

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



Thursday 21st September 2017 10:00-11:30hrs Open Session with Gary Loughran, Director of the 'Encompass' Programme

Malone House, Harberton Suite, Belfast

Steering Group Meeting 11:30 – 13:00 Closed Session

ACTION NOTES OF MEETING

Present: Nicki Patterson, Executive Director of Nursing (Chair), SEHSCT NP
 Linda Kelly, Assistant Director of Nursing, SEHSCT LK
 Linzi McIlroy, Senior Professional Development Officer , RCN LMCI
 Donna Keenan, Assistant Director of Nursing, WHSCT DK
 Irene Thompson, Assistant Director of Nursing, BHSCT IT
 Karen Devenney, Senior Nurse Manager, BHSCT, obo Irene Thompson KD
 Dawn Connolly, Governance Lead Nurse, obo Margaret Marshall, SHSCT DC
 Ruth Bailie, Senior Nurse Manager, NHSCT obo Suzanne Pullins RB
 Susan Carlisle, Nurse Lecturer, QUB SC
 Angela Reed, Senior Professional Officer, NIPEC AR

In attendance:
 Michelle Burke, Professional Officer, NIPEC MB

Apologies: Maurice Devine, Assistant Head, CEC
 Heather Finlay, Nursing Officer, DoH
 Claire Büchner, CCIO Nursing, PHA
 Linda Kelly, Assistant Director of Nursing, SEHSCT
 Margaret Marshall, Assistant Director of Nursing, SHSCT
 Suzanne Pullins, Deputy Director of Nursing, NHSCT

Agenda item	Action to be taken	Action by
1	Chair's remarks, welcome and apologies NP welcomed everyone to the meeting. Apologies noted as above. NP noted that Deborah Oktar-Campbell (NIPEC Council member) has stood down from membership of the Steering Group and that NIPEC were currently seeking a replacement member of Council.	NIPEC to seek membership from Council
	Notes of the last meeting 16th June 2017 Draft Action notes of the 16 June 2017 had been previously circulated and minor amendments had been made following feedback from C Buchner. Notes approved as a true record. <u>Matters Arising</u> <u>Chairmanship of Working Group</u>	

Chair reported that the Working Group was now being co-chaired by Linda Kelly, SEHSCT and Suzanne Pullins, NHSCT.

Community information systems

Claire Buchner communicated the following update to AR following Steering Group for inclusion in the notes of the meeting:-

There is a Community ehealth and Care Programme Board now established (chaired by Mary Hinds and Fionnuala McAndrew) under the Regional Strategic Board as part of governance arrangements. This Board is responsible for the alignment of community ICT developments towards a 'once for NI' agenda and will take decisions on the strategic direction. Claire is currently completing a paper on district nursing use of CISs and when completed and through governance processes, will be more than happy to present to the Steering Group.

Children's short stay environments

AR gave an update on the scoping exercise. Out of 5 trusts, 3 areas were identified; (1) short stay under 24 hours, and (2) where length of stay was under 8 hours. Both of these environments had different requirements in terms of assessment and it was likely that they would both require separate individual data sets. AR reported that capacity was limited to take this forward at present. It was agreed that Michelle Burke, Professional Officer, Recording Care would explore what preparatory work could be completed by departments in advance of regional work to ensure it moved quickly when started.

72 hour testing

AR provided an update on this work relating to the testing of audit data within the whole of the record versus that relating to the most recent 72 hours of patient stay – this work was due to be completed by 29th September 2017.

RCN Principles of Consent

RCN Principles of Consent had been circulated following the last SG meeting for comment – none received.

Members were asked to note that during the summer the RCN UK also updated their delegation of record keeping practice guidance for non-registered staff including student nurses. Linzi McIlroy and Angela Reed sent comments to RCN London advising of errors in the update and asking to reference the HCSW framework in NI. LMcI reported that the RCN have subsequently withdrawn the updated guidance and were reviewing to re-launch.

CB to present Paper relating to CIS to SG when approved

MB to explore preparatory work for children's short stay environments

<p>2</p>	<p>Working Group Report</p> <p>LK provided a report on behalf of the Working Group. LK commented on the extensive programme of work being taken forward and commended all working on the work streams.</p> <p><u>Adult document</u></p> <p>It had been agreed by the ADNs that the assessment/risk assessment would be separate from the care planning section to facilitate the insertion of the PACE prompt for appropriate areas who were now using the PACE approach to care planning.</p> <p>Members were asked to note the following issues which were current and had not been as prevalent when the record was originally designed:</p> <ul style="list-style-type: none"> • People are frequently transferred within and between hospital sites • People have increased co-morbidities, increasing numbers with complex needs • Length of stay in hospital is shorter • Person-centred practice needs to be reflected • There are currently increased requirements from other specialities to capture needs • Risk assessments – there is now a requirement for a mechanism for review <p>A new version of the record had been provided to facilitators - early indications from feedback were:</p> <ul style="list-style-type: none"> • Short concise record would be required to promote compliance • It would be helpful to capture assessment on transfer including risk assessments • IP&C was an extensive assessment, consideration of the length was required to increase compliance • Consultation would be required from frontline staff <p>Planned process:</p> <table border="0"> <tr> <td>15th September</td> <td>Feedback from the working group due</td> </tr> <tr> <td>15th September to Mid-October</td> <td>Record amended using feedback</td> </tr> <tr> <td>Mid October to End October</td> <td>2nd draft sent out to group and electronic agreement sought on amendments</td> </tr> <tr> <td>End October</td> <td>Agreement on amendments</td> </tr> <tr> <td>End October to Mid-November</td> <td>Small scale review in clinical environment</td> </tr> <tr> <td>Mid November</td> <td>Feedback due</td> </tr> <tr> <td>Mid November to End November</td> <td>Amendments made from small scale review</td> </tr> <tr> <td>End November</td> <td>Final draft complete</td> </tr> </table> <p><u>Care Planning – including children’s hospital based care settings and ED</u></p> <p>Members were provided with a Gantt chart covering the whole of the regional and all adult acute wards, emergency departments and children’s wards where appropriate.</p> <p>LK gave feedback on the Working Group discussion relating to the difficulties</p>	15 th September	Feedback from the working group due	15 th September to Mid-October	Record amended using feedback	Mid October to End October	2 nd draft sent out to group and electronic agreement sought on amendments	End October	Agreement on amendments	End October to Mid-November	Small scale review in clinical environment	Mid November	Feedback due	Mid November to End November	Amendments made from small scale review	End November	Final draft complete	
15 th September	Feedback from the working group due																	
15 th September to Mid-October	Record amended using feedback																	
Mid October to End October	2 nd draft sent out to group and electronic agreement sought on amendments																	
End October	Agreement on amendments																	
End October to Mid-November	Small scale review in clinical environment																	
Mid November	Feedback due																	
Mid November to End November	Amendments made from small scale review																	
End November	Final draft complete																	

of providing exact timescales due to the unpredictability of the spread of PACE and confounding variables, including the added complexity of re-measuring wards that have PACE in place.

Re-measuring

Re-measuring is commencing on all the pilot wards in the 4 Trusts

- BT 3 wards
- SE 2 wards (1 pilot ward not active)
- WT 2 wards (1 pilot ward not active)
- ST 25 wards, will begin with 3
- NT 0 wards

Children's

Agreement had been sought in principle x 4 trusts from children's leads, 1 trust had no plans to implement currently:

- WT 2 wards commenced implementation this month (only 2 wards in trust)
- NT 2 wards to commence implementation January 2018 (only 2 wards in trust)
- BT 2 wards to commence posts discussion with children's leads (1 ward implemented)
- SET 2 wards to commence when revised version of record available (only 2 wards in trust)
- ST use multi-professional record therefore leads have stated they do not feel they are in a position to commence at present.

ED

All 9 Type 1 EDs are in progress of preparing for implementation (weeks 1-6 on Gantt), all fully engaged.

- Implementation will commence mid-October when record available to order
- Clinical Educators supporting the process

LD

Due to reduced levels of resourcing for facilitation, the ERG had agreed that the focus for the LD environments would remain on implementation of the assessment record, each care setting continuing with their current practice of recording care/discharge planning.

MB was awaiting feedback on short episode record requirements – for presentation at next SG meeting.

NP requested that the key milestones for the encompass programme of work be plotted on the GANTT chart, members agreed that it would be helpful to visually plot where the programme of work would cross over. SHSCT indicated that the children's wards may reconsider at a stage further in the programme of work to be involved.

Mental Health

The shortened record was being tested electronically on PARIS system at

MB to offer report of LD short record requirements to next SG meeting

AR to insert Encompass Milestones onto GANTT chart.

	<p>WHSCT. The wellbeing plan was in the process of being finalised. Next meeting had been planned for end September. Following a request for clarity around systems and testing from the last Steering Group meeting a summary was provided from B Quinn, Nurse Consultant PHA.</p> <ul style="list-style-type: none"> ➤ WHSCT testing using PARIS – will inform specification ➤ BHSCT and SHSCT (had PARIS, different versions) not testing as do not have electronic version ➤ SEHSCT – do not have PARIS, different system and therefore no plans to test ➤ NHSCT – do not have PARIS, different system and therefore no plans to test <p>ED Document</p> <p>Regional procurement process to secure as a stock item underway with the A3 record and continuation sheet, estimated time for order is mid-October. There was an awareness presentation on the microsite and further guidance would be developed.</p> <p>Specialist Nurses</p> <p>Nominations are in progress. A provisional meeting had been rescheduled due to delay in receiving nominations. It was anticipated that 3 face to face meetings would be required to complete within the timeframe – end March 2018.</p>	
3	<p>Nursing Practice Standards production</p> <p>AR provided an update on the Nursing Practice Standards production. The SG discussed implications of choosing a standardised nursing language and it was agreed that AR will provide presentation to members of SG at next meeting in December on the complexities.</p> <p>Currently awaiting a chair and development of ToR.</p>	AR to provide presentation on standardised nursing languages at next SG meeting in December
4	<p>Shared Learning from Improvement and HSC Trust Record Keeping Scores</p> <p>AR provided quarterly scores and discussion was held regarding the scores. WHSCT and the SHSCT to provide scores by 2 October 17. Members agreed to postpone putting out the quarterly quality focus until all scores accrued. AR to circulate when all completed.</p>	AR to circulate when all returned
5	<p>Encompass Update</p> <p>SG held short discussion regarding the open session held earlier in the morning. All presentations to go on NIPEC website. Short summary document to be requested from Gary Loughran. Members expressed a desire to have seen more about the progress of the project.</p>	AR to request presentations and summary document from GL
6	<p>HSC Trust Record Keeping Projects</p> <p>Members did not report any further work/projects outside of Recording Care ongoing in the HSC Trusts in relation to any form of nurse/midwife record keeping.</p>	
7	<p>Next Steps</p>	

	AR reviewed actions as below.	
8	<p>Any Other Business</p> <ul style="list-style-type: none"> Evaluation of PACE Implementation AR provided update and when available will share progress following submission of proposal to R&D office. Abbreviation Project Briefing paper was provided by Karen Murray, Senior Professional Officer, NIPEC who is the project lead for Abbreviations. The briefing paper was discussed and NP provided overview. Michelle Burke will be taking forward audits in the HSC Trusts in the near future. SQE opportunity NP provided and update on the SQE opportunity for PACE implementation. AR provided overview of rationale and opportunity for SQE programme. 	AR to circulate progress on evaluation project when available
9	<p>Date and time of next meetings:</p> <p>14 December 2017 at 2.00-4.00pm venue NIPEC Offices, Belfast</p> <p>14 March 2018 at 2.00-4.00pm venue NIPEC Offices, Belfast</p>	
Action	Comment	Completed/On-going
NIPEC to seek membership from Council		
CB to present Paper relating to CIS to SG when approved		
MB to explore preparatory work for children's short stay environments		
MB to offer report of LD short record requirements to next SG meeting		
AR to insert Encompass Milestones onto GANTT chart		
AR to provide presentation on standardised nursing languages at next SG meeting in December		
AR to circulate QOF when all scores have been returned		
AR to request presentations and summary document from GL		
AR to circulate progress on evaluation project when available		