



ACP Steering Group Meeting Minutes 4th October 2018

In attendance

Kirstin Pereira
Kendra Sanders
Jane Goodwin (Chair)
Arthur Te Anini
Kate Grundy
Helen Rigby
Sue Cooper
Jane Pou

Commission staff

Lizzie Price
Clare O'Leary
Chelsea Sirs
Ricki Smith

Apologies

Marianna Churchward
Karlynn Earp
Jane Large
Rachael Haggerty
Deon York
Vanessa Eldridge
Noel Tiano
Leigh Manson
Kate Orange
Carla Arkless
(Melinda Jordan)
(Diana Nicholson)

Welcome

Jane Pou opened the meeting with a karakia and welcomed everyone.

Welcome, introduction, apologies

Jane Goodwin welcomed everyone to the meeting and informed the group of two new members: Melinda Jordan (nurse coordinator - resuscitation at Northland DHB) and

Diana Nicholson (ACP facilitator for Counties Manukau) both representing the Northern region and both unable to attend today's meeting.

It was noted the number of apologies for this and previous meetings. **Action; Liz – to consider minimum number of attendees required to progress with future meetings and add to the steering groups TOR.**

Minutes and actions from previous meeting

The minutes from September's meeting were confirmed by Kendra Sanders and seconded by Kirsten Pereira.

New agenda items

Kirsten Pereira updated the group that Waikato's electronic sharing went live on the 21st September. This enables primary and secondary care to share ACP information with each other.

ACP resource ordering and the health literacy review were added to the agenda.

Questions from pre-meeting update document

Nil.

Promotions

Campaign presentation

Clare and Lizzie presented on the campaign concept to date.

The campaign is a work in progress, but the essence will be captured through the story of six people's experiences and journeys. These people will represent stories from Māori, Pacific, Asian, Pakeha perspectives including the LGBGTI community.

Clare showed a video clip of Keri Kaa (Māori kuia/inpatient at Te Puia Springs Hospital and also our Māori comms advisory Anton Blank's aunty) telling her story. Keri's story will lead the campaign. Clare said that not all six people will have videos made, that use of photos and quotes will also be used. The focus of the stories will be "What matters to you?"

Jane Pou felt Keri's story was great and can relate to it well. The campaign is set to launch in February 2019 leading up to ACP Day 5 April.

Jane Goodwin asked where we plan to release the videos. Clare replied on digital media such as Facebook and Instagram. We will also look to use more traditional media such as T.V eg; mainstream and Māori TV channels, radio and print media.

The team will continue to work closely with Anton Blank to look at how to best connect with Māori and Pacific channels.

Resources

Programme Branding

ACP Branding: With the ACP programme now under the umbrella of the Health Quality & Safety Commission, and the development of the campaign, there is an opportunity to discuss the programme branding. In most cases Commission programmes do not have their own logos as this dilutes and weakens the Commission's visual identity.

Lizzie showed examples of logos and straplines and tabled the following question to the group;

Should the ACP campaign have:

- its own logo
- a strapline e.g. Let's Talk
- the existing ACP branding
- Commission branding only?

Sue Cooper said she liked the strap line as it is important to get wording of ACP out to as many people as possible. Sue said it would be "far better than a logo. The words are moving and gets the message across well." Sue also stated as ACP is now under the Commission she thinks it would be better to use the Commission branding.

Kendra said she was supportive of the approach taken by Commission.

Kate Grundy agreed with Sue and Kendra's comments and felt a strap line was important. Jane Pou agreed with the comments also.

When asked what would happen with the existing 'Our voice' logo, the implications on existing electronic versions and how we would manage DHB buy in, Liz explained it would be a phased approach incorporating change and operational management. Jane Goodwin summarised that the initial consensus was that people were keen with a strap line and to use the Commissions branding.

SICG Branding: When asked what the group thought about SICG branding, the consensus was a bigger conversation was needed but it was important to be able to distinguish the difference between ACP and SICG. Kate Grundy felt it needed completely different messaging and strap line. Sue Cooper agreed with Kate Grundy. The decision was made for SICG to use the Commission branding until future discussions are had.

Resource co-design approach

Clare discussed the Commission's commitment to using a co-design approach when developing resources and the importance of ensuring a te ao Māori perspective is used. The Health literacy report recommendations would be integrated into any future resource design.

Clare asked the group for support to incorporate te ao Māori into ACP and SICG training. Jane Pou suggested there could be a video made where facilitators can be given an overview on how to incorporate a Māori lens to the training. **Action: Clare to follow up.**

Education and training

Jane Goodwin told the group that the first L1a TtT workshops were held in BOP and Wellington and good feedback had been received following these.

Helen Rigby said the Wellington workshop had been well received and the trainers came away feeling ready to deliver the courses. Wellington sub region have had their first two workshops and have three more to deliver over the next couple of weeks.

The group discussed the proposed national training co-ordinator role. Kirsten Pereira said she felt the role would not be useful in its current form. Helen Rigby said that she had just sent a lot of information post training to Chelsea and felt that the work generated by the L1A workshops required by the end of the year would get overwhelming for one person. Helen also said the JD needs a lot of work and would require negotiation with DHBs as to what would be the responsibilities of the proposed national role.

Action: Ricki to touch base with DHB ACP key contacts to see what thoughts are around the proposed role and integrate this into the JD.

Resource ordering

Liz advised that the Commission did have a central hub that could receive and distribute all ACP resource orders however the programme would have to bear the costs of this distribution. Helen Rigby and Jane Goodwin both agreed that they felt the resource ordering process should remain unchanged. Both reported it was good see the local interest being generated and to have a sense of who and what organisations are making orders. Due to number of apologies for today, it was felt the feedback needed to be from a wider group. **Action: Ricki to touch base with regional reps to get views on resource ordering from local ACP contacts.**

Health literacy review

Agreed to discuss further at next meeting.

Australian online communication training modules

Kate Grundy asked for clarification around the Australian online communication training modules that were featured in the Commission's E-digest.

Liz and Ricki clarified it was a complementary tool that can be used by clinicians, and that several people from the Commission, including Leigh, looked at the training and thought it was a useful tool.

Kate Grundy suggested we should get clinicians to complete the online training to check quality and feedback as whether this fits with our work. Is it something we could incorporate with SICG training? **Action: National team to discuss on Leigh's return from leave.**

Jane Pou closed the meeting at 11:33 with a karakia.