

**Recording Care: Evidencing Safe and Effective Care
Steering Group Meeting**



Thursday 4th April 2019 10 – 11:30am

NIPEC Offices Belfast – Meeting Room

ACTION NOTES OF MEETING

Present: Nicki Patterson, Executive Director of Nursing (Chair), SEHSCT NP
 Penny Moore, Lead Nurse Governance, WHSCT (teleconference) PM
 Lisa Houlihan, NIPEC Council Member, (teleconference) LH
 Claire Büchner, RCIO Nursing, PHA CB
 Susan Carlisle, Nurse Lecturer, QUB SC
 Linzi McIlroy, Senior Professional Development Officer, RCN LMCI
 Siobhan Murphy, Assistant Head, CEC SM
 Patrick Gallagher, Nursing Officer, DoH PG
 Angela Reed, Senior Professional Officer, NIPEC AR
 Gillian McKee, Professional Officer, NIPEC GMcK

Apologies: Linda Kelly, SEHSCT
 Suzanne Pullins, NHSCT
 Margaret Marshall, SHSCT
 Heather Finlay, DoH
 Donna Keenan, WHSCT

In Attendance: Lukasz Karpinski, Programme Administrator NIPEC

Agenda item	Action to be taken	Action by
1	<p>Chair’s remarks, Apologies</p> <p>NP welcomed everyone to the meeting. Introductions taken for the participants by teleconference. Apologies noted as above.</p> <p>Draft Action Notes of 20 December 2018 were agreed as an accurate record.</p> <p><i>Matters Arising</i></p> <ul style="list-style-type: none"> • RQIA membership <p>NP had corresponded to Ms Olive Macleod again in relation to professional membership representing RQIA. No response had been received – NP to follow up.</p> <ul style="list-style-type: none"> • Summary of site visits from C Buchner <p>The report had been received from CB 28/03/19 and circulated following receipt. Verbal overview from CB included: a lot of learning in relation to how both sites visited had implemented electronic records. Both sites operated on a tasks orientated approach - American terminology challenging but still person centred. Bradford site still using paper for care planning but</p>	<p>NP to follow up with O MacLeod re RQIA membership</p>

	<p>Cambridge fully electronic, however this site had been using digital records for significantly longer. Learning from reports which could be tracked from time of entry in real-time, traffic light system in use to flag alerts and time frames. NP asked CB to summarise the key lessons learned that could potentially translate for nursing and midwifery in NI. CB responded that the key learning for all registrants in NI was that any electronic system was nothing to be afraid of, processes in relation to implementation were crucial which would require engagement. AR commented regarding care planning issues on both sites – Cambridge had provided an overview of their early experiences at eh Nursing Languages Symposium in 2018 – initially, like Bradford they were unable to progress care planning in the digital environment and took between 18 – 24 months to build the system.</p> <p>NP commented on real benefit from learning from that, possibility of using PACE in electronic format.</p> <p>CB and NP commented on the fact that interventions could be coded, articulated and captured in electronic format. AR agreed recognising the importance of the work of PACE and future thinking to support ease of adoption to a fully digital environment for nursing the future and prevent loss of nursing data. CB also commented that through the work of other sites approaches to care planning could be adopted directly with minimal requirement for review – AR raised awareness to the fact the Cambridge and other EPIC sites were currently using NIC NOC and NANDA as the nursing language underpinning care planning which was not without its difficulties being highly Americanised – also there had been several regional conversations regarding the use of SNOMED-CT as a language for coding and therefore any wholesale adoption would require a further discussion.</p> <p>All other matters arising taken on the Agenda.</p>	
<p>2</p>	<p>Transformation Nursing and Midwifery Data (TNMD) Work Streams – Update</p> <p>AR updated members on the Transformation work streams. Funding available until 30th June 2019. AR advised that NIPEC was continuing to seek funding from a variety of sources.</p> <p>PM updated WHSCT perspective: funded person moved jobs and recruitment halted due to uncertainty to funding beyond June 2019. PM providing awareness sessions for the new document but noted the challenge involved. GMcK had travelled to WHSCT to assist.</p> <p>NP advised the planned departmental level meeting at which discussion had been proposed in relation to the synergy with Encompass and potential for release of funding had been postponed.</p> <p>CB raised debate in relation to 3 objectives for TNMD that had relevance to work and information for the Information Standards Board (ISB). NP advised discussion between her and Angela McLernon, NIPEC’s CE, regarding representation of ISB for the Recording Care Steering Group. CB informed she currently was a member of the ISB. NP enquired about the possibility of CB acting as a conduit of information from SG – CB agreed.</p>	<p>CB to link Steering Group work to Information Standards Board.</p>

<p>3</p>	<p>Working Group Report</p> <p>AR delivered the Working Group Report.</p> <p><u>Adult document</u></p> <p>NIPEC had worked with the PACE facilitators group to test and develop a range of resources which was to include a webinar style presentation online available via NIPEC's website within the next two weeks. Other resources had included a standard presentation for running awareness sessions, a fast facts sheet for use of the document as a guide to changes and some hard copies of the document for demonstration purposes. In addition the NIPEC TNMD professional officer has offered some sessions for trusts who are having difficulty meeting the deadlines for implementation.</p> <p>Some issues had been reported by PACE facilitators but had been addressed and corrected. Number of small changes made including up to date critical medication list inserted via HSCB and PHA colleagues. Now in last stages to get the document approved by PALS, sent to printing company and be delivered to wards before 29th April. Disposal of the old document cost to be absorbed by trusts at approx. £7,000 across NHSCT, BHSCT and WHSCT. Switchover would be challenging but possible and progressing well. AR informed that SHSCT advised their starting date on 1st May.</p> <p>AR raised an issue relating to age group as some risk assessments were not validated for under 18 year olds.</p> <p>NP advised that 16-18 year olds physiologically and psychologically were well developed and could be feasibly admitted to adult wards using adult document. Outreach nurse present in SE Trust from paediatric background to liaise with all under 18's but aware no liaison nurse present in every health trust. NP advised to raise level of awareness and the need to seek advice from children's colleagues upon admission. A form of words was discussed and agreed to include in the guidance document and webinar.</p> <p>AR to summarise advice from Steering Group for inclusion in guidance and included in webinar:</p> <p><i>This document is to be used to care for people aged 18 years and over. If a person younger than this is admitted to the clinical area, expert guidance should be sought in relation to completing nursing documents e.g. the risk assessments that are suitable for the Person.</i></p> <p><u>Care Planning</u></p> <p>AR update: 82 wards working with PACE format. PACE facilitators raising awareness of not attempting PACE without training. AR and GMcK visited SE Trust to look at eDams solution and discuss challenges with staff in relation to digitising the process. There was to be a short pause of the roll out of PACE to run awareness sessions for the document implementation.</p> <p>Reported pressures continue to be movement of staff, temporary staff, sickness absence, and leadership of ward sisters and Charge Nurses. Many of the facilitators find they need to continue to revisit wards to maintain standards of practice, long after implementation is complete.</p>	<p>AR to prepare response from Steering Group for inclusion in guidance and included in webinar</p>
-----------------	---	--

	<p>Newsletter planned for June 2019 outlining current achievements.</p> <p><u>Children’s Short Stay Document</u></p> <p>AR update: two further meeting held. Issues with old ‘Me and My Family’ record was to be reviewed as a result of shortening lengths of stay in hospital environments – there are also some emerging issues relating to risk assessment formats for example: STAMP is not applicable to children under 2 years old. STAMP tool validated in 2009 in a small scale cohort of wards and is promoted by Abbey, a private company. NP asked if O’Hara report has been related into children’s records. AR advised PACE would help in children’s areas, due to the nature of the process of planning nursing care.</p> <p><u>Learning Disabilities</u></p> <p>Discussions had been taking place with both the learning Disabilities Nursing Forum and the Strengthening the Commitment Collaborative relating to restarting this work starting in April 2019. Prof Owen Barr had agreed to remain connected to this work.</p> <p><u>ED</u></p> <p>Work ongoing. Document in implementation stage in South West Acute Hospital. PM update: audits of the new document to commence next week. AR advised review of NOAT tool in relation to ED records in next quarter.it was agreed that an exploration of reporting audit scores from ED settings would be taken forward with a view to commencement in September 2019.</p> <p><u>NOAT</u></p> <p>Old NOAT indicators to stand down on 29th April to allow implementation of the new adult document. All Trusts and ADoN’s informed. New indicators will be available online and for use by Trusts. In future NIPEC will curate the indicators only.</p> <p><u>Short Stay Document</u></p> <p>Meetings held by GMcK and LKa had agreed pilot version for 24-72hrs admission. Elective care settings and short stay settings plan to test and ask for comments, then to review for ambulatory care.</p> <p>AR asked the Steering Group for approval to proceed with testing the pilot and the group agreed.</p> <p>GMcK to send confirmation letter regarding the new short stay document implementation.</p>	<p>ED audit to begin reporting to SG in September 2019.</p> <p>GMcK to send confirmation letter regarding the new short stay document implementation.</p>
<p>4</p>	<p>Shared Learning from Improvement and HSC Trust Record Keeping Scores</p> <p>AR circulated the updated Improvement Scores.</p> <p>Belfast Trust audited 42 wards which was recognised as a great achievement. AR thanked colleagues from Trust for their efforts. Recurring non-compliant scores to go to the Quarterly Focus Report. AR drew attention to the large number of compliant indicators and asked if the group would agree to change/swap peer reviewers between Trusts, which was agreed. This process to be considered for the third quarter of the year, funding</p>	<p>Peer review process for quarter 3 to be set up.</p> <p>Audit for quarter one 19/20 to be</p>

	pending. AR proposed to limit audits in this quarter to 10 per trust due to allow document roll out and SG members agreed.	limited to 10 wards per HSC trust.
5	<p>Encompass Update</p> <p>NP provided update on the Encompass Project to date and advised the Project Board meeting was the following day. There was now one successful bidder for the programme of work. CB advised procurement awaiting submission by 10th May and decision to be made on 29th May. NP advised that membership of the Digital Care Executive was to be advised. NP had also been a part of the Gateway review for Encompass and had advised that a dedicated strategic nursing role for Encompass would be valued. CB advised liaison with Band 5s' and 8s' who were expressing enthusiasm for the work.</p>	
6	<p>HSC Trust Record Keeping Projects</p> <p>CB advised District Nursing Framework being created with list of interventions included to inform of work of District Nurses.</p>	
7	<p>Next Steps</p> <p>Actions noted below.</p>	
8	<p>Any Other Business</p> <p><u>Evaluation of PACE Implementation</u></p> <p>AR updated members of awaiting confirmation from the R&D Office regarding PACE implementation evaluation funding.</p> <p><u>District Nursing Records</u></p> <p>AR advised that there had been a number of contacts from DN colleagues relating to PACE and in those discussions the utility of NISAT had been raised. This work would be started by the end of this quarter, in line with the TNMD objectives. CB advised of Neighbourhood Nurse model and coaches in place - possible to test PACE through these individuals although not present in all Trusts yet. AR to contact Neighbourhood Nurse coaches to liaise regarding this piece of work.</p> <p><u>Testing handover principles</u></p> <p>AR updated on the work of separate group led by Linda Kelly and Bernadette Gribben from NIPEC. Principles finalised but not tested in wards. PACE implemented wards ideal for testing. It was agreed that 1 PACE ward per Trust should be selected for testing in the second quarter. 'Draft' to be added before final decision to use it.</p>	<p>AR to contact Neighbourhood Nurse coaches to liaise with District Nursing Record.</p> <p>'Draft' to be added to the handover principles document for testing in wards.</p>
9	<p>Date and time of next meetings:</p> <p>Thursday 27th June 2019, at 2–4pm NIPEC Offices, Meeting Room, Belfast.</p>	

Action	Comment	Completed/On-going
NP to follow up with O MacLeod re RQIA membership		Completed
CB to link Steering Group work to Information		Completed

Standards Board.		
AR to prepare response from Steering Group for inclusion in guidance and included in webinar	GMcK completed	Completed
ED audit to begin reporting to SG in September 2019.		Ongoing
GMcK to send confirmation letter regarding the new short stay document implementation.		Completed
Peer review process for quarter 3 to be set up.		Ongoing
No Audit for quarter one 19/20.		Completed
AR to contact Neighbourhood Nurse coaches to liaise with District Nursing Record.		Completed
'Draft' to be added to the handover principles document for testing in wards.		Completed