NHS Scotland Principles of Record Keeping

Designing documents to reflect a person centred plan of care

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Version 1
NHS Scotland Principles of Record Keeping

Designing documents to reflect a person centred plan of care

In totality documentation must capture a plan of care, informed by sound clinical assessment, and underpinned by shared decision making to capture individual needs and goals, recognisable to the person they belong to.

How to apply the design principles:

Organisational responsibilities

• Set up a local governance structure that manages all documentation
• Implement an agreed approval process that adheres to the principles below
• Define key criteria that must be met to establish the need for new documentation
• Support staff to follow the documentation design process shown below

The designer must ensure each piece of documentation:

• Enhances patient care
• Supports the nursing process of assessment, planning, implementation and evaluation.
• Flows with and doesn’t hinder nursing practice through duplication, volume or outdated practice
• Records care in compliance with legal and professional requirements
NHS Scotland Principles of Design for Record Keeping (Nursing and Midwifery)

Introduction

Well-designed record keeping systems and processes support effective communication between health and social care professionals and people receiving care. To date, approaches to the development of record keeping (whether paper or digital) across Scotland have been numerous and of variable quality.

Record keeping should enable the delivery of care and not just be seen as a retrospective activity or ‘add on’ to fulfil professional and legal requirements. Increasingly, record keeping must enable people to be actively involved in the planning, delivery and evaluation of their care, presenting them (and their carers/families) with information in a format that supports informed decisions to be made. Ultimately record keeping systems and processes should facilitate information processing, analysis and intelligence that complements the work of health and social care professionals, improving the safety and quality of care. The following principles (below) aim to provide a logical framework for those involved in the development of record keeping for Nursing and Midwifery to work through, in order to achieve the desired outcome (i.e. a quality product).

Establish need

• Before you start ask the people who will be using the document (staff)
• Involve the recipients of the documents (patients and carers)
• Identify how it will flow with existing documentation

Use QI from the start

• Don’t design the paperwork in an office - use PDSA cycles
• Identify a pilot site, work with staff, and test one ‘patient one time’
• Always measure: documentation design must demonstrate an improved quality of care

Be innovative

• Design documents ready for when electronic solutions arrive
• It doesn’t have to be an A4 sheet of paper
• Work with colleagues and use a variety of tools and techniques

Team working

• Involve all team members to promote ownership
• Where possible design MDT documentation
• Documents should always enhance team communication

Support clinical judgement

• Design to capture information that supports real time clinical decision making
• Notes should be trustworthy and reflect actual care given
• Incorporate simple and meaningful ways to capture quality assurance data

Be curious

• Documentation will only support, not solve a problem within clinical care
• Explore what works well and seek to do more of that rather than adding a new document
• Ask whether training, support or different communication methods may work first
NHS Scotland Principles of Design for Record Keeping (Nursing and Midwifery)

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<tr>
<th>Don’t assume: Design for the context and outcome</th>
<th>Governance: Organisational responsibilities</th>
<th>Be Inclusive: Put people at the heart of everything you do</th>
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<tbody>
<tr>
<td>What will good look like? What are the measurable outcomes that your work will impact? Your work should add value for staff and patients? Don’t just design for your part of service/clinical pathway?</td>
<td>Ensure local governance/corporate governance structures are in place</td>
<td>Involve staff (from point of care), patients and other relevant stakeholders from the outset. Design things that understand and respect people’s needs (staff and patients).</td>
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<td></td>
<td>Follow key criteria for the development of record keeping for staff to follow (contact your line manager / corporate nursing before you start your improvement project)</td>
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<tr>
<td>Support Clinical Decisions: Demonstrate the quality of care</td>
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<td>Use QI from the start: Test your assumptions – make, learn, iterate</td>
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<td>The design should capture quality assurance data (process and outcome) that demonstrates the quality of care</td>
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<td>Design and test your work with real people (using improvement methodology). Observe behaviour and gather evidence. Work with subject experts and existing research. Do not rely on hunches. Explore the ergonomic factors including layout, use-ability, forcing functions etc.</td>
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<td>Support Clinical Decisions: Design to enable articulation of reasoned clinical judgement</td>
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<td>Be innovative: find a creative solution (digital where possible)</td>
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<td>The design should support clinical decision making i.e. capturing the relevant information to support a clinical decision and subsequently demonstrate clinical judgement.</td>
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<td>Involve the right people (use people who have an understanding of the possible e.g. e-health leads). Leverage an agile, iterative process to drive innovation without disrupting existing operations or development efforts. Use subject matter experts to identify the right technology</td>
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<tr>
<td>Support Clinical Decisions: Design should meet professional and legal requirements</td>
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<td>Team Communication: design should support real-time multidisciplinary communication</td>
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<tr>
<td>The design should support the capture of succinct, legally sound, relevant and contemporaneous information.</td>
<td>Design standardised record keeping solutions that make it easy for staff to do the right thing first time. Trust in staff to do the right thing.</td>
<td>Nurses and Midwives work as part of multidisciplinary health and social care teams. Record keeping solutions must enable communication between professionals and patients</td>
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These principles aim to provide a logical framework for those involved in the development of record keeping for Nursing and Midwifery to work through, in order to achieve the desired outcome:

A high quality record keeping product that adds value for patients and staff

For more information and examples of good practice please click on the title of each principle
Appendix 1 - The following guidance notes accompany the **NHS Scotland Principles of Design for Record Keeping** to provide more detail when considering each principle, sign-posting to additional information/best practice.

<table>
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<th>Governance: Organisational Responsibilities</th>
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<td>• Before you start your project speak to your line manager or corporate team (clinical governance, corporate nursing etc.) regarding your organisations process for record keeping.</td>
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<th>Don’t Assume: Design for context and outcome (elements to consider):</th>
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<td>• It is important to understand what you do well, what you can do better to address the ‘issue’ you are trying to solve. Take time to undertake the diagnostic/discovery phase of the project. A range of tools and techniques can support you in this process (see resources below)</td>
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<td>• An additional piece of documentation or electronic form doesn’t always address the ‘root’ cause – establish need</td>
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<tr>
<td>• Think about the data (both quantitative and qualitative) that you need to inform the diagnostic/discovery phase of your project. Is record keeping the root cause? Can the problem be solved in another way? e.g. people (capacity, capability), process (reduce complexity, duplication, standardise, training &amp; education).</td>
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<tr>
<td>• Who else could be impacted by your project? Could there be any unintended consequences? (positive or negative impact on other processes, pathways or people)</td>
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<tr>
<td>• What will good look like in your context? Will your ideas add value for patients and staff? (decision making/relationships/communication).</td>
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<th>Resources:</th>
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<tr>
<td>• Reliable design (NHS England) - <a href="https://improvement.nhs.uk/documents/2150/reliable-design.pdf">https://improvement.nhs.uk/documents/2150/reliable-design.pdf</a></td>
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<td>• Experience based design toolkit - <a href="https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/">https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/</a></td>
</tr>
<tr>
<td>• Product design (and design sprints) - <a href="https://www.tandemseven.com/blog/ux-agile-run-product-design-sprint/">https://www.tandemseven.com/blog/ux-agile-run-product-design-sprint/</a></td>
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Be Inclusive and put people at the heart of everything we do. (Elements to consider):

- It is human nature to quickly move to the action phase of any quality improvement initiative. Evidence demonstrates that considered planning for improvement leads to better outcomes (NHS England, 2018).
- Identify your stakeholders and engage them at the outset (clinical and non-clinical staff, management, patients and the wider public).
- Prioritise your stakeholders – who should be in your project group? How will communicate with wider stakeholders?
- Understand your stakeholders - How are your key stakeholders likely to feel about and react to your project? What is the best way to engage and communicate with them? Involve your stakeholders in developing your thinking – asking their opinions can be the first step in building a successful relationship with them. Remember, acts of leadership can come from any of your stakeholders (distributed leadership model).
- Put the needs of stakeholders at the centre of your decision making. Actively think and reflect on the problem of cognitive bias in decision making.
- Building trust with your stakeholders - In order to work most effectively with your stakeholders, it is vital to understand their goals and expectations for the change work from their perspective. This enables you to form and build trusting relationships and share values with your stakeholder group in order to work most effectively. It is important to agree ‘ground rules’ (behaviours and actions) from the outset and revisit frequently throughout your project.
- Use the resources within your organisation. Engage with support teams who will be able to provide advice and support e.g. quality improvement team, person centred team, public involvement team, organisational development.

Resources
There are a range of tools and resources available to support effective stakeholder’s engagement/management as a fundamental element of any successful quality improvement project. Links to some useful resources below:

- The Scottish Health council website offers a range of resources for engagement with patients and the public - http://scottishhealthcouncil.org/home.aspx
Support Clinical Decisions: Design documents around work flow (Elements to consider):

- Clinical records should be designed to enable the right staff to record the right information at the right time, every time.
- Tackling unwarranted variation is essential to improving the health gain and outcomes derived from healthcare across Scotland. (Practicing Realistic Medicine Summary, Chief Medical Officers Summary Report 2016/17). Clinical records should reflect this standardised approach.
- Structured record keeping, including the use of a model (e.g. nursing process – assessment, planning, implementation and evaluation), record keeping system or headings can enable staff to think more and in a different way about their patient care and is important for the successful transfer from paper to electronic patient record systems.
- Electronic patient record systems have been shown to reduce the time spent documenting care and improve the quality of record keeping whilst enabling easier auditing of practice. Digital technology should be one of the key enablers to delivering excellent care. The issue is not whether it has a role to play in the delivery of healthcare services but that ‘it must be central, integral and underpin the necessary transformational change in services in order to improve outcomes’ (Scotland’s Digital Health and Care Strategy, April 2018).
- Education programmes on how to write clear records, regular auditing and adhering to record keeping guidelines and principles are essential for improving the accuracy of records and increasing the likelihood of improved patient care.
- Consider what needs to be included in a clinical record – FACTS:
  - F = Factual (truthful, based on fact)
  - A = Accurate (clear, unambiguous, dated, times and signed)
  - C = Consistent (reliable and dependable)
  - T = Timely (contemporaneously written)
  - S = Shared (shared with the patient and others involved in their care (Griffith 2016)

Resources

- Provide the right information for the right patient at the right time, every time: https://www.health.org.uk/improvement-projects/provide-the-right-information-at-the-right-time-for-the-right-patient-every
- Practicing Realistic Medicine Summary: https://www.gov.scot/publications/summary-practising-realistic-medicine/
- Health Records Quality Standards Handbook – A Self Audit Tool to Assist with Compliance: http://www.ihrim.co.uk
**Be innovative: find a creative solution (digital where possible) (Elements to consider):**

- Work with the right people to ensure all opportunities are explored to source the solution to your record.
- Involve subject matter experts from your own organisation who can help you with tools, techniques to be creative e.g. e-health clinical lead & e-health team, OD Team
- Use your knowledge services who are great resource to secure the latest evidence.
- Taking stakeholders away from their busy clinical environment often provides the ‘head space’ to be creative.
- Use design methodology and techniques to be creative around generating ideas and solutions.
- Explore partnerships with local colleges, universities, private sector (many are willing to partner in the development of solutions).
- Involve and engage with the Digital Health & Care Institute for larger projects whose focus is to positively impact society by creating person-centred digital health and care solution. They are able to do this by inspiring, enabling and combining world leading industry and academic expertise with technology, service and business innovation. Their demonstration and simulation environment is a key asset and provides a unique physical space to experience, explore and test innovative digital capabilities and infrastructures. It allows innovators to engage and demonstrate technical capabilities that support service redesign to relevant stakeholders.
- Consider the link with the digital health and care strategy for NHS Scotland

**Resources**


**Use QI from the start: Test your assumptions – make, learn, iterate (Elements to consider)**

- Within your organisation will be a number of people who have been trained in improvement science. Engage with the team responsible for supporting improvement for advice and support e.g. Quality improvement team, service transformation team
- Use improvement science to ensure your project has the best chance of success. Plan for each state of your improvement project – creating the conditions, understand your system/problem, developing an aim, testing changes, implementation and spread.
- Ensuring that a degree of rigour is applied to your change project will provide reassurance to stakeholders that sufficient attention is being given to managing the programme through to a successful conclusion (planning for change and managing your project is essential)

**Resources**

- NES quality improvement zone - [https://learn.nes.nhs.scot/741/quality-improvement-zone](https://learn.nes.nhs.scot/741/quality-improvement-zone)
### Team Communication: Design should support real-time multidisciplinary communication (Elements to consider)
- It is a professional requirement (NMC Code) for nurses and midwives to work co-operatively and maintain communicate effectively with colleagues.
- There is evidence that integrated record keeping supports improved communication and reduces adverse events (Kings Fund, 2018)
- How will other professionals access the information if your record is uni-disciplinary?
- Will the record support the delivery of care? Do you rely disproportionally on verbal communication?

**Resources**
- NHS E-health case studies - [https://www.ehealth.scot/case-studies/](https://www.ehealth.scot/case-studies/)

### Support Clinical Decisions: Design should meet professional and legal requirements (Elements to consider)
- The design should meet the requirements of professional codes
- All NHS health records are public records under the Public Records (Scotland) Act. All records should comply with legal and professional obligations such as:
  - The Data Protection Act 1998;
  - The Common Law Duty of Confidentiality; and
  - The NHS Scotland Confidentiality Code of Practice;
- Access to Health Records Act 1990; and any new legislation affecting health records management as it arises
- Please refer to your local health records management policy. Your local information governance team are available for guidance and support.

**Resources**

### Support Clinical Decisions: Design to enable articulation of reasoned judgement (Elements to consider)
- The design should capture the relevant information to support a clinical decision and subsequently demonstrate clinical judgement
- The design should allow nurses to follow the nursing process
- Can the information be accessed easily?

**Resources**
- Literature regarding nursing clinical decision making
  - [https://ebn.bmj.com/content/ebnurs/7/3/68.full.pdf](https://ebn.bmj.com/content/ebnurs/7/3/68.full.pdf)
  - [https://pdfs.semanticscholar.org/ba14/b0d8ef4006ebdd03b73bd62355001f436ee2.pdf?_ga=2.85821593.1688313758.1566474438-1488053543.1566474438](https://pdfs.semanticscholar.org/ba14/b0d8ef4006ebdd03b73bd62355001f436ee2.pdf?_ga=2.85821593.1688313758.1566474438-1488053543.1566474438)
Support Clinical Decisions: Demonstrate the quality of care (elements to consider)

- Build the ‘quality control’ into your record keeping design
- Consider the process/outcome measures that will capture the quality data required for quality control purposes
- The data captured should reflect the contribution to the delivery and outcomes of care for the patient

Resources

- NES quality improvement zone (measurement) - https://learn.nes.nhs.scot/14067/quality-improvement-zone/improvement-journey/measurement/developing-your-measures

Document History

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