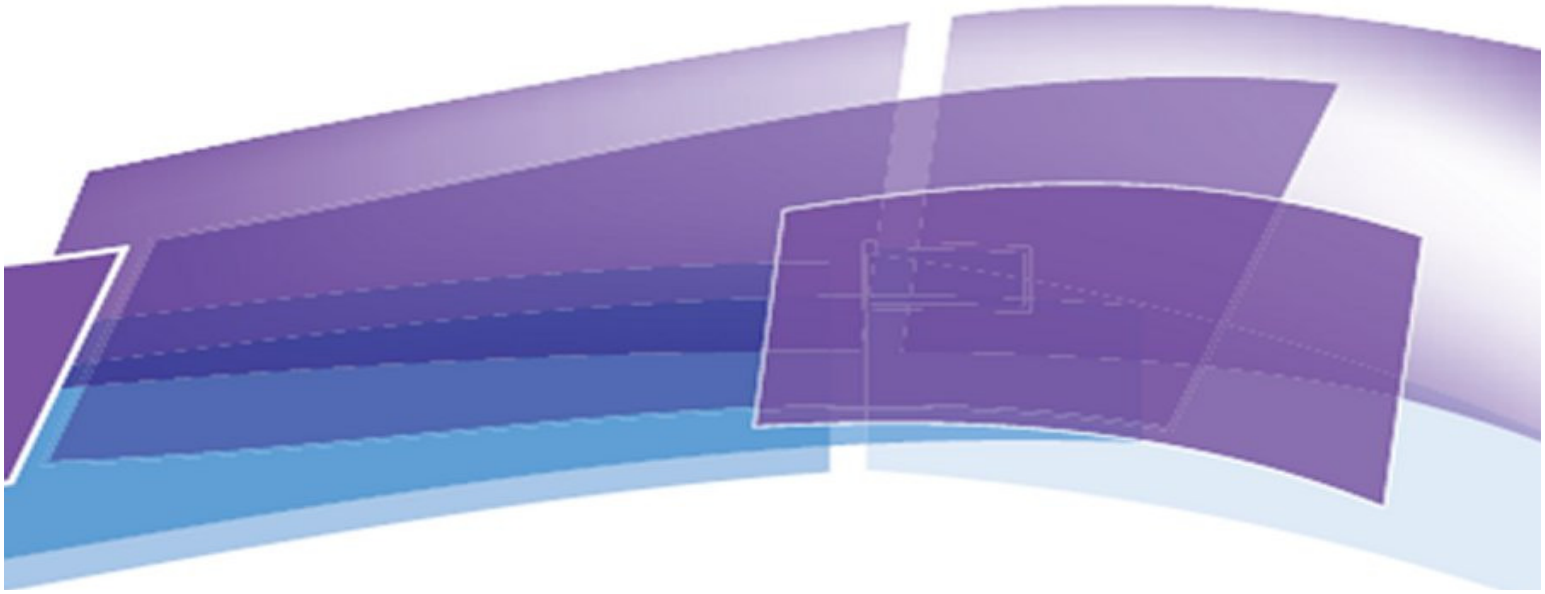
NIPEC

Recording Care: Evidencing Safe and Effective Care - Phase 1



INVESTORS IN PEOPLE

CONTENTS

ACKNOWLEDGEMENTS – CHAIR OF STEERING GROUP

The Recording Care Project was commissioned by the Acting Chief Nursing Officer during 2011 to implement an agreed Regional HSC Nursing Document and improvement methodologies, tools and resources developed during the Regional Record Keeping Initiative (RRKI) 2009 – 2010. The purpose of the Project was to facilitate an improvement in the standard of nurse record keeping in Northern Ireland and to promote a culture which supports person-centred record keeping practices.

From the outset of the Project, the learning from the RRKI was transferred, in terms of the requirement for change facilitation within each Health and Social Care (HSC) Trust. To that end, a Project structure was put in place through funding provided jointly by NIPEC and the Public Health Agency. This enabled one Professional Officer to be seconded to a role within each organisation to support the development of practice activities and audit processes which eventually facilitated change.

The change which has been evidenced detailed in this report has come through the dedication and commitment of a range of individuals in each HSC Trust and NIPEC.

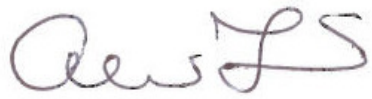
In particular I would like to thank:

- The five HSC Trust Assistant/Co-Directors of Nursing for Governance, who have worked with the utmost commitment and have tirelessly driven forward the improvement agenda within each HSC Trust.
- The five Professional Officers, each working within their own organisation, who supported a collaborative change environment to enable improvement to occur. Their dedication to promote a culture which supports person-centred record keeping practices has been unstinted.
- The staff in NIPEC who have worked alongside colleagues in HSC Trusts at every level to support the project structure and change management.
- Ward Sisters, Charge Nurses and ward teams, who have made changes to their practice, provided their time and opinions to guide the outputs of the project and demonstrated a commitment to improvement in the standard of nurse record keeping practices across the HSC Trusts.
- Members of the Steering Group who have willingly engaged in regular meetings to support the direction and governance arrangements of the Project.
- A range of other stakeholders and external advisors who have willingly given of their time to support the development of the Project outputs.

I would also like to extend my gratitude on behalf of the five Executive Directors of Nursing in Northern Ireland to Dr Glynis Henry, Chief Executive, NIPEC and Mrs Mary Hinds, Director of Nursing and Allied Health Professions, PHA, for the funding support received to enable the recruitment of the five Professional Officers for Recording Care. I would especially like to thank Angela Drury, Senior Professional Officer, and Project

Lead, NIPEC, for her coordination and drive to ensure the Project was successfully delivered within the agreed time-frame.

Finally, I would commend this report to you and the recommendations contained at page 21 of this document. It is my hope that this important Project will continue to support the sustained improvement of nursing and midwifery record keeping practice in Northern Ireland.



Alan Corry-Finn,
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Chair
Recording Care Steering Group

RECORDING CARE: EVIDENCING SAFE AND EFFECTIVE CARE

PHASE 1

1.0 INTRODUCTION

1.1 The Regional Record Keeping Initiative (RRKI) (March 2009 – April 2010)[1] developed tools and resources for registered nurses to facilitate improvement in record keeping practice. Evidence suggests a range of diverse factors[2] which influence the standard of record keeping in the nursing profession. These factors were addressed through the RRKI, within a practice/quality improvement methodology. This methodology, an electronic audit tool[3], and NIPEC Record Keeping Guidance were tested over eight months in each of the five Health and Social Care (HSC) Trust medical wards which volunteered to be part of the Initiative. Comparative results from the baseline audit undertaken in June 2009 and the final audit in April 2010 demonstrated an increased compliance of 34.4% regionally against the standards of the audit tool.

1.2 From the completion of the RRKI, the five HSC Trust Assistant/Co-Directors of Nursing for Governance had been working collaboratively to agree a Regional HSC Nursing Document for the acute care sector, which could be broadly mapped to the indicators within the audit tool. Following a meeting with the Director of Nursing and Allied Health Professions at the Public Health Agency (PHA), and discussion with the Acting Chief Nurse, in December 2010, a proposal was submitted to the HSC Trust Executive Directors of Nursing. A way forward was agreed in the form of an implementation project for a regionally agreed HSC Nursing Document and the developed improvement methodology for record keeping practice.

1.3 NIPEC was subsequently commissioned by the Acting Chief Nursing Officer to lead on the Recording Care Project. Following an initial scoping meeting held 21st April 2011, a project structure was agreed, to encompass the implementation of both the *Nursing Assessment and Plan of Care* document and the improvement methodologies developed through the RRKI. It was recognised from the outset, that the document would require a process of piloting across the five HSC Trusts to support the production of a regionally agreed version.

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[1] Northern Ireland Practice and Education Council for Nursing and Midwifery (2010). *Regional Record Keeping Initiative: Final Report*. Belfast, NIPEC.

[2] Seven themes are consistently identified as having a significant influence over the quality of record keeping, namely: values, perceptions and purpose; determining what is recorded; competence to record; inclusion of the patient in recording; timing of, and time spent, recording; audit; and professional supervision.

[3] Audit tools from the five HSC Trusts; the Record Keeping Benchmarks within the Essence of Care Toolkit (2001): standards from the Nursing and Midwifery Council (NMC) *Guidance for Record Keeping* (2009); and other validated tools, such as the *Competency Framework for Information Governance in NHS Scotland* (2008) were used to develop the electronic audit tool.

2.0 BACKGROUND

2.1 The standard of record keeping in health professions has been the subject of much concern during the last decade. The findings of various Public Inquiries in Northern Ireland 2004 – 2009 recognised inaccurate record keeping practice as a particular failing of service provision[4]. Themes arising from recommendations include incomplete records; information not recorded on admission, discharge and during an episode of care; and lack of evidence of patient and carer engagement.

2.2 In addition, the third recommendation of the Public Inquiry into the outbreak of Clostridium Difficile at the Northern Trust Hospitals[5] was that '*the Trust's board must review its governance arrangements and satisfy itself that it is meeting in full its responsibilities for…record-keeping'*.

2.3 The Nursing and Midwifery Council (NMC) has identified failure to keep adequate records as 4th in the top ten conduct and competence allegations[6] for fitness to practise procedures.

3.0 PROJECT AIM AND SCOPE

Aim

3.1 The overarching aim of the project was:

To implement an agreed Regional HSC Nursing Document and improvement methodologies, tools and resources developed during the RRKI to facilitate improvement in the standard of nurse record keeping in Northern Ireland and to promote a culture which supports person-centred record keeping practices.

Scope

3.2 The scope of the project fell within two strands, the aims of which were:

Strand 1 *To agree, implement and pilot the Regional Nursing Assessment and Plan of Care Record in a phased approach in the acute adult nursing sector, supported by a regional record keeping policy.*

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[4] Northern Ireland Practice and Education Council for Nursing and Midwifery (2010). *Systematic Review of Northern Ireland Public Inquiries and Reports*. Belfast, NIPEC.

[5] Hine, Dame Deirdre (2011). *Public Inquiry into the Outbreak of Clostridium Difficile at the Northern Trust Hospitals*. Belfast, DHSSPS.

[6] Nursing and Midwifery Council (2010). *Fitness to Practise annual report: 1 April 2009 to 31 March 2010*. London, NMC.

Strand 2 *To implement and evaluate the improvement methodologies, tools and resources developed during the RRKI to facilitate improvement in the standard of nurse record keeping in Northern Ireland and promote a culture which supports person centred record keeping practices.*

3.3 The Project Phase ran from July 2011 to March 2013. A Steering Group was convened and was to be responsible for the overall direction and guidance of the Project. For details of the full membership of the Steering Group and Terms of Reference, please see Appendix 1, page 24.

4.0 OBJECTIVES AND METHODOLOGIES - STRANDS 1 AND 2

4.1 The Project aims were supported by objectives agreed at the first Steering Group meeting. The objectives are outlined at Section 5, page 4 of this document, in the summary of the progress against the objectives.

Methodology Overview

4.2 This project was led and co-ordinated by a lead Senior Professional Officer, NIPEC, in collaboration with key stakeholders within HSC. The methodologies for both Strands had similar elements, including:

4.2.1 Convening of two Working Groups, each one aligned to a single Project Strand. For details of the full membership of the Working Groups and Terms of Reference, please see Appendix 2, pages 25/26.

4.2.2 Production for each HSC Trust of implementation plans related to each Strand.

4.2.3 Training and facilitation provided to Professional Officers, one aligned to each HSC Trust.

4.2.4 Training and facilitation provided to ward staff by the Professional Officers.

4.2.5 Evaluation via a range of methods to test the utility of the resources and enable review of the Nursing Assessment and Plan of Care document.

4.2.6 A range of approaches to meet the outcomes required from the objectives.

4.2.7 Invitation of appropriate colleagues to meet with the Working Groups to inform the project outcomes.

4.2.8 Monitoring of progress against the Project Plan and initiating remedial action where relevant.

4.2.9 Provision of progress reports to Project Steering Group via the Chairs of the Groups.

4.2.10 Contributing to the production of the final report.

4.3 The Steering Group maintained a governance and accountability role through receipt at each meeting, of reports related to implementation in each Trust and progress against the Project Plan from the Chairs of Working Groups Strands 1 and 2.

4.4 Learning from the pilot Project[7] identified the need for facilitation within each HSC Trust. In July 2011, funding was sought from a range of sources to enable secondment of five Professional Officers, one aligned to each HSC Trust, to support the Project and the achievement of intended outcomes. Funding for the posts from NIPEC and the PHA was agreed in September 2011; this enabled the recruitment of the Officers. The five *Recording Care* Professional Officers took up their roles in February 2012, from which time the Project Plan formally commenced.

4.5 A copy of the Project Plan can be found at:

http://www.nipec.hscni.net/docs/Project%20plan%20recording%20care.pdf

4.6 The project was initially agreed as spanning a 12-month period, running from February 2012–January 2013. During this time, however, it became apparent that improvement could be further supported through the extension of the time frame and the role of the Professional Officers. Funding was sought and provided through arrangements with NIPEC and the PHA. The Steering Group agreed, therefore, to extend the project time frame for the first phase to 14 months, ending March 2013.

4.7 Section 5 below, outlines the process which the Project Groups undertook to achieve the objectives of each Strand of the Project.

5.0 ACHIEVEMENT OF THE OBJECTIVES

Strand 1 Objectives

5.1 The following objectives are designed to produce the outcomes required to complete Strand 1 of the project:

i) To review the current proposed Regional HSC Nursing Assessment and Plan of Care Record for final agreement.

[7] Northern Ireland Practice and Education Council for Nursing and Midwifery (2010). *Regional Record Keeping Initiative: Final Report*. Belfast, NIPEC.

ii) To agree that the Regional HSC Nursing Assessment and Plan of Care Record has been mapped to the Northern Ireland Single Assessment Tool (NISAT).

iii) To agree that the Regional HSC Nursing Assessment and Plan of Care Record has been reviewed and updated with current developments in nursing assessments, in relation to:

- Infection Prevention and Control Risk Assessment
- Malnutrition Universal Screening Tool
- Braden Pressure Ulcer Risk/Skin Assessment
- Moving and Handling Risk Assessment
- Bedrails Risk Balance
- Falls Assessment.

iv) To agree a systematic training and implementation approach relating to the Regional HSC Nursing Assessment and Plan of Care Record in the acute adult care sector.

v) To develop a regional record keeping policy for agreement and implementation within HSC.

vi) To monitor and receive progress reports from the Professional Officers, taking action to correct any identified issues.

vii) To agree an evaluation process of the implemented Regional HSC Nursing Assessment and Plan of Care Record and record keeping policy for inclusion in the final report.

viii) To report progress of Strand 1 to the Steering Group and contribute to the final report.

5.2 The membership of Working Group Strand 1 (WG S1) was agreed to reflect the expertise that could support the achievement of the objectives of Strand 1. This included representation from the regional Health and Social Care Board (HSCB), in relation to NISAT, and Band 5 registrant users of the Nursing Assessment and Plan of Care document.

5.3 WG S1 met every 4–6 weeks throughout the first phase of the Project. Reports from the Professional Officers were received in relation to the implementation of the document across wards within acute care settings. Before the document was rolled out to care settings, it was 'mapped' to the regional NISAT tool to assure the Steering Group that approach was being taken in acute care settings similar to that within community care settings, through the use of NISAT. In addition, the document was tested in care of the older person/rehabilitation in-patient care settings and short-stay in-patient wards, 24 hours' stay and over.

5.4 Prior to the implementation of the Nursing Assessment and Plan of Care document, baseline audits were completed in each ward. This was to enable a comparison between the standard of record keeping practices prior to and post implementation of a new document, but also prior to the implementation of the Practice Improvement Programme. The exception to this process was Belfast Health and Social Care Trust (BHSCT), where a version of the document had been implemented for some time. The Southern Health and Social Care Trust (SHSCT) also had a version of the document but senior nursing staff took a decision to change to the new version to assist the process of evaluation and therefore undertook a baseline audit.

5.5 Each HSC Trust took an individual approach to implementation, based on the exigencies of the service. The Professional Officers began the process of training teams in the identified wards in the use of the NIPEC Online Audit Tool (NOAT). Baseline audits were recorded prior to implementation of the document and then prior to commencement of the Practice Improvement Programme (PIP).

5.6 The Professional Officers offered awareness training sessions for each ward in the use of the new document to assist implementation, as well as remaining in contact with care settings to answer any queries on an *ad hoc* basis. During this time, Officers began setting up communication networks for ward teams, senior managers and lead nurses in order to raise awareness about the project and facilitate engagement. In addition, HSC Trusts utilised existing senior nurse team meetings or set up specific implementation groups within organisations in order to facilitate this communication process and enable 'buy-in'.

5.7 Throughout implementation, these formal and informal networks were used to gather evaluative information which was collected locally by the Professional Officers and recorded into an 'issues log'. The five 'logs' were eventually themed and transcribed to assist in the production of resources for the regional workshop set up to review the document in November 2012. Information typically collected came from the feedback registrants were providing, when using the document, about the flow, and style of questioning in the assessment section or layout.

5.8 Prior to the workshop being held, the five HSC Trust Assistant/Co-Directors for Nursing and Midwifery Governance contacted a number of regional groups[8] with expertise related to the six risk assessments for inclusion in the final version of the document. The advice offered by individuals and groups enabled a consensus to be reached on the most appropriate tool for use in each category, following the workshop.

[8] Regional groups contacted included: the regional Back Exchange Forum, Infection Prevention Control Lead Nurse Forum, Tissue Viability senior nursing staff, Regional Promoting Good Nutrition Steering Group, Regional Patient Safety Forum.

5.9 The regional workshop in November 2012 was attended by over 50 nursing representatives of the five HSC Trusts. The event enabled discussion and agreement regarding what should be included in the final version of a regional document. The outcomes of the workshop were transcribed by NIPEC staff and themed by the lead Senior Professional Officer, NIPEC to enable the Trust Assistant/Co-Directors for nursing and midwifery governance to reach agreement on a final version of the document. A final draft was completed in March 2013, which was proof-read by the Professional Officers collectively before final sign-off by the Steering Group.

5.10 A further element of the work plan of Strand 1 was the production of a regional policy for record keeping practice in nursing and midwifery. This part of the Strand 1 work was intended to coincide with the production by the NMC of standards for record keeping practice in nursing and midwifery, due December 2012. The lead Senior Professional Officer, in NIPEC liaised with the relevant NMC personnel in the early stages of production to ensure that the project remained aligned to the future direction of standards production. During initial discussions, however, it became clear that the NMC was intending to stand down this area of work following the Strategic Review of the NMC by the Council for Healthcare Regulatory Excellence[9].

5.11 At that point, following robust debate, the Steering Group made a decision - supported by the Acting Chief Nurse and Executive Directors of Nursing - to produce standards for record keeping practice in nursing and midwifery in Northern Ireland, led and coordinated by NIPEC instead of a policy document.

5.12 The standards document was drafted, and offered to members of the project groups for comment. This also included comment from the Royal College of Nursing (RCN), London Offices, through a member of staff with expertise in the field of nursing informatics and record keeping. Following this period of review, the Standards document was then offered for a period of consultation to the public and professions, via the NIPEC website.

5.13 During this exercise, it came to the attention of the lead Senior Professional Officer, NIPEC, that there was a range of divergent views on the issue of delegation of record keeping practice to Health Care Support Work (HCSW) staff. In previous iterations of NMC record keeping guidance prior to 2009, it had been asserted that any entry made to nursing records by HCSW staff or student nurses/midwives should be countersigned by the member of staff who had delegated the task. In addition, the RCN issued guidance in October 2012 in relation to delegating record keeping to HCSW staff and student

[9] Council for Healthcare Regulatory Excellence (2012). Strategic Review of the Nursing and Midwifery Council. Final Report. Available for download at: http://www.professionalstandards.org.uk/docs/special-reviews-and-investigations/chre-final-report-for-nmc-strategic-review-(pdf).pdf?sfvrsn=0.

nurses/midwives[10]. Following discussion, the Steering Group agreed that a briefing paper outlining relevant debate should be circulated to the Acting Chief Nursing Officer, Executive Directors of Nursing HSC Trusts, Director of Nursing and Allied Health Professions, PHA and the Chief Executive, NIPEC, for consideration of a regionally agreed approach. This was issued in conjunction with the Standards consultation exercise.

5.14 The Record Keeping Practice Standards were open for consultation from Friday 21st December 2012 - Friday 25th January 2013. A number of late entries to the consultation process were included in the final analysis. Twenty-one responses were received from individual registrants, groups of registrants, professional bodies and organisations. Responses were collated and presented to the membership of WG S1 and the Steering Group. Comments reflected a broad welcoming of the document but highlighted a need to make distinct the purpose of the Standards document in light of the NMC *Record Keeping Guidance for Nurses and Midwives* 2009[11]. A summary of the consultation responses can be found at Appendix 3, page 27.

5.15 At the time of conclusion of the first Phase of the Project, the Standards document had been completed, with the exception of the section in relation to pre-registration nursing and HCSW staff entries. It was agreed at the concluding Steering Group meeting that further work would be required to fully define and agree a way forward for this element of practice as a region. The publication of the Standards document was therefore delayed by the Steering Group for this work to be completed.

5.16 The Steering Group concluded that, notwithstanding the agreed change of direction from policy to Standards production and project time frame from twelve to fourteen months, all of the Project objectives were successfully achieved within the established time frame.

5.17 The Project outcomes from Strand 1 included a regionally agreed Nursing Assessment and Plan of Care document, and standards for record keeping practice for nursing and midwifery in Northern Ireland.

[10]Royal College of Nursing (2012). *Delegating record keeping and countersigning records.* London, RCN. Available to download at: http://www.rcn.org.uk/__data/assets/pdf_file/0005/486662/004337.pdf

[11] Nursing and Midwifery Council (2009). *Record Keeping. Guidance for Nurses and Midwives*. London, NMC.

Strand 2 Objectives

5.18 The following objectives were designed to produce the outcomes required to complete Strand 2 of the Project:

i) Complete a mapping exercise of the electronic audit tool to the new, regionally agreed document and amend the tool to ensure that it is fit for purpose.

ii) Develop and agree a suite of evaluation tools, through which the quality of Project outcomes might be measured.

iii) Agree a plan for implementation across the five HSC Trusts from April/May 2012 to January 2013.

iv) Develop a regional training approach which encompasses the implementation of the improvement methodologies and use of the electronic audit tool.

v) Implement a training approach for the improvement programme and use of the electronic audit tool.

vi) Facilitate and monitor the successful achievement of numbers 2 – 7 of the objectives for the five HSC Professional Officers (Appendix 4, page 29).

vii) Oversee and monitor the successful implementation of the roll-out plan.

viii) Produce a regional report on the evaluation of the implemented improvement methodologies.

ix) Contribute to the production of the Final Project report.

5.19 The membership of Working Group Strand 2 (WG S2) was agreed to reflect the required expertise to support the achievement of Strand 2 objectives. This included representation from the Clinical Education Centre (CEC), and Band 5 registrant users of the PIP.

5.20 Strand 2 of the Project commenced approximately three months after Strand 1, to allow time to implement the Nursing Assessment and Plan of Care document. WG S2 met every 4–6 weeks throughout the first phase of the Project. Reports from the Professional Officers were received in relation to the implementation of the PIP and any issues arising appropriately escalated or actioned.

5.21 Following implementation of the Nursing Assessment and Plan of Care document, the Professional Officers worked with the NIPEC lead Officer to map NOAT to the document and ensure that all areas of the document were appropriately captured within the performance indicators. It was not possible to complete this exercise prior to implementation of the document, due to the

ongoing development of one of the HSC Trust documents. This exercise resulted in two small additions to the assessment and risk section of the audit tool and some rephrasing of the indicators within the same section. In adding the two elements, NIPEC staff worked with the organisation upgrading NOAT to ensure that the additions did not impact negatively on scores previously entered within the tool.

5.22 The HSC Trust implementation plans which were used to guide Strand 1 also informed the roll-out of Strand 2. The Professional Officers were collectively trained by the NIPEC lead Officer to use NOAT and the Practice Improvement Programme resources to ensure consistency of approach. NOAT training took place before the baseline audit prior to the introduction of the nursing assessment and plan of care document (see para. 5.4, page 6). Subsequently, presentation materials were standardised and used by the Officers to train ward staff through awareness sessions related to the Practice Improvement Programme and within training sessions for staff identified to undertake audits with NOAT.

5.23 The Officers attended all Trust Implementation Group meetings, often presenting on results and providing feedback to the Group in relation to the ongoing progress of the Project and current challenges/positive outcomes. This enabled a network of communication to build within each HSC Trust regarding the Project and its outcomes. They also worked closely with ward staff to facilitate change and enable audit processes.

5.24 From the outset of the WG S2 meetings, a framework for evaluating the Practice Improvement Programme was developed. The individual elements of the Programme were evaluated along with the audit tool, through focus groups held in each of the five HSC Trusts. Additionally, the Officers had been reporting any ongoing issues in relation to the audit tool to the NIPEC Information Technology (IT) staff in order to have them resolved appropriately.

5.25 A regional report template was developed to report audit scores to Steering Group, and was refined during the first six months of the project. The template provided a broad overview of the status of implementation in each HSC Trust, and Trust scores at various stages of the project. This included scores for each individual section of NOAT and a cumulative average score for the region.

5.26 During the progress of Strand 2 objectives, a number of issues arose through the reports of the Officers. It became clear that in a number of staff groups, recurrent difficulties were being raised by those completing the audits within wards. In addition, the project enabled a number of conversations with staff such as bank, agency and pre-registration nursing students.

5.27 In relation to bank and agency staff, it was apparent that, on occasion, temporary staff were engaging in record keeping and not adhering to the practice expected within the ward areas. As a first line of approach, it was agreed that Ward Sisters/Charge Nurses should be responsible for the staff working within their wards and, to that end, should raise the issue of the standard of record keeping practice within the induction discussion with temporary staff. In addition, Professional Officers worked with the Trust Nursing Bank Coordinators to ensure that record keeping was an area of practice raised within induction and mandatory training programmes for these staff.

5.28 The issue regarding the practice of agency staff was discussed at Steering Group and it was agreed that NIPEC should host an update event for agencies, to advise them of the project and the requirements expected of their staff. NIPEC hosted this event at the end of January 2013, in collaboration with the nursing staff of the Regulation and Quality Improvement Authority (RQIA). In addition, the HSC Trust Workforce leads were advised that the matter could be raised when renegotiating service level agreements with agency organisations, where appropriate.

5.29 The Professional Officers identified to the membership of WG S2 the interest being shown from pre-registration nursing students in the area of record keeping practice. Members agreed that there was potential for profiling the Project with the Northern Ireland Universities undertaking pre-registration programmes. To that end, a meeting was organised with nominated representatives from the pre-registration nursing programmes at Queen's University, Belfast, University of Ulster and Open University to profile the Project and enable discussion around the potential for raising awareness of the tools and resources of the Project. This meeting took place in February 2013.

5.30 An important part of the Project was the facilitation provided by the Professional Officers. The evaluation processes included a self-evaluation pro forma which was completed by the Officers in relation to their role. This enabled them to reflect on their time in post and provide summary evidence of the achievement of the main functions of their role. In addition, a small focus group was convened in each HSC Trust to facilitate engagement with staff who had the opportunity to experience directly the impact of the role. To ensure impartiality, the focus groups were supported by a member of NIPEC staff who had not been engaged in the Recording Care Project prior to this. These focus groups were attended by Ward Sisters, Charge Nurses and their deputies.

5.31 Sustainability of the improvement achieved through the Project was discussed at meetings of WG S2. It was agreed that each HSC Trust should identify its own accountability mechanisms, through which the record keeping scores might be reported. Towards the end of the first phase of the Project, a number of requested upgrades were made regarding NOAT related to the reporting

mechanisms within the system. These changes were suggested to enable those with accountability for reporting the scores to access a number of different permutations and presentations. This element is currently being taken forward by NIPEC.

5.32 Finally, within each HSC Trust, different implementation approaches were used to facilitate change. Annexe 1, page 35 of this report contains individual reports of the implementation process for Strands 1 and 2 within each HSC Trust.

6.0 EVALUATION OF STRAND 1 AND 2 OUTCOMES

6.1 An evaluation framework was developed and agreed from the beginning of Strand 1 and 2 meetings. The framework for each Strand of the Project ensured that the outputs to meet the specific objectives were evaluated appropriately during production.

6.2 The Nursing Assessment and Plan of Care document was evaluated via a number of methods:

- User questionnaire aimed at all members of the nursing team who used the document
- Issues logs, compiled by the Professional Officers within HSC Trusts, providing anecdotal evidence of issues which were brought to the attention of the Officers verbally by staff at ward level
- A regional workshop held in November 2012, bringing together 56 representatives from the five HSC Trusts; the purpose of this was to offer the opportunity to review and discuss the HSC Trust versions of the document to reach agreement for one regional document format
- Questions posed to other HSC staff members, such as Complaints teams, Lead Nurses and Ward Sisters/Charge Nurses, who would be using the new document in the course of their work
- Feedback taken from patients/clients through Personal and Public Involvement Forums in HSC Trusts.

6.3 Implementation of the Nursing Assessment and Plan of Care document began in February 2012. Prior to the evaluative workshop in November 2012, the issues logs which the Officers had been recording from the outset of the project were themed and provided to delegates to enable debate. Also included in the material provided on the day, was a summary of the feedback gained through the user questionnaire which had been collated over the nine months. The aim of the day was to reach agreement on the format and content of a regional Nursing Assessment and Plan of Care Document and on what should be incorporated in ward areas where people stay between 24 and 48 hours.

6.4 In the main, themes arising included the format of the document, its repetitive nature in relation to some areas, and the ordering of assessment questions. In addition, there were suggestions as to how the assessment questions might be improved; these were incorporated into the resource material for the workshop. 56 delegates attended the workshop, comprising representation of most bands of registered nursing staff within the five HSC organisations. The workshop was organised to reflect the sections of the document, enabling discussion around the themes which were raised through issues logs and the questionnaire. Debate enabled agreement to be reached in relation to final proposals for review of the document. These proposals enabled the HSC Trust Assistant/Co-Directors of Nursing to reach final agreement of a regional Nursing Assessment and Plan of Care document in February 2013.

6.5 Evaluation from delegates attending the workshop was positive. Comments reflected the feeling that staff had been involved in the production of the new booklet:

> *'I think that this was a very beneficial day and that we have achieved something good. It was a pleasure to be part of this journey'*
>
> *'A great opportunity for nurses to come together to discuss a key professional issue and a great step forward for nursing in Northern Ireland, fantastic day!'*

6.6 The PIP was evaluated in January 2013 through a series of focus groups facilitated by the Officers, one in each Trust area. The same format was used in each organisation and the purpose of this was to provide an opportunity to take feedback about the tools and resources of the Recording Care Project. The total number of participants across the five HSC Trusts was 64, comprising Band 5, 6 and 7 staff who had the opportunity to use the tools and resources to improve record keeping practice within their clinical settings as part of the Practice Improvement Programme. Each focus group was run in a workshop style; participants were asked a number of questions about the practical use of the tools and resources, and this enabled evaluative feedback.

6.7 Feedback was positive in the main. Comments reflected the utility of all parts of the Improving Record Keeping Practice mini-site, but in particular staff noted the utility of the self-assessment Indicators for Practice, peer supervision and competence sections. Comments reflected that staff appreciated a resource which could be accessed to assist with improvement methods, once audit had taken place. It was also noted that the support offered by the respective Professional Officers was vital in order to facilitate change. Some feedback reflected the fact that the Officers had put together hard copy packs of the resources within the website to enable ward teams to have access to materials when the ward computer might be in use by other members of the multi-professional team, and to assist those (members of the team) who preferred to

read information in hard copy rather that ‘onscreen’. Access to IT resources, time to support learning and development within the ward base, and navigation of the Improving Record Keeping Practice mini-site were issues raised by staff as elements least helpful to enable improvement in record keeping practice. Clarity of some instructions in the site guidance documents was also asked for, staff mentioning that on occasion when difficulties arose, the Professional Officer was contacted to provide further information. Suggestions for improvement indicated that a section dedicated to all the hard copy resources, an easy-read summary of the PIP, protected time and improved ICT infrastructure would be helpful to support further improvements in record keeping practice.

6.8 NOAT was deemed easy to navigate and understand, collating only information relevant to nurse record keeping practice. The breakdown that the audit tool provided was also viewed as helpful, allowing practitioners to see clearly where improvement was required. NOAT was considered to assist person-centred practice, pointing towards the elements within records that are required enable such practice. In terms of least useful elements of NOAT, time to complete, sequencing of questions and some queries in relation to the relevance of indicators - particularly within the care planning section of the audit tool - were all raised. Again, IT provision was raised and in particular, one Trust had issues with access to NOAT on an ongoing basis, despite the efforts of the Professional Officer and the Deputy Director of Nursing, to resolve the matter. IT infrastructure was identified, however, as being helpful to support further improvement in record keeping practice, as were electronic action plans available on the website located close to NOAT. A Red-Amber-Green (RAG) ratings scale was also suggested to assist ward staff at a glance with areas for improvement.

6.9 The Recording Care At the Bedside (R-CAB) activity in Section 3 of the PIP was very positively evaluated by ward teams. Staff noted that record keeping practice had improved through involvement of patients in their own care planning, and evaluation processes related to their care outcomes. This activity was considered to reduce interruptions to the record keeping process and increase visibility and contact with patients. It was also reflected by staff that patients were indicating a greater understanding of the requirement for record keeping, appreciating the opportunity for involvement. Some barriers to developing practice had been encountered, including reluctance to change on the part of some staff; times of the day when fewer staff were available; infection control issues and lack of resources for equipment to enable the storage of records within patients’ areas. Suggestions for improvement indicated that more resourcing, continued support for the change process through the Officer role, and resolution of staffing level issues would help the change management process.

6.10 Evaluations were also provided by members of staff, within HSC Trusts, who used nursing records through their work. In the main, feedback was positive in relation to ease of access of information, with some comments on the document not being fully completed, and some difficulty in finding records of certain aspects of the care process. On the whole, there was an observed improvement in record keeping practice, although staff commented that in some clinical areas the document remained incomplete. Care Planning was a particular issue of significance, plans of care not being completed to a good standard of practice. Staff also agreed that there was a general improvement in the recording of communication between patients/carers/family and the nursing team. It was noted that an e-solution to the record would be helpful in the future.

6.11 One of the HSC Trusts approached the Personal and Public Involvement Forum aligned with it to gain some information from service users regarding their perception of the document; responses were positive in the main, although, there was some evidence of care plans not being discussed with the patient prior to recording.

7.0 EVALUATION OF PROJECT STRUCTURE

7.1 During February 2013, the lead Officer, NIPEC, undertook a brief evaluation of the project management approach used Recording Care. Members of the Project Groups were invited to assess the management of the Project within a short pro forma, which was returned electronically to NIPEC for analysis. The response rate was 45% (n = 10/22). A summary of responses can be found at Appendix 5, page 30. Evaluations were positive, members agreeing that the approach used to manage the achievement of the project outcomes was helpful and well organised, meetings chaired in a facilitative manner to enable discussion and debate. Suitable consultation enabled the development of key Project outputs and communication from NIPEC was appropriate to meet the needs of the Project Group members.

7.2 An essential element of the success of the Project was the support offered to registrants through the role of the Professional Officers for Recording Care. During February 2013, a NIPEC Professional Officer[12] facilitated a number of small focus groups, the purpose of which was to evaluate the role of the Professional Officer in HSC Trust organisations. A total of 29 staff participated across four organisations. Feedback was extremely positive regarding the influence and impact of the role of the Professional Officer within each Trust. Comments reflected that the success of the Project was attributed to the driving force, motivation and support enabled by the Professional Officer role; indeed some Ward Sisters/Charge Nurses indicated that, were it not for the facilitation

[12] The Professional Officer undertaking this evaluation was independent to the Recording Care Project.

of the Officers, it is unlikely that the milestones of the Project would have been achieved. The Professional Officer role linked directly with HSC Trusts had provided a clear message to ward staff that record keeping practice was a priority for the Trust Board. A clear enabler of the role was the ability of the Officers to remain impartial and independent from the ward teams. Additional advantages were identified, including: the link to person-centred record keeping practice; promoting and enabling supervision; championing examples of good practice; linking knowledge of theory and practice and linking with other members of the multi-professional team. Finally, some concern was expressed that when the role of the Officer was removed, the influence and encouragement to continue to improve would dissipate; a fear was also expressed that standards may slip, unless mandatory reporting of audit scores and action plans was required. A full summary report of this evaluation is contained at Appendix 6, page 32.

7.3 In addition, the Professional Officers completed a self-evaluation document in relation to the achievement of the objectives of their role. The document was derived from the job description written for the role at the point of recruitment. These accounts provided an interesting reflective view of the Project, guided through the role of the Officers. It was evident that each individual had been challenged to work in innovative and efficient ways, through circumstances arising within each HSC Trust, in order to assure the achievement of individual and corporate objectives for the Project. Each Officer had engaged in a wide range of activities across many levels of staff, thus supporting change in the challenging environments within which acute care is currently being provided in Northern Ireland. Often contacted by staff in other departments and wards, interested in the ongoing work but outside the remit of the Project, the Officers provided advice in relation to record keeping practice and took the opportunity to liaise with other colleagues and raise the profile of the work. A number of recurrent challenges also arose through debate with ward teams; these were raised centrally within the Project structure and taken forward by Strand 1 and 2 Working Groups. This included dialogue with Agency organisations, Higher Education Institution staff, Practice Education Teams and Bank Staff Co-ordinators. Throughout this work, the key messages of the Project in relation to safe, effective person-centred record keeping practice were promoted. It was clear, through the self-evaluation exercise, that the role of the Professional Officer had enabled the achievement of the Project aim and objectives within HSC Trusts.

8.0 CONCLUSIONS AND RECOMMENDATIONS

8.1 The Recording Care Project was an ambitious undertaking by the HSC Trusts in Northern Ireland. The overarching aim to '*facilitate improvement in the standard of nurse record keeping in Northern Ireland and to promote a culture which supports person-centred record keeping practices'* was evidenced as being achieved in the clinical areas where the document and Practice Improvement Programme were implemented. A summary of the 105 wards and the cumulative regional results can be found at Table 1, page 19.

8.2 The objectives across the two Project Strands were achieved within the reviewed time frame and change of direction in relation to the production of the Standards document, both agreed by the Project Steering Group.

8.3 Two of the HSC Trusts had previously piloted a version of the regional document format. One Trust chose not to apply the revised document; the other implemented the new version. Baseline audits included, therefore, all of the organisations, some which had earlier versions of the document and some which had not. The Recording Care Project was not intended to be a research initiative, rather an improvement methodology measured through audit scores. It is contended by the Steering Group, however, that there are some reasonable inferences to be made from the audit scores.

8.4 The literature review conducted prior to the Regional Record Keeping Initiative[13] indicated a number of factors which impact on the standard of nurse record keeping practice, none of which was focussed on the implementation of a document to assist recording care. It is asserted that a reasonable inference could be taken from the comparison of baseline audit scores prior to and post implementation of the document, which were prior to implementation of the Practice Improvement Programme. Audit scores demonstrated that through engagement in the Practice Improvement Programme, the standard of nurse record keeping practice was improved.

8.5 Notwithstanding the evidenced improvement audit scores across all wards engaged in the Programme, it became evident through the progression of the Project that nurses found the element of planning care a challenge, within the practice of record keeping. As this area was outside the scope of Phase 1 of the Project, it was agreed by the Steering Group that it might be an element of focus for Phase 2, to include a review of national and international care planning practice and current best practice thinking.

[13] Northern Ireland Practice and Education Council for Nursing and Midwifery (2010). *Regional Record Keeping Initiative: Final Report*. Belfast, NIPEC.

8.6 A number of key success factors were instrumental to the achievement of the Project outcomes. Engagement with registrants working in clinical areas involved in the Project, and inclusion of their views in the development of the regional Nursing Assessment and Plan of Care document, proved to have a valuable impact. At the evaluative workshop day, many participants commented that they felt their involvement was appreciated and, furthermore, assisted them to understand the importance and future direction of the Project. Many delegates stated that they would return to their organisations refreshed and enthused.

8.7 The consultation exercise in relation to the production of the Record Keeping Practice Standards provided interesting feedback from registrants who felt that this was an important step towards an understanding of what is expected from registrants in the area of record keeping to support safe, effective, person-centred practice.

8.8 The production of the Standards document included the development of a briefing paper and regional discussion in relation to the delegation of recording care to HCSW staff and student nurses/midwives. Due to the important debate connected with this element of the Project, the Steering Group agreed to delay the final publication of the Standards document until further work could be completed in relation to standard setting around HCSW and pre-registration nursing and midwifery entries.

8.9 The evaluation exercise, undertaken by a member of NIPEC staff independent of the Project, indicated clear evidence that the role of the Professional Officers was critical to the success of both Strands 1 and 2 of the Project. In particular, the development of practice activity, Recording Care At the Bedside (R-CAB), facilitated by the Officers, was valued highly by ward teams in supporting person-centred practice.

Table 1

Cumulative Regional Results Table: Practice Improvement Programme

Regional HSCT Score	Pre-document Audit	Baseline Audit	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32
Mandatory Requirements	52.8	59.2	69.8	73	74.6	79.2	80.2	81.6	90.2	90.6
Adm & Risk Assessment	79.6	80.2	84.4	83.2	84.6	85.2	86.4	87.2	87.6	90.6
Care Planning	44.2	48.2	59	57.8	59.8	59.8	62.6	63	65.8	74
Discharge Planning	32.2	32.2	38	41.8	44.8	45.2	49.4	57.8	65	72.2
Total HSCT Score	52.2	55	62.6	61.4	65.8	70.4	72.6	72.4	77	82.2
No. Of Wards	105	89	86	82	78	76	76	63	48	41

8.10 The Cumulative Regional Results Table 1, page 19 of this document, demonstrates that the Practice Improvement Programme assists practitioners to effect change and improvement to record keeping practice. An overall improvement of 30% across all areas of NOAT was calculated, 105 wards beginning the Project and at the time of sign-off of Phase 1, 41 wards having completed the programme. The scores also demonstrate the need for further work and continuing audit in relation to care planning and discharge planning, throughout all of the Trust wards engaged in the Programme. It is also important that the remaining 64 wards which have not completed the programme are assisted to do so.

8.11 During the production of the final version of the Regional Nursing Assessment and Plan of Care document, NIPEC sought to collaborate with the Project team working on the Northern Ireland Electronic Care Record (NIECR). This enabled conversations with the Steering Group in relation to the NIECR and any potential for linking the regional format for the Nursing Assessment and Plan of Care document to an electronic version which might collaborate with the current NIECR platform. The future of this work will continue in Phase 2 of the Recording Care Project.

8.12 As a result of discussions within both Working Groups, it was agreed that a separate work stream should be commissioned to produce a regional policy related to nursing and midwifery abbreviations - which was outside of the scope of the first phase of the Recording Care Project. The Chair of the Steering Group requested that this work stream be commissioned from NIPEC. A separate project is now moving forward to enable the production of a regional abbreviations policy for nursing and midwifery.

8.13 The Recording Care Project has enabled the achievement of a number of outcomes to support nurse record keeping practice in Northern Ireland:

- A regional Nursing Assessment and Plan of Care Document for acute adult in-patient hospital services, including rehabilitative and short stay settings
- A regional electronic audit tool (NOAT) to support the measurement of the standard of nurse record keeping practice in Northern Ireland
- Standards for Record Keeping Practice in Nursing and Midwifery in Northern Ireland

- Refined tools and resources which support the improvement of record keeping practice, housed within the NIPEC Improving Record Keeping website.

8.14 Throughout the progress of the Project, the Assistant/Co-Directors of Nursing and Professional Officers were in contact with members of nursing staff practising in other clinical settings from those included within the scope of the first phase of the Project. It was clear from the comments of those staff members that they would have been keen to be involved with the Project and have a similar opportunity to review their record keeping practice. This was accepted by the Steering Group and considered as a reasonable option for Phase 2 of the Project. Clinical settings included: Mental Health and Learning Disability, Paediatrics and community settings.

8.15 Having reviewed the achievements of the first phase of the Recording Care Project, the Steering Group would like to make the following recommendations for consideration by the Chief Nursing Officer:

1. The Recording Care Project should continue to be supported within the acute sector of each HSC Trust to enable those wards that commenced the PIP to complete.
2. Phase 2 of the Project should be commissioned and incorporate work streams which take forward:
    - care planning
    - PIP implementation in mental health, learning disabilities and paediatric care settings
    - mapping of the regional acute care document with those record keeping systems currently available in mental health, learning disabilities and paediatric care settings to reach regional agreement of a common system for these areas
3. Further links with NIECR and the SEHSCT Centre for Innovation should be fostered to enable the production of an electronic care record for acute care settings which also has the potential for use in mental health, learning disabilities and paediatric care settings.
4. Record keeping practice should be considered as a regional Key Performance Indicator for nursing and midwifery.
5. Any new document in production within HSC Trust areas should be presented to the CNO business meeting for consideration, prior to production as a concept for development, to enable the Recording Care

Steering group to have an overview of nursing and midwifery record development in Northern Ireland.

6. The Standards document should be launched and endorsed as applicable and mandatory for all registrants in Northern Ireland.

Appendices

APPENDIX 1 - MEMBERSHIP OF STEERING GROUP

Organisation	Representative
WHSCT (Chair)	Alan Corry-Finn, Executive Director of Nursing
SEHSCT	Charlotte McArdle, Executive Director of Nursing
SHSCT	Fiona Wright, Assistant Director of Nursing (Nursing Governance Lead)
NHSCT	Carolyn Kerr, Deputy Director of Nursing (Nursing Governance Lead)
SEHSCT	Linda Kelly, Assistant Director of Nursing (Nursing Governance Lead)
WHSCT	Anne Witherow, Assistant Director of Nursing (Nursing Governance Lead)
BHSCT	Audrey Dowd, Senior Manager, BHSCT; replaced by David Robinson Co-Director Nursing (Nursing Governance Lead), September 2012.
PHA	Pat Cullen, Assistant Director, Safety, Quality and Patient Experience; replaced by Siobhan McIntyre from May 2012.
DHSSPS	Anne Mills, Nursing Officer, Governance, until December 2012.
RCN	Linzi McIlroy, Senior Professional Development Officer
RCM	Brenda Kelly, Lead Midwife, SHSCT
Patient Client Council	Circulation of meeting notes only.
Higher Education Institutions	Susan Carlisle, Nurse Lecturer, QUB
Clinical Education Centre	Marie Nesbitt, CEC; replaced by Maurice Devine, CEC, September 2012.
NIPEC	Eleanor Hayes, Council Member; replaced by Paul Davidson, Council Member
NIPEC	Angela Drury (Lead Officer)

Administrative Support: Mrs Linda Woods (NIPEC)

TERMS OF REFERENCE

Terms of Reference for the Steering Group are as follows:

TOR1 To agree a project plan and timescales for the project.
TOR2 To contribute to the achievement of the project aims and objectives.
TOR3 To undertake ongoing monitoring of the project against the planned activity.
TOR4 To receive progress reports from the Project Lead and agree actions arising.
TOR5 To contribute to the final report for submission to the ACNO and PHA.

- Membership of Steering Group is non-transferrable, other than in exceptional circumstances and with prior agreement of the Chair.

APPENDIX 2 - MEMBERSHIP AND TERMS OF REFERENCE WORKING GROUPS

Working Group Membership (Strand 1)

Organisation	Representative
WHSCT (Chair)	Anne Witherow, Assistant Director of Nursing (Nursing Governance Lead)
NHSCT	Carolyn Kerr, Deputy Director of Nursing (Nursing Governance Lead)
BHSCT	Audrey Dowd, Senior Nurse Manager David Robinson, Co-Director Nursing (Nursing Governance Lead), September 2012
HSCB	Eileen Kennedy – NISAT Regional Officer
SHSCT	Paula Boyle, Professional Officer
NHSCT	Siobhan Shannon, Professional Officer
SEHSCT	Donna Mills, Professional Officer; replaced by Jane Patterson, Professional Officer, September 2012
WHSCT	Sandra Hogg, Professional Officer
BHSCT	Sonya McVeigh, Professional Officer
SHSCT	Maureen McManus, User (Registrant Band 5); replaced by January 2013
BHSCT	Catherine Scullion, User (Registrant Band 5)
NHSCT	Donna Field, User (Registrant Band 5) Ruth Turner, User (Registrant Band 5)(Alternate members)
NIPEC	Angela Drury (Lead Officer)

TERMS OF REFERENCE

Terms of Reference for Strand 1 Working Group are as follows:

TOR1 To ensure achievement of the project aim.
TOR2 To ensure achievement of the objectives of Strand 1 of the project.
TOR3 To agree, review and contribute to the development of the proposed Regional HSC Nursing Assessment and Plan of Care Record.
TOR4 To review document for implementation in two other settings.
TOR5 To agree and develop a regional HSC recording keeping policy.
TOR6 To receive, monitor and evaluate reports from Professional Officers in relation to the process of implementation.
TOR7 To action issues arising from reports from Professional Officers.
TOR8 To contribute to reports to the Steering Group and to the final report.

Working Group Membership (Strand 2)

Organisation	Representative
SHSCT (Chair)	Fiona Wright, Assistant Director of Nursing (Nursing Governance Lead)
SEHSCT	Linda Kelly, Assistant Director of Nursing (Nursing Governance Lead)
CEC	Rosemary Wilson, Senior Nurse Education Consultant; replaced by Michael Davidson, Senior Education Manager, November 2012
WHSCT	Sarah Jane Bolton, User (Registrant Band 5)
SEHSCT	Jonathon Hadley, User (Registrant Band 5)
WHSCT	Sandra Hogg, Professional Officer
SHSCT	Paula Boyle, Professional Officer
SEHSCT	Donna Mills, Professional Officer; replaced by Jane Patterson, Professional Officer, September 2012
BHSCT	Sonya McVeigh, Professional Officer
NHSCT	Siobhan Shannon, Professional Officer
NIPEC	Angela Drury (Lead Officer)

Administrative Support: Mrs Linda Woods (NIPEC)

TERMS OF REFERENCE

Terms of Reference for Strand 2 Working Group are as follows:

TOR1 To contribute to the achievement of the Project aims and objectives.
TOR2 To ensure the achievement of the objectives of Strand 2 of the Project.
TOR3 To obtain, monitor and evaluate reports from HSC Trust Professional Officers in relation to the process of implementation.
TOR4 To action issues arising from reports offered from HSC Trust Professional Officers.
TOR5 To contribute to reports offered to the Steering Group.
TOR6 To contribute to the production of an evaluation report of the improvement methodologies.
TOR7 To contribute to the final report.

APPENDIX 3 - SUMMARY RESPONSE REPORT ON THE STANDARD CONSULTATION

Many comments reflected the need for the standards document; registrant respondents in the main were grateful for clarity and direction provided by the standards document.

Context and Scope

The view was expressed that further explanation around the requirement for the production of the Standards would be helpful. Some direction would be helpful in relation to recording within multi-professional notes. It was felt that guidance was needed as to whether the standards included Health Care Support Worker Staff (HCSW) and pre-registration nursing/midwifery staff. There was a suggestion that a fifth standard might be described to outline the direction for record keeping practice relating to HCSW staff.

A difference of opinion was expressed regarding the listing of documents/forms of records - some respondents indicated that a simple reference to any form of communication in relation to a person's care would be ample; others suggested an expansion on the list provided would be useful also, including reference to text messaging.

Explanation would be helpful as to the alignment and overlap with the Nursing and Midwifery Council Record Keeping Guidance. Also, it should be made explicit that the Standards relate to all registrants in Northern Ireland, regardless of the care setting.

Standard 1

A difference of opinion was evident in relation to user-friendly language. Some respondents felt this should be emphasised and others felt it was an unrealistic expectation to have everything recorded in a user-friendly manner. Anxiety was also expressed in relation to user expectation and ability of the service to deliver, when setting goals for interventions.

Some points concerning use of English to bring clarity to the standard and indicators were raised.

Issues of consent and the registrant workforce’s understanding of consent including the requirement for it were raised. In particular, the consideration of capacity to consent was identified as being helpful to the standards, if inserted; and where capacity was not present, acting in the best interests of the user.

Standard 2

Some points were made concerning use of English to bring clarity to the standards and indicators. Comments were also made in relation to palliative care patients and difficulty in discharge planning.

Standard 3

A difference of opinion was evident in relation to hard copy records and electronic copies as needing clarity within the standards document. This pertained mainly to the types of identity tags and signatures lists for staff. Some points were made concerning use of English to bring clarity to the standard and indicators. There was also reference to the need for service user identity numbers to be inserted on each individual element of the record.

The colour of ink used was raised, and specifically in relation to the use of red ink for recording of controlled drugs.

Standard 4

Some comments were made in relation to the title of the standard being simply 'audit' or 'governance and audit'. Regional guidance on an audit programme would also be helpful.

Further Comments

Congratulations were offered, by many of the respondents, to the Recording Care Project teams for the work taken forward to date. Layout of the document, in particular, was commented on in a positive manner - although there was a suggestion to move references and concentrate them elsewhere in the document, rather than on every page of the Standards document.

Comment was made on the consultation period being too brief and the online response form difficult to work with. The term 'Standards' was questioned - one respondent, on behalf of a professional organisation, expressed the opinion that the term 'guidance' would be more appropriate.

A comment from one respondent on behalf of a professional organisation was offered in relation to the insertion of the term 'midwife' into the standards.

APPENDIX 4 - OBJECTIVES: PROFESSIONAL OFFICERS

At the end of the period of secondment, each Professional Officer will have:

1. Supported the implementation of the agreed Regional HSC Nursing Assessment and Plan of Care Record for acute care settings in *all* care settings identified as participating in the implementation project in his/her Trust.

2. Supported a Trust Stakeholder Group and maintained communication to and from project participants, providing regular reports outlining challenges and achievements.

3. Maintained communication with relevant officers in NIPEC, participating in regional networking opportunities with other Professional Officers, facilitated by NIPEC.

4. Undertaken training in the use of the Practice Improvement Programme and the electronic audit tool.

5. Supported the implementation of the Practice Improvement Programme in all care settings identified as participating in the implementation project in his/her Trust.

6. Supported audit arrangements and action planning within all care settings identified as participating in the implementation project in his/her Trust.

7. Managed the application of the suite of evaluation tools for both Strands of the Project to provide data through which evaluation may take place in his/her Trust.

APPENDIX 5 - SUMMARY EVALUATION OF PROJECT MANAGEMENT APPROACH

Key: SA – Strongly Agree; A – Agree; D – Disagree; SD – Strongly Disagree

Organisation of the meetings	YES	NO	SA	A	D	SD
I received agenda and notes in sufficient time before the date of the meetings	10					
The circulated and tabled papers were relevant for my needs	10					
The information presented in the papers was easy to understand	10					
The briefings on agenda items were adequate for my needs	10					
The frequency of meetings was appropriate	10					
The schedule of dates for meetings was helpful in planning my attendance	10					
Discussion/debate at the meetings						
The duration of the meetings was adequate for the business			7	3		
There was sufficient time for discussion of items at meetings			7	3		
In general, a consensus of views was arrived at during discussions			7	3		
My attendance at meetings enabled me to adequately represent my stakeholder group			9	1		
Members' input to discussion at meetings was encouraged and valued			9	1		
The structure of meetings enabled members to make a positive contribution to the development of the Project outputs			9			
Overall management of the Project						
The overall management of the Project facilitated a regional approach to improving registrant record keeping			9	1		
Structure of the Project						
The overall structure of the Project, i.e. Steering Group and Working Groups, was suitable for achieving the project objectives			9	1		
The Project plan ensured that the Project objectives were achieved			8	2		
Communication and Consultation during the Project						
Communication from NIPEC ensured that I kept up to date with the progress of the Project			10			
The Project outputs were developed through effective consultation of key stakeholders			8	2		
The NIPEC website page with information about the Project was easy to access, current, and up to date and useful			6	4		
Please include any other comments which would have improved the management of the Initiative						
I have counted it as a privilege to work with such a friendly, helpful and professional group of people						
Extremely well organised project, all information received in a timely manner.						
Senior Professional Officer very accessible re any queries re: meetings and advice for members						
All contributions were accepted and welcomed						

Meetings managed very well and kept to time allotted therefore respecting the business of members						
All good. Thank you for your facilitation and guidance of this important regional initiative						
As I was a late addition to the group, Angela was extremely helpful in updating me on where the project was at.						
She is extremely competent at organising and chairing this project team and is always a pleasure to work with						
Staff at ward level feel that the Record Keeping webpage contains a vast amount of information on it, whilst it is all relevant, it can be difficult to navigate						
Overall I am extremely satisfied with the management of this project. Despite difficulties in ensuring timescales were met due to competing priorities across the 5 Trusts - the project manager ensured deadlines were maintained and a collaborative approach to decision making. This approach was vital in ensuring regional commitment and success of the project.						
I was happy with processes in place in particular updates from other Strands, groups shared at all meetings enabled a general overview of progress						

APPENDIX 6 - EVALUATION OF THE ROLE OF THE PROFESSIONAL OFFICER

This small study was preformed to evaluate the effectiveness of the role of the HSC Trust Professional Officer in the implementation of the resources and tools used within the Recording Care Project.

In discussion with the Assistant Directors of Nursing (workforce) in the five HSC Trusts, it was agreed that focus groups would be the most appropriate method of collecting qualitative feedback on the role of the Professional Officer with staff who had been directly involved with the Professional Officers and with the Project. To assist in maintaining impartiality, the focus groups were facilitated by a member of NIPEC staff who had not been engaged in the Recording Care Project.

Focus groups were held locally in three of the HSC Trusts and lasted approximately one hour. A total of 11 participants took part in the focus groups, consisting mainly of Ward Sisters, Charge Nurses and their deputies. A series of four broad-based, semi-structured questions were put to the groups, encouraging wide participation and discussion.

The findings from the information collected within the focus groups are presented under the four questions.

1. **What is the purpose of the role of the Recording Care Professional Officer in your clinical area?**

   All participants stated that the Professional Officer's role was an essential and valuable support in implementing and driving the Recording Care Project forward, which in turn assisted in improving the standards of record keeping within acute care settings. Participants agreed that the Professional Officer was a great support for Ward Sisters/Charge Nurses and their staff in raising the profile of the tools and resources within the Recording Care Project. The Professional Officer was seen as a coordinator and enabler, facilitating opportunities to learn about the tools and resources, keeping staff aware and on track regarding the project and audit cycles. Several participants commented that the Recording Care Project would not have been so successful if the role had not been in place.

2. **What difference has the Recording Care Professional Officer role made to the way in which the document and Practice Improvement Programme was implemented in your clinical area?**

   The Professional Officer provided individual and group teaching sessions on the use of the resources and tools used within the Project, and was readily available to provide advice and support when needed. The role also assisted staff to link the theory with the practice.

In some Trusts, the Professional Officer assisted the Ward Sister/Charge Nurse to recruit staff members from the clinical area as 'Champions' to facilitate the implementation and ongoing audit of the Nursing Assessment and Plan of Care document. The majority of the Ward Sisters/Charge Nurses reported that the Champions took ownership for the project within their wards and assisted staff in remaining focused on their record keeping practices.

Areas of good practice in record keeping were identified by the Professional Officer, and these were demonstrated to other staff as examples that could be shared and implemented. The Professional Officers would also have addressed poor record keeping issues, or declining audit results, with staff on a personal and group basis; and one of the Professional Officers used available opportunities to address these issues through peer supervision. Staff appeared to accept this feedback positively, as the Professional Officer was viewed as having a role that was impartial and detached from the rest of the ward team.

In one of the Trusts, the Professional Officer fed back the audit results from the clinical areas to senior management staff. One of the Ward Sisters stated that this system of reporting assisted in maintaining objectivity, commenting that she would have been otherwise 'protective/biased' towards her ward and staff. Participants commented that the Professional Officer helped staff to see the importance of linking the plan of care with the patient, to ensure that the care plans were person-centred.

3. **What is the biggest impact the Recording Care Professional Officer role has made to you and your team?**

All of the participants reported that the Professional Officers acted within an independent role that provided realistic and helpful advice to encourage and motivate staff to improve their record keeping practices. This support acted as a driving force which resulted in improvements in record keeping, whilst identifying areas that need further improvement. Participants agreed that the Professional Officers had drawn to the attention of the ward staff elements of record keeping practice for improvement; staff had not thought about these in great detail before, and the audit tool enabled areas to be 'pin pointed' for action.

As the Recording Care Project was a regionally agreed project led by NIPEC, participants commented that this added credibility and encouraged staff to participate in the Project.

4. **Have you received or are aware of positive feedback from other people in your team or outside of your team?**

In one particular Trust, members of the multidisciplinary team used a particular section of the Records to document their notes. Participants commented that this provided a good communication source amongst all members of the healthcare team.

Staff involved in the Project have provided positive feedback, stating that it has assisted them in planning care for patients and highlighted the importance of good record keeping practice.

In one Trust, positive feedback was given by the Executive Director of Nursing on the successful achievement of audit results. Indeed, in other organisations, it was stated that the role of the Professional Officer indicated to staff that the Trust was making record keeping practice a priority.

Nurses from other clinical areas made enquiries directly to participating teams about the Recording Care Project, as well as making comments regarding the audit results board. Participants stated that staff in other wards had expressed an interest in becoming involved in this Project.

A minority of patients and carers have expressed some concerns that staff were involved in 'too much writing'.

The majority of Ward Sisters/Charge Nurses stated their concern that the momentum for this initiative will become lost once the Professional Officer's role has ceased. The overall opinion from participants was that the audit cycle should then become a mandatory component of practice.

Annexe 1: Professional Officer Reflective Accounts

Belfast Health and Social Care Trust

Introduction

I have worked within Acute Services for the Belfast Health & Social Care Trust (BHSCT) for over 15 years. My experience to date includes ten years within the Emergency Care setting, appointed to Education & Practice Coordinator in 2006 for Acute Services. I then worked for the Department of Health & Social Services (DHSSPS) as a Deputy Principal Project Manager for Pandemic Influenza Preparedness (NI).

During my career I have endeavoured to develop both personally and professionally through experiential learning and an academic pathway, including a Post Graduate Diploma in Advanced Nursing & Specialist Study and both the Post Graduate Certificate in Facilitation (Life Long Learning) and the Post Graduate Certificate in Education.

My substantive post for the last four years has been as a Nursing Development Lead within Acute Services.

Project Structure within BHSCT

The Recording Care Project was supported by Dr David Robinson, Co-Director Nursing: Governance, Standards and Performance, Mrs Moria Mannion, Co Director Nursing: Education, Learning and Development, Audrey Dowd, Project Lead & Senior Manager Nursing: Performance Management & Quality Assurance and Sonya McVeigh, Professional Officer, NIPEC. Local implementation support was provided by the Ward Sisters/Charge Nurses from project wards, Nursing Development Leads (Acute Services) and 'Ward Champions' such as Specialist Nurses and Staff Nurses.

A Trust Implementation Plan was devised and agreed. The Project was delivered using a two-strand approach, as described in the body of the final report. In 2011 (July – October), the BHSCT had introduced a new Nursing Assessment and Plan of Care document across 109 wards and departments. While this released time within Strand 1 for a more comprehensive baseline audit of the standard of nurse record keeping across Acute Services, Cancer Services and Elderly Care, additional time and effort was directed towards supporting staff in the successful embedment of the new documentation across the sites.

Strand 1 - Summary of Achievement

The new Nursing Assessment and Plan of Care document was implemented across 109 wards and departments within the BHSCT. At that point, I was involved in the development of an additional guidance document to assist staff in their understanding of the background, purpose and rationale behind the need for a new nursing record, and awareness sessions were undertaken through a process of Supervision. These 'reflection

on practice' sessions not only aided staff within the Trust to meet the Supervision Standards published by the Chief Nursing Officer (DHSSPS) in 2007, but combined with 'Issues Logs' maintained by Ward Sisters/Charge Nurses, adaptations to both the BHSCT Nursing Assessment and Plan of Care document and, in turn the new Regional document, were made.

I undertook awareness sessions with 40 wards, across the four acute hospitals, outlining the principles of the Recording Care Project, the Practice Improvement Programme and trained 'Ward Champions' on use of the NIPEC Online Audit Tool (NOAT). During these sessions the baseline audit for each ward was completed. Thirteen of these wards went on to participate in Strand 2. Service delivery redesign and modernisation initiatives, meant that the 'stratified sample' approach, proposed in the Project Plan, was no longer feasible. However, the prospective nature of the project enabled all thirteen wards to participate in and formally evaluate the improvement methodology programme and associated tools.

A number of specialist areas outside of Acute Services Directorate, e.g. Gynae Pre-assessment and the BCH Haemodialysis Unit, were supported in record keeping improvement initiatives. The Haemodialysis Unit is part of a Cross Border, Multidisciplinary Documentation Group, the aim of which is to develop a 'nursing module' for the e-med patient records system, which is used in Haemodialysis outpatient departments. The purpose of the module is to improve record keeping in relation to patient assessment and care planning.

The Mater Gynae Day Procedure Unit, were supported in the development of an 'Integrated Care Pathway for Day Surgery patients. This has subsequently been implemented within the department.

Challenges faced during Strand 1 included: information technology (IT) issues in relation to access to the NOAT and movement of wards and staff across service Directorates and hospital sites. In order to support staff during this period of dynamic change, it was necessary to provide regular update and training sessions for new and existing 'Ward Champions'.

Following implementation of the new Nursing Assessment and Plan of Care documentation in 2011, I facilitated focus groups in relation to 'staff opinion' of the document. As a result of feedback received, I led on the development and facilitation of a 'Masterclass' in conjunction with Audrey Dowd (Senior Manager) and Rosemary Wilson (Senior Education Consultant, Clinical Education Centre). The aim of the Masterclass is to address concerns and issues raised by nursing staff in relation to record keeping practices. Based on initial feedback from participants, this approach will support nurses in enhancing their recordkeeping practices. A formal evaluation will be undertaken following completion of 'pilot'.

Strand 2 - Summary of Achievement

Thirteen wards identified in the implementation plan were due to commence Strand 2 simultaneously; however, due to ongoing service re-design, a three-phased approach was adopted. On reflection, this was advantageous as it enabled me to provide a more robust support network, addressing paradox and ambiguity amongst nursing staff with regards to their interpretation of their own record keeping practice.

To facilitate the staff at ward level, I was available and present on a regular basis, providing support and guidance. I regularly undertook both awareness and supervision sessions in relation to current record keeping practices, which continued throughout the project. I developed a short user guide for the NIPEC Online Audit Tool and provided each ward with an information file, containing pertinent information on the Recording Care Project, the Practice Improvement Programme and supporting tools. This information was also saved to the desktop of ward computers and information was also placed on the Trust Hub.

The challenges faced in Strand 2 were similar to those identified in Strand 1. Protracted IT issues in relation to the NOAT caused a measure of difficulty for 'Ward Champions'; these issues have been subsequently resolved. High turnover of temporary staff during peak holiday seasons, and winter pressures, reflected adversely on audit results. Due to significant reconfiguration of wards/departments within the BHSCT, frequent movement of staff resulted in the need for regular retraining of new 'Ward Champions', which continued throughout the project. I conducted a number of unannounced audits to ensure accuracy and consistency of results.

As a Professional Officer, I found the monitoring of the four weekly audit cycle time consuming but this provided me with invaluable information and enabled me to identify trends and issues within registrants' practice, which could then be addressed immediately at ward level or at Trust level through the Master Class.

Whilst staff stated that they found Peer Auditing, Supervision and the completion of the 'Competency to Record Tool' time consuming, they unanimously agreed that it had a positive impact on their recording care practices.

Professional Officer's Role

I feel privileged to have been afforded the opportunity to work as a Professional Officer within NIPEC, as it has enabled me to build broad and sustainable partnerships and networks across the Health and Social Care Trusts in Northern Ireland, as well as with outside agencies and professional bodies.

I believe that by being involved in this project, my colleagues and I have been instrumental in setting a new strategic direction for record keeping across Northern Ireland. The project

has clearly identified the need and context for change, as well as providing registrants with the opportunity to develop and enhance their knowledge and skills in relation to record keeping, whilst assisting them in making informed decisions and evaluating their own practice.

Conclusion

Through the diligence and attentiveness of all project participants within the BHSCT, an improvement of 34% (from baseline 48% to 82% present day) was observed in the standard of nurse record keeping. Anecdotal evidence captured in the reflective accounts of the staff's personal journeys through the practice improvement programme suggests positive attitudes and outcomes from the project as a whole.

"Currently a small team of staff within the ward are working on an EDD project which we hope will assist all staff in setting meaningful EDDs for patients on admission".

"Having done the Audits we are definitely improving which I think reflects that staff do take 'change' on board and embrace it".

"We try to record as much as possible at the bedside. We are more approachable and amendable for the patients to ask questions about their hospital stay therefore making the stay more endurable as really no one wants to be ill or in hospital".

The complex task of sustaining improvement and rolling out the improvement programme to all wards and departments within the Trust will be discussed and a plan of action taken forward. Recommendations for sustainability have been discussed in the body of the final report.

Northern Health and Social Care Trust

Introduction

I was appointed as a Professional Officer for NIPEC in February 2012 and my role was to implement the Regional Recording Care Project in the NHSCT. My background has been in a variety of roles both in Australia, where I trained, and more recently in Northern Ireland. I have clinical experience in High Dependency Unit, Hospital at Home, Coronary Care Unit and Clinical Education. I have worked for a number of years in Cardiology Nursing within the NHSCT.

Project Structure NHSCT

An agreed Trust Implementation plan was devised by Deputy Director of Nursing, Carolyn Kerr. This plan laid out the Trust's organisational structure and accountability framework for the project. A local Steering Group with a broad representative membership was established to ensure that all key stakeholders remained engaged in the project. The Steering Group met on a number of occasions and communication was continued throughout the lifespan of the Project. Local Implementation Teams were composed of Nurse Managers/Charge Nurses, Staff Nurses and I. Champions were identified in each area to complete audits/cascade training and support the use of the new Nursing Assessment and Plan of Care document and Practice Improvement Programme. I provided support to ensure that clarification of any issues/concerns was communicated. The Lead Nurses and Ward Sisters/Charge Nurses supported the project within their own areas and the team of Professional Practice Facilitators (PPF) supported staff within their aligned wards with practice improvement and person-centred record keeping practice.

Using a phased approach, twenty-one wards within the acute directorate participated in the project. Seventeen wards implemented the document and nineteen were involved in the Practice Improvement Programme.

Strand 1 - Summary of Achievements

Awareness sessions on the document and its implementation were carried out on each ward for day and some night staff. A printed resource file was placed in every area. This contained the Nursing Documentation, a printout of the presentation of the awareness session, a Frequently Asked Question guidance document and the NIPEC Record Keeping Guidance documents. Champions were trained in the use of the NIPEC online audit tool (NOAT) and a baseline audit prior to the document being implemented was recorded. The NHSCT intranet contained an electronic version of the resource file including access to the NIPEC Record Keeping website. Every ward had a feedback book to communicate any issues or concerns. A Trust issues log was also created.

Resistance from the majority of ward staff was evident when the documentation was first implemented. Staff reported the following challenges: (1) no time to complete the document, (2) pressures on the wards, including a high turnover of patients,(3) acutely ill patients and (4) low staffing levels due to sickness. I continued to be regularly visible on the wards at different times to liaise with the Ward Sisters/Charge Nurses and staff to ensure all staff became comfortable using the document. Challenges to me to get time to spend with nursing staff. On a periodical level, it was due to staffing levels, busy wards and staff, particularly champions, moving wards during the project, changes in shift patterns, annual leave and sickness. I facilitated continuous awareness sessions and audit training to overcome this.

Web-enabled access to the NIPEC website was a major challenge for staff within the NHSCT. Regionally, there were issues with the NIPEC online assessment tool (NOAT) that were eventually resolved after lengthy communications between all Professional Officers, NIPEC and the Trust Information Technology Teams. The NHSCT has limited IT availability for staff and this, combined with the access issues, resulted in all audits being completed in hard copy and then entered by me onto the website. This was very time consuming. These issues persist and continue to be raised with my Deputy Director of Nursing and IT team. Everything possible has been done to rectify the problem. Hard copy audits still need to be recorded and re-entered electronically at times, although the problem is not as frequent as it was in the first six months of the project.

Initial resistance by staff was evident in every ward during implementation, due to the change in practice; however, overall, the challenges have been overcome, due to the support from the local implementation teams, PPF's, Steering Group and Deputy Director of Nursing, support from other Professional Officers and Senior Professional Officer, Angela Drury, at NIPEC. The regional project is presented during all mandatory training sessions for acute nurses.

Opportunities to present the project within the Trust to raise awareness, understanding, and capture and involve as many nursing staff using the document as possible included, a professional study day in the Trust, ward meetings, Nursing Executive Team meeting, Mandatory Training, Nurse Induction, student nurses' induction, Nursing Bank Coordinator, and Return to Practice Courses.

Strand 2 - Summary of Achievement

The Practice Improvement Programme commenced on the wards using a phased approach. Prior to this, awareness sessions were carried out on the Practice Improvement Programme. Initial resistance was evident, due to similar issues discussed in Strand 1: mainly staff shortage, busy wards, sickness levels, champions not on the wards, change in Ward Sisters/Charge Nurses. This impacted on the time needed to use the tools and

resources to change practice. IT access, specifically logging on to the NIPEC Record Keeping Website, remained a continuous challenge throughout the Project.

All resources from the NIPEC Record Keeping website were made available on the Trust Intranet and a hard copy resource file was provided on all wards. There were some delays in moving wards through the programme, due to the various challenges identified. Sustained support for staff and facilitation for change in record keeping practices to occur, support and facilitation by the local Implementation Teams, PPFs, Professional Officer, Nursing Governance Leads and Deputy Director of Nursing were essential. Team work among ward staff improved and person-centred record keeping practice became evident by an improvement in audit results.

A constant challenge was providing support to the Ward Sisters/Charge Nurses and champions to complete the four-weekly continuous audits. Audit facilitation was required to ensure timely completion of same.

Professional Officer's Role

Having one year's experience in the role of Professional Officer, I have developed a repertoire of knowledge and skills. I feel privileged to have had the opportunity to be involved in this project. I have gained valuable experience, including a greater knowledge of the processes within the Trust and the HSC regionally. It has been a journey, and although with many challenges, good working relationships have been formed locally and regionally. The greatest positive outcome is that nurse record keeping within the NHSCT has improved, due to the support by all staff involved to overcome the barriers. Objectives for the project have been achieved.

South Eastern Health and Social Care Trust

Introduction

The Project began in February, 2012 and 34 adult acute wards across the Trust were nominated to take part. The Trust Implementation Plan proposed a staggered rollout of the Project across these wards and it was managed by two Professional Officers, each covering six months of the project.

The Project Structure within the SEHSCT

The Project was supported by the Assistant Director, the Manager of Safe and Effective Care, and the Professional Officer. The Assistant Governance Facilitators support the ward staff and the Professional Officer.

Each Ward Sister/Charge Nurse was encouraged to nominate a Champion to help with the project. There was also a Trust Steering Group.

The Project was rolled out to 34 wards on a staggered basis:

- April, 2012 – Downe Hospital – Wards 1, 2, and CCU
- July, 2012 – Ulster Hospital – Neely Ward, COE Wards 21, 22, 23 and 24
- August, 2012 – Lagan Valley Hospital – Wards 1A, 1B, 3/MAU, CCU, and Rehab
- August, 2012 – Ulster Hospital – Surgical Wards 5, 6, 7, 8, 10, 11, 18, and 19
- October, 2012 – Ulster Hospital – Medical Wards 4, 9, 12, 13, 14, 15, 16, 17, 20 and 25
- November, 2012 – Thompson House Hospital
- December, 2012 – Ards and Bangor GP Wards

Strand 1 - Summary of Achievement

When I came into post, the previous Professional Officer had provided awareness sessions and rolled out the document in 21 of the 34 wards. She had provided training on the audit tool for all of the 34 wards.

I maintained the implementation plan and provided awareness sessions to the remaining 13 wards and rolled the document out to them. I provided follow-up training to the other wards.

The majority of the staff members were accepting that this change had to happen and were compliant with the project. Initially there had been some negativity around the changes being made to the record keeping process, however, with support and facilitation, teams worked in a positive manner, assisted by the champions, to effect change.

More documents had to be printed to ensure sufficient stock to supply all the wards. In-patient through put figures for the previous year were gained to estimate the number of admissions in the current year.

The supply of the document to the wards had to be managed because it wasn't a stock item and this meant that it couldn't be delivered in the usual way.

There was learning to be gained from the initial audit scores and staff members acted on this to improve audit scores.

Strand 2 - Summary of Achievement

I provided awareness sessions related to the Practice Improvement Programme to the 13 wards which were still to come onto the project when I came into post. I also provided retraining on the audit tool and the Practice Improvement Project to the wards which were already on the project but where there had been staff movement or sickness. All of the 34 nominated wards commenced the project.

The barriers to Strand 2 were staff sickness, staff shortages, staff movement, annual leave, maternity leave, mandatory training and other priorities which were deemed to have higher priority than the project.

I was in regular contact with the Ward Managers to give support and advice. I liaised with the Assistant Governance Facilitators and I raised concerns and highlighted improvements to managers. I also compiled reports for NIPEC and the Trust. I attended the Ward Sisters/Charge Nurses' meetings to report on the progress of the project and their future responsibilities.

There were initial difficulties with the online audit tool but, through liaison with the NIPEC Information Technology Department and the other Professional Officers, the problems were dealt with.

It remained a constant challenge to support the Ward Sisters/Charge Nurses to complete the four weekly audits; overall the audit scores continued to improve.

Professional Officer's Role

Since coming into post, I feel I have developed my complement of skills. I have availed of numerous opportunities to increase my knowledge and confidence. I have also developed my skills of presenting, report writing, facilitation and training.

My role has supported and facilitated Ward Sisters/Charge Nurses and staff members in changing their practice, improving their documentation skills using the Record Keeping Resources contained within the NIPEC website and raising their awareness about

expected standards of record keeping practice. I have been a conduit for information about the project between NIPEC, the Trust management and the staff members.

Conclusion

- Patients are being consulted on their own care
- Staff members are now aware of their own standards, compared with required standards, and know how to improve them
- Ward Sisters/Charge Nurses are able to measure standards and action plan appropriately
- Senior Managers can readily see that awareness has led to striving for improvement and there are improved accountability arrangements through presentation of monthly audit scores.

Southern Health and Social Care Trust

Introduction

I was appointed in February 2012 as the Professional Officer for NIPEC within the Southern Health & Social Care Trust to lead this project. My professional practice experience includes working in acute and community nursing and midwifery care settings. I also have extensive experience in teaching and facilitating adult learners in the aim of ensuring safe and effective patient care.

The Project Structure within the SHSCT

The Record Care Project began in February 2012 and 27 adult acute wards across the Southern Trust (ST) engaged in piloting a draft regional Nursing Assessment and Plan of Care document (Strand 1) and the application of the four Learning and Audit cycles designed to support good nurse record keeping (Strand 2). The ST already had a Record Keeping Implementation Group in place which included Heads of Service, Lead Nurses, Nursing Governance Coordinators and Ward Sisters/Charge Nurses. The group is chaired by the Assistant Director, Nursing Governance. With my acute nursing colleagues, I developed an implementation plan with time frames which would meet the aims of the pilot and this was tabled and agreed by Record Keeping Implementation Group. Although currently the group's primary role is to support the implementation process within the Southern Trust, it is intended that it will continue after the project has concluded.

As the Professional Officer for the Project, my role in the group was to set agendas, take minutes of meetings and ensure that members were informed of the progress of Project. In the absence of the Assistant Director, I was the designated chair. Further to discussion, the Implementation Group agreed that the draft record would be introduced to all 27 wards on a single day rather than a phased roll out. The reason for this was that significant work had previously been undertaken with staff in introducing a single nurse record within acute and non-acute adult wards and the draft regional record would simply replace it.

As the Professional Officer for the Project, I planned the awareness sessions and was assisted by the acute directorate Nursing Governance Coordinators in rolling out the sessions across the four sites over a three-week period prior to implementation of the draft record. Staff awareness of the draft regional record was also created by other Trust colleagues, namely the Practice Education Facilitators, Implementation Group members and champions identified in each of the 27 wards. Two weeks after the wards received the draft record; a Practice Improvement Programme (Strand 2 of the Project) was commenced, initially in 10 of the 27 wards, and then introduced on a rolling basis to the remaining 9 wards.

Strand 1 - Summary of Achievement

As the Professional Officer, I project managed the introduction on 21st May 2012 and use of the draft regional Nursing Assessment and Plan of Care document in 27 acute and non-acute wards. A guidance document was also given to wards and I followed this with additional awareness sessions at ward level, as necessary and requested.

Factors which supported the successful implementation of the document included reports from nurses and Sisters that they felt involved in piloting the draft record and in collecting and addressing issues throughout the implementation period. I also convened and facilitated a Trust workshop in September, attended by nurses and Sisters, to clarify and address issues prior to the regional workshop, where all five Trusts' issues were discussed and a final draft of the regional nurse record proposed.

Challenges to the successful implementation of the document included answering questions and allaying concerns from staff who felt that the existing document, which had only been introduced 18 months previously, worked very well, that the new draft regional record took too long to fill out, the layout and wording was repetitive and that they had lost some valuable areas that were in their previous record. Issues were collected from all wards and discussed with Assistant Director of Nursing Governance. In addressing these concerns, and as an interim arrangement pending regional discussion, the draft record was amended and further guidance was given to nurses and Sisters/Charge Nurses.

Strand 2 - Summary of Achievement

Further to the introduction of the draft regional record, 10 wards commenced a Practice Improvement Programme beginning 28th May 2012, with the remaining nine wards joining on an incremental basis according to Implementation Plan. By 4th February 2013, 13 wards had completed the programme. At the time of reporting, it is envisaged that the remaining six wards will complete at incremental stages, with the last ward completing by 21st May 2013. Along with the Ward Sisters/Charge Nurses, champions were identified on each ward to cascade the information to other members of staff and to drive the Practice Improvement Programme forward. In supporting staff, I advised as to how nurses/Sisters could access and use the website, tools and resources developed for the Practice Improvement Programme, and provided an information pack to aid cascade training to all nursing staff on the ward. I made regular follow-up visits to wards to support and advise staff. I liaised with colleagues regarding progress through the Trust's Record Keeping Implementation Group, attending Sisters' meetings and regular meetings with Assistant Director of Nursing Governance. At these forums, I had an opportunity to discuss any concerns I had and agree a way forward. Although there were initial difficulties with the online audit tool, the NIPEC Information Technology Department and the other Professional Officers worked hard to resolve the problems.

The successful implementation of the Practice Improvement Programme has been evidenced through the continuous improvement of ward audit scores, which are updated on a monthly basis. Staff reported that the main challenges to the successful implementation of the Practice Improvement Programme were a lack of time, staffing levels, staff sickness and redeployment of staff to other areas, which resulted in constant updating and training of new champions. Ward Sisters/Charge Nurses also required ongoing support to ensure audits were completed on time. I feel my support as the Professional Officer for the project has ensured the successful implementation of the Practice Improvement Programme.

Professional Officer's Role

My personal development has been considerable and the Project has given me significant understanding of professional nurse record keeping, an opportunity to develop my skills in leadership and communication, increased my confidence in facilitating workshops, convening meetings and in building relationships with my Trust colleagues. I feel my role has been valuable in supporting staff in changing and improving professional practice using the Practice Improvement Programme audit, tools and resources and I feel I have made an important contribution to improving the quality of nursing care to patients.

Conclusion

There has been a definitive improvement in record keeping within acute wards and this is evident from the audit results. Patients are now more involved in discussions about their plan of care and nurses are putting Recording Care at the Bedside into action. Registered nurses are aware of their responsibility and accountability with regards to record keeping and can now evidence the quality of the nursing care they give to patients.

Western Health and Social Care Trust

Introduction

Before secondment to this Project, my substantive post was a Community Psychiatric Nurse. Prior to the Professional Officer post, I had been responsible for developing and implementing audits to ensure the best and evidence-based practice is being used in my own practice. I recently completed a BSc as Specialist Nurse Practitioner in Psychosocial Interventions.

The Project Structure within WHSCT

Within the WHSCT there already existed a Trust Record Keeping Group, membership of which consisted of Lead Nurses, Governance Leads, Ward Sisters and Specialist Nurses. The Lead Nurses of the Research and Nursing Development department were also involved in the implementation process in a supportive and advisory role.

It was decided to introduce Strand 1 in a phased approach, with a rolling programme of 4 wards introduced every 4 weeks, until all wards in Altnagelvin had been commenced on Strand 1. Strand 2 was also a phased approach and began roll out in June.

The implementation plan was agreed by all parties and was clear and concise for me to follow. The Project began in Acute Adult wards in Altnagelvin Hospital. For the South West Acute Hospital, it was agreed at the Trust Record Keeping Group that Strands 1 and 2 would not begin until later in the year, due to the fact that the hospital had only relocated to a new development.

Strand 1 - Summary of Achievement

As wards commenced on Strand 1, I ensured baseline audits were completed on existing documentation and then organised awareness sessions for staff at ward level to inform them of the new document and the practice improvement programme.
I liaised with the printers and Electronic Material Management Department within the Trust in order to ensure smooth distribution throughout the wards.

As more wards joined Strand 1, I continued with development and support for ward staff from the previous stages. I had regular meetings with Ward Sisters and Charge Nurses to discuss progress, and frequently liaised with the Assistant Director of Nursing regarding my progress to date. During this time, I had several meetings with Pre-Assessment Nurses in order to see whether or not there might be an impact on their Pre-Assessment department from the work of the Project.

The Recording Care Project highlighted other areas where development and learning were required. Some of these areas were raised at a regional level, for example care planning,

and this has now been taken forward within the future phase of the Recording Care Project.

As of the 18th October 2012, all Adult in-patient acute wards in Altnagelvin site were engaged in the Practice Improvement Programme. The baselines audits in 18 wards have been completed and results added to the Trust Dashboard. All wards are well established on the new Nursing Assessment and Plan of Care Document.

Strand 2 - Summary of Achievement

For the implementation of Strand 2, I met with Ward Sisters and Band 6 Staff Nurses, to introduce the Practice Improvement Programme and the online tools on the NIPEC website.

I attended Ward Meetings when practice improvement was discussed and I facilitated information sessions at ward level concerning mandatory requirements .and collaborating with staff identifying teaching needs. I have also met with Practice Education Facilitators to discuss training programmes and encouraging staff to use NIPEC online tools on a personal level in order to improve individual practice.

Strand 2 also incorporated a four-weekly audit cycle, which has not been without some challenges; some issues involved the interpretation of the audit questions which were raised during the training process. I encouraged staff to review the NIPEC user guidance for the audit tool and engage in peer discussion and critical reflection to reach an understanding of what was being asked. Initially, there were some technical difficulties with the online tool, involving scoring and time out issues. NIPEC quickly addressed the technical problems with the tool and issues have been resolved.

There were also challenges regarding staffing levels; in the summer, there was an increased reliance on bank and agency staff to cover vacancies and permanent staff felt this adversely affected ward audit scores and progress through PIP. This was commonly identified as a regional problem and NIPEC worked with Trusts and other organisations to resolve this.

Professional Officer's Role

In regards to my personal development, firstly I have improved my communication skills; I have presented updates of the project at Trust Nursing and Midwifery Governance meetings and have participated in three Ward Sister leadership days. I have also given numerous presentations and have facilitated practice improvement sessions

My report writing and overall record keeping skills have improved and IT skills have shown improvement. I have devised documents and tools for the project which have proven helpful, according to feedback from users. I have also had the opportunity to network with,

and work closely with, fellow professionals and those in higher management whom I would not have had the chance to meet in my normal post.

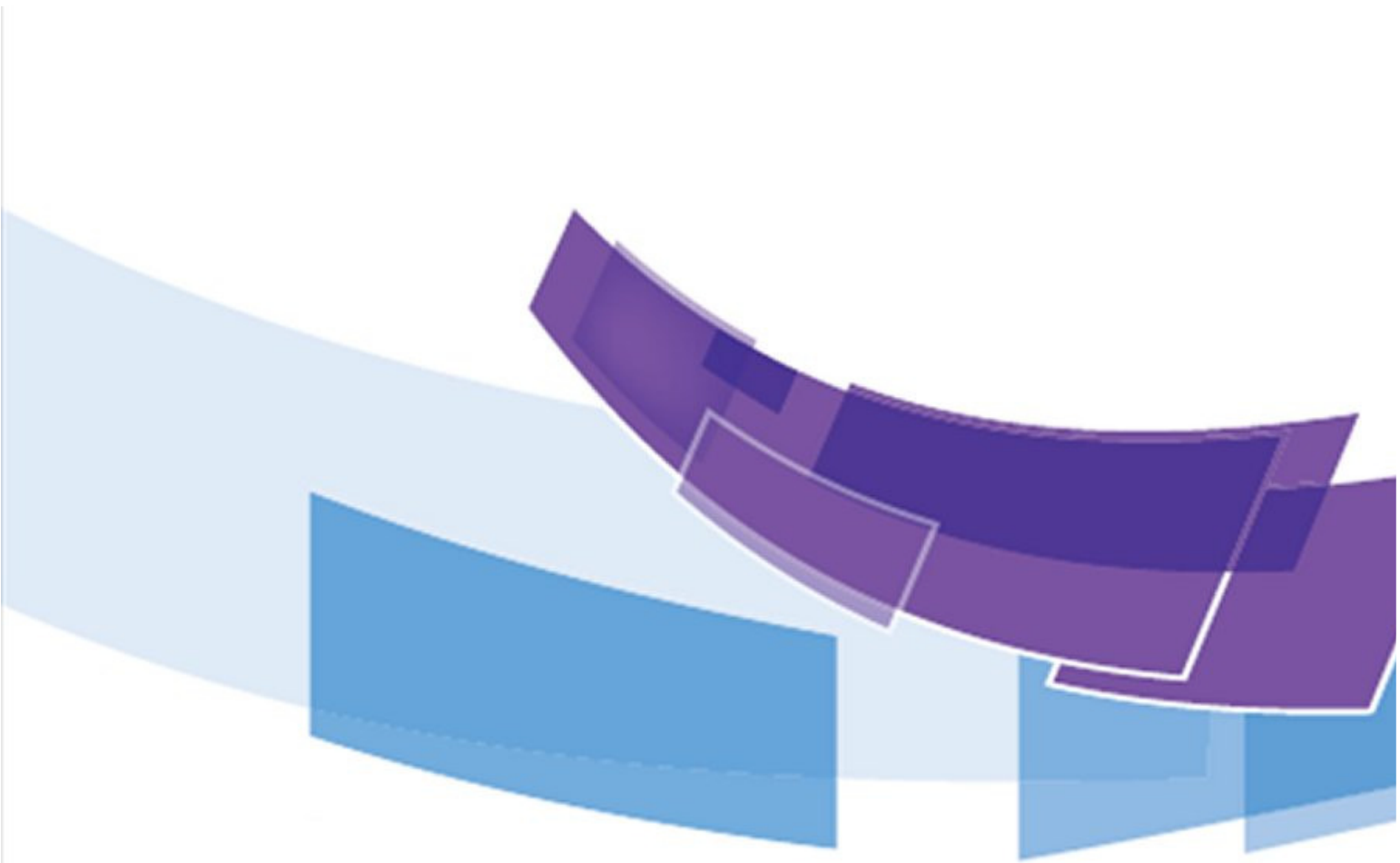
I also feel I have gained a greater understanding and awareness of the corporate structure of the WHSCT and of NIPEC.

I was also given the opportunity to complete a stand-alone module through the University of Ulster; the module was Developing the Capacity to Facilitate Person-Centred Practice.

Conclusion

The accumulated audit scores to date show noted improvement. Staffs, at all levels, have worked very hard to improve and change practice.

There are currently ongoing discussions with staff to look at ways to improve and in the future sustain the results and build on the work now started, and there have been some insightful recommendations.



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