

This plan outlines our communications approach for extending the Nioka Palliative Care Unit at Tamworth Hospital. It is an addendum to the World-Class End of Life Care program's Communications and Engagement Strategy and outlines activities that have occurred and are planned.

Background

The existing Nioka Palliative Care Unit in Tamworth Hospital is doubling in size, from six beds to 12, as part of a \$93 million funding allocation from the NSW Government to deliver new or redeveloped palliative care facilities across the state. The Tamworth development will involve extending Nioka north of the main hospital building.

The project team considered several development options including recommendations from the community before deciding to expand existing services within the main hospital building.

Extensive consultation has been undertaken with clinical staff and carer groups associated with Nioka to ensure all views are reflected in the planning and design.

Project specific key messages

- In August 2023, the NSW Government announced the commitment of \$93 million to redevelop and refurbish palliative care units throughout the state under the World Class End of Life Care commitment, including an expansion of the six-bed Nioka Palliative Care Unit at Tamworth Hospital.
- The project team considered many locations and configuration options, including a standalone facility or expand on the existing palliative care unit.
- The preferred option to expand existing services within the main hospital building will ensure greater operational efficiency, making it easier to assign staff and share services. It also means the best possible palliative care service can be provided within the allocated funding.
- The planning and design phase has involved extensive consultation with palliative care health professionals, carers and community members to ensure the best outcome for patients, their families and the wider community.
- Construction of the expanded unit will follow the design and planning process, in consultation with staff, patients and the community.

Key Issues and risks

Risk/ Issue	Communication and Engagement response
Perceived project delays	The project team is working with key stakeholders to undertake a comprehensive planning and design process. The expansion is on track to be delivered on time.
The design does not meet expectations	Planning and design for the expanded facility has undergone an extensive process of consultation with staff, patients and community input, including project user groups, and recommendations from an emotional design brief and online design survey.
Not enough funding to deliver the unit	The extended palliative care unit at Tamworth Hospital will be delivered as part of the \$93 million allocated by NSW Government for the World-class End of Life Care program.

PROJECT OVERVIEW: Tamworth Palliative Care Unit

The unit should be in a standalone facility	The project team considered many locations and configuration options, including a standalone unit or an expansion of the existing unit. The preferred option of expanding existing services within the main hospital building will ensure greater operational efficiency, making it easier to assign staff and share services. It also means the best possible palliative care service can be provided for the allocated funding.
The new facility will encroach on the existing Cultural Garden	The project team is consulting with the local Aboriginal community on the facility's impact on the Cultural Garden. The remaining portion of the garden will be redeveloped as part of the project. The project team is working with the Hunter New England Local Health District to explore options for creating other cultural gardens around the campus.

Key project dates and activities

Date	Milestone	Activity	Communications and engagement activity
August 2023	Program announcement and master planning starts	Media Staff engagement	Tamworth was announced in August 2023 by Minister for Health Ryan Park
Nov 2023	Emotional Design Brief	Staff engagement	In person exercise with patients, carers and staff with a connection to the service designed to identify key design priorities for stakeholders
Feb 2024	Community invited to register interest in the project	Media Community engagement	Expression of interest media announcement by Minister Park Social media posts Staff newsletter
May 2024	Aboriginal consultation	Face-to-face meeting	Initial session with Aboriginal representatives to discuss plans to redevelop the cultural garden
June 2024	Master plan completed Online design survey	Media Community engagement	Social media posts EOI respondents and wider community invited to provide feedback on broad design concepts; almost 100 responses.
July 2024	Concept design completed		
Aug 2024	Consultation session with Friends of Nioka and other interested stakeholders	Community engagement	Online presentation
October / November (tbc)	Further Aboriginal consultation	Face-to-face meetings	Further consultation with Aboriginal community representatives on the cultural garden and general design aspects of the redevelopment
Nov 2024	Announce location and completion of schematic design	Media Staff engagement	A media announcement will be made showing the first artist impressions of the new unit and confirming the location of the site. Briefing sessions and newsletter goes out to all staff to keep them informed of progress. Website and social media updates. Hospital pop-up sessions and staff briefings to occur to keep key stakeholders informed of progress
TBC 2025	Detailed design completion	Media Staff engagement	A media release will be issued to confirm the key feedback received from the community and which of these elements have been adopted in the design. Hospital pop up sessions and staff briefings to occur to keep key stakeholders informed of progress
Apr 2025	Tender award	Media Staff and community engagement	A media release will be issued to announce the contractor. Website and social media updates.
June 2025	Construction starts	Staff and community information	The project will focus on different areas of the unit, its key benefits for patients and staff.

PROJECT OVERVIEW: Tamworth Palliative Care Unit

Early 2026	Mid-construction update	Construction progress tour	Opportunity to provide update on how construction is going.
July 2026	Construction completion	Media	Media release. Consider running a preview tour of the new unit pre-occupancy or wait until the official opening Website and social media updates
2026	Public open day	Media, staff and community participation	Consider holding a public open day prior to opening, open to everyone or limited to stakeholders who have contributed to the project.

Tamworth Palliative Care Unit

Consultation Report

Summary

This report summarises the communication and engagement activities that have occurred in support of the Tamworth Palliative Care Unit project. Tamworth Hospital is one of five hospitals to be funded under the World Class End of Life Program to deliver new or redeveloped palliative care facilities. The Tamworth project involves doubling the size of the existing Nioka Palliative Care Unit.

Key activities to date include –

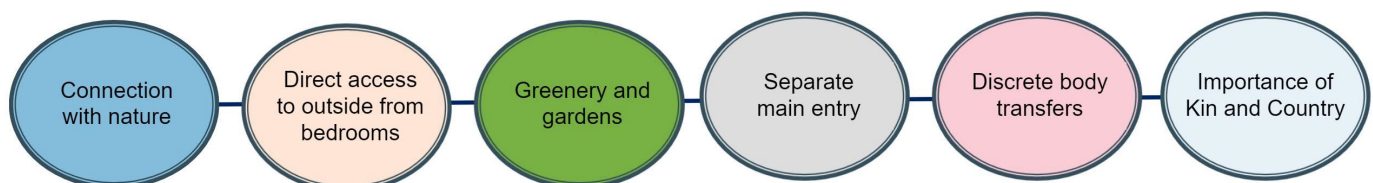
- Emotional Design Brief
- Community expression of interest in providing feedback on the design
- Online design survey
- Aboriginal consultation
- Project update to Friends of Nioka and others who had expressed an interest in the project
- Project user groups on the master plan, concept design and schematic design
- Project working groups, such as Sustainability and Arts
- Council, government agencies and service providers

Emotional Design Brief

"I have extended family and even my partner and I are terrified of the white walls. Last time she was really sick and all she could think is don't let me die in this room, it's just white walls and nothing else, it's just like a box. And no warmth... you don't want to cause any distress, when people are in the last moments."

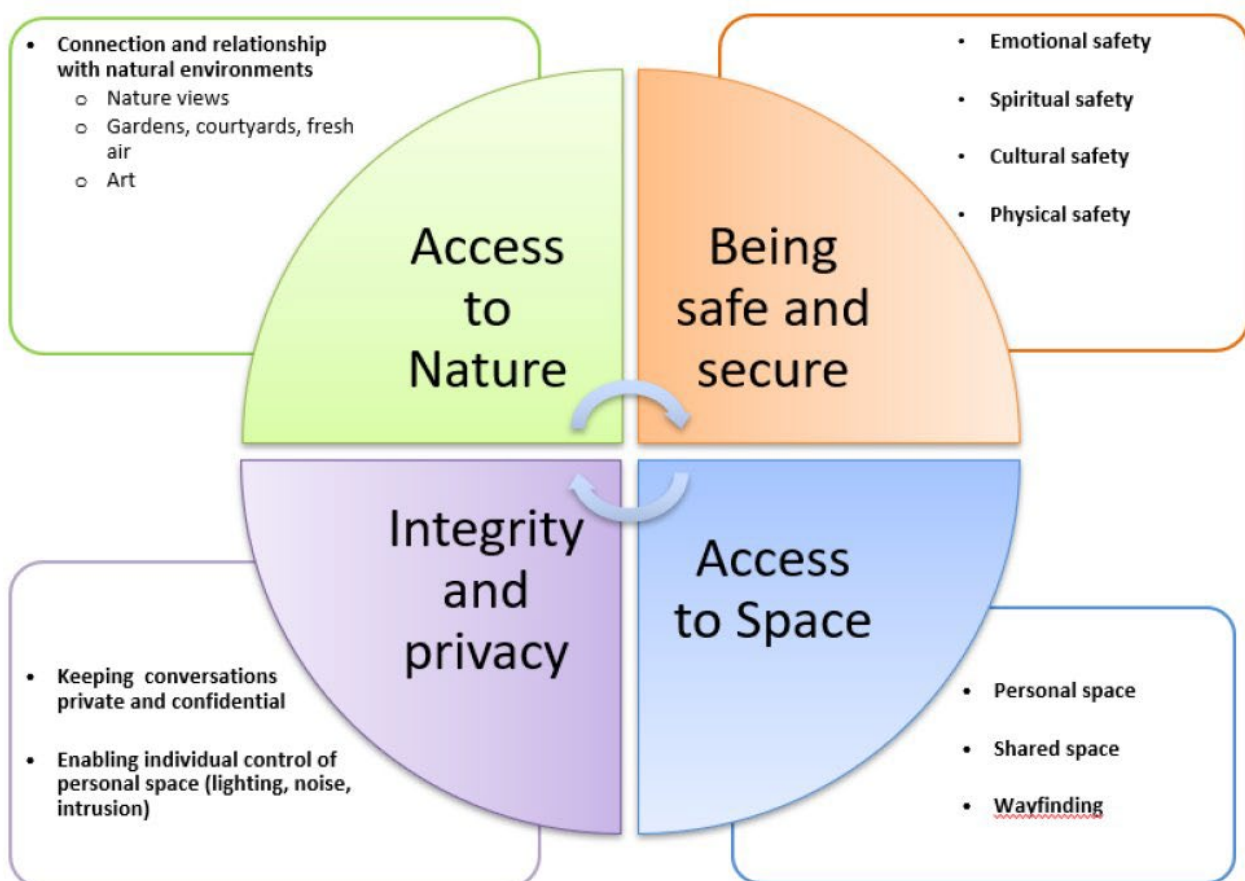
Users of the Nioka Palliative Care Unit were engaged early in the process through participation in the Emotional Design Brief.

The session explored user views on the functionality and aesthetics of the current rooms, and their emotional responses to the existing spaces; as well as ascertaining their views on the design of the future palliative care space. Here's what they told us:



Key recommendations:

- Staff, patients and families all spoke of a desire to see a relationship between the design of new spaces and a connection with nature.
- Direct access to outside from the patient bedroom.
- Gardens - all participants spoke of the need for greenery and gardens, including low maintenance landscaping with natural Australian plants and access to grassed areas. Some also spoke of the potential for a healing garden with bush tucker.
- The main entry to the unit must be separate to the hospital, in order to afford privacy for families who are grieving, maintain privacy for staff who work at the hospital who have a loved one in the unit and to create a culturally safe point of access to the facility.
- Body transfers - need to be discrete for family, other patients and members of the public and to provide dignity for the deceased person. The current path of travel for deceased bodies is through Nioka, then through the General Medical ward, then through the main public thoroughfare from the Emergency Department, through the linkway and down to the mortuary. Participants spoke of the distress the current path creates for other patients and families in the unit, patients and families in the General Medical Ward and for members of the public.
- The built environment must acknowledge the palliative care model for Aboriginal people and the importance of Kin and Country – an environment that embodies a connection to Country, enables connection with family, community and kin including spaces for large gatherings, and readily accommodates cultural practices including the expression of grief and spirituality. The creation of a culturally sensitive and safe built environment is welcoming and inclusive for all also provides a significant contribution to Closing the Gap for Aboriginal people requiring access to palliative care.



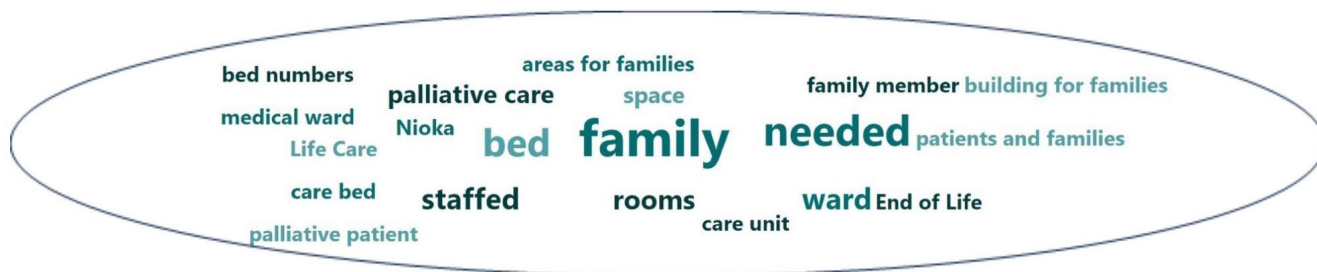
Online expression of interest

In February 2024, the Tamworth community was invited to express its interest in helping to shape the design of the new unit. The EOI was promoted via media release, email to hospital staff and social media. It attracted a total of six responses.

Online design survey

From 24 May to 14 June 2024, an online community survey was published and promoted to help inform the design of the palliative care unit expansion at Tamworth Hospital and improve the patient and carer experience.

In total, **97 responses** were received and below is a summary of the findings to be considered in project user groups and key decision-making points for the project.

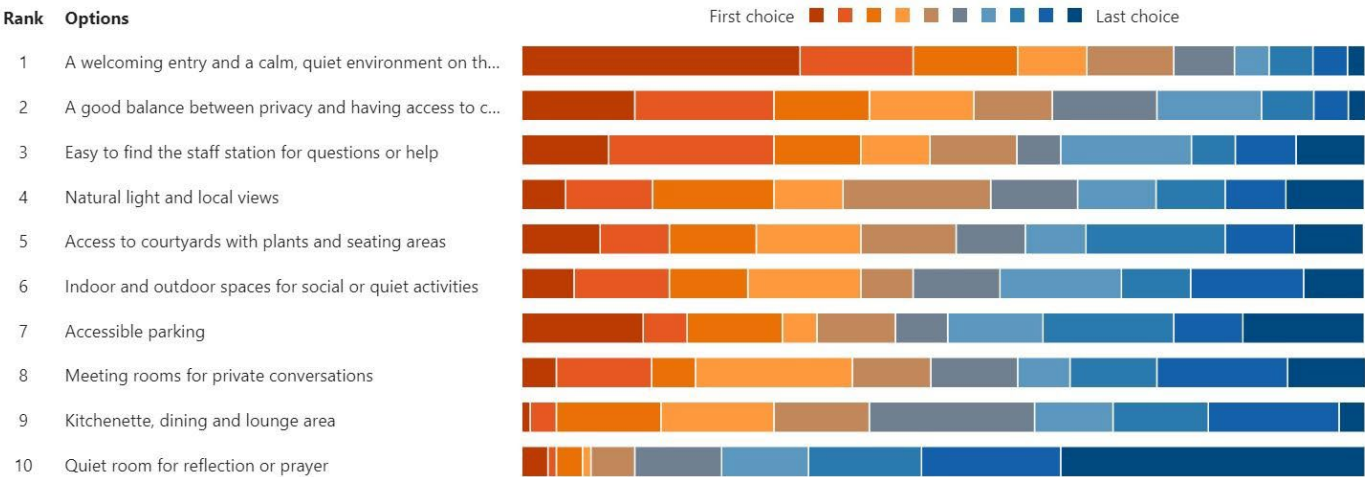


Out of the 97 responses, **69 (71%) of respondents had first-hand experience** as a palliative patient or a carer/family member of a palliative patient.

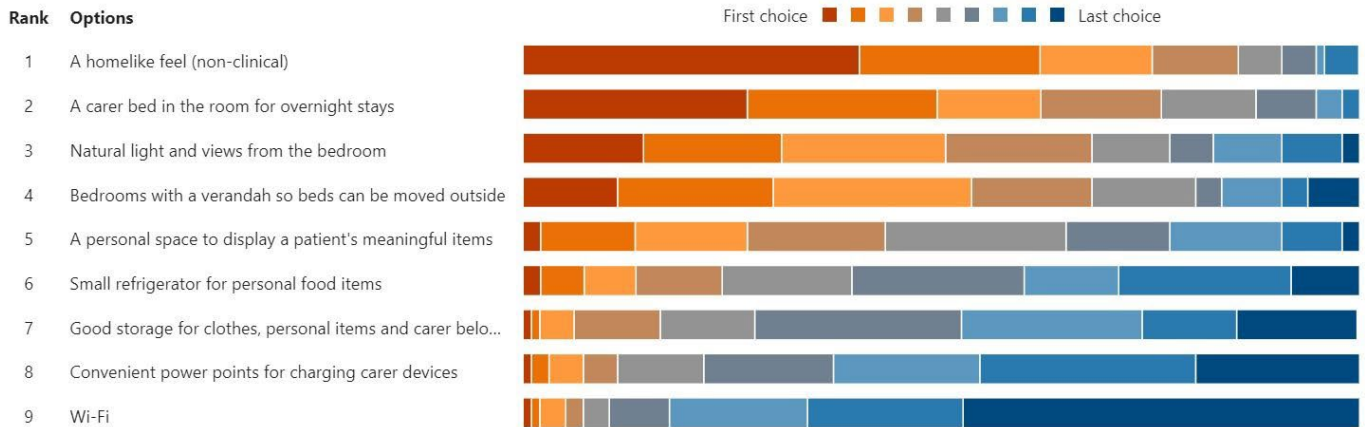
Here's a summary of suggested improvements to make a great palliative care service:

- Separate entrance to main ward. Ability for close family to stay with patient but also separate space to get away but still be close by.
- More privacy in the outdoor areas - great option to wheel bed out but once you are outside it's a shared space, some sectioned areas for additional privacy outside would be helpful.
- Standalone facility that is less clinical than a hospital.
- Volunteers with lollies, drinks and activities for patients and families. The courtyards and rooms opening out into courtyards are beautiful.
- Need larger rooms with own kitchen.
- Require a Cultural Space for the various Cultural Groups, especially, Aboriginal people, because of their respective Protocols with End-of-Life Care.
- Rooms need to feel like home with an outside garden off each room where family can bring their pet to visit and the loved one can be taken outside in their bed to enjoy the day (if weather suits).
- The need for privacy and a quiet atmosphere is important.
- Having a place/room for family to sleep, prepare meals and shower/bathroom and a nice place to sit indoors with your loved ones during colder months instead of being closed up in small rooms.
- More space needed for equipment storage.
- Music to patients liking and aromatherapy, tea, coffee and cold drinks at hand and sandwiches.
- Private areas for families and/or patients other than their rooms.
- A welcoming, homely setting.
- Direct access to Nioka from ED.
- The message boards in the rooms were very valuable for our children to express their love for family members. The separate, more private entrance is a must for the dignity of visitors. Strongly suggest a visitor room or two where there is a kitchenette, and table so we can gather without worrying about our voices impacting other patients and visitors.
- There needs to be a doctor's office that can be closed off.

A welcoming entry and calm, quiet environment on the ward were considered the most important design considerations, closely followed by having a balance between privacy and having access to common areas:



A homelike, non-clinical feel was considered the most important bedroom design feature:



The overwhelming majority of respondents (77%) wanted to see a calm and soothing colour palette in the expanded unit.

5. What colours should be used in the unit?

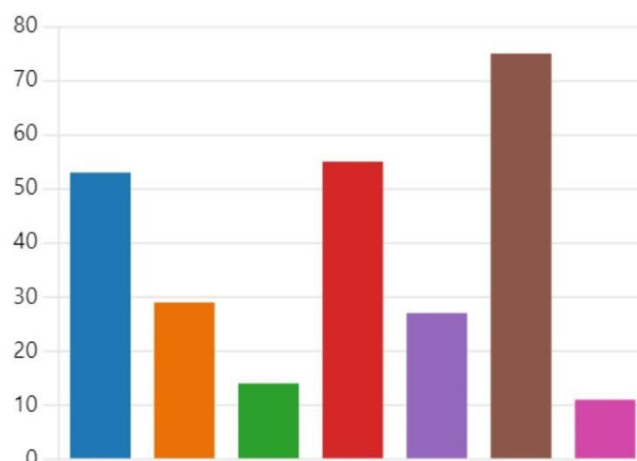
[More Details](#)

Calm and soothing	75
Bright	6
Not sure	8
Other	8

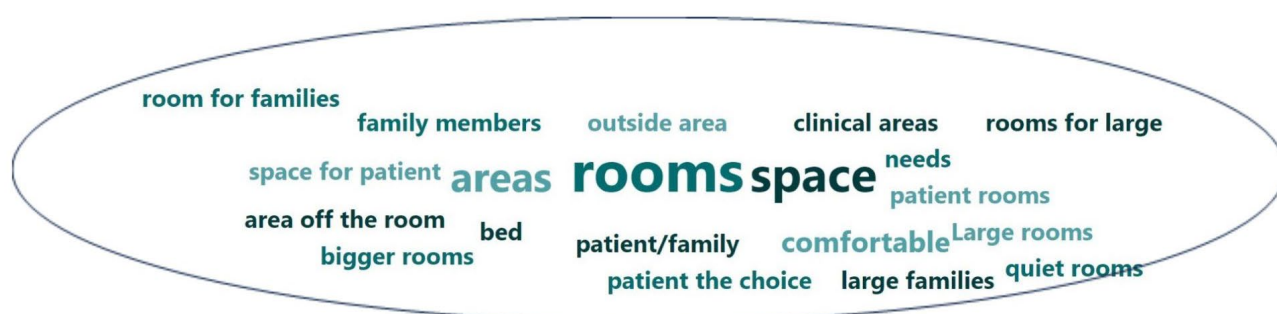


75% of respondents said they would like to see artwork that reflects local flora and fauna, followed by artwork that reflects the local community, with familiar faces and scenes:

Local Aboriginal artists	53
Artwork created by patients and...	29
Bright and colourful abstract art...	14
Reflecting the local community, ...	55
Abstract art that is calming and ...	27
Artwork reflecting local flora an...	75
Other	11



Other suggestions for making the unit more comfortable and inviting



- The unit needs to be restricted to palliative care patients only to reduce the busyness and noise from acute patients. It needs to feel home-link with easy access for families to visit. Ideally, separate entry to reduce going through the clinical areas.
- to be peaceful... not medical equipment lying in corridors and treating people with extreme dignity and respect
- Large rooms that can allow families to sit with patients
- Less clinical, space for patient to display their own personal belongings ie family photos, pegs for kids artwork etc. Option to have a comfortable place for the carer to safely sleep next to their love one
- Access to music. Volunteers who are able to provide "services" such as writing storybooks (about the person's life) taking photos.
- Easy access from car park to unit is important for older people.
- not only visual but auditory and aromatherapy needs to be considered.
- Warm tones, "cosy" spaces, green/plant space (inside & out)
- integrated speakers, tv which enables usb for sharing videos and photos.
- Appropriate space for patients choosing to access VAD
- larger rooms for large families, possibly small kitchen that can be closed off from bedroom to limit noise
- Making the unit as less clinical feeling as possible. Ensuring each patient/family members have access to outdoor areas that are not looking at carparks, concrete walls or hospital entrances etc.
- Definitely a bed for a carer to stay and comfortable seating. A nice light quilt with cover. Good shower and toilet
- A large and open entry/ reception. The patient rooms should have an entry which cannot be seen from the bed, nor the bed from the entry. This would give more privacy for the patient and family.
- Separate rooms that are large enough for visitors and reduce the need to take space for quiet rooms and communal areas.
- Try and disassociate the experience from the hospital as much as possible. Staff wearing different uniforms, separate entry/exit etc. Less office/admin/clinical looking and more like a home environment.
- the rooms need to be big enough for a carers bed, small fridge and microwave. the patient's bed should be a king single or a bed that fits 2 so a husband / wife / partner / kids can cuddle on the bed with the patient. The room should have an outside area off the room so the bed can be pushed out on to. Families should be able to bring their pets into the room from this outside area. Communal spaces need to have nice lounges and be

separate so large families can sit together in these spaces. Communal kitchens need the basics, but it would be better if each palliative room had a kettle, microwave, mini bar fridge and then you wouldn't need a communal kitchen and that space could be used for bigger rooms.

- Spaces for quiet time for families, inviting outside areas, communal kitchen areas
- Good gardens
- A larger more open lounge area, an internal outside area that can be seen from the nurse's station.
- Allowing patient the choice if they want to get out of bed and sit on chair or be able to sit outside.
- adaptable spaces that are well designed to minimise hospital features, maximise home features, take a look at the redesign of birthing suites, incorporating nature, round edges, functional, yet unobtrusive...
- the unit needs to be like a home. Making the families feel comfortable. Kitchen available for families areas where families can gather with their loved one for special times (eg: birthdays). A number of these areas. for example big verandahs that can be shared but also offer privacy.
- Comfortable chairs for visitors
- Allow more space for meetings rooms & make it more personal.
- Larger outdoor spaces which are easily accessible. Water feature with fish. Bird aviary?? Big windows. Nice kitchenette with plenty of dining seating
- Single patient rooms!!!! A sensory space Garden with flowing water, Therapy dogs, Fresh cooked meals (not hospital food)
- Room for palliative patient with comfortable chairs and a room next to it for family members close by next to it so family members can be close by to take that bit of break privately and not too far away So 2 rooms side by side One for patients to be cared for and one next to it as a lounge type comfortable room with Tv, board games, kitchenette etc
- Soft furnishings, options for playing quiet music in rooms (patient choice), fish tank (mainly to keep children calm), privacy for rooms (people walking outside shouldn't be able to see in), loads of landscape art, map of facilities to make it easier to find visitor toilets/ kitchen/ quiet room, a sign on the outside of quiet rooms so we know when they are occupied, sensory garden on way in eg lavender, lambs ears.
- Comfy couches, small kitchenette with microwave/ tea/coffee, easy to navigate, comfortable bed for carer. Perhaps a space the pt can be moved to see visitors away from their room
- A fountain in the garden /courtyard area surrounded by trees, lawn area with room enough for patients and families to be outdoors feeling sun on face and hearing bird song. A room big enough for patient's wedding to be held. A feeling of calmness and serenity pervading the building.
- incorporation of plants indoors, artworks from local artists, if you have a windowsill making a bench below the window so that it creates more sitting room for families

What does a great palliative care unit look and feel like?



- Friendly, warm, place to celebrate lives lived not centred around dying
- A place where kids can come to visit loved ones, area for them to play / watch TV
- Calm and quiet with staff available whenever needed. A room with a chance to open doors into natural light with greenery, flowers around. A great unit would have the ability to provide palliative care in whichever way the patient and family wanted, i.e. respecting culture and traditions.
- A home environment feel makes the transition easier and less clinical. More comfortable for patient, and family. Everyone wants to feel at home and not in a hospital setting which can be loud, clinical, cold and smelly.
- Inviting, calm, clean but not sterile environment
- A calming, peaceful and respectful place. Somewhere where there is always someone to ask a question or just as a support.
- Warm, inviting, inclusive, accepting. Private spaces, but also areas to connect with other families/carers who may in similar positions.

- The current atmosphere with the Staff predominantly creating a Welcoming and Comforting Space needs to continue and embraced because it's so beneficial to the Patients and their families
- a facility that is bright airy and has views of the outlying area. Welcoming staff and comfortable meeting areas, suitably painted and fitted out for calmness.
- Welcoming, good lighting, with discrete areas to gather as families
- A warm and welcoming environment, feels like 'home'.
- Quiet, peaceful, soft colours
- warm, comfortable. good natural light & fresh air, access to the outdoors, quiet
- A safe and welcoming space, where no one needs to feel like they are being a bother. Accessible kitchen and courtyard and easy access to staff, somewhere with lots of light and fresh air.
- A big country homestead with wide inviting verandahs, a couple of sitting rooms, a big country kitchen that can be enjoyed by all including staff; individual ensuite bedrooms. Probably a dream but would be like a home for so many.
- Calm, quiet but also a space where everyone feels welcome and safe
- A more homely feeling with a space to be able to enjoy the fresh air. A bright colour scheme then current but not overwhelming. Incorporation of local artists
- Quiet, calm. Muted colours, culturally neutral, a place easy to navigate with the nurses' station central and easily accessed for questions. A place where family can gather without disturbing other patients, and somewhere to quietly grieve without public eyes.
- Calm, serene & inviting
- A positive environment where visitors and families are welcomed. A place where everyone is respected and valued. Music is viewed as a calming bringer of peace. There are plants and flowers, and natural light is streaming in through windows which look out on to green spaces and views.
- **46 respondents indicated they would like to receive more information about the project as it progresses.**
- **14 respondents indicated they would be interested to participate in other activities related to planning and design, such as a focus group. Another 24 indicated they may be interested.**

Aboriginal consultation

Aboriginal Health Unit staff have been part of project user group meetings for the design. As a result of PUG discussions, the design allows for:

- Larger rooms to accommodate larger gatherings
- A semi-circular "yarning circle" in one of the courtyards
- Privacy between balconies for patients, so they can be outside under the sky at their time of dying
- Ability to sit outside, while sheltered from the weather, to feel the sun or listen to and smell the rain
- Having green space that is visually pleasant, can be touched, and has olfactory attraction – particularly using native flora that is resilient and culturally representative
- Offering separate spaces for different family or visitor groups to congregate without disturbing one another
- Offering space to prepare and eat food (indoor/outdoor), in recognition of the importance of food in bringing people together.

Two rounds of consultation have so far been held with representatives of the Aboriginal community, on 21 May and 13 November 2024.

The first meeting was held between project team members and representatives of the Aboriginal community to discuss the development and its likely impact on the nearby cultural garden.

Attendees included:

- Michelle Baker (Mental Health)
- Mary-Anne Dieckmann, Palliative Care Nurse Practitioner
- Kylie Taylor, Population Health
- Uncle Neville Sampson, local Aboriginal Elder
- Uncle Len Waters, local Aboriginal Elder (consulted separately)

Key take-outs from the meeting:

- General agreement that extension of pall care into the garden was supported. In separate conversation with Uncle Len after the meeting he reconfirmed his support.
- The group was reassured that about half of the garden would remain and had potential for further development.
- Advice that the new mental health unit would include a landscaped courtyard was welcomed.
- The idea of smaller gardens, dotted around the campus, was supported.
- It was suggested it would be good to relocate some of the more important plants (those associated with healing).
- There are no plaques, etc, in the garden that will need to be removed.
- It would be good to involve TAFE again in any new landscaping. Landcare and Bunnings were also mentioned as potential supporters.
- Commitment to ongoing consultation around the garden.
- The group spoke to the genuine and extensive consultation process that was undertaken to

The second consultation session on 13 November was led by Connie Matthews (LHD) and Tom Kelly (Capital Insights). Other participants were:

- Mary-Anne Dieckmann, Pall Care Nurse Practitioner
- Uncle Neville Sampson, local Aboriginal Elder
- Sukhjeet Kaur, Project Director, Health Infrastructure
- Natalie Wise, Architectus
- Esther Dickins, Landscape Architect, Architectus
- Dale Lenden, Structural Engineer, ACOR
- Matt Harrison, Acoustic Engineer, PWNA
- Tony Butcher, Project Communications, Health Infrastructure

The meeting consulted on the design of the Tamworth Palliative Care Unit, with particular focus on landscaping and variety of plants used in the courtyards and cultural garden.

Key take-outs from the meeting:

- Mention of Lomandra as good plant used in traditional weaving
- Uncle Nev liked the proposed list of plants as they are all acceptable from a cultural perspective, are all native and "look beautiful"
- He will review the final list as some plants are not used from a cultural perspective
- Landscaping should create nice green, tranquil sort of place, lush, not dry
- Garden needs to look good all year round, using plants like Lilly Pillies.
- No plants that produce a strong scent due to lung irritation of patients and hayfever
- A lot of people like Wattle, but many are allergic to it, so should be avoided
- Discussion around the gathering circle and that it's not a full circle
- Half circle provides opportunity for people to attend using mobile beds and wheelchairs
- Mary-Anne said she thought the gathering circle was ok, but would like to consult with others first
- Shown a render of the gathering circle, Uncle Nev said he loved it, considering there isn't a lot of room to work with
- They also liked the idea of a smaller space, a private nook for a small group of people (2-3) to gather
- Discussion on main entry landscape and concern raised that rooms along the walkway would not have a privacy screen from the public
- Agreement that this side should be fenced and more work was needed to optimise that area
- The entry needs a natural feel, welcoming, calming
- A couple of options for new cultural garden areas were discussed, in the vicinity of Johnson House and Old Maternity
- It was suggested some of the plantings from the existing cultural garden could be relocated to this new garden

Friends of Nioka

The Friends of Nioka is a group of people who have a connection with the palliative care unit, usually through a relative who has stayed on the unit. The group has been consulted and informed at every major stage of the project, including:

- Project update, 29 February 2024
- Master plan brief, 7 May 2024
- Project briefing, 20 August 2024

Several respondents to the online design survey and expression of interest indicated they would like to be part of a focus group to workshop the design in more detail. Several attempts were made to organise this focus group, but the response was very low. Instead, it was decided to arrange a briefing for Friends of Nioka, and invite design survey respondents who indicated they might attend a focus group.

This session was held on 20 August 2024, attended by eight members of Friends of Nioka, community representative Jane Harris and LHD Operations Manager TIPs Vickie Croker.

Questions and comments raised at this session:

- Will there be any changes to the four bedrooms not included in the development? (Not at this stage.) Flooring is already non-clinical. A fresh coat of paint would help.
- Important to get the landscaping right, given Tamworth's growing conditions. Suggested the landscape architect talk to the person employed by Friends of Nioka to tend to the existing garden.
- Important to ensure privacy within communal garden areas, while having the flexibility for larger gatherings on occasions, such as Palliative Care Week. Need to create opportunities to mingle.
- Will the two existing rooms that will be rotated be upgraded to similar standard as the new rooms (yes).
- Really wonderful
- Very exciting
- Looks good
- Well done
- An Arts Working Group will be formed to create opportunities for input on appropriate artwork around the facility. This will help to tie the old and new areas together.
- Like the look of the new rooms, homely with comfy chairs, etc, but would like the whole unit to be at the same standard.
- Know you can't do everything, but as long as it's considered, that's all we can ask.

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 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	

Contents

Version control	2
Contents.....	3
Commonly used acronyms	4
Introduction and context.....	6
Purpose.....	6
Project background	6
Funding	6
Project area and community profile	7
Communications and engagement objectives	7
Communications and engagement risks and challenges	8
Stakeholder analysis.....	9
Communications and engagement approach	11
Key messages	11
Communications and engagement tools (program specific)	13
Program and action plan.....	16
Media announcements and coverage.....	17
Communications and engagement protocols	19
WCEOL C&E Governance Structure	20
Issues escalation process.....	20
Approvals process	20
Milestone opportunities	20
Roles and responsibilities	20
Communications and Engagement Working Group (CEWG)	22
Evaluation	24
Appendices	25
Frequently Asked Questions.....	25
World Class End of Life Program – FAQs – Mar 2023.....	25
What is the World Class End of Life program (WCEoLP)?	25
Which hospitals are getting new palliative care units?	25
When was the project announced?	25
How much funding has been allocated to the Nepean/Westmead/Wyong/Tamworth/Orange project?	25
What is the current status of the program?	25
What will be included in the new units?	25
When will construction on the new units start?	25
Will the community get an opportunity to have a say in their new palliative care units?	25
Where can I find out more details?	25

Commonly used acronyms

Abbreviation	Description
BC	Business Case
CRG	Clinical Reference Group
CSP	Clinical Services Plan
CEWG	Communications & Engagement Working Group
CEP	Communications and Engagement Plan
ESC	Executive Steering Committee
EUG	Executive User Group
FB	Functional Brief
FF&E	Fixtures, Furniture & Equipment
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
BC	Business Case
CRG	Clinical Reference Group
CSP	Clinical Services Plan
CEWG	Communications & Engagement Working Group
CEP	Communications and Engagement Plan
ESC	Executive Steering Committee
EUG	Executive User Group
FB	Functional Brief
FF&E	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 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 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

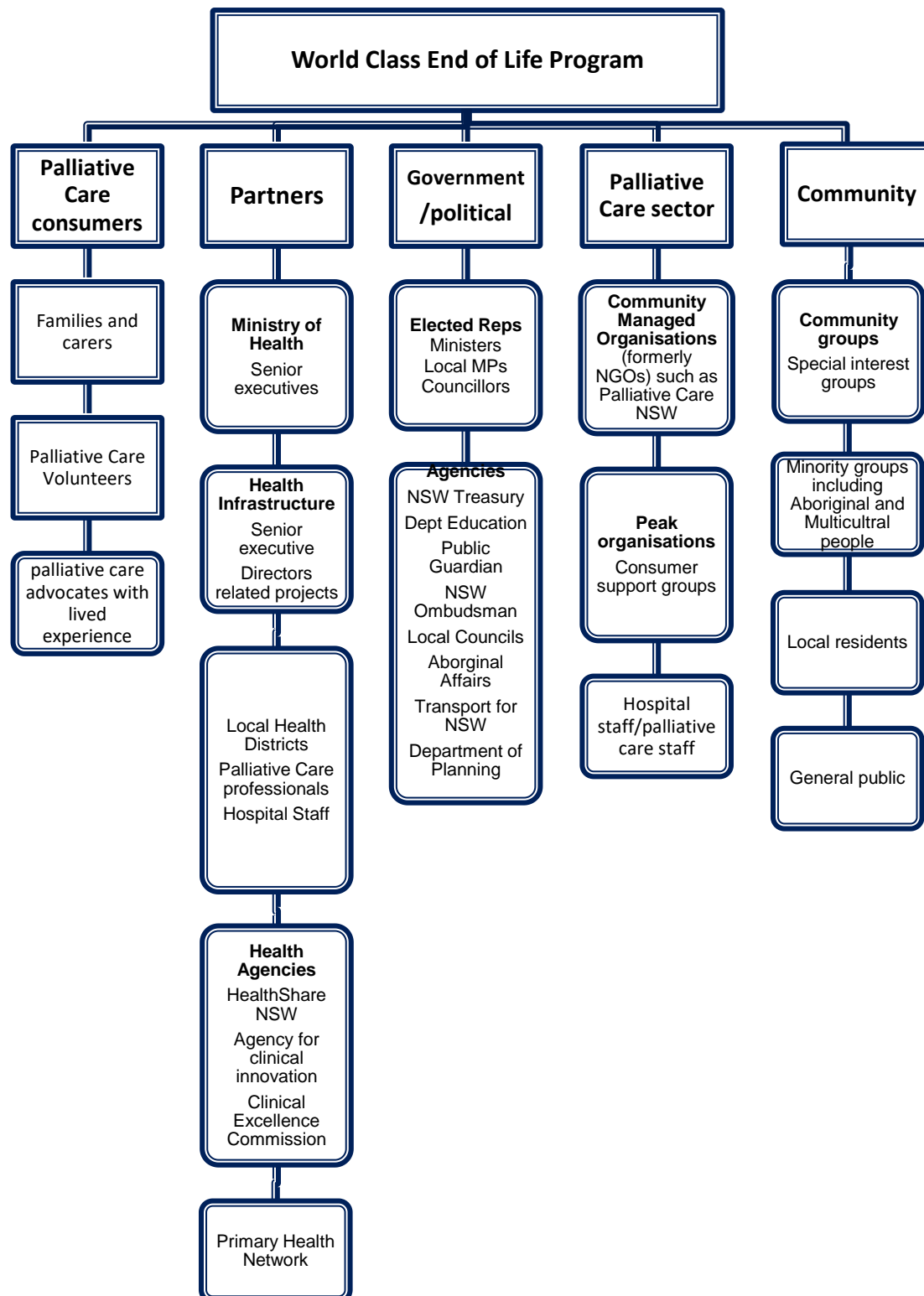
Communications and engagement risks and challenges

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"> • 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. • Share the program timelines to ensure each site can align its own project timelines. • Establish a regular monthly program CEWG
Tight timeframes and turnaround for feedback	<ul style="list-style-type: none"> • Share the program timeline with key project stakeholders and highlight milestones relating to communications and engagement activities. • Plan and tailor consultation processes to ensure stakeholders have adequate opportunity to participate. • Proactively advertise and promote engagement activities
Potential stakeholder confusion about the planning and/or delivery process	<ul style="list-style-type: none"> • Communicate clear and agreed messages about the planning and/or delivery process and make this information publicly available and easily accessible • Utilise existing communications forums to convey key messages • Advise stakeholders of key opportunities for input and decisions • Clearly explain how any impacts to the community and staff will be mitigated throughout the project lifecycle
Potential stakeholder dissatisfaction about the opportunities to provide feedback and/or influence the outcomes	<ul style="list-style-type: none"> • 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 • Reiterate the project timeline and process during all engagement activities • Ensure that all input by stakeholders is appropriately addressed in a timely manner
Balancing multiple agendas and expectations	<ul style="list-style-type: none"> • Use consistent and appropriate messages • Communicate the scope, purpose and health needs of the community and how the project will meet them • Be clear on how 'ad hoc' or out of scope issues that are raised will be dealt with
Inclusive participation	<ul style="list-style-type: none"> • Ensure diverse input and involvement is sought throughout the project lifecycle • Identify and engage with a diverse range of project advocates to assist with project understanding and participation
Sensitivities of engaging with people who have experienced with palliative care with family member	<ul style="list-style-type: none"> • Recognition that stakeholders may have different levels of skills and experience in health service planning and delivery, and/or inadequate health literacy • Working closely with palliative care teams to identify palliative care advocates – using word of mouth to identify willing community participants. • 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. • Use plain English, not industry jargon and consider the use of info graphics where possible

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
Dedicated program phone number and email address				
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 Patients' families Community Media MP office Other local stakeholders
One Page Factsheet				
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"> Car parking Overview of the proposed development Benefits that the project will provide Scope of work What to expect in relation to disruption/ traffic/ noise and how this will be managed. 	C&E Manager	LHD website and news channels HI website and news channels Email distributed via Palliative Care services/ advocacy groups Project website if established Facebook pages of advocacy groups	Created for each site when first artist impressions are available and site selection completed Updated quarterly	Staff Patients' families Community Media MP office Other local stakeholders
FAQs				
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 Used as reference material in meeting and event briefs	Completed (including in Plan) and updated quarterly	Staff Patients' families Community Media MP office Other local stakeholders

Overview / Objective	Responsibility	Delivery method	When / Frequency	Audience
Project presentation				
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: Staff Advocacy groups MP briefings	To be created Q2 2024 with artist impression Updated as required	Advocacy groups Local Councils MPs Hospital and palliative care staff
EOI community participation campaign (These campaigns would be project specific but adopt the same approach)				
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. 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 HI website and news channels Email distributed via Palliative Care services/ advocacy groups Project website if established Facebook pages of advocacy groups	Completed for Westmead, Wyong and Nepean	
Focus Groups to inform design and experience				
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 Social media	Nepean survey completed Wyong – Survey completed/ focus groups Feb 2024 Westmead – Feb/Mar 2024 Orange – Survey completed Tamworth – March/Apr 2024	General public EOI applicants
Aboriginal yarning circle				
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 LHD website and news channels HI website and news channels Social media Email to EOI participants	At the end of the design / prior to start of construction	Media MP office General public
Patient Journey case studies				
(print and video) 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. Communicate key design features that were adopted from community engagement	C&E Manager	LHD website and news channels HI website and news channels Email distributed via Palliative Care services/ advocacy groups Project website if established Facebook pages of advocacy groups	At design completion and start of construction	Staff Patients' families Community Media MP office Other local stakeholders
Service benefit features				
(print and video) 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 HI website and news channels Email distributed via Palliative Care services/ advocacy groups Project website if established Facebook pages of advocacy groups	At design completion and start of construction	Staff Patients' families Community Media MP office 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 Early 2023 – Lead design team appointed Aug 2023 – Expression of interest sought for community participation in the design process Late 2023/early 2024 – Engagement with local community Early 2024 – Schematic design and scope announcement with artist impressions	Focus groups held in November and December to inform design and patient experience. 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 Early 2023 – Lead design team appointed Aug 2023 – Expression of interest sought for community participation in the design process Early 2024 – Engagement with local community 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. Focus group discussions scheduled for Q1 2024
Wyong Hospital – Palliative Care Unit	New purpose built, 12 bed unit announced	November 2022 – Project announced Early 2034 – Lead design team appointed Mid-2023 – Scope and master plan finalised Aug 2023 – Expression of interest sought for community participation in the design process Late/early 2024 – Engagement with local community 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. Online survey complete, with more than 300 responses Focus group discussions scheduled for Q1 2024
Tamworth Hospital – Palliative Care Unit	New purpose-built palliative care unit	January 2023 – Project announced Early 2023 – Lead design team appointed Late 2023 – Master planning underway Early 2024 – Engagement with local community	In Jan 2023 the media reported \$21 million and double the beds 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>\$743 million to enhance end-of-life care in NSW</p>	<p>The Australian</p> <p>Daily Telegraph</p> <p>Nine News</p> <p>Sydney Morning Herald</p> <p>Mirage News</p> <p>ABC News</p> <p>Western Weekender</p>	No mention of bed numbers or funding breakdown
25 November 2022	<p>Wyong announcement</p> <p>\$13.6 million for new dedicated palliative care unit at Wyong Hospital</p>	<p>Central Coast News</p> <p>Star1045</p>	<p>Media release lists: 12 beds</p> <p>\$31.6 million allocation</p>
9 January 2023	Tamworth announcement	Northern Daily Leader	No mention in media release of budget breakdown or bed numbers but subsequent

	Palliative Care expansion for Tamworth Hospital	NBN News	media coverage stated “\$21 million and double the beds” Also notes the plan for the unit will be finalised in June 2023
21 February 2023	Orange announcement Palliative Care expansion for the Central West	Western Advocate Central Western Daily	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	Westmead EOI	The Pulse	HAVE YOUR SAY: Participate in the design of new Palliative Care Unit at Westmead Hospital
18 Aug 2023	New palliative care unit at Nepean	Western News	Have your say: Participate in the design of the new Palliative Care Unit at Westmead Hospital
15 November 2023	Orange online survey	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 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

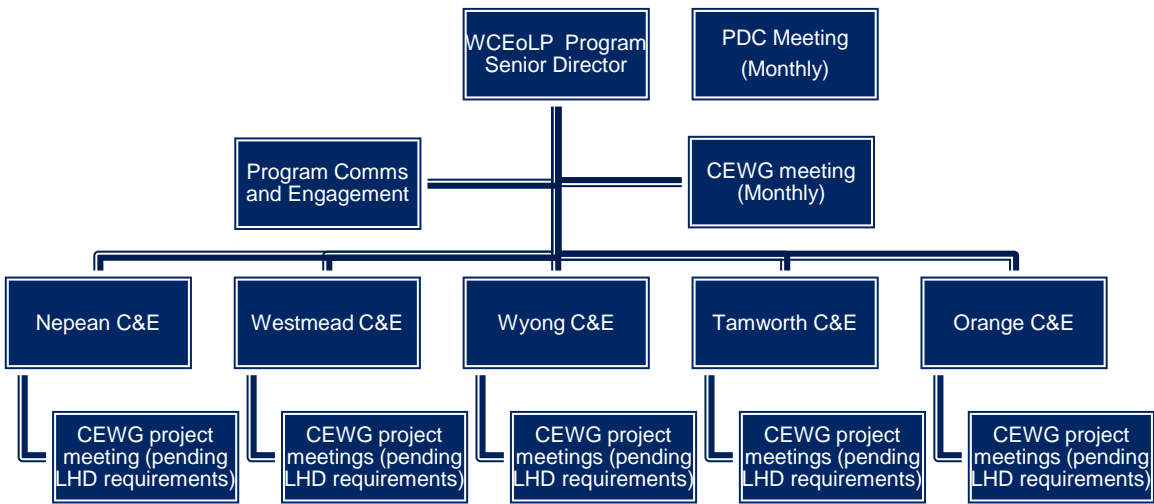
The program will arrange large site board to be installed in a prominent location on the campus when the site is announced/ determined. This site board can up updated as the project progresses.

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

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

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 0413233707, Belinda.berryman@health.nsw.gov.au
Senior Project Director	Health Infrastructure	Daniel Pitton 0491 229 984, Daniel.pitton@health.nsw.gov.au
Project Director	Health Infrastructure	Nina Cleary 0418 226 810, nina.cleary@health.nsw.gov.au
Project Manager	Capital Insight	Erik Maasepp 0431 489 665 Erik.maasepp@capitalinsight.com.au
Business Partner Communications and Engagement	Health Infrastructure	Matt Satherley 0421 159 864, matthew.satherley@health.nsw.gov.au
Communications & Engagement Director	Nepean Blue Mountains Local Health District	Paul Grocott 0455 364 884 paul.grocott@health.nsw.gov.au

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

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

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

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 paul.isaac@health.nsw.gov.au
Rachel Scobie, Director, Aboriginal Health	NBMLHD	0439 757 628 Rachel.scobie@health.nsw.gov.au
Vinita Negi, Multicultural health Project Officer	NBMLHD	0419 471 758 Vinita.singh@health.nsw.gov.au
Linda Ora, Project Manager, End of Life and Palliative Care	NBMLHD	0497 670 621 linda.ora@health.nsw.gov.au
Dr Alan Oloffs	NBMLHD	0421 052 349 alan.olloffs@health.nsw.gov.au
Leigh Nadalini	Community member who led the palliative care petition	0412 663 819 leighandalex@bigpond.com
Joe Rzepcki, Consumer	Nepean Redevelopment Consumer Committee member	joe_lee_rz@hotmail.com

Westmead		
Name	Organisation	Contact details
Matt Sydenham, Director, Redevelopment and Infrastructure	Western Sydney LHD	0408 490 723 sally.greenaway@health.nsw.gov.au
Julianne Harvey, Redevelopment Lead	Western Sydney LHD	0437 232 189 julianne.harvey@health.nsw.gov.au
Jenelle Matic, General Manager	Western Sydney LHD	0425 284 498 Jenelle.matic@health.nsw.gov.au

Westmead

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

Wyong

Name	Organisation	Contact details
Candace Douglass	CCLHD	0477 383 870
Margaret Pearce	Elsie's Retreat Committee	0412 622 400 margaretpearce@bigpond.com
Oana McBride	Orange Army	
Peter Hurley	Orange Army	

Tamworth

Name	Organisation	Contact details
Heather Frankel, President	Friends of Nioka	friendsofnioka@gmail.com
Brian Singh, Vice President	Friends of Nioka	

Orange		
Name	Organisation	Contact details
Christine Symington	Palliative Care Nurse Manager	0436 920 961
Jenny Hazelton	Push for Palliative	Orangepush4palliative@gmail.com
Fiona Ostini	Redevelopment Change Manager	0436 367 829

Contact Details

Health Infrastructure
Locked Bag 2030
St Leonards NSW 1590
hinfra.health.nsw.gov.au



HEALTH INFRASTRUCTURE

REF Communications & Engagement Report

Tamworth Palliative Care Unit Project

2 April 2025

Background

The existing Nioka Palliative Care Unit in Tamworth Hospital is doubling in size, from six beds to 12, as part of a \$93 million funding allocation from the NSW Government to deliver new or redeveloped palliative care facilities across the state. The Tamworth development will involve extending Nioka north of the main hospital building.

The project team considered several development options including recommendations from the community before deciding to expand existing services within the main hospital building.

Extensive consultation has been undertaken with clinical staff and carer groups associated with Nioka to ensure all views are reflected in the planning and design.

Purpose

This Engagement Report, developed specifically for the Tamworth Palliative Care Unit Project, outlines the engagement activity that has been undertaken during planning and design phases. The project recognises the need for meaningful and tailored engagement.

The aim of this report is to:

- Demonstrate a clearly planned and timely approach to engagement
- Outline the community and stakeholder engagement that has informed the development of the proposal and contributed to better outcomes
- Explain how engagement has shaped the project under assessment.

Consistent, transparent and proactive communications and engagement are essential to delivering a successful project outcome. Engaging with the right people at the right time informs project planning, design and delivery, as well as connects the community, stakeholders and consumers to the project.

The project's engagement has helped the project team understand and identify potential issues and develop mitigation measures to address them.

The consultation, notification and referral legislative processes identified in this report comply with NSW Government planning legislation and guidelines, including:

- State Environmental Planning Policy (Transport and Infrastructure) 2021 (TI SEPP)
- Department of Planning, Housing and Infrastructure (DPHI) Stakeholder and Community Participation Plan October 2024 (SCPP)
- Health Infrastructure Community Participation Plan October 2024 (CPP).

Engagement

The communications and engagement objectives ensure the local community, key stakeholders and consumers are consulted, engaged and informed of the project's deliverables and able to provide feedback as the project progresses.

The communications and engagement objectives for the project include to:

- Ensure 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
- Be transparent in all that we do
- Encourage participation from communities and key stakeholders, such as local Aboriginal and community groups
- Ensure project information is distributed in an effective and timely manner
- Provide clear information about project milestones and opportunities for feedback.

Engagement Approach

The communications and engagement approach for the project focuses on early, proactive, transparent and regular communications and engagement throughout all stages of the project. This approach helps 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.

Key Issues and risks

Risk/ Issue	Communication and Engagement response
Perceived project delays	The project team is working with key stakeholders to undertake a comprehensive planning and design process. The expansion is on track to be delivered on time.
The design does not meet expectations	Planning and design for the expanded facility has undergone an extensive process of consultation with staff, patients and community input, including project user groups, and recommendations from an emotional design brief and online design survey.
Not enough funding to deliver the unit	The extended palliative care unit at Tamworth Hospital will be delivered as part of the \$93 million allocated by NSW Government for the World-class End of Life Care program.
The unit should be in a standalone facility	The project team considered many locations and configuration options, including a standalone unit or an expansion of the existing unit. The preferred option of expanding existing services within the main hospital building will ensure greater operational efficiency, making it easier to assign staff and share services. It also means the best possible palliative care service can be provided for the allocated funding.
The new facility will encroach on the existing Cultural Garden	The project team has consulted and continues to do so with the local Aboriginal community on the facility's impact on the Cultural Garden. The remaining portion of the garden will be redeveloped as part of the project. The project team is working with the Hunter New England Local Health District to explore options for creating other cultural gardens around the campus.

Project milestones and engagement activities

This table outlines how the project is strategically and proactively engaging staff, the community and key stakeholders, from planning and design through to construction.

Project user groups and working groups were established early to inform the functional design brief and schematic and detailed design of the project. Meetings were led by the lead design team and attended by hospital and LHD staff.

The project team engages with various external stakeholders within Tamworth and surrounding community to ensure we are building a facility that meets their health needs and is designed to make everyone feel safe, welcome, and comfortable. These engagement activities are undertaken in alignment with the various design stages.

Date	Milestone	Activity	Communications and engagement activity
August 2023	Program announcement and master planning starts	Media Staff engagement	Tamworth was announced in August 2023 by Minister for Health Ryan Park
Nov 2023	Emotional Design Brief	Staff engagement	In person exercise with patients, carers and staff with a connection to the service designed to identify key design priorities for stakeholders
Feb 2024	Community invited to register interest in the project	Media Community engagement	Expression of interest media announcement by Minister Park Social media posts Staff newsletter
June 2024	Master plan completed Online design survey	Media Community engagement	Social media posts EOI respondents and wider community invited to provide feedback on broad design concepts; almost 100 responses.
July 2024	Concept design completed		
Aug 2024	Consultation session with Friends of Nioka and other interested stakeholders	Community engagement	Online presentation
Nov 2024	Announce location and completion of schematic design	Media Staff engagement	A media announcement will be made showing the first artist impressions of the new unit and confirming the location of the site. Briefing sessions and newsletter goes out to all staff to keep them informed of progress. Website and social media updates. Hospital pop-up sessions and staff briefings to occur to keep key stakeholders informed of progress
March 2025	Detailed design completion	Media Staff engagement	A media release will be issued to confirm the key feedback received from the community and which of these elements have been adopted in the design. Hospital pop up sessions and staff briefings to occur to keep key stakeholders informed of progress
Apr 2025	Tender award	Media Staff and community engagement	A media release will be issued to announce the contractor. Website and social media updates.
July 2025	Construction starts	Staff and community information	The project will focus on different areas of the unit, its key benefits for patients and staff.
Early 2026	Mid-construction update	Construction progress tour	Opportunity to provide update on how construction is going.

July 2026	Construction completion	Media	Media release. Consider running a preview tour of the new unit pre-occupancy or wait until the official opening Website and social media updates
2026	Public open day	Media, staff and community participation	Consider holding a public open day prior to opening, open to everyone or limited to stakeholders who have contributed to the project.

Key activities

Emotional Design Brief

Users of the Nioka Palliative Care Unit were engaged early in the process through participation in the Emotional Design Brief. The session explored user views on the functionality and aesthetics of the current rooms, and their emotional responses to the existing spaces; as well as ascertaining their views on the design of the future palliative care space. Refer to attached key findings for more information.

Community expression of interest in providing feedback on the design

In February 2024, the Tamworth community was invited to express its interest in helping to shape the design of the new unit. The EOI was promoted via media release, email to hospital staff and social media.



Online design survey

From 24 May to 14 June 2024, an online community survey was published and promoted to help inform the design of the palliative care unit expansion at Tamworth Hospital and improve the patient and carer experience.

In total, 97 responses were received and considered in project user groups and key decision-making points for the project. A summary of the findings is attached.

Aboriginal consultation

Aboriginal Health Unit staff have been part of project user group meetings for the design. As a result of PUG discussions, the design allows for:

- Larger rooms to accommodate larger gatherings
- A semi-circular “yarning circle” in one of the courtyards
- Privacy between balconies for patients, so they can be outside under the sky at their time of dying
- Ability to sit outside, while sheltered from the weather, to feel the sun or listen to and smell the rain
- Having green space that is visually pleasant, can be touched, and has olfactory attraction – particularly using native flora that is resilient and culturally representative

- Offering separate spaces for different family or visitor groups to congregate without disturbing one another
- Offering space to prepare and eat food (indoor/outdoor), in recognition of the importance of food in bringing people together.

Two rounds of consultation have so far been held with representatives of the Aboriginal community, on 21 May and 13 November 2024.



World Class End of Life Program

Expanding the Tamworth Hospital palliative care unit

Plans for the Cultural Garden

You are invited to join us to discuss plans for the Cultural Garden as part of expanding the Nioka Palliative Care Unit. Light lunch included.

WHEN

Wednesday 13 November, 12 noon to 1.30pm

WHERE

Meeting Rooms 1-2, Tamworth Hospital (through the main entry and to the left)

CONTACT

For more information or directions, call 0401 657 660.



The first meeting was held between project team members and representatives of the Aboriginal community to discuss the development and its likely impact on the nearby cultural garden.

Key take-outs from the meeting:

- General agreement that extension of pall care into the garden was supported. In separate conversation with Uncle Len after the meeting he reconfirmed his support.
- The group was reassured that about half of the garden would remain and had potential for further development.
- Advice that the new mental health unit would include a landscaped courtyard was welcomed.
- The idea of smaller gardens, dotted around the campus, was supported.
- It was suggested it would be good to relocate some of the more important plants (those associated with healing).
- There are no plaques, etc, in the garden that will need to be removed.
- It would be good to involve TAFE again in any new landscaping. Landcare and Bunnings were also mentioned as potential supporters.
- Commitment to ongoing consultation around the garden.
- The group spoke to the genuine and extensive consultation process that was undertaken to

The second consultation session on 13 November consulted on the design of the Tamworth Palliative Care Unit, with particular focus on landscaping and variety of plants used in the courtyards and cultural garden.

Key take-outs from the meeting:

- Mention of Lomandra as good plant used in traditional weaving
- Uncle Nev liked the proposed list of plants as they are all acceptable from a cultural perspective, are all native and "look beautiful"
- He will review the final list as some plants are not used from a cultural perspective
- Landscaping should create nice green, tranquil sort of place, lush, not dry
- Garden needs to look good all year round, using plants like Lilly Pillies.
- No plants that produce a strong scent due to lung irritation of patients and hayfever
- A lot of people like Wattle, but many are allergic to it, so should be avoided

- Discussion around the gathering circle and that it's not a full circle
- Half circle provides opportunity for people to attend using mobile beds and wheelchairs
- Mary-Anne said she thought the gathering circle was ok, but would like to consult with others first
- Shown a render of the gathering circle, Uncle Nev said he loved it, considering there isn't a lot of room to work with
- They also liked the idea of a smaller space, a private nook for a small group of people (2-3) to gather
- Discussion on main entry landscape and concern raised that rooms along the walkway would not have a privacy screen from the public
- Agreement that this side should be fenced and more work was needed to optimise that area
- The entry needs a natural feel, welcoming, calming
- A couple of options for new cultural garden areas were discussed, in the vicinity of Johnson House and Old Maternity
- It was suggested some of the plantings from the existing cultural garden could be relocated to this new garden

Project update to Friends of Nioka and others who had expressed an interest in the project

The Friends of Nioka is a group of people who have a connection with the palliative care unit, usually through a relative who has stayed on the unit. The group has been consulted and informed at every major stage of the project, including:

- Project update, 29 February 2024
- Master plan brief, 7 May 2024
- Project briefing, 20 August 2024
- Project briefing, 13 February 2025



NSW GOVERNMENT

HEALTH INFRASTRUCTURE
Expanding the Nioka Palliative Care Unit

You are invited to attend a Focus Group to discuss planning and design of the expanded Nioka Palliative Care Unit.

WHEN: Tuesday 2 July 2024, 4.30pm-6.30pm (light refreshments included)

WHERE: Tamworth Hospital, Blue Gum Room (Executive Meeting Rooms).
Turn right at the main entry and right again at the end of the corridor.

Please let us know by Thursday 27 June if you will attend. For enquiries, call 0401 657 660

Health Infrastructure |

Several respondents to the online design survey and expression of interest indicated they would like to be part of a focus group to workshop the design in more detail. Several attempts were made to organise this focus group, but the response was very low. Instead, it was decided to arrange a briefing for Friends of Nioka, and invite design survey respondents who indicated they might attend a focus group.

This session was held on 20 August 2024, attended by eight members of Friends of Nioka and community representatives.

Questions and comments raised at this session:

- Will there be any changes to the four bedrooms not included in the development? (Not at this stage.) Flooring is already non-clinical. A fresh coat of paint would help.
- Important to get the landscaping right, given Tamworth's growing conditions. Suggested the landscape architect talk to the person employed by Friends of Nioka to tend to the existing garden.
- Important to ensure privacy within communal garden areas, while having the flexibility for larger gatherings on occasions, such as Palliative Care Week. Need to create opportunities to mingle.
- Will the two existing rooms that will be rotated be upgraded to similar standard as the new rooms (yes).

- Really wonderful
- Very exciting
- Looks good
- Well done
- An Arts Working Group will be formed to create opportunities for input on appropriate artwork around the facility. This will help to tie the old and new areas together.
- Like the look of the new rooms, homely with comfy chairs, etc, but would like the whole unit to be at the same standard.
- Know you can't do everything, but as long as it's considered, that's all we can ask.

In addition to the above, hospital staff have been extensively consulted on the master plan, concept design, schematic design and detailed design through project user groups.

Next steps

This Engagement Report demonstrates how strategic and transparent communication and engagement activity is meeting the consultation requirements as part of the planning and design of the Tamworth Palliative Care Unit Project. It demonstrates how feedback from staff, patients and the community have shaped elements of the project planning and design.

The project team will continue to consult with the community, health service staff and relevant agencies during future stages of the planning, development, and approvals for the project. This includes maintaining feedback pathways and opportunities, providing regular updates to community and stakeholders, keeping the project website up to date, and producing regular communications materials to keep all stakeholders informed and engaged throughout the lifecycle of the project.

The project will consider and respond to any issues raised with this REF submission, as required.

A Communications and Engagement Plan has been developed and is regularly updated to guide the project's proactive engagement approach during the planning, design, construction, and operational commissioning of the project.

Sample of media coverage for the project

Northern Daily Leader, 8 August 2023

Design of palliative care unit calls for community input

CONSTRUCTION of a new palliative care unit at Tamworth hospital will get under way in 2024 after an initial period of community consultation.

The NSW Government has committed \$93 million to redevelop and refurbish five palliative care units across the state including Tamworth, Westmead, Nepean, Wyong and Orange hospitals, and now the community is being invited to contribute to the planning and design phases.

Early planning for the

Tamworth Palliative care unit is underway, with the master planning process starting this month [August], which will determine the full scope of the project, a spokesperson for Health Infrastructure confirmed to the *Leader*.

In 2022, the Tamworth palliative care unit was shifted out of Nioka to make way for COVID-19 patients.

At the time, families of end-of-life patients told the *Leader* their loved ones were forced into "undignified" environments in surgical wards with little privacy for their



final moments.

The \$93 million allocated for new and redeveloped palliative care facilities is part of the 2022-23 budget providing funding over five years (2022-23 to 2026-27) for NSW Health to deliver end of life and palliative care service enhancements

across the state.

Minister for Health Ryan Park said community input into the design process will be crucial in ensuring each of the new units meet the needs of the local community.

"The NSW Government is committed to ensuring people with a life-limiting illness receive the highest quality end-of-life care, to provide peace of mind to patients, families and carers when they need it most," Mr Park said.

"As well as featuring the latest technology and equip-

ment, the new Palliative Care Units will provide a comfortable and home-like setting to deliver the very best clinical care and emotional support."

"It's important the community is involved in this process to ensure the new units provide the care and support people need as they approach the end of their life."

Currently only community members who wish to contribute to the designs for Wyong, Westmead and Nepean hospitals are being invited to register their interest.

Northern Daily Leader, 7 March 2024

How you can help shape our new Palliative Care Unit

HEALTH
Newsroom

WHAT would you like to see in a new palliative care unit at Tamworth hospital?

That's the question being asked of the community, as part of the planning process for the facility, which was announced after years of campaigning.

The NSW Government has committed \$93 million to redevelop and refurbish five palliative care units across the state including Tamworth, Westmead, Nepean, Wyong and Orange hospitals.

Regional Health Minister Ryan Park said as well as featuring the latest technology and equipment, "it's essential the expanded Palliative Care Unit at Tamworth Hospital provides a comfortable and home-like setting to deliver the very best clinical care and emotional support".

"That's why we've asked for community involvement, which will be key to shaping the important service," he said. General Manager of Tamworth Hospital Yvonne Patricks said the local community can play an important role in the next phase of the project, which involves designing the clinical areas, patient bedrooms, family zones and outdoor spaces.

"People who are passionate about improving pallia-

tive care and supportive services can become involved by completing the online form to register their engagement with the project," Ms Patricks said.

The project's lead design team is working with the Hunter New England Local Health District to develop a master plan for the expanded unit, which will inform its location on the hospital campus and co-location with other services.



A timeline for construction will be formulated once community consultation has finished. Picture from file.

Northern Daily Leader, 8 July 2024

Calm, welcoming environment top priority for palliative care



Fiona Ferguson

A WELCOMING, calm, and quiet environment have emerged as being priorities for a redeveloped palliative care unit at Tamworth hospital.

Nioka Palliative Care Unit celebrated 30 years in 2021, and in 2023, it was revealed the unit would undergo a major redevelopment as part of a \$93 million funding announcement, following an extensive community campaign.

NSW Health Minister Ryan Park told the *Northern Daily Leader* palliative care in regional and remote Australia is critically important, because the distances are so large, "and the ability for people to be cared for in their final stage of life close to home really matters".

"We're spending significant amounts of money in this budget and budgets going forward - six per cent this year and eight per cent next year - in terms of what we're spending on palliative care," he said.

"Often living in large metropolitan cities we take palliative care a bit for granted, it's something that is very unique in regional areas.

"It's one of the reasons we're trying to enter partnerships with organisations ... and have them involved.

"We want to make sure

palliative care meets the needs of regional and remote communities."

From May 24 to June 14, 2024, nearly 100 community members took part in an online survey to inform the unit's design and "improve patient and carer experiences".

The majority of respondents [71 per cent] who provided feedback said they had had first-hand experience as a palliative care patient, carer, or family member of a patient.

A welcoming entry, and calm, quiet environment in the ward were considered to be the most important design considerations by respondents, as well as having a balance between privacy and access to common areas.

Bedrooms with a "home-like, non-clinical feel" were also a priority design feature, while respondents are also keen to ensure the unit is a "comfortable environment for family and visitors".

"We thank the community for providing valuable feedback and look forward to sharing more information as the planning and design progresses," a spokesperson for Health Infrastructure told the *Leader*.

Tamworth hospital is one of five hospitals across the state that will benefit from an expansion of palliative care services as part of the World Class End of Life Care Program.

Progress on new and upgraded Palliative Care Units at Nepean, Westmead,

Wyong and Orange is also underway.

Construction of the expanded Palliative Care Unit at Tamworth hospital will start following the completion of the design and planning process.

Northern Daily Leader, 22 November 2024



An artist's impression of what the new patient courtyard will look like. Picture supplied

New palliative unit will aid patients

THE new palliative care unit at Tamworth hospital has taken another step forward.

Artist's impressions show the existing footprint of the Nioka facility will be extended to the north-eastern corner of the main hospital building, which will double the total number of palliative care beds from six to 12.

The project is being delivered as part of the NSW Government's \$93 million World Class End of Life Care program to redevelop and enhance palliative care units across the state.

The unit will feature six new palliative care bed-

rooms with ensuites, as well as shared spaces including staff areas and flexible outdoor spaces.

Minister for Regional Health Ryan Park said extensive consultation throughout the design process, with staff and the community, has helped shape the facility's design.

"The expanded Tamworth Hospital palliative care facility will improve care and support for patients and families during what can be an extremely difficult time for all involved," Mr Park said.

The facility will include

oversized bedrooms with warm interior finishes to create a home-like environment with large windows overlooking private courtyards.

Three courtyards will provide green spaces for relaxation, including a private outdoor area and an overnight room for additional family members.

The minister said further consultation will be undertaken.

■ For more project information visit www.hinfra.health.nsw.gov.au/projects/project-search/end-of-life-care-program