**PDRP Advisory Committee**

**Meeting Minutes**

**Meeting Date: Tuesday 10th May, 2016**

**Meeting Location: Hakatere/Rakaia Room, 3rd Floor, TPMH**

**Present:**  Mary Gordon (MG), Suzanne Johnson (SJ)**,** Julie Symons (JS), Lynne Johnson (LJ), Di Bos (DB), Fiona Irving (FI), Sandy McLean-Cooper (SMC), Jess Wolfenden (JW), Margaret Bigsby (MB), Julia Anderson (JA), Diana Gunn (DG), Elly Grant (EG), Juliet Nelson (JN), Becky Hickmott (BH)

**Apologies**: Kelly Robertson (KR), Sarah Johnson (SJ), Josie Tait-Jamieson (JTJ), Wendy Davie (WD),
Tracey Worthington (TW), Brittany Jenkins (BJ)

**Absent:** Jane Barnett (JB), Vivienne Erickson (VE)

| **Item #** | **Progress to date** | **Action required** | **Person responsible & date** |
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| **Last Minutes** | Mary Gordon (MG) welcomed everyone. Previous minutes were accepted as true and correct. No other issues were raised with previous minutes.  |  |  |
| **1. Update from West Coast** | SJ on behalf of BJ:* 50 nurses on currently on the PDRP Programme.
* Nurses who are about to retire tend to do PDRP as they know they won’t be audit or have to do it again before they retire.
* Nurse Educators are doing monthly sessions and drop in sessions.
* 2 new assessors are coming for the New Assessor training in August.
* Having a few issues with the CNMs comments on performance appraisals at level the nurse is submitting at.
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| **2. Update from Nurse Maude** | No update. |  |  |
| **3. Update from South Canterbury**  | SJ on behalf of TW:* 23.5% of nurses on the PDRP Programme – the largest amount are in Proficient level.
* 5 submissions for May and 2 were sent for external moderation which have been assessed as part of external moderation.
* 3 passed on day.
* 2 required more.
* 1 has not met.
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| **4. Update from St George’s** | No update. |  |  |
| **5. Update from Pegasus** | DB gave an update:* 10-11% nurses currently on the PDRP Programme.
* More nurses are on the NetP Programme.
* Change on how sessions are run on education. More practice and support the team leaders within those practice on how to write peer reviews so they can pass the information to the rest of their staff and hopefully work within the practice.
* 2 new submission so far.
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| **6. Update from NMDHB** | SMC gave an update:* 343 nurses (RNs and ENs on the PDRP Programme).
* 54 primary sectors nurses also on the PDRP Programme.
* Most of their RNs are Proficient and 9 out of 11 EN are Proficient as well.
* 36 new graduates on NetP.
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| **7. Update from Department of Corrections** | FI gave an update:* 3 % nurses on the PDRP Programme.
* No submissions of portfolio since last external moderation. Doing education in the South Island and expecting this number to rise.
* Nurses are finding it hard to think of their evidence so we are pairing them up so it’s much easier to talk about what your peer has down rather than themselves.
* Review of PDRP policy and commenced interim requirements.
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| **8. Update from Forte Health**  | SJ on behalf of JB:* 30 successful nurses on the PDRP Programme out of 47.
* It’s a mandatory programme.
* They have an interim process and they are paid at all levels including at Competent level.

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| **9. Update from Southern & Regional** | JS gave an update: * 29% nurses on the PDRP Programme.
* District wide Performance Appraisal.
* Summerset local MOU for primary care for PDRP.
* Working towards revalidation programme the same on both sites.
* Local MOU with National organisation
* Well South
* Lesley Grove Dunedin
* Oxford Court
* X 2 pending Otago (Youth Wellness and Somerset Bishop)

Supporting NetP Nurse –Potential National MOU* Do local MOU - need to understand national resources
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| **10. Update from** **Kaupapa Maori & Pacific Island Shared Services** | EG gave an update:* Mandatory PDRP Programme.
* 2 trained assessors.
* Met with the nurses on a fortnightly basis and had to develop templates to get them up and running.
* No submissions as yet.
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| **11. Update from Health Care NZ** | No update. |  |  |
| **12. Update from Access Health** | Juliet Nelson gave an update:* Two nurses NetP that have done PDRP and x 2 nurses who are very keen to do PDRP.
* No financial incentives.
* Access has undergone restructure in the last 6 months.
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| **13. Update from Intus** | Jess Wolfenden gave an update:* 8 nurses on the PDRP Programme.
* Compulsory working towards PDRP.
* 5 of the staff have got expired portfolios. Still getting their remuneration from their last PDRP. 6 month period before they lose their PDRP remuneration.
* 2 staff have done assessors training and 1 has applied for a post-grad equivalency and 1 other is on the way.
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| **14. Update from Laura Ferguson**  | No update. |  |  |
| **15. Update from Rannerdale** | No update. |  |  |
| **16. Update from CDHB** | SJ gave an update:* Conversation with Service Managers writing the competencies on performance appraisal around PDRP. Only outstanding group is the rural Service Managers – not required as good nursing structure is rural.
* 146 portfolios in process.
* PDRP portfolios catching up on timeframes.
* Assessors have been emailed and have assisted with this.
* Behind in extra evidence
* Line Managers
* Nurses
* Post-Grad Equivalency Committee have met and the outcome needs to be discussed with the organisations. The next meeting is on 16th August and it was agreed that the documentation will not be changed until a national revision is completed.
* We have been successful from Nursing Council regarding the midterm report.
* Trial interim performance appraisal still needs to be discussed with the CNMs at Burwood Hospital. Some feedback that the nurses like it but the Line Managers are not sure about the wording for the Domains.
* This process does not exempt nurses from NCNZ Audit. I-perform-need an interface Becky to follow up.
* We have a new partner – ProCare in Auckland.
* Conversations with the Nurse Educator group and Charge Nurse Manager group of surgical and ACNM group in ED regarding updating what the requirements are around PDRP. Also met with the Charge Nurse Manager at Laura Ferguson who are a new partner.
* New PDRP Education New Assessors Workshop dates for 24-25 August and 9-10 November – Have postponed as haven’t had the numbers.
* 2009 nurses on the PDRP Programme regionally - 1042 are from CDHB and 967 are with external partners.
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| **Senior Nurse Indicators**  | SJ – In the last meeting, we talked about the Senior Nurse competencies for 4.1 and 4.2 and in the application workbook they are very clinically focused and so the External Moderation group came up with two extra indications to add to 4.1 and 4.2 competencies. Committee asked to have a look at them so they can be added to the guidelines in the next few weeks.**Senior Nurse Applicant Guidelines Additional Indicators for 4.1 and 4.2**4.1* Provide leadership and navigation or access to resources both inside or external to your organisation.
* Promoting collaborative integrative approach across the health care continuum.

4.2* Facilitate and reinforce an inclusive positive team approach in clinical practice
* Demonstrated Mana enhancing culture the work environment promoting organisational core values.
 | Add the two extra indicators to 4.1 and 4.2 to guidelines | **Adriana to insert into document** |
| **Mid Term Report** | Copy of Mid Term report circulated and feedback to group. See bullet point in CDHB Nurse Coordinator report. |  |  |
| **NCNZ Audit August 2017** | * Start thinking about how we provide evidence for PDRP NCNZ Audit in August. Circulate 2017 current Quality plan for comment.
* Evidence for external moderation
* Changes to the PDRP Regional Programme.
* Revisit quality improvement plan – send it out so people can have a look and send it back
 |  | **All** |
| **External Moderation Meeting Update** | Changed External Moderation process – send out the portfolios for moderation before we have a conversation.As a group, it was found that:* The Line Manager declaration is not met - “I Support” – assessor should pick that up and ring the Line Manager.
* Competencies 1.2 and 1.5 from both the applicant and the Line Manager are not at the right level in terms of Proficient and Expert level and in some cases at competent level.
* Failure to sign and date nurse’s reflections – no verification that the evidence is the nurses or within the 3 year timeframe.
* Size of portfolios – bigger the portfolio, the more time needed to assess. Portfolios are not too large as they affect assessment time.
* One organisation provided very good evidence in the Performance Appraisal.
* Quality improvement was a bit average for Proficient level.
	+ Provision of evidence needs to be in 4.3 in the competencies or provision of additional Quality evidence.
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| **Practise Discussions Expert/Accomplished**  | Behind in 9 practice discussions which the PDRP Office made an executive decision to put them through if they did not need to provide extra evidence. Does the PDRP Office need to continue the practice discussion? If evidence against Expert level criteria is met. Traditionally we have done a practice discussion.Difficult to get everyone together and business impact on the back pay is significant. Nurse can choose how they would to provide extra evidence by email, phone or practice discussion.Currently out of those 9 we now have 3 practice discussions who will be giving the 3 options about providing extra evidence.Send out the documentation to the group before any changes are made as there are a couple of things that we have identified that we need to tide up.Decision made by advisory group that further evidence at Expert level:* Verbal evidence – transcribed - Date/Time/Information
* Email evidence
* Practice Discussion
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| **PDRP Consent Form** | When portfolios are submitted through internal mail, we frequently don’t have a consent form which sits as a separate document which is outside the PDRP guidelines this slows down the assessment process. Suggestion to insert the consent form back into the guidelines and put the assessors name on the website. The names are already on a word document on the website but we are just taking the names out of the document and putting them on the website. So when you do your consent form, there will be a link on that page to say any assessors that you don’t want to assess, which will need to be typed/ written manually on the form.Permission given by advisory committee to put their assessors name on the website. |  |  |
| **Feedback on the checklist – all levels**  | There are a couple of issues with the checklist and how each section is labelled. Putting an explanation of what the section could look like so nurses can understand what that might look like in their organisation. SJ to update the document and email it to everyone to have a look at it. |  | **SJ** |
| **Reflections on Education** | Nursing Council has altered their wording for reflections on education. You need to provide a running total of your education hours. You can provide overview and x3 education reflection or just the three reflections.NCNZ has stated as a PDRP Programme you can choose which ever of the above options.Consent by all present to have NCNZ wording for consistent – asking for x3 education reflections.  |  |  |
| **Code of Conduct** | Dating Code of Conduct - Nurses who come to the NetP Programme needs to provide evidence of Code of Conduct and if they can’t, they will need to show evidence that they have done it.All nurses need to provide evidence of Code of Conduct. This might be of dated outside of the 3 year time frame which is fine. If an undergraduate nurse can provide evidence of completing Code of Conduct that evidence is fine. If the undergraduate nurses cannot provide evidence they will be required to do Code of Conduct training.  |  |  |

**Future Meetings**

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| **Date** | **Venue** | **Time** |
| 8th November  | Room 219, 32 Oxford Terrace, Christchurch | 14:30 – 16:00 |