

Practice Development Framework Implementation Group Meeting 24 February 2015, NIPEC Meeting Room at 10:00 am

In attendance:

Prof Tanya McCance (TMcC) UU (Chair)
Christine Boomer (CB) SEHSCT/UU (Co-Chair)
Dr Carole McKenna (CMcK) NIPEC (Notes)
Briege Quinn (BQ) PHA
Sharon McRoberts (SMcR) SEHSCT
Heather Finlay (HF) SEHSCT (shadowing)
Dr Patricia Gillen (PG) SHSCT
Melanie Bowden (MB) FSHC obo Carol Cousins
Maria Loughran (ML) NHSCT obo Elizabeth Graham
Rita Devlin (RD) RCN

Apologies:

Caroline Lee (CL) DHSSPS Anne Witherow (AW) WHSCT Leontia Hoy (LH) QUB Eilish Boyle (EB) CEC Moira Mannion (MM) BHSCT

Teleconference

Gillian McCorkell (GMcC) NIRAQ/WHSCT Lynn Fee (LF) SHSCT

ACTION NOTES

Agenda Item	Notes	Action by
1.0	Welcome and apologies	
	TMcC welcomed all to the meeting and noted apologies as above.	
2.0	Notes of previous meeting on 5 th November 2015	
	The notes were agreed as accurate.	
3.0	PID and Membership	
	GMcC advised that she will continue to represent NIRAQ on the Group and will represent WHSCT when AW cannot attend. It was agreed that Brendan McGrath's name can be removed from the membership. Carol Cousins has accepted the invitation to represent the independent sector on the Group and sends apologises for being unable to attend today.	
	PG advised that she had emailed Carmel Harney to invite her to join the Group as the AHP representative. Carmel was keen to take up this offer.	
	Action: CMcK to add Carmel Harney to the Group circulation list and forward a copy of the updated PID.	CMcK
4.0	Progress Reporting and Template TMcC advised that the Group feeds into the work of CNMAC's Sub-Committee for Safe, Quality and Patient Experience (SQE) which then feeds up into CNMAC. There is a need to revisit the reporting structure and the Group needs to discuss and agree the best way to do that, such as, review of the existing template and timescales for reporting.	
	TMcC reported that CNMAC's SQE have been tasked with developing the new Nursing and Midwifery Strategy. Consultation will be undertaken during March/April 2015 and guidance will be issued to stakeholders during the consultation. There	

	has been good compart for this and COT is bening to sign off the final Ctrategy in	
	has been good support for this and SQE is hoping to sign off the final Strategy in May/June.	
	TMcC advised that the strategic priorities in the Strategy will inform new areas of work linked to Practice Development.	
	Actions:	
	 Group members to continue using the current template for reporting progress on a quarterly basis and adapt as necessary when the new Nursing and Midwifery Strategy has been agreed. 	All
	TMcC to circulate the Nursing and Midwifery Strategy to the Group.	TMcC
5.0	Commissioning Activity	
	5.1 Feedback from Education Commissioning Workshop TMcC provided an update regarding the ECG workshop she attended in November 2014 which provided an opportunity to influence the commissioning of PD. SMcR advised that ECG have the first year of a 3 year commissioning plan agreed.	
	CNO will have the budget from April 2015. A scoping exercise has been undertaken to determine Trust requests for PD programmes The challenge is to get service buy in to support this and the commissioning plan.	
	LF advised that the commissioning plan was out with Trusts for comments which are due back by 9 th March. LF cautioned that Trust staff may be focused on clinical needs so there may be few requests for the PD School. TMcC advised that the next PD School is currently being considered to run in October 2015.	
	PG felt a commitment was needed from EDONs that staff will be released and supported to take up these places. RD advised that staff don't turn up mainly because the Trusts do not have staff available to release them. BQ suggested there is something about how people view training eg essential or desirable. The Mental Health Pathway has taken NICE guidance and is aligned this to a framework and what their nursing profile should look like in relation to their training – so this is essential.	
	TMcC advised of the need to consider the language being used as people don't always connect with the term Practice Development but do connect with Personcentred Practice so we need to use this language eg PD and Person-centred Practice together.	
	Actions:	
	 SMcR to speak to Shima to confirm numbers of places on the commissioning plan with regards to PD. 	SMcR
	 TMcC to advise if PD School is running in October 2015. When referring to Practice Development ensure it is linked with the term Personcentred Practice. 	TMcC All
	5.2 Regional Business Case for PD Included in discussion at point 5.1 above.	Noted
	5.3 Speaker from King's Fund Following discussion it was agreed that this would be considered for future events.	Noted
6.0	Future Priorities	
	TMcC advised that the Group need to be clear about future priorities and proposed a workshop to discuss and agree the way forward. Following discussion it was agreed that $\frac{1}{2}$ day workshop would be co-ordinated to consider the following:	
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- make links with PD and the Nursing and Midwifery Strategy
- agree work priorities
- how will we move forward
- agree the purpose and membership of the 4 sub-groups
- Tash and Finish type model for each sub-group
- components within each
- who will lead each etc

TMcC advised that this will enable her to provide a robust report to CNMAC through the SQE group regarding PD priorities and progress.

Actions:

- SMcR and CMcK to co-ordinate date and venue.
- TMcC and CB to plan and facilitate the event.

SMR/CMcK TMcC/CB

7.0 PD Links

7.1 Attributes Framework

CMcK advised that this had been circulated to the Group as agreed at the last meeting. It was agreed that work was needed to blend and map the skills escalator with the Attributes Framework and this could be taken forward within the Building Capacity Sub Group.

TMcC referred to an email which AW had forwarded to CMcK in her absence advising that the WHSCT are developing a Quality Improvement Strategy. This Strategy will include PD and incorporate the skills escalator.

Action: TMcC and CB to include discussion on how to enhance the Attributes Framework in relation to PD within the workshop.

TMcC/CB

7.2 NIRAQ

GMcC advised that the recent conference had been very successful. The next NIRQA event, to be held on 27th May at 12:30pm, will be an RCN funded cafe style workshop commencing with lunch. Flyer going out in March. Speakers include Ann Pearson QNI, Teresa Shaw FONS, Anne McMahon RCN and Nicki Armstrong R&D Office. Focus will be on what information is required when applying for funding from these organisations and tips on how to apply e.g. RCN Foundation, Marcia Mackie and Rae Bequest.

TMcC suggested the importance of following this up to see how many people actually applied and achieved funding.

8.0 Any Other Business

Advanced Nursing Practice

TMcC referred to the recently published Advanced Nursing Practice Framework (DHSSPS, 2014) and noted the need for this Group to be involved in the implementation. Important to ensure the delivery of person-centred cultures through PD is the wording/language used during implementation.

Releasing Time to Care

BQ advised that the first evaluation has been completed and this would be useful to discuss during the PD workshop.

	New NMC Code RD also suggested the need to make links with the new code and again this would be useful to discuss during the PD workshop.	
	Action: TMcC and CB to include these issues within the workshop programme.	TMcC/CB
	RCN Head of Professional Development RD advised that Carolyn Mason was retiring from the above post in March 2015.	
	TMcC formally congratulated RD on her successful appointment to this post and wished her success on behalf of the Group.	Noted
9.0	Date and Time of Next Meeting To be agreed following workshop in May/June.	CMcK