

**Canterbury District Health Board**

**Communications Strategy**

**2005**

## **Important Over-arching Goals:**

- Communicate the mission, vision and values of the CDHB to all stakeholders and the community
- Establish and maintain goodwill and mutual understanding between the CDHB, its stakeholders and maintain the organisation's reputation
- Minimise risk by effectively communicating key messages for specific plans and projects
- Foster positive communications within the CDHB thereby improving the staff environment
- Maintain a positive image of the CDHB through understanding of the CDHB brand and its role in the health of Canterbury
- Effectively communicate key messages to the public and stakeholders ensuring all appropriate channels are utilised, including media, CDHB publications and other relevant publications
- Manage all media communications by implementing the CDHB media policy and ensuring that the most appropriate person is available to respond to media queries with support as required.

## **Background:**

This is a high level Communications Strategy which is designed to take the Canterbury District Health Board through the next 12 months.

It takes into account the following key areas and components:

- The implications for 2005 as election year
- The impact of population based funding on the CDHB
- Core Directions – specifically ‘Better Ways of Working’
- The consultation round and communications required for the next version of the CDHB Strategic Plan
- New initiatives to improve services
- Reviews and service reconfiguration
- Changes to the operational direction of Hospital & Specialist Services
- The opening of new Christchurch Women’s Hospital
- Other major facilities refurbishment projects
- Any other areas that are determined by the CDHB to require effective communications.

## **Introduction:**

2005 will be an important year for the Canterbury District Health Board.

- It has a new Board (since October 2004) in place with five new Board members.
- It has a difficult financial budget to maintain in terms of its ability to retain its current 'good' financial position and status.
- The Hospital & Specialist Service has recently undergone a management change of responsibilities from facilities based to service based. This change will require ongoing relationship management and excellent information-sharing to maintain stability within the management workforce across all the services and facilities.
- It is election year. The impact of this cannot be over-emphasised. Local MPs, the Health Select Committee, MPs nationally and others with a political interest will be wanting to know what the CDHB is doing and how well it is performing in highlighted areas eg waiting lists. This means that risk must be minimised by ensuring that cascades are in place and are effective, and that hotspots are identified early and managed effectively.

In the lead-up to the national elections the media will play a particularly strong role in raising issues in the public arena. To minimise this risk, we need to understand the current composition of the media in New Zealand and to appreciate that media are by nature negative, and tend to focus on individuals where possible.

To assist in managing the media, greater use needs to be made of key staff who are able to speak fluently on issues that are relevant to them – ie their specialist or management areas of expertise. It is important therefore that staff who are most likely to be quoted on radio, interviewed on television or reported in newspapers have full media training.

It is also important to ensure that the CDHB media policy is known and understood by all staff who are likely to have access to, or be contacted by, media.

(Note this is the organisation's media policy and not the Board member's media policy.)

## **Effective Communication:**

Effective communication management techniques at all levels of the organisation will be critical success factors in ensuring that regional health interests are appropriately portrayed to the public.

Topics that are already identified are listed as follows:

### **Major Projects:**

- Migrating Christchurch Women's hospital to its new site
- The impact of Christchurch Women's on the Christchurch hospital campus
- Stage two of Burwood Redevelopment
- The New Dialysis & Diabetes Centre project
- Moving the Corporate Office out of Charles Luney House
- The Patient Journey (as an outcome of the ED review)
- Keeping Warm in Winter
- Meningococcal Vaccination Programme
- Industrial Issues

### **Service Reviews:**

- Clinical Records
- Maintenance (& technicians)
- Radiology
- Telephonists
- Community Midwifery Service
- Rural Health Services
- Ashburton hospital clinical review
- Family Mental Health Services

Each of these projects needs an individual communications plan to ensure:

- Stakeholders are identified
- Target audiences are identified (note the target audience can be different to the stakeholders)
- Key messages are determined
- The best speaker(s) is identified to represent the event/project
- The timing is right
- Maximum impact/gain
- The right people are informed at the right time
- Risks are identified and managed

Each of the communications plans also needs to have an appropriate media component. This will vary depending on the project/review.

**Note:** On all key issues, a decision will be made as to who is the person designated to speak on behalf of the CDHB. In areas that are deemed political, this will usually be the Chair of the Board or his nominee. In operational areas, this will be the Chief Executive or her nominee.

## Communicating Key Projects & Issues:

### Briefings

#### Internal:

- A series of forums are planned during the year for staff. They will be managed with roadshows to be held in:
  - February/March
  - June/July
  - October/NovemberThese are opportunities to give staff an update on progress, for staff to ask questions and to cover any issues raised ahead of time.
- **H&SS General Managers** will need to keep their senior clinical and service management staff well informed on all issues and invite feedback so that the Board's policy of no surprises is maintained.
- The staff newsletter **Across the Board** needs to be well utilised by senior management to ensure that messages that are important are given to staff. The CEO will have an update in every edition beginning January.
- **Facilities newsletters.** – These may change with the change from facilities to services management. H&SS needs to decide whether they will continue and in what format to best manage the flow of information to staff on important messages.
- **CEO Weekly Update.** This is an important and well read avenue for immediate information to staff. This will be maintained in 2005 and important issues for staff will be highlighted. The update will continue to be sent to GMs to distribute to all staff who don't have immediate access to emails.
- **Global Emails.** These are for critical and immediate impact messages only. They will be used on an 'as needs' basis.
- **CDHB Intranet.** Not all staff have access to the CDHB intranet, however it is an important part of internal communications and can be used via GP Access to provide greater information for major issues eg SARS etc. (Note, there is a current upgrade project underway, part of which will be completed in 2005)

## **External:**

- **TLAs and Community Groups** Board meetings this year are planned to be held in Ashburton and Kaikoura with an opportunity following the board meeting for local interest groups to meet Board members. It is proposed to have the Ashburton meeting in March and the Kaikoura meeting in June. Meeting information will be sent to appropriate organisations ahead of time.
- **Senior management** staff will be available to attend other local authority meetings as/when required, eg Waimakariri, Selwyn, Hurunui etc.
- **Strategic Plan** workshops will include representatives of a cross section of health interests. These will begin in April. They are a critical part of the consultation process for the CDHB's strategic plan. An individual communications plan will be part of the overall strategy.
- **PHOs** – there will be regular updates with the Chairs of PHOs as well as managing the ongoing working relationship at a staff level.
- The newsletter for stakeholders – **In Touch** – will be an important vehicle for information sharing to keep provider stakeholders up to date with what is happening.
- **Healthfirst** is the best medium for informing the public of Canterbury about events and activities within the CDHB. All editions next year will include a section about the Board, and all editions will include an overview by the CEO.
- **Healthtalk** – is the fortnightly interview on Newstalk ZB. In 2005, this will be used on a regular basis for the CEO to talk about issues and for general managers to discuss important facts that need clarification. They will also be used as usual to promote community projects and to highlight community and public health issues. The first six month schedule is prepared.
- **TAHU FM** – Use this radio channel to maximise exposure on Maori health projects specific to the Canterbury region.
- **Pacific Programme** – Plains FM – use this radio programme to maximise exposure on Pacific health projects specific to the Canterbury region.
- **Advertising** – The CDHB has a 12 month radio advertising campaign opportunity through the Radio Network which covers four key radio stations in the Canterbury region which are being utilised for major projects such as 'Keeping Warm in Winter' and has also been used for information to the public on key issues such as Emergency Dept waiting times. This is a very useful opportunity which will be included in the planning mix over the next 12 months. It will be used extensively for the advertising campaign re Christchurch Women's Hospital.
- **CDHB Website** – this is an important communication tool for all areas. It contains Board agendas and minutes, information about the organisation, media statements, copies of publications, and is a useful mechanism for updates.

## Summary

There are five critical success factors that will ensure effective communication in the lead up to the election and in the post election period.

- All identified stakeholders must be kept well informed over the next 12 months. Stakeholders will vary depending on the project, the issue or the review. They may be internal or external or both.
- Ensuring staff understand existing processes and systems. Processes for new projects and reviews must be maintained. Ensuring signoff by the Executive Management Team, the appropriate Board committee, and the Board where required will be imperatives.
- Being proactive in recognising hotspots rather than reacting situations is always the ideal, but is not always realised within the CDHB. This year particularly, keeping the channels of information open at all times will be critical to ensuring a proactive approach.
- Understanding the workings of the media and having adequate training for identified staff will be essential. (The first media training session will be in January for the newly appointed H&SS General Managers.)
- Recognising the importance of the CDHB's profile within the community, its role and its status. The CDHB is not well understand even after three years. Every opportunity must be maximised in the next 12 months to ensure a greater level of understanding by the Canterbury community – business, TLAs, ad hoc authorities, the health sector and the community in general.