

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



Friday 16th June 2017 10:00-12:20hrs

NIPEC Meeting Room

ACTION NOTES OF MEETING

Present: Nicki Patterson, Executive Director of Nursing (Chair), SEHSCT	NP
Linzi McIlroy, Senior Professional Development Officer , RCN	LMcI
Anne Witherow, Acting Director of Nursing, WHSCT (teleconference)	AW
Donna Keenan, Assistant Director of Nursing, WHSCT (teleconference)	DK
Deborah Oktar-Campbell, NIPEC Council Member (teleconference)	DO
Maurice Devine, Assistant Head, CEC	MD
Heather Finlay, Nursing Officer, DoH	HF
Claire Büchner, CCIO Nursing, PHA	CB
Karen Devenney, Senior Nurse Manager, BHSCT, obo Irene Thompson	KD
Margaret Marshall, Assistant Director of Nursing, SHSCT	MM
Suzanne Pullins, Deputy Director of Nursing, NHSCT	SP
Liz Campbell, Safe and Effective Care, SEHSCT obo Linda Kelly	LC
Angela Reed, Senior Professional Officer, NIPEC	AR

In attendance: Linda Woods, Secretary, NIPEC

Apologies: Susan Carlisle, Nurse Lecturer, QUB
Linda Kelly, Assistant Director of Nursing, SEHSCT
Irene Thompson, Assistant Director of Nursing, BHSCT

Agenda item	Action to be taken	Action by
1	<p>Chair’s remarks, welcome and apologies</p> <p>Nicki Patterson (NP) welcomed everyone to the meeting. A special welcome and congratulations was given to Margaret Marshall and Donna Keenan on their new appointments as Assistant Directors of Nursing, who were attended the SG meeting for the first time. Apologies noted as above.</p>	
	<p>Notes of the last meeting 20th March 2017</p> <p>Notes of 20th March 2017 were agreed as an accurate record.</p> <p>Matters Arising</p> <ul style="list-style-type: none"> ○ Meeting with new Chair. NP met with Claire Buchner, Gary Loughran, Linda Kelly and Angela Reed and also with AW and AR to update in the project progress and discuss the interface with the ‘Encompass’ Programme of work relating to the electronic health and care record for Northern Ireland. Update on that conversation was to be provided later in the meeting. ○ HSC Trust representation. 	

	<p>AR had written to A McVeigh to seek representation from the SHSCT which had been provided for both the WG and the SG.</p> <ul style="list-style-type: none"> ○ Record of thanks. Thank you letter had been sent to Fiona Wright. All other matters arising were taken on the Agenda. 	
<p>2</p>	<p>Working Group Report</p> <p>AW joined the meeting by teleconference to provide the WG update to members for the last quarter:</p> <p><u>Adult document</u></p> <p>AW provided an outline of the process to agree the final version of the adult document. Assistant Directors had discussed the record and signed it off for printing with one area for final review which was related to the falls elements of the document. KD to take to the Regional Falls Group before going to print. AW to share with NIPEC when signed off finally.</p> <p><u>Care planning</u></p> <p>Spread plan</p> <p>The spread plan had been signed off by the members of the WG, noting that the spread plan contains broad principles and outline timeframes – it does not dictate where in each trust spread will happen. Discussion followed re: individual spread plan for each HSC Trust and pace of change. Michelle Burke had been working on development of Facilitators. NP indicated that it was necessary for an assurance on how long the spread plan would take to complete implementation across all HSC adult inpatient areas. Target required for roll out around PACE. Using the model employed in WHSCT, it was agreed that the Working Group would scope timeframes. In addition, another criteria for spread had been identified through the work completed so far – which was around transfer of patients between inpatient areas. WG to take forward and progress latest iteration of Spread Plan.</p> <p>Current trust positions:</p> <ul style="list-style-type: none"> • One trust – at pilot stage , 2 wards • Three trusts - implementation of spread plan in progress • One trusts- implemented , re-measurement required <p>Practice educators were involved in spread in one trust. Reduction of spread in one trust due to testing of 'nerve centre'. Electronic testing in progress – one trust. Re-measuring of pilot wards to begin in another Trust - organised through facilitators meeting.</p> <p>In addition, it was recognised that through the production of the documents for children's and LD care settings, consideration to these areas of care would be required, for September.</p> <p>NP thanked members for sharing the learning between Trusts as this was evidentially an important part of the implementation process.</p> <p><u>Mental Health and Learning Disabilities Documents</u></p> <p>Short assessment pathway is currently being tested in the WT on the electronic PARIS system. Wellbeing plan to be finalised. AR to request from Briege Quinn re. electronic systems. CB to also take forward conversation in relation to the Community eHealth and Care Programme Board with M Hinds</p>	<p>AW to send adult document to AR when finished.</p> <p>WG to scope rollout with PACE</p> <p>Criteria for transferring patients between units to be added to spread plan.</p> <p>AR to contact B Quinn re: electronic testing regionally.</p> <p>CB to liaise with M Hinds re: community systems software</p>

<p>as to what other trusts to do if they do not use the PARIS system and software.</p> <p><u>Learning Disabilities</u> AW reported that the assessment record had been signed off. A discussion was taken forward regarding the format – booklet or 'loose' sheets. Following an overview of the rationale SG agreed that loose sheets would be permissible with unique identifiers on each sheet. Meeting to be held in June 2017 with ERG to plan implementation process, which would include care planning/discharge planning. Current processes in inpatient settings aligns very well with principles for PACE. Discussion took place regarding community settings in the future spread plan. The Independent and voluntary sector being supported by NIPEC to roll out PACE at their request. Scoping in progress re short episode record.</p> <p><u>ED Document</u> Final draft of A3 record tabled for approval, Steering Group approved. NP endorsed the document and AR to speak with Michelle Burke to circulate guidance to SG. AR to circulate names of ED Group. Meeting with ED clinical educators June re implementation process – opportunity being provided for liaison between this group of staff and the facilitators for PACE in each of the organisations. This was a risk currently – ED staff have not provided a record of nursing care planned in the past and are now keen to do so, therefore implementation is a priority – following latest RQIA review 2016. ED document for regional procurement - SG discussed and agreed WHSCT to continue to procure regional document.</p> <p><u>Children's document</u> Three records with AW for regional procurement. Spread plan covers children's care setting, discussion re implementation of PACE in progress. AR to send AW short stay scoping information. Outline of findings and potential solutions will be provided to next Steering Group in September 2017.</p> <p><u>Revision of NOAT and NIPEC website</u> Short NOAT. Functional guidance had been updated. Explanatory notes had been signed off and additional feedback from ST added – following reconfiguration of their staff – circulated to WG members for information. All available on the NIPEC website. NOAT Testing of revised version in progress – experiencing some issues which are being passed onto the developer for resolution. Thanks was offered to all Trust staff who have been extremely helpful in the testing period. NIPEC website revision Completed and now live. Old audit tool users have been informed SET x 2 + ST x 13, would still be able to access results.</p>	<p>MB to circulate ED guidance to SG with names of ED ERG Grouping</p> <p>Outline of findings of children's short stay scoping information to be provided at next SG meeting.</p>
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	<p><u>Specialist Nurse Records</u></p> <p>ERG group to be convened – work is currently being taken forward in NIPEC around the role of the link nurse that might have been able to inform this work – MB to explore this.</p>	<p>MB to explore use of link nurse group for ERG spec practice.</p>
3	<p>Nursing Practice Standards production</p> <p>AR provided a background to the requirement for Nursing Practice Standards production - as evidence-based support to guide care planning processes for the PACE approach. They would reinforce the professional workforce by providing principles for practice. Discussion focused around nursing procedures and any electronic system that might be adopted as a result of the Encompass programme of work. It was agreed that a scoping exercise and population of standards would be required to be ready when agreed systems are in place. A sub-group consisting of Assistant Directors of Nursing, RCN and Claire Buchner was agreed to move this work forward. The sub-group to feed into the Recording Care Steering Group. A Chair was needed for this Sub Group – given the expertise in the NHSCT it was requested that SP consider this and speak to E Graham regarding the production of Standards for Nursing Practice.</p> <p>Included in the scoping exercise should be the review of how other professions ensure care planning is underpinned by evidence based actions and protocols.</p>	<p>SP to discuss with EG chairmanship of standards group.</p>
4	<p>Shared Learning from Improvement and HSC Trust Record Keeping Scores</p> <p>AR circulated the HSC Trust Record Keeping Scores that identified 3 elements for improvement. Following lengthy discussion it was agreed to monitor the name and job title printed alongside the first entry to the record and falls assessment again for this quarter and include the bed rail risk assessment. AR to circulate quarterly quality focus for onward circulation in each HSC trust.</p> <p>In addition, a small exercise to test the comparative scores between a full record of a person who had been in hospital for a long period against the findings in the last 72 hours of recording. It had been found to be no different. Agreed that further study would happen within SEHSCT and NHSCT and in the interim last 72 hours of stay would be applied in future audit until further notice.</p>	<p>AR to send out QOF for onward circulation in each HSC Trust.</p> <p>SEHSCT and NHSCT to contribute to test of 72 hour audit theory.</p>
5	<p>E-Record Update</p> <p>NP gave an update regarding a meeting held early May 2017 with herself, Gary Loughran, Linda Kelly, Claire Buchner and Angela Reed. Gary Loughran had subsequently been invited to the September meeting of the Recording Care SG to provide a broad overview of progress to date of the Encompass programme of work and to discuss how nursing and midwifery might engage with the production of the new record. AR suggested that the SG and WG attend and hold a workshop to inform Gary. Invitation also to be sent to Michael Quinn, Encompass Clinical Director. Formal invitations to go through Directors of Nursing for 21 September 2017 from 10.00 to 12.00md. AR to arrange a preliminary meeting regarding the mode of the workshop. Gary</p>	<p>AR to send invites to EDoN for nominations to 21/9/17.</p> <p>AR to arrange a preliminary workshop</p>

	<p>Loughran had advised that the Outline Business Case has been submitted to the Department and awaiting the response.</p> <p>CB gave an update on the ongoing Encompass work within the at HSCB. CB circulated a paper for information, having been asked to provide outline timeframes for the project at the previous meeting in March. CB to send by email to AR who will in turn circulate to the members who were not at the meeting or teleconferencing in.</p> <p>CB reported that work was continuing on procurement documents to be completed for mid to late Autumn. Assurance was given by CB that the documents would be high level detail only and that a mechanism would be put in place at the appropriate time to engage with nursing and midwifery colleagues appropriately. NP reiterated the agreement that Recording Care Project Groups would be the regional point of contact and sign off for nursing and midwifery input and content. CB agreed that nursing and midwifery input was critically important and agreed to raise the profile of the Recording Care Group through her on-going contact with other Encompass project groups, as would NP.</p>	<p>meeting.</p> <p>CB to send table to AR for further circulation to members not present.</p>
<p>6</p>	<p>HSC Trust Record Keeping Projects</p> <p>MD informed the meeting that the launch of Hospital Passport for people with Learning Disabilities had been held. AR to check if learning disabilities document refers to passport.</p> <p>SP informed the meeting that a number of KPI's had been under review that related to the assessment document. To be raised at the upcoming KPI meeting that this was an ongoing part of the recording care project audit and there was potential for duplication.</p>	<p>AR to check if learning disabilities document refers to passport.</p> <p>SP to raise duplication of audit at KPI meeting.</p>
<p>7</p>	<p>Next Steps</p> <p>AR to send out draft action notes as soon as possible with actions identified.</p>	
<p>8</p>	<p>Any Other Business</p> <p>Evaluation of PACE Implementation</p> <p>AR reported that Prof. Tanya McCance, Ulster, Dr. Kevin Gormley, QUB had met with CNO and Prof Ian Young, R and D office, to discuss the evaluation process of the PACE Implementation. It was agreed that they would look at a match fund working collectively with the universities. AR was progressing this bid with Prof McCance.</p> <p>Chairmanship of the Working Group</p> <p>NP on behalf of the Steering Group, formally acknowledged Anne Witherow's huge contribution given to the Recording Care Project over many years, working through significant change. It was recognised that Anne had been one of the leadership drivers to enable the regional approach to nursing assessment documents and the new approach to care planning. AW thanked NP for her very kind words.</p> <p>Discussion followed regarding future Chairmanship of the Working Group as this was Anne's last meeting. It was agreed that SP would speak with LK to agree a mechanism for the Chair's and Deputy Chair's representation on the</p>	<p>SP to discuss with Linda Kelly</p>

	Working Group. LMCI provided the SG with the RCN Guidance on Delegation of Record Keeping Practice recently published and the Principles of Consent. It was agreed to circulate to SG for comment by cob Tuesday 20 June 2017 and AR will discuss with LMCI.	AR to circulate Principles of Consent to SG for comment back to AR by 20/06/17
9	Date and time of next meetings: 21 September 2017 at 10.00-12.00 Workshop venue tbc 14 December 2017 at 2.00-4.00 14 March 2018 at 2.00-4.00	
Action	Comment	Completed/On-going
AW to send adult document to AR when finished.		Completed
WG to scope rollout with PACE		Completed
Criteria for transferring patients between units to be added to spread plan.		Completed
AR to contact B Quinn re: electronic testing regionally.		Completed
CB to liaise with M Hinds re: community systems software.		On-going
MB to circulate ED guidance to SG with names of ED ERG Grouping.		Completed
Outline of findings of children's short stay scoping information to be provided at next SG meeting.	Scoping completed.	On-going
MB to explore use of link nurse group for ERG spec practice.		Completed
SP to discuss with EG chairmanship of standards group.		On-going
AR to send out QoF for onward circulation in each HSC Trust.		Completed
SEHSCT and NHSCT to contribute to test of 72 hour audit theory.		Completed
AR to send invites to EDoN for nominations to 21/9/17.		Completed
AR to arrange a preliminary workshop meeting.		Completed
CB to send table to AR for further circulation to members not present.		Completed
AR to check if learning disabilities document refers to passport.		Completed
SP to raise duplication of audit at KPI meeting.		Completed
SP to discuss with Linda Kelly		Completed
AR to circulate Principles of Consent to SG for comment back to AR by 20/06/17		Completed