The Recording Care Project began as a small scale pilot in 2009, the aim of which was to develop tools and resources to improve the standard of nurse record keeping in Northern Ireland. When the large scale project began in 2011, the aim had moved to a more encompassing nature of improving the standard of nurse record keeping practice in adult acute wards across the five Health and Social care (HSC) Trusts. This work has continued to spread and grow; now entering a seventh year, into other areas of clinical practice such as children's, learning disability and mental health nursing.

Underpinning this work remains a desire to ensure that people are involved in discussions about their plans of care. This approach determines a partnership arrangement within a care environment, where the person being cared for is fully participating in the care provision through an agreed contract of care, demonstrated for example, through an intention to improve his or her independence, change dietary intake or walk a little further to improve mobility. Integral to this approach was the need to include the desires and preferences of individuals, identified through appropriate assessment methods. Where issues of capacity exist, either through age or impairment, appropriate conversations are taken forward with relevant others, including other members of the multi-disciplinary team, to ensure the correct plan of nursing care is prescribed.

Through a process of audit, improvement activity and professional review, the Recording Care project has successfully demonstrated improvement in specific areas of record keeping practice. Work continues in some areas where it has been difficult to sustain improvement, notably in the area of planning nursing care, where there is currently a pilot project across a small number of adult and children's wards to change the approach regionally used in Northern Ireland.

The work is chaired by an Executive Director of Nursing on behalf of the Chief Nursing Officer and brings a range of regional stakeholders to the Project table including HSC Trusts, staff side organisations, higher education institutions, training organisations, regional bodies and DoH representatives.

This document provides a summary of the activity, outcomes, resourcing, barriers and enablers experienced through seven years of regional work streams, delivering successfully on a strategic imperative to improve person-centred record keeping practice.

As appropriate, links or documents have been attached to enable ease of access to relevant evidence.

Date	Activity	Outcomes	Extra Resourcing	Reach	Barriers	Enablers
Jan '09	Pilot of audit and improvement methodology in hospital based care for adults.	• Prototype of audit tool and improvement methods specific to record keeping practice. • 34% improvement demonstrated across four domains of the audit tool.	Facilitation enabled on an ad hoc basis within each participating ward	One medical ward across 5 HSC Trusts	Breaking new ground in terms of PD and record keeping practice Staffing levels and winter pressures	Agreement across 5 HSCTs that work needed to be taken forward. Emerging safety agenda post RPA. Regional coordination through NIPEC.
April '10	Construction of data set for regional record.	• Prototype record for regional approach to nursing assessment and plan of care	None	Region wide across 5 HSC Trusts	Multiple records available across each HSCT	Agreement across 5 HSCTs that work needed to be taken forward. Emerging safety agenda post RPA.
Nov '11 – April 2013	Regional testing across 105 wards in HSC Trusts of improvement programme.	• Validated tool for auditing record keeping practice for nursing. • Tested and refined programme for improvement activity related to nurse record keeping practice. • Supervision processes improved. • Independent evaluation of facilitation. • Web resources for improvement methods developed. • 30% improvement demonstrated across four domains of the audit tool.	One Professional Officer located in each HSC Trust.	105 wards across 5 HSC Trusts	Staffing levels and service pressures Resistance to change Low value placed on nursing records by registrants Lack of competence in area of record keeping practice	Improvement activity focussed on team and ward based activities. Facilitation – experts and champions based in each HSCT. Engagement and communication strategy with multiple methods including face-to-face, issues logs and online surveys. Key messages from RQIA reviews, C. Difficile inquiry and early messages from hyponatraemia inquiry.
Improvement tools and resources: http://www.nipec.hscni.net/recordkeeping/						
	Testing of nursing assessment	• Agreement with frontline staff	One Professional	**All**	Staffing levels and	Engagement and

	and plan of care document across all appropriate wards in adult hospital services in all HSC Trusts.	and sign off of regional nursing assessment and plan of care document. • Agreement with regional groups on use of 6 risk assessment tools regionally e.g. IPC, Falls, bed rails, moving and handling, MUST, Braden. Final Regional Assessment Booklet 2	Officer located in each HSC Trust.	appropriate wards in adult hospital services in all HSC Trusts.	service pressures Resistance to change Range of opinion for data set from all clinical staff. Gaining consensus for approach with regional groups.	communication strategy with multiple methods including face-to-face, issues logs and online surveys. Facilitation – experts and champions based in each HSCT. Influencing regional groups collectively to reach consensus.
Final Report: http://www.nipec.hscni.net/download/projects/current_work/highstandards_practice/improving_record_keeping_practice_in_northern_ireland/documents/Final-Report-Phase-1-April-2013.pdf						
Nov '13	Production of Standards for Record Keeping Practice for nursing and midwifery. (This included public consultation processes and multiple engagement meetings with RCN UK).	• Launch of standards by CNO at conference in November 2013. • National endorsement of standards by RCN UK through process of approval with RCN London.	None	All nursing and midwifery services and practice in NI.		Engagement and communication strategy including consultation process. NMC had stood down work to produce standards for record keeping practice.
Standards Document: http://www.nipec.hscni.net/recordkeeping/docs/Standards%20for%20Nursing%20and%20Midwifery%20Record%20Keeping%20Practice.pdf						
Nov '13	Production of regional under 24 hour stay nursing assessment and plan of care record.	• Agreement with frontline staff and sign off of under 24 hour stay regional nursing assessment and plan of care document. • Agreement with frontline staff on use of 6 risk assessment	None	All under 24 hour stay environments in NI.	Gaining consensus when a lot of work had already been taken forward in this area around this time of production.	Previous achievements with standardising nursing records. Standards for nursing and midwifery record keeping practice in NI.

		tools regionally e.g. IPC, Falls, bed rails, moving and handling, MUST, Braden in this care setting.			Diverse nature of some of the units.	
Aug '13 – Apr '14	Production of regional endoscopy day case nursing assessment and plan of care record.	• Agreement with frontline staff and sign off of regional endoscopy day case nursing assessment and plan of care record. • Agreement with frontline staff on use of appropriate risk assessment tools regionally e.g. IPC, Falls, bed rails, moving and handling, MUST, Braden in this care setting.	None	All endoscopy day case environments in NI.	Gaining consensus when a lot of work had already been taken forward in this area around this time of production. Not all risk assessment tools had been incorporated before this time in this clinical area.	Previous achievements with standardising nursing records. Standards for nursing and midwifery record keeping practice in NI.
Mar '14 – Apr '15	Production of outline business case for regional nursing e-record	• Agreement of broad paper presented to Strategic programme board in March '14. • Recognition of regional nature of nursing progress in this area. • Nursing record used as exemplar for standardising professional data sets.	None	All nursing service areas	Uni-professional approach Other electronic solutions in use and under development	Regional approach viewed as positive This work was halted as a result of the HSCB wishing to take forward an EHCR regionally and multi-professionally. The discussion begun with nursing records prompted the exploration into the wider multi-professional conversations. Up until then nothing had progressed from a strategic perspective

					relative to e-records.
Sept '14 – Dec '15	Development of regional children's in-patient nursing assessment and plan of care data set and record.	• Production of regional children's in-patient nursing assessment and plan of care data set and record. FINAL Childrens and Young People Record FINAL READMISSIONChildre GUIDANCE Children and Young persons d	Professional officer NIPEC from Aug '15.	All in-patient children's wards in NI.	Gaining consensus when a lot of work had already been taken forward in this area around this time of production. Not all risk assessment tools had been incorporated before this time in this clinical area.	Previous achievements with standardising nursing records. Standards for nursing and midwifery record keeping practice in NI. Regional record for children's community care.
Feb '14 – Mar '15	Development of a record keeping practice framework for Health Care Support Work Staff (HCSW). (work initiated in response to national guidance issued by RCN)	• Production of a record keeping practice framework for Health Care Support Work Staff. Final Framework for HCSW Staff.pdf	No formal arrangements	All service areas where HCSW work	Determining what practice was already occurring in all five HSC Trusts across and in all care settings.	National guidance by RCN on this area of practice requiring a response and action.
Mar '15 – Mar '16	Development of principles for use for a record keeping practice framework for HCSW.	• Production of principles for use for a record keeping practice framework for HCSW. Final principles for implementing and usir	No formal arrangements	All service areas where HCSW work	Determining what practice was already occurring in all five HSC Trusts across and in all care settings.	National guidance by RCN on this area of practice requiring a response and action.
April '13 – current	Maintenance of improvement methods and audit process regionally	• Use of audit tool and improvement methods to determine areas for	No formal arrangements	**All** appropriate wards in adult	Staffing levels and service pressures	Improvement activity focussed on team and ward based activities.

		• Quarterly reports to CNO group and CNMAC through Chair. • Accountability mechanisms set up in each HSC trust.	improvement regionally	hospital services in all HSC Trusts.	Resistance to change Low value placed on nursing records by registrants Competence in area of record keeping practice	Launch of Standards for Record Keeping Practice. Engagement with lead nursing staff to drive improvement. Key messages from RQIA reviews, C. Difficile inquiry and early messages from hyponatraemia inquiry.
Nov '13 – current	Engagement with other organisations to inform of work and audit process.	• Use by RQIA of audit indicators to monitor nurse record keeping practices. • Contact with Independent and voluntary sector organisations for advice and guidance.	No formal arrangements	**N/A**	Difficulty in engaging with Ind and Vol. sector organisations due to 'ownership of single home' challenges – range of methods used to mitigate.	Engagement with lead nursing staff to drive improvement. Launch of Standards for Record Keeping Practice. Key messages from RQIA reviews, C. Difficile inquiry and early messages from hyponatraemia inquiry.
Nov '14 – Mar '15	Development of a short version of the NIPEC Online Audit Tool (NOAT) for use in all practice areas and two professions	• Agreement of indicators with frontline staff tested across all areas of practice and two professions.	No formal arrangements	All service areas.	High level nature of indicators required. Consensus agreement across all fields of practice and care settings. Challenges of releasing staff to work with NIPEC from clinical areas.	Launch of Standards for Record Keeping Practice. Key messages from RQIA reviews, C. Difficile inquiry and early messages from hyponatraemia inquiry. Desire to develop KPI for record keeping practice.
Mar '15 – Mar '16	Development of an electronic short version of the NIPEC Online Audit Tool (NOAT) for use in all practice areas and two	• Production of an electronic short version of the NIPEC Online Audit Tool (NOAT) for use in all practice areas and	No formal arrangements. Funding from NIPEC for	All service areas.	Consensus agreement across all fields of practice and care	Launch of Standards for Record Keeping Practice. Key messages from RQIA reviews, C. Difficile inquiry

	professions.	two professions. http://kpini.org.uk/	electronic tool.		settings. Challenges of releasing staff to work with NIPEC from clinical areas.	and early messages from hyponatraemia inquiry. Desire to develop KPI for record keeping practice. Desire to develop high level tool to 'test' compliance against CNO standards.
Mar '14 – on-going	Liaison with pre-registration nursing and midwifery to embed record keeping tools and resources.	• Use of documents and improvement methodologies in pre-reg nursing across QUB and Ulster.	No formal arrangements	All HEIs	Access to teaching staff to update.	Engagement with HEI staff through various project groups throughout the life of the project. Relevance for HEIs for pre-reg programmes and need to be updated on the work on-going in NI.
Oct '14 – Nov '15	Review of nurse care planning approach in Northern.	• Literature review for nursing care planning • Development of new approach for pilot • Small scale Pilot agreed	Professional officer NIPEC from Aug '15.	All service areas - adult and children's hospital services in four HSC Trusts in first instance.	Staffing levels and service pressures Resistance to change Release of staff to engage in development process Range of views as to how this work would be best taken forward.	CNO standards launch in 2013. Audit results and improvement methods – failure to have full impact to achieve 100% compliance against standards. Desire to improve this area of practice.
Sept '15	Small scale pilot of new approach to nurse care planning	• Early prototype developed for testing	Professional officer NIPEC from Aug '15.	Four trusts. 3 adult wards (med, surg and CoOP) – 2 records in each of the 3 wards.	Staffing levels and service pressures Resistance to change Release of staff to engage in development	CNO standards launch in 2013. Audit results and improvement methods – failure to have full impact to achieve 100%

				BHSCT included 1 children's ward.	process Range of views as to how this work would be best taken forward.	compliance against standards. Desire to improve this area of practice.
Feb – Apr '16	Pilot of new approach to nurse care planning	• Report of pilot to be published end July 2016	Professional officer NIPEC from Aug '15. Facilitator part-time in each of the 5 HSC Trusts	5 trusts / 2 approaches. 2 adult wards per Trust. BHSCT also included 1 children's ward.	Staffing levels and service pressures Resistance to change Release of staff to engage in development process Range of views as to how this work would be best taken forward. New model in development and at times lacking clarity for all situations.	CNO standards launch in 2013. Audit results and improvement methods – failure to have full impact to achieve 100% compliance against standards. Desire to improve this area of practice. Funding to enable development of practice.
Aug '15 – current	Development of regional learning disabilities nursing assessment and plan of care data set and record.	• Currently underway.	Professional officer NIPEC from Aug '15.	In-patient and community learning disabilities nursing services.	Variety of formats already in existence including some e-records platforms. Range of views as to how this work would be best taken forward and achieving consensus agreement.	Previous achievements in data set production. Desire from practitioners to have regional consensus on the required data set across acute and community settings.
Jan '16	Review of NOAT to improve	• Currently underway	Professional officer	All service	High level nature	Previous achievements

– current	applicability across all care settings and professions.		NIPEC from Aug '15.	areas.	of indicators required. Consensus agreement across all fields of practice and care settings. Challenges of releasing staff to work with NIPEC from clinical areas.	and work in improvement methods. CNO standards launch in 2013. Revalidation. New care planning approach.
Mar '16 – current	Review of NIPEC guidance for record keeping practice	• Currently underway	Professional officer NIPEC from Aug '15.	All service areas.	Consensus agreement across all fields of practice and care settings. Challenges of releasing staff to work with NIPEC from clinical areas.	Previous achievements and work in improvement methods. CNO standards launch in 2013. Revalidation. Business objective for NIPEC.
June '16 – Mar '17	Review of NIPEC online resources for record keeping practice improvement	• Currently underway	Professional officer NIPEC from Aug '15.	All service areas.	Releasing time to meet training requirements for staff engaging in website production.	Previous achievements and work in improvement methods. CNO standards launch in 2013. Revalidation. Staff individual ownership, ability and responsibility for changing website text.
TBC	Implementation of improvement methods for children's in-patient areas and learning disabilities nursing services.					

*Please note: all production processes include extensive engagement with frontline staff, including online surveys, face-to-face meetings and publication of guidance documents with final products.