

In attendance

Prof Tanya McCance, UU (Chair) - TMcC
 Christine Boomer, UU/SEHSCT (Co-Chair) - CB
 Dr Carole McKenna, NIPEC (Notes) – CMcK
 Dr Patricia Gillen, SHSCT - PG
 Eilish Boyle, CEC – EB

Apologies

Briege Quinn, PHA - BQ
 Leontia Hoy, QUB - LH
 Moira Mannion, BHSCT - MM

Teleconference

Lynn Fee, SHSCT - LF
 Gillian McCorkell, NIRAQ/SHSCT - GMcC
 Sharon McRoberts, SEHSCT - SMcR
 Elizabeth Graham, NHSCT - EG

ACTION NOTES

AGENDA ITEM	NOTES	ACTION BY
1.0 Welcome and Apologies	TMcC welcomed all to the meeting and noted apologies as above. TMcC advised this is her first meeting as Chair and thanked CB for keeping the group going until she took up the position.	
2.0 Notes from previous meeting on 28 th August 2014	The notes were agreed as accurate.	
3.0 PID, Membership and Terms of Reference	<p>PID GMcC advised that Prof Vivien Coates was stepping down from the Group and GMcC will represent NIRAQ and WHSCT.</p> <p>Action: CMcK to amend PID to reflect Prof Vivien Coates stepping down and GMcC representing WHSCT.</p> <p>TMcC asked members to advise of any further changes/amendments required to the following areas of the PID:</p> <ul style="list-style-type: none"> - content - direction to ensure it sits within a strategic structure and position - membership <p>Action: Members to advise changes/amendments to PID to CMcK.</p> <p>Terms of Reference</p>	<p>CMcK</p> <p>All</p>

	<p>CMcK advised that feedback had been received and changes made to point 5 and the note at the bottom with regard to % attendance required at meetings. The Terms of Reference were agreed.</p> <p><u>Membership</u></p> <p>It was agreed that a letter of invitation should be resent to the UU seeking a nomination.</p> <p>Action: TMcC to send a letter of invitation to the UU seeking a nominated representative to join the Group.</p> <p>Discussion was held around inviting other professions to join the Group e.g. AHPs. LF updated the Group on work underway within the SHSCT relating to the <i>Developing Practice in Healthcare Pathway</i> which includes links with the Assistant Director of AHPs and suggested inclusion of other staff groupings. EG suggested that it depended on the maturity of the PD infrastructure within each Trust and highlighted her delight at what has been achieved within the NHSCT to date. SMcR advised that the SEHSCT were at the same stage as the NHSCT in relation to the PD infrastructure and reported no objection to an AHP representative on the Group. TMcC advised that there was a general sense that an AHP would be beneficial as a Group member.</p> <p>Actions: LF and PG to discuss AHP representative with Carmel Harney. TMcC to send a letter of invitation to Carmel to join the Group.</p> <p>GMcC advised that Brendan McGrath's name was on the circulation list; however Anne Witherow was the nominated WHSCT representative on the Group.</p> <p>Action: GMcC to speak to Brendan McGrath re removing his name from the Group circulation list.</p> <p>TMcC advised that reporting mechanism for the Group was through the Chair to CNMAC Sub Committee for Quality, Safety and Experience. There was a need to review the Group's reporting template to consider:</p> <ul style="list-style-type: none"> • how we collate activity • an annual report • how we present issues up to CNMAC <p>TMcC emphasised the importance of being clear about what we collate for each purpose. TMcC also suggested a high level summary report intermittently throughout the year to CNMAC.</p>	<p>Noted</p> <p>TMcC</p> <p>LF & PG</p> <p>TMcC</p> <p>GMcC</p>
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	<p>Action: Group members to consider existing templates and timescales for reporting for discussion at the next meeting.</p>	<p>All</p>
<p>4.0 Commissioning Activity</p>	<p>4.1 Commissioning Plan/ECG</p> <p>TMcC asked for an update on the current state of play with regard to the commissioning of PD activities.</p> <p>LF advised that a funding line was not in place for PD, had not been for last few years and the ECG budget has not been agreed yet. PG stated that it was important that PD funding and support was not seen as an easy target within Trusts. EG provided an update on a regional workshop due to be held at the end of November which will provide an opportunity for a discussion with the education providers in relation to what is required over the next 3-5 years. The Trust Education Leads will highlight the need for PD to be included in the commissioning process at this workshop.</p> <p>TMcC asked the Group to consider if PD has been sufficiently commissioned to meet need. CB advised that a PD and Patient Safety School facilitation programme earlier in the year had been funded by CNO and the PHA . OU, QUB and the RCN had secured beginner level products, however these may be at risk next year. SMcR advised of the need to agree what we want to endorse in terms of PD programmes/products required. LF suggested there is a need to link strategic and operational to influence what is commissioned on an annual basis.</p> <p>TMcC advised that the PD School was a product of IPDC and TMcC and CB are members of the IPDC Group. Consider influencing the commissioning of the next PD School in May 2015. EG advised the workshop in November will provide an opportunity for this.</p> <p>TMcC recommended the need for a regional Business Case to look retrospectively at what was commissioned and agree what is needed for the future and reinstate the previous line of funding for PD. It was agreed that Group members attending the workshop in November should have a sense of level of need using Bennett's skills escalator to help inform and influence what is commissioned</p> <p>Actions: TMcC to discuss Regional Business Case for PD with CNO.</p>	<p>TMcC</p>

	<p>TMcC to contact CNO or Caroline Lee to ask for an invitation as Chair of this Group to the workshop in November to influence the commissioning of PD.</p> <p>4.2 Update from meeting with CEC EB advised that CEC products are at novice level and the main challenge is putting programmes in place when there are difficulties in releasing staff to attend.</p> <p>4.3 Speaker from King’s Fund</p> <p>Action: In Rita Devlin’s absence it was agreed that this item would be kept on the agenda for an update at the next meeting.</p>	<p>TMcC</p> <p>CMcK</p>
<p>5.0 Future Priorities</p>	<p>Following discussion it was agreed that the priority areas for the next programme of work for the Group included the following 4 work-streams:</p> <p>Demonstrating Impact Through Evaluation – (developing common elements within an evaluation framework that can be used to demonstrate the impact of projects and programmes)</p> <p>Building Capacity – (developing a future orientated business case for building capacity for PD knowledge, skills and expertise)</p> <p>Expert Ward Project – (this will focus on the development of a funding application, as described below)</p> <p>Communication – (includes the development of a mini-site to be hosted on NIPEC’s website)</p> <p>TMcC advised that descriptors were needed for each of these work-streams and that Group members could choose their preference for membership of a sub-group in advance of the next meeting along with the lead for each sub-group and ways of working.</p> <p>Action: Group members to choose preferred sub-group and advise in advance of or at the next meeting.</p> <p>In relation to the Demonstrating Impact Through Evaluation work-stream, TMcC advised of the international work she and Val Wilson were leading to develop an Evaluation Framework for PD.</p> <p>TMcC also advised that CNO had met with Janice Bailey, R&D Office, to discuss her vision for an “<i>Expert Ward Facilitated Intervention</i>”. The National Institute of Health Research (NIHR) offers enabling awards for researchers to develop a BID for funding related to service delivery. This opportunity will be available again around March 2015 with the potential for NI to source external funding.</p>	<p>All</p>

	<p>Action: TMcC to put together a proposal with CNO for an NIHR enabling award aimed at determining the characteristics of a ward which is demonstrating excellent care.</p> <p>5.2 Trusts' Specific Priorities</p> <p>It was agreed that these were covered in earlier discussions re Commissioning.</p>	TMcC
6.0 Links with Attributes Framework	<p>Discussion was held around the need to cross reference the PD Framework with the Attributes Framework. Members to make links where appropriate in relevant Forums.</p> <p>Action: CMcK to circulate the Attributes Framework when finalised.</p>	CMcK
7.0 Any Other Business	<p>NHSCT Senior Nursing Team Restructuring EG advised that the NHSCT had restructured the Senior Nursing Team as follows:</p> <ul style="list-style-type: none"> • EG - Assistant Director of Person-Centred Practice, Innovation and Development. • Alison Hume - Assistant Director for Workforce and Education • Carolyn Kerr is Deputy Director of Nursing and Assistant Director of Quality and Governance. <p>NIRAQ Conference GMcC reported that NIRAQ had held a very successful and well evaluated conference in October. Five projects were showcased. PG acknowledged the excellent work of GMcC as Chair.</p> <p>Action: Add an agenda item re links with NIRAQ (e.g. joint Events) for discussion at next meeting.</p>	CMcK
8.0 Date and time of next meeting/s	<p>Next meeting: It was agreed that four meetings would be held during 2015 - January, April, beginning October and beginning December. CMcK to coordinate.</p>	CMcK