

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



Thursday 26th September 2019, 10 – 12pm
NIPEC Offices Belfast – Meeting Room

ACTION NOTES OF MEETING

Attendance:

| | | | |
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| Nicki Patterson | Executive Director of Nursing (Chair) | SEHSCT | NP |
| Angela Reed | Senior Professional Officer | NIPEC | AR |
| Suzanne Pullins | Assistant Director of Nursing | NHSCT | SP |
| Grace Hamilton | Assistant Director of Nursing | SHSCT | GH |
| Donna Keenan | Assistant Director of Nursing (telecall.) | WHSCT | DK |
| Patrick Gallagher | Nursing Officer | DoH | PG |

Apologies:

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| Siobhan Murphy | Assistant Head | CEC | SM |
| Linda Kelly | Assistant Director of Nursing | SEHSCT | LK |
| Irene Thompson | Assistant Director of Nursing | BHSCT | IT |
| Lisa Houlihan | NIPEC Council Member | NIPEC | LH |
| Claire Büchner | RCIO Nursing | PHA | CB |
| Susan Carlisle | Nurse Lecturer | QUB | SC |
| Linzi McIlroy | Senior Professional Development Officer | RCN | LM |
| Tanya McCance | Professor of Nursing | UU | TMcC |

In Attendance:

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| Gillian McKee | TNMD Professional Officer | NIPEC | GMcK |
| Lukasz Karpinski | TNMD Programme Administrator | NIPEC | LKa |

| Agenda item | Action to be taken | Action by |
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| 1 | <p>Chair’s remarks, Apologies</p> <p>NP welcomed everyone to the meeting. Introductions taken to inform the participants by teleconference. Apologies noted as above. NP informed members that Mary Hinds (PHA) had provided an email to the HSC system advising that Claire Buchner would no longer part of this group as a result of a role change. NP requested that a letter be drafted to identify the linkages between the Recording Care Steering Group and a range of regional groups Claire would have been sitting at in her former role that would no longer be a part of her new role to ensure communication was maintained. AR to draft letter to Claire on behalf of NP.</p> <p>Notes of the last meeting</p> <p>Draft Action Notes of 27th June 2019 were discussed and agreed.</p> | <p>AR to draft letter to Claire Buchner on behalf of NP.</p> |

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| | <p>Matters Arising</p> <p><u>Bedrails policies</u></p> <p>SP advised NHSCT bedrails policy had been revised was currently being consulted on. DK advised WHSCT was updating current bedrails policy. GH advised SHSCT policy was under review and raised an enquiry regarding bedrails in paediatrics included – AR advised work in children’s areas ongoing as children’s age range from 0-18years old. BHSCT and SEHSCT to follow up with information.</p> <p><u>Peer review process quarter 3</u></p> <p>NP proposed that peer review for quarter 3 should be postponed to quarter 4, due to the challenges in recruitment linked with the TNMD officers. Proposal accepted.</p> | |
| 2 | <p>Evaluation Project – PACE</p> <p>AR update: TMcC was to attend this meeting but had sent apologies. NIPEC delighted to have this evaluation match funded by the R&D office – project plan agreed with the relevant sponsors. Ethics approval had started and which could take up to 3 months. TMcC would be reporting every quarter to this group. Intention to start study in January 2020. More information to be provided at the meeting in December 2019. NP enquired whether or not the process could straddle financial years – AR advised the funding was secured and project timeline would follow the process and not run with the financial years. AR informed members that the tools being utilised in this evaluation had been validated internationally.</p> | |
| 3 | <p>Transformation Nursing and Midwifery Data (TNMD) Work Streams – Update</p> <p>Update was provided by AR on all related objectives which were being reported to the Department of Health (DoH). Trusts still progressing recruitment for TNMD officers. Challenges remained with roll out of PACE. Adult document implementation had been a success with few challenges relating to printer run errors with Limavady Print. Other elements like nursing languages, Encompass, building team on ground – well covered and significant achievements for nursing.</p> | |
| 4 | <p>Working Group Report</p> <p>SP delivered the Working Group Report.</p> <p><u>Adult document</u></p> <p>2nd printing error identified on 13th September 2019 but not classified for QSE report to PHA. Potential 3rd error being confirmed – NIPEC had held meeting with BSO PaLs earlier prior to SG meeting. SP discussed difficulties for nursing staff in identifying errors. BSO were supporting organisations to work through the appropriate processes to enable risk management and future quality assurance. Communication issues highlighted particular to speed of escalation process too NIPEC. NP enquired if moving to new supplier possible – SP advised human error identified on all instances. Quality assurance questions were in the process of being asked. Batch number on print runs identified and now present – although there were challenges to identifying patients when moved settings. Options for moving supplier were being considered, however due process from a procurement perspective had to be followed. New four year</p> | |

contract for printing company started on 1st October 2019 and BSO to look at options. NP enquired how communication could be improved – need for strong escalation required. NP asked what the escalation lines in Trusts – SP reassured members by stating that the direct line through the assistant directors of nursing was usually utilised. PG advised flow chart may be helpful – which was discussed and deemed unnecessary but contact information should be made available. AR advised nursing staff should be aware not to discard faulty documents and report promptly, which was the advice TNMD officers were providing in clinical environments. DK advised same arrangements in WHSCT.

In relation to the adult document, there has been some feedback relating the structure of the document which could potentially have messages for other documents. Review of adult document planned for March 2020. Relating to the position of risk assessments, there was no consensus in terms of where they should be positioned in the document – AR asked the SG members to debate the matter and make a decision regionally. Following debate there was an agreement to proceed with risk assessments in the body of the assessment appropriately placed with the most relevant activity of living.

Care Planning

SP advised recruitment of TNMD officers was challenging – 84 wards fully implemented across the region – implementation of adult document had an impact. NP expressed an opinion that with challenges present there is no expectation to be fully on track – PACE being championed as a positive opportunity and coroner’s office interest identified. NP requested that a mapping exercise be carried out in terms of initial plan, and where the project was expected to be – winter challenges identified, gaps with officers acknowledged. SP advised ongoing auditing in NHSCT – piece of work wider than PACE – ward sisters role crucial in this process. DK updated on the challenges with recruitment in WHSCT – focus on next 6 months, meetings with ward sisters to push implementation as a professional agenda.

GH agreed with the current challenges to sustain and further implement PACE. TNMD officers in post in SHSCT and potentially will be looking at district nursing work streams.

Children’s

GMcK updated that first meeting had taken place in August 2019. Regional teams had been contacted to get direction with risk assessments i.e. time critical medications, nutrition, bed rails. Further meetings expected in the autumn which would additionally address the short stay document for children’s.

Mental Health

Briege Quinn had moved to new role and no update was available. In addition, GMcK had been due to meet with Brian McGarvey regarding mental health work who had been unwell over the scheduled meeting – meeting to be rescheduled.

Short Stay

Pilot completed and flow of records/document discussed. Challenges with identifying short stay areas and the potential inclusion of ambulatory care settings. The time critical medications list had proven challenging to staff - NP

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| | <p>enquired if this could be reviewed. Following debate it was agreed that this item should go on the agenda for next review of adult document July 2020. Contacts had been made with pharmacy colleagues to determine responsibilities. AR suggested that the role of time critical medications should be discussed by ADNs and feedback to CNO's business team meeting provided.</p> <p><u>Learning Disabilities</u></p> <p>ERG was reviewing the dataset agreed in 2018 and good progress was being made.</p> <p><u>ED</u></p> <p>Slight delay with revision of NOAT reported. Expert reference group had requested an opportunity to review new document – for the work plan, no capacity currently.</p> <p><u>District Nursing</u></p> <p>Significant work had taken place relating to the construction of an audit tool and direction for an audit of 20 district nursing notes per Trust. Process currently underway.</p> <p><u>Audit</u></p> <p>NOAT indicators reviewed and some difficulties with reporting in quarter 1 identified. AR advised new indicators a slight tweak of old indicators with minor changes. Some challenges expressed from WHSCT perspective - AR offered follow up discussion.</p> <p><u>Draft Handover Principles testing</u></p> <p>Pilot completed and to be reported at the SG meeting in December 2019.</p> <p><u>Newsletter</u></p> <p>No update.</p> <p><u>Retrospective record keeping</u></p> <p>AR reminded members that this query had arisen post viewing of the RCN Coroner's master class video. Professional debate had been undertaken by TNMD officers, NIPEC and ADNs – a description had been agreed for retrospective record keeping.</p> | <p>Time critical medications to be discussed at ADN meeting.</p> <p>ED document review to be placed on the work plan.</p> |
| 5 | <p>Shared Learning from Improvement and HSC Trust Record Keeping Scores</p> <p>AR reminded members that no audits had been carried out in quarter 1 due to adult document roll out. In quarter 2 updated indicators had been used for reporting. None of the Trusts reported on full wards and not all trusts had reported. A discussion took place regarding the helpfulness of the QQF – SP pointed out that in most instances wards would be addressing their individual reports for improvement. It was agreed, however, that the QQF would continue.</p> | <p>AR to compile key messages for Quarterly Quality Focus.</p> |
| 6 | <p>Encompass Update</p> <p>NP updated: Encompass Programme Board next meeting on 4th October 2019. Demonstrations regarding Epic systems on 8th, 9th, 10th October 2019 across the region. NP encouraged staff to attend those sessions. NP advised central</p> | |

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| | resources to central Epic team – job descriptions being drafted by the DoH and would be shared. Implementation of Encompass scheduled from July to December 2021. Contract with Epic expected to be signed in December 2019. PG asked if other dates are available for staff to attend – NP advised no other dates identified. | |
| 7 | HSC Trust Record Keeping Projects <u>Record Keeping elements of transformation projects HSC organisations</u> DK enquired regarding shared services – framework for Health Care Support Workers – AR advised guidance on NIPEC’s website – AR to send link to DK. SP updated members on work on pain assessment in NHSCT and its impact on recording care. | AR to send link to framework for Health Care Support Workers to DK. |
| 8 | Next Steps Covered above. | |
| 9 | Any Other Business NP advised that a request had come in for further advice relating to abbreviations from SHSCT – AR stated that the guidance was on NIPEC’s website – abbreviations list limited. NP and SP agreed the list to be used by all disciplines – NP advised that there would be future work anticipated with the Encompass programme relating to abbreviations. The group advised of the following meetings: Visit to UCLH (Epic site) on Monday 2 nd December 2019; Meeting with coroner Friday 13 th December 2019 in NIPEC; Visit to CUHT on Monday 6 th January 2020. PG advised the group regarding NMC Corporate Strategy event on Wednesday 9 th October – to date a limited uptake had been experienced in terms of numbers and asked to spread the word about this – NP acknowledged. | |
| 10 | Date and time of next meeting: Thursday 12 th December 2019, at 2.00-4.00pm, NIPEC Offices, Meeting Room. | |

| Action | Comment | Completed/On-going |
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| Wednesday 4th April 2019 | | |
| ED audit to begin reporting to SG in September 2019. | | Time frame revised and closed |
| Peer review process for quarter 3 to be set up. | | Time frame revised and closed |
| Thursday 27th June 2019 | | |
| All HSC Trusts to review local bed rails policies for consistency with revised adult document. | | Completed |
| Thursday 26th September 2019 | | |
| AR to draft letter to Claire Buchner on behalf of NP. | | Completed |
| Time critical medications to be discussed at ADN meeting. | | Ongoing |

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| ED document review to be placed on the work plan. | | Ongoing |
| AR to compile key messages for Quarterly Quality Focus. | | Completed |
| AR to send link to framework for Health Care Support Workers to DK. | | Completed |