

# POLICY

<b>COMMUNICATIONS</b>	
<b>Applicable to: MidCentral District Health Board</b>	<b>Issued by: Communications Unit - CEO's Department</b>
	<b>Contact: Communications Unit</b>

## 1. PURPOSE

- 1.1 To ensure that MidCentral District Health Board is represented in a consistent, accurate and appropriate manner in the public arena.
- 1.2 To enable employees and Board/Committee members of MidCentral DHB to communicate with external parties through the provision of clear guidelines.
- 1.3 To enable employees to uphold MDHB's Shared Approach to Work Principles, including to communicate openly and honestly, and to act with integrity.
- 1.4 To ensure:
  - information is presented positively, accurately, consistently and in a timely manner to assist the community to understand and develop realistic expectations of the services funded and provided by MidCentral District Health Board
  - increased community awareness of health promotion/disease prevention activities and issues, including risks to the public's health, eg pandemics
  - foster increased health literacy of MDHB communities
  - proactive promotion of achievements of MidCentral District Health Board and its employees
  - effective management of adverse/negative publicity
  - consistency in organisational messages through an integrated corporate communication approach
  - beneficial relations are established with the media, locally, regionally and nationally, and, when required, internationally.

## 2. SCOPE

- 2.1 This policy applies to all employees and Board/Committee Members of MidCentral District Health Board.
- 2.2 It covers all communication (written, oral and audio visual).
- 2.3 It covers all means of communication, including but not limited to, letters, memorandums, conversations, meetings, forums, attendance at Select Committees, media statements, web content, emails, texts, social networking tools and sites, multimedia electronic files, and instant messaging.
- 2.4 Employees shall be deemed to be representing the organisation when they are communicating as a member of staff; are wearing the organisation's uniform and/or identification card; or can be associated with the organisation, ie are using a DHB vehicle, MDHB's email, letterhead or social networking systems.

2.5 Board and Committee members shall be deemed to be representing the organisation at all times, unless they expressly state otherwise, or the circumstances clearly indicate otherwise.

Note: members of staff are not precluded from making personal statements, but when doing so must explicitly state that they are doing this as a member of the public, or of any other organisation or professional body that they are representing.

## **2.6 Designated Officers**

2.6.1 This policy does not apply to Designated Officers, who have specific authority granted by the Ministry of Health under the Health Act 1956, the Food Act 1981, the Smokefree Environments Act (1990), the Tuberculosis Act 1948, and the Sale and Supply of Alcohol Act 2012 when they are speaking on behalf of the Ministry of Health. These officers are:

- Medical Officer of Health
- Senior Health Protection Officer
- Health Protection Officer
- Smokefree Officer
- or an officer appointed by the Medical Officer of Health

2.6.2 The designated officer will work in accordance with the appropriate legislation and in consultation with the Medical Officer of Health.

2.6.3 Where designated officers are acting in managing an event that affects the safety of the public's health, the Health Information Privacy Code 1994 allows for release of identifiable information where this is "necessary to prevent or lessen a serious threat to public health or public safety". In these instances the Medical Officer of Health requirements are:

- Some information may not be identifiable to the public, but may be so to the family. In this situation all reasonable steps will be taken to inform the family before information is released to the media.
- In some situations information will be released to groups such as parents at school or pre-school, for instance regarding a meningococcal case. In most cases the individual will not be named. Again, all reasonable steps will be taken to inform the family before information is released.
- Where the media contacts public health for further information regarding a specific event, no information will be given which significantly increases the risk of identifying the individual.
- The Communications Unit will be informed by e-mail of any contact with the media. Where possible, any written material will be discussed with them before release.

## **3. ROLES & RESPONSIBILITIES**

### **3.1 All Employees**

3.1.1 All communication with external parties shall be done within the **employee's scope of practice and delegated authority**, and shall represent the **organisation's viewpoint and not personal views**. All communication shall be in accordance with MDHB's Code of Conduct which sets out the standards of performance and conduct expected of all employees.

**3.1.2 All communication, via whatever means, must:**

- protect personal privacy and that of others by not including personal information (such as names, email addresses, private addresses, phone numbers or other identifying information). This includes recordings (voice and visual).
- represent MDHB's views and endorsed policy on any given subject.
- be accurate, timely and written in plain language.
- be appropriate and acceptable. (Refer definitions for inappropriate and unacceptable.)
- not bring the DHB into disrepute.

**3.1.3 All written and visual communication, whether electronic or handwritten, shall be in accordance with the Style Standards, using official templates (where available) and MDHB's communication tools and sites.**

**3.1.4 All communication sent by email must adhere to the Email Acceptable Use Policy MDHB-5365.**

**3.1.5 All web-based communication must adhere to the Web Policy (MDHB -5472).**

**3.1.6 All graphic design work must be in accordance with the MDHB Style Standards.**

**3.1.7 External publications ie newsletters, brochures, must be edited and approved by the Communications Unit. Internal publications may be done in-house (in department) and must abide by the Style Standards, including use of the MDHB/MCH logo where appropriate.**

**3.1.8 Any MDHB multimedia material (eg DVD/CD) must have the Communications Unit approval before final production may begin.**

**3.1.9 All communication shall clearly identify MidCentral DHB (or which of its component parts) is responsible for the information being provided.**

**3.1.10 Use of MDHB's letterhead and communication mediums must convey the organisation's views and not personal views. If a staff member wishes to communicate their personal views, they must not use MDHB resources or time, or identify themselves with MDHB in any way.**

**3.1.11 All communication shall be undertaken with the target audience in mind. Plain language shall be used.**

**3.1.12 Patient and consumer confidentiality and privacy shall be maintained.**

**3.1.13 All photographs and films taken of MDHB and its patients and staff must have the required/appropriate consent for the purpose it may be used for, by completing the consent form (available from the Communications Unit) or by noting in the patient/client's notes. (NB: this does not apply to clinical photographs taken for care and treatment purposes. Please refer to separate policy and procedures.)**

**3.1.14 MDHB's communication is subject to the Official Information Act 1982, and the requirements of MDHB's Retention of Documents Policy must be upheld. (MDHB-2007)**

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*Public Meetings*

3.1.15 When representing the organisation at public meetings, employees must have the endorsement of their Team Leader/Manager prior to the event.

*Submissions*

3.1.16 Submissions on policy and/or legislative matters, shall be made on behalf of the organisation as a whole and must be approved and signed by the appropriate General Manager, and filed with the Records Department, Board Office.

3.1.17 Staff who wish to make a submission on policy and/or legislative matters, in their role of MidCentral DHB employee shall forward their views to the designated staff member. If they are unsure who the designated staff member is, they shall seek this information from the Operations Director or General Manager.

*Official Information Act Requests*

3.1.18 Responses to Official Information Act requests (for other than clinical records) shall be made on behalf of the organisation as a whole and must be approved and signed by the CEO, appropriate General Manager or Operations Director, and filed with Records Department, Board Office.

*Communication with Ministers of the Crown*

3.1.19 All correspondence to Ministers of the Crown must be approved by the appropriate Operations Director, General Manager, or CEO prior to being issued, and a copy provided to the Chair, CEO, General Manager and Records Department, Board Office.

*Contract, Legal and Policy Matters*

3.1.20 Communication regarding all contract, legal and policy matters shall be documented, including file notes of verbal communication, and filed with the Records Department, Board Office.

*Communication re Employment and Personnel Matters*

3.1.21 Communication regarding employment matters, including personnel performance and personal matters shall be documented, including file notes of verbal communication as appropriate, and filed with the Human Resources Department. HR advice should be obtained on these communiques, particularly with those for external parties.

*Legislative Compliance*

3.1.22 Communication shall comply with all relevant legislation which includes, but is not limited to:

- Privacy Act 1993
- Health Information Privacy Code 1994
- Code of Health and Disability Services Consumers' Rights 1996
- Employment Relations Act 2000
- Official Information Act 1982

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- Protected Disclosures Act 2000
- Defamation Act 1992
- Electoral Finance Act 2007
- NZ Public Health & Disability Act 2000
- Crown Entities Act 2004
- Public Finance Act 1989

(For further information regarding legislative requirements, refer section 11 of this Policy.)

*Other Organisations*

3.1.23 Staff shall not publicly comment on the work, policy, actions or efficiency of external organisations without agreement from the organisation concerned. If it is necessary to draw attention to the shortcomings of such organisations, this should be done through proper channels. Staff making public statements critical of any person or organisation should be aware that they may be personally liable if the criticism is unfounded.

*Media Statements and Communication*

3.1.24 Unless a formal delegation exists (refer Delegations [Policy] MDHB-2022, or approval is specifically granted by the Chief Executive Officer or a General Manager, employees may not make statements to the media on matters relating to their work with MidCentral District Health Board. If approached directly by the media, employees without delegated authority, should act in consultation with their Operations Director or the Communications Unit. In the event employees without delegated authority speak to the media in the capacity of another organisation, they must clearly state that they are communicating in the capacity of those associations and groups and not MDHB employees; nor may they associate MDHB with them. (Refer also Sections 4 and 5 of this Policy.)

3.1.25 Employees may discuss with the media, matters affecting their professional activities which do not impinge (by implication or otherwise) on MidCentral DHB policy or operational activities, eg as spokesperson for a professional association. In such cases, employees are to advise the Communications Unit/Clinical Director, Operations Director of their involvement.

*Web-Based Communication*

3.1.26 All information provided on MDHB's websites (internet, extranet and intranet) shall comply with MDHB's Web Policy.

*Use of Social Networking Tools*

3.1.27 Only staff authorised by both their Operations Director (or equivalent) and the Communications Manager shall be able to interact with social media sites, including MDHB's social media sites.

3.1.28 All staff with delegated "social media interaction" shall undertake training as arranged by the Communications Unit and adhere to best practice guidelines.

3.1.29 All staff with delegated "social media interaction" shall monitor and moderate such sites as appropriate, and all postings and contributions must first be approved by their Team Leader/Manager.

3.1.30 Where staff utilise social media in their personal capacity, they are reminded to adhere to their professional bodies' Code of Conduct and/or professional standards and must not make comments/postings on behalf of MDHB or in their role as a DHB employee. The privacy of MDHB's patients, staff and clients must not be breached or the DHB brought into disrepute. Staff should also be mindful of the impact of any statements they make on their own and/or MDHB's reputation.

### **3.2 Operations Director and General Managers**

3.2.1 Operations Directors and General Managers shall:

- ensure that significant projects and events are supported by a communication plan so as to ensure all stakeholders are informed by the most appropriate means. A communication plan template is available to assist this process – [Appendix 3](#).
- co-ordinate submissions on Government policy, and to Government Committees. This person shall make best endeavours to ensure that all appropriate personnel within the organisation are specifically invited to put forward their views; that all staff are made aware that a submission is being compiled, and the designated co-ordinating officer who shall receive information/views for inclusion. This person shall also be responsible for collating the response, and ensuring that it is formally approved and signed by the appropriate General Manager.
- together with the Communications Manager, shall authorise specific staff members to have social media access, and maintain a list of employees with such delegated authority.
- monitor social media sites that staff within their area of responsibility with delegated authority are interacting with.

### **3.3 Public Health Services**

3.3.1 The requirements for Operations Director authorisation of submissions, and filing of submissions with Board Records, are waived for the Public Health Unit in respect of:

- Government policy or legislation that has not yet entered the parliamentary process, and forms that of a more technical or departmental policy nature;
- resource management matters
- national, regional and district (territorial authority) plans

### **3.4 Communications Unit**

3.4.1 Media statements/written releases shall be co-ordinated, wherever possible, by the Communications Unit, in consultation with the CEO/General Manager/Operations Director /Clinical Director/employee concerned. Approval for the release will be in accordance with the Delegations [Policy] MDHB-2022.

3.4.2 The Communications Unit shall be responsible for ensuring timely circulation of media releases, both to the media and within MidCentral District Health Board.

3.4.3 The Communications Unit shall establish and maintain a schedule of media contacts.

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- 3.4.4 The Communications Unit shall have primary responsibility for facilitating linkages between MidCentral District Health Board and media organisations.
- 3.4.5 The Communications Unit will maintain a communication plan template to assist services with major communication initiatives.
- 3.4.6 The Communications Unit will maintain MDHB's Style Standards, and provide training in their use.
- 3.4.7 The Communications Unit shall maintain MDHB's communication infrastructure, including but not limited to, website, social networking tools and sites (facebook, twitter, google plus).
- 3.4.8 The Communications Unit shall monitor staff (with delegated authority) interaction with social media, and moderate as appropriate.
- 3.4.9 The Communications Unit shall arrange media and social media training for managers and staff as required.

### **3.5 Communications Manager**

- 3.5.1 The Communication Manager, in conjunction with the appropriate Operations Director shall authorise staff to have social media access and web site content managed and external collaboration editing and/or approval status. (Refer also MDHB-5472 Web Policy.)

### **3.6 Board and Committee Members**

- 3.6.1 The Board's Chairman is the official spokesperson for matters of governance and policy.
- 3.6.2 Committee chairpersons may speak on behalf of their Committees, and on governance matters falling within the ambit of their committee's terms of reference.
- 3.6.3 Board and Committee members have the right to express their views in the media and public arena, but must make it clear the views are their personal views, and they are not speaking for, or on behalf of, the board in respect of current, or future, policy or decisions.
- 3.6.4 Guidelines are provided for Board and Committee members in respect of media enquiries.

## **4. MEDIA CONTACTS**

- 4.1 Where practicable all media contacts/enquiries should be, in the first instance, referred to the appropriate Operations Director/Clinical Director and/or the Communications Unit, which acts as the co-ordinating body for all media contacts.
- 4.2 Where approaches are received directly from the media, the Communications Unit is to be advised of the issue and any statements made to the media.
- 4.3 The Delegations [Policy] MDHB-2022 specifies those authorised to speak directly with the media on policy/service/professional issues relating to MidCentral District Health Board, and the following guidelines clarify areas of responsibility:
  - For **policy, and issues defined as critical** by the CEO, the media spokespersons shall be the Chairperson of the Board and/or CEO (or designated person).

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- For **operational, service and professional issues**, the General Managers/Operations Director/Clinical Directors may respond to the media, or delegate their authority to other appropriate spokespersons as necessary
  - Any issues which may cause **significant public concern** must be referred to the CEO and the Communications Unit in the first instance. Where the issue involves a **threat to public health**, any response will be developed in consultation with the Medical Officer of Health or designate.
- 4.4 In general, and in the interests of maintaining good relations, access to information, interviews and other MidCentral DHB material should not be exclusive and the various news media and journalists should be given equal treatment, except on the recommendation of the Communications Unit.
- 4.5 For special projects or incidents, a media spokesperson may be appointed by the General Manager or Chief Executive Officer.
- 4.6 Media Access to Patients/Clients who are Resident at MidCentral's Facilities**
- 4.6.1 Patients/clients who are resident at MidCentral's facilities wishing to be interviewed by the media have that right. All such requests by the media should be referred to the Communications Unit and the appropriate Team Leader.
- 4.6.2 The Team Leader will ascertain whether the patient/client or next of kin consents to the interview and also if there are any clinical reasons why an interview should not take place.
- 4.6.3 The Communications Unit should then make arrangements for the media to meet with the patient/client.
- 4.6.4 As with all media contacts, care must be taken that the privacy of other patients/clients and staff is not compromised. Also, that the arrangements do not unduly disrupt the day-to-day running of the department.
- 4.6.5 If the media is found on MDHB property without permission they should be asked to leave, and, if necessary escorted off the premises by security.

*Confidentiality*

- 4.6.6 Where the media or other external parties are seeking comments relating to patients/clients/residents and/or their welfare, including access for interviews and photographs, the response must take into account the organisation's policy on patient confidentiality. This states that the only information that may be released without the patient/client/resident's prior consent is:
- brief general information concerning the nature of injuries to a person involved in an accident, provided this is within 24 hours of their admission
  - general information concerning the condition of the patient on the day of enquiry, unless the patient/client or their family/representative has expressly requested no information be given.
- 4.6.7 Where the media or other external parties are seeking comments on individual staff members concerning personal information, disciplinary and/or industrial relations procedures, including access for interviews and photographs, the response must take into



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account the need to protect employee privacy. The only information that may be released without the individual employee's prior consent is general information pertaining to the issue in question only (without divulging individual or personal details).

- 4.6.8 Where the media or other external parties are seeking comments on contract holders concerning contract arrangements, the response must take into account the need to protect information where the making available of such information would unreasonably prejudice the commercial position of the contractor, or, disclose a trade secret.

*Board Meetings*

- 4.6.9 Media are welcome to attend MidCentral District Health Board/Committee meetings. Filming or photographing the meeting can only occur with permission from the Board Chair. Applications should be made, via the Communications Unit, 48 hours before the meeting.

**5. RECORDING (PHOTOS, VIDEO AND AUDIO) ON MDHB PREMISES AND OF MDHB STAFF AND PATIENTS**

- 5.1 It is the policy of the hospital, consistent with its respect for patients' privacy and confidentiality and adherence to the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations to obtain written consent to photograph, video or audio record patients and/or staff.
- 5.2 In general terms, requests for recording will be considered against: public interest; social and public health merit; the benefits to the District Health Board; the benefits to the sector; the impact on patient privacy; and the impact on the day to day operations of the area concerned.

*Media*

- 5.3 Under no circumstances may media interviews, filming or photography be carried out on MDHB sites without permission from the Communications Unit. If media, or individuals carry out recording (visual or audit) or photography without permission, our hospital security teams will ask media/individuals filming to leave the site immediately.
- 5.4 Media requests for permission to record (audio or visual) on MidCentral District Health Board premises should be directed to the Communications Unit, who will make a determination in conjunction with the General Manager or On-Call Manager of the Division concerned. An appropriate and specific filming agreement should be signed with the film company and patient/client or next of kin. Consents must be obtained prior to filming, either by completing the filming consent form (obtainable from the Communications Unit) or by noting in the patient/client's notes.
- 5.5 The Minister of Health's directives regarding filming or recording on DHB premises must be adhered to at all times – refer [Appendix 2](#) for latest directive dated 16.11.02.

**6. PREREQUISITES**

- 6.1 Any employee publicly representing MidCentral District Health Board must ensure they are acting within their formal delegated authority or have the specific approval of their immediate manager to do so.

## **7. POLICY**

- 7.1 MidCentral District Health Board's role/image as a funder, planner and provider of health and disability services shall be upheld in all external communication, and by all who represent it in the public arena.
- 7.2 Staff members who communicate with external parties on behalf of MidCentral District Health Board shall represent the organisation's views in an accurate and professional manner.
- 7.3 MidCentral District Health Board shall work in co-operation with the news media as a communication linkage between the organisation and the wider public, and to promote health and the activities of MidCentral District Health Board within the wider community.
- 7.4 Media enquiries are to be co-ordinated through the Communications Unit and dealt with in a timely, helpful manner, while maintaining strict patient, client, resident and employee confidentiality.

## **8. DEFINITION**

- 8.1 **Communication:** for the purposes of this policy, "communication" is defined as the exchange of information with a party who is not an employee of the organisation.
- 8.2 **Operations Director:** for the purpose of this policy "Operations Director" is defined as a third tier officer with management responsibilities.
- 8.3 **Inappropriate/unacceptable communication is:**
  - abusive, harassing or threatening of others
  - anything which racially or religiously vilifies others, incites, induces, aids, assists, promotes, causes, instructs or permits violence, discrimination, harassment, victimisation or hatred towards others, is likely to offend, insult, humiliate or intimidate others, particularly on the basis of their sex, gender identity, race, colour, descent, national origin, religion, ethnicity, age, sexuality, disability or any other grounds
  - contains defamatory or libellous comments
  - uses insulting, provocative, hateful, obscene or offensive language
  - includes material which infringes the intellectual property rights of others
  - promotes commercial interests
  - hacks into unauthorised areas publishing defamatory and/or knowingly false material about MDHB, colleagues and/or clients/service users on social networking sites, blogs, wikis and any online or other publishing format
  - reveals confidential information about MDHB, including information relating to patients, consumers, business plans, policies, staff and/or internal discussions, and financial information.
- 8.4 **Social media:** for the purposes of this policy, "social media" is defined as web and mobile-based technologies which are used to turn communication into interactive dialogue between organisations, communities and individuals. It includes but is not limited to webzines, weblogs, social blogs, microblogging, wikis, social networks, podcasts, photographs or pictures, video, rating and social bookmarking, eg facebook, Twitter, Flickr, YouTube.
- 8.5 **Health literacy:** the degree to which individuals can obtain, process and understand health information and services they need to make appropriate health decisions.

## **9. RELATED DOCUMENTS**

### **9.1 MDHB Related Documents**

MDHB-2022	Delegations [Policy]
MDHB-2053	Disclosure of a Serious Wrongdoing (Whistle Blowing) [Policy]
MDHB-673	Health Information Access Release Disclosure [Policy]
MDHB-5365	E-Mail Acceptable Use [Policy]
MDHB-5472	Web Policy
MDHB-5582	MDHB's Code of Conduct
MDHB-1889	MDHB's Disciplinary Procedures
MDHB-2007	Retention of Documents
MDHB-6295	Clinical Images of Patients Policy

#### [MDHB Style Standards](#)

### **9.2 Other Related Documents**

9.2.1 This is not an exhaustive list and employees should refer to the professional body for information:

- Social Media and the Medical Profession – a guide to online professionalism for medical practitioners and medical students (a joint initiative of the Australian Medical Association Council of Doctors-in-Training, the New Zealand Medical Association Doctors-in-Training Council, the New Zealand Medical Students' Association and the Australian Medical Students' Association)
- Social Media and the Nursing Profession: a guide to online professionalism for nurses and nursing students (a joint resource developed by the New Zealand Nurses' Organisation, NZNP National Student Unit, and Nurse Educators in the Tertiary Sector)
- Social Media in Government – high level guidance (Department of Internal Affairs)

## **10. FURTHER INFORMATION / ASSISTANCE**

- Communications Unit
- Human Resources Department
- Principal Administration Officer
- Privacy Officer
- Quality & Clinical Risk
- Information Systems

## **11. APPENDICES**

[Appendix 1](#): Media Guidelines for Board and Committee Members

[Appendix 2](#): Minister of Health's Directive re Filming on DHB Premises

[Appendix 3](#): Communication Plan Template

## **12. KEYWORDS**

Communications, News media

## **Media Guidelines for MidCentral District Health Board and Committee Members**

1. Board and Committee members should not comment publicly on specific agenda items in advance of the meeting at which they are to be discussed.
2. It would be expected that Board and Committee members would publicly express their individual viewpoints at the meeting. Subsequent public comment would be influenced by the individual's obligation to observe the collective responsibility for decisions.
3. It is inappropriate for members to comment on operational or clinical issues. Media questions relating to operational or clinical issues should be referred to the Board Chair or the Chief Executive.
4. Board and Committee members are expected to be well briefed and informed before talking to the media.
5. To apprise members of issues that may be aired publicly:
  - a briefing paper will be circulated as required
  - media releases will be forwarded to Board and Committee members prior to being issued to the media as appropriate
6. Board and Committee members are encouraged to seek advice from the Chief Executive should they need more information on any issue.
7. Board and Committee members are encouraged to share information with the Chief Executive to ensure the appropriate staff are involved, informed and aware of news media coverage and developments.
8. Board and Committee members should avoid any comment about identifiable patients or employees of the MidCentral District Health Board, or of other providers of health services.
9. Board and Committee members may not level criticism of staff that may be seen to be personal.
10. Board and Committee members must remember they are accountable to the shareholder Ministers.
11. Board and Committee members must let the Board Chair and CEO know (in advance where possible) if they are contacted by, or intend to speak to, the media.

## Minister of Health's Directive re Filming on DHB Premises dated 19.11.02

New Zealand Public Health and Disability Act 2000

### Direction to all DHBs – use of DHB facilities for filming or recording

In light of controversy recorded in the judgment of Hon Justice Heath in *Re an unborn child (HC Hamilton, 11 October 2002)* concerning a woman's attempt to have the birth of her child recorded for purposes that have been acknowledged as including a pornographic film, I regard it as inconsistent with the objectives of a DHB that its facilities be used for any such purpose.

It is the policy of the Government that the resources of DHBs are to be applied in pursuance of their objectives, and in particular, that the facilities of DHBs are not to be used to produce or promote pornography.

Therefore, pursuant to section 32 of the New Zealand Public Health and Disability Act 2000, I direct all DHBs as follows:

1. The DHB must not permit on or within its premises any filming or recording for purposes that it has reason to believe may include a pornographic purpose.
2. The DHB may permit on or within its premises any other filming or recording only in accordance with clause 3 of this direction.
3. Subject to clause 1 of this direction and any other lawful restrictions, the DHB may permit on or within its premises any filming or recording-
  - (a) for any of the following purposes:
    - (i) personal and private purposes; or
    - (ii) clinical or educational purposes; or
    - (iii) purposes of the news media; and
  - (b) where the DHB believes it to be necessary or desirable.
4. This direction does not affect any existing power of the DHB to restrict access to, or to restrict filming or recording on, its premises.
5. For the purposes of this direction, references to "filming or recording" include still photography, sound recording, and visual and sound images.

DATED AT WELLINGTON THIS <sup>19<sup>th</sup></sup> DAY OF NOVEMBER 2002.



Hon Annette King  
Minister of Health

**INSTRUCTIONS** - Fill in the blank area beside/under each description. Provide as much information as possible. If you require further help, contact the Communications Unit on extn 8945.

**Communication Plan Name:** *Enter the name of the communication event/project*

**Purpose/objective(s):**  
*Instructions: State the overall purpose of this communication plan. For example, to inform all parties affected (or potentially affected) by an outbreak of Hepatitis A in Palmerston North.*

**General Principles & Approach:**  
*Instructions: Identify and document the overall approach to the project. For example, low-key or determined effort to get key messages out to stakeholders. Some things to consider: identify a project owner(s); identify a central store for documentation and contact(s); identify where media enquiries can be referred.*

<b>Spokesperson(s):</b>	<b>Internal</b> <i>Instructions: Identify who will be the official spokesperson(s) for this project/issue within the organisation. This may be a Team Leader, Clinical Director, Medical Health, Operations Director or General Manager, CEO, and Communications.</i>	<b>External</b> <i>Instructions: Identify who will be the official spokesperson(s) for this project/issue outside the organisation. This may be a Clinical Director, Operations Director or General Manager, CEO, Board/Committee Chairperson, and Communications.</i>

**Planning: (who, what, when & how messages will be communicated)**

<b>Stakeholder/Audience:</b> <i>Instructions: Identify all stakeholders and group these as appropriate. For example, "generic/everyone" will cover messages for all stakeholders. Stakeholder groups to consider include staff, unions, local councils and MPs, DHBs etc. Add a new row for each stakeholder group.</i>	<b>Key Message(s) &amp; Delivery:</b> <i>Instructions: List key messages specific to the stakeholder group. For each stakeholder group, identify the best means for conveying information. Some examples are newsletters, media releases, public advertisements, MDHB Board/Committee reports, web, email, focus groups, consultation exercise, letters, a schedule of frequently asked questions, and staff faxes etc.</i>	<b>Action Points</b>				
		<b>Description</b> <i>Instructions: Add action points relating to determining and delivering messages for each stakeholder group. Complete the columns regarding who will be responsible for the action, completion date, and monitor progress via status column.</i>	<b>Responsibility</b>	<b>Date</b>	<b>Status</b>	
In Progress	Completed				Not Completed	
<b>Generic/Everyone</b>						



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**Administration: (plan administrative details)**

<b>Cost(s)</b> <i>Instructions: Detail any likely costs with provision/dissemination of this communication plan. Cost could include external consultation or public dissemination of information.</i>	<b>Copies</b> <i>Instructions: Detail who has been provided a copy of this communication plan, eg CEO, general managers, Funding Division, MCH, OMT, MCH, Communications Unit.</i>
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**Please detail the filename and location of this Communication Plan:**  
*Instructions: Save communication plan, click anywhere on the field below and hit "F9" on keyboard. Re-save file.*

**i:\ceo\comms\admin\word\communication plans\clinical board\clinical board.doc**

**Frequently Asked Questions:**  
*Instructions: Detail any frequently asked questions and answers that that relate to the communication plan event*

**General Comments:**  
*Instructions: Detail any general comments that relate to the communication plan event*