

**Document facilitator:** CCDHB Communications Manager

**Senior document owner:** Executive Leadership Team

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**Type:**        **Policy**

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**Name:**       **External communication**

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### **Purpose**

This policy aims to ensure that CCDHB's external communication activity is fit for purpose and supports its organisational vision and objectives.

### **Scope**

This is a CCDHB-wide policy and applies to all communication activity with external stakeholders carried out by CCDHB staff or on CCDHB premises.

This policy applies alongside relevant legislation and regulations, and professional and employment agreements and codes of conduct. Breaches of this policy may result in disciplinary action.

### **Definitions**

#### ***External stakeholders***

This includes, but is not limited to, media, community groups, local and central government and the general public.

#### ***Staff***

This comprises CCDHB's employees, board and committee members, contractors, students or other individuals carrying out paid or unpaid work at CCDHB.

#### ***Communication activity***

This covers a broad range of activity. It typically comprises, but is not limited to:

- media releases and interviews
- published material, including posters, newsletters, reports and brochures
- advertising
- websites and social media.

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### **Media management**

The media have a legitimate interest in CCDHB and its activities. The DHBs approach is to be as open and helpful to the media as possible and appropriate, and to recognise that they are an important means of communication with the public.

However, we do not believe it is in the best interest of our patients or CCDHB to speak publically about individual cases, even if consent is given. Our preference is to provide general comment.

#### ***Media requests***

The communications unit is responsible for liaising between the media and staff. This approach expedites the flow of information to the media, reduces potential disruption

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to hospital activity, and ensures media are getting accurate information from the most appropriate person in the organisation.

All CCDHB related media requests are to be referred to the communications unit as soon as possible. The communications unit will work with the appropriate subject matter experts and managers to prepare a response.

### ***Media requests for patient information***

CCDHB releases condition updates on request to the media in accordance with CCDHB's requirements and privacy legislation. Refer to appendix 1 on how the communication unit responds to patient related media queries.

### ***Authorised CCDHB media spokespeople***

Only authorised media spokespeople or their delegate can comment on behalf of CCDHB. This includes written and verbal comment. Refer to appendix 2 for the list of authorised media spokespeople.

Media interviews will be undertaken only by spokespeople who have received media training, are well prepared to respond, and have ensured any risks are minimised.

### ***Media spokesperson for third party organisations***

Staff who are spokespeople for professional bodies, committees or organisations other than CCDHB can make statements, written or verbal, to the media to express the views of that group.

In recognition of the rights and interests of the public in the health service, CCDHB respects and recognises the right of its staff to comment publicly and engage in public debate on matters relevant to their professional expertise and experience.

Staff must state the capacity in which they are speaking and make it clear that they are not speaking on behalf of CCDHB.

The CCDHB logo, including uniforms or signage, is not to be visible in promotional activity as it could lead the public to consider the activity is supported by CCDHB.

Approval must be sought from the communications unit to conduct face-to-face interviews on CCDHB sites. Refer to the filming or photographing on CCDHB sites section for more information.

Staff must inform the communications unit if they intend to, or have commented to the media on behalf of a third party organisation that relates to the DHB or the work of the DHB.

### ***Proactively promoting CCDHB in the media***

If staff wish to proactively promote CCDHB services or staff or invite media to attend a CCDHB event, they must contact the communications unit prior to engaging with the media. The communications unit will assess the request, and where appropriate, provide communications support.

### ***Legal liability***

Staff making public statements regarding any person or organisation must comply with relevant legislation including the Health Information Privacy Code 1994, and

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Code of Health and Disability Consumers Rights 1996. Staff may be personally liable if the statement is unfounded.

### ***Remain impartial***

While staff can act as advocates for patients, it is important staff remain impartial.

As a crown entity, CCDHB must comply with the standards of integrity and conduct set out in the code of conduct for the State Services. The code states that staff must:

- maintain the political neutrality required to enable us to work with current and future governments
- carry out the functions of our organisation, unaffected by our personal beliefs
- support our organisation to provide robust and unbiased advice
- respect the authority of the government of the day.

### ***Dealing with media***

If the media contact staff directly, by phone or email, with a CCDHB related media request they need to be referred to the communications unit.

No direct dial, mobile phone numbers or email address of staff are to be given to the media except for contact details of staff in the communications unit.

### ***Concerns about media coverage***

If staff have any concerns about media coverage, including the accuracy of information, contact the communications unit to discuss. Any complaints about media coverage are to be coordinated by the communications unit.

### **Promotional activity for third party organisations**

Staff can take part in promotional activity for third party organisations in a personal capacity. Examples of this would be featuring in marketing material or attending events for an organisation other than CCDHB.

The promotional activity cannot be conducted on CCDHB sites or using CCDHB equipment, including uniforms, as this could lead the public to consider the promotional activity is supported by CCDHB.

Staff must inform the communications unit if they intend to take part or have taken part in promotional activity for a third party organisation that relates to the DHB or the work of the DHB.

### **No surprises approach**

As a crown entity we are required to operate on a no surprises basis to ensure our board, the Ministry of Health and Minister of Health are informed about issues.

Staff should inform the communications unit of issues that could attract media attention or be contentious, as well opportunities for positive media coverage.

If there is likely to be significant media coverage, such as a front page newspaper article, an all CCDHB email with a summary of the media query and response will be sent for the purposes of staff welfare.

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### **Filming or photographing on CCDHB sites**

Requests from external stakeholders to film or photograph on any CCDHB sites must be approved by the communications unit. Filming or photography requests of a commercial nature may incur fees.

The communications unit seek advice to ensure the rights of patients, visitors or staff are not breached, there are no health and safety risks, and there is no impact on patient care. Appropriate consent from patients, visitors or staff must be obtained by the external stakeholder.

Film crews must be escorted by a member of the communications unit, or their delegate.

### **Conference presentations**

External stakeholders are often present at conferences or seminars. Any presenter who intends to make reference to CCDHB, its services, staff, or practices in their presentation shall advise their professional leader or manager. This can be done in any way acceptable to the professional leader or manager.

### **Published material**

Following the CCDHB style and writing guide and using the corporate templates means our published material looks professional and helps people to easily recognise our organisation. Refer to the CCDHB style and writing guide on the intranet for more information.

Any requests for the CCDHB logo to be included on material for an external stakeholder must be approved by the communications unit.

### **Advertising**

All advertising must be placed through the appropriate channel. For:

- board and committee meeting public notices, contact the board secretary
- recruitment advertising, contact the recruitment team
- other advertising queries, contact the communications unit.

As a crown entity we follow the Code of Conduct for State Services which states we must be impartial. All advertising displayed on CCDHB sites must be politically neutral.

### **Commercial advertising**

Offers from local businesses for staff are listed on the staff benefits page on the intranet. The staff benefits are managed by the human resource department.

No commercial business can be advertised or promoted through CCDHB channels or on CCDHB property without permission from the communications unit.

### **Official information requests**

Any request for information held by CCDHB is covered by the Official Information Act. An individual requesting their own medical records is excluded.

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Requests for official information must be forwarded as soon as possible to the communications unit. This can be done by forwarding the email to [uia@ccdhb.org.nz](mailto:uia@ccdhb.org.nz) or sending the correspondence through internal mail.

Staff cannot respond to official information requests without following the process for responding to Official Information Act requests. Refer to the Official Information Act request policy for more information.

### **Website**

The DHB's websites are a key channel for keeping the public informed about our services. Approval to set up any websites related to CCDHB or its services must be obtained from the communications unit and relevant executive director.

The communications unit is responsible for managing the main external website ([www.ccdhb.org.nz](http://www.ccdhb.org.nz)) and making sure content is reviewed at least six monthly. Staff are responsible for informing the communications unit if content needs to be updated outside of the six monthly reviews.

The administration and loading of content is only undertaken by the communications unit or trained content editors.

### **Social media**

The DHB recognises and supports the benefits of social media particularly in the areas of public health information and recruitment.

You must be an authorised media spokesperson to post on publicly available social media channels on behalf of CCDHB.

The communications unit regularly monitors social media channels to identify any issues arising from unauthorised use and misrepresentation of the DHB.

### **Personal use**

Staff participating in social media must make it clear they are doing so in a personal capacity to avoid their personal views being misconstrued as the view of CCDHB.

Staff should not identify CCDHB as their employer when doing so would bring CCDHB into disrepute.

Staff should not express any statement or comment that:

- breaches patient or colleagues' privacy
- contravenes their employment or service agreement.

### **Contacting the communications unit**

The communications unit is accessible outside normal business hours.

Phone the telephone operator and ask to be put through to the on-call media advisor or email [news@ccdhb.org.nz](mailto:news@ccdhb.org.nz).

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## References

Department of Internal Affairs social media in government high-level guidance

CCDHB style and writing guide

Code of good faith for public health sector

Code of Health and Disability Consumers Rights 1996

Health Information Privacy Code 1994

Official Information Act request policy

Multi-employer collective agreements (MECAs)

State Services Commission standards of integrity and conduct

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## Appendices

Appendix 1: Responding to patient related media queries

Appendix 2: Authorised media spokespeople

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## Appendix 1: Responding to patient related media queries

This is a guide for the communications unit to ensure we respond to media queries requesting information about a patient in an appropriate and consistent manner, and key stakeholders are suitably informed.

Our preference is to provide general comment, rather than comment on specific cases or individuals.

When seeking information about a patient on behalf of the media, the communications unit will call the department or medical staff caring for the patient.

### Patient condition updates

Under rule 11(1) (e) of the Health Information Privacy Code 1994, we can release general information concerning the presence, location, and condition of a patient in a hospital, unless the patient or their representative have expressly asked us not to.

When the media call requesting information on a patient we can confirm the patient is in hospital, state the location the patient is in hospital and provide a condition update.

Terms used to describe locations:

- Emergency department
- Intensive care unit
- Hospital ward
- Inpatient mental health unit

Terms used to describe patient condition:

- Being assessed in the emergency department
- Critical
- Serious
- Stable or comfortable

We cannot confirm or provide any personal details about the patient such as their name, nature of injuries or prognosis.

We cannot provide information about a patient who is not in hospital or patients using community health services, including community mental health services.

If the patient is a high profile individual, such as a well-known sports person or celebrity, we must seek permission from the individual or their representative.

If the patient has passed away, you can inform the reporter they are deceased once the next of kin has been notified. If the next of kin has not yet been notified tell the reporter "I'm not able to provide an update at this time", take down their details and call them back.

If you are not able to identify the patient from the description provided tell the reporter "based on the details provided we do not have a patient that meets this description".

Actions by the communications unit:

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- Inform the chief operating officer if there is a high profile individual in the hospital in case additional privacy or security measures are required.

### **Media request for additional patient information**

Under Rule 11(1) (b) of the Health Information Privacy Code 1994, we can release information about a patient if the disclosure is authorised by the individual concerned, or the individual's representative where the individual is dead or unable to give their authority.

If the media ask for additional information about a patient, consent will need to be provided by the patient or their lawful representative. For a minor under 16 years their parent or legal guardian, and for adults not capable of consenting their welfare guardian or person acting under enduring power of attorney or a person clearly acting in the best interests of the patient.

Send the following response and media consent form to the reporter – “We are unable to provide you with the requested information about a patient as their consent is required under the Privacy Act 1993.”

It is the reporter's responsibility to get consent. If consent is not provided, we can only provide a patient condition update or general comment.

If consent is provided we are able to disclose information to the named media outlet for the purpose outlined. Unless the media consent form says all media, consent is required for each media agency.

Even if consent is granted, we still must consider the impact the information released to media may have on the patient, their family and staff. The communications unit will consult with clinicians to ensure the information provided to the media is relevant, accurate and won't have a detrimental effect on the patient and their family.

Actions by the communications unit:

- Notify the manager and/or clinical leader of the department as well as the relevant Executive Leadership Team (ELT) member of the media request as soon as possible
- Send a media update email at the end of the day to the board, ELT members, Ministry of Health and the Minister's Office
- If there is likely to be unfavourable media coverage, provide a copy of the response to the manager and/or clinical leader of the department so they can inform their staff
- If the media coverage is likely to be significant, such as a front page newspaper article or TV news coverage, send an 'ALL CCDHB' email with a summary of the media query and response. The purpose of this email is to appropriately forewarn staff of unfavourable media coverage. Information should be limited to a broad description of the issues and no identifying details are to be included.
- Include the media request, response provided and outcome in the weekly media report.

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**Media request where the patient is involved in a police investigation**

Follow the same guidelines for patient condition updates, however if the individual passes away contact the Police communications team to find out if they will be issuing a statement.

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## Appendix 2: Authorised media spokespeople

The authorised spokesperson will decide on an individual basis if they delegate the spokesperson role and who they delegate it to.

Subject/issue	Authorised spokesperson	Or delegation
Governance or political	Board Chair Chief Executive	Deputy Board Chair Hospital Advisory Committee chair 3DHB Community & Public Health and Disability Support Advisory Committee chair
Service planning and allocation of funds	Chief Executive Director of SIDU Chief Financial Officer	Senior Portfolio Manager
Wellington Regional Hospital Kenepuru Hospital Kapiti Health Centre	Chief Executive Chief Operating Officer Chief Medical Officer Executive Director of Nursing and Midwifery Executive Director Allied Health, Scientific & Technical	Directorate executive directors – operations and clinical Clinical heads of departments Specialist staff
Mental health, addictions and intellectual disability services	Chief Executive General Manager MHAIDS	Directorate executive directors – operations and clinical Clinical heads of departments Specialist staff
Community services	Chief Executive Director of SIDU	Senior Portfolio Manager
Public health and health promotion	Medical Officer of Health Director of SIDU	Public health physician Programme managers Health protection officers
Emergency management	Chief Executive EOC controller	Specialist staff
Information services	Chief Executive Chief Information Officer	Senior ICT staff