

# ***Recording Care: Evidencing Safe and Effective Care*** **Working Group Meeting**

**NIPEC Offices, Belfast**  
**Wednesday 6 June 2018, 14:00 – 16:00hrs**

Attendance:

Suzanne Pullins	Assistant Director Nursing	NHSCT	<b>SP</b>
Linda Kelly	Assistant Director Nursing (teleconference)	SEHSCT	<b>LK</b>
Jane Patterson	Patient Safety Officer, (teleconference)	SEHSCT	<b>JP</b>
Liz Campbell	Safe & Effective Care Manager, (teleconference)	SEHSCT	<b>LC</b>
Penny Moore	Lead Nurse, Governance,	WHSCT	<b>PM</b>
Susan Carlisle	Nurse Lecturer,	QUB	<b>SC</b>
Dawn Connolly	Lead Nurse, Governance	SHSCT	<b>DC</b>
Paula Fearon	Nursing Governance	SHSCT	<b>PF</b>
Angela Reed	Senior Professional Officer	NIPEC	<b>AR</b>

Apologies:

Jacqueline Rafferty  
Naomi Baldwin  
Deirdre Cunningham  
Margaret Marshall  
Mary McCullagh

**Note Taker** **Linda Woods, Secretary, NIPEC**

Agenda Item	Notes	Action
<b>1</b>	<p><b>Welcome and apologies</b></p> <p>SP welcomed everyone to the meeting. Mary McCullagh WHSCT to join the Working Group – providing apologies for today. Ruth Bailie to be removed from circulation list.</p>	
<b>2</b>	<p><b>Matters Arising</b></p> <p>Action Notes of 29 March 2018 were agreed as an accurate record of the meeting.</p> <p><i>Adult Record</i></p> <p>SP reported that the latest version is currently being tested. AR related some background indicating that 3 separate regional (multi-professional) groups had attached elements i.e. speech and language, continence assessment and diabetes. Following meeting end April 2018 to agree amendments, feedback was provided to all 3 groups. BHSCT medical illustrations had been helpful and the document had been sent back out to Trusts for 5 weeks trial. The Final Review meeting will be held on Wednesday 20 June 2018 and it was hoped that changes would be minimal.</p> <p>Some discussion took place in relation to the Infection Prevention Control</p>	

	<p>assessment being at the start of the document. It was agreed that this can be discussed in June at the Final Review meeting. Also, it was indicated that there were still some typos in the document.</p> <p>PM indicated that a Ward in the WHSCT carrying out testing are also observing practice in terms of the time taken to complete a document. AR cautioned in terms of what the expectation was that the data would be used for. Following discussion it was agreed that this would be highlighted to the ward undertaking the exercise and discussed at the review meeting. It was also noted that any new document took longer to complete because of familiarity.</p> <p><i>Update on MH pathway</i></p> <p>AR reported that she had emailed Briege Quinn – the group were in the process of updating ToR and membership. AR would replace MB and be kept informed. AR noted her limited availability currently to attend meetings and that she had relayed to BQ that in all likelihood she would be able to review notes of the meeting by email only.</p>	
<p><b>3</b></p>	<p><b>Feedback from Steering Group</b></p> <ul style="list-style-type: none"> <li>• Celebration Newsletter <p>AR reported that Steering Group approved the suggestion of a Celebration Newsletter of achievements. AR requested members to prepare a short paragraph on any 'achievements', 'what's happening' or 'pictures' to be sent to her. JP to email poster for AR to forward to both Working and Steering Group. SQE paragraph to be used as well. PM informed of small scale test study in WHSCT achieving 100% compliance which could be included. LK mentioned SE Quality Event in November + PACE. AR indicated that once approved from Steering Group the Newsletter will go on Trust Intranet.</p> </li> <li>• Bed End Charts <p>SP reported that this had been discussed and agreed that there was no opportunity to progress work in this area currently due to capacity. To be kept on review.</p> </li> <li>• Meeting with workforce ADNs <p>AR reported that following the PACE Workshop in March discussion took place around temporary staff – and the impact they had on the introduction of PACE. it was suggested that the Assistant Directors of Nursing (Workforce) could be engaged in this work and so it would be helpful to provide them with an overview of what was happening in the PACE programme of work. This meeting was happening on 19 June 2018.</p> </li> <li>• Audit numbers (5 or 10 record) <p>Discussion around the differences between 5 and 10 records audited. LK to check with staff in SEHSCT for guidance around</p> </li> </ul>	<p><b>Members of WG to prepare short paragraphs of success over the summer for collation in autumn newsletter.</b></p> <p><b>JP to email poster from SQE event.</b></p> <p><b>LK to seek</b></p>

	<p>best practice. When checked potential for future testing should be explored. For discussion at next SG meeting.</p> <ul style="list-style-type: none"> <li>RQIA representation AR reported that Kathy Fodey had moved to a secondment opportunity with PHA. Discussions with NP and Olive MacLeod will take place for a representative from RQIA.</li> </ul>	<b>advice on sample size and report at SG.</b>
<b>4</b>	<p><b>Encompass Update</b></p> <p>AR stated that Encompass would be moving to procurement. As yet no formal nursing representation was on the programme team.</p>	
<b>5</b>	<p><b>SQE project</b></p> <p>Quality event to be held in November 2018. PM thanked NIPEC for the opportunity and felt she had greatly developed her thinking and approach to safety and quality.</p>	
<b>6</b>	<p><b>Work streams for Working Group</b></p> <ul style="list-style-type: none"> <li>Specialist Nurse principles for practice AR reported that the principles were completed but not agreed or tested. Comments were requested but sparse feedback was received. A meeting to be held on 10 July 2018 to discuss.</li> <li>Children's improvement work WHsCT – improvement scoped with 2 wards, one commenced one planned using the PACE methodology. SHsCT – multi-professional document used which is mapped. No intentions to use PACE currently. SEHsCT recent meeting with children's agreed they are keen to drive forward. Take forward QI Focus September/October. Quality Improvement training first. NHsCT - Antrim and Causeway starting soon.</li> <li>Emergency Department record and improvement work WHsCT – 2 Departments in South West and Altnagelvin – staff working recently trained 6 PACE Champions (SW). some feedback regarding flow of document provided. SHsCT – feedback across both EDs very positive staff acknowledging there is now early recognition of pressure ulcers in community prior to admission. NHsCT - Antrim fully implemented. Causeway July 18. SEHsCT – LK to confirm for next meeting.</li> <li>Learning Disabilities record and improvement work WHsCT – Lakeview going well. translation into electronic format occurring soon. SHsCT – currently using eNISAT and have mapped document data set.</li> </ul>	

	<p>SEHSCT – LK to confirm for next meeting. NHSCT – SP to confirm for next meeting.</p> <ul style="list-style-type: none"> <li>Care Planning</li> </ul> <table border="1" data-bbox="321 369 1268 625"> <thead> <tr> <th>Trust</th> <th>Adult</th> <th>ED</th> <th>Children's</th> </tr> </thead> <tbody> <tr> <td>WHSCT</td> <td>12</td> <td>2</td> <td>1 +1</td> </tr> <tr> <td>SHSCT (fully implemented)</td> <td>3 revisit</td> <td>2</td> <td></td> </tr> <tr> <td>SEHSCT</td> <td>8 (medical)</td> <td></td> <td></td> </tr> <tr> <td>NHSCT</td> <td>5 + 3</td> <td>1</td> <td>1+1</td> </tr> <tr> <td>BHSCT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Reports from HSC Trusts –</p> <p>Reported pressures are movement of staff, sickness absence, and leadership of ward sisters and Charge Nurses.</p> <ul style="list-style-type: none"> <li>NOAT There was a lengthy debate in relation to the maintenance of NOAT by NIPEC. Members acknowledged that this resource could continue to be expensive to maintain and a number of trusts were merely using the indicators. It was agreed that if possible existing databases in trusts should be used and a hybrid set of indicators – termed the 'short long version of NOAT' be agreed regionally and agreed for use. To take to SG.</li> </ul>	Trust	Adult	ED	Children's	WHSCT	12	2	1 +1	SHSCT (fully implemented)	3 revisit	2		SEHSCT	8 (medical)			NHSCT	5 + 3	1	1+1	BHSCT				<p><b>LK to raise NOAT maintenance at SG meeting</b></p>
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<p><b>7</b></p>	<p><b>Any Other Business</b></p> <p>SHSCT- raised an approach from the regional falls group to have the insertion of the falls pathway into the record and agreed that this was not the direction of travel for the adult document.</p> <p>SEHSCT – asked what document other HSC Trusts were using for 14 – 16 yr old children being nursed in adult wards. A long discussion ensued and there was a recognition that guidance was needed in this area – for SG meeting 13<sup>th</sup> June.</p>	<p><b>LK to raise children's record for 14 – 16 yr olds at SG meeting</b></p>																								
<p><b>8</b></p>	<p><b>Date and time of next meeting</b></p> <p>Thursday 16 August 2018 at 10.00am – 12.00md, NIPEC Offices Belfast.</p>																									
<p><b>ACTION</b></p>	<p><b>Comment</b></p>	<p><b>Completed/On going</b></p>																								
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