

BRIEFING PAPER FOR THE CHIEF NURSING OFFICER, JUNE 2010**REGIONAL RECORD KEEPING INITIATIVE**

The Regional Record Keeping Initiative ran from March 2009 and ended in April 2010. NIPEC was commissioned to support the Initiative, working collaboratively with the five HSC Trusts.

Aim and Objectives

The aim of the Initiative was to develop tools for registered nurses to facilitate improvement in record keeping, the agreed focus being a development of practice/quality improvement methodology in acute adult care. Whilst the initiative adopted a narrow focus in the first instance, it was envisaged that tools and resources for other clinical settings could be modified from those developed through the pilot, for widespread implementation across HSC organisations. The Initiative objectives were:

1. Development of an audit tool to assess standard of nursing record keeping in identified pilot sites.
2. Completion of a baseline audit of the standard of nursing record keeping across the five HSC Trusts in one clinical area per Trust.
3. Development of tools that support the improvement of the standard of nursing record keeping.
4. Production of a strategy to improve the standard of nursing and midwifery record keeping.
5. Production of a final report.

Methodology

An electronic audit tool was developed from a range of record keeping quality resources¹ and tested over 8 months within each of the five HSC Trust medical wards who volunteered to be part of the Initiative.

Following a baseline audit of 10 records per ward in June 2009, learning activities were developed that supported the improvement of practice. NIPEC Record Keeping Guidance was also developed in parallel with the Initiative. The learning and development resources offered to the teams across the five HSC Trusts facilitated the improvement of knowledge and skills within four sections of the audit tool namely:

1. Mandatory Requirements
2. Admission and Risk Assessment
3. Care Planning
4. Discharge Planning.

¹ Audit tools from the five HSC Trusts, the Record Keeping Benchmarks within the Essence of Care Toolkit (2001), standards from the Nursing and Midwifery Council (NMC) Guidance for Record Keeping (2009); and other validated tools such as the Competency Framework for Information Governance in NHS Scotland (2008) were used.

Regular audits were completed, generally at monthly intervals and results returned in a timely manner to the HSC Trust teams and Assistant/Co-Directors. The process also included a facilitated development of practice activity '*Recording Care at the Bedside*' which encouraged the practice of contemporaneous record keeping. Continuous evaluation throughout the Initiative provided the opportunity to modify the tools and resources to ensure clarity and utility.

Conclusion

The tools and resources which have been developed through this Initiative have supported significant improvement in the standard of nursing record keeping in five acute medical wards. Comparative results from the baseline audit undertaken in June 2009 and the final audit in April 2010 show an overall increase of 34.4% across all sections of the audit tool.

Proposals

The HSC Trust Assistant/ Co-Directors with a professional lead for nursing/midwifery governance would like to present the following funding proposals for consideration:

1. One facilitator for each HSC Trust to support the learning and development process to improve record keeping in the acute sector initially.

	Cost per WTE	Regional Total
Mid-point Band 7	£35,184	£175,920
Employer's contributions (22.5%)	£7,916	£39,580
Total	£43,100	£215,500

As the proposal is made mid-way through a financial year, the adjusted fund allocation per year is:

	Cost per WTE	Regional Total
Mid-point Band 7	£17,592	£87,960
Employer's contributions (22.5%)	£3,958	£19,790
Total	£21,550	£107,750

2. One part-time facilitator for each HSC Trust to support the learning and development process to improve record keeping in the acute sector initially. Suggested configuration: BHSCT 0.8 WTE, SEHSCT, SHSCT, NHSCT and WHSCT 0.6 WTE per Trust.

	Cost per WTE	Regional Total (pro-rata)
Mid-point Band 7	£35,184	£112,588
Employer's contributions	£7,916	£25,331

(22.5%)

Total

£43,100

£137,919

As the proposal is made mid-way through a financial year, the adjusted fund allocation per year is:

	Cost per WTE	Regional Total (pro-rata)
Mid-point Band 7	£17,592	£56,294
Employer's contributions (22.5%)	£3,958	£12,665
Total	£21,550	£68,959