

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



Thursday 20<sup>th</sup> September 2018 10:00-11:30hrs

NIPEC Offices, Belfast

**ACTION NOTES OF MEETING**

**Present:** Nicki Patterson, Executive Director of Nursing (Chair), SEHSCT NP  
 Donna Keenan, Assistant Director of Nursing, WHSCT (teleconference) DK  
 Karen Devenney, Senior Nurse Manager, BHSCT, (teleconference) KD  
 Dawn Connolly, obo Margaret Marshall SHSCT (teleconference) DC  
 Maurice Devine, Assistant Head, CEC MD  
 Heather Finlay, Nursing Officer, DoH HF  
 Suzanne Pullins, Deputy Director of Nursing, NHSCT SP  
 Angela Reed, Senior Professional Officer, NIPEC AR

**Apologies:** Linda Kelly, Assistant Director of Nursing, SEHSCT  
 Susan Carlisle, Nurse Lecturer, QUB  
 Claire Büchner, RCIO Nursing, PHA  
 Linzi McIlroy, Senior Professional Development Officer, RCN

**In Attendance:** Linda Woods, Secretary, NIPEC

Agenda item	Action to be taken	Action by
1	<p><b>Chair’s remarks, Apologies</b></p> <p>NP welcomed everyone to the meeting. Members who joined by teleconference as above. Apologies given as above.</p> <p>Notes of the last meeting 13 June 2018 agreed as a correct record.</p> <p><b>Matters Arising:</b></p> <p>AR updated members on progress of the Newsletter. AR wished to make changes in discussion with the PACE Facilitators for final comment wc 4 October 2018. The Target audience will be all wards in all Trusts. Members voiced a concern that the Newsletter might raise expectations for readers – to be highlighted that it was for information only, as PACE will be formally implemented.</p> <p>Discussion followed regarding feedback from agency staff/students moving about different wards with varying stages of implementation in each Trust. This will be resolved when it is disseminated to all areas in all Trusts and the newsletter should carry advice for registrants and students in relation to when to use PACE – i.e. it should not be used in the wards where implementation has not reached.</p>	<p><b>AR to circulate to PACE Facilitators for comment</b></p>



<p>Frances Cannon, SPO NIPEC had shared with AR experience of feedback gained recently from students at Ulster which had been very positive. Members agreed that the feedback was helpful and indicative of the level of spread being achieved, whilst recognising the need to balance expectations being raised across the AEIs.</p> <p><b>Children’s hospital based care settings</b> - PACE facilitator group for children’s care settings was to be set up to review the children’s record for short stay settings – in the interest of keeping documents regional. NIPEC to support this work. Policy and procedures manual for children’s also needed – this group will review.</p> <p><b>Mental Health</b> - AR had emailed BQ twice during August and September to seek an update – as yet there had been no response. AR to make contact with Breige Quinn’s secretary Melissa to organise a telecall meeting.</p> <p><b>Learning Disabilities</b> - AR had provided an update to the LD collaborative during July 2018. There appeared to be some confusion – again with lead nurses and other leaders in LD nursing having moved from post. Capacity in NIPEC was slowing opportunity down to further progress work, however future appointments should allow this work to become a priority. MD welcomed this opportunity stating that the timing would be right for BHSCT and recent lessons from Muckamore Abbey.</p> <p><b>ED Document and care planning</b> - From last working group meeting each trust representative was to explore what is happening with the nursing ED records in their organisation. It had transpired that different processes of retaining records for people transferred out of ED appeared to be in place - copies often scanned and kept on symphony system. This issue was being reviewed for reporting back to WG. SP reported that a recent review of their practices in NHSCT EDs has demonstrated that PACE was working well.</p> <p><b>Specialist Nurses</b> - AR had met with specialist nurses during July to define work that needed to be completed following on from that which was taken forward by MB. The membership of the original group had changed and the new membership felt that wider issues needed to be addressed including governance concerns relating to uni-professional records that were not held in patient records or stored in medical records. Work was progressing slowly due to lack of central resource in NIPEC currently.</p> <p><b>NOAT</b> – WG was awaiting confirmation from BHSCT that their systems to house the agreed indicators were ready. NOAT indicators had been agreed at WG – new indicators would be sent to SG for final sign off by 28<sup>th</sup> September. SG members agreed that the new indicators would not be used until the new document was rolled out and in use across all trust areas.</p> <p><b>Short stay settings</b> - SP had raised at the WG meeting that surgical elective short stay patients NHSCT have several iterations of a 24 hour record. SG members approved that a regional workshop for autumn should be organised to use adult document and review for applicability.</p>	<p><b>Children’s PACE facilitator ERG to be set up - NIPEC to support.</b></p> <p><b>AR to contact B Quinn.</b></p> <p><b>NOAT indicators for comment by 28<sup>th</sup> September 2018.</b></p> <p><b>Regional workshop to be set up for short stay document.</b></p>
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<p><b>3</b></p>	<p><b>Shared Learning from Improvement and HSC Trust Record Keeping Scores</b></p> <p>AR presented the received audit scores from HSC Trusts. Although all figures have not been received, it showed that the areas of printing Name and Job Title beside the first entry in the document continued to not meet compliance scores. AR to receive the other HSC Trust scores and circulate the QOF. Discussion was taken forward in relation to the use of the new NOAT indicators. It was agreed that the new indicators mirrored the new document and therefore use of the new audit tool would be best packaged with the introduction of the new document. Until this is rolled out the existing method of audit would continue.</p>	<p><b>AR to circulate QOF when all HSC Trust scores are submitted.</b></p> <p><b>Revised NOAT indicators to be used with new Adult record.</b></p>
<p><b>4</b></p>	<p><b>Encompass Update</b></p> <p>NP provided an update from the Encompass Programme Board.</p> <p>Digital Care Forum holding Workshop on 17 October 2018 at 1.30pm in the Clayton Hotel. Discussion took place regarding communication from the Programme Board to invited guests. NP stressed the importance of ensuring good nursing representation.</p> <p>Evaluation of four providers of software taking place W/C 12 November 2018. NP again emphasised the significance of nursing and midwifery representation for this evaluation. Nominations were required from organisations for a full week across all professions and disciplines.</p> <p>The next meeting of the Encompass Programme Board is on 28<sup>th</sup> September 2018 chaired Dr Michael McBride. There were concerns raised about the lack of nursing representation within the programme team (NP had tried to contact Michael Quinn, Clinical Director regarding her concern but to date has not spoken with him as he had cancelled the call).</p> <p>MD mentioned that in relation to student nurse training, it would be important to raise awareness in the workforce team to include students. There was a short discussion about this matter relating to work ongoing within Northern Ireland and the ADEPT fellows from NIMDTA.</p>	
<p><b>5</b></p>	<p><b>HSC Trust Record Keeping Projects</b></p> <p><u>Projects in the System that have a focus on nursing or midwifery records</u></p> <p>DK asked members about their experience of care planning in MH community settings. The You-In-Mind Pathway was discussed and the importance of the update with B Quinn recognised again. MD also mentioned that the CAMHS Project Core Care Pathway was significant for nurses and children's services. AR to raise with BQ when speaking to her.</p> <p>DC queried whether or not the new version of NOAT would be applicable across all settings. AR suggested that it would, with the exception of the references to risk assessment titles – for example the paediatric version of MUST being referred to as 'STAMP'. Members agreed that it could be easily adapted for a range of clinical settings.</p>	<p><b>AR to speak to BQ regarding care planning in MH community</b></p>

	<p><u>Transformation Projects</u></p> <p>NP drew attention to the large number of HSCT projects that will be commencing in the near future and noted that recording care remains the extant group for standards and processes in NI. NP re-emphasised that Recording Care SG should be included in scrutiny processes for any changes to nursing and midwifery records being made.</p> <p>The new ambulatory care model, and implications from the Multidisciplinary Primary Care Teams would all have nursing implications.</p> <p>MD stated that in relation to the Mental Capacity Act there had been an indication to implement the code of practice in 2020. CEC currently working on training for all staff – MD indicated that the implications for all staff would be far reaching and would include responsibilities to record conversations around consent for care. AR raised the fact that under the PACE approach this was already happening in the environments practicing PACE.</p>	<p><b>All members to be vigilant relating to transformation projects and record keeping practice for nurses and midwives</b></p>
<b>6</b>	<p><b>Next Steps</b></p> <p>Actions as per table below.</p>	
<b>7</b>	<p><b>Any Other Business</b></p> <p>AR reported that Evaluation of PACE Implementation has been delayed due to Prof Ian Young being off from the R&amp;D office. AR had recently sent a letter on behalf of CNO to Prof Young. The request for funding had been ongoing from January. A response was awaited relating to match funding for UU and QUB researchers to take forward the evaluation of PACE in developing person-centred practice.</p>	
<b>8</b>	<p><b>Date and time of next meetings:</b></p> <p>Thursday 20<sup>th</sup> December 2018, at 10.00am-12.00pm NIPEC Offices, Belfast.</p>	
<b>Action</b>	<b>Comment</b>	<b>Completed/On-going</b>
<b>AR to circulate amended Newsletter to PACE Facilitators for final comment</b>	<b>PACE facilitators working on additional content.</b>	
<b>AR to recirculate Adult Document for final comment with closing date of 28 Sept 18</b>		<b>Completed</b>
<b>PACE Facilitators to consider dates for awareness training and implementation of the new adult document.</b>		<b>Ongoing</b>
<b>AR to circulate Gantt Chart to SG members.</b>		<b>Completed</b>
<b>Children's PACE facilitator ERG to be set up - NIPEC to support</b>	<b>Work commenced.</b>	<b>Ongoing</b>
<b>AR to contact B Quinn.</b>	<b>Phone call set up for 4<sup>th</sup> October 2018.</b>	<b>Ongoing</b>
<b>NOAT indicators for comment by 28<sup>th</sup> September 2018.</b>		<b>Completed</b>
<b>Regional workshop to be set up for short stay document.</b>		<b>Ongoing</b>
<b>AR to circulate QOF when all HSCT scores are submitted.</b>		<b>Completed</b>
<b>Revised NOAT indicators to be used with new Adult</b>		<b>Ongoing</b>

<b>record.</b>		
<b>AR to speak to BQ regarding care planning in MH community</b>		<b>Ongoing</b>
<b>All members to be vigilant relating to transformation projects and record keeping practice for nurses and midwives</b>		<b>Ongoing</b>