice in the care of older people;
- To consider models of service user and carer involvement to influence recommendations.

During the discussions at the ECG workshop a set of draft regional and local actions were produced to incentivise and develop initiatives in older people's care environments that encourage positive workforce solutions for nursing posts and consider the points made above.

The key themes identified and agreed within the action plans were:

- 1. Workforce solutions to nurse shortages across NI;**
- 2. Changing service needs;**
- 3. Nurse education pre and post registration and healthcare workers;**
- 4. Innovations for practice throughout care environments.**

One of the recommendations from the ECG workshop was to host local engagement events in each HSCT area. The purpose would be to further a set of recommendations which will aim to improve services and career pathways for nurses in older people's services under the agreed themes.

The PHA chaired a regional project steering group which represented all key stakeholders. A regional project plan and timeline was agreed with key objectives set out which incorporated specific deliverables against the identified themes.

The PHA agreed to take this work forward and to provide guidance and assistance to identified HSCT leads. It was agreed that the appointment of time limited, Band 7 nursing posts for older people initiatives in each HSCT would support the key objectives of this work. This was resourced from the PHA during 2016.

During this process the PHA recognised the importance of the role of service users, carers and the public in influencing the planning, commissioning, design and delivery of HSC services in ways that are accessible and meaningful to them. Service user and carer knowledge and expertise is a vital component of any discussion around ensuring a service is safe, of high quality and is efficient. Therefore, in accordance with its Personal and Public Involvement (PPI) responsibilities and in compliance with the Statutory Duty of Involvement and Consultation, outlined under the HSC (Reform) NI Act 2009, the PHA has ensured that the voice of service users and carers has been an integral component of this work since its inception. This is in keeping with the aim of building a Vision for Nursing in Older People's Services, based on a partnership approach. The ethos of collaboration and meaningful involvement has also been reflected in the production of this report, with input from HSC partners and staff, nursing students, Age NI and service users and carers themselves.

The engagement across each HSCT area was progressed in early 2016 and consolidated at a regional workshop held in May 2016, in partnership with Age NI and other key stakeholders from a range of HSC organisations, nurse education, nursing students, independent sector, community and voluntary sectors, users, carers and their families. The development and implementation of a "co-design model" for user engagement played an integral role in influencing, designing and reviewing services for older people in a range of care environments. Apart from meeting statutory obligations, this co-design approach has the benefit of availing of expertise, knowledge and experience of service users and carers, helping to highlight areas of good practice/achievement and areas of improvement which could inform the future development of nurse training and enhance the provision and profile of nursing services in care of older people's settings.

The implementation of the regional action plan within this report will be taken forward by the PHA as part of the implementation of the Public Health Strategy recommendations (Making Life Better¹, DHSSPS 2013) in partnership with other HSC organisations, agencies and the community and voluntary sector.

¹ https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf

1. STRATEGIC CONTEXT

In Northern Ireland we have the fastest growing population of any country within the UK (DHSSPS, 2013).

The population of Northern Ireland is increasing and has been every year since 1979². This trend is expected to continue; between 2014 and 2019 the population is projected to increase from 1.840 million to 1.894 million – a 2.9% increase. In the longer term the population is projected to reach 2.021 million by 2039 – a 9.8% increase from 2014.

Older people are significant users of health and social care services and account for almost a fifth of the Health and Social Care budget expenditure.

Older people are significant users of health and social care services and account for almost a fifth of the Health and Social Care budget expenditure. Around 60% of acute hospital beds are typically occupied by people over 65.

In 2014/15, 58% of those aged 75 and over and 38% of those aged between 65 and 74 had mobility difficulties, compared to one fifth (20%) of all those aged 16 and over.

As an individual's age increases, so too does the likelihood of them suffering from a long standing illness. In 2014/15, 69% of those aged 75 and over reported a long standing illness, compared with 61% of those aged 65-74, 47% of those aged 45-64 and 25% of those in the 16-44 age bracket.

The Dementia Strategy³ (DHSSPS, 2011) indicates that levels of dementia are projected to increase to 60,000 by 2051, from 19,000 in 2010. Between 17-21% of the population have a physical disability, and around 37% of households include at least one person with a disability (NISRA, 2014).

Making Life Better – A Whole System Strategic Framework for Public Health 2013–2023⁴ aims to meet the challenges of ageing populations, including older people with disabilities. There needs to be an increased emphasis on health promotion, disease prevention and physical and mental rehabilitation, which incorporates a life-long approach to positive health.

² <https://www.ofmdfmi.gov.uk/sites/default/files/publications/ofmdfm/a-profile-of-older-people-in-ni-annual-update-2015.pdf>

³ <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/improving-dementia-services-2011.pdf>

⁴ https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf

Action should focus on:

- Advancing health and wellbeing into older age;
- Reducing inequalities experienced by older people;
- Promoting the inclusion and full involvement of older people in society and in their local communities;
- Improving the provision, quality and safety of services and care to address the needs of people as they age.

The PHA is committed to taking forward the strategic intentions set out in this Public Health Strategy with other key organisations and stakeholders across NI. The inclusion of the recommendations from this report will be part of the priorities the PHA will take forward over the next planning period, in regards to Making Life Better.

The public place a high priority on the availability of good care for older people. The PHA supports a partnership approach that is integrated with other organisations, agencies, service users and carers to ensure and promote healthy ageing and preventative approaches, which should take a holistic view of older people's needs.

The delivery of new service models for older people to meet the demographic challenges is significantly dependent on the development of an appropriately trained and competent nursing workforce.

It has been acknowledged through discussions with key stakeholders, which included service users, carers, senior nursing staff, students and HSCTs across NI, including the NI Nurse Education Commissioning Group, that there are additional emerging challenges for the nursing workforce, these include:

- Demographic changes and meeting the demand of the aging populations with complex conditions and the wider Public Health agenda to promote ageing well and predict anticipatory care needs;
- The drive to prevent hospital admissions and to ensure a shift to prioritise care in the community;
- Financial challenges across the HSC system;
- Availability of the nursing workforce in NI including the need for additional training places (pre-reg);
- Resource capacity requirements to support a consistent process regionally for nurse education and professional development;
- The impact for non-medical prescribing for existing nurses in older people's care settings;
- Ensuring the voice of the service user and carer is heard in the planning and delivery of older people's services, and promotion of effective service user and carer involvement models for service co-design;

- The development of eHealth technologies, including tele-monitoring and the requirement for advanced physical assessments;
- Improving patient satisfaction and managing patient expectations;
- Developing and encouraging nurse leaders in care of older people's settings;
- Improving patient satisfaction and managing patient expectations;
- Consistent nursing/peer support networks to reduce isolation.

It is recognised that the demands for nurses in older people's settings will become greater as the health and social care landscape in NI continues to evolve. This will also be evident in the in the required policy reform in the shift from acute to community based services. Consideration also needs to be given to quality and patient safety issues as highlighted in a range of recent regional and national strategies, reviews and public inquiries including:

- Quality 2020 Strategy (*DHSSPS, 2011*);
- Mid-Staffordshire NHS Foundation Trust Public Inquiry (*Francis, 2013*);
- Independent Review into Healthcare Assistants and Support Workers (*Cavendish, 2013*).

A range of professional issues will also have a significant impact on the nursing workforce, including the following:

- A Revised NMC Code for Nurses and Midwives (2015);
- A new NMC Model of Revalidation (2015);
- Development of Advanced and Specialist Practice Roles and implementation of the
- Advanced Nursing Practice Framework (DHSSPS, 2014);
- Implementation of Standards for Supervision for Nursing (DHSSPS, 2007).

2. METHODOLOGY

2.1 COMMITMENT TO PERSONAL AND PUBLIC INVOLVEMENT (PPI)

The PHA regards Personal and Public Involvement (PPI) and the Statutory Duty of Involvement and Consultation, as a vital component of the approach to this important initiative.

PPI is the process whereby service users, carers and the public are empowered and enabled to inform and influence the commissioning, planning, delivery and evaluation of services in ways that are relevant and meaningful to them.

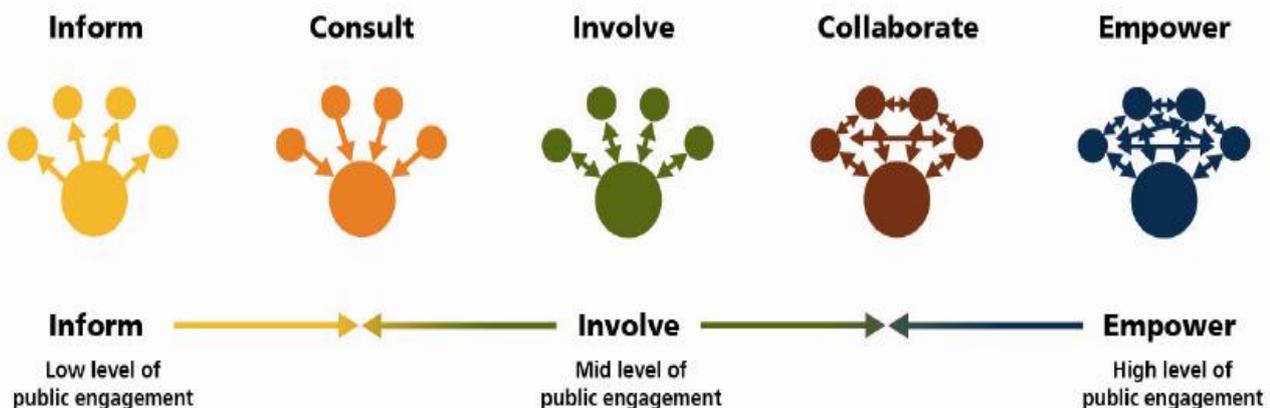
The Statutory Duty to Involve and Consult as detailed in the HSC (Reform) Act (NI) 2009 places a legal responsibility on HSC organisations in this regard. Each HSC organisation, to which the legislation applies, is required to involve and consult people on:

- 1) The planning of the provision of care;
- 2) The development and consideration of proposals for change in the way that care is provided;
- 3) Decisions that affect the provision of care.

PPI is underpinned by a set of values and principles, but at its core is the drive to achieve truly person centred services, where service users, the carers and the public are fully engaged in a partnership based approach to health and wellbeing, whether that is at the strategic, or individual level of care planning and provision. The impact of PPI has been demonstrated in a range of areas from efficiency, and effectiveness, where services have been tailored to need, reducing wastage and duplication, to improvements in quality and safety, to increased levels of self-responsibility for one's own health and wellbeing.

Figure 1 represents a diagrammatic illustration for the key requirements for Best Practice in PPI.

Figure 1 - Best Practice in PPI



The PHA acted as a facilitator to co-ordinate and provide project leadership and support to this initiative using the process of PPI as a guiding principle. The process involved setting up a supportive network that would facilitate meaningful engagement with all key partners to inform the 4 themes and related areas for improvement and action within the Vision for Nursing in Older People's Services. This engagement was coordinated at local HSC level through workshops, focus groups, social media and online questionnaires to inform local actions. A regional workshop

was held in May 2016 to consolidate and agree the findings and recommendations which are included in this report.

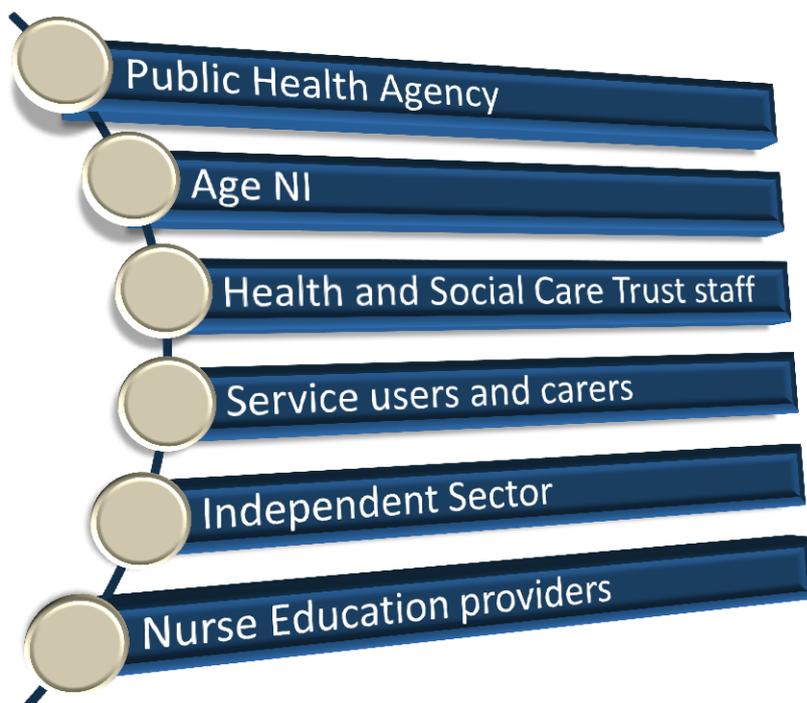
2.2 THE CO-DESIGN ETHOS

The methodology described here sets out the steps that were taken by the PHA as the regional lead partner, supported by Age NI, HSC Trusts, education providers, service users and carers and the independent sector. It aimed to ensure that the key objectives for the project were agreed and delivered consistently across NI, reflecting the development of regional and local plans under the four themes that were prioritised to deliver on the Vision for Nursing in Older People's Services:

1. **Workforce solutions to nurse shortages across NI;**
2. **Changing service needs;**
3. **Nurse education pre and post registration;**
4. **Innovations for practice throughout care environments.**

The PHA as project lead, recognised that there were a number of stakeholders who needed to be engaged in the development of the vision and plans for nursing in older people's services to address the challenges set out earlier.

The partners:



The primary partners however were staff and service users. To achieve that, the PHA supported a twin track approach to involvement, co-ordinated through a regional steering group which operated from October 2015 onwards (membership listed at **Appendix 1** on Page 32).

The PHA supported internal HSC staff engagement via local Trust based involvement initiatives, whereby a Band 7 lead nurse was recruited / designated to facilitate staff participation and the development of local plans.

In conjunction with this, the PHA also made resources available to each Trust to enable them to work with Age NI as a 3rd sector partner. This facilitated an engagement exercise aimed at ensuring that the voice of service users, carers and their advocates was included in the development of a Vision for Nursing in Older People's Services.

The PHA, HSC and Age NI, with direct input from service users and carers, worked together to co-design the model of engagement to ensure that the expertise, knowledge and experience of staff, service users and carers was captured to inform good practice, stimulate improvement and shape the future development of nurse training and provision of care in older people's services.

A "co-design approach" was designed, developed and utilised, which embraced the concept of shared decision making between commissioners, service providers, advocates and service users and carers themselves.

The model supports the creation of an agreed key goal or vision and guides stakeholders on the journey to ensure optimum ownership, efficient utilisation of knowledge, skills and experience and effective delivery.

This approach recognises the knowledge, expertise, experience and skill set of all relevant stakeholders, enabling more informed, more tailored and agreed decisions and plans to be developed. From a PPI perspective this approach ensured that:

- Older people themselves had a say in what was being examined;
- Those in receipt of services and their carers could share their knowledge, expertise and experience of nursing services;
- Service users and carers could input into plans for the development of a Vision for Nursing in older people's Services in NI;
- Older people could be provided with a platform to engage in direct dialogue with other key stakeholders including HSC staff, educators and the independent sector to advise on the production of the recommendations in the report.

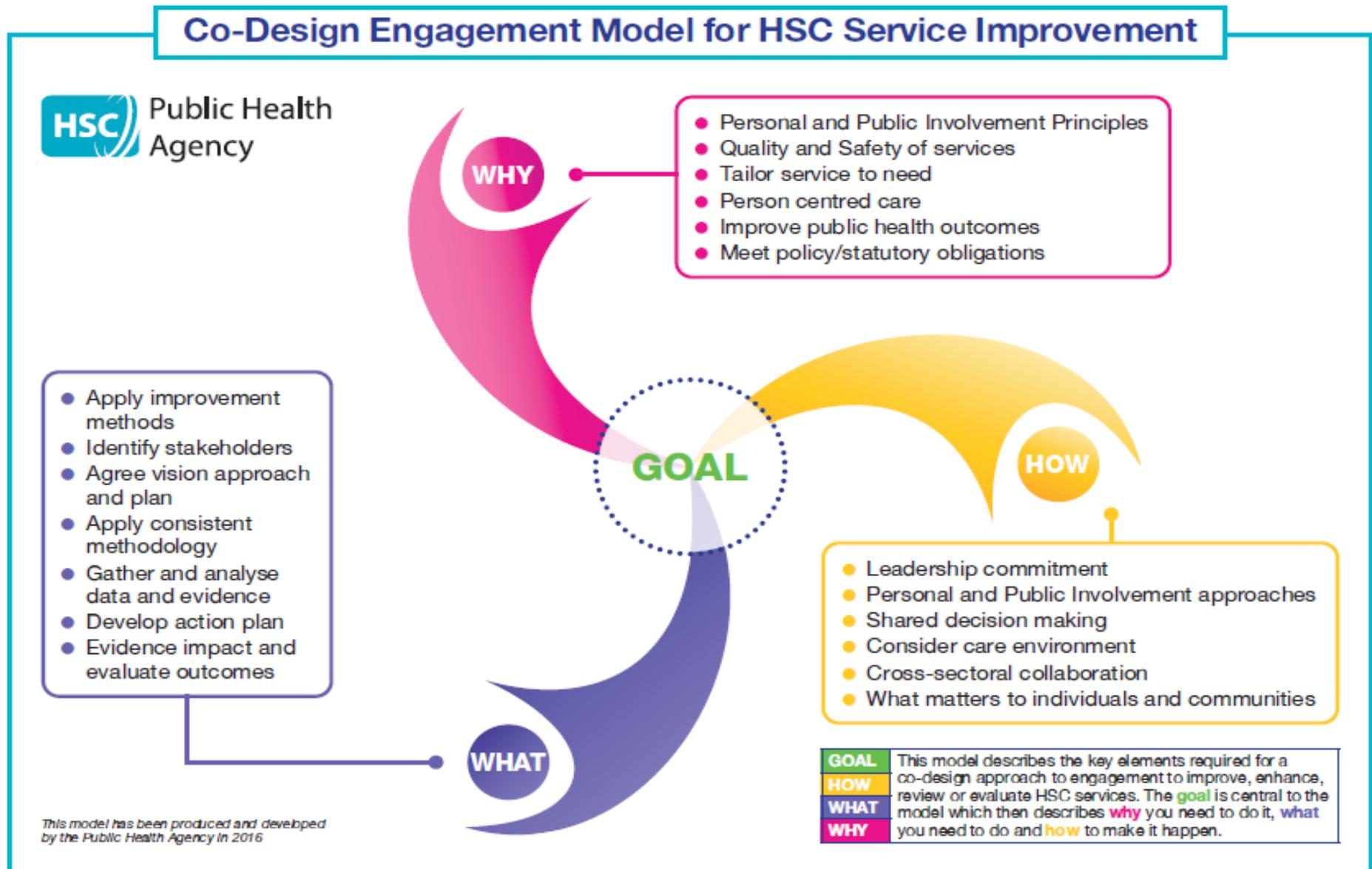
The engagement model which was developed through this “co-design approach” featured:

- Joint development of key project aims and objectives;
- The production by the diverse steering group, of a questionnaire/survey template which could be utilised by both HSC and Age NI;
- The division of responsibilities across the target audience, with co-operation and support from HSCTs and the independent sector to facilitate access by Age NI to service users and carers in their premises;
- The use of peer facilitators to undertake face to face interviews and engagements, in particular with older, vulnerable or easy to ignore groups, whilst also encouraging participation across Section 75 (NI) categories;
- The use of postal /electronic surveys /questionnaires, again designed in partnership;
- Collaboratively running workshops in each HSCT area in a non-HSC setting, followed by a regional event to present draft findings and facilitate a discussion on the proposed way forward and agree the regional action plan.

This co-designed model of engagement ensured that the original targets for levels of engagement were easily surpassed. The partnership approach between the sectors and specifically the input by the peer facilitators brought an added value to the whole project. The in-depth qualitative insights that were secured through the intensive, personalised approach of the peer facilitators were such that this plan now under development for the future of nursing in older people’s services, has a level of authenticity, ownership and clarity of purpose that inspires real confidence in the proposed direction of travel.

Figure 2 overleaf, illustrates a graphical representation of the Co-Design Engagement Model for HSC Service Improvement developed by the PHA (2106).

Figure 2 Co-Design Engagement Model for HSC Service Improvement, 2016 (PHA)



2.3 ENGAGEMENT APPROACH

Working in conjunction with the PHA led regional project steering group, a local planning group was set up in each HSCT as part of the project management arrangements. It also took the lead in directing local engagement and consultation through a diverse range of stakeholders.

As part of the local engagement and consultation, a local planning group was set up in each Trust. This included staff from hospitals, community, Age NI, independent sector and education settings who had an interest in older people's services. An engagement briefing paper from PHA (**see Appendix 2** on Page 34) was shared with the group and discussions were facilitated through the regional steering group, chaired by the PHA. This process brought a level of regional consistency to the process and set out key deliverables and an agreed timeframe to be achieved by each lead for the duration of the project. The regional group also provided a level of peer support and facilitated collaboration with the key stakeholders and the main external partner organisation, Age NI. More details of the engagement timeline process can be found at **Appendix 3** on Page 38).

2.4 STAFF ENGAGEMENT

The appointment of Health and Social Care staff who dedicated time to this allocated project, was key to securing the engagement of staff, service users, carers and other key stakeholders at local level. To facilitate this engagement, the PHA invested in Band 7 / Nursing Lead posts in each Trust area to coordinate the local engagement process and to involve staff, independent service providers, educationalist and community and voluntary sector stakeholders to achieve the key objectives of the project.

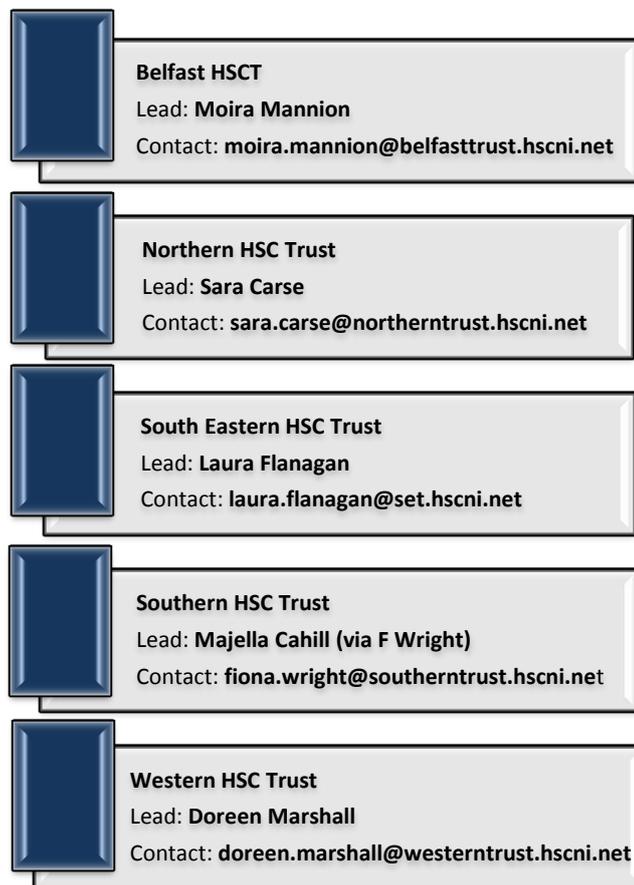
The engagement and consultation with staff in each HSCT was facilitated through a range of methods including focus groups, one to one interviews and questionnaires. (see **Appendix 4** on Page 40). Questionnaires based on the 4 main themes were prepared on Survey Monkey and hard copies were printed for distribution.

Figure 3 below illustrates the level of engagement and attendance at one of the local HSCT workshops which varied from 18 to 45 participants across the 5 HSCTS.

Figure 3 - HSCT engagement workshop



The Nursing Leads in each Trust were at the forefront of local engagement activities, disseminating staff and service user and carer surveys, organising workshops; consolidating staff feedback and facilitating Age NI to access Trust based service users and carers. The Nurse Leads were responsible for formulating the local action plans for each Trust. These local HSCT action plans are being taken forward in each HSCT area and will contribute to the overall regional recommendations in this report.



2.5 PUBLIC ENGAGEMENT WITH SERVICE USERS, CARERS AND FAMILIES

To secure the active and meaningful involvement of services users, carers, families and the wider public, the PHA established a partnership with Age NI, to facilitate the voice of service users and carers in this process.

Age NI was selected as a key partner because of their:

- Commitment to ensuring that the voices of older people and carers are central to decision-making in policies and services which affect their lives;
- Reputation as a respected, independent 3rd sector organisation with a regional presence across Northern Ireland;
- Proven track record in service provision, partnership working and engagement activities;
- Access to a large network of clients, groups and partners across the age sector;

- Use of integrated marketing and engagement techniques to stimulate, foster and encourage meaningful public involvement and in particular, peer facilitation to engage lesser heard, hard to reach voices;
- Position as being independent of the HSC.

Age NI's role was to:

- Liaise with the identified Trust leads to organise and facilitate an engagement meeting in each Trust area;
- Use the peer facilitator team to conduct visits to day-care facilities, residential homes and hospitals to canvass the views of older people;
- Distribute and collate both online and offline surveys / questionnaires to older people and the wider public;
- Extract the information/feedback against the questions/objectives;
- Produce HSCT area based reports on the engagement exercise and to help shape the development of an overall regional report;
- Participate in and present findings from the engagement with older people at a regional workshop;
- Recommend ways in which to maintain an on-going dialogue with the stakeholders and in particular the service users, carers and their advocates.

2.6 AGE NI'S MULTICHANNEL APPROACH TO ENGAGEMENT WITH SERVICE USERS AND CARERS

Age NI's approach to engagement was multi-channel in nature. As regional advocates they are acutely aware that the population they work with are very diverse in nature. A 'one glove fits all' approach would not have been appropriate.

Older people were given the opportunity to drive and influence real change, which will affect not only them but older people in the future.

In order to ensure that people from all walks of life, in diverse situations and circumstances were engaged and had an opportunity to be meaningfully involved in discussions about the future shape and nature of nursing services, Age NI devised comprehensive engagement plan as outlined in **Figure 4** below.

Figure 4 - Multi-Channel Approach



2.7 THE VALUE AND IMPACT OF PEER FACILITATORS

The peer facilitators were older people themselves. They had an affinity with some of the issues being discussed. They were seen by the participants as people they could open up to. The facilitators also helped shape the format of the involvement process, co-designing questions, agreeing the approach and suggesting how to conduct the engagement etc.

The Age NI use of peer facilitation was critical to the success of the involvement process because facilitators 'go where people that they need to engage with are' ie. nursing homes, hospital wards, day hospitals, out-patient clinics, health centres and to people living independently at home.

This ensures that the voices of people who may not have the opportunity to participate in an online survey, complete a hard copy questionnaire, attend a workshop or a focus group in a community setting are listened to and valued. They were given the opportunity to drive and influence real change, which will affect not only them but older people in the future.

Involvement is based on the principles of empathy and understanding, with facilitators having experience and knowledge of the issues being discussed with the older person.

Facilitators used a semi-structured interview technique and conversational approach to explain what the purpose of the exercise was. They set out the terms, secured the required consent and got to know a little about the person's background or current situation. They may have spent time doing this over a cup of tea or relaxing in a space that was comfortable for the older person.

They took time to engage with the person on the topics being discussed, going at their pace, using a series of prompts if necessary, explaining the question in plain terms. They were careful not to rush the person, but at the same time kept the conversation on track and relevant. **Appendix 5** on Page 44 provides detail of the proforma that was used by the peer facilitators to obtain responses from service users and carers that they engaged with during the project.

It is worth noting that 67% of those who availed of the peer facilitation method of engagement were aged 80+, with the oldest participant being 100 years old.

Figure 5



Figure 5 shows a photograph of 2 of the peer facilitators sharing their feedback at the regional event in May 2016.

2.8 DIGITAL MARKETING PROMOTING ENGAGEMENT

The digital marketing campaign employed by Age NI to promote the engagement, was instrumental in helping to generate high levels of interest in the exercise. Age NI used its digital marketing expertise to promote the engagement across a wide range of channels to target all age categories. This included advertising on Facebook plus digital promotion through Age NI's Website, E-zines and social media channels.

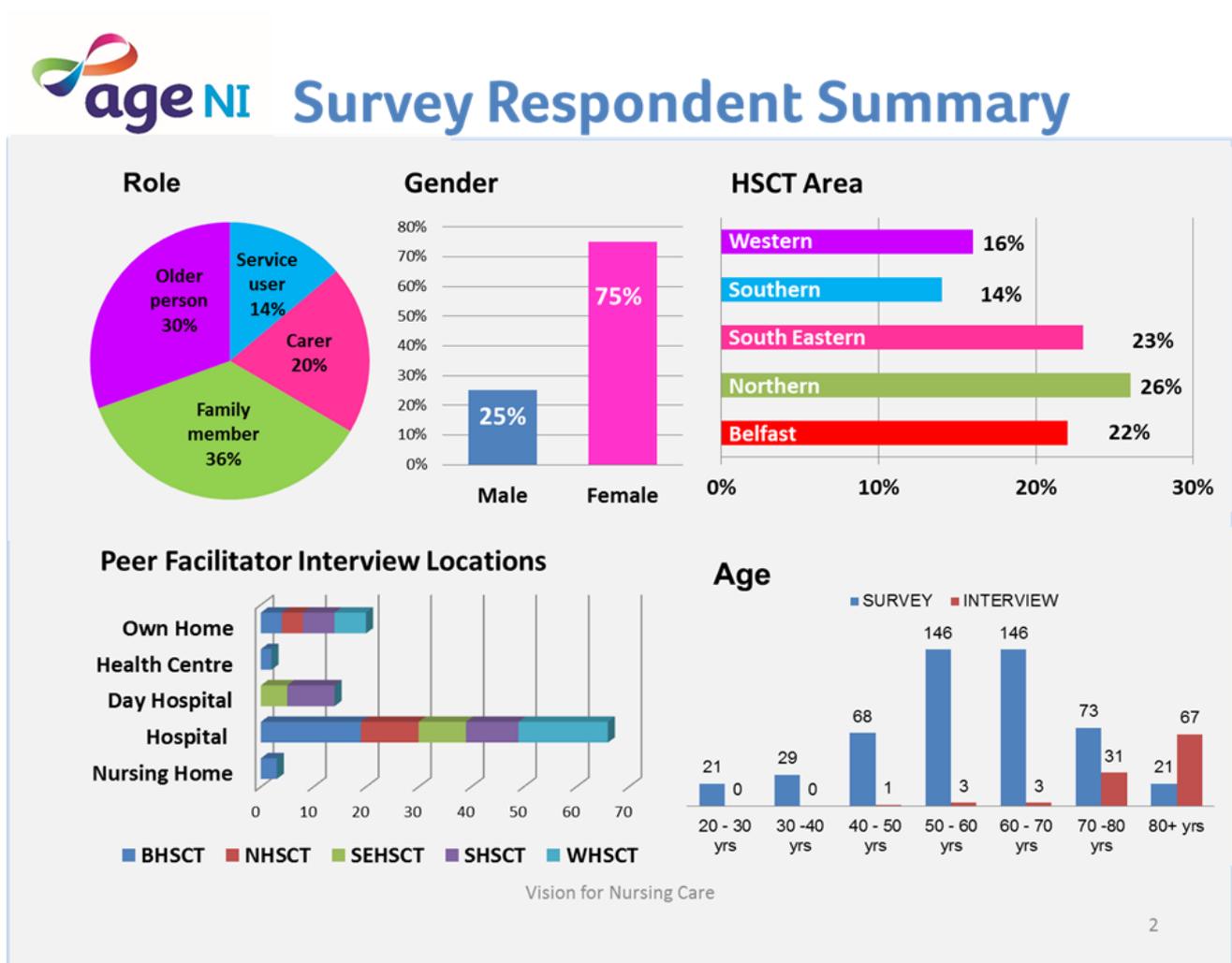
Figure 6- Digital Marketing Results



75% of the online surveys originated from Age NI's bespoke channels and 25% from Facebook adverts.

Figure 7 summarises the survey response results and gives details of: Respondents by Role, Gender, HSCT Area, Gender, Peer Facilitated Interview, Location by HSCT and Age.

Figure 7 - Engagement Summary



3. ENGAGEMENT RESULTS

Huge levels of active involvement and engagement were secured across the HSC system and with service users, carers and their advocates. Much of this was down to the partnership approach that was adopted, with all key stakeholders taking ownership of and agreeing responsibility for the initiative.

3.1 OVERALL ENGAGEMENT

Over 1,300 staff partners, service users and carers were engaged in the process which involved staff, partners and public consultations i.e.

- 333 staff completed surveys;
- 122 from Independent and Education Partners;
- 540 online surveys with service users, carers, family members and friends;
- 105 in depth one-to-one interviews by peer facilitators with lesser heard, hard to reach older people;
- 172 staff from the HSC sector, independent sector, nurse education providers, community and voluntary sector, service users, carers and advocates attended the HSC Trust workshops in March 2016;
- 110 staff from the HSC sector, independent sector, nurse education providers, attended the regional workshop hosted by PHA in May 2016.

A total of **645** older people participated via a range of engagement methods. The online survey attracted 540 responses. 105 hard to reach, easy to ignore older people were supported to participate in the engagement through Age NI's team of peer facilitators. The responses and feedback from older people has informed the key areas for improvement/action across the four themes agreed to produce a Vision for Nursing in older People's Services:

- 1. Workforce solutions to nurse shortages across NI;**
- 2. Changing service needs;**
- 3. Nurse education pre and post registration;**
- 4. Innovations for practice throughout care environments.**

Appendix 6 on page 48 provides a summary of direct quotes from older people from the questions they responded to.

3.2 WHO WE ENGAGED WITH – OLDER PEOPLE, THEIR CARERS AND ADVOCATES

Age NI Survey Summary

- **Role of Respondents:** .Participants in the online survey covered the full range of roles including: service users, older people (who are not service users), carers and family members.
- **Gender Breakdown of Respondents:** The gender split was 25% male and 75% female. (71 females and 35 males took part in the peer facilitator interviews; 372 females and 126 males indicated their gender in the online survey; 42 made no indication.

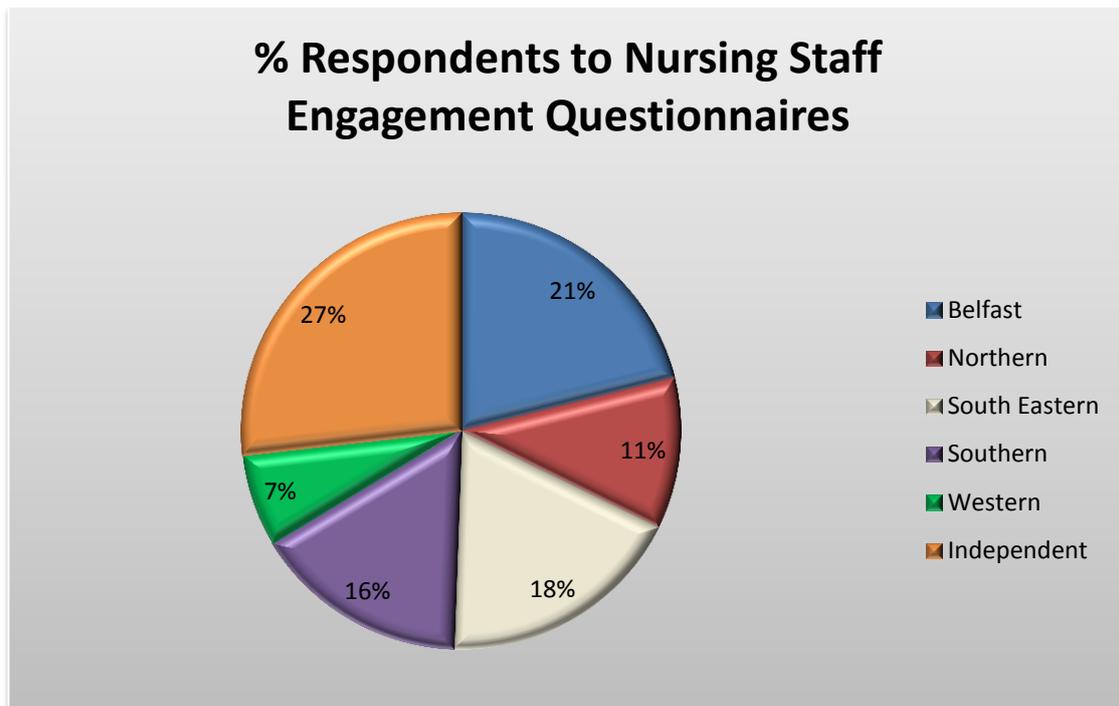
- **Spread across HSCT Areas:** There was a representative spread across the five HSCT areas (Western 16%; Southern 14%; South Eastern 23%; Northern 26%; Belfast 22%).
- **Peer Facilitator Interview Locations:** These included Care Homes; Health Centres; Day Hospitals; Hospitals and Nursing Homes.
- **Age Range of Respondents:** .The majority of the survey participants (72%) were aged between 50-80 years old. Peer facilitated Interview participants were aged over 80 years old ensuring that the voices of lesser heard service users are included.

3.3 WHO WE ENGAGED WITH – HSC STAFF

Overall, there were 333 responses by nursing staff and 122 from the independent sector and education partners. Figure 8 illustrates the breakdown of these respondents. The responses were collated and analysed by the designated Trust leads and shared at the Trust workshops held in March 2016. The purpose of these workshops initially was to provide an opportunity to inform the attendees of the aims and objectives of the project, facilitate discussion, present the findings of the surveys and feedback from the engagement exercises with staff, key partner organisations, users and carers. This approach also provided an opportunity to explore and test the elements of the co-design model of engagement using Age NI peer facilitators working in tandem with HSC staff. Each workshop included a facilitated discussion on the four themes:

1. **Workforce solutions to nurse shortages across NI;**
2. **Changing service needs;**
3. **Nurse education pre and post registration;**
4. **Innovations for practice throughout care environments.**

Figure 8 - HSCT Engagement Questionnaires with Staff



The engagement process was undertaken between October 2015 and May 2016.

The key influencing factors to determine the recommendations under each of the four themes for the Vision for Nursing in older People's Services were the views, opinions, ideas, reflections and suggestions from HSC nursing staff, education providers, independent sectors and professional bodies across NI who participated in the surveys, questionnaires, focus groups, local workshops and who attended the regional event.

There was consensus of opinion that the focus should be on maintaining a high quality nursing service for older people that focuses on person centred care. It was clear that at all levels nurses felt that safe staffing levels were a priority and strengthening the value based for nursing in older people's services should focus on the fundamentals of nursing practice ie. care, compassion, dedication, respect, dignity and communication.

The involvement of older people as an "Expert Voice" for nurse training was overwhelmingly supported as a model of best practice for nurse education. There was a very positive response from many students to include specific topics on the pre-reg curriculum and continued support for the role of a practice educator for older people's services was cited as a priority to improve the experiential learning for students on placement and create a learning culture for all staff.

Nurses who responded also suggested sharing of best practice across a regional network to recognise what was "working well" and to facilitate shared learning.

The co-design approach of engagement with service users and carers was welcomed and a call to action to raise the profile of older people's nursing was agreed as something that needs to take priority.

The responses collated from all staff including nursing staff influenced and informed the development of the key actions required for the Vision for Nursing in Older People's Services.

3.4 A SUMMARY OF ENGAGEMENT RESPONSES FROM ACROSS ALL SECTORS AND PARTNERS FOR EACH OF THE PROJECT THEMES

The following section of this report provides a short summary of all of the engagement responses gathered as part of the process using a co-design approach and a range of engagement methods. These responses reflect the input from HSCT staff, service users and carers, students, education providers, independent sector and community and voluntary sector who engaged with us at local and regional events. **Appendix 7** on page 62 provides an overview of the key themes and issues raised by all respondents for each of the four themes:

- 1. Workforce solutions to nurse shortages across NI;**
- 2. Changing service needs;**
- 3. Nurse education pre and post registration;**
- 4. Innovations for practice throughout care environments.**

Workforce solutions to nurse shortages across NI

- Additional nursing students are required in the system;
- Safe staffing levels in care of older people's environments including nursing homes should be a priority;
- Development of nursing posts and career pathways and learning and development opportunities across older people's care environments
- Focus on the basics – Respect, Dignity, Communication, Compassion and Person Centred Care;
- Add value to the HCA role;
- Review working practices in care of older people eg. exit interviews, shift patterns, buddying system;
- Improve nursing placements with additional mentorship /preceptorship and use of the “Expert Voice” model in nurse training;
- Strengthen the value base for nurses highlighting the importance of care, compassion, dedication, practical knowledge skills and communication.

Changing service needs

- Within community planning, develop a vision for age-friendly / city community schemes;
- Promote the co-design approach involving users as a positive method of identifying “What Matters?”
- Develop a Public Health nursing role “anticipating care for the over 75 age group;”
- Telehealth /eHealth to support self -care and independence. Create helpline / advice line in primary care for eg. medical reviews;
- For older people with long term conditions, the following were cited as being important:

✓[advice and information](#) ✓[Human Contact](#) ✓[Home support](#)
✓[specialist care](#) ✓[joined up care](#) ✓[avoiding hospital](#)

- Older people's family support hub / website for information;
- Promote use of volunteers in care settings;
- There is a need for a Regional Forum Network for older people's services in NI with all key partners involved.

Nurse Education pre and post education

- Continue to improve on training for :
✓[Nutrition & hydration](#) ✓[advanced communication skills](#) ✓[Continance](#)
✓[palliative care and long term conditions](#) ✓[include care home staff](#)
- Consider impact of Mental Health Capacity Bill;

- Review role of practice teachers in care of older people’s settings as they add value to learning experiences;
- Ensure roll out of the HCA Framework is supported to “grow our own staff”;
- Identify cultures of care to establish shared values in care environments;
- Multidisciplinary teams both in acute & community settings should avail of multidisciplinary modules;
- Promote the independent sector for pre-reg training and experience to improve career pathways for nurses;
- Universities and Age NI should engage “Expert Voices” model for the provision of nurse training;
- Public awareness to promote the profile of older people’s nursing is needed. This needs to start in schools.

Innovations for practice throughout care environments

- We must involve older people in talking to students and staff “Expert Voice”;
- Nurse recruitment campaign for NI for older people’s environments (“What Matters?” DVD);
- Showcase innovation eg. Good Practice in a Network Communication – quarterly;
- Involve Early Years programmes for interventional therapies;
- Avoid hospital admissions and reduce attendance at Emergency Departments for older people;
- Develop a mission statement for excellence in nursing older people;
- Review care environments against “What Matters?” to older people;
- Develop opportunities for social prescribing pilots in primary care.

✓social prescribing ✓Patient Passports

✓12 hours post discharge ✓Pilot Contact line

3.5 ANALYSIS AND IMPACT OF OUTCOMES

All of the respondents from all sectors played a key influencing role in determining what recommendations the regional report would include.

There was a high level of consensus on the areas that required immediate action particularly around workforce and changing service needs. The agreed recommendations were further refined and prioritised following professional discussions and direct interaction with service users and carers and service providers at a regional event held in May 2016.

The recommendations that require longer term interventions and planning at local and regional level will need to be developed alongside current policy and strategy recommendations and implementation processes to have the desired impact for service improvement initiatives in older people’s services and enhancing the patient and carer experience. There are key recommendations that will require a collaborative approach across all partner organisations.

4. CONCLUSION

Nursing in older people's care environments is a priority area for the development of a competent, stable and developing workforce in all care settings.

This initiative has promoted real engagement and involvement opportunities with users, carers, education providers, HSCT staff, PHA commissioners, independent sector and community and voluntary sector.

The PHA has endorsed the co-design approach that has been developed and utilised as a critical success factor of this initiative for Building a Vision for nursing in Older People's Services. It is hoped that this co-design approach will be used as a transferrable model for other service improvement or development initiatives.

The development of the engagement model with service users at the centre of discussions has been valued by everyone in this initiative as a positive experience and making a tangible difference.

The PHA would like to thank all participants who have contributed to the engagement process. Thanks are also due to the HSCT nursing leads and Age NI staff for demonstrating the value that effective partnership arrangements can achieve in developing and co-designing services to improve outcomes for older people. The PHA is confident that the recommendations and proposals that have been outlined in this report will offer the opportunity for the development of a range of professional, service and educational improvement initiatives to secure a service for older people that is supported by a competent, motivated, skilled, experienced and valued nursing workforce.

It is expected that the recommendations set out in Building a Vision for Nursing in Older People's Services in NI will be supported to meet the future needs and public health priorities for older people in NI and reflects "What Really Matters?" to them.

5. RECOMMENDATIONS

It is anticipated that the recommendations within this report will be taken forward by the PHA work plan for the NI Public Health Strategy Making Life Better (DHSSPS, 2013).

This section of the plan sets out the key recommendations which have been proposed for **Workforce Solutions** in care of older people's services.

5.1 WORKFORCE SOLUTIONS

- Aim to strengthen the Public Health role for Nursing in the Care of Older People from pre-registration intake to post registration posts.
- Explore 6 month contracts for nurses upon graduation with support and mentors.
- Timely induction training for all HSC staff / buddying system.
- Bespoke staff development and leadership programmes in the care of older people's settings involving 'Expert Voice' model. Utilise "What Matters?" video.
- Provision of programmes of acclimatisation for overseas nurses working in care of older people's settings in NI.
- Aim to increase the ratio of senior posts in care of older people wards. Focusing on staff development, clinical leadership and professional governance and promote effective multidisciplinary team working.
- Undertake a review of working practices, workforce metrics and staffing levels skill mix in HSCTs in care of older people's environments including staff surveys / exit interviews / shift patterns/ resources / equipment /IT.
- Develop and scope out a role for:
 - Nurse consultants in each HSCT
 - Dementia Champions on each ward/area
 - Link nurses with the independent sector
 - Develop career pathway for nursing – from generalist/specialist to consultant nurse in care older people including specialist ANP practice training.
- Develop and build upon good practice examples of strong multidisciplinary team working between nurses and AHPs in the care of older people.
- Support and influence increased nursing student placements through the development and forecasting of workforce succession plans.

This section of the plan sets out the key recommendations which have been proposed for **Nurse Education** in care of older people's services.

5.2 NURSE EDUCATION
<ul style="list-style-type: none"> To review and make further recommendations regarding the role of clinical education/practice teachers with a background in care of older people settings.
<ul style="list-style-type: none"> Review provision of specialist courses relating to older people to include long term conditions, palliative care, dementia, continence, nutrition, hydration, advanced communication skills.
<ul style="list-style-type: none"> Develop programme of training on Mental Health Capacity Bill.
<ul style="list-style-type: none"> Review of practice placements with education providers and standard experiences in care of elderly settings to develop 'grow our own culture.'
<ul style="list-style-type: none"> Commissioning of the provision of education and training needs to focus on more than dementia, mental health, communication skills, psychological care, health improvement, ageing well.
<ul style="list-style-type: none"> Short training modules over a period of time - Needs yearly rotational plan. Summer modules e-learning with education providers.
<ul style="list-style-type: none"> Focus on multidisciplinary training programmes onsite. ECG to commission accredited post reg programmes for care of older people. Involve peer facilitators.
<ul style="list-style-type: none"> Include independent sector in pre reg training and experiences and post reg pathway.
<ul style="list-style-type: none"> Engage 'Expert Voices' for provision of training (Age NI, Universities, education providers).
<ul style="list-style-type: none"> Promote and monitor culture of learning and scaffolding support in care of older people settings, sharing of techniques and strategies across professions, eg between nurses and AHPs.

This section of the plan sets out the key recommendations which have been proposed for **Changing Service Needs** in care of older people's services.

5.3 CHANGING SERVICE NEEDS
<ul style="list-style-type: none"> • Consider rotation of staff into community and create designated care of older people environments in Acute Hospitals.
<ul style="list-style-type: none"> • Improve practice development culture.
<ul style="list-style-type: none"> • Develop personalised 'passport' health records.
<ul style="list-style-type: none"> • Explore key worker role for older people with LTC.
<ul style="list-style-type: none"> • Training relating to falls for families/carers.
<ul style="list-style-type: none"> • Digital technology – key action for older people identified in themes. To be reviewed and prioritised under eHealth Strategy workstreams.
<ul style="list-style-type: none"> • Review specific issues for ECR inclusion e.g. frailty
<ul style="list-style-type: none"> • Develop an IT online older people's Hub to signpost to services.
<ul style="list-style-type: none"> • Review "call back service for advice helpline" including primary care and post discharge.
<ul style="list-style-type: none"> • Explore the opportunity for an age-friendly city community scheme.
<ul style="list-style-type: none"> • Prioritise a regional awareness Public Health campaign with Age NI re "What Matters?" for older people.
<ul style="list-style-type: none"> • Promote user engagement co-design model "What Matters to Me."
<ul style="list-style-type: none"> • Use of volunteers and companions/befrienders.
<ul style="list-style-type: none"> • Set up a regional forum/network for older people's services to include: AHP/Nursing, HSCTs, Education, Community & voluntary sector, COPNI

This section of the plan sets out the key recommendations which have been proposed for **Innovation** in care of older people's services.

5.4 INNOVATION
<ul style="list-style-type: none"> • Involve older people in pre and post reg training. Engage with Age NI.
<ul style="list-style-type: none"> • Prioritise high profile media messages in partnership with others to showcase good models of practice.
<ul style="list-style-type: none"> • Consider protected time for Ward Champions for older people across all settings. Consider older people age-friendly environments.
<ul style="list-style-type: none"> • Explore the focus on public health, early interventions and preventative models in the community. Explore pilot projects eg. Patient passports, Early Years links, older people companions.
<ul style="list-style-type: none"> • Specific marketing and nursing recruitment campaign. Review the use of the DVD "What Matters?" across all sectors.
<ul style="list-style-type: none"> • Consider and pilot 12 hours post discharge contact names/helpline triage.
<ul style="list-style-type: none"> • Promote effective and supportive multidisciplinary team working across nursing and AHP professions so that skills, techniques and strategies can be shared with the goal of improving the health and well-being of older people.
<ul style="list-style-type: none"> • Increase reablement focus on services.
<ul style="list-style-type: none"> • Develop a themed annual conference on older people's services / issues for HSC sector, independent sector and community & voluntary sector to showcase good practice models.
<ul style="list-style-type: none"> • Review the impact of social prescribing projects for older people.

APPENDIX 1 – MEMBERSHIP OF THE STEERING GROUP

Membership of Regional Steering Group

Doreen Marshall	Western Health and Social Care Trust
Elizabeth Graham	Northern Health and Social Care Trust
Laura Flanagan	South Eastern Health and Social Care Trust
Jane Greene	Southern Health and Social Care Trust
Jacqueline Toner	Southern Health and Social Care Trust
Linda Kelly	South Eastern Health and Social Care Trust
Majella Cahill	Southern Health and Social Care Trust
Martin Quinn	Public Health Agency (Co-Chair)
Moira Mannion	Belfast Health and Social Care Trust
Sara Carse	Northern Health and Social Care Trust
Siobhan Casey	Age NI
Siobhan McIntyre	Public Health Agency (Chair)
Vi Gray	Western Health and Social Care Trust

Engagement Brief

Facilitating the Voice of Service Users & Carers in the
Development of a Vision for Nursing in Older People's
Services

October 2015



Background

The PHA recognises the importance of the role of service users, carers and the public in influencing the planning, commissioning and delivery of HSC services in ways that are accessible and meaningful to them. Patient knowledge and expertise is a vital component of any discussion around ensuring services are safe, of high quality and are efficient.

In accordance with the Statutory duty of involvement and consultation, outlined under the Health & Social Services (Reform) Northern Ireland Act 2009, the PHA and HSC Trusts wish to work with service users and carers as we move to develop a vision for nursing in older people's services.

Aim

Trusts will contract with a 3rd sector organisation(s) with an active presence across the Northern Ireland region, to carry out an engagement exercise aimed at facilitating the voice of service users, carers and their advocates in the development of a vision for nursing in older people's services. It will also provide an opportunity for dialogue between service users, carers and other key stakeholders including HSC staff, Educators and the Independent sector.

Target Audience

The Provider(s) will be tasked with engaging with at least 100 older people aged 65+ in each of the 5 Trust areas across the region.

The identified Trust leads, working with the Provider(s) will also pro-actively target and encourage participation in the engagement process by:

- HSC staff
- Independent sector representatives
- Education providers

The engagement exercise will require the Provider(s) to make a specific effort to facilitate and support the involvement /inclusion of marginalised/vulnerable people. There should also be steps taken in line with equality and disability legislation to encourage participation by those covered by Section 75 (NI) Categories.

Methodology

The engagement will be undertaken by way of:

1. At least one meeting in each Trust area in a non HSC setting
2. Use peer facilitators to undertake visits / meetings at day-care facilities, residential homes, hospitals to canvass the views of older people
3. Postal / electronic surveys / questionnaires

Outputs

The Provider(s) will be required to:

1. Liaise with the identified Trust lead(s) to organise and facilitate an engagement meeting in the Trust area
2. Use peer facilitators to conduct visits to day-care facilities, residential homes and hospitals to canvass the views of older people
3. Distribute and collate surveys / questionnaires to older people
4. Extract the information/feedback against the questions/objectives
5. Produce Trust area based reports on the engagement exercise and to the help shape the development of an overall regional report
6. Participate in and present findings from the engagement with older people at a regional workshop
7. Recommend ways in which to maintain an on-going dialogue with the stakeholders and in particular the service users, carers and their advocates.

Provider Specification

1. The Provider(s) will have as a key function, a role to represent / advocate for older people
2. The Provider(s) will have an active regional presence across N. Ireland
3. The Provider(s) will have experience facilitating different types of personal and public involvement, including public meetings, surveys, use of peer facilitators etc.

Timeframe

Timeframe	
Broker Provider involvement	October 2015
Engagement Plans Agreed	November 2015
Engagement Process	December 2015 – March 2015
Report(s) Submitted	April 2016

APPENDIX 3 – ENGAGEMENT TIMELINE

Process	Activity	Date
Development of Partnership and Co-Design Model	Broker Provider Involvement	October 15
	HSCT band 7 Lead Appointments	March 2015
	Engagement Plans Agreed	November 15
	Meeting with PHA, HSCTs, PIP	January 16
Engagement with Key Stakeholders	HSC Staff Engagement	
	Age NI Engagement Survey Process	Jan –March 1
	HSCT Workshops	
	<ul style="list-style-type: none"> • Western -Tara Centre, Omagh • Belfast - Elliott Dynes, RVH • Southern - Jethro Centre, Lurgan • South Eastern - QIIC Hub, Trust HQ • Northern - Dunsilly Hotel 	14 th March 16 15 th March 16 21 st March 16 22 nd March 16 24 th March 16
Evaluation and Planning	Local HSCTs Evaluation Reports and action plans submitted	April 2016
	Draft regional action plan developed	May 2016
Consultation	Final report and draft action plan Presentation and Consultation	23 rd May 2016
	Consultation with Age NI Consultative Forum and peer facilitators on action plan	2016/17

**BUILDING A VISION FOR NURSING
IN OLDER PEOPLE’S CARE ENVIRONMENTS**

The following survey /questions will be used by HSC Trusts to collect and analyse responses from key partners and stakeholders including:

- HSC Trust staff
- Nursing students
- Nurse education staff university/CEC
- Independent sector organisations

Each group of questions are focused on the following themes

- Workforce solutions
- Changing service needs
- Education requirements
- Innovations and improvements for care.

The responses collated will be analysed by each HSC Trust designated lead and shared as part of a regional workshop with senior nursing and HSC staff which will also incorporate the views collected from users and carers of older people’s services.

This information will then inform regional and local action plans which will aim to take forward the recommendations and requirements to build a vision for nursing services in care of older people’s services and care settings in Northern Ireland.

Please respond to each of the question areas and return your response to

[Trust Lead Name] by

Many thanks in anticipation of your engagement with this important piece of work.

❖ **Note to Trusts: these are the suggested questions that could be used to ensure consistency across the region additional questions could be added**

SURVEY QUESTIONS

THEME 1 Workforce Solutions

Q1 Please identify 3 key actions that would motivate nursing staff to take up posts in care of the older people environments

Q2. What should be included in the essential criteria for qualified staff working in care of the older people environments?

Q3. What key actions do you feel are required to implement the Health care assistant framework for non-registered staff?

Q4. Do you see the role of additional band 6 staff in care of the elderly wards/settings having a focus on clinical leadership / professional governance & staff development?

Q5. At HSCT level, what local HR arrangements can be strengthened to ensure that new post holders commit to contracts for at least a 6 month period?

Q6 Would you support the implementation of a buddying system with rotation across care environments for appropriate nursing staff please add comments?

Q7. If you currently work in a care of the elderly care setting as a nurse what would encourage you to stay in this area of practice?

Q8. What are your views on the impact of 12 hour shifts in care of the older people settings are there alternatives you would suggest if so please provide some comments suggestions?

THEME 2 Changing Service Needs

Q1. Do you agree or disagree that a public health role for all nursing staff should be strengthened specifically in relation to older people over the age of 75 yrs?

Q2. What would your priority areas for tele-health and e-health development be for older people's services to support nursing teams?

Q3 Please list 2 development opportunities for nursing roles you feel need to be developed to meet the demands on the services for older people. Please comment.

THEME 3 Nurse Education

Q1. What additional pre and post registration training /education or development opportunities do you feel would enhance your knowledge and skills in caring for older people?

Q2. What refresher (post reg) courses have you attended in care of the older people in the last 3 years? Please list.

Q3. Do we need to commission accredited post registration programmes for care of older people?

THEME 4 Innovations for Care Environments

Q1. Please give any examples of good practice that supports the role of nursing staff in older people's services.

Q2. Would you support engagement of older people to speak to students and post registration nurses on specific educational programmes?

Q3. What else needs to happen to support nursing champions for older people's services?

Q4. What are the positive things you would like to highlight about working with older people?

Q5. What are the areas of improvement you would like to see in nursing services for older people?



RECORDING PROFORMA

CREATING A VISION FOR NURSING IN OLDER PEOPLE’S CARE ENVIRONMENTS

All information will be treated as confidential

Your Health Trust:	
Your Postcode:	
Status: Service User, Carer, Family member, older person	
Location of interview: Hospital facility, Day Centre, Community Group, Own Home etc	
Age:	
Name of Peer Facilitator:	

Hello. My name is.....I am a peer facilitator with Age NI. Age NI have been asked by the Public Health Agency and Health Trusts to help them talk to older people, to find out what they think can be done to:

- 1. Improve nursing services for older people now and in the future.**
- 2. Encourage Nurses to consider working in older people’s care environments.**

I am here to listen to your views and I will be asking you some questions. I will be taking some notes which I hope is ok. You will not be identified in any way, but what you say will really help make a difference to how nursing services for older people are developed from now on. Let’s get started.

<p>WHAT DO YOU THINK THE MOST IMPORTANT QUALITIES ARE FOR NURSES WHO ARE CARING FOR OLDER PEOPLE?</p>	<p>Prompts:</p> <p>How would you want to be treated by a nurse who was caring for you?</p>
<p>WHY DO YOU THINK NURSES DO NOT STAY IN THE CARE OF OLDER PEOPLE FOR VERY LONG?</p>	<p>Prompts:</p> <p>What are some of the things that make them leave their posts?</p>
<p>WHAT DO YOU THINK ABOUT NEW NURSES COMING ONTO A WARD HAVING A MORE EXPERIENCED NURSE TO WORK WITH THEM CLOSELY FOR A WHILE? (LIKE A BUDDY OR A MENTOR)</p>	<p>Prompts:</p> <p>Ask why they think this would be a good idea</p> <p>If they think it would not work, ask why not</p>
<p>WHAT DO YOU THINK ABOUT NURSES WORKING 12 HOUR SHIFTS?</p>	<p>Prompts:</p> <p>Are there any benefits?</p> <p>Is it a good idea?</p> <p>Should shifts be shorter?</p> <p>If so, why?</p>
<p>IF YOU HAVE A CONDITION WHICH MEANS YOU WILL NEED LONG TERM CARE, DO YOU THINK THERE IS A ROLE FOR NURSES TO HELP YOU MANAGE YOUR CONDITION BETTER?</p>	<p>Prompts:</p> <p>How could a nurse help you look after yourself in the longer term?</p> <p>Would actively involving you in discussing about your condition and care planning be helpful? If so, why/how?</p> <p>Helping you better understand the cause and nature of your condition?</p> <p>Would helping you access self-management training be useful?</p>
<p>HOW DO YOU THINK TECHNOLOGY COULD HELP YOU LOOK AFTER YOURSELF AS YOU GET OLDER?</p>	<p>Prompts:</p> <p>Aid call (the emergency button you place around your neck)</p> <p>Self-testing (for example for diabetes)</p>

	<p>Sensors in the home which alert the authorities or a relative in case of accidents or falls</p> <p>Talking to your GP using Skype</p>
<p>IF YOU HAVE HAD A FALL, OR KNOW SOMEONE WHO HAS, IS THERE ANYTHING YOU THINK COULD BE DONE TO PREVENT ANOTHER FALL?</p>	<p>Prompts:</p> <p>What could a nurse do to help you feel safer and less afraid of falling again?</p> <p>What other things could help you?</p>
<p>IF THERE WERE NEW TRAINING COURSES FOR PEOPLE WANTING TO TAKE UP A CAREER IN NURSING OLDER PEOPLE, WHAT THINGS DO YOU THINK COULD BE INCLUDED?</p>	<p>Prompts:</p> <p>Do you think older people themselves should have a role in the training?</p> <p>What about older people talking to students about their experiences, making a video, telling a story about their experience of nursing?</p> <p>Why do you think it would be important for student nurses to hear real stories from older people?</p>
<p>IS THERE ANYTHING THAT STANDS OUT FOR YOU AS SOMETHING A NURSE DID WHICH WAS OVER AND ABOVE THEIR DUTY?</p>	<p>Prompts:</p> <p>How did it make a difference?</p> <p>How did this make you feel?</p> <p>What was good about it?</p>
<p>IN YOUR EXPERIENCE OF RECEIVING CARE, WHAT MATTERS MOST TO YOU?</p>	<p>Prompts:</p> <p>Try to find out what the person thinks and only use the following as examples if they are reluctant to answer</p> <p>Being involved in/having a say in your care</p> <p>Being listened to, and kept informed</p>

	<p>Being able to understand the information you are given</p> <p>Being treated with dignity and respect</p> <p>Getting the best treatment</p> <p>A clean, safe and caring environment</p>
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APPENDIX 6 – “DIRECT QUOTES” FROM OLDER PEOPLE - RESPONSES TO THEMES

THEME 1: WORKFORCE SOLUTIONS

Important Qualities for Nurses

Key Themes & Analysis Criteria	What Matters to Older People?
Communication skills Listening, explaining, understanding, suitable communication style	<i>“They must be good listeners and patient but also try to engage with the older people and let them know they have someone to support them. They are an important link interacting with relatives too.”</i>
Emotional support Patient, caring, compassionate, kind	<i>“It’s all about patience and kindness which can’t be taught no matter how much education they have. They are either (both) patient and kind or they are not...”</i>
Applying a joined up approach Make links with other professionals (NHS & Community) and family	<i>“Ability to make links across other services to ensure holistic care provision.”</i> <i>“...They have to empathise not only with the elderly person’s condition but also with the family members who are concerned about their loved ones.”</i>
Practical knowledge and skills Knowledgeable, well trained, competent in practice	<i>“Nurses need to be able to see what the older person needs (fresh water, an extra blanket etc.) without the person having to draw their attention to it, as the older person may not even realise what their needs are”</i>
Vocational commitment Passion, commitment, vocation	<i>“..Dedication - this is one area where it really needs to be a vocation and not just a job - otherwise they wont stick it”</i> <i>“Dedicated.....nurses are ‘born’ – its not just a job that people get into by chance”</i>

Views on 12 Hour Shifts

Key Themes & Analysis Criteria	What Matters to Older People?
Agree/Disagree with proposal	<i>Of the 377 survey responses to this question, only 30 respondents (8%) indicated that they thought 12 hour shifts were acceptable. Out of these 30 respondents, 15 attached conditions such as good management, adequate breaks and staffing levels. However, 256 (68%) respondents indicated disagreement either by expressing a preference for/suggesting shorter shifts or by expressing that they thought 12 hour shifts were too long. A further 91 respondents did not express a clear opinion in response to the question about the appropriateness of 12 hour shifts. A large number of these answers were more discursive than decisive therefore a clear opinion could not be drawn from</i>

them.

Of the 105 interview responses 71 (68%) respondents stated categorically that 12 hour shifts were wrong on a number of levels, including levels of exhaustion, health and safety, care and attention to the job

Reasons for Not Staying in the Care of Older People

Key Themes & Analysis Criteria	What Matters to Older People?
<p>Emotionally challenging Stressful, demanding, death rather than recovery, dealing with challenging behaviours</p>	<p><i>“Watching people degenerate not easy, demanding work in terms of increasing levels of dementia and Alzheimer’s disease, may seem more of a ‘hopeless’ environment that nursing younger, fitter patients more likely to recover”</i></p> <p><i>“It is hard physical and emotional work as patients decline and die.”</i></p>
<p>Limited resources Underfunding, understaffing, lack of training/resources, low pay, lack of support</p>	<p><i>“They are underpaid, undervalued and they sometimes find the job unrewarding as they know what to do, what they want to do and are presented by understaffing and management rules that prevent them giving the amount of time needed to each patient.”</i></p>
<p>Career status undervalued as a profession, not aspirational, little opportunity for advancement</p>	<p><i>“It can be seen by some nurses as not a very highly skilled area to work in. Other professionals don’t regard it with recognition of an important area to work in.”</i></p> <p><i>“Probably they want to experience more ‘exciting’ areas to work e.g. ICU.”</i></p>
<p>Workload Over-stretched, physically demanding, long hours</p>	<p><i>“Nursing older people is really hard work, and nurses are run off their feet. Older people are harder to look after than younger people – they may have difficulties with personal hygiene and may be losing their senses, so there is much more work for a nurse looking after older people”</i></p>
<p>Person unsuited to the role wrong personality type, lack of vocation, inability to deal with stress and challenges faced</p>	<p><i>“It can be a very stressful role and maybe they are not the correct type of person to deal with this.”</i></p> <p><i>“I find in my opinion a small minority of nurses from what I have witnessed cannot be bothered with the older generation.”</i></p>

Proposal for Nurse Mentor or Buddying Scheme

Key Themes & Analysis Criteria	What Matters to Older People?
<p>Responded positively 98% expressed agreement with the proposal using words such as; yes, absolutely, definitely, good/great/excellent idea.(460 responses in total)</p>	<p><i>“I think that would promote best practice and allow the new nurse to settle in and find their feet. It can be an overwhelming experience starting a new role and it can be beneficial to have a buddy/mentor to provide reassurance and offer support in situations of uncertainty.”</i></p> <p><i>“Learning from experienced nurses cannot be bad especially when it comes to managing situations.”</i></p>
<p>Cited Conditions Of the 98% who responded positively, 14% attached conditions to their agreement Underfunding, understaffing, lack of training/resources, low pay, lack of support (72 responses)</p>	<p><i>“I believe this would be beneficial as long as funding and time is allocated to do so, and not expected of our current nursing staff as another job to add to their already expanding workload.”</i></p> <p><i>“Should be helpful if the more experienced nurse is willing to share her experience and not pass on bad practice.”</i></p>
<p>Responded Negatively Only 2% responded negatively to the proposal (9 respondents)</p>	<p><i>“Wouldn’t make a difference - you are either suited to the work or not.”</i></p> <p><i>“Great idea but in an underfunded NHS this is a highly unlikely scenario.”</i></p> <p><i>“Love to see that but all too often new nurses tell me that due to pressures of work, the Mentor leaves them on their own!”</i></p>

The Role of Nurses in the Management of Long Term Conditions

Key Themes & Analysis Criteria	What Matters to Older People?
<p>Advice & Education- helping patients to understand the long term condition</p>	<p><i>“It is reassuring that a nurse is coming from time to time as it gives us access to information and support - “It helps me to help him”</i></p> <p><i>“I want to be actively involved in discussing my condition as I still do not have enough information. I need nurses and medics to better understand the cause and nature of my condition so that I can have appropriate care planning”</i></p>
<p>Home Support – helping patients to remain at home/out of hospital, avoid hospital visits for treatment</p>	<p><i>“I feel nurses could play more of a role in caring for older people in their homes and preventing hospital admissions which normally are distressing for older people. I have had experience of Acute Care at Home team, a multidisciplinary team, including nursing staff, which cared for my elderly father at home and prevented a hospital admission. The nursing staff team was dedicated and excellent in their care of my father. However, my experience of district nursing into care of the elderly has not been a good experience. I have always encountered a reluctance to address requests for nursing care/advice to assist in caring for the elderly at home.”</i></p>
<p>Joined up care – links to family and other professionals, referring for treatment, sharing information and listening to concerns.</p>	<p><i>“A nurse could co-ordinate better with other services providers to ensure the quick and accurate delivery of equipment. At present, I have to contact too many departments to obtain things such as Incontinence Pads, Slings, tea trolley, slide sheets and Meds. One point of contact, which is easy to contact, would be helpful and less stressful.”</i></p> <p><i>“A team is needed. Often loneliness and isolation is the biggest problem. A Nurse can have great input. Liaison with Doctors often difficult. Care workers often need more training. Pharmacists could monitor prescriptions better.”</i></p>
<p>Specialist care – Professional skills and knowledge applied in practice</p>	<p><i>“Training on how to speak to older people with out being patronising or treating them like children. Respect for their dignity. An understanding of how to explain treatments/ conditions so that a patient can take in what is being said or write it down for them.”</i></p> <p><i>“Communication training. Counselling skills. Knowledge of diet for elderly people. How to interact and stimulate people to help keep their mind active and maybe delay dementia.”</i></p>

The Role of Technology in Helping Older People Manage Long Term Conditions

Key Themes & Analysis Criteria	What Matters to Older People?
<p>Positive attitude toward the use of technology</p> <p>Measured by a positive indication/Statement of benefits</p>	<p><i>“All of those suggestions are useful and should be used. N. Ireland is such a rural community that it can be difficult to actually get to appointments so using technology is important & we should be testing out more technology in N. Ireland. More information online would be helpful too. It seems like the health services here are afraid of technology & letting people use it to make informed decisions.”</i></p> <p><i>“Yes huge role for technology. GP appointments via skype would be excellent for all patients to manage conditions & could be used to provide support to a variety of community workers, nurses, and other professionals, particularly in rural areas & for those who are unable to leave their home for various reasons and also for promotion of mental health.”</i></p>
<p>Negative attitude toward the use of technology</p> <p>Measured by a negative indication/statement of limitations; Prefer face to face, not able to use, doesn't have access</p>	<p><i>Older people do not understand technology - emergency button is ok if the patient remembers to wear it and remembers what it is for. Learning about new things is different. Sensors are ok if there is immediate help at hand e.g. in a fall, but no good if someone is on their own and maybe has a hearing problem and can't hear someone talking to them. Talking to a GP on Skype again is OK if the older person understands technology, has someone with them and if their hearing is good.”</i></p> <p><i>Technologies are not a substitute for 'face to face' contact”</i></p> <p><i>“ Nothing should be compulsory. Personal interaction is key – there is no substitute for this”</i></p>
<p>Perceived usefulness of specific technology</p> <p>Most respondents gave their opinions on the technologies mentioned in the question (Aid-Call, Home Sensors, Skype, Self-testing) rather than suggesting any new ones –</p>	<p><i>“I think it's important to keep patient and clinician contact face to face, I think Skype could potentially be misleading when assessing a patient as the patient may look ok on camera (particularly an older person) who may not have the mental capacity to assess their own symptoms and have blind symptoms such as fever or dry mouth. I think having too much technology becomes a bit complicated and almost frightening for older person. I believe in simplicity and think having a 24 hour care line available at all times via phone would be useful. Patients at risk of falls should not be home alone.”</i></p> <p><i>They may be useful for the monitoring of certain conditions, e.g. blood pressure, blood sugar results, and the 'aid-call' systems are useful to alert help if there is a fall.</i></p>

The Role of Nurses in Falls Prevention and Support

Key Themes & Analysis Criteria	What Matters to Older People?
<p>a. Adaptations</p> <p>64 respondents mentioned adaptations as being important and cited a range of adaptive measures to the home environment from simple adaptations such as moving furniture, to building modifications such as installing hand rails, better lighting, stair lifts, accessible bathing facility etc.</p>	<p><i>“Home evaluations to identify problem areas that could result in a repeat fall, adaptation of homes and make them safer. Regular visit from nurses on returning home after a fall, safety information, advice on what to do if it would happen again, reassurance, and installation of emergency call buttons etc.”</i></p> <p><i>“Rails around the home and easy access with no steps and a lift if there is stairs.”</i></p> <p><i>“The falls I believe normally happen in the bathroom so more hand holds there would make it safer.”</i></p> <p><i>“I am getting sensor lights fitted next week I have had over 24 falls in the last year.”</i></p>
<p>b. Aids</p> <p>124 mentioned Aids such as; footwear, walking sticks/frames, emergency button, sensor, anti slip mats etc.</p>	<p><i>“I have not had a fall, but the provision of handrails, Zimmer’s etc. would be of help to the elderly.”</i></p> <p><i>“Offer referral for assistance, aids.”</i></p> <p><i>“Proper footwear and using a stick if necessary. A nurse could educate older people about these things and inform them about dangers present in their environment.”</i></p> <p><i>“Take all safety measures possible, provide aids e.g. Rollator if this might help and assure older person both to take care and not take risks.”</i></p>
<p>c. Prevention</p> <p>144 expressed a need for preventative measures such as risk assessments, talks on how to avoid falls, advice on movement and encourage exercise, regular medication reviews and blood pressure checks.</p>	<p><i>““Falls assessments can be done to assess if there is anything that can be done to prevent further falls. A nurse could offer reassurance, make sure that equipment needed to prevent falls can be obtained.”</i></p> <p><i>“More should be done to prepare people for old age. For example, they could be encouraged to exercise on a regular basis by learning to dance or do Tai Chi. This would improve their balance and make them less susceptible to trips and falls.”</i></p> <p><i>“I fell because of low blood pressure, so I think ensuring that my blood pressure didn’t go down would help in preventing a fall”</i></p>
<p>e. Reablement</p> <p>52 respondents made reference to interventions that could be classed as reablement measures. These included practical support and confidence building.</p>	<p><i>“It’s about confidence after a fall...so regular support in home builds that. As a carer a big part of my remit is to encourage and support a 'can do' attitude and test if something will work better with support. Simple things like lift those mats and you are able to move with your Zimmer.”</i></p> <p><i>“Empowering the person. Treating them with respect and dignity. Giving them the power to be independent with the right tools. Never talking down to the older person. Everyone</i></p>

	<p><i>likes to be in control of their own care. Mentally and physically. Free pair of slippers for older people. Free life lines."</i></p>
<p>f. Support and advice:</p> <p><i>189 respondents made reference to recommendations that can be classed as support and advice</i></p>	<p><i>"Educate older people to wear sensible slippers i.e. not the mule type. The nurse could teach you how best to handle situations so you would not put yourself in danger of falls. You should ensure that all shiny floors do not pose a slippery area and that all rugs are secured by double sided tape to prevent movement. Ensure everything you need is at reachable height so you're not tempted to climb onto chairs etc. to reach."</i></p>

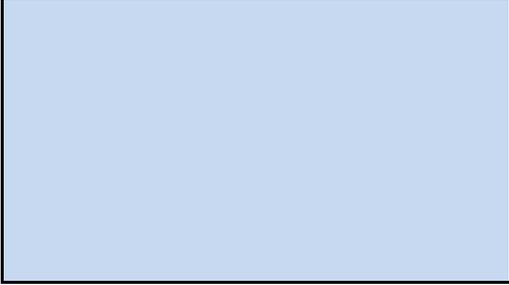
What Should Be Included in Nurse Education

Key Themes & Analysis Criteria	What Matters to Older People?
<p>Age Awareness Training</p> <p>Responses indicating a need to equip nurses with an awareness that would enable them to work in an age friendly way and adopt best practice including understanding, respecting, valuing, ensuring dignity etc.</p>	<p><i>“Awareness of the difficulties elderly people face i.e. limited abilities, fear, frustration, loneliness, feeling like a burden etc. This understanding would hopefully ensure nurses get less frustrated with patients as they have a better understanding of the barriers they face everyday.”</i></p> <p><i>“The reality of what aging means to the person - physiologically & psychologically.”</i></p>
<p>Age Specific Care:</p> <p>Responses indicating the need for nurses to be equipped with knowledge of common age related physical illnesses and their treatment/management.</p>	<p><i>“All illnesses that can affect the elderly. Counselling skills would be very useful. Training in how to deal with an older person dying and dealing with their death and how to support their families. New nurses should be encouraged to see that caring for an elderly person can be rewarding and stimulating.”</i></p>
<p>Dementia Care</p> <p>Responses indicating the need for nurses to be equipped with knowledge of age related mental illnesses and incapacity issues, including how to recognise symptoms, actions to take, ways to work, good practice etc.</p>	<p><i>“My father who has Alzheimer’s had a UTI and normally took paracetamol. The nurse did not give it to him because HE DID NOT ASK FOR IT. Training needs to focus on these aspects of specific diseases and how they might affect older people”</i></p>
<p>Development of Communication Skills: Responses indicating the need for nurses to be equipped with skills to enable them to communicate well with older people listening, explaining, taking time etc.</p>	<p><i>“Training on how to speak to older people with out being patronising or treating them like children. Respect for their dignity. An understanding of how to explain treatments/ conditions so that a patient can take in what is being said or write it down for them.”</i></p> <p><i>“Communication training. Counselling skills. Knowledge of diet for elderly people. How to interact and stimulate people to help keep their mind active and maybe delay dementia.”</i></p>
<p>Development of Practical Skills and Experience: Responses indicating the need for nurses to be competent in practice by having had direct practical experience of working with older people on the</p>	<p><i>“Accidents prevention, proper administration of medicines, personal hygiene, most of all how to help the older generation to keep their own personal esteem which is very important to them and this needs kindness of every kind! To feed them on time!!”</i></p>

ward and in the community.	<i>“Nutrition - the cornerstone of good health. This includes information on malnutrition and ways to deal with same. Dementia training Falls awareness Dignity How to enable older people to take care of their health.”</i>
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Benefits of Involving Older People in Nurse Education

Key Themes & Analysis Criteria	What Matters to Older People?
Builds empathy: Helps nurses to understand what it’s like to be an older person, promotes understanding and humanity towards older people, promotes “caring” disposition.	<p><i>“Student nurses need to develop empathy, insight & understand the impact their actions have on older people & be mindful of the small things that make a big difference to a person's experience.”</i></p> <p><i>“They could hear what it feels like to have the loss of independence through illness or other loss.”</i></p>
Increases Age Awareness: Highlights how to behave/not behave to act in an age friendly manner, promotes understanding of the dignity and rights of older people and how this can be applied in practice.	<p><i>“Some student nurses may have a view of older people as being disabled, unable to make decisions. Need to realise older people have the right to make decisions also they have valuable experience of life.”</i></p> <p><i>“To realise that each older person is individual and unique, that each older person has individual requirements and stories that have shaped who they are and why they need different types of care.”</i></p>
Improves Learning: Enriches the learning experience, makes it memorable, gives context and real insight, plus deepens understanding increases confidence in working with older people.	<p><i>“Talking with older people, and hearing about their past lives, the losses they have survived, and the health issues facing them in their old age, could have a positive impact on young student nurses; helping them to look at older people with a sense of respect and empathy, that is so important in the care of older people. Also it can be a teaching tool, honing their listening and communication skills.”</i></p> <p><i>“It would bring reality to the student nurses leaving them to think about /learn from what they have heard.”</i></p>
Needs Awareness: Enables students to be more aware of needs specific to older people, such as conditions affecting older people, challenges and potential problems.	<p><i>“They may only see everything from their point of view. It would be good to hear it from the other side, especially things that they've liked about how they've been looked after or disliked.”</i></p>



"I think they need to see first hand how taxing and stressful it can be from a nursing perspective but also from an older person's perspective. Often they are in pain, afraid and feel vulnerable."

Things nurses have done that are “over and above” their duty

Key Themes & Analysis Criteria	What Matters to Older People?
<p>Attentiveness: Expressed by respondents through the use of words/phrases such as; showing an interest, being there, checking, asking, remembering, personal, helped, treating like own family etc.</p>	<p><i>“Made it their business to seek me out remembered me from a telephone conversation. They took time to ask me about my Mum (96) and discussed her achievements. This might sound like it should be routine but believe me it does not happen in all hospitals, or all wards. I felt like somebody cared.”</i></p> <p><i>“Saw I was confused about certain tablets and wrote me out a list that was easy to remember.”</i></p>
<p>Good Communications: Expressed by respondents through the use of words/phrases such as; explaining, listening, openness, honesty, information etc.</p>	<p><i>“Introduced themselves, listened to the patient, appeared caring, compassionate, knew what they were doing, confident but not cocky. They considered the needs of the family too.”</i></p> <p><i>“One nurse I can remember had care, patience and respect for my father (94) who was in hospital, she communicated very well with him and made a lasting impression on how he was treated while in hospital.”</i></p>
<p>Emotional Support: Expressed by respondents through the use of words/phrases such as; respect, patience, understanding, calming, reassuring, caring, kind, gentle, empathy, compassion, feelings etc.</p>	<p><i>“The cups of tea and hugs when my mum was dying and understanding why I didn’t want further intervention e.g. insertion of feeding tube. The lovely carrier bag provided for me to take home her property after she died - not just a plastic property bag! The care of my Mum before and after her death by the nurses in the Stroke Unit was a big help for me in coming to terms with her death.”</i></p>
<p>Friendliness: Expressed by respondents through the use of words/phrases such as; chatted, talked to, conversation, cheerful, humour, jolly, smile etc.</p>	<p><i>“Friendly Showing care and genuine concern, Making the older person feel valued.”</i></p> <p><i>“The nurses who looked after my nana in her final days were wonderful. They always had a smile for her, tried to make her comfortable and also gave us a strong shoulder when we needed it too.”</i></p> <p><i>“...reassurance and a smile even when they are under pressure.”</i></p>
<p>Taking time: Expressed by respondents through the use of words/phrases such as; Took the time, did not rush, had time for... etc.</p>	<p><i>“Taking time to talk to me and understand the issue and try a number of things to try to solve the problem.”</i></p> <p><i>“A nursing assistant took time to get patients in the ward joining in an activity which they all thoroughly enjoyed, she also bought a bucket of sweets I shared with the patients and visitors she spent time with patients and visitors. The nurse who spent a little bit of time letting me know how far Mum had walked and what she had done. In the ward there</i></p>

	<i>are only 2 or 3 nurses who take the time to seek me out to let me know how Mum is doing.”</i>
How did this make a difference?	<p><i>“The nurses who made a difference were the ones who responded to requests / enquiries in a manner which did not make us feel troublesome or that we were a nuisance.”</i></p> <p><i>“They did tiny things, like cut his finger nails. Made me feel they actually cared.”</i></p> <p><i>“Care of my dying relative the nurses showed empathy and kept us up to date on the patient care, this made a difference as we felt informed and more accepting of what was happening.”</i></p>

When Receiving Care, What Matters Most to Older People

There were 260 responses to this question, in addition to 95 from the peer facilitated interviews

Responses to this question were coded into 5 themes

Key Themes & Analysis Criteria	What Matters to Older People?
<p>Attentiveness: Expressed by respondents through the use of words/phrases such as; taking/making time, responsive to needs, getting personal attention, feeling looked after, well attended etc.</p>	<p><i>“ She would notice if I didn’t have my inhaler on, and would come over to me and ask me to turn it on – others would just pass you by”</i></p> <p><i>“In A&E for example, that I was not left on my own without any way of contacting a nurse e.g. call bell and that someone came when I called. People have told me how scared they were when left in a side room without any way to call anyone.”</i></p> <p><i>“That the nurse is not trying to do several things at once.”</i></p>
<p>Good Communication: Expressed by respondents through the use of words/phrases such as; communication needs being met i.e. explaining, listening, providing information etc. and an appropriate communication style being adopted i.e. friendly, polite, not patronising etc.</p>	<p><i>“Efficient, caring staff with good communication skills that know what they are doing and tell me what they are doing!”</i></p> <p><i>“Being given time to have your questions answered. Not to feel in a rush - not to feel like you have a 10 minute slot.”</i></p> <p><i>“Professionals taking time to hear my concerns and listening to my point of view.”</i></p>

<p>Emotional Support: Expressed by respondents through the use of words/phrases such as; Understanding, respect, patience, caring, reassuring, kind, gentle, empathy, trust, compassion, human etc.</p>	<p><i>“Knowing my dad is safe and treated with respect.”</i></p> <p><i>“People having the time to help and not only displaying good manners but the caring nature is of upmost importance for the elderly as some people do not get regular visitors and treat health care professionals as their friends.”</i></p> <p><i>“That they are considerate and make the person feel like a person not that they are a number in the process.”</i></p>
<p>Professionalism: Expressed by respondents through the use of words/phrases such as; professional, skills, expertise, knowledge, age friendly, dignity, rights etc. i.e. characteristics expected of a professional nurse and best practice in the profession.</p>	<p><i>“Patience, Dignity and Respect. On a recent visit to A&E with my Mum I witnessed a nurse shouting at my Mum, saying that she would just have to wait her turn. My Mum is 88 and had been sitting for 3 hours, she was feeling weak and enquired how much longer she would be. I wasn't happy and did express my feelings to the nurse in question, she didn't understand my concern!”</i></p> <p><i>“Competence.”</i></p> <p><i>“Good communication and care policies which are correctly followed.”</i></p>
<p>Good Standard of Care: Expressed by respondents through the use of words/phrases such as; comfort, treatment, privacy, cleanliness, choice, control, access to care, consistency, good practice etc. i.e. features that make for a good standard of care</p>	<p><i>“Person centred care. Being given options about your care.”</i></p> <p><i>“Being in control and being included not just being treated like an object.”</i></p> <p><i>“Someone having time to do their job properly eased pressure of them and on us as we knew they would get best possible care.”</i></p> <p><i>“Receiving the correct treatment at the right time. Also, understanding what and why things are happening...being kept updated.”</i></p>

The Hospital Ward Environment

Key Themes & Analysis Criteria	What Matters to Older People?
<p>Personal needs and preferences: includes any reference made by respondents to factors relating to; <u>the care they receive</u> and how well meet their needs and preferences. For example; attention given, communication, personal preferences – anything that affects them in a personal way.</p>	<p><i>“I have a night time routine. I can't go to sleep when told to. I can go into bed early if it suits nursing staff but I like to be able to do a crossword and read a bit. I have lost count of the number of times I have fought to be able to read etc. and allowed to sleep naturally as I have done all my adult life.”</i></p> <p><i>“It would be nice to be able to make a cup of tea when I want it.”</i></p> <p><i>“Knowing my relative would have access to a buzzer & that someone would respond to their call.”</i></p> <p><i>“I think knowing what is happening and reassurance that it's</i></p>

<p>Environmental Factors: includes any reference made by respondents to factors related to <u>the physical environment of the hospital</u>. For example; rooms, food, quiet, space, same sex wards -the facilities provided and the atmosphere in general.</p>	<p><i>ok to call a nurse....so often there is a fear around that.”</i></p> <p><i>“..A restful environment; e.g. Not having the drug round very late at night (close to midnight), and main ward lights going on at 6AM. I have experienced this whilst sitting with a very ill relative”</i></p> <p><i>“To realise that each older person is individual and unique, that each older person has individual requirements and stories that have shaped who they are and why they need different types of care.”</i></p> <p><i>“Peace and quiet no shouting, I have experience of disturbed nights.”</i></p> <p><i>“I have stayed in hospital on minor injuries and found it to be like a cattle market at times at the nursing quarters, Nurses should keep their private affairs for tea breaks and not up for discussion while patients are trying to recover.</i></p>
<p>Structural Factors: includes any reference made by respondents to factors that are influenced by structural factors related to the NHS such as availability of funding, management, staffing, process and protocol</p>	<p><i>“Having the right number of experienced nurses to patients’ ratio would be important. (It would be most annoying if there was a shortage of nurses present on the ward meaning longer waiting times for medication or not receive the appropriate care due to the lack of experienced nurses. From my own personal experience however I have only received the best care by wonderful nurses and medical staff.”</i></p> <p><i>“That the ward has adequate staff on duty of various grades. The staff has all the equipment and resources needed to provide care.”</i></p> <p><i>“Not having to wait in ER, either on a trolley or sitting on a chair, for many hours whilst waiting for a bed on the ward-and also getting a bed on the appropriate ward rather than going e.g. as a medical patient to a surgical ward to wait for an available bed in the medical ward.”</i></p>

APPENDIX 7 – SUMMARY OF KEY THEMES AND ISSUES RAISED BY ALL RESPONDENTS

KEY THEMES AND ISSUES RAISED BY ALL RESPONDENTS ON THEME 1 : WORKFORCE SOLUTIONS

Workforce Solutions

Key findings from the respondents were :

- Encouraging nursing staff to take up posts in care of the older people's environments. This would require staff **development and training**, a realistic **nurse/patient/bed ratio** which meets the high dependency and complexity of patient needs and more opportunities **for career progression** and developing links with other professions.
- Advances in methods of care, training for nurses and HCAs, time, adequate staffing levels, **strong leaders**, opportunities for career development and acknowledging **COE as specialist areas** would encourage the staff to stay in care of older person environments. Comments were made by staff saying how rewarding they find working in COE and that it is an exciting time to work with older people due to the increased recognition of 'frailty'.
- Additional nursing students are needed in the system.
- It was thought that exposure to older people **in pre-registration nursing training** was important. Positive placements where organisations can "grow your own staff."
- There should be a career pathway for nursing, from a Generalist to Specialist Nurse in older person to a **Consultant Nurse**.
- There should be **dynamic leadership** through a practice development practitioner/s accessible to each relevant division.
- Furthermore **staffing levels** should be the maximum not the minimum and there should be an increase in qualified staff. Also an opportunity for career development and promotion would encourage nurses to stay.
- Those working for a long period of time in the area of older people's services cited benefits such as the acquisition of skills that will last a lifetime in a nurses' career, the strong therapeutic relationships that they had with patients and their families and the **importance of their role** in co-ordinating care and services particularly with the community team when discharging patients.
- There should **be continued professional development** following registration within care of older people to include areas such as long term conditions, palliative care, dementia, continence management, hydration and nutrition.
- **A Band 7 nurse with specialist practice** in care of the older person focused on clinical leadership/governance who is not operational was suggested
- The development of **Dementia Champions** across all sectors of nursing is key to effective care delivery.
- The appointment of **link nurses** in the independent nursing home sector
- **Focus on the basics**: Respect/Dignity/Communication
- Targeting/supporting individuals **who have undertaken HND's** to ensure they can be fast tracked into nursing
- Reviewing existing **preceptorship** programme.

Re preceptorship: this programmes are already provided by CEC

- **Mentorship** is also viewed as important along with sufficient staff to effectively provide for this role. Users felt that nurses need to have a strong vocation and value base to work with older people.

- **A buddying system** with rotation across care environments was generally perceived in a positive light but many respondents felt due to pressures, it won't work.
- Staff felt that wards / services should be more conducive to learning and allow new staff to flourish
- **Exit interviews** were cited as a positive step in understanding reasons for staff leaving a ward or department – this may develop a pattern within areas. Users responded that they felt that the challenges, stress and dealing with degenerative conditions was demanding, emotionally challenging and could contribute to nurses leaving care of older people's settings.
- Lack of permanent jobs was a barrier to commitment. If staff were appointed on a permanent basis commitment would be stronger.
- Survey monkey respondents viewed the role of an additional **band 6 as essential within each clinical setting**. This Band 6 would support staff development and focus on clinical leadership and professional governance
- **Twelve hour shifts** in care of older people settings were a topic of healthy debate. Many users expressed a view that shorter shifts were better. A range of working shifts were suggested, however it was agreed that staff should be thoroughly consulted before any changes. Eight hour rotas/ **continental shifts** were suggested and it was agreed that there was a need to research what other countries have in place. Many respondents' cited employment conditions could be improved including pay.
- **Better resources and equipment** would all help to motivate staff to take up posts in care of older people.

The most important qualities identified by older people, for nurses taking up a career in the care of older people are:

- **Care and compassion**, including a recognition that older people may have support needs that require additional understanding and patience
- **Communication**: how older people are spoken to really matters, especially at times when they are not feeling well
- **Practical knowledge and skills**, in particular having the ability to notice when older people need assistance in practical ways, including eating properly and hydration
- **Dedication**, including the concept of nursing as a vocation, was deemed an essential quality for anyone pursuing a career in the care of older people.

Changing Service Needs

The key themes from other respondents were:

- An investment in practice development to improve the **culture and behaviour of staff** towards older people was identified as a significant need.
- **Age friendly city/community scheme** was discussed at the workshop as something that could be aspired to.
- Staff were positive about the range of **new service developments** within the Trust which have opened up opportunities for nurses e.g. Care at home approaches.
- **Mobile telephone** coverage is an issue for staff that needs to be addressed.
- The strengthening of a **PH role for nursing staff** in relation to older people over the age of 75 was cited as a development role.
- **A rotation of nursing staff** through Community and Hospital would enhance nurses' experience.
- A proposal on the **use of volunteers to provide support** and encourage independence in the acute setting for the patients and their carers was documented for example at mealtimes / handovers.
- The key areas that arose for **Tele-health and E-health** were dementia care, district nurse skype visits, medication prescribing, accessing geriatricians, respiratory care, patient & carers support, blood pressure, self-treat role, chronic disease management, **general advice line for patients and staff** in Folds/residential care, falls prevention, mental health assessment and diabetes, online information "Family Support Hub." A concern was raised that those patients who were already **socially isolated** would become more so if they weren't attending clinics or hospital for their appointments. Use of technology can be beneficial but needs to be balanced by age/client group, **face to face contact is still important** to older people.
- Personalised health records that the individual holds on to ie. Passports for HSC
- **Risk** registers + safety briefings should be regularly shared and understood.
- **Call back from primary care** which is easier to access, then getting an appointment with the GP
- Keyworker role should be explored for those with long term conditions.
- **Education groups** for families with delirium
- Patient satisfaction **surveys** and the use of older people **telling their story/experiences**
- Many users responded on the need for medication reviews to prevent falls. Adaptations are important – handrails etc. to give users empowerment and promote independence. Education regarding falls to patients and their families was cited as something to be improved upon
- **It was suggested that an annual conference** especially for older people's services should be hosted by the PHA.

The most important areas identified by older people, users, and carers who responded who felt that, in light of the increasing ageing population here, there is a significant role for nurses to play in supporting older people with **long term health conditions**, particularly those living at home. It was felt that an increased supporting role by nurses would reduce pressure on other services including A&E, GP Surgeries and Pharmacy Services.

Particular importance was given to the following themes:

- **Advice and Information:** Helping older people understand the long term condition and how it affects them
- **Home Support:** Helping older people to remain at home/out of hospital, or to avoid visits to hospital for minor treatments
- **Joined up care:** Links to family and other professionals, referring for treatment, sharing information and listening to concerns
- **Specialist Care:** Professional skills and knowledge applied in practice

Technology and new advances in medical uses of it were deemed important to older people, especially those living with long term conditions, but not at the cost of face to face contact or the **'human touch.'**

Most older people indicated they would need additional support in using new technologies, and this would need to be resourced. Some indicated a role for nurses to play here, enabling older people to access new technologies in a supported environment.

For most people the upper age bands of the survey, the **emergency button** was deemed the most useful form of technology for them, as it provides a direct link to assistance if needed.

In relation to **falls**, older people highlighted the following key areas as important:

- **Adaptations:** changes to the home environment
- **Aids:** tools to help mobility
- **Prevention:** Risk assessment and early intervention strategies
- **Reablement:** Reabling therapies for those who have had a fall
- **Support and advice:** information and advice which could help prevent a fall, including medicine reviews.

Nurse Education

The key themes from other respondents were:

- **Pre-registration and post registration training/education** opportunities to enhance knowledge and skills in caring for older people identified areas for development. These areas are:
 - a) mental health;
 - b) specific conditions for older people and advanced communication skills.
 - c) Age awareness training indicating a need to equip nurses with an awareness that would enable them to work in an age-friendly way;
 - d) Age specific care to equip nurses with knowledge of common age related illnesses and treatment;
 - e) Dementia care and recognising incapacity issues;
 - f) Direct practical experienced learning working with older people.

- **Mental health includes** more than dementia training- there are a lot of psychological care, health improvement and incapacity training required.
- Advanced **communication skills** covers a wide range of issues such as managing conflicting situations, advanced communication skills with older people and their families, and cultural awareness. Advanced communication skills with confused patients is an area for development in the general wards.
- Enhance knowledge and skills in caring for older people. It was agreed that more focus was needed on **providing extra training for our care home staff**.
- It was acknowledged that only **40% of the survey respondents** stated that they had attended no post registration training on care of older people.
- That we need to **commission accredited post registration programmes** for care of older people.
- The provision of a self-contained stand-alone **multi professional module** to cover these aspects of care of the older person whether in a hospital or community setting was viewed as highly desirable
- **An education facilitator** role is seen as essential to develop and improve services.
- The nursing assistants who participated in the project articulated that **The Health Care Assistant Framework** needs to be developed and rolled out across the Trust.
- **Timing of induction for staff** needs addressed so that it does not occur when staff have been in post for a considerable period of time.
- The groups discussed how short courses and degree courses in care of the older person modules need to be more locally accessible.
- Ensure the **independent sector is an integral part** of pre-registration training and experience and of the post-registration career pathway.
- Staff feel more supported if there is a **culture of learning in the ward** and the ward manager promotes this.
- In some countries having a **pre-school nursery integrated** with an elderly care facility is common practice. More youth opportunities to work with the older person before commencing nurse training was discussed.

- Introduction in **schools** to promote a career working with older people as a positive move.
- Need to **raise the profile** of older people's nursing.
- The benefits of involving older people in nurse education was overwhelmingly positive. It would build empathy, promotes understanding of humanity, increases age awareness, enrich the learning experience and makes it memorable.

Older people felt strongly that nurse education needs to have a greater focus on age related topics and themes including:

- **Age Awareness:** a need to equip nurses with an awareness that would enable them to work in an age friendly way and adopt best practices including understanding, respecting, valuing and ensuring dignity
- **Age Specific Care:** it is important for nurses to be equipped with the knowledge of common age related physical illnesses and their treatment/management
- **Dementia Care:** nurses should receive training on age related mental illness and capacity issues including how to recognise symptoms, actions to take, ways to work and general good practice
- **Communication Skills:** nurses should be equipped with skills that will enable them to communicate meaningfully with older people, including listening skills, the importance of clear explanation and patience as well as empathy and understanding
- **Development of Practical Skills and Experience:** the need for nurses to be competent in practice by having had direct practical experience of nursing in the ward and in the community.

There was a very strong endorsement from older people for the concept of **including older people in nurse education** in practical ways, so that student nurses are given opportunities to interact with older people and **listen** to their experiences of nursing care. It was felt that this would bring the following benefits:

- **Builds empathy:** it would help student nurses understand what it is like to be an older person, it promotes understanding and humanity towards older people and a more 'caring' disposition
- **Increases age awareness:** Highlights how to act in an age friendly manner, promotes understanding of the dignity and rights of older people and how this can be applied in practice
- **Improves learning:** Enriches the learning experience, makes it memorable, gives context and real insight, deepens understanding and increases confidence in working with older people
- **Builds helps needs awareness:** Enables students to be aware of needs specific to older people, such as conditions affecting older people, challenges and potential problems.

Innovation

The key themes from other respondents were:

- A collective view that the **involvement of older people in speaking to students** and post registration nursing staff as part of educational programmes, by sharing their personal experiences would be highly valuable and very insightful.
- Staff felt that the **media focus on poor aspects of care** and do not highlight good care.
- **The positives of working** with older people and good practice examples need to be highlighted in order to change this perception.
- There were many **examples of good practice**. These included: Sister meetings, HCA training, Multi-disciplinary interactive teaching, development of nurse led services, holistic assessment of patients, Butterfly Scheme, identification of frail adults, direct admissions (minimising multiple moves), competent staff, good caring and communication skills, good leadership and teamwork, geriatrician led MDTs, Nursing homes leading the field in dementia care, bedside reports, Enhanced Care at Home, patient education, policies and procedures, Johns Campaign.
- The development of **Dementia Champions** was considered something that every HSC organisation should have in place
- The ward environment - **nurse/patient ratio to enable a patient centred care** for the older person. Many respondents felt that when staffing levels were stretched, patient-centred care and “little things” that make a difference are compromised.
- Hospitals to provide a contact number person for the first **12 hours post discharge** for triage and/or management of events to prevent readmission.
- **Early intervention** recognised as essential along with a preventive model of care in the community to maintain individuals to stay at home. Domiciliary care allocation time should be patient led, not driven by 15 minutes to provide care to the older person. Re-engaging with the family and encouraging families back into the ward and to be involve in their relatives care was highlighted.
- Regional funding to support a **NI-wide marketing campaign target** at recruitment into care of older people’s services.
- Increased **re-enablement packages** in the community following discharge
- In order to support the development of **Nursing Champions** for older people’s services the groups felt they would require protected time to develop this role
- Staff said they enjoy how patients **share their life experiences**, the job satisfaction, respect shown by patients, enabling patients to stay at home, its rewarding.
- **A patient passport** for older people to provide staff with current key information about a person’s abilities and needs would enable staff to complete their assessment and be clearer about what is required to provide safe and effective care for individual patients. This should be developed by learning from the work done in palliative care
- Older people expressed negative experiences of waiting on trolleys/chairs in Emergency Departments. The Ward environment /setting needs to consider personal needs, preferences, relatives and environmental factors i.e. No mixed sex wards.
- **Specific marketing and recruitment campaign to attract nursing for older people’s services.**

There was an overwhelming recognition by all the service users, families/carers and older people themselves that most nurses go '**over and above**' their duty to provide excellent care to older people in both hospital and community settings.

Older people cited the following elements as crucial in achieving and demonstrating excellence in nursing care:

- **Emotional Support:** demonstrating kindness, empathy, compassion and understanding for older people in their care
- **Attentiveness:** showing an interest, being there, checking and asking how people are, treating them like a member of their own family
- **Good Communication:** Being able to explain patiently and listen to older people, being open and honest with giving and receiving information
- **Friendliness:** Besides the practical nursing care, engaging in conversation, smiling, engaging in conversation and good humour
- **Taking time:** Having some extra time for the 'little things' that matter, not being in a rush
- **Professionalism:** Demonstrating age awareness and a respect for the dignity and rights of older people.
- **Good Standard of Care:** Exercising consistency and best practice in the care of older people at all times

In relation to the **ward environment** older people deemed the following elements important if they were going into hospital, or were already in a hospital setting:

- **Ward Environment:** A quiet ward, especially at night and in the early morning
- **Privacy:** Particular reference was made to the importance of single sex accommodation on hospital wards
- **Attitude of hospital staff** can have a profound impact on how older people feel about the care they are receiving. Reassurance and an understanding that people are often frightened when arriving on ward is important
- **Admissions:** Having to wait many hours to be admitted, or spending excessive time on a trolley in a hospital corridor was mentioned as a negative aspect of going into hospital
- **Routine** The ability where possible to follow a similar routine to the home environment
- **Nutrition:** The quality of food and availability of drinks (including cups of tea) was important to older people in a hospital ward.



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