

Recording Care Working Group Meeting

**NIPEC Meeting Room, Belfast
Thursday 25th July 2019, 10am -12md**

Attendance:

Linda Kelly	Assistant Director Nursing (Chair)	SEHSCT	LK
Suzanne Pullins	Assistant Director Nursing – telecall.	NHSCT	SP
Lynn Wightman	Lead Nurse, Safety & Quality	BHSCT	LW
Dawn Mackin	Nursing Governance Co-ordinator	SHSCT	DM
Mary McCullagh		WHSCT	MM
Penny Moore	Lead Nurse, Governance	WHSCT	PM
Gillian McKee	Professional Officer	NIPEC	GMcK

Apologies:

Karen Devenney	Senior Manager, Safety and Quality	BHSCT	KD
Jane Patterson	Patient Safety Officer	SEHSCT	JP
Susan Carlisle	Nurse Lecturer	QUB	SC
Ann Marie Tunney	Nurse Lecturer	Ulster	AMT

Notes:	Lukasz Karpinski, Programme Administrator	NIPEC	LKa
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Agenda Item	Notes	Action
1	Welcome and apologies LK welcomed attendees. Apologies noted. Introductions completed.	
2	Notes of the previous meeting Action Notes of 16 th May 2019 discussed and agreed.	
3	Matters arising <i>Transforming Nursing and Midwifery Data (TNMD) project update</i> <u>Working Group/NIPEC work streams' update</u> GMcK advised PHA QSE completed and forwarded post printer error. No further affected copies reported. Falls prevention information and inclusion in the Adult Inpatient document discussion held at TMND officers meeting. Some areas expressing concern they are unfamiliar with what should be included as falls prevention and management advice. Previous inpatient document plan of care available for working group to review. Separate falls prevention documentation not	

<p>advised. SP to liaise with NHSCT's falls co-ordinator for direction. Item also to be forwarded to regional falls prevention officer group for inclusion on their agenda. LK to liaise re. this.</p> <p>SP advised information in bed rail policy differs from information in Adult inpatient document (In NHSCT). All Trusts advised by Working Group to map, as directed by Steering group.</p> <p>GMcK advised that NOAT indicators are currently under review in order to ensure clarity and consistency of auditing process. Discussion at Steering group in relation to possibility of prioritising certain indicators i.e. cyclical auditing. Peer auditing across Trusts agreed at Steering group in April 2019. Processes to be discussed and agreed via Working Group.</p> <p>PM advised new NOAT indicators for non-PACE wards may not be applicable. GMcK advised the term 'PACE' does not feature in the audit tool as the content of the framework is not new. PM highlighted that Quarterly Quality focus presents as RAG and that 95% is challenging to achieve, and when not achieved can be discouraging for staff. LK explained process of exception reporting and advised the focus should include the level of improvement and the importance of presenting the data over time rather than a RAG rating.</p> <p><i>Adult Short Stay record</i></p> <p>GMcK advised that pilot is completed. Elective Care Centres not suitable for this pilot. Some pilot areas would appear to be ambulatory from feedback received. GMcK advised that relevant information can be applied to ambulatory work when commenced. Issue raised by various Trusts that there are multiple documents being used in adult short stay areas. LK advised this should be eliminated when this work stream is completed. GMcK discussed with working group that if a person is located in a clinical area for six hours or more, the risk assessment timeframes that are in place in relation to the Adult Inpatient document would apply. GMcK advised Working Group that Adult Short Stay ERG members state this may not be current practice. LK advised the need to see the survey results before going forward. LK advised highlighting this issue in the report and bringing back to the Working Group for discussion.</p> <p><i>Children's Short Stay record</i></p> <p>GMcK advised reviewed membership received from across the organisations. Working group advised of new chairing arrangements. Ongoing discussions in relation to the use of risk assessment/ assessment of risk tools. Awaiting specialist guidance. Bed rail and STAMP literature reviewed by GMcK. LK advised GMcK to relate recording care work to Encompass and liaise with Ruth Marks when required.</p> <p><i>Learning Disabilities</i></p> <p>GMcK advised Working Group agreement was reached, in first meeting, that document drafted by Michelle Burke could be reformatted and used</p>	<p>SP to liaise with NHSCT Falls Co-ordinator for direction</p> <p>LK to request falls prevention documentation and ways to support nursing to be added to regional falls prevention officer group 's agenda</p> <p>All Trusts advised to map bed rail policy information with Adult Inpatient document information</p> <p>Processes of cyclical auditing and peer auditing to be discussed and agreed via Working Group</p> <p>GMcK to forward Adult Short Stay pilot report to Working Group for consideration</p>
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<p>in all care settings for all age groups of people. Regional membership for this group confirmed.</p> <p><i>District Teams</i></p> <p>LK updated members in relation to district nursing work stream. As assessment tool is not regional, agreement is to be reached in relation to a data set and then an auditing process can be put in place. A community NOAT tool will be developed in relation to this process.</p> <p><i>PACE roll out</i></p> <p>GMcK advised group that Jane Patterson (SEHSCT) has agreed to chair PACE facilitators group and that GANTT chart to be reviewed on a monthly basis by GMcK via Trust TMND officers. This is in order to put context to implementation in order to inform DoH reports. The need to revisit wards to support sustainability being raised as an ongoing issue. Group advised by GMcK that TMND officers report audit scores are being affected by reliance on bank/ agency staff as they often do not attend PACE awareness sessions/ apply principles.</p> <p>GMcK advised first draft of PACE PowerPoint presentation currently being completed and will be followed up with guidance notes and webinar. PM queried if bed rails and consent would be included in guidance. GMcK advised that consent is throughout any care intervention (where possible). PowerPoint will include guidance for retrospective record keeping and acute/ chronic care needs. Coroner's session viewed at RCN. Retrospective record keeping guidance to be formatted from this. GMcK advised coroner's workshop on 5th September 2019, with a possible opportunity for liaising. PACE presentation to be forwarded to Working Group to review acute/ chronic needs and retrospective record keeping information.</p> <p><i>Audit of ED practice</i></p> <p>GMcK advised first meeting to be held August 2019. Awaiting membership nominations from the region. PM advised ED flimsy updated in WHSCT and same to be forwarded to GMcK.</p> <p><i>Preparation for Encompass</i></p> <p>GMcK advised that TMND officers attended SEHSCT site visit to view eDAMS. First Encompass visit completed at Lagan Valley Hospital, SEHSCT. Gary Loughran unable to attend and representatives present in his place. Positive engagement and understanding of nursing input by the Encompass representatives. GMcK advised group that second visit at Antrim Area Hospital, NHSCT is scheduled in August 19.</p> <p>UK visit to EPIC site(s) agreed. Logistics of visit to be confirmed.</p> <p><i>Testing of Handover Principles</i></p> <p>GMcK advised members that Steering Group agreed a non-PACE ward may take part in pilot but this is not mandatory. GMcK advised areas for pilot were identified and advised of process of pilot. LK discussed with group</p>	<p>GMcK to forward PACE presentation for comment in relation to acute/ chronic needs and retrospective record keeping</p> <p>PM to forward WHSCT updated ED flimsy to GMcK</p>
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	<p>that it may be useful to review survey monkey formatted by NIPEC. LKa to send draft survey monkey document to the Working Group for their consideration.</p> <p><i>TNMD Officer update</i></p> <p>LK advised group that one further 1.0 WTE funded by DoH (per HSC Trust) from Transformation Funding. During meeting, LK requested information from Trust representatives in relation to recruitment progress. Funding arrangements relating to monies from time spent and monitoring currently being reviewed post discussion at Steering Group. GMcK advised that when officers are in post, NIPEC will host guidance and support session for newly appointed officers. GMcK discussed that challenge of communication between NIPEC and TMND officers had been raised at TMND officers meeting. This is due to, in part, some working part time and also the inability for some to work remotely. Angela Reed following up, under guidance from Steering Group.</p>	<p>LA to send Handover Principles survey monkey document to the Working Group.</p> <p>AR following up re. challenges of communication between NIPEC and TMND officers, under direction of Steering Group</p>
<p>4</p>	<p>Feedback from Steering Group</p> <p><u>TNMD Project Plan</u></p> <p>GMcK advised Recording Care Newsletter (second edition) published. Other feedback discussed throughout agenda.</p>	
<p>5</p>	<p>Any Other Business</p> <p><u>AOB raised prior to meeting</u></p> <ul style="list-style-type: none"> • Reusability of completed documents- see below for discussion • Mental Health work stream- paused at present but GMcK liaising with Mental Health colleagues • Future meeting dates to be forwarded by NIPEC <p><u>AOB raised at meeting</u></p> <ul style="list-style-type: none"> • PM enquired if PACE could be implemented in one of the WHSCT’s nursing homes. LK advised PM to speak with Angela Reed, as a Project Lead. • Discussion held throughout meeting in relation to time frames for completion of risk assessments. Advice to be sought from specialists by GMcK and discussion to be held regarding possibility of a workshop to troubleshoot this, as well as NOAT indicators and cyclical auditing and the ability to reuse recording care documents when person is e.g. readmitted to a clinical area. • LW advised opportunity to revise IPC status appears once in the adult inpatient document. This information to be considered at time of review of the adult inpatient document. 	<p>Possibility of Recording Care ‘trouble shooting’ workshop to be discussed</p> <p>Feedback regarding IPC reassessment to be considered when reviewing adult inpatient document</p>
<p>6</p>	<p>Date and time of next meeting.</p> <p>Friday 6th September 2019, NIPEC Meeting Room, 10am -12pm</p>	

ACTION	Comment	Completed/On going
15th March 2019		
AR and GMcK to explore possibility of record keeping award regionally	Will be linked to celebration event later in 2019.	Ongoing
25th July 2019		
SP to liaise with NHSCT Falls Co-ordinator for direction		Completed
LK to request falls prevention documentation and ways to support nursing to be added to regional falls prevention officer group 's agenda		Completed
All Trusts advised to map bed rail policy information with Adult Inpatient document information		Completed
Processes of cyclical auditing and peer auditing to be discussed and agreed via Working Group		Ongoing
GMcK to forward Adult Short Stay pilot report to Working Group for consideration		Ongoing
GMcK to forward PACE presentation for comment in relation to acute/ chronic needs and retrospective record keeping		Ongoing
PM to forward WHSCT updated ED flimsy to GMcK	PM to forward after queries in WHSCT completed.	Ongoing
LKa to send Handover Principles survey monkey document to the Working Group.		Completed
AR following up re. challenges of communication between NIPEC and TMND officers, under direction of Steering Group		Completed
Possibility of Recording Care 'trouble shooting' workshop to be discussed		Ongoing
Feedback regarding IPC reassessment to be considered when reviewing adult inpatient document		Completed