




3	<p><b>Feedback from Steering Group</b></p> <p>LK provided feedback on SG held on 14<sup>th</sup> December 2017.</p> <p><i>Presentation: Using a standardised Nursing Language</i></p> <p>MB had circulated the presentation. LK provided an update – a standardised nursing language would fit with the encompass programme. There was a regional symposium planned for March 2018.</p> <p><i>Shared Learning from Improvement and HSC Trust</i></p> <p>October and Decembers Quarterly Quality Focus was shared and discussion followed on the 4 indicators that were highlighted in the December focus.</p> <p>Feedback pertinent to the work streams was taken under item 6.</p>	
4	<p><b>E-record</b></p> <p>LK updated on the Encompass Programme Board to which Nikki Patterson was the nurse representative. Discussion was held on the Encompass Scenario Workshops and the next steps. The business case is with the DoH – next meeting February 2018.</p>	
5	<p><b>SQE</b></p> <p>LK and JP provided an update. At the previous meeting SP and LK to link regarding IHI improvement project.</p>	<p><b>MB to check outcome</b></p>
7	<p>Work streams for WG</p> <p><b>Nurse specialist care settings – principles for practice</b></p> <p>MB provided an update - the group had met twice with focus on ‘what and how’. The 2<sup>nd</sup> meeting included awareness on PACE with the view of using these principles to record care. SHSCT had already successfully implemented PACE in 3 areas, MB to visit the care setting. MB advised nurse specialist care setting was extremely vast - if PACE was agreed as the principles to record care, it would be extremely challenging to spread beyond the group.</p> <p><b>Children’s Record</b></p> <p>MB advised that it was planned that the record would be reviewed at the end of the summer in view of the significant changes in the risk assessments.</p> <p><b>Emergency Department Record</b></p> <p>MB provided an update – implementation of both the record and PACE is now very challenging due to significant staff changes in the ERG and extreme winter pressures. MB is currently establishing trust positions.</p> <p><b>Learning Disabilities (LD) Record</b></p> <p>MB provided an update – implementation of the assessment record was on hold until the relevant risk assessments are updated. Improvement work has begun which included aligning the NOAT indicators to the learning disability care setting.</p>	<p><b>MB to report trust positions at next meeting</b></p>

	<p><b>Care Planning</b></p> <p>Each member updated on trust positions. KD advised of additional resource – Sharon Moffett would be working 16 hours per week. Discussion followed on the importance of additional resources if the implementation of PACE was to be successful. Currently there were no dedicated resources, LK would continue to raise this at SG. LK updated on the progress of electronic version of PACE.</p> <p>The facilitators group reported significant challenges in the successful implementation of PACE. This was raised at the last SG. MB advised on the action plan:</p> <ul style="list-style-type: none"> <li>• increasing implementation period to 20 weeks</li> <li>• abiding strictly by the inclusion criteria. Record to be kept for those whom don't meet the criteria</li> <li>• workshop planned for March 2018 with QI expertise, ward sisters/ charge nurses, ward champions, facilitators and others involved to discuss the potential for sustainability plans going forward.</li> <li>• event to be organised on standard nursing language – February 21<sup>st</sup> 2018 details to follow</li> <li>• involvement of CEC under existing SLAs</li> <li>• feedback to be sought from RQIA on the inspections completed in care settings that has PACE implemented</li> </ul> <p><b>NOAT</b></p> <p>MB provided an update – the long NOAT indicators were currently being reviewed in the following care settings</p> <ul style="list-style-type: none"> <li>• Adult inpatient – through the PACE facilitators group</li> <li>• ED – through Expert Reference Group (ERG) and clinical educators group</li> <li>• LD – through the ERG</li> </ul> <p>Children's inpatient would be reviewed via the ERG. Discussion followed about the confusion and necessity of two tools. It was agreed at this stage the two would remain and the short tool to continue to act as a 'can opener' and use the longer tool if more detail is required. This process can be reviewed by the SG later in the year.</p>	<p><b>LK to raise at SG</b></p>
<p><b>8</b></p>	<p><b>Any Other Business</b></p> <p>NHS digital Anne Copper is co-ordinating a 4 country survey regarding digital capability.</p> <p>RCN are holding focus group <b>13<sup>th</sup> February RCN</b> with Claire Buchner facilitating and online consultation <b>25 January to 15 February</b></p> <p></p> <p>RCN Digital Ready consultation - RCN Fl</p> <p><b>Focus group</b> Register at: <a href="https://www.rcn.org.uk/clinical-topics/ehealth/RCN-digital-ready">https://www.rcn.org.uk/clinical-topics/ehealth/RCN-digital-ready</a></p>	

	<b>Online consultation</b> register at: <a href="https://rcn.cleverttogether.com/welcome">https://rcn.cleverttogether.com/welcome</a>	
<b>9</b>	<b>Date and time of next meeting:</b> Thursday 29 <sup>th</sup> March 2018 , 10:00-12:00 , NIPEC Building , Belfast	