

HEALTH INFRASTRUCTURE

# World Class End of Life Program

Communications and Engagement Plan

11/01/2024

Version Number 3



Version control

| Version | Date       | Author           | Description  | Reviewed by                 | Approved by                           |
|---------|------------|------------------|--|-----------------------------|---------------------------------------|
| 1       | Dec 2022   | Belinda Berryman | C&E Plan to support early planning and site announcements  | Project team<br>ESC program | Endorsed as a working document by ESC |
| 2       | April 2023 | Belinda Berryman | Update of C&E plan to reflect all project announcements and change of government and updated stakeholder lists |                             |                                       |
| 3       | Jan 2024   | Belinda Berryman | Update of C&E plan to reflect all project activities and updated stakeholder lists                             | Project Team                |                                       |

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## Commonly used acronyms

| Abbreviation    | Description  |
|-----------------|--|
| <b>BC</b>       | Business Case                                      |
| <b>CRG</b>      | Clinical Reference Group                           |
| <b>CSP</b>      | Clinical Services Plan                             |
| <b>CEWG</b>     | Communications & Engagement Working Group          |
| <b>CEP</b>      | Communications and Engagement Plan                 |
| <b>ESC</b>      | Executive Steering Committee                       |
| <b>EUG</b>      | Executive User Group                               |
| <b>FB</b>       | Functional Brief                                   |
| <b>FF&amp;E</b> | Fixtures, Furniture & Equipment                    |
| <b>HI</b>       | Health Infrastructure                              |
| <b>IAP2</b>     | International Association for Public Participation |
| <b>LHD</b>      | Local Health District                              |
| <b>OC</b>       | Operational Commissioning                          |
| <b>PDC</b>      | Planning & Development Committee                   |
| <b>PDP</b>      | Project Definition Plan                            |
| <b>PCG</b>      | Project Control Group                              |
| <b>PDT</b>      | Project Delivery Team                              |
| <b>PPT</b>      | Project Planning Team                              |
| <b>POE</b>      | Post Occupancy Evaluation                          |
| <b>FPP</b>      | Facility Planning Process                          |
| <b>PUG</b>      | Project User Group                                 |
| <b>PWG</b>      | Project Working Group                              |
| <b>BC</b>       | Business Case                                      |
| <b>CRG</b>      | Clinical Reference Group                           |
| <b>CSP</b>      | Clinical Services Plan                             |
| <b>CEWG</b>     | Communications & Engagement Working Group          |
| <b>CEP</b>      | Communications and Engagement Plan                 |
| <b>ESC</b>      | Executive Steering Committee                       |
| <b>EUG</b>      | Executive User Group                               |
| <b>FB</b>       | Functional Brief                                   |
| <b>FF&amp;E</b> | Fixtures, Furniture & Equipment                    |

| Abbreviation | Description  |
|--------------|--|
| HI           | Health Infrastructure                              |
| IAP2         | International Association for Public Participation |
| LHD          | Local Health District                              |
| OC           | Operational Commissioning                          |
| PDC          | Planning & Development Committee                   |
| PDP          | Project Definition Plan                            |
| PCG          | Project Control Group                              |
| PDT          | Project Delivery Team                              |
| PPT          | Project Planning Team                              |
| POE          | Post Occupancy Evaluation                          |
| FPP          | Facility Planning Process                          |
| PUG          | Project User Group                                 |
| PWG          | Project Working Group                              |

# Introduction and context

## Purpose

This Communications and Engagement Plan (CEP) has been developed for the World Class End of Life program. It aims to describe the communications and engagement approach to the program and activities to keep key stakeholders and the community engaged and informed throughout the development and delivery of the program, which is being delivered at hospital across regional and metropolitan NSW including Nepean, Westmead, Wyong, Tamworth and Orange.

Consistent, transparent and proactive communications and engagement are essential for a successful project outcome. Engaging with the right people at the right time informs project planning, design and delivery, as well as links the community, stakeholders, and consumers at all levels of the health system.

It also enables the program team to identify risks and opportunities early and ensures effective mitigation measures are in place to manage those risks throughout the project.

This CEP is a reference point for all communications and engagement activities and outlines the best approach for the World Class End of Life program. Separate Communication and Engagements Plans may be required and developed for each site to ensure a targeted, local communications and engagement approach and align with specific project milestones and LHD strategic priorities. These plans, which will be created in partnership with the relevant LHD media and communications teams, will integrate key program messaging and align with the governance structure of the program.

## Project background

In June 2022, the NSW Government committed \$743 million for the World Class End of Life Care program in the recent 2022-2023 State Budget. Included in the announcement was \$93 million that will be used for capital investment to redevelop and refurbish palliative care facilities across NSW.

As part of the program, new or enhanced units have been announced for Nepean, Westmead, Wyong, Tamworth and Orange hospitals.

The program is being delivered by Health Infrastructure, working closely with the relevant Local Health Districts and key palliative care stakeholders.

A lead design team for the program has been appointed to progress the early planning and consultation phase and master planning is underway.

## Funding

The NSW Government committed \$93 million to redevelop and refurbish palliative care facilities across NSW. The infrastructure program is part of the overarching \$743 million boost for palliative care and specialist health services over the next five years, named the World Class End of Life Care program (WCEoLP).

## Project area and community profile

The geographical location of the program is determined by the sites that are selected.

| Site              | LGA           | LHD                   | Local MPs  | Aboriginal Country  |
|-------------------|---------------|-----------------------|--|---------------------|
| Nepean Hospital   | Penrith       | Nepean Blue Mountains | Member for Penrith, Karen McKeown<br><br>Member for Badgerys Creek, Tanya Davies (Libs)        | Darug               |
| Westmead Hospital | Parramatta    | Western Sydney        | Member for Parramatta, Donna Davis   | Darug               |
| Wyong Hospital    | Central Coast | Central Coast         | Member for Wyong, David Harris<br><br>Member for Terrigal, Adam Crouch (Libs)                  | Darkinjung          |
| Tamworth Hospital | Tamworth      | Hunter, New England   | Member for Tamworth, Kevin Anderson, (Minister for Lands and Water and Hospitality and Racing) | Kamilaroi/Gamelaroi |
| Orange Hospital   | Orange        | Western NSW           | Member for Orange, Phil Donato (Independent)   | Wiradjuri           |

## Communications and engagement objectives

Our communications and engagement objectives ensure the local community, consumers and key stakeholders are consulted, engaged and informed of project activities and impacts that affect them and able to provide feedback as the project progresses.

This plan is to be used as the overarching control document for the program and supports the requirement for individual plans to be developed for each WCEoLP site.

- The core objective of this Communications and Engagement Plan is to establish a consistent approach to communications and engagement across the WCEoLP.
- Work collaboratively with LHDs, palliative care professionals and people with lived experience to deliver facilities that provide comfort and dignity to palliative care patients, carers and families.
- Balance the need for consistent messaging across the WCEoLP sites with the unique needs of each hospital site and its local community.
- Ensure that engagement activities have been strategically assessed and planned to provide the best opportunities to inform, consult and/or involve
- Develop targeted, effective communications outputs for all key stakeholders and the community at all stages and milestones

- Facilitate early, regular and meaningful engagement with palliative care professionals and families/carers with lived experience.
- Engage in a manner that is collaborative, informative, innovative, adaptive and sustainable
- Proactively and efficiently manage the flow of information from project level to project level
- Plan ahead to ensure we maximise opportunities, and can mitigate potential risks and misinformation relating to the program or specific project

## Communications and engagement risks and challenges

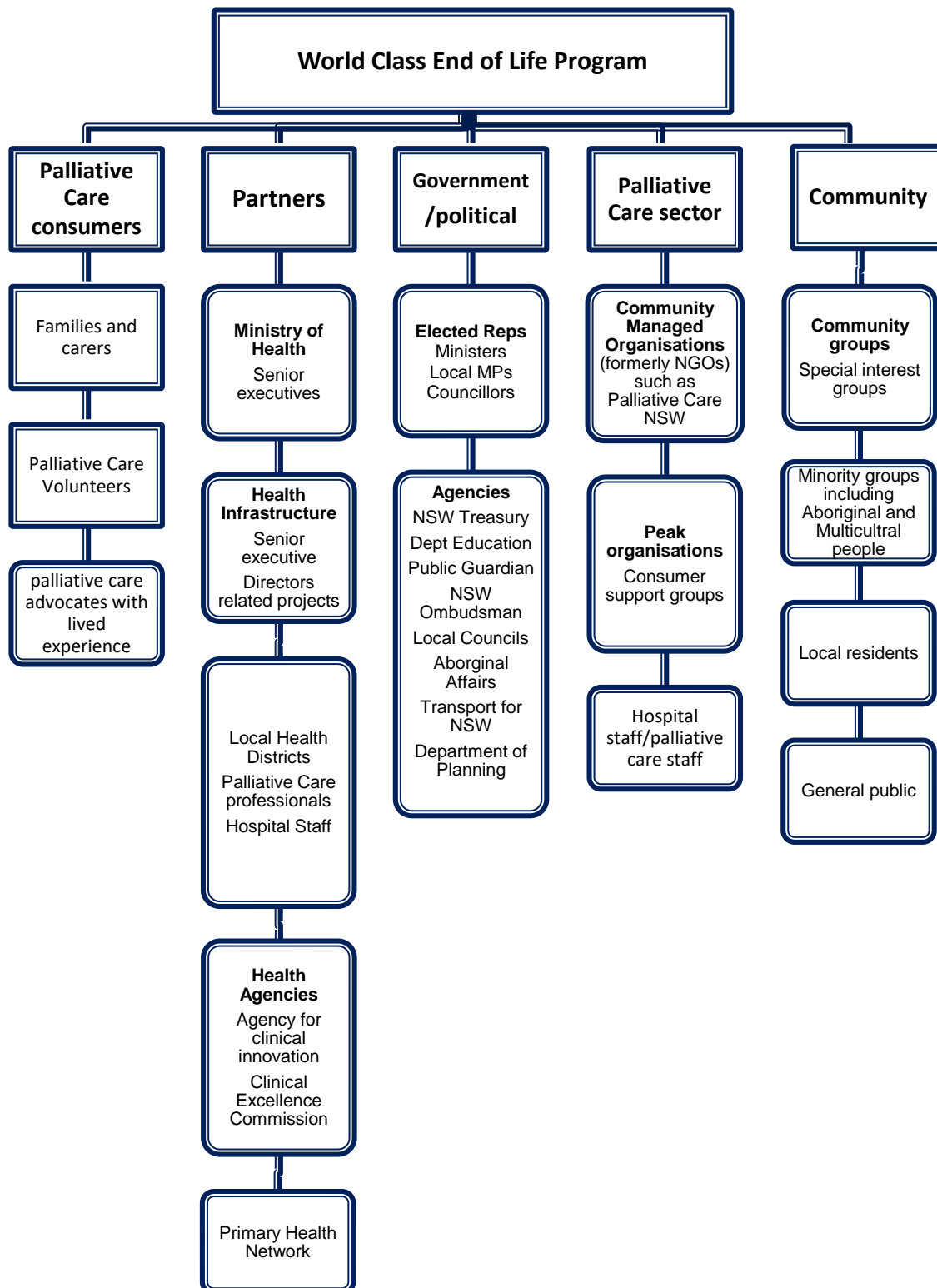
There are a number of risks and challenges present in stakeholder communications and engagement processes which can impact the overall effectiveness of a project's communications, consultation and engagement.

The table below lists potential communications and engagement risks associated with the planning and/or delivery for the WCEoLP program. These risks will also be captured in the WCEoLP's risk register, which is under development.

| C&E risk  | Mitigation  |
|---|---|
| Inconsistent project messaging which leads to stakeholder confusion about what we are delivering                | <ul style="list-style-type: none"> <li>• Establish a clear governance and approval framework that gives all key stakeholders such as palliative care team, LHDs and Health Infrastructure time to review and respond.</li> <li>• Share the program timelines to ensure each site can align its own project timelines.</li> <li>• Establish a regular monthly program CEWG</li> </ul>  |
| Tight timeframes and turnaround for feedback  | <ul style="list-style-type: none"> <li>• Share the program timeline with key project stakeholders and highlight milestones relating to communications and engagement activities.</li> <li>• Plan and tailor consultation processes to ensure stakeholders have adequate opportunity to participate.</li> <li>• Proactively advertise and promote engagement activities</li> </ul>   |
| Potential stakeholder confusion about the planning and/or delivery process                                      | <ul style="list-style-type: none"> <li>• Communicate clear and agreed messages about the planning and/or delivery process and make this information publicly available and easily accessible</li> <li>• Utilise existing communications forums to convey key messages</li> <li>• Advise stakeholders of key opportunities for input and decisions</li> <li>• Clearly explain how any impacts to the community and staff will be mitigated throughout the project lifecycle</li> </ul>   |
| Potential stakeholder dissatisfaction about the opportunities to provide feedback and/or influence the outcomes | <ul style="list-style-type: none"> <li>• Communicate clear and agreed key messages about the review and revision of the planning and/or delivery process and opportunities to provide input and feedback</li> <li>• Reiterate the project timeline and process during all engagement activities</li> <li>• Ensure that all input by stakeholders is appropriately addressed in a timely manner</li> </ul>   |
| Balancing multiple agendas and expectations   | <ul style="list-style-type: none"> <li>• Use consistent and appropriate messages</li> <li>• Communicate the scope, purpose and health needs of the community and how the project will meet them</li> <li>• Be clear on how 'ad hoc' or out of scope issues that are raised will be dealt with</li> </ul>  |
| Inclusive participation   | <ul style="list-style-type: none"> <li>• Ensure diverse input and involvement is sought throughout the project lifecycle</li> <li>• Identify and engage with a diverse range of project advocates to assist with project understanding and participation</li> </ul>   |
| Sensitivities of engaging with people who have experienced with palliative care with family member              | <ul style="list-style-type: none"> <li>• Recognition that stakeholders may have different levels of skills and experience in health service planning and delivery, and/or inadequate health literacy</li> <li>• Working closely with palliative care teams to identify palliative care advocates – using word of mouth to identify willing community participants.</li> <li>• Build the capacity of stakeholders as required to engage in the planning process, increase health literacy, and develop a shared understanding of the future with/without change.</li> <li>• Use plain English, not industry jargon and consider the use of info graphics where possible</li> </ul> |



## Stakeholder analysis



NB: A more specific stakeholder analysis will be required for each project and will include detailed stakeholder contacts across the below categories.

- Federal and state government departments and politicians
- Local councils and politicians
- Business, industry and community groups
- Residents and community stakeholders
- Consumers and hospital users
- Local media
- Health service staff
- Construction contractors.

The stakeholder analysis for each project should categorise stakeholders who are either directly involved, impacted or influence the outcomes of the World Class End of Life Program. It should also outline areas of interest or concern, communications materials best suited for local stakeholders/ suggested initiatives and/or responses.

## Communications and engagement approach

As with any community focused project, it is important to take the community and key stakeholders (both internally and externally) along for the journey.

The communications and engagement approach for WCEoLP program will focus on early, proactive, transparent and regular communications and engagement throughout all stages of the project. This will help to develop community and stakeholder understanding for the project, ensure opportunities for stakeholder and community input and feedback, identify and manage issues early and help achieve better outcomes for the project and community.

HI has identified the following overarching principles which should guide the communications and engagement approach on all capital works projects:

- **Proactive engagement** – Identify and engage stakeholders and the community early in the project to ensure those who are impacted by the project, or can influence the process, have opportunities to provide input where appropriate throughout the project lifecycle.
- **Proactive communications** – Early and coordinated contact with targeted stakeholders and the community is necessary to foster understanding and support for the project.
- **Accessible information** – Information distributed should be current and accessible to all stakeholders who have been identified in this plan, and the community, as and when required in accordance with the scheduled and agreed timeline.
- **Collaboration** – Encourage the internal collaboration of all members involved in the delivery of the project to ensure a unified approach.

HI's communications and engagement approach is guided by the International Association for Public Participation (IAP2) Public Participation Spectrum. Given the complexities and sensitivities associated with end of life care, the level of public participation required for this project will be at the involve and consult level on the IAP2 spectrum, with some stakeholders being engaged at the inform level. This is based on the level of public impact from the project and the scope for community and stakeholder input to the WCEoLP.

### Key messages

Key messages will be developed and updated as the project progresses to ensure consistency across all communication and engagement activities. Project team members should be aware of the key messages to ensure consistent information is shared with communities and stakeholders.

Broader program messaging will be included (when finalised by MoH) around non-infrastructure components of the program.

### Funding

- The NSW Government has committed \$93 million for World Class End of Life Care program to redevelop and refurbish palliative care unit across the State including Nepean, Westmead, Wyong, Tamworth and Orange.

**Project specific funding message (*this key message must be included in all public materials for projects*).**

- The new Palliative Care unit at **Nepean Hospital/Westmead Hospital** is part of the NSW Government's \$93 million World Class End of Life program, delivering a new purpose-built facility.

### Program status (*relevant as of Jan 2024*)

- The planning and design phase is underway, led by Health Infrastructure in partnership with the Local Health Districts, relevant health professionals and community members.
- The clinical scope and bed numbers have been determined in consultation with key stakeholders and in line with LHD's Clinical Services Plan.

- Construction timeframes will vary for each project and will be confirmed once the planning and design phase for each site has progressed, and a builder has been appointed.

### **Scope/ Service delivery *(to be expanded as the projects progress)***

- The World Class End of Life program will increase the number of short-term, high care beds in regional and metropolitan hospitals.
- New dedicated palliative care units in two of our major hospitals, Westmead and Nepean, will dramatically improve services for these local communities in Western Sydney.

### **Project benefits**

- The World Class End of Life program will ensure communities in regional and metropolitan areas have access to the very best palliative care services and support in Australia.
- The World Class End of Life program will be designed to provide the greatest comfort and dignity to patients, carers and families.
- The new purpose-built units will improve access to in-patient bedrooms, treatment and world-leading pain management services.
- The World Class End of Life program will improve services for people with late stage chronic and degenerative conditions, and cancer.

### **Project objectives**

- Enhance capacity in palliative care (acute and sub-acute settings) and end of life care
- Increase local access to palliative and end of life care
- Provide safe and high-quality care
- Improve patient and carer experiences of receiving care, including culturally sensitive care
- Deliver purpose-built facilities that support contemporary models of care in a home-like environment
- Achieve operational efficiency and fiscal sustainability
- Enhance the capability of dedicated and specialist staff, and improve experiences of providing care
- Minimise the environmental impact of the developments
- Provide sustainability benefits aligned to the NSW Health Sustainability Program (Net-Zero target).

## Communications and engagement tools (program specific)

The following table summarises the tools that will be used to communicate and engage with stakeholders and the community on the WCEOL program.

Different tools may be used for specific projects under the program, which will utilise existing redevelopment channels wherever appropriate.

| Overview / Objective   | Responsibility | Delivery method   | When / Frequency  | Audience   |
|--|----------------|---|---|--|
| <b>Dedicated program phone number and email address</b>  |                |   |   |  |
| Establish a dedicated 1800 number and program email to centralise all queries or complaints about the program. Access can be given to project leads if required  | C&E Manager    | Promoted on all collateral  | Created when sites are announced and artist impression released   | Staff<br>Patients' families<br>Community<br>Media<br>MP office<br>Other local stakeholders |
| <b>One Page Factsheet</b>  |                |   |   |  |
| A 1-page A4 fact sheet with key information (in greater detail) to address specific issues or topics of regular enquiries about the project, such as: <ul style="list-style-type: none"> <li>Car parking</li> <li>Overview of the proposed development</li> <li>Benefits that the project will provide</li> <li>Scope of work</li> <li>What to expect in relation to disruption/ traffic/ noise and how this will be managed.</li> </ul> | C&E Manager    | LHD website and news channels<br>HI website and news channels<br>Email distributed via Palliative Care services/ advocacy groups<br>Project website if established<br>Facebook pages of advocacy groups | Created for each site when first artist impressions are available and site selection completed<br>Updated quarterly | Staff<br>Patients' families<br>Community<br>Media<br>MP office<br>Other local stakeholders |
| <b>FAQs</b>  |                |   |   |  |
| Frequently asked questions about the project, which sites have been selected and what their status is  | C&E Manager    | Posted on intranets of project sites<br>Used as reference material in meeting and event briefs  | Completed (including in Plan) and updated quarterly   | Staff<br>Patients' families<br>Community<br>Media<br>MP office<br>Other local stakeholders |

| Overview / Objective  | Responsibility                      | Delivery method   | When / Frequency  | Audience   |
|---|-------------------------------------|---|---|--|
| <b>Project presentation</b>   |                                     |   |   |  |
| Develop a program presentation pack that can be used a key stakeholder briefings and aligns messages with program and projects.   | C&E Manager                         | Use presentation at face-to-face engagements and briefing sessions with key stakeholders such as:<br>Staff<br>Advocacy groups<br>MP briefings   | To be created Q2 2024 with artist impression<br>Updated as required   | Advocacy groups<br>Local Councils<br>MPs<br>Hospital and palliative care staff |
| <b>EOI community participation campaign (These campaigns would be project specific but adopt the same approach)</b>   |                                     |   |   |  |
| EOI Community Participation campaign – invite community members via an online survey to register their interest in ongoing participation in the planning and design of the new facilities.<br>Use the registrations to develop an email distribution list to share all the above content when required. | C&E Manager                         | LHD website and news channels<br>HI website and news channels<br>Email distributed via Palliative Care services/ advocacy groups<br>Project website if established<br>Facebook pages of advocacy groups | Completed for Westmead, Wyong and Nepean  |  |
| <b>Focus Groups to inform design and experience</b>   |                                     |   |   |  |
| Based on EOI information, each project will conduct focus groups and/or community surveys. The focus groups will be centred around specific patient journeys. The surveys will inform schematic and detailed design elements  | C&E Manager in partnership with LHD | Direct invitation to all EOI applicants<br>Social media   | Nepean survey completed<br>Wyong – Survey completed/ focus groups Feb 2024<br>Westmead – Feb/Mar 2024<br>Orange – Survey completed<br>Tamworth – March/Apr 2024 | General public<br>EOI applicants   |
| <b>Aboriginal yarning circle</b>  |                                     |   |   |  |
| Dedicated workshops held with key Aboriginal community representatives and project architects BVN to hear about the key challenges faced when using Palliative Care in each community   | C&E Manager in partnership with LHD | Direct invitation via LHD Aboriginal Health Units   | Wyong, Westmead, Orange and Nepean scheduled for February/March 2024  | Local Aboriginal Elders and interested community members                       |

| Engagement outcomes story  |             |   |   |  |
|--|-------------|---|---|--|
| Highlight the key design outcomes from community feedback that was captured during surveys and focus groups  | C&E Manager | Media release<br>LHD website and news channels<br>HI website and news channels<br>Social media<br>Email to EOI participants   | At the end of the design / prior to start of construction | Media<br>MP office<br>General public   |
| Patient Journey case studies   |             |   |   |  |
| At each site investigate a case study (person who has experienced palliative care are carer or family member) and discuss how the new palliative care unit will benefit the local community. Include interview with local palliative care nurses etc.<br><br>Communicate key design features that were adopted from community engagement | C&E Manager | LHD website and news channels<br>HI website and news channels<br>Email distributed via Palliative Care services/ advocacy groups<br>Project website if established<br>Facebook pages of advocacy groups | At design completion and start of construction            | Staff<br>Patients' families<br>Community<br>Media<br>MP office<br>Other local stakeholders |
| Service benefit features   |             |   |   |  |
| Focused stories on particular areas of the palliative care units i.e. patient bedrooms, communal areas, outdoor spaces, sustainability, technology focusing on the benefits to staff, patients and family members. Incorporate interviews with palliative care staff – ask them what they are most looking forward to when complete etc. | C&E Manager | LHD website and news channels<br>HI website and news channels<br>Email distributed via Palliative Care services/ advocacy groups<br>Project website if established<br>Facebook pages of advocacy groups | At design completion and start of construction            | Staff<br>Patients' families<br>Community<br>Media<br>MP office<br>Other local stakeholders |

## Program and action plan

The communications and engagement action plan (CEAP) captures all the program communications and engagement activities and milestones that will occur throughout the WCEoLP. This table captures top line milestone and will be updated regularly by the Communications and Engagement Manager.

| Project name                             | Scope                                    | Milestones  | Opportunities and risks   |
|--|--|---|---|
| Nepean Hospital – Palliative Care Unit   | New purpose-built facility on campus     | June 2022 – Project announced<br>Early 2023 – Lead design team appointed<br>Aug 2023 – Expression of interest sought for community participation in the design process<br>Late 2023/early 2024 – Engagement with local community<br>Early 2024 – Schematic design and scope announcement with artist impressions  | Focus groups held in November and December to inform design and patient experience.<br>Site selection confirmed and will be announced in early 2024 with first artist impression renders.   |
| Westmead Hospital – Palliative Care Unit | New purpose-built facility on campus     | June 2022 – Project announced<br>Early 2023 – Lead design team appointed<br>Aug 2023 – Expression of interest sought for community participation in the design process<br>Early 2024 – Engagement with local community<br>Early 2024 – Schematic design and scope announcement with artist impressions  | Site selection confirmed and will be announced in early 2024 with first artist impression renders.<br>Focus group discussions scheduled for Q1 2024   |
| Wyong Hospital – Palliative Care Unit    | New purpose built, 12 bed unit announced | November 2022 – Project announced<br>Early 2034 – Lead design team appointed<br>Mid-2023 – Scope and master plan finalised<br>Aug 2023 – Expression of interest sought for community participation in the design process<br>Late/early 2024 – Engagement with local community<br>Early 2024 – Schematic design and scope announcement with artist impressions | In November 2022, bed numbers and specific funding amount was announced by Minister Taylor prior to planning and design phase.<br>Online survey complete, with more than 300 responses<br>Focus group discussions scheduled for Q1 2024 |
| Tamworth Hospital – Palliative Care Unit | New purpose-built palliative care unit   | January 2023 – Project announced<br>Early 2023 – Lead design team appointed<br>Late 2023 – Master planning underway<br>Early 2024 – Engagement with local community   | In Jan 2023 the media reported \$21 million and double the beds<br>Community engagement set to start in early 2024  |



|   |  |  |   |
|---|--|--|---|
| Orange Hospital – Palliative Care Expansion | Expansion of existing service (two extra beds and supporting services) | <p>June 2022 – Project announced</p> <p>Early 2023 – Lead design team appointed</p> <p>Q3 2023 – Scope and masterplan finalised</p> <p>Nov 2023 – Online survey for community feedback</p> <p>Early 2024 – Schematic design announcement</p> | <p>In Feb 2023 the media reported “\$3 million for 2 new beds in existing unit”</p> <p>Online survey promoted to community in November (EOI for expansion of existing service, not suitable)</p> <p>Site selection confirmed and will be announced in early 2024 with first artist impression renders</p> |
|---|--|--|---|

## Media announcements and coverage

| Date             | Media announcement  | Media coverage  | Bed numbers and funding allocation   |
|------------------|---|---|--|
| 9 June 2022      | <p>Program announcement (Nepean and Westmead)</p> <p><a href="#">\$743 million to enhance end-of-life care in NSW</a></p> | <p>The Australian <a href="#">Daily Telegraph</a></p> <p>Nine News</p> <p>Sydney Morning Herald</p> <p>Mirage News</p> <p><a href="#">ABC News</a></p> <p><a href="#">Western Weekender</a></p> | No mention of bed numbers or funding breakdown   |
| 25 November 2022 | <p>Wyang announcement</p> <p><a href="#">\$13.6 million for new dedicated palliative care unit at Wyong Hospital</a></p>  | <p><a href="#">Central Coast News</a></p> <p><a href="#">Star1045</a></p>   | Media release lists: 12 beds<br>\$31.6 million allocation  |
| 9 January 2023   | <p>Tamworth announcement</p> <p><a href="#">Palliative Care expansion for Tamworth Hospital</a></p>                       | <p><a href="#">Northern Daily Leader</a></p> <p><a href="#">NBN News</a></p>  | <p>No mention in media release of budget breakdown or bed numbers but subsequent media coverage stated “\$21 million and double the beds”</p> <p>Also notes the plan for the unit will be finalised in June 2023</p> |
| 21 February 2023 | <p>Orange announcement</p> <p><a href="#">Palliative Care expansion for the Central West</a></p>                          | <p><a href="#">Western Advocate</a></p> <p><a href="#">Central Western Daily</a></p>  | No mention in media release of budget breakdown of bed numbers but subsequent media covered stated “\$3 million for 2 new beds in the existing unit”   |

|                  |  |                       |   |
|------------------|--|-----------------------|---|
| 10 August 2023   | <a href="#">Westmead EOI</a>                       | The Pulse             | HAVE YOUR SAY: Participate in the design of new Palliative Care Unit at Westmead Hospital     |
| 18 Aug 2023      | <a href="#">New palliative care unit at Nepean</a> | Western News          | Have your say: Participate in the design of the new Palliative Care Unit at Westmead Hospital |
| 15 November 2023 | <a href="#">Orange online survey</a>               | Central Western Daily | New Palliative Care beds confirmed for Orange Health Service                                  |

## Communications and engagement protocols

The following protocols will be employed to ensure a consistent and comprehensive approach to communications and engagement throughout the project lifecycle.

### Contact and communication management

We will set up and manage the project specific 1800 number and email, as well as a database to record community/stakeholder contact.

### Complaints/enquiries management

We will respond to verbal community and stakeholder enquiries within 24 hours (Monday to Friday) and written enquiries within five business days. All written enquiries should receive an acknowledgment within 24 hours of receipt. We will update the database and produce monthly reports.

### Working with MPs and councils

All enquiries from elected representatives will be forwarded to HI's Senior Project Director, Director, and Communications and Engagement Business Partner via the Communications and Engagement Manager and reported to the CEWG. The Communications and Engagement Business Partner will then liaise with the Parliamentary and Ministerial Liaison Manager, Regional Director and Executive Director as appropriate. All enquiries should be responded to in liaison with the Minister's Office which is done via the Business Partner.

### Media enquiries

All media enquires will be forwarded to the HI Communications and Engagement Business Partner and HI Media Manager via [HI-Comms@health.nsw.gov.au](mailto:HI-Comms@health.nsw.gov.au) and LHD Media Team via the Communications and Engagement Manager as soon as the enquiry is received. The Communications and Engagement team will need to source information and prepare the first draft.

### Site signage, visits and photography

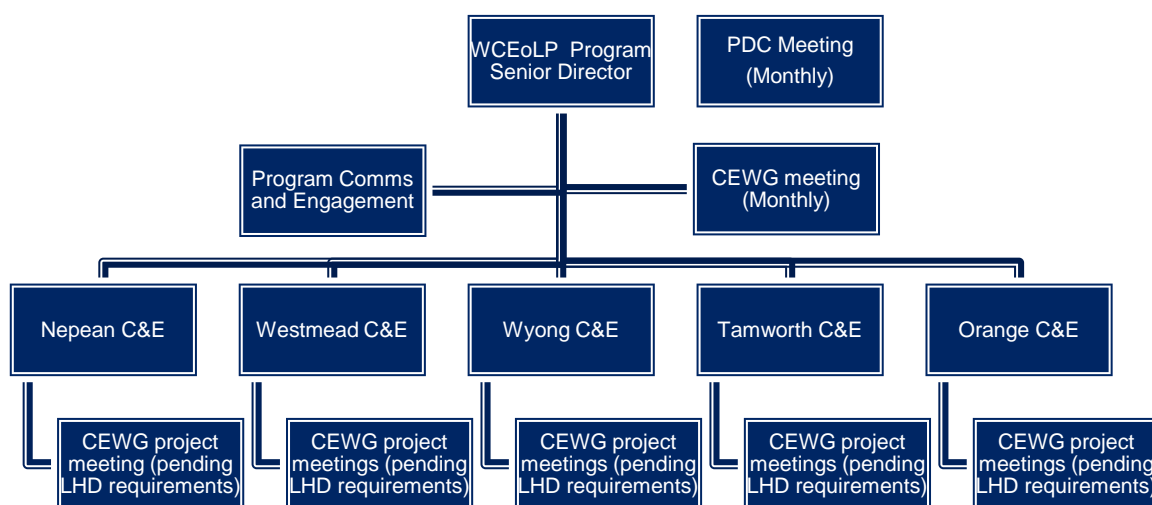
The program will arrange large site board to be installed in a prominent location on the campus when the site is announced/ determined. This site board can up updated as the project progresses.

When construction starts all site visitors must sign in at the project site office and adhere to site rules and requirements. Site photography is organised by the Communications and Engagement Manager and must be authorised and approved by the Communications and Engagement Business Partner prior to use.

### Branding

All project branding must adhere to NSW Government branding requirements for all its health infrastructure projects and is organised and monitored by the Communications and Engagement Manager.

## WCEOL C&E Governance Structure



## Issues escalation process

The Communications and Engagement Manager will have responsibility for development and implementation of the program, CEP, and for identifying, coordinating and reporting on items which require escalation to the CEWG.

The Program C&E Manager will work closely with LHD Communications and Media teams to create and distribute communications materials. Anything that the LHD team initiates needs approval from the Program team via the Program C&E Manager.

The Communications and Engagement Manager will identify, coordinate and report on items for escalation to the Communications and Engagement Business Partner and Senior Project Director outside of Program CEWG meeting.

The CEWG escalates any issues or concerns to the Project and Development Committee (PDC) during the planning and design stages, and the Project Control Group (PCG) when the project moves into the delivery.

## Approvals process

Approvals for all WCEOL communications and engagement outputs including media activities will follow the HI Project Communications and Engagement Approvals Protocol.

## Milestone opportunities

Each project site may reach different milestones at different times. All milestone activities will be sent up Minister's Office by Health Infrastructure. Where possible, the project sites should provide an indicative timeframe for each milestone or proactive opportunity at least six weeks prior to the milestone date.

## Roles and responsibilities

The Communications and Engagement Manager will have overall responsibility for each project's communications, consultation and engagement. This will be carried out in close consultation with:

- HI Communications and Engagement Team
- Project Team including the Senior Project Director, Project Director, Project Manager (in consultation with the Design Team and Construction Team)

- LHD and Hospital Management
- LHD Change Manager/ LHD Commissioning Manager
- NSW Ministry of Health via HI Media Manager
- LHD Communications and Media Team.

| Role   | Responsibility   |
|--|--|
| <b>HI Senior Project Director / Project Director</b>     | <ul style="list-style-type: none"> <li>• Accountability for the delivery management of the project</li> <li>• Approval of communications and engagement plan</li> <li>• Approval of communications and engagement materials</li> <li>• Provide forward look ahead on project activities to inform communication and engagement planning</li> <li>• First point of contact for project stakeholders including government agencies, LHD and other health entities, local Council, and stakeholder and industry representative groups</li> <li>• Notify Communications and Engagement Manager of emerging stakeholder issues and risks</li> <li>• Attendance at stakeholder and community meetings, workshops and information sessions</li> <li>• Attendance at CEWG and issues management meetings.</li> </ul>                           |
| <b>Project Manager</b>                                   | <ul style="list-style-type: none"> <li>• Accountability for the day-to-day management of the project</li> <li>• Input to the communications and engagement plan and materials</li> <li>• Input and management of the stakeholder contact register</li> <li>• Coordinate, attend and minute all PUG meetings</li> <li>• Attendance at stakeholder and community meetings, workshops and information sessions where required</li> <li>• Attendance at CEWG and support PDC/PCG engagement on communication items.</li> </ul>   |
| <b>Architect and Design &amp; Construction Teams</b>     | <ul style="list-style-type: none"> <li>• Assist in the preparation and presentation of information and materials in their area of expertise.</li> </ul>  |
| <b>LHD Change Manager/ LHD Commissioning Manager</b>     | <ul style="list-style-type: none"> <li>• Input to the Communications and Engagement Plan</li> <li>• Provide the link between Change Management and Communications with internal stakeholders</li> <li>• Participate in CEWG meetings.</li> </ul>   |
| <b>HI Communications and Engagement Business Partner</b> | <ul style="list-style-type: none"> <li>• Approval of communications and engagement plan</li> <li>• Approval of all communication activities and materials</li> <li>• Strategic advice and input to communication and engagement plan and activities</li> <li>• Strategic advice on management of community and stakeholder risks, issues and opportunities</li> <li>• Guide and assist the Communications and Engagement Lead/team, including external consultants, with overall accountability for community engagement activities for the project</li> <li>• Liaise with Ministry of Health, Minister's Office and Health Infrastructure Executive regarding project issues management, media and events.</li> </ul>   |
| <b>Communications and Engagement Manager</b>             | <ul style="list-style-type: none"> <li>• Lead the development and implementation of the communications and engagement plan</li> <li>• Develop communication material for approval and issue, including coordination of design, production and distribution and facilitating input/approval from project team and LHD</li> <li>• Manage project communication channels including project website</li> <li>• Provide advice on communication and engagement strategies and activities</li> <li>• Monitor and advise on community and stakeholder risks, issues and opportunities</li> <li>• Chair CEWG meetings</li> <li>• Prepare communications reporting to the PCG / PDC / PPT</li> <li>• Monitor and evaluate communication and engagement plan and activities, including analysing feedback and carrying our reporting.</li> </ul> |

| Role  | Responsibility   |
|---|--|
| <b>LHD Communications and Media Lead/Manager/Director (project sites)</b> | <ul style="list-style-type: none"> <li>• Provide LHD input to the Communication Engagement Plan and activities</li> <li>• Participate in CEWG meetings</li> <li>• Provide LHD approvals for communication items</li> <li>• Co-ordinate operational communications in consultation with the Project Communications and Engagement Manager.</li> </ul> |
| <b>HI Media Manager</b>   | <ul style="list-style-type: none"> <li>• Provide strategic advice and support on media relations and materials</li> <li>• Review all media materials and supporting collaterals prior to ED approval</li> <li>• Obtain HI ED, Ministry and MO approvals for the media materials and strategic approach.</li> </ul>                                   |
| <b>HI Manager Corporate Communications</b>                                | <ul style="list-style-type: none"> <li>• Strategic advice and approval of HI social media and website strategic and content</li> <li>• Strategic advice and approval of digital communications and engagement platform procurement and implementation</li> <li>• Advise and approval of project branding.</li> </ul>                                 |
| <b>Role</b>   | <b>Responsibility</b>  |

## Communications and Engagement Working Group (CEWG)

The Program CEWG is responsible for strategic oversight of the planning, coordination and implementation of all project activities. The Program CEWG meets monthly and reports to the Planning and Development Committee (PDC) / Project Control Group (PCG).

There may also be project specific CEWG established to oversee the local communications and engagement activities. Any media materials, opportunities or issues will need to be reviewed and approved by the Program CEWG. An appropriate representative from the project CEWG should also attend the program CEWG to ensure two-way information sharing at a program and project level.

The project CEWG are required to provide a six week look ahead to the Program CEWG each month.

The program CEWG is made up of the following key representatives:

| Role   | Organisation                                | Contact details   |
|--|---|---|
| Communications and Engagement Manager          | Health Infrastructure                       | Belinda Berryman<br>0413233707,<br><a href="mailto:Belinda.berryman@health.nsw.gov.au">Belinda.berryman@health.nsw.gov.au</a>   |
| Senior Project Director                        | Health Infrastructure                       | Daniel Pitton<br>0491 229 984,<br><a href="mailto:Daniel.pitton@health.nsw.gov.au">Daniel.pitton@health.nsw.gov.au</a>          |
| Project Director                               | Health Infrastructure                       | Nina Cleary<br>0418 226 810,<br><a href="mailto:nina.cleary@health.nsw.gov.au">nina.cleary@health.nsw.gov.au</a>                |
| Project Manager                                | Capital Insight                             | Erik Maasepp<br>0431 489 665<br><a href="mailto:Erik.maasepp@capitalinsight.com.au">Erik.maasepp@capitalinsight.com.au</a>      |
| Business Partner Communications and Engagement | Health Infrastructure                       | Matt Satherley<br>0421 159 864,<br><a href="mailto:matthew.satherley@health.nsw.gov.au">matthew.satherley@health.nsw.gov.au</a> |
| Communications & Engagement Director           | Nepean Blue Mountains Local Health District | Paul Grocott<br>0455 364 884<br><a href="mailto:paul.grocott@health.nsw.gov.au">paul.grocott@health.nsw.gov.au</a>              |

| Role   | Organisation                                       | Contact details   |
|--|--|---|
| Corporate Communications Director                          | Western Sydney Local Health District               | Sia Takchi<br>0403 153 263<br><a href="mailto:sia.takchi@health.nsw.gov.au">sia.takchi@health.nsw.gov.au</a>                      |
| Communications and Engagement, Manager                     | Health Infrastructure, supporting Westmead project | Lilly Dolenec<br>0418 254 231<br><a href="mailto:Lilly.dolenec@health.nsw.gov.au">Lilly.dolenec@health.nsw.gov.au</a>             |
| Communications & Engagement, Manager                       | Western NSW Local Health District                  | Kate Fotheringham<br>0418 673 033<br><a href="mailto:kate.fotheringham@health.nsw.gov.au">kate.fotheringham@health.nsw.gov.au</a> |
| Communications & Engagement, Communication Advisor         | Hunter New England Local Health District           | Alexandra Smith<br>0400 892 539<br><a href="mailto:alexandra.smith4@health.nsw.gov.au">alexandra.smith4@health.nsw.gov.au</a>     |
| Communications & Engagement, Lead                          | Health Infrastructure, supporting Tamworth project | Antony Butcher<br>0401 657 660<br><a href="mailto:antony.butcher@health.nsw.gov.au">antony.butcher@health.nsw.gov.au</a>          |
| Communications & Engagement, Senior Communications Officer | Central Coast Local Health District                | Sharna Ryan<br>0408 861 348<br><a href="mailto:sharna.ryan@health.nsw.gov.au">sharna.ryan@health.nsw.gov.au</a>                   |

## Evaluation

To ensure the ongoing effectiveness of the communications and engagement plan, activities will be monitored and evaluated against the communication objectives and desired project outcomes:

- **Participation:** Did stakeholders and the community have an opportunity to participate? Was participation offered in an adequate and timely way?
- **Transparency:** Was the information available and clear to all parties? Were participants told what was negotiable and non-negotiable?
- **Integrity:** Was the consultation process fair, trustworthy and respectful to all parties?
- **Accountability:** Was the process accountable, genuine and equitable?
- **Cost-effectiveness:** Was the consultation activity the most effective option representing value for money?
- **Certainty:** Has the community been told what the consultation process is, how their input will be used and what the next steps are?

| Objective  | KPI  |
|--|--|
| Accurate and timely communication, tailored to the needs of each stakeholder and the community | <ul style="list-style-type: none"> <li>• Minimal ministerial enquiries and project complaints</li> <li>• Positive feedback</li> <li>• Incorrect or negative perceptions minimised</li> </ul> |
| Mitigate reputation risk   | <ul style="list-style-type: none"> <li>• Consistent enhanced reputation of all project partners across the life of the project</li> <li>• Positive project announcements</li> </ul>          |
| Anticipate and manage potential issues to prevent escalation into the public domain            | <ul style="list-style-type: none"> <li>• Early identification of issues and quick resolution</li> </ul>  |
| Positively position the project  | <ul style="list-style-type: none"> <li>• Positive media coverage incorporating key messages</li> <li>• Positive stakeholder sentiment</li> </ul>   |
| Build stakeholder and community trust through engagement and education                         | <ul style="list-style-type: none"> <li>• Positive feedback</li> <li>• Increased stakeholder and community participation in community forums and user groups</li> </ul>                       |



## Appendices

### Frequently Asked Questions

## World Class End of Life Program – FAQs – Mar 2023

### What is the World Class End of Life program (WCEoLP)?

The NSW Government has committed \$93 million for World Class End of Life Care program to redevelop and refurbish palliative care unit across the state including new dedicated palliative care units at Nepean, Westmead and Wyong hospitals.

### Which hospitals are getting new palliative care units?

The World Class End of Life program will ensure communities in regional, and metropolitan areas have access to the very best palliative care services and support in Australia.

Nepean, Westmead, Wyong, Tamworth and Orange will be getting new or expanded units as part of the WCEoLP.

### When was the project announced?

In June 2022, the NSW Government announced a major funding boost to palliative care services including \$93 million towards the WCEoLP in the 2022-2023 State Budget. The funding will be used for capital investment to redevelop and refurbish palliative care facilities across NSW.

### How much funding has been allocated to the Nepean/Westmead/Wyong/Tamworth/Orange project?

The funding for this project is coming from the \$93 million commitment for the WCEoLP program.

### What is the current status of the program?

Master planning is complete for four of the sites and master planning is underway for Tamworth. The design and consultation process will continue in 2024.

### What will be included in the new units?

The new palliative care units will increase the number of short-term, high care beds in regional and metropolitan hospitals.

More detailed clinical scope including bed numbers will be confirmed once the planning and design process has progressed.

### When will construction on the new units start?

Construction will commence following design completion and the appointment of a builder.

### Will the community get an opportunity to have a say in their new palliative care units?

Yes. Community input is an essential component to the planning and design phase. Several online community surveys have been published, as well as face-to-face focus groups have been held for Nepean and Orange. More scheduled for Westmead, Wyong and Tamworth in 2024.

### Where can I find out more details?

If anyone would like more information about the WCEoLP please email [HI-comms@health.nsw.gov.au](mailto:HI-comms@health.nsw.gov.au)

## Key stakeholder contact list

### Palliative Care NSW

Linda Hansen, CEO - 0403699491

Palliative Care NSW has registered members at each of the five sites. These members include staff (hospital and allied health) advocates and volunteers. Ministry of Health usually consults with Palliative Care NSW on all programs and business cases submitted for MoH review. Palliative Care NSW has shared a list of members suitable for the project sites.

| Nepean  |   |  |
|---|---|--|
| Name  | Organisation  | Contact details  |
| Paul Isaac, Redevelopment Manager                           | NBMLHD  | 0417 230 937<br><a href="mailto:paul.isaac@health.nsw.gov.au">paul.isaac@health.nsw.gov.au</a>       |
| Rachel Scobie, Director, Aboriginal Health                  | NBMLHD  | 0439 757 628<br><a href="mailto:Rachel.scobie@health.nsw.gov.au">Rachel.scobie@health.nsw.gov.au</a> |
| Vinita Negi, Multicultural health Project Officer           | NBMLHD  | 0419 471 758<br><a href="mailto:Vinita.singh@health.nsw.gov.au">Vinita.singh@health.nsw.gov.au</a>   |
| Linda Ora, Project Manager, End of Life and Palliative Care | NBMLHD  | 0497 670 621<br><a href="mailto:linda.ora@health.nsw.gov.au">linda.ora@health.nsw.gov.au</a>         |
| Dr Alan Oloffs  | NBMLHD  | 0421 052 349<br><a href="mailto:alan.olloffs@health.nsw.gov.au">alan.olloffs@health.nsw.gov.au</a>   |
| Leigh Nadalini  | Community member who led the palliative care petition | 0412 663 819<br><a href="mailto:leighandalex@bigpond.com">leighandalex@bigpond.com</a>               |
| Joe Rzepcki, Consumer                                       | Nepean Redevelopment Consumer Committee member        | <a href="mailto:joe_lee_rz@hotmail.com">joe_lee_rz@hotmail.com</a>                                   |

| Westmead  |                    |  |
|---|--------------------|--|
| Name  | Organisation       | Contact details  |
| Matt Sydenham, Director, Redevelopment and Infrastructure | Western Sydney LHD | 0408 490 723<br><a href="mailto:sally.greenaway@health.nsw.gov.au">sally.greenaway@health.nsw.gov.au</a> |
| Julianne Harvey, Redevelopment Lead                       | Western Sydney LHD | 0437 232 189<br><a href="mailto:julianne.harvey@health.nsw.gov.au">julianne.harvey@health.nsw.gov.au</a> |
| Jenelle Matic, General Manager                            | Western Sydney LHD | 0425 284 498<br><a href="mailto:Jenelle.matic@health.nsw.gov.au">Jenelle.matic@health.nsw.gov.au</a>     |

Westmead

|   |                    |   |
|---|--------------------|---|
| Sally Greenaway, Supportive Care  | Western Sydney LHD | 0408 490 723<br><a href="mailto:sally.greenaway@health.nsw.gov.au">sally.greenaway@health.nsw.gov.au</a>                |
| Nicole Winters, Senior Aboriginal Health Worker, Supportive & Palliative Care | Western Sydney LHD | 0457 893 910<br><a href="mailto:Nicole.winters@health.nsw.gov.au">Nicole.winters@health.nsw.gov.au</a>                  |
| Jayne Robinson, Deputy Director of Nursing                                    | Western Sydney LHD | 0428 675 709<br><a href="mailto:jayne.robinson@health.nsw.gov.au">jayne.robinson@health.nsw.gov.au</a>                  |
| Monika Latanik, WSLHD Multicultural Health Services Manager                   | Western Sydney LHD | (02) 8838 2175   0428 362 598<br><a href="mailto:Monika.Latanik@health.nsw.gov.au">Monika.Latanik@health.nsw.gov.au</a> |

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## Wyong

| Name             | Organisation              | Contact details  |
|------------------|---------------------------|--|
| Candace Douglass | CCLHD                     | 0477 383 870   |
| Margaret Pearce  | Elsie's Retreat Committee | 0412 622 400<br><a href="mailto:margaretpearce@bigpond.com">margaretpearce@bigpond.com</a> |
| Oana McBride     | Orange Army               |  |
| Peter Hurley     | Orange Army               |  |

## Tamworth

| Name                        | Organisation     | Contact details  |
|-----------------------------|------------------|--|
| Heather Frankel, President  | Friends of Nioka | <a href="mailto:friendsofnioka@gmail.com">friendsofnioka@gmail.com</a> |
| Brian Singh, Vice President | Friends of Noika |  |

| Orange              |                               |  |
|---------------------|-------------------------------|--|
| Name                | Organisation                  | Contact details  |
| Christine Symington | Palliative Care Nurse Manager | 0436 920 961   |
| Jenny Hazelton      | Push for Palliative           | <a href="mailto:Orangepush4palliative@gmail.com">Orangepush4palliative@gmail.com</a> |
| Fiona Ostini        | Redevelopment Change Manager  | 0436 367 829   |

## Contact Details

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