RECORDING CARE: EVIDENCING SAFE AND EFFECTIVE CARE PROPOSALS FOR FUTURE FUNDING ARRANGEMENTS OF PROFESSIONAL OFFICERS HSC TRUSTS: OCTOBER 2012

Accessed at DH1/12/274344

1.0 Introduction

1.1 Building on the success of the Regional Record Keeping Initiative (RRKI) (Mar. '09 – Apr. '10) a project structure was agreed and convened in 2011 to:

> *Support the implementation of an agreed HSC Nursing Assessment and Plan of Care document and improvement methodologies, tools and resources developed during the RRKI to facilitate improvement in the standard of nurse record keeping in Northern Ireland and to promote a culture which supports person-centred record keeping practices.*

1.2 The project structure incorporates three groups: a Steering Group to guide the overall process, make decisions on the way forward and maintain governance and accountability arrangements for the project; two Working Groups, one to oversee the implementation, testing and amendment of the Nursing Assessment and Plan of Care document, and a second to oversee the implementation of the improvement methodology.

1.3 Membership of the groups comprises a range of stakeholder organisations, including: Health and Social Care (HSC) Trusts, Public Health Agency (PHA), Department of Health, Social Services and Public Safety (DHSSPS), Higher Education Institutions, Clinical Education Centre (CEC) and Staff side organisations. In addition, the Patient Client Council was invited to participate and engages through scrutiny of the agreed notes of the Steering Group meetings. The Steering Group is chaired by Mr Alan Corry-Finn, Executive Director of Nursing, Western Health and Social Care Trust (WHSCT).

1.4 Additionally, Trust Stakeholder Groups support implementation, sharing of good practice and sustaining change.

1.5 Funding was sought and provided from the Northern Ireland Practice and Education Council (NIPEC) and the PHA in 2011 to appoint five Professional Officers, one in each of the five HSC Trusts, responsible for supporting the implementation process and achievement of the aim and objectives of the project. The Professional Officers have also encouraged the development of Record Keeping Champions who are clinical staff in each area taking on responsibilities in promoting good practice within nurse record keeping. These individuals are also trained in using the NIPEC Online Audit Tool (NOAT).

1.6 The Professional Officers were appointed in November 2011 and commenced secondment February 2012. The secondments are for one year at present, due to complete early February 2013. Professional supervision and line management

arrangements are within a successful partnership arrangement, operational issues related to the relevant Co/Assistant Director within each HSC Trust and project issues related to the lead Senior Professional Officer (SPO), NIPEC. The Officers meet once a month within NIPEC as a team for peer supervision, sharing of learning and progress meetings.

2.0 Progress

2.1 Significant progress has been made across the two work streams of the project since commencement in February 2012. Each Trust developed an implementation plan for both Strand 1 and 2 of the project, using slightly different approaches, due to emerging challenges in each organisation and the potential speed of change. The Project structure has, however, enabled scrutiny at Steering Group to provide potential solutions for challenges, and development of the resources within the project via the Working Groups. This has included evaluative information to support a future iteration of the Nursing Assessment and Plan of Care Document and amendment and upgrade of NOAT.

2.2 The first Strand of the project has required the Professional Officers in each of the five HSC Trusts to support the implementation of the new document into clinical ward settings within the acute care sector. This process is completed in some HSC Trusts and ongoing in others.

2.3 Strand 1 has also included work around the harmonisation of the small differences in each HSC Document with the desired outcome of reaching an agreed single document by February 2013. In addition, draft regional standards for record keeping in nursing and midwifery are under development, following the decision by the Nursing and Midwifery Council (NMC) to withdraw from the current work stream in relation to the conversion of the Guidance for Record keeping (2009) into standard statements. This element of the work stream has encouraged considerable interest, notably from the Royal College of Nursing

2.4 Strand 2 continues to test the resources produced through the RRKI, namely the Practice Improvement Programme (PIP) and the electronic resources contained within the NIPEC Record Keeping website, where NOAT is housed and accessed. There have been considerable issues with HSC Trust IT systems and the programming supporting NOAT. The teams in the HSC Trusts and within NIPEC have diligently worked to enable the use of the tool, as this resource is crucial to the improvement process. To that end, NIPEC has developed a new functional specification (July, 2012) which should enable a mechanism to formally support the future development of the tool and enhance existing functionality. At the time of reporting, most of the functional issues have been resolved, however, some challenges remain in relation to Trust IT systems.

2.5 Audit scores have been calculated via NOAT across the HSC Trusts for all of the wards commencing the improvement methodology in three phases: prior to the introduction of the document and PIP, post introduction of the document and prior to commencement of the PIP and from there on, four weekly audit cycles coupled with learning and improvement activities as part of the PIP.

2.6 There have been a number of challenges to implementation. Aside from resistance to change in some areas, IT access, difficulties with the audit tool and staff shortages have impacted upon the smooth running of the project so far. This has developed resilience within the Professional Officer Team and problem solving skills. There have also been many positive attitudes displayed at a time of significant challenge for ward staff, many ward teams adopting the new document and improvement approaches willingly and working hard to make the required improvements. Some of the feedback has indicated that teams have been happy to receive the tools and resources, seeing record keeping as crucial to the provision of safe and effective, person centred care. Again, where there is visible positive ward leadership, change is successfully achieved in the areas with facilitation from the Professional Officer for the Trust.

2.7 Table 1 below, demonstrates the average improvement achieved across all wards currently participating regionally. Over 50 wards in acute care settings have commenced the Practice Improvement Programme so far, with more moving into the programme each week.

Table 1

	Pre-doc. Audit	Baseline Audit	Week 4	Week 8	Week 12	Week 16
Regional Average (%)	53	56	63	64	68	75
Range (%)	36 – 64	43 – 73	52 – 76	56 – 77	58 – 77	62 - 88

2.8 There are a number of further Project work streams which have been uncovered during the course of the year so far, namely: an initiative enabling an approach to the use of abbreviations in nursing and midwifery record keeping; further work related to models of care and person centred care planning. There is also a need to maintain links with other professions and update colleagues in relation to the progress achieved so far to support multi-professional discussions in relation to where crossover may occur and utility of approaches to other professions.

3.0 Sustaining Improvement and Moving Forward

3.1 Enabling person centred practice through information partnerships with patients and carers is the foundation upon which the project is based. The evidence from recent inquiries in Northern Ireland continues to highlight record keeping as requiring improvement, coupled with improving information flow to patients and clients. It is hoped that that through changing practice and ward culture, encouraging peer supervision and reflective practice, and providing a mechanism of measurement thus raising awareness in relation to responsibility and accountability for the standard of record keeping practice, nurses might reaffirm the value of record keeping practice and sustain the change achieved.

3.2 It has been acknowledged by the Project Steering Group that effecting change has been a slower process than first envisaged. In addition, there remains a concern that

sustaining change will require a level of ongoing monitoring and motivation. The lived experience of those running the project within HSC organisations has been that the facilitation provided by the Professional Officers has been crucial to the achievement of the Project aims and objectives.

3.3 With this in view, NIPEC has secured a further two months funding to support the Project to the end of the financial year at a cost of £35662, or £7132 per HSC Trust.

3.4 This paper presents, therefore, a number of options for the consideration of the Chief Nursing Officer, DHSSPS, Chief Executive, NIPEC, Director of Nursing and Allied Health Professions, PHA and the Executive Directors of Nursing, HSC Trusts.

Option 1

Complete the Project start April 2013 and allow the Wards Sisters/Charge Nurses within the HSC trusts to take on the responsibility of sustaining change. Monitoring of the audit results will be undertaken by the Co/Assistant Director within each HSC Trust. NIPEC will continue to support, maintain and develop the online record keeping resources, including NOAT.

This option does not enable any further work or implementation of the improvement methodology to other practice settings such as primary care, mental health, learning disability and paediatrics. There is also a risk that those areas which have already adopted the improvement methodologies may not sustain improvement.

This option would be essentially cost neutral to the HSC Trusts other than the time required of the Co/Assistant Director within each organisation to maintain monitoring arrangements. NIPEC resources would continue to be used to manage and maintain the electronic resources such as the mini site and NOAT.

Option 2

An extension to the project timeframe is agreed for up to 2 years, to facilitate further implementation within the acute care sector and consideration of other sectors such as the primary care sector, mental health, learning disability and paediatrics. This would include a review and appropriate revision of the tools and resources developed for acute settings. Staff within HSC Trusts, such as the Co/Assistant Directors, lead governance nurses where applicable, lead nurses and ward sisters/charge nurses would be responsible for supporting the achievement of the project outcomes. NIPEC would continue to work with the HSC Co/Assistant Directors to achieve the the project outcomes, including amendment of the tools and resources.

This option does enable further work and implementation of the improvement methodology to other practice settings. Areas which have already adopted the improvement methodologies should be supported to sustain improvement through the team structures in each HSC organisation.

This option would have hidden costs for the HSC Trusts in relation to the time required of the Co/Assistant Directors, lead governance nurses where applicable, lead nurses and ward sisters/charge nurses within each organisation to achieve the project outcomes. NIPEC resources would continue to be used to manage and maintain the electronic resources such as the mini site and NOAT and the lead SPO within NIPEC would continue to facilitate the project. In addition, it is acknowledged

that due to the scope of current roles for colleagues within HSC Trusts the pace of the project would be considerably slower. In order for this approach to succeed, Trust staff would be required to set aside dedicated time within each working week, to enable the facilitation of the project outcomes and to monitor/manage the change process.

Option 3

An extension to the project timeframe is agreed for up to 2 years to facilitate further implementation within the acute care sector and consideration of other sectors such as the primary care sector, mental health, learning disability and paediatrics. This would include a review and appropriate revision of the tools and resources developed for acute settings. The Project Steering Group would propose that the Professional Officer role is extended for a further year in the first instance with the current Project structure being maintained. Staff within HSC Trusts, such as the Co/Assistant Directors, lead governance nurses where applicable, lead nurses and ward sisters/charge nurses would be responsible for supporting the achievement of the project outcomes. NIPEC would continue to work with the HSC Co/Assistant Directors and the Professional Officers to achieve the the project outcomes, including amendment of the tools and resources.

This option would require funding to be arranged in relation to the extension of the role of the Professional officer within each organisation to achieve the project outcomes. NIPEC resources would continue to be used to manage and maintain the electronic resources such as the mini site and NOAT, and the lead SPO within NIPEC would continue to facilitate the project. In this option, the progress of the project should be maintained with a dedicated resource person attached to the work stream.

It is acknowledged, however, that in the current challenging financial climate, access to funding may be difficult at this present time. Furthermore, additional expenses costs would be borne fully by the employing organisation.

Table 2, below contains a breakdown of the funding component for Option 3.

Table 2.

	Cost per WTE	Cost per 5 WTEs
Mid-point Band 7 including employer's contributions	£42,795	£213,975

Option 4

Option 4 essentially replicates Option 3 in outline, however, rather than seeking funding from one financial source, a partnership approach to funding would be adopted. The number of partners would determine the level of financial contribution to be made by each partner.

4.0 Conclusion

4.1 This paper sets out options for the completion or continuation of the Recording Care Project for consideration by the Chief Nursing Officer, DHSSPS, Chief Executive, NIPEC, Director of Nursing and Allied Health Professions, PHA and the Executive Directors of Nursing, HSC Trusts.

4.2 Further information can be obtained from Angela Drury, Senior Professional Officer, NIPEC: [redacted]